

Refugee Community Experiences Report





Table of Contents

	Acknowledgements	03
1.0	Summary	04
2.0	Background	06
3.0	Methods	06
4.0	Results	07
4.1	Health	10
4.2	Belonging	16
4.3	Education	20
4.4	Employment	25
4.5	Housing	31
4.6	Surveillance	38
5.0	Conclusion	46
6.0	References	48



About PANA

The Partnership for the Advancement of New Americans (PANA) advocates for the full economic, social, and civic inclusion of refugees and displaced populations in the San Diego region, throughout California, and across the country. PANA conducts a tri-annual House Meeting Leadership (HML) process that engages hundreds of community members in language, to better understand the issues of critical concern to the community. The results of these surveys and discussions drive the organization's priorities for the following three years.

Acknowledgements

We extend heartfelt gratitude to our community members across the San Diego region for their invaluable contributions. Their participation in our surveys and trust in sharing their stories and information have been immensely valuable. We also extend our gratitude to the Karen Organization of San Diego for their assistance in surveying Karen, Karenni, and Burmese refugees from Burma.

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Summary

Resettled refugees in the United States and first-generation Americans descended from refugees continue to face multiple structural barriers to their health and wellbeing. The Partnership for the Advancement of New Americans (PANA) conducted a 2023 in-depth triennial survey into the refugee experiences. Our findings on 656 participants identified inequities around education, health, employment, housing, belonging, and surveillance. This study highlights PANA's ongoing work to catalyze community action to address refugee's needs.

Key Findings

PANA's triennial survey provides in-depth insights into the refugee experience. Key findings from the 2023 survey include:

- 01

Respondents who do not speak English well reported significantly worse mental health than respondents who felt more confident in their English language skills.
- 02

While parents generally believe that their child's school offers sufficient language proficiency support, **youth are more likely to express dissatisfaction with the level of academic support provided.**
- 03

Limited English proficiency hinders people from making living wages: People who said that they did not think they spoke English well were much more likely to make less than \$16 an hour compared to those who said they spoke English well, regardless of how long people have been in the U.S.
- 04

Refugees we surveyed are **living in extremely crowded conditions and experiencing rent burden at a disproportionate rate:** Nearly a third of people we surveyed are living in overcrowded or severely overcrowded conditions.
- 05

Youth are most vulnerable to discrimination and violence: 30% of boys under 18 and 22% of young men 18-25 reported more than one experience of day-to-day violence.
- 06

Diverse perspectives on surveillance: men being targeted more often than women, and East African communities and established refugees express greater concerns about federal and state surveillance.





Policy Recommendations

This study highlights PANA's ongoing work to catalyze community action to address refugee's needs. The data we collected from 656 community members emphasizes the need for policy reform, in particular:

- 01 Addressing upstream social determinants of health** is necessary to improve health outcomes.
- 02 Implement comprehensive college preparatory electives and increase counselling support for youth** to serve as college entry resources for high school students.
- 03 Support financial stability for asylum seekers** by advocating for living wage jobs and streamlined processes for asylum seekers to be able to work upon arrival in the U.S.
- 04 Prioritize sustainable housing** to protect the human rights and dignity of San Diegans facing housing insecurity.
- 05 Promote belonging and inclusion** through policies to enhance civic engagement.
- 06 End counterterrorism programs and surveillance technologies** that disproportionately target and harm refugee and immigrant communities.

Background

Social Determinants of Health are non-medical upstream forces that shape the conditions of daily life such as governing processes, housing, policies, and social norms. These determinants are a major influence on health inequities as systems support the health of some groups while ignoring or even harming the health of others.^{1,2} It is necessary to address the social determinants of health to improve community health broadly and reduce health inequities specifically.³

Refugee communities sit at the intersection of multiple social determinants of health. Many are racialized minorities with daily experiences of discrimination; nearly all are economically marginalized as they begin again in a new country, often learning new languages, social norms, and how to navigate government bureaucracies. Moreover, healthcare affordability, inadequate interpretation, and poor cultural competency hinder refugees from accessing healthcare.⁴ Financial insecurity has been shown to contribute to high levels of stress in refugee communities.⁵

PANA conducts a biennial survey with refugees in San Diego County to better understand the needs of our communities. The results of these surveys and discussions drive the organization's priorities for the following two years. This year's report highlights a number of priority Social Determinants of Health impacting the health of the refugee community, particularly employment, education, childcare, housing, sense of safety, and belonging.

Methods

The data in this report was collected between September and November 2023 by the Partnership for the Advancement of New Americans (PANA) with technical support from the Fielding-Miller lab at the University of California San Diego (UCSD)'s Herbert Wertheim School of Public Health and Human Longevity Sciences. PANA and their UCSD colleagues designed the survey in English, and PANA community organizers then translated the survey into 9 languages (Arabic, Pashto, Dari, Karen, Karenni, Burmese, Oromo, Somali, and Swahili). Community organizers recruited participants from PANA's membership list to participate in House Meetings.

A person could participate in House Meeting if they were:

- ✦ Newcomer refugees or asylum seekers who had been in the U.S. for 5 years or less
- ✦ Refugees who had been resettled for at least 5 years
- ✦ The child of at least one refugee
- ✦ An immigrant who had worked with PANA in the past, even if they didn't hold official refugee status

House meetings where surveys were conducted typically consisted of 10-12 participants who spoke the same language and a community leader as a facilitator. The community leader helped participants log into the online survey platform using their phones or tablets provided by PANA and clarified questions that community members brought up as they completed the survey. Each meeting lasted about 2 hours long. Community members received \$20 gift cards and food for their time. We asked participants key questions regarding health, employment, housing, education, and a sense of safety and belonging.

Survey data was analyzed by the Fielding-Miller Lab team, and we then reviewed notes from the house meetings to identify common themes and quotes that illustrated survey findings.



Results

Participant Demographics

Overall, 656 people from all over San Diego County participated in 60 House Meetings for the 2023 HML survey. Surveys were typically completed in approximately 15-30 minutes, and all responses were translated back into English for data analysis. Almost one in three participants—208 people—said they live in the 92105 zip code. Ninety-four people said they live in 92021, and 72 said they are from 92020.

Participant Country and Region of Origin

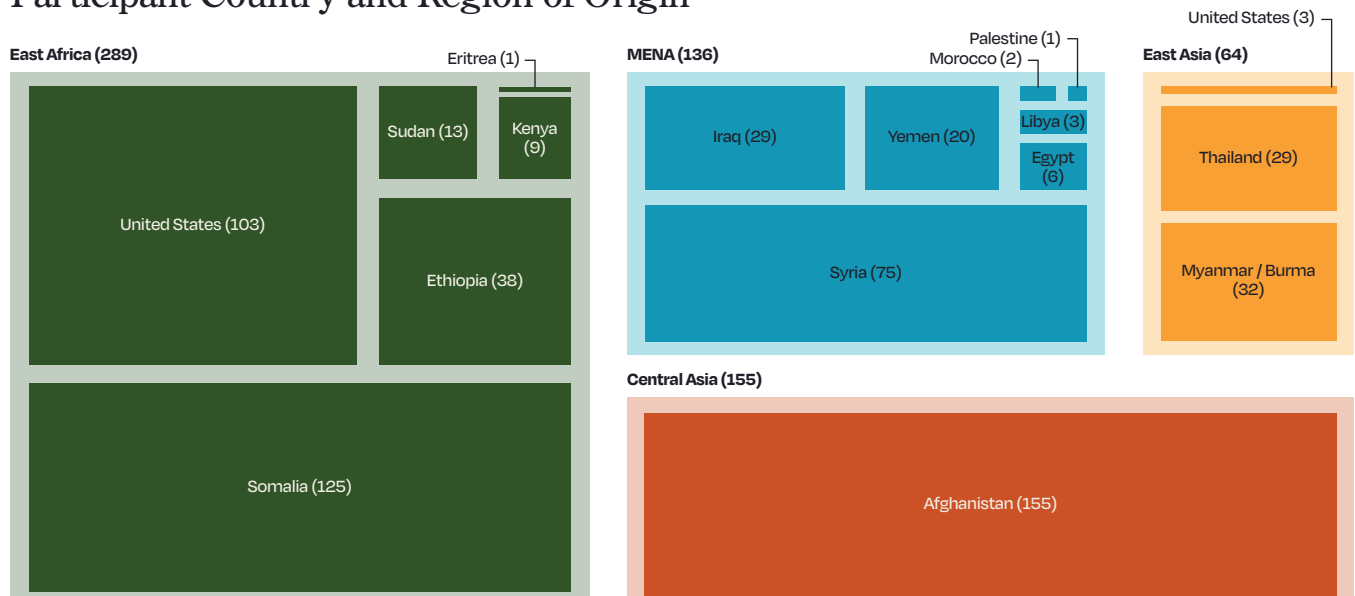


Figure 1. Participant country and region of origin

Participants came from over 20 countries worldwide (Figure 1). Over one-third (35%) of East African participants had been born in the U.S, as had about 5% (3 out of 64) East Asian participants. East African participants born abroad were from Somalia (125 out of 289), Ethiopia (38 out of 289), Sudan (13 out of 289), Kenya (9 of 289), or Eritrea (1 person).

All participants from Central Asia were born in Afghanistan (155 people). For this report, we are using the regional term 'Central Asia' to keep our geographic language consistent (i.e., regions rather than nations).

Participants from the Middle East and North Africa (MENA) originated in 8 countries. The biggest group was from Syria (75 out of 136 people), followed by Iraq (29 people), Yemen (20 people), Egypt (6 people), Libya (3 people), Morocco (2 people) and Palestine (1 person). Of the 64 people from East Asia, half were from Burma/Myanmar (32 people), followed by Thailand (29 people). Three were born in the U.S.

Of the 540 participants who were not born in the U.S (Figure 2), 82 (15%) have been in the US for less than 1 year, 152 (28%) have been in the US for 1-5 years, 214 (39%) have been in the US for 6-15 years, and 94 participants (17%) have been in the US for over 15 years.

Year of Arrival by Region

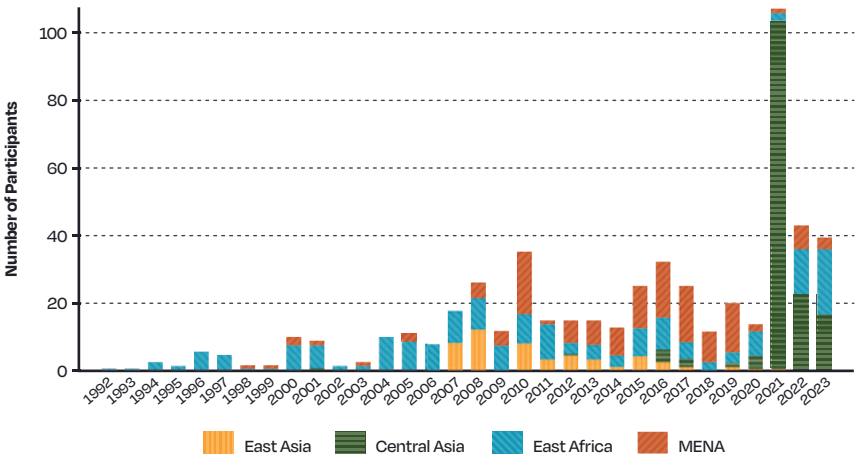


Figure 2. Year of Arrival by Region

Newcomers were most likely to be from Central Asia (Afghanistan) or East Africa. Participants from East Asia were most likely to have arrived 6-15 years ago, and participants who had been in the country for more than 16 years were most likely to be East African. The majority of participants from the Middle East and North Africa arrived 6-15 years ago.

Participants by Gender and Age

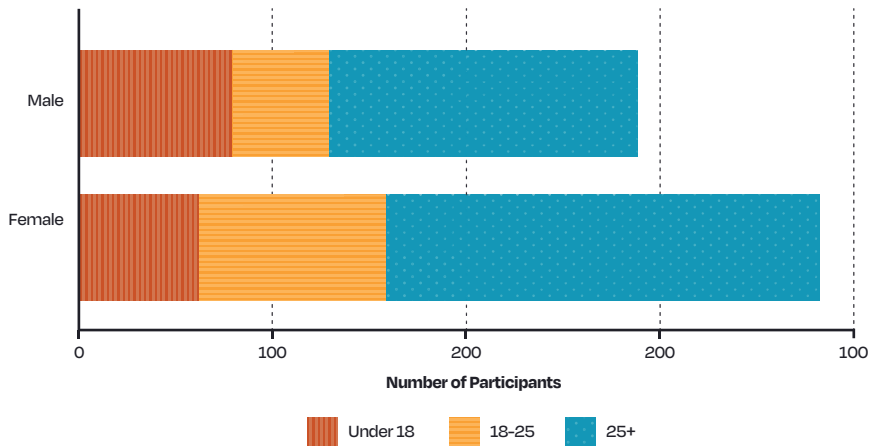


Figure 3. Participants by Gender and Age

As shown in Figure 2, the arrival dates reported by participants reflect several decades of American refugee and asylum-seeking patterns. Survey participants who arrived from the early 1990s through 2006 were predominantly East African with a rapid growth in Southeast Asian arrivals from 2007-2015 and an increase in Afghan resettlement beginning in 2012-2013, likely reflecting the U.S' special immigrant visa program for Afghans who were employed by or on behalf of the U.S. government. Middle Eastern arrivals grew

exponentially beginning in 2014 as a result of the Syrian civil war. The resettlement of Syrian refugees experienced a significant reduction in 2017-2018 following Executive Orders issued by President Trump on January 27, 2017. These Orders prohibited individuals from six Muslim-majority countries, including Syria, Iran, Libya, Somalia, Sudan, and Yemen, and imposed a 120-day suspension on the entire refugee resettlement program. In contrast, the arrival of Afghan refugees surged in 2021 as a direct consequence of the Biden Administration's withdrawal from Afghanistan.

More women participated than men (382 vs. 288). The majority of people (57%) were over the age of 25. Participants under 18 were more likely to be male - 56% of the 140 youth participants were male and 44% were female.

Out of 529 survey participants, over half over the age of 18 are parents (n=280).

Female participants (56%) were more likely to report being parents than male participants (47%) (Figure 4). On average, parents said they have about 4 children each, although the most commonly reported number of children was 2 (Figure 5).

Parenthood by Gender

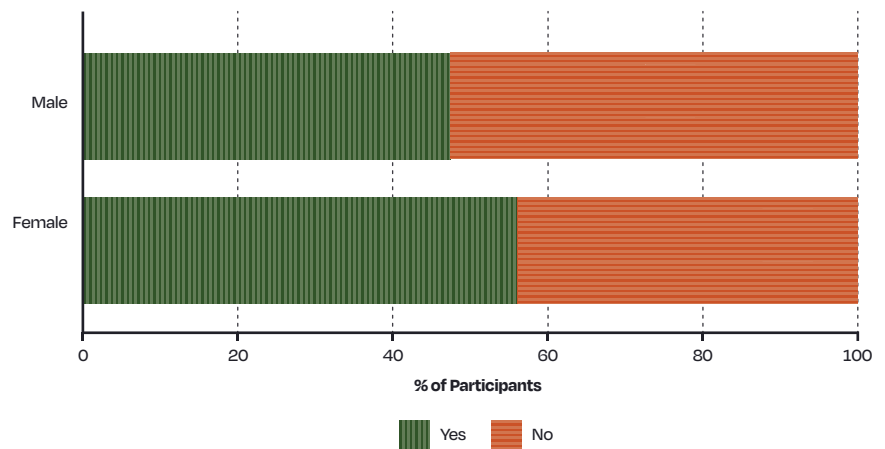


Figure 4. Parenthood by Gender

Number of Children Each Parent Has

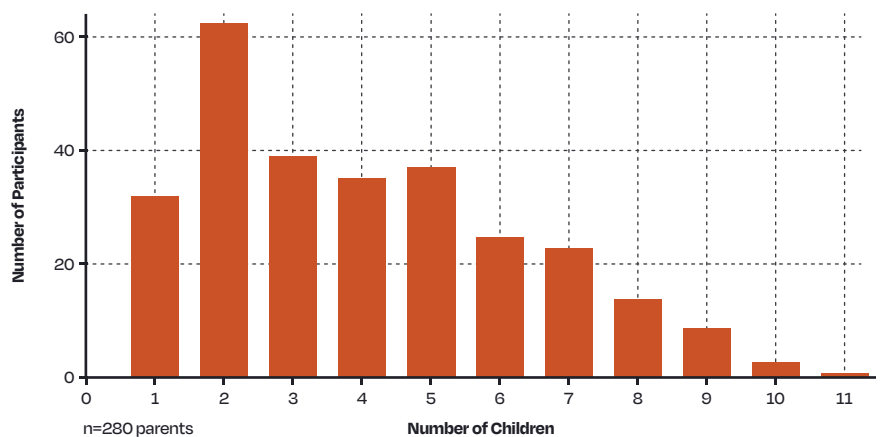


Figure 5. Numbers of Children



4.1

Results

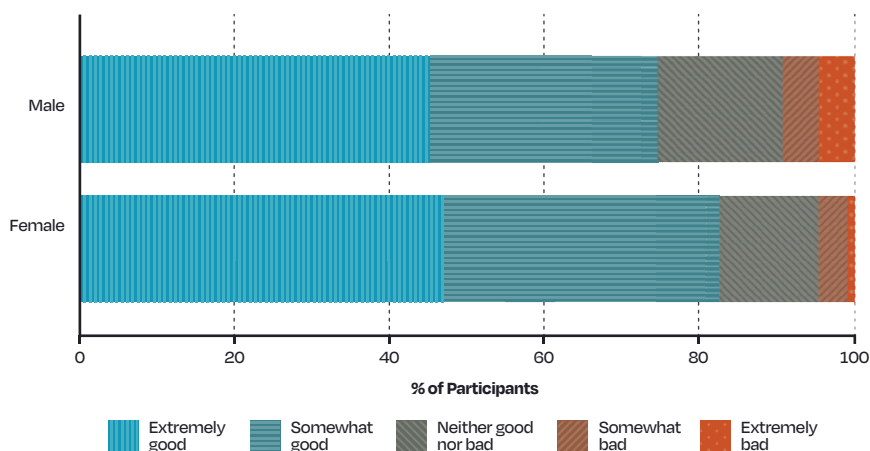
Health



Health

This survey focused on physical and mental health and their social determinants. Although most participants reported good emotional and physical health, newcomers with limited English proficiency were significantly more likely to report mental health challenges.

How would you rate your physical health?



Nearly 80% of people said that their physical health was "extremely" or "somewhat" good. Men were slightly more likely to report poor health than women, with 8% of men saying that their health was "somewhat" or "extremely" bad compared to 5% of women (Figure 6).

Figure 6. Physical Health Rating by Gender

Over half of the participants (51%, or 337 people) said that they considered their mental health to be 'extremely good.' About six percent (37 people) said that they considered their mental health to be somewhat or extremely bad. Men and women rated their mental health similarly (Figure 7).

How would you rate your mental health?

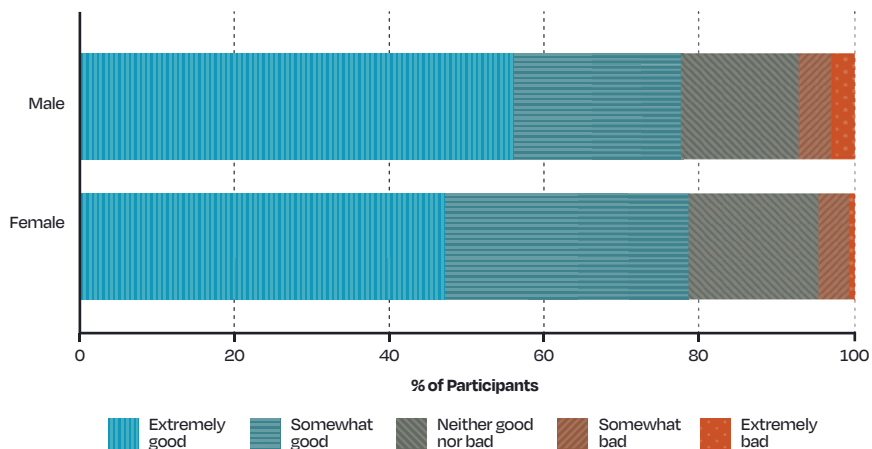


Figure 7. Self-Rate of Mental Health

How would you rate your mental health?

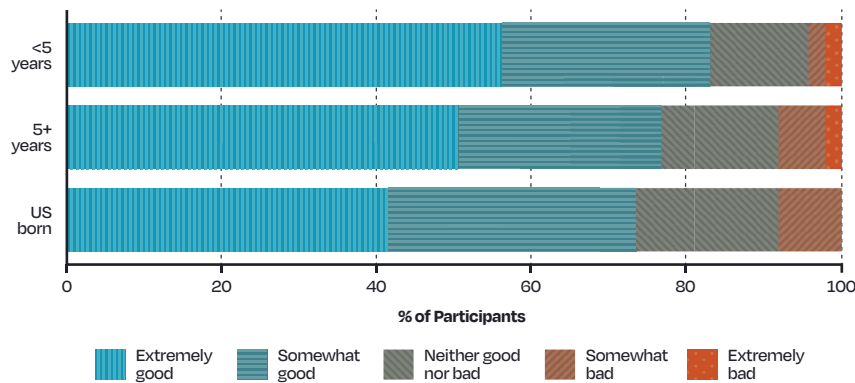


Figure 8. Mental Health by Years Living in the U.S.

Did any of these issues stop you from doing your daily activities?

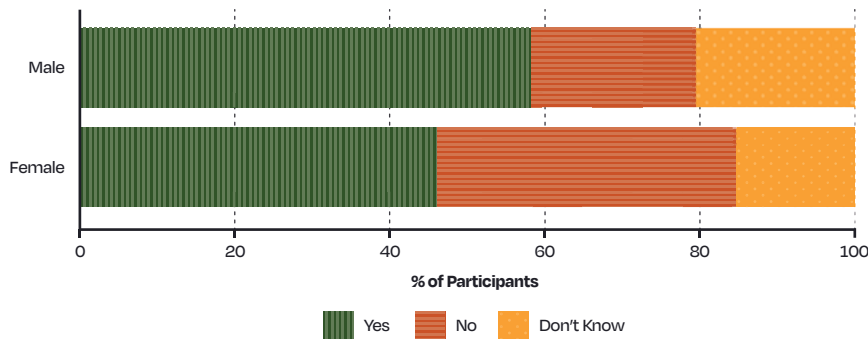


Figure 9. Effects of Poor Mood/PTSD on Daily Activities

Physical Health by How Well Participant Feels They Speak English

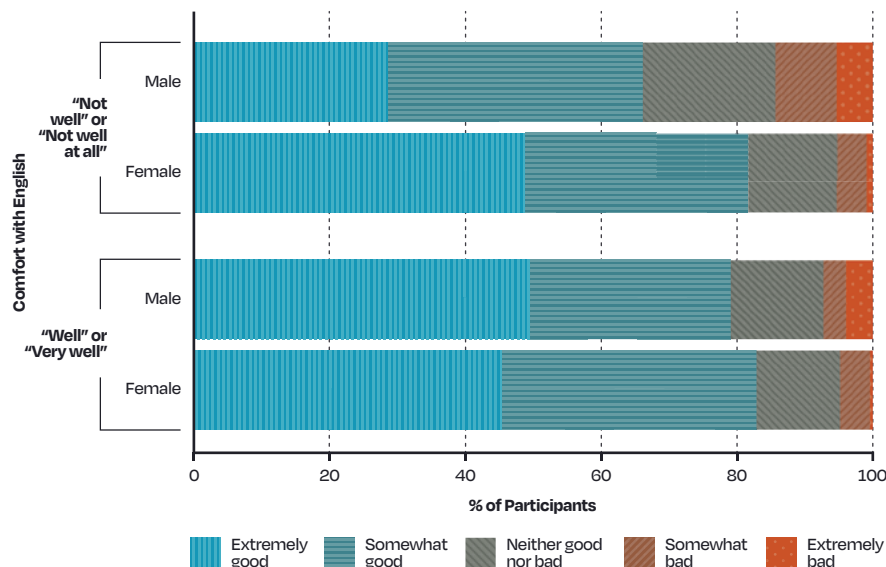


Figure 10. Physical Health by English Proficiency and Gender

Self-rated mental health varied significantly according to how long people had been in the country. About 41% of people born in the US reported 'extremely good' mental health, compared to 51% of people who had been in the U.S for five years or more and 57% of people who had been in the U.S for less than five years (Figure 8).

We used a screening tool called the Minnesota Wellbeing and Emotions Check, which is commonly used to identify new arrivals who may need additional mental health support. It consists of 5 items plus an additional question asking if any of the concerns make it hard to complete day-to-day activities. Overall, 36% of men and 41% of women screened positive, indicating that they could benefit from some mental health support.

Of the 305 people who said they were bothered by at least one indicator of mental health concerns (Figure 9), 39% of women (69 people) and 21% of men (27 people) said that the problem they indicated stopped them from doing their daily activities. There was no statistically significant difference between the percentage of men and women who could use additional support, although women tended to answer yes to slightly more items than men and were more likely to say that the problems they indicated caused issues in their day-to-day lives (Figure 10).

How would you rate your mental health?

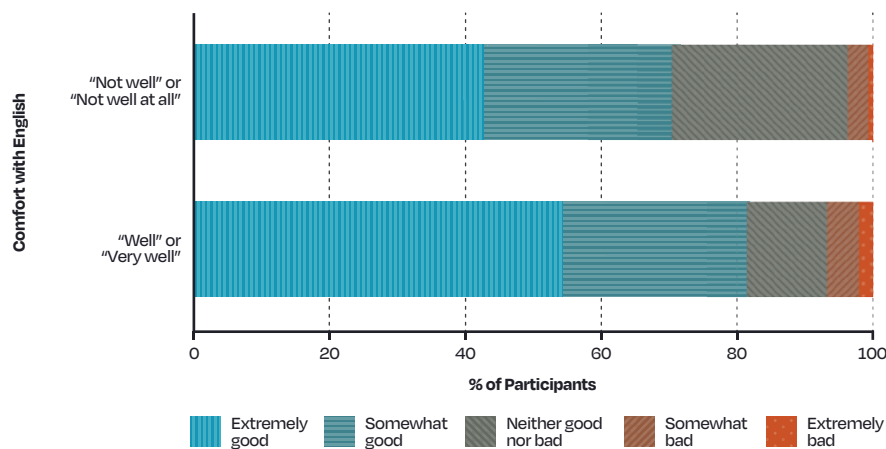


Figure 11. Mental Health by English Proficiency

Language emerged as a major social determinant of both physical and mental health. Men who felt they did not speak English well were the most likely to report poor health. There was not a similar pattern for women (Figure 10).

Language as a barrier to medical care was brought up frequently in focus group discussions.

“When I am feeling sick I go to the doctor but I have a big problem with scheduling an appointment because of language.”

— Afghan Community Member

“My doctor listens but sometimes I feel like the doctor won’t understand my needs and feelings. Also, the interpreters are usually late and don’t have the patience to translate my points.”

— Arab Mother of 3

People who could not speak English well also reported significantly worse mental health (Figure 11). Eighty-two percent of people who said they speak English well or very well reported "extremely" or "somewhat" good mental health, compared to 71% of people who do not feel that they speak English well. This effect was especially dramatic in our East Asian and MENA communities (Figure 12). In MENA communities, the effect of not speaking English well and mental health seems to be driven mostly by age (i.e., older individuals reporting worse mental health). The same pattern was not as distinct in other communities.

How would you rate your mental health?

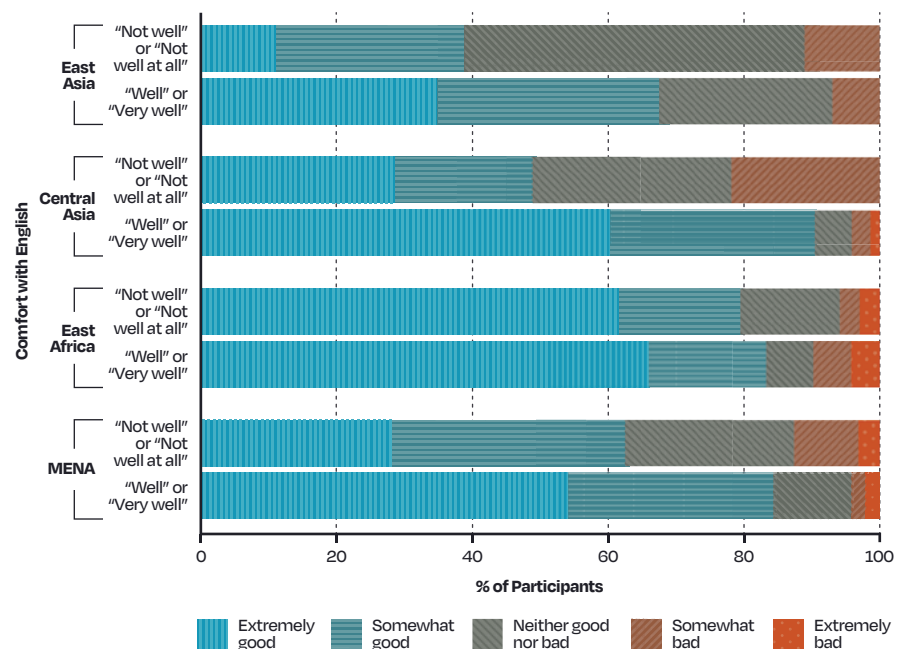


Figure 12. Mental Health by Regions and Language Proficiency

“I had a difficult time translating the medical terms and medical history into English for my doctor.”

— Syrian widowed mother

“I rely on my neighbors to help me understand my medical needs.”

— Arab widowed mother of 1

Women from Central Asia were most likely to screen positive for potential mental health concerns. After adjusting for how well participants spoke English, how long they had been in the U.S., and whether or not they were parents, Central Asian women were two times more likely to screen positive than women who were not from the region and 1.6 times more likely to screen positive than Central Asian men.

Discussion

Resettled refugees face higher odds of certain diseases like diabetes and hypertension compared to the rest of the population.^{6,7} These risks can be aggravated by systematic barriers within the healthcare system.⁸ Even when refugees are entitled to healthcare, they still have issues with healthcare access.⁸ In primary care, being able to communicate traumatic experiences and symptoms plays a major role in accessing treatment and referrals to specializations.⁸

Immigrants who have a language barrier are generally more stressed, especially at the beginning of resettlement.^{9,10} Interpretation for mental health symptoms can be challenging and practitioners may struggle to work with many different types of interpreters when working with patients who speak a different language.¹¹ Addressing the mental health challenges among resettled communities requires understanding their unique circumstances, such as language and communication barriers, cultural understandings of illness, behavior, treatment, and resiliency strategies among others.¹¹

Refugee women face higher psychological distress compared to refugee men leading to more mental health indices.¹² Stigma and cultural idioms around mental health also play a role in women self-describing their pain through a mental health lens.¹²

The majority of Afghans who participated in the survey are individuals who fled after the mishandled withdrawal of U.S. forces from Afghanistan in 2021. These chaotic events likely contributed to experiences of trauma for resettled Afghan women before, during, and after their arrival in San Diego.^{13,14} Our findings in this survey are consistent with other community studies, which have also found that Afghan women, in particular, are at higher risk of psychological distress or mental health challenges and face systematic discrimination and high levels of gender-based violence.¹⁴

Health

Policy Implication

Based on our findings and supported by evidence-based data on promotora programs, we recommend several policy actions to enhance the health and well-being of refugee populations. Promotora programs, which utilize community health workers from within ethnic communities, have demonstrated significant positive outcomes in various contexts.

Research indicates that these programs effectively improve access to and utilization of healthcare services, enhance health literacy, and foster better health outcomes among underserved populations. For instance, a study published in the American Journal of Public Health found that participants in promotora-led interventions showed improved health behaviors and increased use of preventive services.¹⁵ Another study highlighted in the Journal of Immigrant and Minority Health reported that promotoras were instrumental in reducing health disparities and improving chronic disease management in Latino communities.¹⁶ Given this evidence, we advocate for investment in culturally competent mental health providers, interpreters, and cultural mediators. Furthermore, it is essential to mandate cultural safety training for frontline personnel. We also recommend increased investment in the training and support of community health workers from within each ethnic community. These workers can significantly improve access to healthcare and overall well-being.

Language barriers often hinder access to social services, and community health workers can play a pivotal role in bridging this gap. By assisting individuals in connecting to essential support services, including healthcare, legal assistance, housing, and financial security, community health workers can contribute to improved refugee health outcomes. These evidence-based interventions demonstrate the potential for substantial improvements in refugee health and well-being through targeted investments and training programs.

Results

Belonging



Belonging

Youth are most vulnerable to discrimination and violence.

Less than half of participants (44% or 294 people) said that they had not experienced racism, discrimination, or exclusion in the U.S. Those numbers varied a lot by region of origin and gender (Figure 13).

We asked participants about their daily experiences with racism and discrimination. One in four people said that they had experienced at least one form of discrimination at least once in their life. Thirty percent (200 people) said they had experienced these things two or more times in their life.

Younger people were more likely to report lifetime experiences of harassment and discrimination than older people (Figure 14).

I have experienced racism, exclusion, or discrimination in the United States.

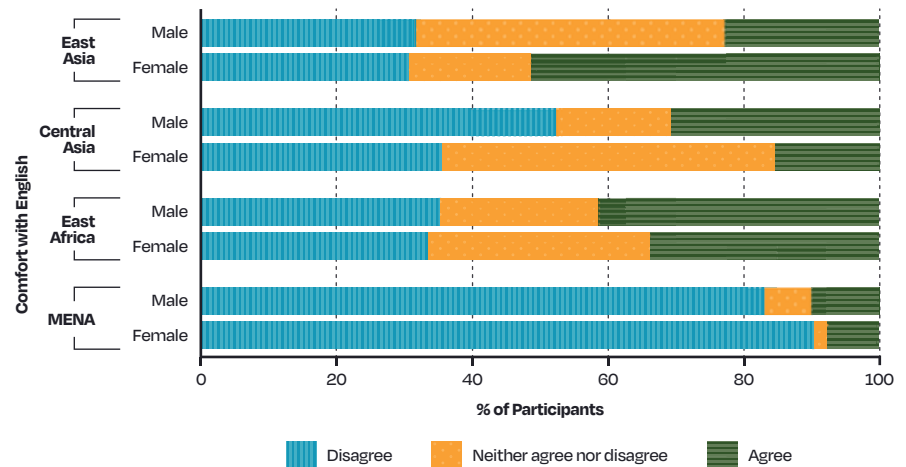


Figure 13. Experience of Discrimination by Gender and Regions

Experienced Any Form of Discrimination by Age Group

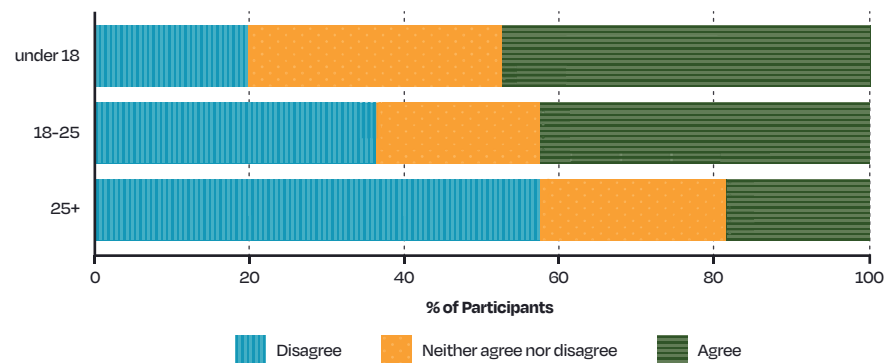
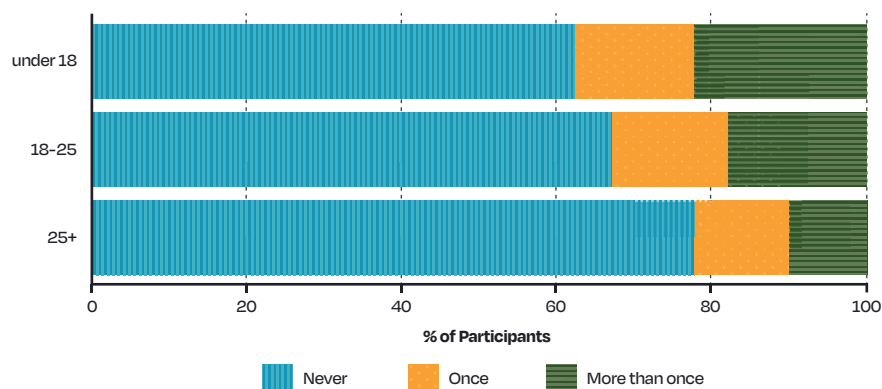


Figure 14. Experienced Any Form of Discrimination by Age

“There were neighbors who didn't know of our ethnicity — they discriminated against us because of our appearance. Whenever we called the police- we couldn't communicate with them due to English language barriers. They just tell us that next time we take a video and would tell us to go tell our landlord, and the landlord would tell us to go tell the police.”

— Afghan Community Member

Experienced Physical Assault by Age



Younger people were significantly more likely to report experiencing physical assault in their day-to-day life compared to older people (Figure 15).

Figure 15. Physical Assault by Age

Young men are particularly vulnerable to discrimination and violence (Figure 16). Young men were significantly more likely to experience daily violence than older men. Thirty percent of boys under 18 and 22% of young men 18-25 reported more than one experience of day-to-day violence. There was no statistically significant difference across age groups for women.

Men's Experience of Day-to-Day Violence by Age

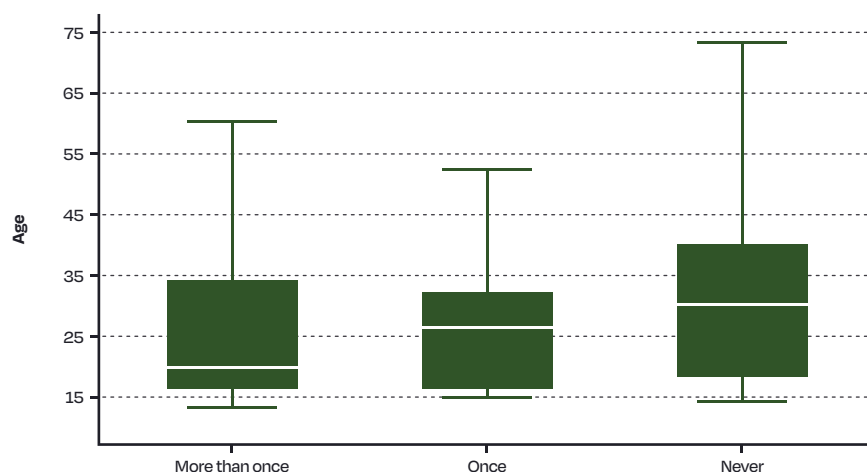


Figure 16. Day-to-Day Violence by Age for Men

Discussion

Discrimination can be harmful to resettled refugee health.^{17,18} Children and adolescents with an immigrant background who experience discrimination and daily racism can be a negative predictor of their mental health-related outcomes. Consistent with other studies; our findings suggest that experiences of discrimination hit our communities' younger participants hardest.^{17,19,20} A systematic review found that refugee communities were more likely to experience higher rates of violence than non-refugee groups prior to and after resettlement.²¹ This violence exposure was significantly related to higher symptoms of depression, anxiety, and posttraumatic stress disorder.²¹

Belonging

Policy Implication

Promote belonging through policies that promote inclusion and understanding.

Elected officials play a pivotal role in shaping public discourse, and inflammatory rhetoric can fuel discrimination and violence against marginalized communities. One in five Asian Americans surveyed in 2021 linked a spike in anti-Asian violence to the former president's rhetoric about COVID-19.²² The former president's Muslim Ban likewise coincided with a rise in hate crimes against Muslims.²³ Today, leaders on both sides of the aisle speak of an influx of migrants and chaos at our southern border. Words have consequences and directly impact refugee and immigrant belonging. Leaders should promote acceptance, understanding, and strengthen local government programs and bodies to foster harmony among diverse communities.

Recommendations

- ✦ **Set the Tone Using Policy and Budgetary Powers.** Words and policies play a significant role in fostering understanding, breaking barriers, and bridging divides. Dangerous and violent rhetoric undermines social cohesion and betrays the fundamental values of equity and justice. Elected leaders should ensure that their rhetoric and policy decisions unite rather than divide communities. Lawmakers must play a critical role using their budgetary and policy powers to invest in bringing communities together and ensure all communities have the investments and support to truly feel belonging.
- ✦ **Invest in Representation.** To foster an inclusive environment and ensure diverse perspectives are heard, it is essential to appoint individuals, including youth, from Muslim and refugee backgrounds to boards and commissions. This representation is vital for fostering a sense of belonging and ensuring that the voices of these communities are reflected in decision-making processes. By prioritizing diverse appointments, policymakers can better address the needs and aspirations of all community members.
- ✦ **Fully fund the Immigrant Legal Defense Fund at \$5 million, including \$500,000 for translation and interpretation services.** Asylum seekers deserve to have access to fair immigration hearings and not having access to legal representation makes them vulnerable to prolonged detention, violence, discrimination, labor trafficking, and deportation. Implementing this recommendation creates resilience against discrimination and promotes belonging for those seeking safety. Because refugees from across the world, including many children, are seeking asylum, safety, belonging, and more dignified lives at our San Diego borders, language accompaniment ensures asylum seekers' language needs are not a barrier to accessing legal representation.

4.3

Results

Education



Education

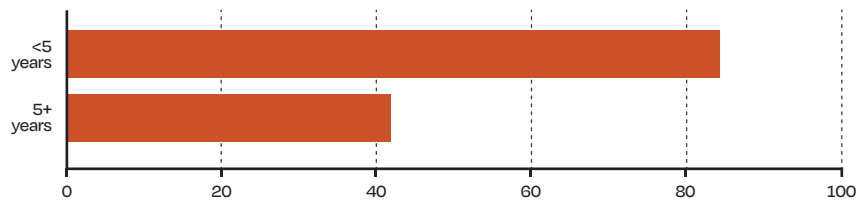
Majority of newcomer children identified as English Language Learners

Nearly two-thirds of parents who had a child currently enrolled in school (n=97) said the school had identified their child as an English Language Learner (ELL). This varied significantly by how recently the family had arrived - 84% of parents who had arrived in the last 5 years (n=65) said their child was identified as ELL, compared to 42% (n=32) who have been here for more than 5 years (Figure 17).

Among youth under the age of 18 survey participants, just under 40% (n=91) said their school had identified them as an ELL compared to 18.3% of English learners in San Diego County public schools broadly¹⁵. This also varied greatly by how long they lived in the country as 91% (31 people) of youth who arrived in the last 5 years were considered ELL, compared to 46% (39 people) of youth who have been here more than 5 years.

Parents were more likely than their children to think that their child's school was doing a good job supporting their language proficiency (Figure 18).

Percentage of Parents Identified their Child as English Language Learners



Percentage of Youth Identified Themselves as English Language Learners

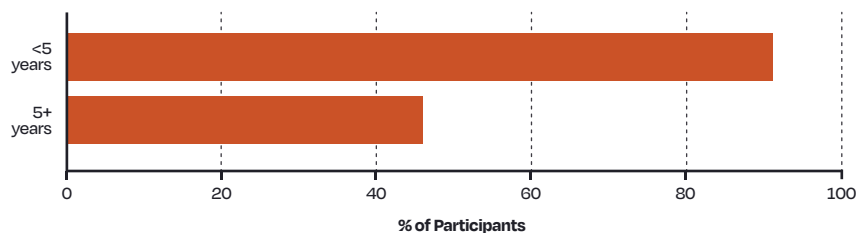
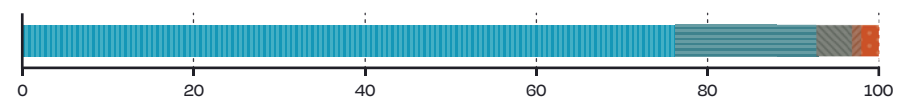


Figure 17. Year in U.S and English Language Learner

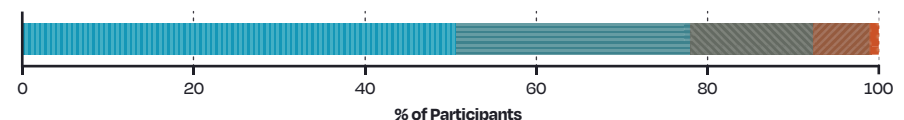
From parents' perspectives:

My child's school has supported them to acquire language proficiency.



From youths' perspectives:

My school has supported me to acquire language proficiency.



Strongly agree Somewhat agree Neither agree nor disagree Somewhat disagree Strongly disagree

Figure 18. School Support in Acquiring Language Proficiency from Youth and Parents' Perspective

This mismatch in expectations might be explained by language barriers that hinder parents from communicating with schools to learn about their children's progress:

“Sometimes they call us in English. Sometimes we understand what they’re saying but we just don’t know how to respond. Sometimes they send automated messages. They don’t have translators for that. I don’t understand that either.”

— Karen Community Member

Parents point out that sometimes, school infrastructure is not inclusive towards cultural practices:

“Sometimes school provides some problems for our kids such as not providing a prayer place and when they want to pray somewhere in school, they are not allowing them.”

— Afghan Community Member

Discussion

Students with limited English proficiencies faced more difficulties with social and peer interactions and social situations and were at an adverse risk for anxiety and depression.²⁴ Unwelcoming infrastructure and environment (i.e., embarrassment, forced to avoid speaking their home language, discrimination) can make students feel less connected to school and might put ELL students at risk for adopting negative acculturation strategies, adversely impacting mental health.²⁵ Additionally, inclusivity towards cultural practices has mental health implications as research has found that integration (adopting host culture and also maintaining their own) as an acculturation strategy has a more positive effect than assimilation (adopting host culture while rejecting their own).^{26,27} Expanding a community hub model could be an effective strategy for helping students succeed in meeting their physical, socio-emotional, and mental health needs, in addition to their academic needs. This model involves schools building on community assets by connecting students and families to networks and services.²⁸



Education

Policy Implication

Implement comprehensive college preparatory electives and increase counseling support for youth

To enhance the educational outcomes of new arrival immigrant children, it is essential to implement comprehensive college preparatory electives and increase counseling support for youth. The PANA Youth Congress has prioritized efforts in the Crawford²⁹ and Hoover³⁰ Cluster, recognizing these schools as primary educational centers for the local youth and their diverse backgrounds.

Evidence-based research underscores the critical importance of having counselors who share similar backgrounds with their students. Studies indicate that students of color paired with nonwhite counselors achieve higher graduation and college enrollment rates.³¹ For instance, a study published in the *Journal of Counseling Psychology* found that students with racially matched counselors showed improved academic outcomes and a greater likelihood of pursuing higher education.³² Furthermore, the American School Counselor Association highlights that lower student-to-counselor ratios are associated with better student performance and well-being.³³

Currently, the student-to-counselor ratios at Crawford (383.33 students per counselor) and Hoover High School (465.2 students per counselor) reveal a significant limitation in student access to counseling services. This disparity underscores the urgent need for additional counseling resources. Access to counseling is vital in high school, providing crucial support in academic, personal, career, and socio-emotional development. Comprehensive college preparatory electives, coupled with increased

counseling support, can significantly enhance the readiness of immigrant children for higher education and future career opportunities.

By implementing these measures, schools can better support new arrival immigrant children, fostering an inclusive educational environment that promotes their academic success and overall well-being.

Recommendations

- ✦ **Offer College Preparatory Electives.** To address the educational disparities faced by first-generation students and those encountering barriers to college entry and success, the Youth Congress advocates for the implementation of a two-semester college preparatory elective open to ALL seniors, regardless of GPA status. This elective should include, but not be limited to, the following components:
 - > The first semester should focus on assisting students with college applications and navigating financial aid, scholarships, and grants. It should also include writing workshops to help structure, review, and analyze college application essays.
 - > The second semester should emphasize career exploration, featuring alumni nights where recent graduates or second-year college students can share insights on college life, time management, and adjusting to being away from home. Additional opportunities for learning should include career fairs, workshops on exploring various career paths, information on trade school options for students not pursuing a four-year university, and job opportunities for those planning to enter the workforce after graduation.
- ✦ **Ensure Adequate Counseling Support.** There is a need to hire at least one additional full-time counselor at each Crawford and Hoover High School, representing the diversity of the student body. This would reduce the current student-to-counselor ratio to the recommended ratio set by the American School Counselor Association, which is 250 students per counselor. These recommendations, as outlined in the Youth Congress 2024-2025 LCAP Education Campaign, currently under development, aim to provide first-generation, immigrant, refugee students with access to college preparatory resources while exposing them to diverse career pathways. Employing additional full-time counselors at each school not only increases students' access to counseling services but also enables them to connect with counselors who share similar backgrounds, thereby enhancing their overall support system.

Results

Employment



Employment

Limited English proficiency hindered people from making living wages

Of 212 survey participants who said that they worked for pay, 25% (52 people) make less than \$16 an hour. Overall, 39% of people who report working for pay make at least \$20 an hour - the baseline livable wage in San Diego County. The longer people have lived in the U.S, the more likely they are to make a living wage - 55% of people who have been in the US for 6-15 years make more than \$20 an hour³⁴ (Figure 19).

The ability to speak English well is significantly associated with higher wages (Figure 20). People who said that they do not think they speak English well or were much more likely to make less than \$16 an hour compared to those who said they spoke English well. No matter how long people have been in the U.S, this effect was the same. Participants shared that credential requirements and cultural and linguistic barriers hindered them from pursuing higher-paying jobs.

Hourly Wage by Years in the United States

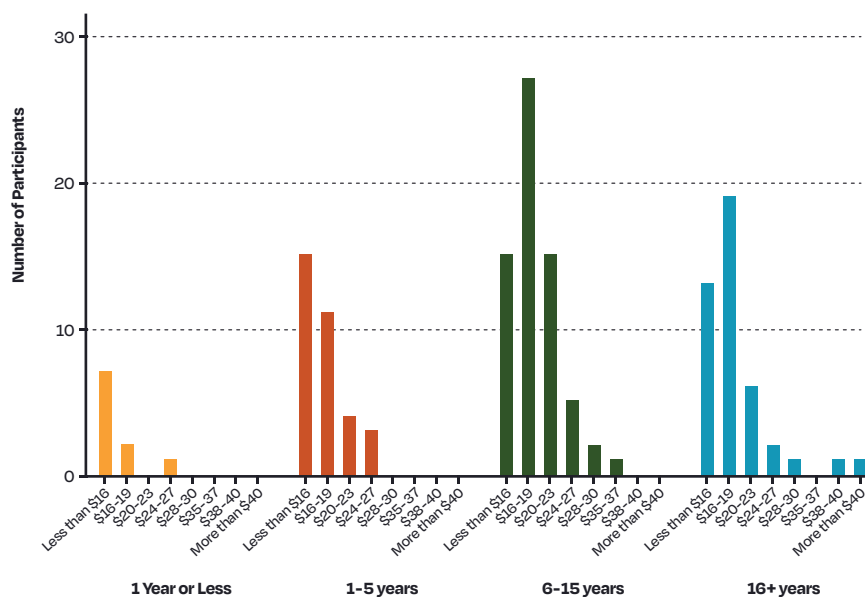


Figure 19. Hourly Wage by Years in the U.S.

Hourly Wage by English Language Skill and Years in United States

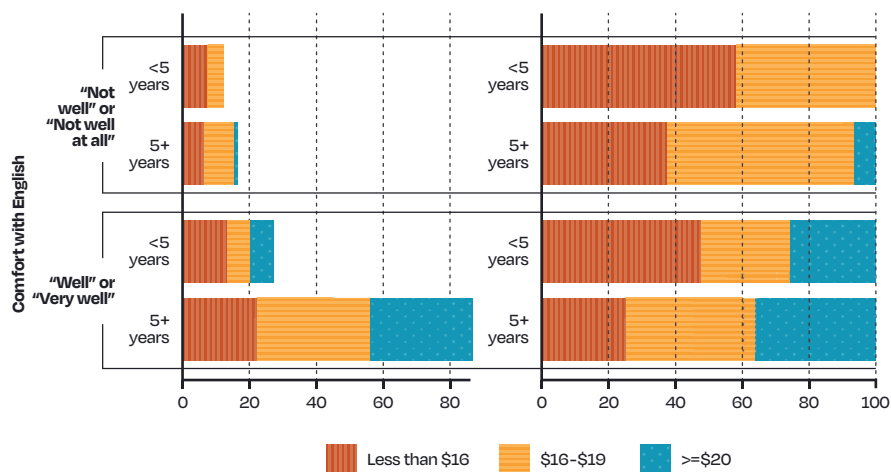


Figure 20. Hourly Wage by English Language Skill and Years in U.S.

“I used to work in sales at a retail store. I have been trying to learn English in order to be able to begin finding work and interacting with people from all backgrounds. The biggest challenge I faced was the language barrier. Not being able to speak the language has made it harder to find jobs.”

— Arab Mother of 2

“I used to be a tailor back home and I enjoyed my job. When I came here, I became a babysitter. I didn’t continue as a tailor here because I kept needing to pay for my license and my neighbors would try to bargain the price and I found myself doing lots of work and not getting paid the amount it was worth.”

— Syrian Mother of 5

Among people who have been in the US for more than 5 years, people who say they speak English well are about 6 times more likely to make more than \$20 an hour.

Discussion

Employment is a key determinant of health for refugees and immigrants, affecting their access to housing, basic necessities, and childcare. Restrictive laws and limited economic inclusion hinder high-paying job opportunities for new Americans/refugees and pushed them towards low-paying jobs and informal opportunities, which have health consequences.^{35,36,37} A living wage is \$34.79/hr. per person for a family with 2 working adults and \$51.82 per person for a family with 1 working adult³⁸ for a family of 4, which is an average family size among our sample.

In comparison, the vast majority of survey participants (61%) are currently making under San Diego County living wage (threshold at \$20), which might lead refugees to struggle to meet basic needs.

Refugees and immigrants often experience a loss of social status due to negative stereotypes that portray them as an economic burden to the country despite evidence to the contrary.³⁹ Research has shown that employment is a strong predictor of mental health in these communities. Under a capitalist system, personal identity and social status are often tied to one’s employment, therefore, paid work can give individuals a sense of self-fulfillment and facilitate integration into a new community.³⁷ However, legal status, previous education or qualification not recognized in host country and language barriers might hinder individuals from obtaining desired employment. Refugees who are considered highly skilled can experience a loss of social status, and the process of “de-skill” has been shown to negatively affect mental health and happiness.³⁶ Investment in culturally relevant services and navigators to help connect those who struggle with employment to community resources, career counseling, legal services, and English classes to achieve better health outcomes.³⁵

Employment

Policy Implication

Expedite work authorization for asylum seekers and support financial stability of refugee families.

Resettlement benefits have significantly lagged behind inflation, leading to increased financial pressure on refugees to accept low-wage jobs immediately available, leaving little opportunity to invest in their education and upskilling. The last major adjustment to these benefits was in 2010, and since then, funding has been insufficient for refugees to meet their basic needs while resettling in many communities. The Reception and Placement (R&P) Program allocates \$2,225 per refugee for the first three months of resettlement; however, only \$1,225 of this amount is designated for direct expenses such as rent.

These funds are intended to support a variety of programs, including case management, employment assistance, English language instruction, and other essential services. However, when comparing inflation rates measured by the Consumer Price Index (CPI) to R&P benefits between 2010 and 2021 (Figure 21), it is evident that most components of the CPI have increased at a much faster rate than the R&P benefits. In high-cost areas like San Diego, the current R&P benefit is insufficient to cover rent, let alone other essential expenses such as groceries and furniture.

This financial strain forces refugees into low-paying jobs, despite their desire to pursue further education and qualify for higher-paying careers. Upon resettlement, refugees often prioritize immediate employment and are consequently tracked into low-wage positions with limited opportunities for career advancement. Dependent on these jobs to

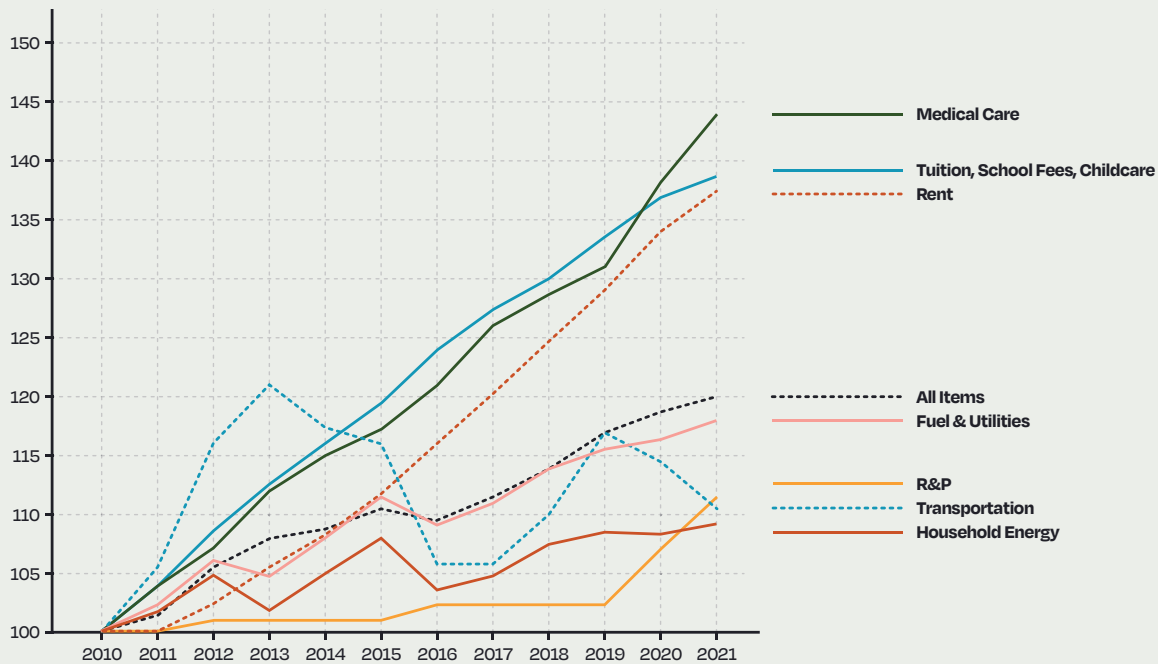


Figure 21. Consumer Price Index and R&P funding, 2010-2021 (index =100 in 2010)⁴⁰

cover housing, transportation, food, and other living costs, refugees find it nearly impossible to allocate time for continued education and obtaining the necessary qualifications for better career opportunities.

Currently, asylum seekers are only eligible for work authorization 180 days after filing their asylum application. But this "asylum clock" can stop for anything that an immigration judge or asylum office deems to be an "applicant-caused delay." For example, if a noncitizen is awaiting original documents from their home country to prove their case, this is considered an applicant-caused delay and their clock is stopped, so they are no longer accruing time toward the 180 days. The asylum clock stops altogether if their asylum application is denied, even if they file an appeal. All of this causes some applicants never to reach the 180 days to be eligible for work authorization.

Recommendation

- ✦ **Provide work authorization to asylum seekers within 30 days of filing their asylum application.** To address these challenges, the process should be streamlined for asylum seekers to be able to work upon their arrival in the U.S. One possible solution is the passage and expansion of the Asylum Seeker Work Authorization Act of 2023 (H.R. 1325 and S. 255). Though these bi-partisan efforts slightly differ, the end result is the same: asylum seekers become eligible for work authorization 30 days after filing their asylum application. Passage of this legislation will allow asylum seekers to find meaningful work so they can find housing, transportation, and other things they need to survive while they await a determination on their case. As a border region, we must be committed to supporting asylum seekers and migrants in their journey towards financial security and stability. Migrants come to the U.S. with the mindset of rebuilding a sense of home, finding meaningful employment to support themselves and their families, and to feel safe. They should be afforded the opportunity and legal ability to do so.
- ✦ **Ensure refugees have opportunities for economic mobility.** Providing refugees with an 'onramp' into careers with family-sustaining wages is critical. The **REFUGEE EMPLOYMENT SERVICES PLAN (Refugee Plan)**⁴¹ is an opportunity for the County of San Diego to utilize federal dollars to create meaningful opportunities for newcomers to enter workforce sectors that pay family-sustaining wages.
 - With regards to the community surveys conducted to ensure that the "voice of the customer" is more substantially taken into consideration with increased sample sizes:
 - For the upcoming Refugee Plan, consider collecting data from newcomers under 5 years of resettlement as well as those here 10 and 20 years to have a deeper assessment of the current status of the refugee population in San Diego County and their wages over a longer period of time.
 - Additionally, the Health and Human Services Agency (HHSA) considers increasing the sample size in future surveys. PANA's data is much more substantial, and with any surveying or polling, more participants and larger sample sizes equate to increases in data and more precise outcomes.
 - Regarding Part III, the Description of Service Components PANA asks that:
 - "On-the-job training/Skills Training," specifically skills training incorporated with English-language training, often labeled as Vocational English-as-a-Second Language programs (VESL), be prioritized ahead of traditional English-as-a-Second Language (ESL) programs to ensure that newcomers received English support that is relevant to their careers.
 - Combine ELS education with skills training to give adult learners the skills to excel in a career while improving language skills associated with the respective career paths.
 - Conduct an assessment of regional jobs that pay family-sustaining wages and offer incentives for "on-the-job training/skills training" that onramps or provides pathways into those careers.

Results

Housing



Housing

Overwhelming numbers of refugee families are living in extremely crowded conditions and experiencing rent burden.

The California Department of Public Health classifies overcrowding by the number of individuals per room in a household.⁴² More than one person per room (not counting bathrooms and kitchens) is considered overcrowded and more than 1.5 people per room is considered severely overcrowded.⁴² This epidemic is often called “hidden homelessness,” in which families are forced to live in overcrowded spaces just to live under a roof.

Number of Individuals Per Room in a Household

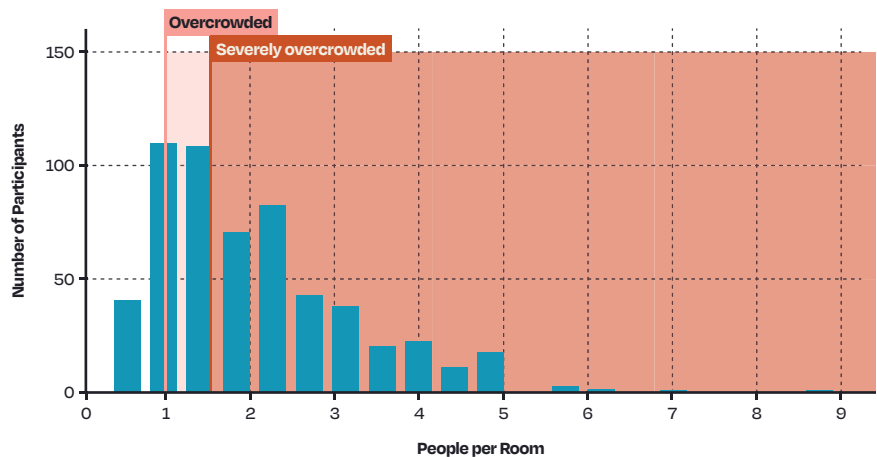


Figure 22. People Per Room

Average Number of People Per Room by Region

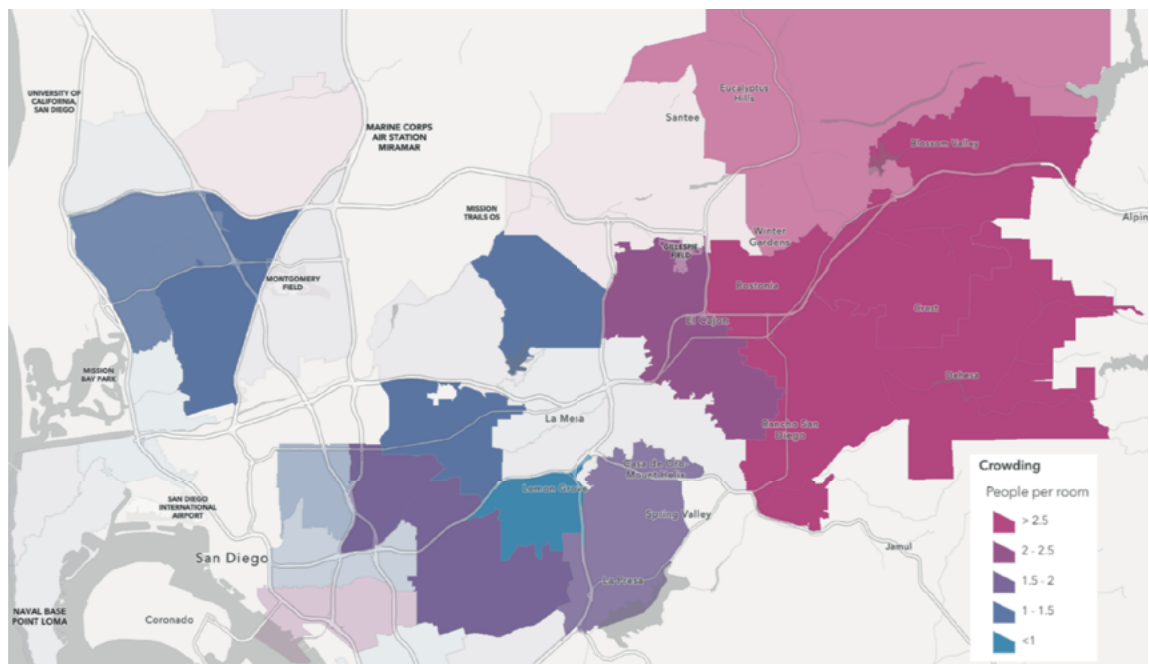


Figure 23. Average Number of People Per Room by Region

Across San Diego County, people who rent are disproportionately impacted by overcrowding compared with those who own their own homes (6.4% versus 2% across the county as a whole).⁴³

Our participants are living in extremely crowded conditions. Of the 573 people who provided information on the number of people and number of rooms in their house, 111, or 19%, are living in overcrowded conditions and 313 (55%) are living in severely overcrowded conditions (Figure 22). Overcrowding is most concentrated in East County (Figure 23). In East County of San Diego, more specifically El Cajon (92021 Zip code), participants reported an average of 3.2 people per room. East County has cheaper housing, yet our findings show that even with rents being lower, families are having to live in smaller spaces than what is considered adequate space.

“Affordable housing creates a sense of stability and security for our community. When people have access to safe and affordable homes, they can allocate more of their income towards other essential needs such as education, healthcare, and nutritious food.”

— Afghan Community Member

Our survey also revealed much higher levels of crowding compared to typical standards in California or San Diego (Figure 24). San Diego County has a 0.5% of households with more than 2 occupants per room, contrasting starkly with the nearly 33% reported in communities PANA serves. Our previous survey found similar overcrowding,⁴⁴ highlighting that after two years, housing is still a major challenge for these communities.

Of the 332 participants who shared their estimate of how much of their income went to rent, 62% (205) said they paid at least 30%, and 53% (176) said that 35% or more of their income goes to rent.

Occupants per Room by Group

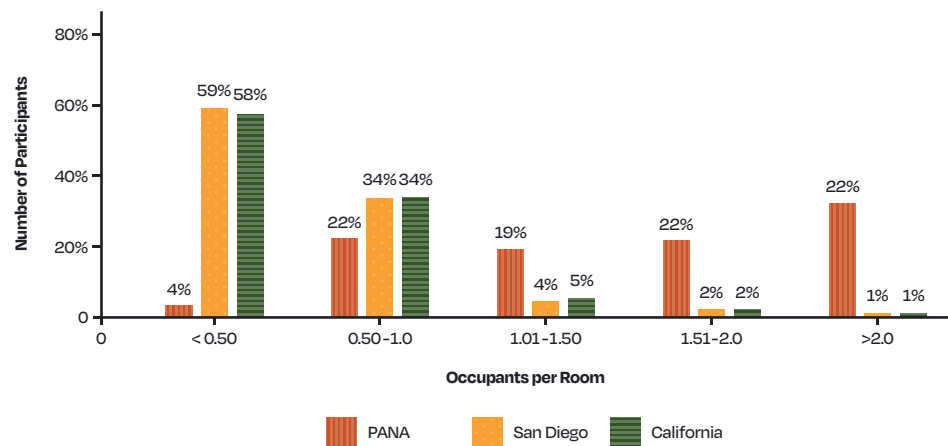


Figure 24. Occupants Per Room Comparison by Groups

Percentage of Income Allocated to Rent by U.S. Residency Legal Status

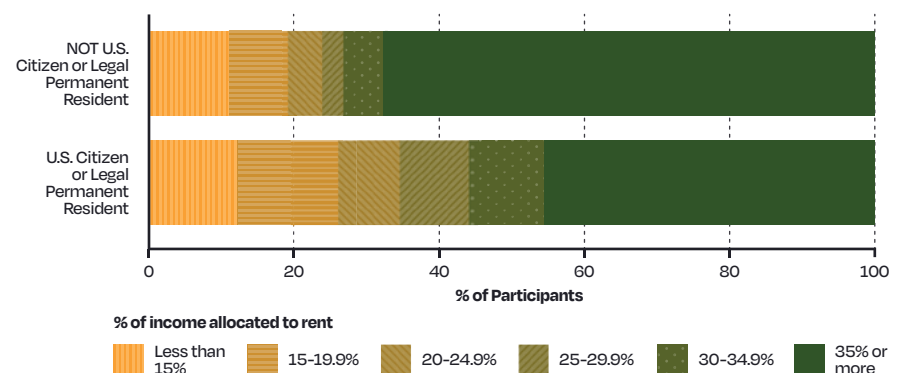


Figure 25. Percentage of Income Allocated to Rent by US Residency Legal Status

“It was really difficult to find housing and it is very expensive. It is really challenging to find housing and keep it at the same time. There are so many requirements when you want to rent a house. There is a high amount of deposit, high rent which is unaffordable. After that you have to maintain the rent which keeps increasing and there are also other expenses that relate to the rent. We are also on the edge of evacuation, because my income is not enough to sustain all bills for my family.”

— Somali Community Member

This burden isn't solely due to access to housing subsidies, people who said that they are not US citizens or legal permanent residents were much more likely to pay more than 35% of their income in rent, compared to people who are citizens or legal permanent residents (Figure 25). Our findings don't seem to be only caused by access to housing subsidies. Even among people who said they do not have affordable housing or section 8 support, those who are not citizens or legal permanent residents are 38% more likely to be rent burdened (Figure 26).

Percentage of Income Allocated to Rent by U.S. Residency Legal Status Among Participants Without Section 8

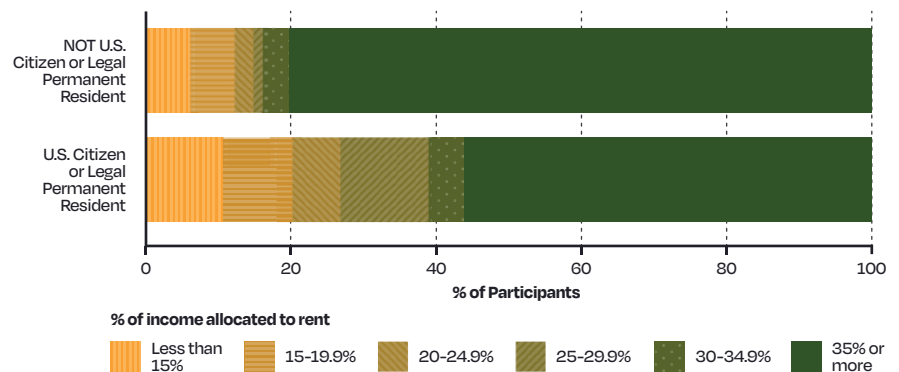


Figure 26. Percentage of Income Allocated to Rent by US Residency Legal Status Among Participants Without Section 8 Housing

“I had difficulty in finding the house I reside in now and the prices went up unreasonably over the years. The landlords are not friendly, they would take advantage when they realize you are in extreme need. I faced housing discrimination because of my family size, we are eight family members. Landlords do not respect my family size. I was also discriminated against because of my color, and income. I am black, low-income, immigrant woman. I cannot find enough space for my family, and I have 3 bedrooms and I pay almost \$3000 after section 8 assistance.”

— Somali Community Member

Odds of Spending More than 35% of Income on Rent

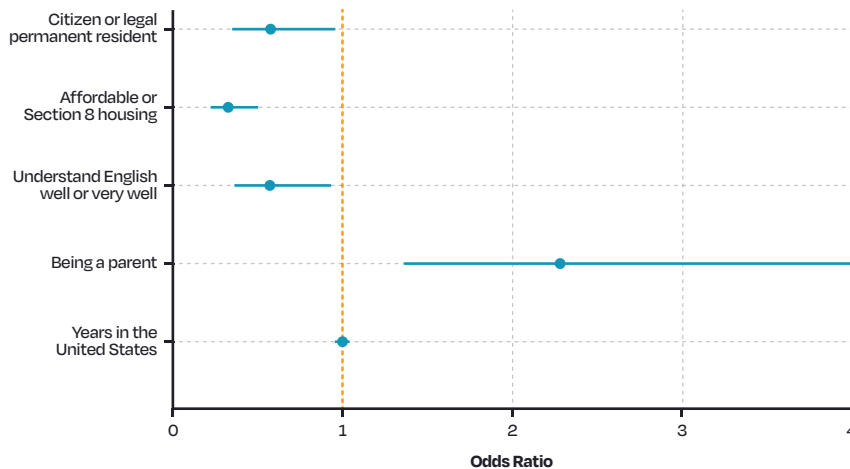


Figure 27. Odds of spending more than 35% of income on rent

Overall, people who are US citizens or legal permanent residents have 50% lower odds of paying more than 35% of their income in rent (Figure 27). People with access to section 8 or affordable housing have 74% lower odds, and people who speak English well have 48% lower odds. Parents are 2.2 times more likely to pay over 35% of their income in rent than people who are not parents.

When we accounted for where people live, participants who reported living in County Board of Supervisors District 2 (i.e., East County) had 2.6 times higher odds of being rent-burdened than participants who do not live in District 2, even accounting for their language skills, citizenship, access to affordable housing, and whether or not they were parents (Figure 23).

About 18%, or 120 people, said that they had experienced some kind of housing discrimination. 28% said they weren't sure if they had or not.

People from East Africa were the most likely to say that they had experienced housing discrimination - 23% of East Africans who answered the question (66 out of 289) reported housing discrimination (Figure 28). People from the Middle East and North Africa were the most likely to say that they had NOT experienced housing discrimination - 73% (99 out of 136) of people with MENA backgrounds said "no" when asked if they had experienced housing discrimination.

Have you experienced housing discrimination?

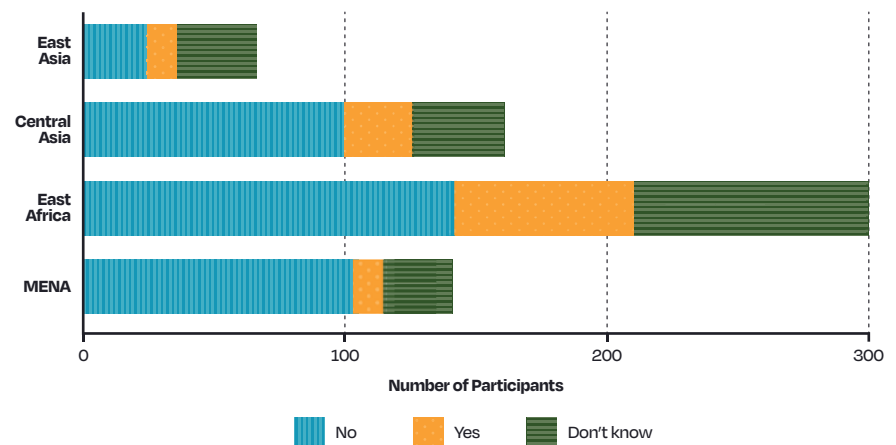


Figure 28. Housing Discrimination by Regions

Discussion

Housing is a central determinant of health, especially relating to housing service provision, tenants' experience of property quality, and aspects of the neighborhood.⁴⁵ The California Department of Public Health has identified housing insecurity and unaffordability as one of the major public health crises in the state.⁴⁶ As of 2021, California is one of the most rent-burdened states in the country and San Diego County has the fourth largest number of renters in the U.S and second largest in California.⁴⁷ In 2019, almost 60% of California immigrant renters and two-thirds of undocumented renters were burdened.⁴⁸

Due to the limited resettlement resources allocated by the federal government, refugees do not choose where they are initially placed and receive small financial support for rent.⁴⁹ Insufficient financial aid leaves resettlement staff few options for housing accommodations and forces many refugees into the low-cost and low-resourced neighborhoods, with limited job prospects.⁴⁹ These low-resource

Prioritize sustainable housing to protect the human rights and dignity of San Diegans facing housing insecurity

neighborhoods are often the results of historical discrimination against people of color, such as redlining policy.⁵⁰ These underfunded areas are linked to adverse health outcomes due to unreliable access to affordable and nutritious food, and with worst air quality^{50,51,52} while undocumented immigrants were rent burdened.⁵³ Housing discrimination by landlords against refugees and immigrants is illegal under federal and state laws.⁵⁴ However, other studies support our findings on housing discrimination, whereby dominant ethnic or racial groups routinely restrict their rental units to newcomers.⁵⁵



Recommendations

The Coalition for Equitable Development (CED), co-convened by PANA, envisions a San Diego that prioritizes environmentally sustainable, equitable development while creating and preserving socioeconomically and culturally vibrant communities. This vision is anchored in four key principles outlined in *A Framework for Prioritizing Sustainable Housing as a Human Right*:

- ✦ **Prevent tenant displacement.** Tenant protections allow existing residents to remain in their homes and communities without the fear of being forced to move to less desirable locations because of changes in the housing market or other external circumstances. By remaining in their communities, they are able to benefit from community investment.
- ✦ **Preserve our existing affordable units.** Households with lower incomes are served primarily by two types of affordable homes, both of which are in extremely limited supply. Deed-restricted multifamily properties (“affordable housing”) are governed and subsidized by federal, state, or local regulatory agencies, and rents remain affordable for a minimum of 55 years, at which point they can be converted to market rate homes. Unrestricted, “naturally occurring” affordable housing (NOAH) units are at risk of acquisition and significant price increases. Proactive measures to preserve affordable homes are necessary, because it is often much more expensive and time consuming to build new homes.
- ✦ **Produce new, permanent, affordable deed-restricted mixed income units.** Strategically locating new affordable housing in each community is key to advancing equitable development in the San Diego region. Each jurisdiction needs a comprehensive housing production program that responds to the distinct needs of their current and future residents and workforce. And because the challenges affect residents at a regional level, policies should incentivize jurisdictions to partner and coordinate with each other whenever possible. Further, given the limits on property taxes and the inequitable benefits that accrue to property owners, CED urges policymakers to adopt effective, feasible, and fair ways to generate revenue to fund essential programs and services without increasing the burden on lower-income residents.
- ✦ **Protect the human rights and dignity of San Diegans facing housing insecurity.** The number of San Diegans at risk of or experiencing homelessness reflect the shortage of affordable homes, including many that were lost to prior redevelopment. Too often, communities respond to visible homelessness by directing significant financial resources to enforcing laws and policies that criminalize poverty and survival strategies. In response, people at risk of or experiencing homelessness avoid seeking services until problems become emergencies. Repealing laws that criminalize homelessness and replacing them with evidence-based solutions—namely permanent homes coupled with wraparound services—can ensure that all people have adequate food, healthcare, and the opportunity to live dignified lives.

To achieve this vision, we advocate for a comprehensive approach that includes a range of policy solutions and public investments. For detailed information on the recommendations, please refer to the full report.⁵⁶

Results

Surveillance



Surveillance

Impact of surveillance on refugee communities

Surveillance encompasses various forms, from human surveillance through FBI informants or police inquiries to heightened police presence and cameras focused on mosques and other places of interest. Almost 1 in 5 people - 18% (118 survey participants) - had seen or heard of FBI or police surveillance in their neighborhood. Less than half of the people who answered the survey (174 people) were confident that they had never seen or heard any surveillance in their neighborhood. People living in East County were less likely to have seen or heard federal surveillance in their neighborhood than people in central San Diego.

Men were significantly more likely to have been personally targeted than women (Figure 29). Twenty percent of men agreed they had been personally targeted, compared to five percent of women.

Of those who had seen or heard of surveillance in their neighborhoods, nearly all of them (115 people, or 97.5%) had seen police informants, been questioned by police, or had a friend or loved one who had been questioned by police (Figure 30). Nearly everyone had also seen shot spotters or drones in their neighborhoods (114 people, or 96% of those who had seen surveillance) or been questioned by the FBI or had friends or loved ones who had been questioned by the FBI (114 people, or 96%). Three in four people who had seen surveillance in their neighborhoods reported having cameras aimed at their home, work, or place of worship (88 people), and 81 people - just under 70% - reported a very high police presence in their neighborhood.

I have been personally targeted by federal surveillance.

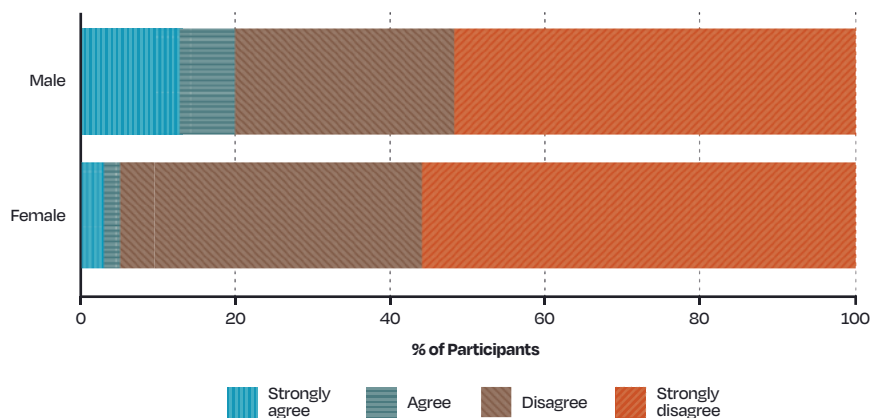


Figure 29. Targeted by Federal Surveillance by Gender

Types of Surveillance Experience

(Among those who had seen or heard about LEO presence in their neighborhood)

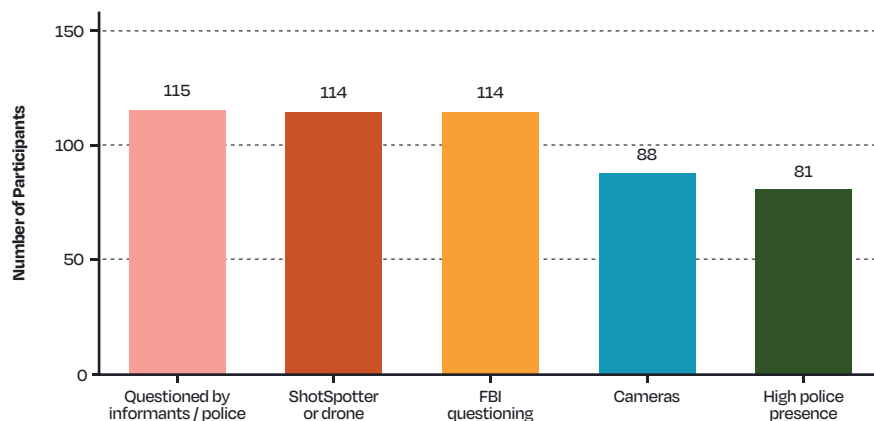


Figure 30. Types of Surveillance Experienced

There were no major differences in people's experiences of surveillance by neighborhood.

Community members shared negative experiences with police which were characterized by violence and disrespect:

“Police squad came to my house about two months ago to get my son, but they mistreated all my family members. They terrorized us and my home was like a very scary, violent place. It looked like they were treating everyone as a suspect. They abused me physically and mentally. They did not speak or communicate with me professionally. They knocked, banged my door very hard. Police pushed and threw me on the ground, and kept yelling at me as if I was the suspect. They really mistreated me and that incident stays in my mind ever since. I do not want to remember that day again, it was one of the worst days in my life.”

How does LEO surveillance make you feel?

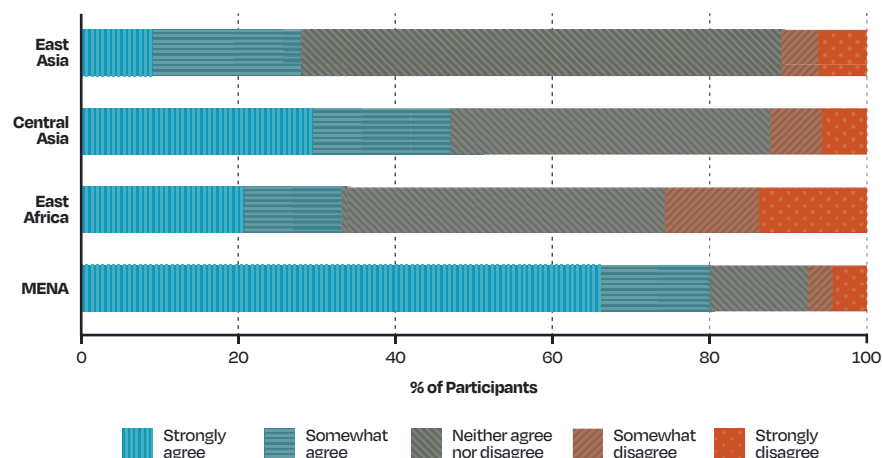


Figure 31. Sense of Safety and LEO Surveillance

We asked people how law enforcement surveillance made them feel (Figure 31). There were significant differences by region. One in four people from East Africa said that surveillance made them feel extremely or somewhat unsafe. In contrast, 80% of people from the MENA region said that surveillance made them feel safer. Participants shared that police surveillance makes them feel uneasy and view police as unhelpful in preventing crimes.

“What makes me feel safe in my neighborhood is that I’m surrounded by my own people. **What makes me feel unsafe is the constant watch of police.** I feel like I always have something over my shoulder, like someone is watching me, and that makes me feel unsafe.”

— Youth Male Community Member

“I feel like the **surveillance cameras are an invasion of privacy** and they are purposely going to be placing these cameras in communities that are lower income and this will be a reason for them to patrol neighborhoods even more than they are now.”

— Youth Male Community Member

“I don’t feel safe with police in my neighborhood and I had an encounter with them before when I used to go to Preuss on the UCSD campus. Police came to us at the trolley station with a group of African kids and kids of color. We were asked what we were doing around the area. Are we up to something that we shouldn’t be doing? **I never really liked the police, but this made it even worse. Police always racial profiles us.**”

— Youth Female Community Member

Attitudes about law enforcement surveillance seem to change according to how long people have been in the U.S (Figure 32). Overall, the longer people have lived in the U.S, the less safe they feel towards law enforcement, with the exception of participants who originated from East Asia. People from Central Asia have the most significant attitude change over time, but there is also a strong trend in the MENA community towards lower perceived safety over time. The majority of participants sampled are very recent arrivals from MENA regions which may account for the elevated perceived feelings of safety.

Participants emphasized the important of investing in community resources and divestment of law enforcement would make them feel safer:



How does LEO surveillance make you feel?

(By region of origin and years in country)

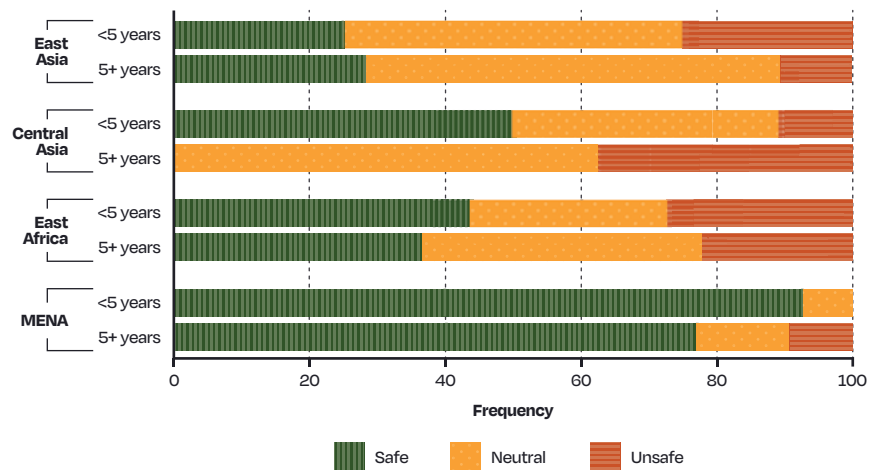


Figure 32. Sense of Safety LEO Surveillance by Regions

“Having access to medical care and food would make me feel safe in my neighborhood. Seeing neighbors, having well-lit streets, having effective communities and collaboration amongst residents will make me feel safe in my neighborhood.”

— Youth Male Community Member

“Over policing is huge issue in my opinion and their budget is way bigger than it should be, and they (police) don’t prevent crime but target communities which increase crimes that already exist in the first place”

— Youth Male Community Member

“Having a way to call other first responders to come out and do an assessment of the situation because police escalate the situation. Or have someone who is trained in the area where the problem is instead of having police come out.”

— Youth Female Community Member



Discussion

Despite patterns of racism and the use of excessive force in policing, little research or data is available regarding safety and police surveillance in immigrant/refugee communities.^{49,50} Data from the 2023 report from Movement for Black Lives (M4BL) and GenForward corroborate men as the primary targets of police stops.⁵⁷ Additionally, levels of safety for people from East Africa are similar to findings in the M4BL report on Black Americans. People from East Africa who live in the US for longer have a lower sense of safety compared to those who have newly arrived, which may suggest East Africans, especially those who did not come from already racially segregated societies, might be undergoing the experience of racialization⁵⁸ and experiences with police discrimination.⁵⁷

Over surveillance of communities affected health beyond those who have direct contact with law enforcement. Research shows that police presence generates a broad climate of fear and distrust among communities which pushes people to become hyper and chronically vigilant and distrust towards each other and police.^{59,60,61} Neighborhoods that experienced aggressive policing (i.e., frisking and use of force) experience elevated levels of psychological distress and experience other health disparities.^{59,60,61} Activists have called for the Invest/Divest approach, which calls for funds to be redirected toward mental healthcare and away from unnecessary police intervention to foster a safer environment.⁵⁷

Surveillance

Policy Implication

End counterterrorism programs and surveillance technologies that disproportionately target and harm refugee and immigrant communities

In San Diego's Somali community, FBI surveillance is prevalent. Refugees are often questioned by agents about their origins, arrival dates, tribal affiliations, mosques, imams, and religious practices. Agents seek informants within the community and approach law-abiding citizens for assistance. Local law enforcement collaborates with the FBI through a Joint Terrorism Task Force (JTTF), a multi-agency cooperative effort involving federal, state, and local law enforcement agencies led by the FBI and U.S. Department of Justice.

The California Values Act (Stats. 2017, Ch. 495 (S.B. 54)) prohibits law enforcement from sharing data for immigration enforcement purposes. State and local law enforcement are banned from assisting federal immigration enforcement. However, JTTFs create a significant loophole. Local law enforcement officers deputize federal counter-terrorism investigations targeting Black, Arab, Middle Eastern, Muslim, and South Asian communities. Lack of transparency in data sharing can lead to civil rights violations and immigration repercussions. A proposed bill addressing this issue lacked legislative sponsorship in 2024.

Since 2019, the Department of Homeland Security has operated the Targeted Violence and Terrorism Prevention (TVTP) grant program, funding state and local governments, universities, schools, and nonprofits to develop programs aimed at preventing terrorism.⁶² These programs, previously known as Countering Violent Extremism

(CVE) and Preventing Violent Extremism (PVE) under the Obama administration, rely on a discredited radicalization theory linking "extreme" beliefs to alleged predictors of future violence.⁶³ Such programs have a long history of violating the civil rights of refugee and immigrant communities, fostering community distrust, especially among Black and Brown youth, with no proven public safety benefits.

Local law enforcement surveillance is also on the rise. San Diego City Council weakened the Transparent & Responsible Use of Surveillance Technology (TRUST) ordinance, initially designed to ensure transparency in law enforcement's adoption and use of surveillance technology.⁶⁴ It was passed after public outcry over undisclosed police use of surveillance cameras. Amendments to the TRUST Ordinance exempt ARJIS, a database allowing sharing among over 80 local, state, and federal agencies, from review.⁶⁵ Additionally, the installation of 500 smart streetlight cameras with automated license plate readers (ALPRs) in "high-crime" neighborhoods where refugee and immigrant communities reside raises concerns.^{66,67} While sharing ALPR information with out-of-state or federal law enforcement is prohibited under S.B. 34, many police agencies throughout the state fail to comply with the law.⁶⁸

Recommendations

- ✦ **End Mass Surveillance Practices.** Surveillance programs can instill fear, erode trust, and undermine a sense of safety in refugee and immigrant communities despite claims of safeguarding civil liberties, these programs often target minority youth, contributing to a climate of mistrust and insecurity, and failing to enhance community belonging. Ending such programs is essential to fostering a welcoming environment for refugees and promoting genuine community belonging.
- ✦ **Examine Disparate Policing Effects of New Surveillance Technologies.** The concentration of ALPRs in Black and Brown neighborhoods in San Diego raises concerns about disparate policing impacts on refugee and immigrant communities. Local leaders should carefully assess the effects of surveillance technologies on different communities and how the adoption of these technologies may exacerbate existing disparities.
- ✦ **Promote Civic Engagement through Language Access.** City and County governments should allocate resources to expand language services, enabling community members to engage in crucial discussions about matters affecting their interests before boards and commissions. Currently, LEP community members lack meaningful opportunities for civic leadership; expanding language access will cultivate new community leaders and foster a sense of belonging.



Conclusion & Overall Policy Recommendations

Social determinants of health manifest in numerous ways, impacting physical and mental health in the refugee community. Our report highlights the interconnectedness between social and economic factors and health outcomes. Addressing these factors is necessary for fostering a healthier and more equitable community.

California is home to approximately 6.4 million Limited English Proficient (LEP) residents.⁶⁹ Limited English proficiency poses challenges in essential tasks like shopping, healthcare visits, or interacting with government agencies.⁷⁰ Language barriers lead to confusion and frustration, impacting immigrants' perception of respect and treatment by service providers, coworkers, educators, cashiers, neighbors, and medical staff.⁷⁰ Additionally, language barriers contribute to immigrants using fewer public benefits than entitled and experiencing higher rates of wrongful denials.⁷¹ Improving language access is not only a matter of good policy but also a legal requirement under Title VI of the 1964 Civil Rights Act, mandating language services for LEP individuals.⁷² However, implementation often lags, necessitating federal civil rights investigations to drive reforms in California's justice system, such as a statewide language access plan and expanded access to court interpreters.⁷³ Voter turnout is also impacted by lack of language access, as evidenced by increased registration of Vietnamese Americans in San Diego County after the provision of election materials in Vietnamese.⁷⁴

The link between stable, quality, safe, affordable housing and positive health outcomes is well-established.^{19,45,75} Affordable housing reduces financial stress and increases opportunities for socialization, which contributes to overall health and psychological well-being.

Structural programs such as guaranteed income programs that provided individuals with \$500 per month in Stockton, California, and other similar programs with no strings attached have been shown to lower mental distress, improve day-to-day physical functioning, and create a greater agency for employment and caregivers to the recipients.^{76,77}



Additionally, community development strategies to improve neighborhood amenities, such as farmer markets, provided more opportunities for physical activity and healthier eating. Interventions such as housing vouchers to subsidize rent costs have been shown to reduce the likelihood of crowding,^{78,79} which minimizes exposure to infectious diseases such as COVID-19. Permanent supportive housing that combines affordable housing and supportive services has been shown to decrease psychological distress for people who were homeless or at risk of homelessness. Individuals who received permanent supportive housing are three times more likely to report good to excellent health after 6 months from baseline.⁸⁰

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