

Dayton Refugee Community Assessment, 2012



Study conducted by the Ethnic and Cultural Diversity Caucus of
Dayton, an initiative of the National Conference for Community
and Justice of Greater Dayton

Acknowledgements

This report summarizes the findings and recommendations of the Ethnic and Cultural Diversity Caucus of Dayton, Ohio. We want to thank all members of the Dayton community who participated in this study. The final report was prepared by the following caucus members (listed in alphabetical order): Jacqueline Housel (Miami University), Linda Majka (University of Dayton), Theo Majka (University of Dayton), Cristina Redko (Wright State University), and Colleen Quinlan Saxen.

K12 Gallery/TEJAS kindly provided all the photographs of refugee artists included in this report. We also thank the City of Dayton Human Relations Council and Wright State University's Division of Multicultural Affairs and Community Engagement for printing this report.

The Ethnic and Cultural Diversity Caucus

This community assessment report is the work of the Ethnic and Cultural Diversity Caucus, a program initiative of the National Conference for Community and Justice (NCCJ) of Greater Dayton. Since its inception in 2002, the Diversity Caucus has advocated for local refugee and immigrant communities with a goal towards promoting the integration of immigrants into our communities. Members of the caucus are from across the greater Dayton region and include community members who are involved in human services, education (K-12 and college), health care, social justice advocacy, faith-based ministry, ethnic-oriented outreach, and area universities. Dr. Theo Majka, University of Dayton, has chaired the Diversity Caucus for the past decade.

A conference addressing many of the issues in this report, "Engaging Refugees, Building Community, Becoming Citizens: Refugees in a New Community," will take place at the University of Dayton's River Campus (the old NCR Headquarters at 1700 South Patterson Blv.) on November 16, 2012. This conference is funded and supported by NCCJ, the University of Dayton, Wright State University, Miami University, and Premier Health Partners. The conference website is: http://www.udayton.edu/artsscience/forum_on_immigration/index.php. This is the third forum on immigration organized by the caucus. The previous one-day conferences were the "Challenges and Opportunities for Immigrants in the Dayton Area" (2008) and "The American Dream Revisited: Exploring the Realities and Challenges of the Second Generation" (2009). They brought together practitioners, leaders of immigrant populations, and educators to learn from each other and discuss ways to help facilitate the success and integration of immigrants into our communities.¹

¹The community assessment, outlined in this document, was inspired by a similar study undertaken by Bridging Refugee Youth and Children Services (BRYCS), part of the Migration and Refugee Service of the U.S. Conference of Catholic Bishops. BRYCS assisted and coordinated this 2003 study of refugees in Cuyahoga County, Ohio, De Kalb County, Georgia, and St. Louis, Missouri.

The National Conference for Community and Justice of Greater Dayton (NCCJ)

The Ethnic and Cultural Diversity Caucus is an initiative of NCCJ of Greater Dayton, a 32-year-old organization working towards an overarching vision for America: to make this country a better place for all of us. In working toward this vision, NCCJ has a variety of program strategies to empower and develop current and future leaders in order to achieve community transformation so that all people have a right to access our nation's opportunities and be included in its promise. Originally founded to improve interfaith relations, NCCJ today is an organization working to open minds and enhance human relations by speaking to the many issues and instances of bias, bigotry, and discrimination that still exist in our communities.

Welcome Dayton: Immigrant Friendly City Initiative

This study and conference are designed to complement and assist the implementation of the *Welcome Dayton: Immigrant Friendly City Plan*, approved by the City of Dayton Commission in October 2011. Welcome Dayton, an initiative of the city of Dayton's Human Relations Council, explores ways to improve acceptance and integration of immigrants, including refugees, throughout the Dayton area. In so doing, this initiative encourages and supports policies and practices that benefit immigrant populations and thereby benefit the greater Dayton community as a whole.

Thanks to the financial sponsors of this report and the upcoming conference.



Executive Summary

The purpose of this report is to document the findings and recommendations that emerged from the community assessment conducted by the Ethnic and Cultural Diversity Caucus of Dayton, a program of the National Conference for Community and Justice of Greater Dayton, hereafter referred to as NCCJ. The overall objective of this study is to better understand the opportunities and challenges faced by refugee populations who currently reside in Dayton, Ohio. In particular the caucus seeks to identify institutional policies and practices that create barriers to immigrants and refugees in accessing services and to provide recommendations that emerged from these findings. In order to meet these objectives, refugee leaders, refugee community members, and providers of services to refugees were interviewed over the course of two years.

Key Strategic Recommendations:

Although the study covered broad areas, several strategic recommendations are offered that intersect several categories (including, language, housing, banking, etc.). Not surprisingly, several of these recommendations (marked with an asterisk) are similar to those identified in the *Welcome Dayton: Immigrant Friendly City Plan* approved by the Dayton City Commission in October 2011. The study and recommendations are aimed at complementing and advancing those contained in the Welcome Dayton Plan.

1. Support organizations that advocate for the rights of immigrants including developing the capacity of refugee and immigrant communities to advocate for their communities.*
2. Encourage providers of services to actively include leaders in the immigrant communities in planning and evaluation of services.
3. Encourage intentional collaborations and partnerships among and between immigrant communities and providers of services.* This two-way communication is critical to build relationships, identify emerging needs, and develop more effective and feasible services.
4. Reach out to marginalized sectors within the refugee population, especially women, the disabled, and those lacking formal education.
5. Work to tailor programs and services to meet the particular needs of individuals and of groups who share personal histories and experiences. Differences among and within refugee groups shape the experiences of daily life. Differences may include country of origin, timing of resettlement, immigration status, knowledge of English, gender, age, health, education, and reception by local communities, among others.
6. Support innovative, creative local initiatives that offer opportunities to reimagine "how things work." Sometimes solutions appropriate in larger metropolitan areas are not appropriate in the context of a smaller city like Dayton. Advantages and opportunities specific to this area need to be considered and acted upon with flexibility and creativity.
7. Build relationships based on mutual learning between immigrants and community members. Collaborations as such are founded on the ethics of mutual learning, active listening, and co-creation of solutions based on the diverse assets in our community. We encourage partnership programs that support two-way learning, particularly those that provide orientation programs and follow-up.
8. Promote and recognize that the relationship between refugees and the local community is a reciprocal benefit. Refugees have much to offer in the city of Dayton and broader community and vice versa.

REFUGEE COMMUNITY ASSESSEMENT

The United States welcomes tens of thousands of refugees every year from countries all around the world. The U.S. response to refugees and asylum-seekers in crisis reflects the United States' commitment to humanitarian principles of compassion and generosity and the underlying principle that effective immigration policies provide a continual constitutional strengthening of a nation. Since the passage of the Refugee Act of 1980, more than three million refugees and asylum-seekers have been welcomed to the U.S. These refugees come from highly diverse backgrounds with varying levels of education, literacy, and widely different beliefs and skills.² What these refugees³ often have in common are forms of everyday distress they face following forced displacement from their homelands. In recent years, research has shown that the quality of life of refugees is largely determined by post-displacement factors, as much as or more than the trauma of past violence (Miller and Rasmussen, 2010). Understanding that much distress is directly related to the resettlement process, the intention of this community-directed study is to ask the following questions:

1. **What are the institutional barriers to effective resettlement?**
2. **How can service providers better serve immigrant and refugee communities?**
3. **How can we create an environment of mutual learning, where the greater community can learn and benefit from the experiences and skills of immigrants and refugees?**

While much progress has been made, many refugee populations still experience difficulties dealing with some local agencies and organizations due to both their circumstances and agency practices. Our purpose is to examine perceptions of people with direct experience of local circumstances, suggest recommendations for improvements based upon the study, and expand a conversation in the community that includes the perceptions of refugees in the discussions.

Definitions

Refugee: Any person who is outside any country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of **persecution on account of race, religion, nationality, membership in a particular social group, or political** opinion.

Asylee: a person **granted** asylum in the U.S. Meets the definition of refugee, but has gotten to the U.S. on their own and applied for status here.

Source: Immigration and Nationality Act (INA), part 101(a)(42)

LOCAL CONTEXT

An understanding of local conditions helps to clarify the specific barriers and opportunities faced by refugees arriving in Dayton. Similar to other Ohio and rust belt cities, Dayton has experienced significant population losses in the past 50 years. Since 1960, the city of Dayton has lost 46 percent of its population. Its population in 2010 was 141,527 (See Appendix A: Dayton Demographics). This trend is expected to continue into the next decade. Declines in employed households and business activity have led to declines in tax revenues and cuts to funding education, public sector employment, and basic services. Accompanying the contraction of the public sector has been a general decline of the social safety net. Another effect of population loss is seen in an overabundance of housing. In 2010 the city of Dayton had 15,661 vacant housing units, an increase from 9,912 in 2000 (U.S. Census). At the same time many immigrants and refugees are moving to emerging gateway cities. Indeed, cities with a surplus of housing and commercial space, like Dayton, have become incubators for new

ideas as community leaders and residents work to reinvent their city (Welcome Dayton website 2011, www.welcomedayton.org). Dayton has adopted a "Welcome Dayton" plan with the intention of announcing that it supports policies and practices to make it an immigrant-friendly city. As immigrants and refugees repopulate urban centers, they are both revitalizing cities and generating new opportunities. The trends remind us that integration is a two-way process.

Refugees arriving in Dayton are supported through national, state, and local support systems. Support agencies work in tandem with each other as they share the goals of integrating refugees into American life and developing self-sufficiency as rapidly as possible. Programs are in place to achieve these goals, which include provision of food, housing, job training, English as a second language (ESL) classes, and health care. Agencies are contracted locally to answer questions and orient newcomers into life in their new homeland. Support systems in place in Ohio and across the nation are largely, often exclusively, focused on meeting the immediate material, psychological, and physical needs of the refugees. There remains a need to address the social concerns of refugees in order to meet the resettlement goals of integration and self-sufficiency.

In Dayton, the local resettlement agency is Catholic Social Services of the Miami Valley (CSSMV) Refugee Resettlement Program. As part of a cooperative agreement with the U.S. Department of State, CSSMV welcomes and supports newly arrived refugees with essential services and support needed to begin to rebuild their lives and take steps toward becoming U.S. citizens. Prior to arrival, arrangements are made to provide for housing, furnishings, food, and supplies. Beginning with the airport greeting, refugees are

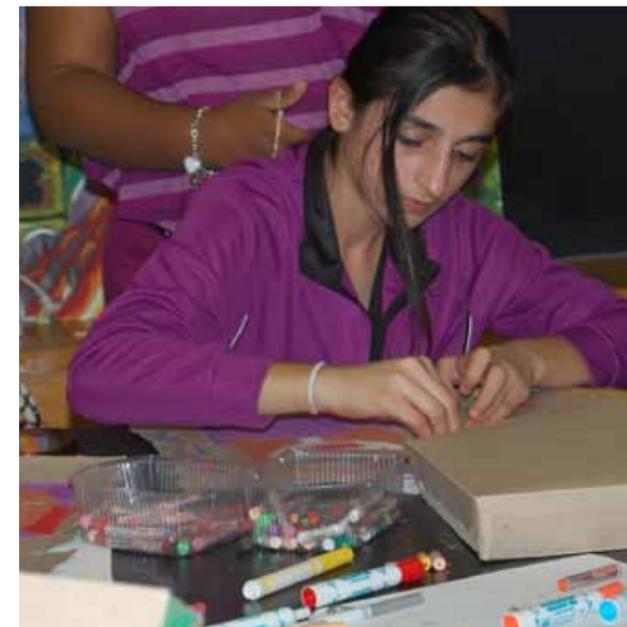
guided through an array of services including cultural orientation, enrollment in adult ESL classes, school registration for school-aged children, and assistance to obtain a Social Security card and other forms of personal identification. In addition, refugees are connected to public benefits, health care, and employment placement services. CSSMV also develops a personalized plan that identifies barriers, opportunities, and resources on the path to self-sufficiency. Case management and employment services continue with the support of additional short-term funding from the Office of Refugee Resettlement (ORR) (under the U.S. Department of Health and Human Services). Services are provided with varying degrees of intensity according to individual circumstances, and refugees are linked with a number of community resources, social service agencies, and faith-based organizations. In keeping with the goals of the U.S. refugee resettlement program, the intensity of social services from CSSMV gradually decreases as refugees develop independence for successful integration into the community. Time frames for services are determined largely by an individual's unique situation, available supportive networks, and personal strengths. After one year in the U.S., CSSMV provides refugees with assistance to apply for their adjustment of status to Permanent Residency ("green card").

Within this past federal fiscal year, the Refugee Resettlement Program of CSSMV received 134 refugees for resettlement services. The largest number of arriving refugees were from the countries of Eritrea and Ethiopia. Other represented countries were Iraq, Bhutan, the Democratic Republic of Congo, Sudan, and Colombia (See Appendix B for list of refugees resettling in Dayton since 2006). In addition, 16 asylees and secondary migrants⁴ from Kyrgyzstan, Rwanda, Congo, and Iraq received support from CSSMV within the past year. Arrivals of single Eritrean, Ethiopian, and Sudanese individuals as well as Congolese families are expected to continue to arrive over the next year.

It should be noted that there are differences in public benefits received by families with minor children and individuals and families with no minors (See Appendix C). For instance, the Refugee Medical Assistance (RMA) is a federal-funded program that provides up to eight months of health care coverage to the person who entered the United States as a refugee or to the person who has been granted asylum in the United States. However, refugees who have minor children are allowed 7 years of health care coverage (Medicaid). To continue to qualify for cash and medical assistance after the eligibility periods have passed, a refugee must be a naturalized U.S. citizen; or have a qualifying military connection; or adjust to Lawful Permanent Resident and have 40 qualifying work quarters of coverage (MacKim, 2010).

² According to US Department of State, 56,424 refugees were admitted to US in 2011 (Refugee Admissions Statistics, www.state.gov)

³ By using the term "refugee" we do not imply any characteristics of individuals or groups. Some who fled or were displaced from their homeland dislike the term "refugee" since it is associated with being "victims without agency," helpless and suffering in the minds of some. The diversity of refugees, including those in this study, refutes such characterizations. Nevertheless, there are some commonalities among the groups in our study due to the circumstances of their immigration to the U.S. or continued stay here.



⁴ It is worth noting that there are two additional immigrant classifications: Asylees and Secondary Migrants. Although Asylees have similar experiences as refugees, they do not arrive in the U.S. as refugees and therefore are not eligible for initial reception and placement services. Asylees seek asylum either through the U.S. Department of Homeland Security or United States Citizen and Immigration Services and are eligible for ORR-funded benefits and services beginning on the date of final grant of asylum. Secondary Migrants are refugees who were initially resettled elsewhere in the U.S. but have moved to Dayton to join family or other personal reasons. Both Asylees and Secondary Migrants may seek assistance from CSSMV for eligible services.

STUDY POPULATION AND METHODS

This study of the Ethnic and Cultural Diversity Caucus of Dayton was conducted over a two-year period. Caucus members collaborated in order to identify key areas of interest, locate study participants, conduct interviews, facilitate focus groups, analyze findings, and report results. It should also be noted that some of the interviews were completed by students at the University of Dayton, Wright State University, and Miami University.

This community-based study reflects the strategies of participatory research, in that as many stakeholders as possible were included and there was a concerted effort to obtain the perspectives and ideas of the refugees themselves. Although the caucus recognizes that there are a variety of refugee populations in the Dayton area, we limited the study to six groups after consulting with Catholic Social Services Refugee Resettlement Program: Iraqis, Sudanese, Rwandans, Burundian, Congolese and Ahiska (Meskhetian) Turks

(from Russia) (See Table 1). Most of these refugee populations came to the United States during the last half of the 1990s and the past decade. Specifically, we sought an understanding of the experiences, barriers, and opportunities faced by refugees by combining three perspectives: the perspectives of refugee community members as voiced in focus groups, the perspectives of leaders in each of the refugee populations studied as voiced in interviews, and perspectives of service providers as shared in interviews (See Appendix D for list of all organizations interviewed).

Categories of Participants	Participants	Method	Number
Local Service Providers	Resettlement services, jobs and training, housing, faith-based organizations, community organizations, education among others	Interviews	29
Refugee Leaders	Iraqis, Sudanese, Rwandans, Burundians, Congolese, Ahiska Turks	Interviews	14
Refugee Communities	Iraqis, Sudanese, Rwandans, Burundians, Congolese, Ahiska Turks	Focus groups	6

Table 1: Study Participants

With some exceptions, most study participants were resettled in Dayton by Catholic Social Services' Refugee Resettlement Program. Exceptions include the Ahiska Turk population who initially resettled elsewhere in the U.S. before moving to the Dayton area (secondary migration), several Rwandans who applied for and were subsequently granted political asylum, individuals who are or were in the U.S. under a non-refugee immigration visa, and a number of Iraqi and Afghan nationals who immigrated through the Special Immigrant Visa Program.⁵

Interviews and focus groups were conducted between October 2010 and June 2012. The questionnaires and questions guiding the focus groups were designed in cooperation with several refugee leaders, as well as those service providers who work directly with refugee populations. Interview and focus group data were analytically organized using Dedoose (software for qualitative and mixed methods research) followed by thematic coding. Thematic coding was based on common themes related to institutional incorporation of refugees. Examples of these themes include the following: language barriers, housing, employment, health, and public services.



⁵ The Special Immigrant Visa Program provides expedited processing for Iraqi and Afghan nationals who worked for the U.S. military and experienced or are experiencing an ongoing serious threat as a consequence of that employment.

STUDY FINDINGS AND RECOMMENDATIONS

The key findings of this study are organized into three clusters with an emphasis on institutional accessibility. In the first cluster, we examine barriers and opportunities that participants discussed the most frequently, including language-related issues, employment, health care, and housing. The second cluster focuses on public assistance and banking/financial services. The third cluster focuses on education, faith-based organizations, and public libraries, areas where participants reported more opportunities and greater accessibility.

Language

For immigrants, language shapes the routine experiences of everyday life. Riding the bus, shopping at the store, meeting with teachers can be challenging when one is not yet fluent in English. Almost all conversations with service providers, refugee leaders, and participants of focus groups underscored the many obstacles faced by immigrants related to language. While all immigrants face challenges, there were differences among and within groups. For example, study participants identified differences in their experiences, literacy in first language, and motivation and aptitude for learning English. Nonetheless, English language fluency is necessary to perform everyday tasks, such as obtaining work, applying for citizenship, assisting children in school (homework, teacher issues), engaging in everyday transactions (banking, shopping, transportation), and handling emergency (and high risk) situations, particularly those involving health care or the legal system. Many respondents prioritized language as the key skill necessary to finding employment and providing for their family. Limited English language skills can hamper the job search, lead to contingent work and result in minimal wages.

Although language impacts nearly every situation, there are particular “high-risk” situations where inability to communicate can be devastating. Study participants identified two kinds of circumstances prior to proficient language acquisition that potentially pose negative consequences. One scenario is when immigrants become entangled with police and the court system due to language barriers, resulting in a misstep (or misunderstanding) often leading to a loss of liberty or a great financial cost. Another high-risk scenario relates to health care. A health emergency, admission to hospital, or a visit to the doctor (or even calling for an appointment) are challenging situations when an individual may not be understood by or understand the medical personnel. Individuals may even delay calling for emergency services because of the language barrier. Such misunderstandings can prevent treatment or hinder recovery of the patient.

Other challenges encountered by refugees are the overwhelming number of documents that they must sign. Often these documents are not translated. Still, refugees are asked to provide a signature without understanding what is being signed or subsequent obligations. A service provider (CSSMV) observed, “For refugees it does not seem very adequate. Language barriers prevent refugees from fully understanding the system and the application process. There are too many forms and too much paperwork involved. It is not easy for low-income Americans either.” Being asked to sign documents that are not translated or even understood has many implications for refugees, as these documents also create obligations that individuals may or may not understand and may hinder completing the obligation.

Unless immigrants have at least basic English skills, communication with government institutions, landlords, stores, and health care providers, among others, requires interpreters or translators. Less common language groups are at a particular disadvantage when it comes to finding interpreters for their first language. For example, it was pointed out that among a fairly small group of Congolese, there were four different first languages. Study participants commented on availability and adequacy of local resources, adequacy of interpretation conducted in a specific context (i.e. interpreter not familiar with medical terminology), cost of interpreter services, and reluctance to use particular interpreters (i.e. confidentiality as an issue). In terms of adequacy of resources, often interpreters are only available on the phone or computer, or the role of interpreter (or translator) falls to the youth because of their superior fluency in English as compared to their parents.

As with all issues and barriers covered in this study, there is a range of experiences among refugee communities. Individuals and groups differ in their ability to tap into resources. Those with more social capital, knowledge of rights, and access to and knowledge of resources are typically in a better position to obtain interpreters and translators.

Recommendations:

1. Improve access to and adequacy of interpreters
2. Support efforts to translate documents

English Acquisition (ELL/ESOL) in the Resettlement Process

Language acquisition is essential for successful resettlement. Currently, Dayton has a number of free ESOL classes (i.e. Miami Valley Career Technology Center and Kettering ABLE, school and church based programs). Located in nonprofit organizations, churches, and schools, each site has one or more classes that are offered at varying days and times, mostly during the traditional school year. Comments from participants of the study covered three sets of issues. First, service providers and refugee groups were concerned about inadequate transportation to and from ESOL classes and limited childcare options. Second, service providers were concerned that some individuals (and groups) had tremendous obstacles to overcome, including literacy in first language, culture (i.e. gender roles in household), stress related to resettlement, and their motivation to learn English (some adults expected that they might return to their country when conflict subsided.) Third, study participants (both refugees and service providers) felt the ESOL classes were not standardized, in that some classes were considered exceptional while others did not meet the needs and/or expectations of the students. Concerns regarding inadequate classes included: insufficient offerings for students at various levels of competency; content of the classes did not provide them the background to conduct conversations in specific situations (i.e. personal banking, health care, and citizenship exam among others); feelings that there were “too many unfair rules, regulations, and restrictions;” cultural and language misunderstandings; and adequacy of local resources (including the number and general quality of classes). On the other hand, there were a few excellent examples of ESL instructors and classes mentioned as meeting the needs and purposes of particular students.



Recommendations:

1. Support the current working group of ESL coordinators who are meeting with the objective of identifying how to improve language acquisition services and taking actions to address identified needs. This working group prioritized childcare and transportation issues (which also were identified as problems in this study).
2. Support and develop immigrant leadership to advocate for their community's interest, including identifying local obstacles to resettlement (including ESOL related issues) and planning solutions.
3. Encourage and support Kettering's Adult Basic Literacy Education (ABLE) initiative to develop a new curriculum that offers a shorter timeframe (five-week modules) focused on specific categories of literacy (i.e. personal finance, health care).
4. Encourage grassroots initiatives that support and expand language acquisition (i.e. bilingual tutoring programs, parenting meetings).
5. Cultivate the sensitivity of ESL teachers and our greater community to diverse cultures with the intention of promoting mutual learning and respect.

Employment

Self-sufficiency, a primary objective of state-sponsored resettlement agencies, is directly related to employment. The aim is to provide funding and services that will enable individuals and families to provide for themselves in the shortest amount of time possible. Almost all study participants (refugees and service providers) agreed that employment and jobs are key resources for the successful incorporation of refugees in our society. A number of concerns related to employment emerged in interviews.

First, several participants discussed problems encountered during the application process. Not surprisingly, applications and supporting documents must be submitted in English. During the initial resettlement process case managers assist the refugees in preparing applications, but time limits on aid place the burden of the application process on refugees before many have had a chance to learn English sufficiently. Study participants also cited a related issue, in that employers often require English language fluency as a precondition for employment even when jobs do not require interaction in English.

A second set of problems is the number of available employment opportunities for full-time employment. Resettlement works best in the context of moderate cost of living combined with low unemployment. Dayton continues to have a moderate cost of living, but its unemployment rate peaked in 2010 at slightly over 10.5% just as this study was initiated. Some participants expressed discouragement at the lack of job opportunities. One service provider interviewed provided the example of an adult refugee who has been unsuccessful finding employment: “He has been here one year and has no job. His benefits are running out. He is living with his family in a roach infested apartment in He speaks English and has abundant computer skills. He applies for jobs all the time, but no one is hiring.” Although problems remain, Dayton's unemployment rate has improved (7.5 percent unemployment in July 2012), but participant comments suggest unemployment is still an issue among refugees. Further exacerbating the employment issues is the even lower availability of full-time work compared with part-time work. The cost of living in Dayton exceeds the minimum-wage incomes from employment in typical service sector jobs, like cleaning buildings and factory work (for example, industrial sewing). Part-time schedules allow time to attend to family needs and perhaps even to continue the search for a more adequate job, but the lack of health insurance and fewer hours do not provide sufficient income to cover the necessities, according to study participants.

Third, study participants expressed disappointment at the type of jobs available. A refugee leader illustrates this problem: “Most of them [Rwandans] work in cleaning jobs and other little jobs for low wages. They get paid about \$7/hour, and other places can pay \$9/hour. Janitorial and factory jobs are the most frequent types.” This disappointment is particularly acute in situations where there is a mismatch between existing skill sets and the level of education with available employment. The pressure to become self-sufficient quickly generates some egregious mismatches for refugees who arrive with skills and education and yet accept low wage jobs in order to meet resettlement timelines. CSSMV case managers have observed that refugees with the greatest success in employment (even those that have limited English

skills) were initially open to accepting entry level positions, placing them in positions where they gained experience and skills for higher level positions. Work histories and educational credentials are often not recognized in the destination country. Refugees, then, are faced with the formidable task of obtaining new credentials and/or licensing in their prior field of expertise, which often require an investment of considerable time and financial resources. Several study participants recognized and commented on what they perceive as a cookie-cutter approach that seems to dominate the initial consultation for job placement.

A fourth concern is housing and transportation to and from work. Most individuals and families are initially placed in the city of Dayton where housing costs are lower than in surrounding areas. Often employment (low- and high-wage) is located outside of the city, which means that families must either move to higher-cost housing closer to jobs or absorb transportation costs. Study participants pointed out obstacles related to transportation, including limitations of public transportation (hours and routes), long commutes, and the limitations of car-pooling. In some instances, refugees with homes in Dayton drive or carpool to Middletown or even Cincinnati for work. One refugee leader underscored the risk of relying on another for transportation: “Many are getting jobs in Middletown . . . Carpooling works until the car owner gets fired, then everyone has to quit.” Even when public transportation systems create or expand routes that connect urban areas with suburban job locations, many jobholders purchase cars when they are financially able. This is more complicated for many refugees, however, because it involves sufficient English proficiency, obtaining a driver's license, and the expenses of auto ownership, such as insurance, fuel costs, and maintenance/repairs, which can be particularly expensive for older cars.

Recommendations:

1. Support job training and recertification that builds on existing skill sets. For example, the Latino Community Liaison led by Tony Ortiz from Wright State University.
2. Stimulate small business development through education, loan assistance, microcredit, and city planning initiatives.
3. Contribute to the stability of refugee populations and neighborhoods. For example, build on neighborhood revitalization efforts – rehabbing houses, opening small shops, and developing family and community gardens, among others. Encourage involvement in neighborhood associations.
4. Support a process or program to facilitate car ownership or car sharing among several households or reevaluate public transportation routes and schedules to contribute to refugees gaining self-sufficiency.
5. Support the expansion of funding and services during resettlement: The initial conditions of life for resettled refugees are fundamentally structured by limitations on financial assistance and social services.

Housing

Even though the people we interviewed generally regarded housing as tolerable overall, many of the issues that emerged from interviews and focus groups illustrate the interconnectedness of housing issues with language difficulties, low-paying or lack of employment, and inadequate understanding of “how things work.” These factors tend to reinforce one another. The local resettlement agency, with finite resources and capacity, is responsible for finding housing, sometimes for large families and often on short notice. Their strategy is to try to place refugees from the same country in close proximity in order to provide cohesion and social support while adjusting to their new society and community.

Study participants mentioned three broad areas of concern – housing costs relative to income, lack of awareness about contractual arrangements, and the condition of housing. First is the problem of inadequate income to pay housing costs. Like many low-income households, it is difficult to pay for rental housing and utilities when one holds a low-paying job. For example, one refugee leader commented that in some cases almost half of a household’s monthly income goes to pay rent, a pattern that also was described by several others. Two respondents mentioned that they knew of a refugee family and an individual who had become homeless. Several respondents mentioned that it would be helpful to make refugees aware soon after arrival of more options for housing after their initial contract is up. This includes public housing options, including Section 8, both in the city and in surrounding municipalities. They should be informed of lengthiness of public housing waiting lists, advised of the application process, and informed of requirements.

Second, there is a lack of awareness of the conventional housing arrangements, including signing lease contracts and that after three months the responsibility for paying rent switches from Catholic Social Services to the tenants. Third, the condition of some of the housing is substandard. Participants spoke of problems with heating and water service; drafty, cold houses in winter; insect- infested housing; lack of adequate maintenance; and the safety of the neighborhood. One participant mentioned that a child was found to have lead poisoning caused by poor conditions in the home. The lack of language skills impaired communication with landlords. For the past year, CSSMV has implemented stronger regulatory standards with landlords for initial housing placement. Many refugees become resigned to housing conditions that should be rectified. Others seek housing outside of the city. For example, participants mentioned that many Burundians have relocated to Huber Heights, Iraqis to Kettering, and Sudanese to several south suburbs.

Although many refugees face challenges in housing, study participants also mentioned positive aspects of housing in Dayton compared to other cities, including spacious houses that can accommodate large families, high availability of housing, low rental costs, and low housing prices. The relatively inexpensive housing has made it possible for some refugees to purchase and fix up houses, often in neighborhoods with other refugee homeowners. The Ahiska Turkish community provides a model as they have purchased relatively inexpensive housing in selected neighborhoods with the purpose of creating a community here in Dayton and simultaneously revitalizing neighborhoods. With an abundance of building skills, families and neighbors help remodel homes as they are purchased.

Recommendations:

1. Support organizations that advocate for refugee housing. The local chapter of the American Friends Service Committee (AFSC) has worked with the Dayton Metropolitan Housing Authority on issues of landlord-tenant relations resulting some landlords making repairs to houses occupied by refugees. The Human Relations Council of the city of Dayton has expertise and experience in evaluating housing accessibility and conditions.
2. Support self-organization among refugees to present a unified voice and advocate for their own interests, including housing.
3. Support organizations that provide non-traditional housing for refugees. The House of the People has provided an exemplary model for providing housing for Rwandan asylum seekers who do not have the benefits of resettlement funds and services.
4. Support city policies and educational programs that facilitate homeownership for immigrants with adequate resources and encourage home ownership programs, such as Habitat for Humanity.
5. Increase awareness of housing options after their initial lease expires, including public housing options, both in the city and surrounding municipalities.

Health Care

This study asked questions related to the utilization of health services by the refugees including resources related to disabilities and mental health. Most respondents either emphasized difficulties that emerge by “not knowing” how to navigate the health care system or focused on language barriers and miscommunication between patients and health care providers. Case studies by Mukunzi (2011) and Saxen (2012), who conducted local research in Dayton, supplement the results (See Case Studies).

One major issue that emerged during the focus groups was the challenges of navigating the U.S. health care system, which was further complicated because refugees from some countries do not have a history of formalized health care and therefore do not always appreciate its value. A focus group provided an example of when parents of a sick baby insisted on taking the baby to the “CVS pharmacy” instead of taking the baby to the doctor’s office or the community health center. Such incidents may be related to experiences refugees have had in their country of origin where pharmacies often serve as the major source of health care assistance. A Congolese leader suggested that difficulties encountered while navigating the health care system may lead some refugees to start distrusting health care professionals or the health care system as a whole. He described the story of a mother who became very angry that the medical doctor refused to see her sick children because she forgot to bring their health insurance cards.

Another issue that surfaced frequently in this study was the general lack of information regarding disabilities benefits. For instance, a Congolese leader mentioned that a child had a serious hearing impairment, but the parents were not aware of any forms of assistance that they could apply for in order to help their child. Many refugees are employed in low-wage jobs that do not tend to offer health insurance benefits. The lack of health insurance can have a negative impact on refugees’ health. Without health insurance they have difficulty accessing the health care system in order to facilitate preventive and primary care such as consulting an eye doctor, dentist, or undergoing annual physical exams.

The lack of health insurance is one of the factors that may lead to another recurrent problem related to health care access among the local refugee population: the overutilization of emergency rooms. This often happens because refugees only access health care when the situation is very critical, like the Congolese mother mentioned above. It also may be the case that they do not know how to find a medical doctor or make a medical appointment at a community health center, so they end up in the emergency room. However, as with all areas covered in this study, there is a wide variation among the diverse groups of local refugees. For example, Ahiska Turk respondents mentioned that when they discover that medical bills can be very expensive, most avoid using emergency rooms as much as possible.

Among all areas studied in this project, the various challenges reported by participants are interwoven. Often, one barrier continuously exacerbates or amplifies other barriers. For example, language barriers were regularly identified as intensifying miscommunication between refugees and health care professionals, and consequently threatening health care accessibility. Furthermore, language barriers were stated to have negative consequences on how health care is received and interpreted by the refugees. A staff member from an agency gave an example of how miscommunication can have dramatic health consequences. The respondent told a story of a refugee who had knee surgery and was informed of what activities were prohibited during the recovery period. Because of the lack of a medical interpreter, the patient believed that the doctor was explaining what exercises to engage in for optimal recovery instead of activities to discontinue. As a result, the patient did irreparable damage to his knee because he engaged in the activities he was told to avoid.

Recommendations:

1. Develop and implement a multicultural medical approach that addresses physical and mental health and takes mutual learning into account.
2. Develop and disseminate a health care guide in Montgomery County providing information on how, when and where to find health care services, and explaining in cultural sensitive ways why seeking health care is important.
3. Establish a hotline where refugees may obtain help in navigating the health care system, such as making a medical appointment.
4. Encourage the Public Health District of Montgomery County (PHDMC) to plan and deliver health education sessions for refugees and immigrants and provide knowledge on how to navigate the health care system. Master’s of Public Health students could be involved in this health education.
5. Encourage the resettlement agency and PHDMC to create strategies to assure that refugees receive follow-up treatment for medical issues that were identified during the initial health screening.

Case Studies with Refugees from Rwanda and Burundi in Dayton, Ohio

A recent health survey was conducted by Mukunzi (2011) with refugees from Rwanda and Burundi living in Dayton, OH. The 178 refugees interviewed represent more than 25% of the approximate 600 hundred refugees from Rwanda and Burundi living in this area. The most notable results were related to language barriers, miscommunication, and self-reported stress. Since language and communication affect access to health care, the study suggests that participants need to receive health information in their native language. The study reveals several challenges related to health and language. For example, almost 80% of survey respondents indicated that they had to reschedule their medical appointment at least once because of lack of interpreters. Almost 75% of respondents said that they needed an interpreter during the physician visit. They also commented that very few doctors (21%) were generally able to understand the health concerns they were addressing. Language and cultural barriers often interfere with doctor-patient communication.

Mukunzi's 2011 survey also revealed that self-reported stress and mental health are significant issues. Over half of the Rwanda and Burundi refugees reported that stress is their number one health issue. Rwanda refugees mentioned that they still carry psychological wounds from the many relatives they lost during 1994 genocide and subsequent mass killings in Congolese camps. Other kinds of distress include the loss of jobs and family unity. Burundian refugees reported distress due to the losses of their relatives in 1972 genocide and 1993 mass killings in Burundi and many losses they experienced throughout the 37 years in refugee camps in Tanzania and elsewhere. They also reported many forms of post-displacement economic difficulties such as unemployment, unpaid medical bills, and housing rent. Other research confirms that quality of life of many refugees is greatly influenced by post-displacement factors, as much as, and often more than, the trauma of past violence (Miller and Rasmussen, 2010).

Saxen's (2012) work, built on the premise of mutual learning and rooted in the field of community psychology, has investigated how valuing and validating the skills, beliefs and knowledge of the refugee populations and listening to their stories may help in the integration of newcomers into American society while also providing invaluable education to Americans. Mutual learning becomes a way to develop relationships, the backbone of a social support system, so necessary for the sustained health of displaced persons (Goodkind 2006; Goodkind, Githinji and Iakson, 2011). The mutual learning model has been developed among refugees living in the US by Dr. Jessica Goodkind with the Refugee Well-Being Project (RWBP) at the University of New Mexico. The RWBP partners local students and refugees for two key components: advocacy and Learning Circles.

To explore these ideas locally, Saxen (2012) conducted ethnographic research with a Burundian refugee community in Dayton. There were many instances showing that local community supporters gave the community a lot of care, time and material aid. However, practices for mutual learning and social support have not yet been developed with this group. This is consistent with cities across the United States, as widespread awareness of the critical nature of social support with refugees is not yet institutionalized. Saxen observed that tensions and misunderstandings among the group and community supporters often grew out of limited understanding of each other and sometimes weakened support initiatives. Saxen suggests that the practice and experience of mutual learning may provide a way to develop relationships and ultimately social support systems that cultivate the long-term health of the refugee population. Subsequent relationships also offer opportunities for rich learning and fresh perspectives for the Dayton community in general.

Public Assistance

While access to public assistance functioned well for some, there were numerous comments concerning difficulties making appointments, confusion about processes, and lack of coordination among agencies. Some of the most critical comments came from agency personnel themselves.

One set of problems was related to access to public assistance. A number of refugees and some agency personnel commented on the difficulty in making appointments as well as the limited availability of case managers, particularly at the Jobs Center (Job and Family Services). Typical of several comments by agency personnel is the following view stated by someone who works with a variety of refugee populations: "They need more staff.... Some qualification guidelines aren't well-known. Rules aren't well-known outside the organization. Especially with JFS, there seems to be a lack of organization, more service to bureaucracy than to client." One person noted that due to frustrating situations, caseworkers sometimes face verbal abuse from individual refugees. Another respondent further explained why this tension occurs: "Many are mystified by formulas for attaining public assistance. In general, this system is not working."

A second set of concerns was the general lack of awareness about services available to refugees. For example, a refugee leader noted that public agencies do not advertise their availability, so it is difficult for refugees to know what is available. There are, however, initiatives to address some of these difficulties, particularly efforts to improve communication and coordination among agencies. Meanwhile, respondents commended some caseworkers for being particularly helpful and understanding and praised several agencies for taking needed initiatives. One notable example was East End Community Services, which was applauded for periodic programs awarding certificates to attendees upon completion of skill-based programs. A refugee leader noted "this was very helpful for Iraqis."

A third and final set of issues regarding public assistance involved the expectations that refugees have about the capacity of service providers. Comments made in some focus groups and interviews with refugee leaders indicated that misconceptions were common concerning the scope and eligibility requirements for public services. This study revealed that with respect to the CSSMV refugee resettlement program, some refugees believed the organization had more resources and capacity than it actually does. For example, it was pointed out that some refugees thought that CSSMV could continue paying rent indefinitely. There is a further

need for ongoing engagement with refugees who do not become self-sufficient after the obligations of CSSMV expire.

Recommendations:

1. Improve orientation for refugees designed to clarify what agencies can and cannot do and why, what the processes and requirement for receiving services are, and the rights, options, and obligations that refugees have.
2. Encourage continuous collaboration and partnerships among agencies serving refugee populations. Since this study began, there have been ongoing efforts to improve this situation, facilitated by CSSMV, East End Community Services, and United Way.
3. Facilitate the self-organization among refugee communities by including co-nationals who have lived in the U.S. for a longer time. They may assist by mentoring and offer more recent refugees a better understanding of expectations for them and "the way things work."

Banking and Other Financial Services

Those interviewed were split on the accessibility of banks and other financial institutions. While some agency personnel and refugee leaders thought refugees experienced few difficulties, others gave examples of significant problems. There is a lack of understanding of the way the banking system functions. Most banks seem not to make any particular efforts to ensure that non-English speaking clients understand bank policies and the rules governing bank accounts. Several focus groups discussed the initial confusion when a monthly bank fee is deducted from an account that does not maintain a minimum deposit. There is a lack of information about the option of using credit unions that do not charge a fee for smaller accounts. There is a lack of familiarity with credit cards.

Recommendations:

1. Support efforts to educate the refugee community regarding personal finances and consumer literacy including bank policies and the option of using credit unions.
2. Encourage banks and credit unions to have interpreters available.

Education

Respondents described many details about their experiences with refugee youth. No young people were questioned directly in this study, but respondents from all categories provided details that created a summary portrait. Images of refugee youth portrayed a positive story, but the narratives were often mingled with complexities, both large and small.

While there are some young people who are second generation, most came to the U.S. with their families at a young age. Many respondents reported the rapid adaptation of refugee youth to their new lives. The resettlement process places a priority on enrolling children in school as soon as possible, and this contributes to rapid English language understanding and usage.

School environments offer social incentives that foster a rapid adaptation of refugee youth. “Refugee children are enrolled early in the resettlement process. They are Americanized quickly at school, once they regularly interact with English speaking children, unlike their parents.” (CSSMV provider). Nevertheless, some refugee youth may “age-out” of the public school system without having acquired requisite skills. One focus group suggested that it would be better for their young people to be able to continue in the public school system until their skills caught up to graduation level.

Parents are highly focused on their children’s education. We know from decades of past research that the educational background of parents is intertwined with their children’s school readiness and rates of progress. Dayton Public Schools makes efforts to locate refugee youth in selected schools, provide interpreters, and in other ways support their adaptation.

Educational systems are uniquely placed to offer special encouragement to refugee youth. Respondents were quick to make positive evaluations of the adaptation, school integration, and successes of refugee youth. Friendships at school and neighborhood integration can lead to rapid adaptation. However, some refugee leaders and service providers did discuss initial difficulties. For example, they reported that on arrival some youth experienced teasing, name-calling and bullying at school. In one instance, a foreign-born service provider interviewed pulled their child out of a suburban public school because of the almost daily disparaging comments the child had to endure. There were also a few examples of school fighting within groups of co-ethnic refugee youth along the lines of divisions in their country of origin.

Many aspects of interaction with school officials were regarded positively, especially the communication between schools and parents, and the interest many teachers had in the progress and well-being of refugee students. Caring teachers made exceptional efforts to follow the progress of the children and involve the parents in the educational process. Teacher visits to the homes of their students created opportunities for parents to get information and children to see the mutual support of parents together with caring teachers for the sake of their educational success.

Still, study participants commented that refugee parents are able to offer their children much less help than they would like to give them. Parental ability to support the education of their children depends on their own acquisition of English language fluency. For example, respondents noted that many parents were unable to help children with their school work, and many rely on children for translation of school documents.

Recommendations:

1. Ensure that interpreter services are readily available in the schools, especially those in suburban areas.
2. Expand after-school tutoring programs, mentoring, and activities designed for children who share a similar background. Models include El Puente program for children of Latino immigrant parents, the dance program at Kiser Elementary for Ahiska Turkish students, and a tutoring program for African children. For some children, direct more emphasis to math and/or science education and English language fluency.
3. Offer supplemental tutoring aimed at practicing for the Ohio State proficiency tests.
4. Support counseling appropriate to refugee experiences to be offered at their schools, particularly for children who experienced traumas in their country of origin. Encourage and promote self-organization among refugee populations, which can create supportive community networks that would help children feel secure.
5. Encourage active parent involvement in schools through parent advisory committees and volunteer programs. For instance, Dayton Public Schools hosts events in the community between Burundian families and the teachers to facilitate communication. This effort is organized by Burundian leaders.
6. Provide specific programs for immigrants to familiarize children and their parents with options for college education and sources of financial aid.

Libraries

A prime example of institutional accessibility is the Dayton Metro Library. The library has the Mango Languages database on its website (<http://oplin.org/auth?url=http://oplin.org/mango>) making it accessible from home computers and those at library branches. Almost 40 languages are available, including English. The library also has material in various non-English languages, such as Spanish, Russian, Turkish, and Arabic. The library has e-books in non-English languages, including children’s books. The library also has a contract with a local organization that provides interpreters at some branch libraries, when necessary, for assistance in using computers and obtaining a library card.

Some participants commented that libraries are easy to use. One participant observed that at the library branch near Belmont High School, where many children of immigrants and refugees attend, some immigrant and refugee children are teaching their parents how to use computers.

One challenge is that immigrants do not always know that non-English materials are available, and that items may be requested if they are not at a local branch. The availability of non-English materials and services should be more widely publicized within immigrant communities. Encouraging and even facilitating the use of libraries would contribute to greater integration of these populations.

Recommendations:

1. Publicize and expand the availability of non-English items and services.
2. Encourage partnerships and collaboration with providers serving refugee communities. This might include visiting library branches, having books and other materials in their first languages at refugee orientations or soon after, promoting library services, and holding health programs in branch libraries.
3. Encourage refugees to obtain library cards and have written translations of library policies, due dates, etc.
4. Invite Dayton Metro Library staff members to attend refugee orientation meetings and other immigrant community meetings to explain what the library offers and to invite attendees to visit their local branch.
5. Promote formal computer training, including accessing the Internet, especially sites in their primary languages. This training could be provided by student volunteers.

Churches, Mosques and other Faith-Based Organizations⁶

Respondents praised churches and mosques for their accessibility and supportive services. The following response is typical of many: “There have been a lot of good things happening. Churches, mosques, and temples act as the center of community for many groups. This gives refugees a place to go to reconnect.”

Some churches and mosques are functioning as a primary source of assistance, community, and integration for many refugees as well as other immigrants. They offer opportunities for group cohesiveness, maintenance of their cultural traits, and a well-paced assimilation into the broader society. As one respondent explains, refugees appreciate the practical assistance: “When I was staying on Neal Avenue, they [a married couple from the church] were like my parents. They used to come often to my house, bringing clothes to my kids, bringing food.”

CSSMV’s refugee resettlement program and East End Community Services do collaborative work with individual parishes and churches. A refugee case manager described them as, “...really great! [CSSMV] wouldn’t be able to do half of what they do without them. Very helpful; pastors communicate with CSSMV about issues or jobs available.” Other collaborations were mentioned. For example, ongoing meetings for refugee leaders are sponsored by the local chapter of AFSC (American Friends Service Committee). Similar meetings and other settings offer opportunities to exchange information and engage in problem solving toward short-term and long-term goals in the refugee communities. There are growing forms of mutual support within refugee populations.

Recommendations:

1. Promote more involvement by faith-based organizations, especially in more systematic ways, and support partnerships and collaborations with faith-based organizations.

⁶ Note: for the purpose of this report, we are categorizing Catholic Social Services and their refugee resettlement program under “public assistance.”

LESSONS LEARNED

The refugee study was guided by three questions: (1) barriers to effective resettlement from the perspective of refugees and providers of services, (2) how service providers could better serve the immigrant and refugee communities, and (3) how the Dayton area can benefit from the experiences and skills of immigrants and refugees. What we found is that several themes weave through the findings:

- The broader topical areas, including language, housing, employment, and health care, are not just interconnected, they are interdependent. For example, it is no surprise that refugees with limited access to employment opportunities spend a larger percentage of their income on housing.
- The study found that there was a basic lack of understanding about how institutions function.
- The study underscored the challenges of institutional accessibility and how access varies according to immigration status, family composition, and/or citizenship.
- The study illustrates how local community and institutional factors interact and impact the ability of at least some refugee groups to become integrated into various institutional sectors.
- For refugees and service providers, there are structural pressures that guide their decision-making throughout the resettlement. The primary objectives of “integrating refugees into American life and developing self-sufficiency” are accomplished at different paces, which suggest individualized funding and services should guide the resettlement process.

The Ethnic and Cultural Diversity Caucus encourages and supports programs and creative initiatives to address these findings. In particular, we support Dayton’s efforts to engage refugees and build community through Welcome Dayton. According to our interpretation, the Welcome Dayton initiative can be viewed as an example of what the U.N. High Commissioner for Refugees calls “the imperative of solidarity” from civil society organizations. Dayton’s plan is also an expression of practical necessity, as the city and its refugee residents regard each other as working toward their common interests and improving a mutually beneficial relationship. As it pertains to refugees, the Welcome Dayton initiative is an evolving response to refugee resettlement, rather than a set of fixed governmental policies. It endorses improving cooperation between governmental and nongovernmental organizations. It favors developing and sharing good practices, and improving understanding about how institutions can help one another. The Welcome Dayton initiative recognizes that no single institution bears responsibility for and can alone accomplish successful refugee resettlement in our community.

Welcome Dayton is one core aspect of evolving relationships in Dayton that may not only rapidly and sustainably improve the integration experiences of refugees, but also foster some latent or under-engaged talents and possibilities of the community. Throughout this study we suggested many recommendations for improving refugees’ access to some of the most vital institutions of American life, such as education, employment, health care, and public assistance. There are local assets and opportunities that can help meet our needs in creative ways. We want to recognize what we do have available throughout our region to address our needs and appreciate our opportunities. The following is an initial list of some of the possibilities explored through Welcome Dayton as well as in this study:

1. **Inclusion of the time, talents, skills, and knowledge of people arriving to Dayton as refugees:** Continuous engagement in mutual learning and collaborative models opens up the possibilities for refugee populations to become contributors of ideas and implementers of strategies. This study and the development of the Welcome Dayton plan have therefore included a wide spectrum of refugee insights.
2. **Women:** Women’s roles in family life and child rearing render their experiences and voice paramount to the sustainable integration and health of the refugee population. Finding local ways to ensure the voice of refugee women is surfaced will further enhance the integration experience of refugee families.
3. **University students:** Abundant reserves are available in the form of university students from the University of Dayton, Wright State University, Miami University, Sinclair Community College, Central State University, Wilberforce University, and Clark State. These students are all developing expertise in various fields, including health care, urban planning, technology, and education. Many are seeking ways to both practice their knowledge and learn from people in the field. There is already collaboration among the faculty of several institutions, which can facilitate the involvement of students in advocating for unmet needs of refugees as well as offering the opportunity for these students to enrich their education through engagement with Dayton’s increasingly global population. Indeed, some students themselves are refugees, asylees, and immigrants who may be particularly well-suited to engaging in this work.

4. **Academic research:** Along with universities comes the rigor and discovery of research. Researchers are in a unique position to evaluate the quality of programs developed around the country, addressing some of the needs and opportunities discussed in this document. Further, academics can work in partnership with community members to pilot efforts specifically tailored to the various refugee communities in Dayton. Already, research teams at Wright State, for example, have explored academic literature to further our community’s knowledge base of the latest findings and most promising interventions, such as the Harvard Refugee Program, the University of New Mexico’s Refugee Well Being Project, and the University of Tennessee’s Healing Transition Program. Continued research can not only help inform the implementation of aspects of Welcome Dayton and monitor and evaluate results, but also can develop and evaluate cutting-edge interventions most appropriate for our local context.
5. **Technology:** Open-source technologies have enabled such services as translation, oral and video communication, and matching needs with available resources. These are widely available and often free or low cost. We have cited the Dayton Metro Library system as a rich local resource, including the availability of computers. Our local student population is primed for teaching computer literacy. Such technology can further augment some of the outstanding needs in our refugee population and may further empower those who are presently marginalized.

6. **Abundance of affordable housing and land:** Newcomers to Dayton can take advantage of the low-cost housing to renovate old homes as a business or as a way to settle family members in Dayton. Still others have been able to use a lifetime of agriculture skills through the local urban gardening initiatives (Five Rivers Metro Parks, Grow with Your Neighbor).
7. **Entrepreneurship:** The skills and ideas of refugee populations can link with local opportunities for social and economic entrepreneurship, including establishing new businesses. Local business, government agencies, and academic communities can find ways to develop and promote these assets.
8. **Care:** The Welcome Dayton plan; collaborations at three local universities; countless church, other faith-based, and civic commitments of time and resources; and our local education departments, among others, have shown a sincere intention to improve the way we care for and learn from newly arriving people. This effort suggests that a critical mass of caring individuals in an engaged community will carry out many of the recommendations for this study.



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Appendix A: 2010 Dayton Demographics

Demographics	City of Dayton	Percentage	Montgomery County	Percentage	Ohio	Percentage
Total Population	141,527		535,153		11,536,504	
18 years and over	109,086	77.1%	411,874	77%	8,805,753	76%
65 years and over	16,674	11.8%	81,041	15.1%	1,622,015	14.1%
Non-Hispanic White	73,193	51.7%	395,272	73.9%	9,539,437	82.9%
Black or African American	60,705	42.9%	111,870	20.9%	1,407,681	12.2%
American Indian and Alaska Native	417	.3%	1,242	.2%	25,292	.2%
Asian	1,206	.9%	9,273	1.7%	192,233	1.7%
Native Hawaiian and Other Pacific Islander	52	0%	177	0%	4,066	0%
Some Other Race	1,828	1.3%	4,472	.8%	130,030	1.1%
Two or More Races	4,126	2.9%	12,847	2.4%	237,765	2.1%
Hispanic or Latino (of any race)	4,180	3%	12,177	2.3%	354,674	3.1%
Not Hispanic or Latino	137,347	97%	522,976	97.7%	11,181,830	96.9%
Foreign Born	3,648	2.6%	17,769	3.3%	440,761	3.8%
Entered U.S. 2000 or later	2,268	62.2%	6,811	38.3%	161,557	26.7%
Entered U.S. before 2000	1,380	37.8%	10,958	61.7%	279,204	63.3%

Source: 2010 U.S. Census, 2006-2010 American Community Survey 5-year estimates

Selected Websites:

Welcome Dayton: Immigrant Friendly City. <http://www.welcomedayton.org>

United Nations High Commissioner for Refugees. <http://www.unhcr.org>

Migration and Refugee Services of the United States Conference of Catholic Bishops. <http://www.usccb.org/about/migration-and-refugee-services>

Bridging Refugee Youth and Children's Services (BRYCS) of the United States Conference of Catholic Bishops. <http://brycs.org>

U.S. Department of State <http://www.state.gov>

U.S. Citizenship and Immigration Services <http://www.uscis.gov>

Appendix B: Refugees Resettled through CCS Refugee Resettlement Program

FFY (Federal Fiscal Year) = Oct. 1 – Sept. 30

Country of Origin/ Nationality	Primary Languages	2006 (Jan- Sept)	FFY 2007	FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	Totals
Russia (Ahiska Turks)	Russia, Turkish	26	3						29
Bhutan	Nepali						62	16	78
Burma (Ethnic Chin)	Hakha-Chin		7	10	1				18
Burundi	Kiswahili, Kirundi, French		22	58	1	10	4		95
Colombia	Spanish							17	17
Congo	French, Kiswahili, Kinyarwanda, Lingala		9		15	14	4	17	59
Eritrea	Tigrinya, some Amharic, Arabic, Kiswahili		6				41	33	80
Ethiopia	Amharic, Oromo, Tigrinya, Arabic, Kiswahili		1				20	24	45
Iran	Farsi, Dari	1							1
Iraq	Arabic			54	150	129	3	20	356
Ivory Coast	French						1		1
Liberia	English, Liberian dialects			5					5
Rwanda	French, Kinyarwanda, Kiswahili	11	10	5		22	11		59
Somalia	Somali		2						2
Sudan	Arabic and several ethnic dialects	2	19	22	11	7	5	12	78
Vietnam	Vietnamese	7		9	15	11			42
		47	79	163	193	193	151	139	965

Source: Catholic Social Services of the Miami Valley (2012).

Appendix C: Public Benefits Received by Refugees.

Type of Public Benefit	Refugees with Minor Children: Maximum Duration (beginning with U.S. entry date)	Refugees without Minor Children: Maximum Duration (beginning with U.S. entry date)
Ohio Works First (OWF) Cash Assistance ⁷	An initial 36-month period from the date of application with a possible extension of 24 additional months	N/A
Refugee Cash Assistance (RCA)	N/A	8 months
Refugee Medical Assistance (RMA)	8 months	8 months
Medicaid	7 years	N/A
Supplemental Security Income (SSI)	7 years	7 years
Food Stamps	Unlimited (income based)	Unlimited (income based)
Refugee Social (Employment) Services ⁸	5 years	5 years

Source: Catholic Social Services Refugee Resettlement Program (2012)

Appendix D: Organizations Interviewed

American Friends Service Committee
 Audacia (after school and summer program for refugee children)
 Catholic Social Action
 Catholic Social Services' Refugee Resettlement Program⁸
 Dayton Public Schools Habitat for Humanity
 East End Community Services High Impact Project
 House of the People (Rwandan housing)
 International Program of Miami Valley Career Tech. Center (adult ESL for refugees)

Missing Peace (Art) Gallery
 Montgomery County, Children's Services
 Montgomery County, Job and Family Services
 Project Congo
 Public Health, Dayton & Montgomery County
 Reach Out, Montgomery County (public health clinic for uninsured patients)
 United Way
 University of Dayton, School of Law
 YWCA

⁷ Ohio Works First was established to provide time-limited cash assistance to eligible families through Ohio's Temporary Assistance to Needy Families program, which emphasizes employment, personal responsibility and self-sufficiency. Applications are processed at county departments of job and family services, and cash assistance is provided to eligible families for up to 36 months. For child-only cases, there are no time limits for cash assistance. Each county agency develops its own policies for hardship and good cause extensions. After a 36-month time limit, cash assistance is not available unless the county agency approves an extension. A family may apply for a hardship extension at any time after its 36-month time limit has ended. A family may apply for a good cause extension after a 24-month waiting period following the 36-month time limit.

⁸ Note: Nine administrators and case managers were interviewed.