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Living In America: Challenges Facing New Immigrants and Refugees



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Executive Summary

In 2004, the Robert Wood Johnson Foundation's Vulnerable Populations Portfolio asked the research firm of Lake Snell Perry Mermin/Decision Research (LSPM/DR) to conduct a focus group study of immigrant and refugee communities in the United States. LSPM/DR conducted 32 focus groups between May 2004 and March 2005 in ten cities across the United States, speaking both with immigrants and refugees and with people who work with these populations.

The participants in these focus groups described a way of life for new immigrants and refugees full of hurdles. These result from a number of social factors:

- The type and quality of education available to these new residents—desperate to learn English—and to their children.
- Economic issues: the lack of secure jobs that pay an often undocumented population, and their resulting poor or crowded housing.
- Isolation in immigrant and refugee communities: isolation from services that could help them, as well as the emotional isolation caused by the stress.
- Prejudice and discrimination that new immigrants and refugees report they face, as well as the cultural differences that may deter them from seeking and receiving services.

From their stories and experiences, LSPM/DR identified actions that could help immigrants and refugees overcome these challenges and lead healthy, happy and productive lives in their new country. These actions fall into four categories:

- Restructuring existing services and coordinating them better so immigrants and refugees find them easier to use.
- Targeting immigrant and refugee needs more directly, especially as they relate to public schools, and health care and mental health services.
- Building new services: interpreter programs, for example, and programs directed toward young people.
- Providing more and better information to immigrants and refugees, in particular about life in the United States, their legal rights, becoming a citizen and small business ownership.

The research also revealed that people and organizations wishing to help immigrant and refugee populations need to be aware of the best vehicles for sharing information within and among these populations:

- Family and friends
- In-language media
- Word of mouth, stories and personal connections
- Religious leaders



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Introduction and Background to the Study

In 2004, the Robert Wood Johnson Foundation's Vulnerable Populations Portfolio asked the research firm of Lake Snell Perry Mermin/Decision Research (LSPM/DR) to conduct a focus group study of immigrant and refugee communities in the United States. The goal of the Foundation's Vulnerable Populations Portfolio is to support promising new ideas that address health and health care problems that intersect with social factors—poverty, for example, or education or housing—and affect society's most vulnerable people. The purpose of this study, *Living in America: Challenges Facing New Immigrants and Refugees*, was, therefore, to gather information on the social factors affecting the health of recent immigrant and refugee families and on the effectiveness of the range of community services which target this specific vulnerable population.

Immigrant and refugee families live difficult lives as they adjust to new communities and new cultures. Some of these challenges affect health status; certainly, access to health care services is difficult, but the education system, jobs, housing, emotional isolation, prejudice and basic cultural differences also shape the ability of these new residents to be healthy in America. In this

study, LSPM/DR sought to probe into attitudes and perceptions about these social issues, to better understand exactly what immigrants and refugees experience as they seek supportive services, and to identify opportunities for improving these services in immigrant and refugee communities.

LSPM/DR conducted 32 focus groups between May 2004 and March 2005 in ten cities. Most (22/32) of the focus groups were held with immigrants from South and Central America, Mexico, China, and Arabic-speaking nations, and refugees from Sierra Leone and Somalia. All research participants had lived in the United States for no more than ten years, many of them for less than five years. The rest of the focus groups (10/32) were conducted with “community connectors,” local service providers who work with immigrants and refugees. A full description of the study methodology is contained in [Appendix A](#).



Photo: © Getty Images

LSPM/DR and the Robert Wood Johnson Foundation would like to thank all the focus group participants and others who helped us with this research for their contributions to this project, especially for their time, ideas and candor. The resonance of their observations comes through in this report, and we are grateful for their willingness to share them with us.

The recommendations in this report are based on snapshots into complex communities. Reports from focus groups provide a sense of the richness of cultures and the diversity of experiences of the research participants. The tradeoff is that the insights in this report come from stories and anecdotes from specific individuals and communities, rather than from more empirical social science research. That type of study remains to be done.

Social Issues Affecting Health Outcomes in New Immigrants and Refugees

There are many similarities in the stories that immigrants and refugees tell about their lives in America. It is striking that such diverse groups of individuals—coming from different countries and cultures and for different reasons—identify so many of the same needs and challenges. What is clear from this study is that life for immigrants and refugees can be extremely difficult. Most participants in this study said all they do in America is work and sleep, with little else in between. Commonplace tasks like grocery shopping, taking a bus, or finding a doctor can be overwhelming. Their family life suffers from numerous daily strains and parents feel they are growing apart from their children. And yet most remain optimistic and believe life will get better with time. They are most hopeful when talking about their children’s lives and the opportunities for success they now have. In the end, few regret their decision to come to America.

This section of the report categorizes the challenges faced by immigrants and refugees by the underlying social issues that cause them:

- The type of education services available to these new residents—desperate to learn English—and to their children.
- Economic issues: the lack of secure jobs that pay an often undocumented population, and their resulting poor or crowded housing they can obtain.
- Isolation in immigrant and refugee communities: isolation from services that could help them, as well as the emotional isolation caused by stress.
- Prejudice and discrimination that new immigrants and refugees report they face, as well as the cultural differences that may deter them from seeking and receiving services.

Using the experience of new immigrants and refugees as well as their own words, this section of the report is intended to give a broad picture of how these social issues affect the lives, and especially the health status, of these vulnerable populations.

The Education System

“Just because I don’t know English, I can’t handle even the simplest errands.”

*Chinese Immigrant,
Orange County, Calif.*

LEARNING ENGLISH

Immigrants and refugees said that their lack of English proficiency is a barrier to a better life.

Language barriers are a fundamental hurdle for immigrants and refugees in this study and appear to stop them from making vital connections in their communities. Even daily tasks like taking a bus or grocery shopping can be overwhelming. One Arab immigrant from New Jersey described being unable to ask a simple question of an employee in a local grocery store and ended his story with: “So I cried, not for the food, but because I was unable to express myself in English.”

Participants told many stories about the problems they have encountered in America due to language barriers. One Chinese immigrant in Chicago was in a car accident and could not describe his role in the accident to the investigating police officer. An Arab immigrant in New Jersey went to the hospital emergency room after she fainted and came home without treatment or medication because she could not communicate with providers about her health condition. Immigrants and refugees reported facing language barriers when they went to the public library, saw a doctor, at their child’s school, and when lost and seeking directions.

Research participants seemed motivated to overcome language barriers and to learn English. Most believe they cannot improve their lives and get a better job until they do so.

Immigrants and refugees value English as a Second Language (ESL) programs.

“I would walk everyday to school in the winter [in order to attend ESL class].“

*Somali Refugee,
Minneapolis, Minn.*

Because learning English is a priority, ESL classes may be the most valued service for new immigrants and refugees. Most seemed to know about ESL programs in their community and many have actually attended these classes. “First of all I want to learn English so that I can choose a career. Get a better job. Language is the main thing,” said a Central American immigrant in Prince Georges County, Md. Even though some immigrants and refugees said that learning English is very difficult, they seemed determined to succeed. “A lot of times I am not able to follow the lesson, so I self-study. I bought a dictionary and study myself,” explained a Chinese immigrant from Orange County, Calif.

Some connectors in this study said that ESL classes often go beyond teaching English to include “how to” information. For example, one connector in Schuyler, Neb. who has taught ESL classes explained that he brought in guest speakers such as representatives of law enforcement to inform immigrants about other aspects of life in America. He also said that he was often asked to help fill out forms, accompany immigrants to appointments to interpret, and to explain issues like becoming a citizen and applying for government programs. He was not alone—other ESL instructors in this study say that their students ask them for advice on just about everything. A connector in Minneapolis who works with Somali refugees explained that her clients want more than just English classes: they want other topics taught in ESL and to receive a diploma that would be of value to an employer.

Accessing ESL programs can be difficult, however.

Long work hours and busy lives can keep new immigrants and refugees from participating in ESL programs. “It takes time to learn English. There are very few schools that offer English classes and many times the schedules are not [compatible]. The number one priority is work and to support our families,” explained a connector who works with Central and South Americans in Prince Georges County, Md. One connector in Schuyler, Neb. said, “The opportunities are there but it’s not always convenient. I constantly have requests for classes at a different time.” A few participants praised the convenience of ESL classes offered at their work site. One connector in Minneapolis pointed out that in some locations ESL programs are being cut back due to tight local and state budgets. “You have so many classes and there are so many students. Really, there is a problem now because of the budget this year. There will be a reduction on the certification programs. About 66 percent of Minnesota will not get that money. So, there might be a very big problem over there.”

Lack of identification can also stand in the way of education. One research participant told how she came to America with a teaching degree, learned English, and then was unable to take her GED without a Social Security number.

EDUCATING THEIR CHILDREN

Many immigrant and refugee parents described a variety of problems with schools.

Parents in this study expressed their most intense frustration on the issue of schooling in the United States. They value education highly and believe a good education is the key to success for their children. Education is so important to Chinese immigrants in Orange County, for example, that some live three families to a house in order to live in a better school district. For this reason, many immigrant and refugee parents said they are frustrated that their children fall behind in U.S. schools, that schools lack bilingual teachers and aids, and that they are unable to help their children succeed. Some immigrant and refugee parents in this study said that it is in schools that their children face discrimination and biases due to their different ethnic and cultural background. In addition, schools often are the site where the culture and traditions of immigrants and refugees are most challenged, and where children begin to adapt American values and customs, usually against their parents' wishes.

Immigrant and refugee children are not prepared for success in U.S. schools.



Photo: © 2004 Alex Harris

One of the first problems mentioned is that immigrant and refugee children often fall behind in U.S. schools. “[I am] thankful to the government that our children are sent to school but the problem is we have arrived recently and the kids don’t know the language, the teachers are Americans and they might not even understand what the lesson is all about. They go to the same classes as the kids born here and they might end up sitting in the class without understanding anything,” said a Somali refugee from Minneapolis. The language barriers that children face—and the inconsistent schooling that some received prior to coming to America (particularly true of refugees)—means that immigrant and refugee children fall behind quickly at school.

Refugee children in particular seem in danger of failing at school. A connector who works with families from Sierra Leone explained that these children have not only been out of school for a considerable time, but they have also been exposed to the horrors of war which has traumatized them. She pointed out the need for school systems to work closely with parents of refugee children to find ways to help them succeed in school.

Another problem cited by parents and connectors alike is the lack of bilingual teachers and aids, interpreters, and counselors who can work with struggling or traumatized immigrant and refugee children. As a connector who works with Chinese immigrants in Orange County said,

“[The schools] come to ask for translation, or they ask the kids to translate to counsel the kids. That is a problem, because we don’t have these counseling services that can work with the schools. That is how I ran across some of the kids that were troubled... The school counselors come to us, because they don’t have the facility to translate. They can’t translate the problem to the kids. Sometimes you see the parents will say [to the child], ‘Oh, you are stupid, why do you do that?’ There is not a proactive plan for moving them from like getting an F in chemistry to a B.”

Connectors who work with migrant farm workers from Mexico said the children of these families face many barriers to success in schools. They explained that these children move from state to state, rarely remaining in a school for the entire year. They said high school is particularly hard for these children. Because of feelings of

displacement, high school students are more likely to join gangs and, according to this connector, about half drop out of school by the age of 16. A connector from North Carolina who works with migrant farm workers said, “The students are just waiting to turn 16, most of the students, to drop school. They say I do not want this and they join gangs and there is a problem with gangs now.”

What's Working in Benson, North Carolina

The Migrant Education Program aims to help the children of migrant farm workers succeed in schools by increasing their self-esteem through peer support clubs and other activities that help forge a connection to their peers. The programs are free of charge, located in the public schools with transportation provided. Other programs are slowly emerging to help keep children of migrant farm workers in school and encourage them to attend college. One connector explained the rationale for these programs: “Not having enough extracurricular activities, what else are they going to do? Okay, they are going to be on the street...parents are working, they are alone at home, drugs, gangs, sex, so it is very hard...”

“[Parents] are not receiving the kind of support that they would like to receive in terms of how to discipline, in terms of how to communicate with the school system, how to follow up, know where the child is, what opportunities are available to the children.”

*Connector,
Minneapolis, Minn.*

Parents find it difficult to help their children with homework and advocate for their children with the school.

Parents in this study reported their regret that they are unable to help their children with schoolwork. Part of the reason is because their children tend to be more proficient in English than they are. “The homework...they go home, the parents don’t speak the language, so they’re behind the next year,” said a connector in Dallas. Arab mothers in New Jersey seemed particularly upset about their inability to assist their children with school-related matters. Many said they felt “helpless” when it comes to helping children with schoolwork. While some said they have tried both print and electronic dictionaries as well as other aides, after a while these grow tiresome and the child is on their own.

In some cases, it is not so much the language barrier but also the lack of education of the parent. “Kids in the communities that I work with in low-income homes, they are not faring well. A lot of it is because the immigrant family did not have that education themselves. It is not that they are not capable or don’t care, they just don’t have the resources to help tutor them when they fall down through the cracks,” said a connector to Chinese immigrants in Orange County.

Parents also said they find it hard to get involved with schools or communicate their concerns to their child’s teacher, and many feel intimidated interacting with school officials. “Typically the schools will encourage parents to volunteer in the classroom. Well, Somali moms...are not going to volunteer if they don’t know the language,” said a connector who works with Somali refugees in Portland, Maine.

A number of parents say their children face discrimination in schools.

Immigrant and refugee parents said their children face discrimination at school from classmates and teachers alike. Their children feel like they do not belong, and language barriers and academic struggles only add to the problem. “I think the education is good, but there is some discrimination,” said a Mexican immigrant in Schuyler, Neb. Another participant in that focus group added her own perceptions: “I think the same thing. There is a big difference between Americans and Hispanics. They pay more attention to Americans than Hispanics.”

Arab immigrants said their children frequently deal with harassment and taunting. “Some children sometimes say that when they say their names and it appears as Arab names, there is some tension,” said an Arab immigrant parent from New Jersey. Another reported, “I wear the *hijab* in school and some people try and tell me to take it off...They keep on telling me to take it off, and then I say I can’t take it off...so then they say, ‘so is your father Osama Bin Laden?’” Some connectors in this study reported that the problem is so acute for some immigrant and refugee children that they drop out as soon as possible.

Somali and Arab immigrants worry about schools “Americanizing” their children.

Both Somali and Arab parents in this study described a culture clash with American schools. As one Somali refugee parent from Minneapolis said,

“We have also faced difficulties in adapting with the new environment and the culture of this country; also it’s a major problem to come to new life with millions of people of different cultures, language and religion. The children go to schools with all these and they have to struggle adjusting and their mindset changes. When they come home they watch TVs and play video games and they get confused.”

Arab parents in particular blamed schools for undermining their traditions and religion. Said one Arab parent in New Jersey, “They raise the children in a way that teaches them that a person is ... selfish, they teach them selfishness and everyone is independent with a private life that we have nothing to do with. They consider our Islamic ideas old-fashioned.”

Discipline, in particular, is a big issue for Arab parents in regard to schools. A few parents in this study said they have had problems with school officials who have accused them of child abuse. “Schools do not understand Muslim discipline,” explained an Arab immigrant parent in New Jersey. A connector for the Arab community said that he plans to hold classes for Arab parents to explain American laws regarding discipline and school policies to avoid these kinds of misunderstandings.

Job Opportunities and Housing

Many immigrants and refugees feel stuck in low-level jobs and describe numerous barriers to advancing.

The most important priority of many of the immigrants and refugees in this study is securing the next, better job. While appreciative of that first job when they arrive in the country—they say they are willing to take anything in order to start earning an income—the real problem is moving into a better paying job with more responsibility after they have been in the country a while.

A number of barriers exist to getting a better job, first and foremost being lack of sufficient language skills and education. In answer to what employers are looking for, one connector to Somali refugees in Minneapolis said, “The people I deal with it’s language, language language.” Even low-paying jobs that historically required little or no English are now demanding some language skills. This is especially true in cities where the job market is tight, like Minneapolis. One connector to Somali refugees explained, “There used to be a lot of [entry-level] industry jobs like packaging and jobs like that. That job isn’t available now. Whenever you call them, they will tell you that the person has to speak or at least be able to follow the instructions of the supervisors. They have to read and write the English language.”

Others believe that their lack of education—or lack of an American education—hurts them as well. Said one Chinese immigrant in Chicago, “[Employers are] very concerned about your work experience in the United States and also your education background in the United States. They emphasize your U.S. experience. Say for instance you’re an accountant [in China], they will choose somebody with a U.S. diploma.” Many immigrants and refugees who came to the United States equipped with advanced degrees and professional backgrounds are no more immune. Engineers spend years driving cabs; cabinet ministers work as security guards, “jobs that Americans don’t want,” said one connector to refugees from Sierra Leone in Washington, D.C.

Lack of identification and Social Security numbers can also make finding a job difficult. “If we were legal, we’d have better jobs,” explained a Mexican immigrant in Dallas. A Mexican immigrant from Schuyler, Neb. told how she borrowed someone else’s papers in order to obtain her job.

Many said they wanted to own businesses of their own one day, but few if any of the immigrants and refugees in this study knew of job training programs in their community or other ways to enhance their skill level to get a better job. The main way they seek advancement is by attending ESL classes and learning English as quickly as possible. A few pursue their GED. Many work within their own network of friends to learn of new job openings. Many also work a second job to offset the low pay of their primary job. Of note, few people outside their own network of friends seem to be helping these immigrants and refugees advance in the workplace.

Many immigrants and refugees lack safe, affordable housing in their communities.

Finding appropriate housing can be challenging. Cost is the biggest barrier, since immigrant and refugee families say they usually obtain only low-paying jobs in their first years in America. Upon their arrival most spend anywhere from a few days to months sharing cramped quarters with family and friends. Eager to move from this often stressful environment, they have nowhere to turn. One connector to immigrants from South and Central America in Prince Georges County, Md., explained, “They can’t leave because they don’t have anywhere to go to. How do we solve this with the very little housing programs that exist?”

There is also the problem of zoning laws. Minneapolis, for example, places a ceiling on the number of individuals who can reside in one dwelling. One Somali

refugee there recalled having to hide his child from the authorities. “I was paying 60 percent of my income towards rent and I was hiding my youngest child. If I didn’t do that, they would have required me to rent a three bedroom apartment which I cannot afford. I was hiding my youngest for two years,” he said. Landlords are also asking for job and rent histories, which many are unable to provide. Many families do not qualify for public housing assistance, with incomes slightly above the income limits because both parents work at least one job. If they do qualify, they report being put on waiting lists up to one-year long.



Photo: © 2005 Tyrone Turner

Immigrants and refugees said the housing they can afford is often in unsafe neighborhoods. The women in these focus groups expressed the most concerns about safety, since many must walk through these neighborhoods due to transportation problems. A number of research participants said they have experienced vandalism and robberies. Many fear the gang activity in their neighborhoods and the easy access to drugs and alcoholism that appears to be increasing among the youth in their neighborhoods. Parents worry the most about raising their children in these environments.

In Benson, N.C., the dwelling structures themselves are unsafe. Connectors to migrant farm workers there say current codes are inadequate and do not require mattresses for sleeping, a telephone or more than one toilet for 12 people. For various reasons, they say inspectors allow uninhabitable dwellings to pass inspection. “A nail here, a nail there...16 people live there,” explained one connector. “You can’t ever think a person could live there.” Health care providers say much of the health care concerns of migrant farm workers are due in large part to their unsanitary living conditions, which spread disease and poor health.

Becoming citizens is the shared goal.

In just about every focus group participants said they wanted to become legal American citizens as soon as possible. Some believed that lack of documentation is the main impediment keeping them from realizing their goals. They want to own their own homes and businesses, scale back their work hours and spend more time with family, and yet they feel they cannot do any of these things until they are legal. For this reason, many said they wanted help in becoming a citizen. They are confused about the required steps and some explained that fulfilling basic needs like paying rent and getting a better job tend to take priority. This is one area where they would welcome assistance. “If I could get legal papers, I could get a real good job like working as an electrician, I could get my own help, or get a job working for the government or something working as an electrician. I could really, you know, get paid well, and I wouldn’t have to kill myself,” said a Mexican immigrant from Dallas.

Isolation of Immigrant and Refugee Communities

ISOLATION FROM GOVERNMENT SERVICES

Undocumented immigrants and refugees awaiting asylum find it hard to get access to social services.

Lacking legal status blocks immigrant and refugee families from seeking assistance. The participants in this study, many of whom are undocumented, said it prevents them from taking even the first step to reach out for help or information. Instead, they hide and try to become “invisible” so that they do not run into trouble with the immigration authorities. This, in turn, makes them vulnerable to exploitation and extreme poverty.

Fear of being deported creates reluctance to seek assistance.

Immigrants and refugees often fear taking steps to find assistance that might be available, for example, government programs that could help them with housing or health care. Some said they would not go to local health providers because they too have begun to ask for identification. One connector in Dallas explained that some local health clinics ask for Social Security cards before providing services. “There’s a few of them right now especially [that say], ‘Let me see your Social Security.’ They walk out of the clinic...They are supposed to ask for it now. They cannot deny services, but you ask the question and you’re instilling fear.” A connector in New Jersey who works with Arab immigrants described a conversation with a client:

“She said, ‘But Susie, I don’t have a green card, I’m not legal, but my husband’s legal. My mom, she has breast and cervical cancer, and I’m scared to have it. I’m scared to have the doctor do a mammogram and pap smear.’ I said, ‘Listen to me. You come tomorrow to my center, and I’m going to go in with you and the doctor, and I’m going to ask if your doctor is female, because it’s not allowed for you to see a man...’ She called me on the second day, and said, ‘I’m not going because my husband says immigration will deport me.’”

Others believe that if they accept services now while they are undocumented they will have to pay back services—or be denied citizenship—later on. “Because in the future they want to have their residency or citizenship...Their children are eligible for programs such as TANF but they are afraid this will affect them later on,” said a connector who works with Central and South Americans in Prince Georges County.

What’s Working in the Twin Cities

For the past several years, the Minneapolis–St. Paul Confederation of Somali Community Minnesota (CSCM) has hosted a “Monthly Police-Somali Community Dialogue.” Early this year, for example, a representative of the Minneapolis Police Department met with Somali community elders, organizers and concerned residents of Minneapolis to discuss the role of community members in stemming the tide of crime within the Somali community. Other guests have included the City Attorney, the City Medical Examiner, a police investigator, a beat cop and an officer responsible for domestic abuse. At these meetings, a guest speaker gives a 5–10 minute presentation; then community members ask questions or make suggestions and comments. The intent is that these meetings will result in informed residents, information for the City and cooperation between the police and the community to reduce crime.

“Our community does not know its rights, so we try to avoid problems.”

*Arab Immigrant,
Union City, N.J.*

Immigrants and refugees want information about their rights.

Immigrants’ and refugees’ experiences with harassment, discrimination, and poor treatment in the workplace prompted a number of research participants to ask for more information about their rights. Because many are here illegally, they believe they have no rights at all. Even if they have legal status, many fear they will not be treated fairly due to widespread prejudice and discrimination. This keeps them from lodging legitimate grievances against employers, landlords, or even law enforcement. Many say they feel powerless. The answer, some believe, is more knowledge about laws in the United States and about their rights. As a Mexican immigrant from Schuyler, Neb. explained, “You think that you can do the same things here and that is where problems start. The culture is different and laws are stricter and they have to be respected. Over there you just have to know how to drive, but here you need a license; this is one of the problems one will find. Many obstacles. You get scared when the police stop you because you don’t understand.”

For many, the Immigration and Naturalization Service (INS)¹ also remains a mystery; interviewees knew very little about the laws governing their status, including the processes around work and travel. Some Mexican immigrants in Schuyler, said they find it difficult to keep up with the constant changes in immigration law. Other research participants complained about frequent delays in standard paperwork like work visas or residency. One connector to Arab immigrants in Union City, N.J., noted that many immigrants are “stuck—they cannot stay nor can they go back.” Arab immigrants in particular talk at length about how the INS just tells them to “wait, wait” and many feel they are given “a hard time.”

ISOLATION FROM HEALTH SERVICES

There are many barriers to obtaining health services.

All of the issues mentioned in this report have an effect on access to and use of health care services. Lack of legal status discourages many immigrants and refugees from seeking medical care because they fear they will be turned in. Language barriers are a problem for many immigrants and refugees since they cannot

effectively communicate with medical professionals when they do seek care nor can they learn about available health programs in their community. It is unclear whether immigrant and refugee children are accessing any of the health services available at schools. Experiences with discrimination also affect the willingness of immigrants and refugees to see providers outside of their culture or to generally reach out beyond their community when it comes to meeting health needs. Other barriers—such as transportation problems, stigma around discussing certain medical conditions, long work hours and holding on to precious jobs—also inhibit the ability and willingness of immigrants and refugees to seek out and use health services. Yet it is clear that all of these research participants value health care, are concerned about their health and that of their children, and want health insurance coverage if they currently lack it.

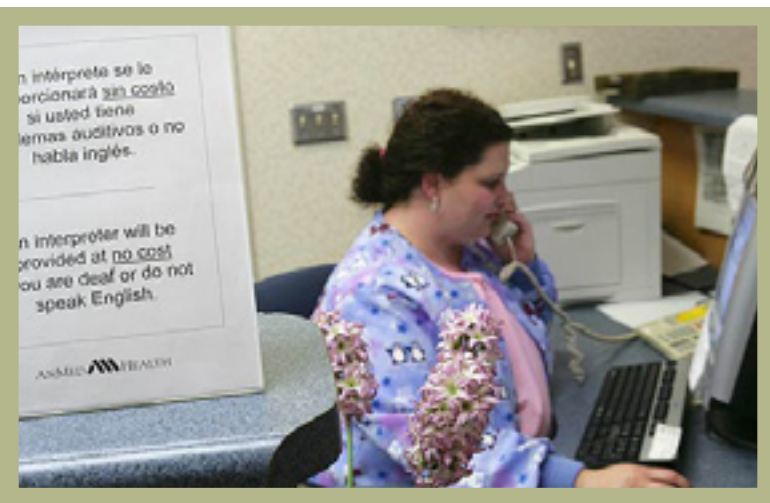


Photo: © 2005 Janet Jarman

Most immigrant and refugees in this study lack health insurance and are not getting preventive care.

Most immigrants and refugees in this study are uninsured. The exceptions include Mexican immigrants in Schuyler who receive coverage offered by the meat packing plant where they work, and the majority of Somali refugees in the Minneapolis focus groups who are enrolled in Medicaid. Most others, however, work for employers who do not offer health insurance, or cannot afford it even if the employer offers it, or do not work enough hours to qualify.

For most immigrants and refugees in this study, preventive care is an unfamiliar concept. One connector spoke to the vastly different medical culture from which Somali refugees hail: “The infrastructure that was in Somalia at that time was heavily focused on curative. If you had a fever or a headache or something, you could go wait in line and see a physician. They would give you something, tell you to take this medicine, or get an injection, then you go home and that’s how it is.” Most immigrants and refugees also cite a practical reason for not getting

¹ Immigrants and refugees still refer to the “INS”—as opposed to the recently reorganized Department of Homeland Security—as the agency with jurisdiction over immigration matters.

check-ups: they cannot afford to take the time off work. One connector in North Carolina pointed out that the migrant farm workers there “do not have sick days.” Another added, “That is the key. Any day out of work is less money in their pocket so they do try and work even with a sore back or busted ankle, whatever, they are out there working.”

Many immigrants and refugees said they turned to home remedies (herbs and teas, for example) and Tai Chi (in the case of some Chinese immigrants) to cure their ills, but rarely a doctor. “Even if I’m sick, I still stay at home, frankly, and you’ll find me drinking tea and I don’t know what...I don’t go to the doctor, except as a last resort. I don’t know why... I hate to go to doctors basically,” said one Arab immigrant in New Jersey. This is also the case in Minneapolis, where the majority of Somali refugees have Medicaid. As one connector to the Chinese immigrants in Orange County, Calif., herself Chinese, notes, “We use the emergency room for health care rather than taking prevention.” As connectors reported that immigrants and refugees suffer disproportionately from chronic illnesses such as diabetes, asthma, heart disease, and obesity, the reliance on episodic emergency room care is especially troubling.

PHYSICAL ISOLATION

Transportation is a major problem.

In almost every location, immigrants and refugees reported concerns about their limited transportation options. Getting themselves to and from work and their children to and from school are their biggest concerns. Many immigrants and refugees in this study tell of walking long distances, sometimes late at night and through unsafe neighborhoods, because they have no other way to get home.

Even after years in America, many immigrants and refugees in the focus groups say they continue to rely on family and friends for transportation. One Mexican immigrant in Dallas, whose aunt had always driven her to their workplace, said, “And then she stopped working there. I didn’t have a way to get there...many times I would walk.” This demonstrates that carpooling only works if people share the same, regular hours and schedules. Many said they are often stuck at the end of the day and must find their own way home even when they do carpool. Women seem to suffer most from transportation problems, since the men normally drive the one car in the family.

Few own their own cars; those families that are able to afford a car have to share one among many family members. “They have to take a turn. They have to arrange the time,” explained one connector to Chinese immigrants in Orange County. In these cases, say connectors, wives are entirely dependent on husbands (who often use the car to get to work), isolated during the day and at a loss if an emergency should arise.

There are barriers to driving legally.

Immigrants and refugees reported it is difficult to obtain a driver’s license. Navigating the Department of Motor Vehicles (DMV) is hard, particularly for those with limited English proficiency. According to one connector to refugees from Sierra Leone in Washington, D.C.: “It is a matter of educating the refugee, teaching the refugee to take the DMV classes, pass, and go for a learner’s permit, pass and then learn how to drive. Sometimes it takes over six months or a year.” Some said the written test is too formal and confusing, even when provided in their own language and that even if they pass the written test, there are rarely

“After I found a job I felt that I didn’t know enough English. I don’t know the roads. I was afraid I would get lost when traveling on trains and then because I don’t know English I think it was very difficult for me.”

*Chinese immigrant,
Chicago, Ill.*

bilingual instructors available for the road test. Still others applying for driver's licenses pointed out that their states are now demanding identification, like Social Security cards. As a result, many said they have no choice but to drive without a license. Others reported they cannot obtain auto insurance because they have no documentation.

Public transit does not provide an answer.

Surprisingly few of these research participants use public transportation, either because it is unavailable in their communities or because schedules are limited. They said that traditional bus schedules often do not accommodate their erratic or late night work hours. Options are even more limited for those who have to travel to and from the suburbs. Most restricted, however, are the migrant farm workers in North Carolina who are usually camped in unpopulated and remote locations. As one connector said, they are “physically tied to their farms.” For others the transportation system is simply too confusing, especially for those whose English is more limited. Newer immigrants and refugees are often unfamiliar with their surroundings, making public transportation even less appealing.

Transportation difficulties have a broad impact.

Limited transportation options have implications that reach beyond just work and school. Although immigrants and refugees fear loss of employment, other important aspects of their lives are affected as well. One connector to Somali refugees in Minneapolis said, “It’s an issue for accessing legal services or just any basic service, such as getting to a medical facility.” Immigrants and refugees agree, pointing out that their children are often unable to participate in after-school activities. Another connector to migrant farm workers in North Carolina explained, “If they cannot stay after school to take those tutoring classes and all that, then they go back home. There are no computers to practice or anything like that so that is where the dropout rate [comes from].” Lack of transportation makes it harder to attend ESL classes, or meetings with Immigration officials, or appointments with health care providers.

ISOLATION OF FAMILIES

Immigrant and refugee families are under stress.

While this is not something that immigrants and refugees complain of directly in the focus groups, their comments—and the insights from connectors—show that these families are under enormous pressure. Long work hours, both parents working, children left alone after school, cramped living quarters often in unsafe neighborhoods, financial worries (including helping families back home), long commutes to and from work, daily language barriers, and other challenges are taking their toll. Research participants appear exhausted. Many are discouraged. They say they have no time to relax, socialize with other immigrants or neighbors, or to help each other. These pressures lead to fractured relationships within families, increased stress, and serious health issues.

Children embrace American culture while parents hold onto traditions.

Perhaps the biggest strain on families is the growing gap between immigrant and refugee parents and their children who acculturate much more quickly. As one connector for Somali refugees in Minneapolis said:

“The young are running away from the culture, running away from the parents, because that represents ignorance and it represents embarrassment. So, you see more and more of kids with the tennis shoes, with the hip-hop, and the gangs. We have drug use and teen pregnancy which I’m sure is an aberration in the Islamic culture. So, there is an age point where the languages are no longer viable between parent and young. We have an adult very often who is speaking Somali or mostly Somali—maybe a little bit of basic English. Then, we have a young person who is speaking English and a little bit of Somali. Now, how’s the parenting dynamic in that situation? It’s very problematic.”

“When the immigrants come into this country kids are more adaptive to a new life than the elderly people. Eventually the parents and kids become far apart. Every time the parent tries to say something they say, ‘Oh mom and dad you don’t know anything, so stuff it.’ They feel isolated, they feel useless. The family relationship becomes cracked right in the middle.”

Connector, Orange County, Calif.

Another connector in that same focus group added, “Mostly, the younger generation and the elders are what we would call a culture clash, the difference, the gap between the old and the young. The young want to become American and the old want to keep the tradition.”

Arab immigrants in New Jersey and Chinese parents in Orange County raised similar concerns as the Somali parents. They claimed their children have become less respectful since coming to America and have grown increasingly uninterested in their own culture. They voiced serious worries about their children joining gangs and using drugs. They do not know their children’s friends and do not know what is happening at their child’s school. This saddens them but also frustrates them since they do not know how to reconnect with their children.

Finally, connectors said that some cultural norms discourage openness as a way to deal with family problems. Parents in many cultures are unused to talking with their children about problems. A connector who works with Chinese immigrants noted:

“I guess you kind of have a population where both parents are working their butt off and they are not getting paid. The kids are left on their own and they hope the kids will have a better opportunity and will strive academically. At the same time there is a gap and I think generally there is not enough communication. Let’s talk about sex, let’s talk about drugs, and let’s talk about your mental issues. I think that is kind of a foreign concept in the immigrant community, talking about those issues and thinking about mental issues. In the Western community it may be a mental whatever but in the Asian community they might not see it as a mental issue. There are these cultural factors we need to consider and I think there is definitely a gap between the children and the parents in terms of certain issues, because it is not part of their lifestyle to talk about that.”

Prejudice, Discrimination and Lack of Cultural Understanding

“A lot of people don’t speak up for fear of retaliation, that you are going to get fired from your job because you’re just trying to speak up.”

Connector,
Dallas, Texas

EXPLOITATION AND DISCRIMINATION

The workplace is the primary site for exploitation and discrimination.

Mexican and Central and South American immigrants in this study told many stories of harassment, poor treatment, inconsistent wages, and health and safety violations at work. Yet they said they do not complain. “They always think that they don’t have any rights because they are here illegally. They don’t know how to complain or whom to complain to,” said a connector in Prince Georges County. The problem, said many immigrants and refugees, is that they do not know their rights and fear that if they were to press legal charges, they would lose their job and probably be sent back home.

Some also felt that immigrants are given the hardest, most dangerous jobs. A Mexican immigrant from Schuyler who works at a meat packing factory said, “There are undocumented workers at [the factory]. They can make them do the hardest jobs. Sometimes I think they are injured, but they don’t say anything because they are afraid of being fired or getting more difficult jobs.”

While some migrant farm workers may be familiar with the local Legal Aid’s Farm Workers Unit, they are too afraid to use it. A connector who provides legal assistance to migrant farm workers in North Carolina said although he can help a client get back-pay owed to him, the worker will definitely be fired and probably be sent back to Mexico. Therefore, he gets few requests to pursue legal means to obtain back-pay. Ultimately, this connector said that it is easier for the farmer to replace a troublesome employee with another Mexican immigrant who will appreciate the job.

Immigrants and refugees report negative interactions with law enforcement.

Many in this study said that they feel profiled by law enforcement officers and unfairly harassed. In Schuyler, Mexican immigrants feel police provide “harassment and not security,” while Arab immigrants in New Jersey describe police as “the enemy.” “That is the only problem. The police. Even if the person is driving well. There is racism here in Schuyler,” asserted a Mexican immigrant. Another said, “They always stop Hispanics. They are on the lookout for us.”

Some told stories of being victims of crime and how the police were not helpful. “Our car stereos have been stolen twice. I have never seen them show any follow-up. They just make the report and file it and they never tell you anything again,” said a Mexican immigrant in Schuyler. Another participant in the same focus group added:

“Last summer we were coming home from the football field, we were still wearing our uniforms. An unmarked car got next to us and followed us home. He said, ‘Who is driving?’ I said, ‘I am.’ He asked for my ID and called another policeman. They arrested us and took our fingerprints and pictures. Why did they arrest us? They said they got us confused with someone they were looking for.”

Arab immigrants in New Jersey also told stories of police harassment. A woman in the focus groups reported:

“I was in a car accident... The person who had the accident with me... He made me turn left and then he hit me. I had a witness, the guy behind me hit me between the two cars. My car was totaled. I told the police what happened. I heard the guy behind me tell the police what happened. Nothing of this was mentioned in the police report. And they blamed the accident on me. I am sure that all of this is because of my veil... they didn’t pay any attention to me. Even in the ambulance they didn’t take care of me. They put me in the ambulance and I sat on a seat like this one, and the ambulance was turning towards Palisades Hospital I fell off the seat. They didn’t... I mean the treatment was unbelievable. This is what I felt because I know that if someone has an accident that person may be injured and thus be placed in the ambulance in a certain way so as not move any bones in my body. They let me in and sat me on a seat without a seat belt even, they were very rude.”

Troubles with police are also common for Chinese and Vietnamese immigrants in Orange County. A connector who works with this community said, “I see police harassment of our youth because... they dress like the other kids with baggy clothes. If you are Huntington Beach and you are white it would be no problem. But if you are a Vietnamese kid sitting at the mall waiting for your mother to pick you up, even though you are an “A” student, you get picked up by the police and typecast as a gang member.”

Arab immigrants feel discrimination has increased since the events of September 11th.

Arab immigrants in this study said that there has been a sharp increase in bias against them since 9/11. They must cope with open insults—one even reported being spat upon—when walking along the street. “I was standing at a red light and slowed down so someone could pass, he immediately yelled out ‘terrorist’ and did this to me [indicating a profane finger gesture],” recalled one Arab immigrant in New Jersey. Others said they felt a more subtle prejudice when dealing with government services. One connector explained, “I even noticed a lot of Social Service benefits are judgmental. The judgments are becoming stricter in terms of Muslims, in terms of accessing them. There is a rule book and in people’s mind the book is tighter now.” The focus group participants say that this has been hurtful and that they feel less comfortable and safe in America than they used to.

“You don’t have a facility... where people can... find legal representation... after 9/11, people are in fear. They hear stories of one Somali arrested somewhere and they all say, ‘Am I going to be next?’ We heard horrible stories of people just being picked out and beaten and thrown in jail just on false accusations.”

Connector,
Minneapolis, Minn.

LACK OF CULTURAL UNDERSTANDING

Immigrants and refugees experience language barriers and lack of cultural sensitivity from health care providers.

Language issues cause frustration around access to health care services. Immigrant and refugee patients can have a hard time understanding medical correspondence, whether it be over the phone, on paper (e.g., children’s vaccination records for schools), or verbal directions given in the doctor’s office. Public hospital emergency rooms, where the uninsured in this study say they usually go for medical care, can have lengthy waits for an interpreter if there is even one available. Said one Chinese immigrant in Chicago, “If you’re lucky [there’s an] interpreter. Otherwise you’re getting nowhere.”

What’s Working in Portland, Maine

In Portland, Maine, one local hospital uses picture flashcards to educate diabetic patients who do not understand English about what foods to eat. There was one case of a daughter who met with great success overseeing her elderly diabetic mother’s care. The nutritionist at this hospital, unable to communicate in Somali, had designed flashcards with various foods and other items important to a diabetic diet to teach the mother and daughter about appropriate diet. As a result of this informal yet highly innovative tool, the daughter left the hospital with a better understanding of what she could and could not cook for her mother.

In addition, some pointed to a lack of cultural sensitivity from providers as an obstacle to seeking care. According to a conversation with one connector in Minneapolis, “most providers are still unprepared to deal effectively (with any cultural sensitivity) with the community.” When doctors cannot connect effectively with their patients, she continued, “this increases mistrust and suspicion among the Somali community vis-à-vis medical professionals.”

Some immigrants and refugees also have expectations about health care providers that are at odds with the American system. Many immigrants and refugees tell us that they prefer a provider who shares their background, while women from some cultures—particularly the Somali and Arab women in the focus groups—prefer to visit only another female provider, and yet this rarely happens. Many also expect to be cared for by a doctor and dislike the widespread use of nurses in the U.S. health system. A Somali refugee in Portland, Maine, for example, recalled a visit to a local emergency room where she felt insulted when treated by the nurse instead of a doctor.

“I came from a war-torn country and I was having anxiety attacks on a daily basis going to graduate school and working. I literally collapsed. I had no idea that I was suffering from Post Traumatic Stress Syndrome.”

*Arab Immigrant,
Union City, N.J.*

“I don’t know the complexities in the community of providing mental health care, but it’s always different in each refugee and immigrant community, the acceptance of mental health care.”

*Connector,
Minneapolis, Minn.*

The health care system needs to address cultural stigmas around receiving mental health services.

Mental health concerns were discussed primarily in the focus groups with connectors rather than in those with immigrants and refugees themselves; many immigrants and refugees have difficulty discussing mental health needs. Connectors explained that the immigrants and refugees they serve face significant stigma in discussing issues like trauma and depression. Connectors, and even a handful of immigrants and refugees, spoke of cultures that are averse to Western ideas of counseling and psychotherapy. Said a connector to Chinese immigrants in Orange County, Calif., “Even to go to a psychologist, people think you are crazy if you go to see a psychologist.” One Arab immigrant in New Jersey suffering from post-traumatic stress disorder, recounted a confrontation with her parents: “I had to go to counseling and my parents could not accept that idea. It is something shameful.”

The discussions in the focus groups suggest that many refugees—and some immigrants—arrive in the United States with special mental health needs: trauma and depression due to ravages of war, rape, and loss of loved ones.² Added to these are the culture shock and disorientation that come when one is suddenly put in a foreign environment. Connectors added that many of the refugees they see are unaware that they suffer from trauma. “A lot of them are coming here traumatized. They get here, they become re-traumatized. And the reason for that is because of [culture] shock...a lot of people are traumatized, a lot of people are depressed and they don’t even know it,” explained one connector who works with refugees from Sierra Leone in the Washington, D.C., area. Another connector said, “The woman finds herself in a peaceful environment, but believe me, she’s still fighting the war that she left back home...there are no mechanisms upon which she can rely [for help].”

There is a great need in almost every community for mental health services that are both affordable and culturally relevant.

One connector to Arab immigrants in New Jersey explained, “No one is there to take care of their psychological needs. There is a mental health issue as well and it is not being addressed. We clearly see this is affecting not only the first generation immigrants but their children as well.” In Benson, N.C., representatives from Tri-County Community Clinic described their lack of enough specialists to meet the mental health demands of their growing community: currently they only have two mental health providers on staff and they serve over 12,000 migrant farm workers each year. Although the clinic provides mental health screening for migrant farm workers on-site (in the camps), there are no nearby agencies to which to refer people. Almost every community lacks enough mental health providers, according to these providers.

Connectors said that the American understanding of the refugee experience and of refugee attitudes toward mental health services is limited and can sometimes offend rather than heal. One connector to refugees from Sierra Leone offered some advice: “An African would hardly answer you in the first person singular when it really involves things that are personal... When you ask in the third person you say, ‘how do they treat people back home during the war?’ ‘Oh

² According to one connector to Somali refugees in Minneapolis, “The Center for Victims of Torture along with the University of Minnesota conducted a ...multiyear study of the Somali population in terms of assessing levels of torture and war violence in the population. They found extremely high levels of exposure to trauma, violence, or torture either directly or vicariously in the community both amongst men and women.”

they...,' they will start [talking]...Understand where this person is coming from. There you start building a relationship as trust." Connectors to Somali refugees in Portland agreed. One suggested that, "It is really important to have that bridge. In other words, to have somebody from that culture who understands the U.S. culture, and also understands the culture of the person."

Connectors said that most of the immigrant and refugees they see prefer to keep emotional problems hidden and rely only on family members for help. One connector to Arab immigrants in New Jersey—herself an immigrant of Arab descent, said, "There is a cultural issue we have that you are not supposed to talk about your problems. There is not an easy emotional release of your stress...We are trained by our culture to keep it to yourself and you cry in your bedroom and everyone is happy."

Others turn to spiritual counseling. As one connector to refugees from Sierra Leone explained, "If I come to a family and say, 'OK, family X, you need psychotherapy,' they're going to look at me as if I am crazy, but if I tell them, 'you need to pray,' or 'you need to go see the Pastor,' they would be more receptive." In Benson, N.C., a connector explained that one of her high school students was sent home to Mexico to see a witch doctor rather than see the school psychologist for emotional problems.



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Recommendations

Using the information gained through these focus groups, LSPM/DR has identified two main ways to improve the services provided to immigrants and refugees:

- Work on the programs that serve this population: restructure or expand them, or develop new programs in key areas.
- Learn about and use the communications methods that are most valued by this population.

Program-Related Actions

The issues facing immigrants and refugees are interconnected in ways that make solutions challenging. For example, legal status, lack of English proficiency, fear of discrimination, and poor transportation can all play a role in an immigrant's or refugee's ability to receive health care services. Programs that serve immigrant and refugee populations will be most successful if they can address this web of interconnected needs.

We have identified four categories of actions that could be taken to improve such programs:

- Restructuring existing services;
- Targeting immigrant and refugee needs more directly in current public services;
- Building new services; and
- Providing more and better information.



Photo: © 2005 Janet Jarman

The following table presents the recommended actions for each of these categories and ideas on how to implement these recommendations.

TABLE 1. ACTIONS AND IMPLEMENTATION IDEAS

RECOMMENDED ACTIONS	IDEAS FOR IMPLEMENTATION
Restructure existing services	
Integrate Services to Make them Easier for Immigrants and Refugees to Find and Use	<p>Effective approaches to service integration include housing a range of services (e.g., legal services, ESL classes, services for school-age children, mental health counseling, help with housing) in the same building. The International Institute of New Jersey, for example, provides all of these services and more in one location. Mary Center in Washington, D.C., similarly combines health services with legal services, housing, and other assistance.</p>
Use ESL as a Window to Other Services and Information	<p>ESL classes provide an important opportunity to reach immigrants and refugees who might not use any other community service; ESL classes are perhaps the best known and best used service or program in many of the communities we visited.</p> <p>This study also found that the ESL instructor is one of a few highly trusted individuals that immigrants and refugees turn to for help. “It’s the ESL instructors they feel comfortable with, not the regular teachers,” said one connector to migrant workers in Benson, N.C.</p> <p>Many instructors do much more than just teach English in their ESL classes: they teach about banking, how to interact with police, and how to obtain health care as well as dealing with immigration issues. Others like to incorporate “softer” topics about American culture and customs, and may bring in guest lecturers and outreach workers to enlighten their students.</p>
Target immigrant and refugee needs more directly in current public services	
Create More Supports for Immigrants and Refugees in Schools	<p>Ideas from focus group participants on improving services in the schools include:</p> <ul style="list-style-type: none"> ■ More bilingual school staff and more use of interpreters. ■ Written notices sent home in more languages. ■ More outreach to immigrant and refugee parents who may be too intimidated to participate in school activities. ■ Tutoring for their children to prevent them from falling behind. ■ Greater sensitivity among school staff for different cultures and traditions. ■ More vigilance against discrimination at schools by students and staff. ■ Seminars for immigrant and refugees explaining school rules and procedures. ■ School-based programs to bring refugee and immigrant parents into the life of the school. ■ More counselors and mental health professionals trained to work with immigrant children and, in particular, traumatized refugee children, to help them settle into school life.
Offer More Affordable and Culturally Sensitive Health Care Options	<p>Most immigrants and refugees in this study appear to be receiving only infrequent health care, and almost no preventive care. Barriers to health care services include:</p> <ul style="list-style-type: none"> ■ Lack of insurance. ■ Limited availability of free or low-cost care and concern that such programs are not available to undocumented people. ■ The desire to see a health provider from the same ethnic background who speaks the same language. ■ Limited knowledge of public programs such as Medicaid, SCHIP and WIC.
Use “Cultural Bridges” to Break Down Stigma Surrounding Mental Health	<p>Connectors in many focus groups, especially those dealing with refugees, suggested that more attention be paid to understanding the cultural barriers to mental health services. Some recommended what they call “cultural bridges” or “cross cultural providers”—using community members to enlighten providers about cultural attitudes toward mental health. A similar model is the International Institute of New Jersey’s “Pathways” program which encourages community leaders to engage and educate their own community members on mental health and other services.</p>
Build new services	
Make Interpreter Services More Widely Available	<p>Immigrants and refugees in our focus groups ask for more interpreters in sites such as hospitals, doctors’ offices, schools, local courts, banks, and the DMV. One Arab immigrant in Union City, N.J., said that having an interpreter in the courts is the “second best defense” they have after knowing their rights and laws. A fellow Arab immigrant said he knows of only one courthouse in their area that has a steady, reliable interpreter on staff. Chinese immigrants in Orange County, Calif., report that Spanish and Vietnamese interpreters tend to be available, but that they struggle to find Chinese-speaking help.</p>

RECOMMENDED ACTIONS	IDEAS FOR IMPLEMENTATION
<p>Create More Activities for Immigrant and Refugee Youth</p>	<p>The focus groups revealed a need for places where their children can congregate when school is out. Some parents say their child’s public school does not offer any after-school programs; children may also be unable to attend such programs because they lack transportation. This is especially true in smaller cities. In Schuyler, Neb., for example, parents wish their children had a YMCA, “like the one in [nearby] Columbus.”</p> <p>Parents and connectors worry about children, with so much time on their hands and little adult supervision, turning to drugs, alcohol and gangs. A connector to Chinese immigrants in Orange County said, “I think our kids get drawn into it, because we are not providing any alternative. We lack the youth centers. If the parents, or you, or the kids are not involved in church—some of the Vietnamese, our Buddhist churches they have something similar to a Boys and Girls kind of program, which is very good. In the Chinese communities in Irvine they have Chinese School so you can engage in those kinds of activities or . . . have music lessons. For some of the lower economic group what else do you do? You go to a park and get beat up by other ethnic groups.”</p>
<p>Provide more and better information</p>	
<p>Make Refugee Orientation Programs Ongoing and Address Longer-Term Needs</p>	<p>Some refugees and connectors suggest that more comprehensive, on-going orientation programs would be beneficial. They say that current, one-time programs only address the basic needs refugees have when they first arrive. Follow-up programs could help refugees with issues such as transportation, becoming citizens, obtaining health care services, dealing with discrimination, that emerge once refugees have been settled in America for some time.</p> <p>Refugees also say they retain little of what they learn in their orientation program due to the stress of arriving in the United States. As one connector to Somali refugees in Portland, Maine, noted, “People need constant orientation. People are not going to retain all this information.”</p> <p>Others say the content of some refugee orientation programs could be changed to incorporate more “survivor skills.” Orientation sessions focus on the immigration process and contain little information on acculturation skills such as shopping for groceries or using the telephone or public transportation. “There is a lot of education still to do with the kinds of things that we take for granted,” explained one connector to refugees from Sierra Leone in the Washington, D.C., area. “We have instances where they use bleach to clean vegetables, because they don’t know the safe use of some of the products. . . . We still think that they know, but they don’t know.”</p>
<p>Provide More Information about Legal Rights</p>	<p>Immigrants and refugees would benefit from information about several specific areas of the law:</p> <ul style="list-style-type: none"> ■ Labor law. With scant understanding of labor laws, many are working 16 hours or more each day; others say they are afraid to quit a job for fear of being sent back to their country of origin. ■ Traffic codes. Immigrants and refugees reported being in accidents and not knowing how to resolve them. This is an area where participants feel their limited English proficiency makes them especially vulnerable, and so information about the specific steps they should take if they are in a traffic accident would be valuable. ■ Discrimination. Many are unaware that they have any legal recourse when they face anti-immigrant discrimination in the work place, from law enforcement, in schools, and in their neighborhoods. <p>Some communities we visited report holding informal seminars to bring law enforcement together with immigrants and refugees; such meetings enable participants to ask questions about rights and laws and for law enforcement to hear the concerns of these populations.</p>
<p>Offer Citizenship Instruction and Guidance on Immigration Problems</p>	<p>A shared goal of most of the immigrants and refugees in this study is to obtain U.S. citizenship. Most, however, are not familiar with the process of becoming a citizen and do not know how to get information on this topic. Others are not clear about immigration requirements. Without a source of reliable information about citizenship and residency, immigrants and refugees tend to rely on word of mouth and hearsay, and research participants therefore say they would like more information on these issues that they know is trustworthy. In one community we visited, information about citizenship was provided in ESL classes through a guest lecturer who provided legal advice to immigrants and refugees.</p>
<p>Supply Opportunities to Learn about Starting their Own Business and Obtain Job Skills</p>	<p>Many immigrants and refugees in this study express an interest in opening their own business, but few know how to do this. Others simply want to learn practical business skills that can help them obtain a better paying job. A resource that can help immigrants and refugees learn about these topics seems to be missing in the communities we visited and would be valued by research participants.</p>

Communications Methods

Immigrants and refugees can be invisible in communities. Research participants explain why they are often reluctant to reach out for help, but this reluctance is frustrating for service providers and others who want to help them. Immigrants and refugees need information about a range of topics on life in the United States. Their knowledge of the services and programs available in their communities is minimal.

In the focus groups, immigrants and refugees explain how they want to receive information. All service providers have an opportunity to improve their outreach by making better use of the communication networks that are used and trusted by immigrants and refugees.

First, the information must be in the appropriate language for each population. In every focus group, participants complain about the limited information they can find in their own language (although Spanish-speaking participants have more access to information than others in the study). Participants then describe the sources they use most often to get information:

- Family and friends
- In-language media
- Word of mouth, stories and personal connections
- Religious leaders

FAMILY AND FRIENDS

The primary source of information for almost all of the immigrants and refugees in the study is family and friends, usually those who have been in America longest. These close-knit communities look to each other first and foremost to learn about life in the United States and about programs and services in the community. For example, Mexican immigrant mothers in Dallas knew from friends that their children could qualify for Medicaid and that they could qualify for WIC; word spreads quickly when there is a program or service that could benefit immigrant families. Other important information—about immigration, jobs, rides to and from work—is relayed from one to another, informally. Even those who have been in America for more than a few years say they turn to family first for information.

What's Working in Dallas, Texas

In Dallas, young Mexican immigrant boys and men play soccer on weekends and, for many adult men, it is also their only form of social interaction. According to connectors, Mexican immigrants have formed their own pirate league with over 600 teams. “They are playing under their own rules...90 percent of them they’re illegal and that’s all they got...But it’s wonderful to see them get together,” said one connector to Mexican immigrants there. This pirate league provides an excellent opportunity for outreach, since it is a place where the entire community comes together at once.

It is key to tap these informal family and community networks and to use them to disseminate important information about services and resources. Using local, trusted community members as messengers could be an effective way to get into these networks.

IN-LANGUAGE MEDIA

Immigrants and refugees also rely heavily on in-language television and radio, and to a lesser extent newspapers, for information and entertainment. For most, television is the main source of news, especially updates on the political situation back home. Connectors agree. Said one in Orange County, Calif., “The radio and the TV are the best, because most of the people don’t have transportation services to go to a seminar or a presentation.” Another connector said, “You go right into the home with that.” For many, especially seniors, television relieves boredom. Explained one connector to refugees from Sierra Leone (who watch mainly for war news), “I think that’s the main thing they do ‘cause they don’t have any place to go.” In Benson, N.C., radio is said to be the more popular medium, since many migrant farm workers are without television sets. The area boasts a radio station that serves the Hispanic community in North Carolina and two neighboring states. It provides public service announcements and many education programs in Spanish. Connectors in this community describe radio as an extremely powerful medium.

What’s Working in Minneapolis, Minnesota

In Minneapolis, Somali TV plays a pivotal role when it comes to educating the Somali refugee community. We first heard about the availability and popularity of Somali TV programming while visiting the Minnesota International Health Initiative (MIHV). The non-profit organization uses TV to raise awareness about health concerns (often very private concerns) among the community and offers many programs to combat these concerns (for example, they regularly broadcast a Somali Family Planning and Child Spacing video). Programs that are aired on Saturday mornings are often rerun several times during the week, due to their popularity. Connectors and refugees alike said, “everyone [all Somalis] knows” when to tune in. Somali TV is also said to reach even the most isolated of the community, elderly and female refugees, both of whom tend to spend most of their time in the home. Notably, women indicate that they know about many important services—“the way the community can help us”—from Somali TV.

Connectors in every city suggest that lower literacy levels among the majority of their immigrant and refugee clients make television and radio more effective media and outreach tools than newspapers. The one exception is Chicago, where many of the Chinese immigrants we met with rely on Chinese language newspapers for important information, such as job listings.

The International Institute of New Jersey is one service agency that sponsors a regular radio program that addresses topics of concern to the immigrants and refugees they serve. They believe this is an effective way to broaden their reach into the community while raising awareness and providing useful information at the same time.

WORD OF MOUTH, STORIES AND PERSONAL CONNECTIONS

Connectors urge greater use of active word-of-mouth networks, and to a lesser extent television and radio, because most of these immigrants and refugees hail from oral cultures. Connectors say talking and telling stories face-to-face are the most effective methods of communication. Connectors take this into consideration when attempting to educate the Somali community in Minneapolis. “Stories work,” said one connector there, much more so than brochures or fliers. Refugees agree that they prefer to talk to one another, face-to-face, than to read or write.

Personal connections or at least some familiarity between the immigrant/refugee and the person providing them with help is essential for effective outreach. One connector to South and Central American immigrants in Prince Georges County,

Md., said about her clients, “I think they open up when they see Latin faces.” A connector to migrant farm workers in Benson, N.C., shared similar thoughts: “They trust me... [They come to my office on Monday] and on Tuesday they see me in Wal-Mart.” Connectors agree that immigrants and refugees tend to not only listen, but also talk more openly, if they are approached by someone they know. As a result, connectors often end up discussing issues that go far beyond their professional scope. A connector explained, “[Housing] is not the only thing you end up doing...you end up talking about taxes, health, immigration, everything...you become a counselor on everything.”

Bilingual teachers, aides, counselors within the public school system provide valuable information and assistance

to many immigrants and refugees, especially Hispanic immigrants. Said one connector to Mexican immigrants in Dallas, “The school is respected because that’s [our] culture...the teacher walks on water.”

In some communities, the agencies that sponsor refugees’ arrivals, such as Catholic Charities in Portland, Maine, and Lutheran Social Services in Minneapolis and St. Paul, continue to be a trusted source of information for refugees even years after their initial arrival to the United States. Although these agencies are not always set up to provide services over the long term, refugees know and trust their staffs and may be willing to seek information from them, making these agencies a possible communication vehicle for other service providers as well.

RELIGIOUS LEADERS

Often coming from a highly religious background where religious leaders are greatly respected, many new immigrants and refugees turn to churches and mosques for spiritual support upon arrival. Religious organizations also provide practical help. Many offer ESL classes and other educational programs: a mosque we visited in Union City, N.J., for example, brings in speakers to discuss issues such as American parenting styles. Some serve as informal job banks, while others address needs such as food, clothing and shelter. Their church tends to be the main, and often first, meeting place for refugees from Sierra Leone living in the Washington, D.C., area. Its pastor said, “It is the church where they meet



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with their friends and then they go back home—and from that place we begin to show them the system. Most times we are the first people that will show them [a] McDonald’s.” It is clear that religious organizations are able to provide a source of comfort. Some Arab immigrants in Union City, N.J., describe their mosque as their second home.

For these reasons, organized religion in America can provide an effective opportunity for community outreach. Buddhist monks in Orange County, are already active in outreach with various social services, as are many Episcopalian and Evangelical ministries in and around Benson, N.C. In fact, in Benson, the majority of migrant farm workers are Roman Catholic and yet they are attracted to evangelical ministries because they fill a void: they provide much-needed services such as food, shelter, clothing and transport, as well as some sports and recreation opportunities for their children while the Catholic church does relatively little.

Other Examples of Communications Networks

In Schuyler, Neb., some Mexican immigrants have found a good source of information and assistance in their employer. The “Pack” in Schuyler [the meat packing factory] offers its employees many opportunities for self-improvement, including classes in ESL, GED, computer training, and parenting (Head Start). These are offered in the plant’s in-house “Family Learning Center.”

The Asian American Senior Citizens Service Center in Orange County, Calif., and the Chinese American Service League in Chicago, are examples of organizations set up to provide assistance to a single immigrant group, in this case Chinese immigrants. Both organizations offer job training and placement services, ESL classes, as well as numerous forms of entertainment and social interaction. Chinese immigrants look to these organizations first, and rarely know of anywhere else to turn when they need help. Because of the important role these organizations play in the lives of their clients—especially the elderly—both are logical points of service for any outreach activity. Notably, similarly effective enterprises were not mentioned elsewhere.

The “welfare office” (Minnesota Department of Social Services or MDSS) is a source of information for many refugees, especially women. It is clear from their comments in the focus groups that most women know where to go and how to apply for Medicaid and food stamps, as well as ESL classes (part of the refugee package). MDSS, they say, assigned them to a particular school for ESL and gave them bus passes to get to class.

Appendix A: Study Methodology

Immigrant and refugee communities have historically proven to be difficult to reach, making LSPM/DR's study methodology potentially useful to other researchers. The study had two parts:

- A pilot phase, involving five communities, primarily in large cities.
- Phase One, which incorporated refinements based on the pilot phase and involved five more diverse communities.

Pilot Phase

Pilot phase cities were chosen because:

- Census data showed they had a significant population of recent immigrants and/or refugees.
- RWJF grantees who work with immigrant and refugee populations recommended them.
- They provided representation from across the United States.

Table 2 contains a detailed breakdown of the locations and research participants in the pilot phase.

The process in each city had two parts:

1. Initially, before meeting any immigrants or refugees, LSPM/DR conducted one focus group with community “connectors” in order to learn about the needs immigrants and refugees in that community as well as the kind of assistance available. Connector groups consisted of social workers, health care workers, housing managers, professional interpreters, mental health counselors, Medicaid enrollment workers, ESL teachers and other service providers. Connectors were recommended initially by local RWJF grantees; from these first contacts LSPM/DR staff were referred to other service providers who were asked also to participate in the focus group.
2. This focus group was followed by a series of group interviews with immigrant or refugee families. Local providers, sometimes RWJF grantees, helped identify and recruit research participants. Multi-generational families were selected in order to gain insight to the breadth of needs facing immigrant and refugee families. In most cases one family was interviewed at a time, although occasionally two families participated together. Roughly two to three group interviews were conducted in each city.

LSPM/DR staff made it a point to partner with trusted local providers who helped sponsor the focus groups and find comfortable settings and even local caterers. The focus groups took place in locations like a church hall, a local public library, a mosque, and a high school. Holding the focus groups in places where the participants felt comfortable helped ensure a good turnout for the focus groups. Equally important was using a moderator from the community, if possible, or of the same ethnic background. LSPM/DR staff identified and trained local community members to play this role, or contracted with a trained focus group moderator of the appropriate ethnic background.

All group interviews and focus groups were designed to be open-ended and informal to allow immigrant and refugee families as well as their providers to drive the conversation and raise issues of importance. The discussions (with both connectors and families) covered these topics:

- General experience settling in America;
- Goals, aspirations, daily routines;
- Specific or immediate needs as well as longer term needs, including employment, education, physical and mental health, transportation, housing, legal services, child care and language issues;
- Awareness of and access to programs and services; experiences seeking and enrolling in programs; and
- Sources of information and support.

In both the pilot phase and Phase One, connectors and the immigrants/refugees themselves at times provided a very different picture of services in their community. Connectors, for example, would describe the many services they provide and how many families they assist, yet immigrants and refugees would report being unaware of such services and unfamiliar with these very same service providers.

TABLE 2: PILOT PHASE CITIES AND PARTICIPANTS

SITE	POPULATION	FOCUS GROUP TYPE	RATIONALE
Prince Georges County, Md.	South and Central American Immigrants	1 Group w/ Connectors 2-3 Groups with Families	Emerging community; overextended local resources.
Washington, D.C.	Refugees from Sierra Leone	1 Group w/ Connectors 2-3 Groups with Families	Large refugee community; fairly strong infrastructure for dealing with refugee issues.
Chicago, Ill.	Chinese Immigrants	1 Group w/ Connectors 2-3 Groups with Families	Strong local service providers; established immigrant community.
Dallas, Texas	Mexican Immigrants	1 Group w/ Connectors 2-3 Groups with Families	Large immigrant population; experience dealing with immigrant concerns; resources possibly overwhelmed by demand.
Portland, Maine	Refugees from Somalia	1 Group w/ Connectors 2 Groups with Families	Emerging population; smaller city experience; fewer resources available.

Phase One

The experience in the pilot phase led to important changes in four areas for Phase One: the cities targeted (Table 3 lists the cities involved in Phase One), the background research conducted, the methodology used to interview the immigrants and refugees themselves, and the use of follow-up interviews.

TARGETED CITIES

Although our research populations largely remained the same (with the addition of migrant farm workers from Mexico), we expanded our criteria for site selection beyond density, RWJF recommendation and location. Our aim was to have diversity in:

- Size of city—smaller, less resources vs. larger, urban centers;
- Social services infrastructure—struggling vs. more resources;
- Dominant ethnic group vs. one of many newly arriving groups;
- First wave vs. second wave; and
- Immigration due to employment vs. community or family connections.

BACKGROUND RESEARCH

In Phase One, the research team immersed itself in the community prior to any focus groups by gathering background information through interviews and then by spending about 6–8 hours touring the community and meeting with local leaders. Before arriving in the city we conducted 8–12 lengthy contextual interviews by telephone and reviewed recent articles and news stories about these communities. From this work we developed background memos on each city. We also added tours of ethnic enclaves, favored “hang-outs,” and local clinics, which helped the research team to pick up on subtle undercurrents in the community and to know some of the locations, institutions, and people to which the focus group participants referred. The research team also conducted on-site informal interviews with various providers immediately before the focus groups. All these activities gave the research team a broader understanding of the community as well as a clearer picture of the social services infrastructure that was (or was not) in place.

FOCUS GROUP METHODOLOGY

We continued to start with one connector focus group although we broadened the definition of connector to include individuals in less formal positions, such as spiritual leaders, community advocates and members of the community who themselves became informal leaders. We also moved from the “family interviews” used in the pilot phase to more traditional focus groups. In Phase One, we conducted these focus groups with 8–12 immigrant/refugee adults. We chose adults who were not related, so researchers could probe more deeply into sensitive issues and experiences which participants might have been reluctant to discuss with family members.

FOLLOW-UP INTERVIEWS

In Phase One, the research team conducted phone interviews with individuals who were important to the study but who were unable to meet with us on-site. In a few cases, we also followed up with certain focus group participants who were quiet during the focus groups, to ensure that we did not lose their voice. This was also done to be sensitive to cultural and other barriers that may have made it difficult for participants to participate during the larger group meetings.

TABLE 3: PHASE ONE CITIES AND PARTICIPANTS

SITE	POPULATION	GROUP TYPE	RATIONALE
Schuyler, Neb.	Mexican Immigrants	1 Group w/Connectors 2 Groups w/Adults	Immigrants recruited by local meat packing industry to historically white rural community.
Orange County, Calif.	Chinese Immigrants	1 Group w/Connectors 2 Groups w/Adults	“Invisible minority” living among many other immigrant groups in crowded urban area. Many demands on local resources.
Union City, N.J.	Arabic Immigrants	1 Group w/Connectors 2 Groups w/Adults	Understudied population; second largest Arabic population in the U.S.; unique post 9/11 experience.
Minneapolis/St. Paul, Minn.	Refugees from Somalia	1 Group w/Connectors 2 Groups w/Adults	Largest Somali community in the U.S.; seen as successful transition; strong local providers.
Benson, N.C.	Migrant Farm Workers from Mexico	1 Group w/Connectors	Agricultural; fluid population hard to serve; unique needs.

**Appendix B:
Issues Ranked
by Frequency
and Prevalence**

In the body of this report, the issues shown by our research to be facing immigrants and refugees are organized by the social factors to which they pertain. In this Appendix, we instead present these issues in order of significance, based on the frequency with which these problems were raised in the focus groups, the degree to which they were widespread and affected all of the immigrant and refugee groups in this study, and the level of intensity with which they were discussed. Section 3 contains full descriptions of the nature and impact of each of these issues.

1. Legal status (lack of legal documentation)
2. Language—lack of proficiency with English
3. Exploitation and Discrimination
4. Stress
5. Undiagnosed and untreated mental health conditions
6. Problems with the schools
7. Lack of job mobility and low-paying jobs
8. Lack of transportation and physical isolation (especially for women)
9. Safety