



# COVID-19 REFUGEE COMMUNITY IMPACT REPORT



**San Diego Refugee Communities Coalition**  
September 2020

# Acknowledgments

**San Diego Refugee Communities Coalition members who assisted with survey design and administration and participated in key informant interviews:**

- African Coalition Workforce
- Haitian Bridge Alliance
- Horn of Africa, Inc.
- Karen Organization of San Diego
- License to Freedom
- Partnership for the Advancement of New Americans
- Majdal Center
- Refugee Assistance Center
- Somali Bantu Community of San Diego
- Southern Sudanese Community Center of San Diego
- United Women of East Africa Support Team

**Partners whose resources were leveraged to support this work:**

- Alliance Healthcare Foundation
- Price Philanthropies
- San Diego Unified School District, CalNEW Program grant
- The California Endowment
- The San Diego Foundation's COVID-19 Fund

**Technical assistance partners who developed and oversaw the assessment processes, analyzed the data, and drafted this report:**

- Nash & Associates
- University of California San Diego, Center for Community Health, Refugee Health Unit

**Volunteers and Interns**

- Andrew Blank and Sara Zhang for data analysis
- Magdalena Donea for graphic design
- Matthew Perry for data visualization

# TABLE OF CONTENTS

- Introduction ..... 1
- San Diego Refugee Communities Coalition ..... 2
- Survey Population ..... 3
- Significant Areas of Impact..... 6
  - Health Access and Physical and Mental Wellbeing..... 7
  - Employment, Income, and Basic Needs ..... 9
  - Housing Stability..... 12
  - Education and Youth Development..... 13
  - Social Connections and Resiliency ..... 17
- Focus Group Themes..... 19
- Call for Action and Allyship ..... 21

# Introduction

**The purpose of this assessment is to gain a better understanding of the scale and scope of the pandemic's impact on refugee communities, to inform solutions that meet immediate needs and address historic social and health inequities, and to mobilize action from mainstream systems and community partners.**

San Diego County has a well-established reputation as a primary destination for refugees seeking to establish a new home in the United States. There were approximately 12,000 arrivals in the 1980s and 18,000 in the 1990's according to Office of Refugee Resettlement data reporting in a 2006 Brookings Institute Report.

Between October 2009 and September 2017, 50,002 refugees entered the State of California. More than forty percent of these arrivals (n=20,458) were resettled in San Diego County. By comparison, Los Angeles County resettled 12,632 refugees during this same period<sup>1</sup>. An additional 2,229 refugees, asylees or special visa holders were resettled in San Diego between October 2017 and January 2020<sup>2</sup>. These numbers do not include arrivals prior to 2009, or secondary migration from other Counties or States<sup>3</sup>. The majority, more than 80%, of San Diego's refugees since 2000 have come from the following countries: Afghanistan, Burma, Democratic Republic of Congo, Eritrea, Ethiopia, Haiti, Iraq, Somalia, Syria, and Sudan.

The San Diego Refugee Communities Coalition's COVID-19 Community Impact Assessment is the result of an unprecedented effort by ten ethnic-community based organizations, University of California San Diego Community Health Center's Refugee Health Unit, and local consultant Valerie Nash, to develop and deliver a comprehensive assessment that answers the question *"How is the COVID-19 Pandemic Impacting families within San Diego's Refugee Communities?"*

The assessment process consisted of:

- Survey instrument creation and review for issues of cultural sensitivity.
- Recruitment and training of more than 20 staff and volunteers by SDRCC members to administer the survey.
- Phone or in-person survey administration with 306 families representing 18 countries from Africa, Middle East, Central and South Asia and the Caribbean. The survey was administered in 12 languages.
- A focus group session and individual key informant interviews with 11 community leaders.

---

<sup>1</sup> California Department of Social Services State Summary Reports by FFY, retrieved from <https://www.cdss.ca.gov/inforesources/refugees/reports-and-data/arrivals-data>

<sup>2</sup> San Diego County Refugee Arrivals Reports 2017/18, 2018/19 and 2019/20 retrieved from [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/sd/community\\_action\\_partnership/OfficeofRefugeeCoord2.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/sd/community_action_partnership/OfficeofRefugeeCoord2.html)

<sup>3</sup> From 'There' to 'Here': Refugee Resettlement in Metropolitan America", retrieved from [https://www.brookings.edu/wp-content/uploads/2016/06/20060925\\_singer.pdf](https://www.brookings.edu/wp-content/uploads/2016/06/20060925_singer.pdf)

# San Diego Refugee Communities Coalition

**Mission:** The San Diego Refugee Communities Coalition will lead coordinated action to ensure that individuals and families from refugee communities throughout San Diego County are healthy, safe, and thriving.

The San Diego Refugee Communities Coalition (SDRCC) is a collective of ethnic-community based organizations (ECBOs) located within San Diego County. Members have been on the front lines of providing essential services to low-income disenfranchised refugee families for years. Collectively SDRCC members serve thousands of some of San Diego's most vulnerable residents.

The [Office of Refugee Resettlement \(ORR\)](#) defines an ECBO, as a “non-profit organization that was founded and is led by a current or former refugee, or a group of current and former refugees and immigrants, primarily for the advancement of refugees.” According to the [Migration Policy Institute \(MPI\)](#), ECBOs are regarded as culturally and linguistically competent providers and are apt in identifying and responding to the needs of diverse refugee and ethnic populations in short-, medium-, and long-term integration efforts. ECBO service provisions generally include: Case Management; Community Engagement and Advocacy; Emergency Relief; Employment Facilitation; Health Education and Promotion; Information and Referral; Interpretation and Translation Services; Social and Cultural Services; Youth Empowerment Services.

SDRCC was formally established in September 2019 following a yearlong planning process funded by The California Endowment. This process surfaced a clear need for improved outcomes and reduced disparities across multiple health and socio-economic indicators, and for a coordinated approach among ECBOs towards achieving these outcomes.

SDRCC members come from diverse backgrounds and cultures. They represent refugee and new immigrant communities of East African, Middle Eastern, Central and South Asian, and Haitian backgrounds. Member organizations as of September 2020 are:

- African Coalition Workforce
- Haitian Bridge Alliance
- Horn of Africa, Inc.
- Karen Organization of San Diego
- License to Freedom
- Majdal Center
- Partnership for the Advancement of New Americans
- Refugee Assistance Center
- Somali Bantu Community of San Diego
- Southern Sudanese Community Center of San Diego
- United Women of East Africa Support Team

UC San Diego Center for Community Health's Refugee Health Unit (RHU) facilitated the planning process and serves as the "backbone" organization for the SDRCC. Founded and led by Amina Sheik Mohammed, RHU's role is to:

- Coordinate coalition meetings and facilitate collaborative decision making and planning
- Develop and oversee community based participatory action research, assessments, evaluation, and performance measurement.
- Build capacity through training, technical assistance, leadership support and coaching
- Conduct outreach to community partners and stakeholders to engage in development and delivery of strategies that improve outcomes for refugee communities.

## Survey Population

### REFUGEE FAMILY PROFILE

**Family A** lives in City Heights and is comprised of a mother and four children between 4 and 17 years. The family's income has not been impacted by COVID-19. However, as a single parent receiving public assistance, the mother struggles financially. The family lives in a two-bedroom apartment and spends more than 50% of their monthly income on housing costs. During COVID-19 they have received donations of emergency food and personal protective equipment.

Mother identified five major and three minor barriers to healthcare access : Concern of being exposed to COVID-19, language barriers, no translation, transportation, lack of childcare, finding the medical system confusing, prior negative experiences and concerns about privacy. Mother is fearful of losing custody of her children to child welfare services if she contracts COVID-19. Mother noted multiple health impacts and stressors: *Getting less physical exercise; More worried or anxious than usual; Not getting enough sleep; Not taking care of myself; Feel isolated or lonely; and Cancelled or not attended medical appointments.*

Children have received learning devices from their schools. However, there are problems with internet speed and Mother needs help navigating these new technologies and addressing technology problems. The children don't have private spaces to take part in distance learning activities. Feelings about online learnings are mixed, Mother is concerned about the amount of screen time but is satisfied with amount of online resources that are being provided. Her major concerns are for her physical and emotional health and that of her children, impact on children's education, and ability to connect to community and supportive services. Two sources of support were noted: refugee organization and friends. When asked what would help most at this time, her responses were general financial assistance, emergency food and in-person support.

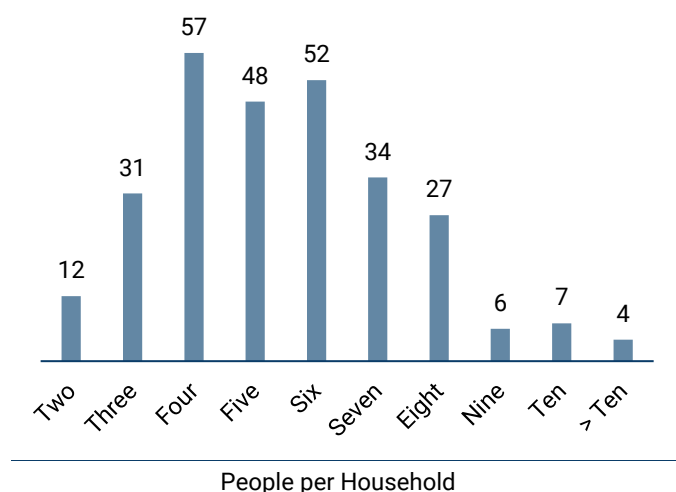
Most individuals who completed the survey interview were clients of SDRCC member organizations who conducted outreach. The exception being 34 respondents from the Afghani community who were recruited through outreach by a Grossmont Union School District community liaison.

One adult representative per family completed the survey. More respondents were women (63%) than men (27%). Seven surveys were completed by single women (family of 1) and 40 by single mothers. Ten surveys were completed by single men and 10 by single fathers. Surveys took approximately 30 minutes to complete and respondents received a \$20 gift card to thank them for their participation.

The 306 families who participated in the assessment represent more than 1,400 residents, of which at least half are under age 18: approximately 500 are school age and 200 are 5 and under.<sup>4</sup> The average family size is 5.2 individuals. Forty-four families (15%) could be considered large, with 8 plus members. Eleven families reported 10 or more members.

### Household Size

Number of Households



<sup>4</sup> 275 families answered the question on the number of individuals under age 18, including 31 who indicated that they had no children. The combined total of children reported was 696.

## REFUGEE FAMILY PROFILE

**Family B** has lived in El Cajon for less than 5 years. Father is self-employed, mother is a full-time caregiver. They have four school-age children including one child who has special needs. COVID-19 has impacted their income (approximately \$1,000 or 30% less), access to healthcare and social emotional wellbeing. The family has not been able to pay full rent and is concerned about eviction.

Three major and one minor barriers to healthcare access were noted: concerns of being exposed to COVID-19, language barriers, finding the medical system confusing, and transportation. Father noted multiple health impacts and stressors: *Not been able to pay all my bills; More work-related stress; Not getting enough sleep; Not eating as well; More worried or anxious than usual; Not taking care of myself; Do not feel safe in the community; and Experienced discrimination, verbal harassment, physical threats.*

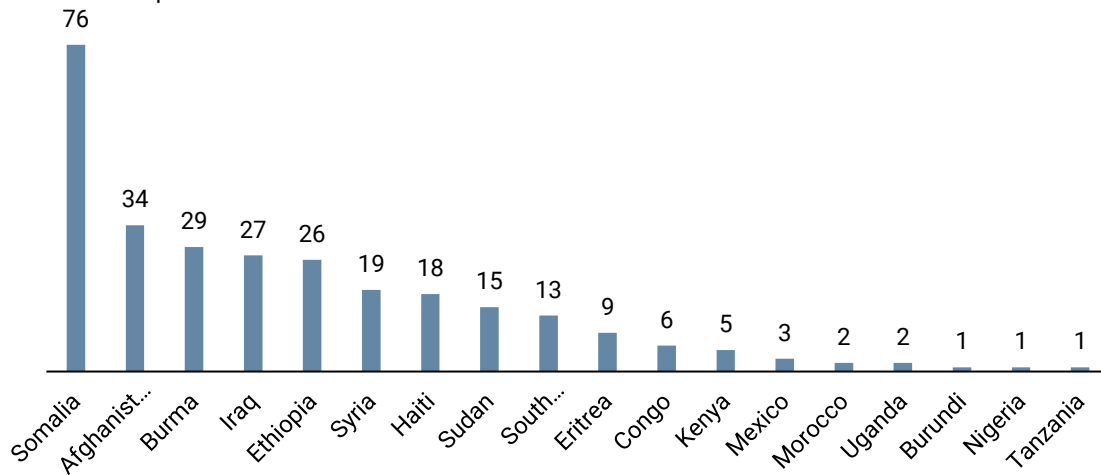
The family noted that they have received computers from their school district, assistance with Wi-Fi and have received Pandemic-EBT. However, they have difficulties communicating with their children’s schools because of language barriers and they cannot provide enough quiet spaces for learning. All the children, particularly the child with special needs, are struggling with online learning and not having enough physical activity. Father identified multiple sources of support including faith, family (spouse and children), friends and children’s teachers. When asked what would help most at this time, responses were general financial assistance, support to avoid eviction, and emergency food.

Most families (73%) live in one of four zip codes 92105 (n=76), 92115 (n=53), 92021 (n=36), 92020 (n=30). Twenty-three other zip codes were represented. Most families live in the Central (166 or 62%) or East (95 or 35%) regions of the County.

A total of 18 countries of origin were provided by respondents. The most common country of origin was Somalia, followed by Afghanistan and Burma. Eight countries met a minimum standard of 15 respondents which will allow for future analysis of responses based upon country of origin.

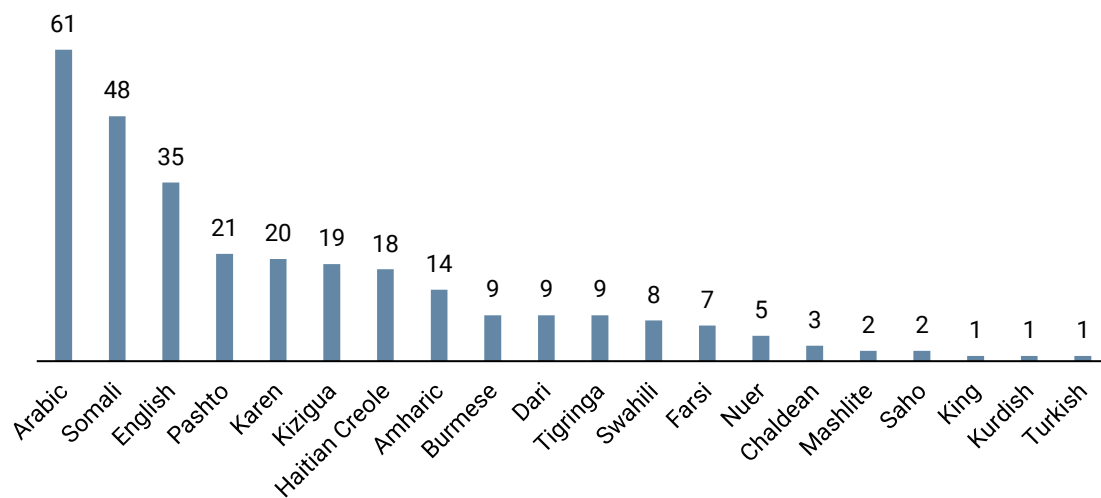
**Country of Origin**

Number of Respondents



**Primary Language Spoken in the Home**

Number of Households



The families surveyed speak 20 different primary languages or dialects. The most common primary languages are Arabic (20.8%) and Somali (16.4%). Thirty-five households (11.9%) speak primarily English at home.



# Significant Areas of Impact

## Health Access and Physical and Emotional Wellbeing

- 30% of refugee families have cancelled or missed health appointments.
- The most prevalent barriers to access are fear of contracting COVID-19, language, and not wanting to use telehealth as an option to in-person visits.
- 40% of respondents are extremely concerned about the emotional health impacts of COVID-19.
- Concerns around vaccination hesitancy surfaced and need to be explored further.

## Employment, Income, and Basic Needs

- 42% of families (119) have at least one family member who has lost their job or were laid off because of COVID-19 and an additional 12 families (4.3%) have had to close a business.
- Three in four families have experienced a decrease in monthly income, with an average income decrease of 29% or \$846 a month.
- 70% of families are concerned about access to food, 23% being extremely concerned.

## Housing Stability

- 60% of families have been unable to pay their rent in full.
- 36% are afraid that they may be evicted once policies prohibiting evictions are lifted.
- There are disparities between different refugee communities and family composition with respect to unpaid rent and eviction concerns.
- Newer immigrant communities and larger families are at increased risk

## Education and Youth Development

- 85% of respondents with K-12 age children say that their children are not getting the support they need to participate in distance learning due to:
  - *privacy/space*
  - *technology and connectivity problems*
  - *not having enough computers*
  - *language barriers*
  - *parent capacity*
- Close to 30% of households have a family member age 18-24 who is not working or in school or college.

## Social Connections, Faith, and Resiliency

- 80% of families are concerned about the impact of COVID-19 on their ability to access places of worship.
- 71% of respondents say they are concerned about their ability to connect to friends and community.
- 80% of families reported having at least one source of support with friends, spouse, inner strength and faith and refugee organizations being the top four.



# Health Access and Physical and Mental Wellbeing

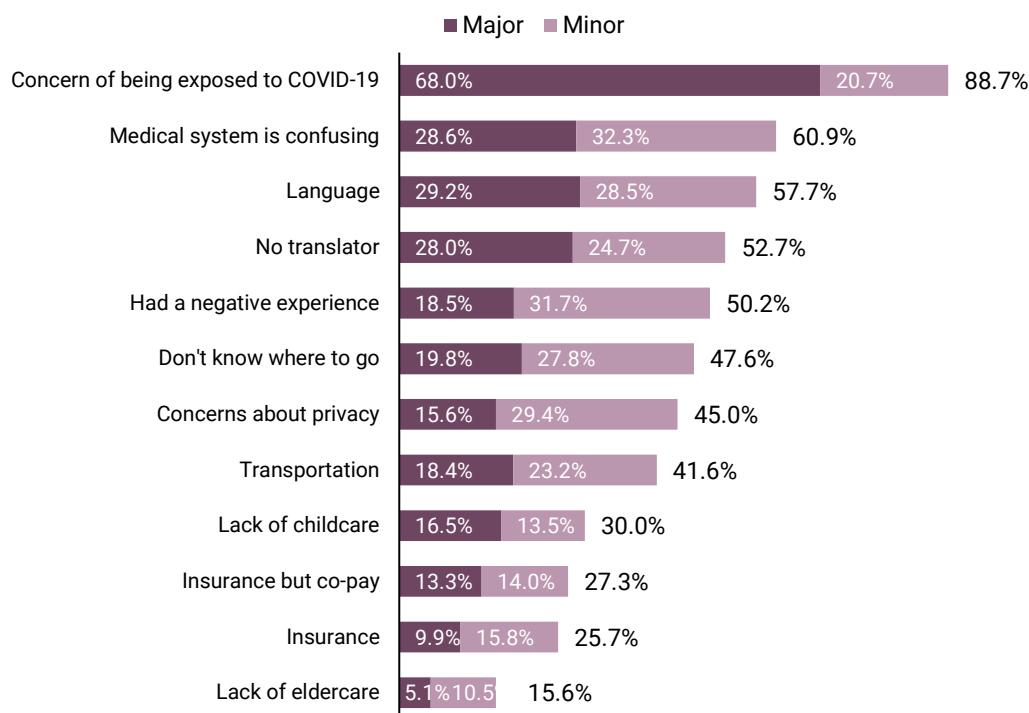
Fear of contracting COVID-19, and rejection of telehealth alternatives to in-person visits, are new barriers to healthcare access among an underserved population whose access was already compromised due to language, transportation limitations, and difficulties navigating complex systems of care.

COVID-19 is also having a toll on the physical and emotional wellbeing of refugees. Impacts include a range of social emotional stressors such as increased anxiety and feelings of isolation, as well as reduction in physical exercise and problems with sleeping and eating.

Fear of contracting COVID-19 is a barrier to accessing healthcare in general and is also causing many refugee families to cancel or not attend regular medical appointments. The next most cited major barriers to access to healthcare are that the medical system is confusing, language. Even though more than 90% of families said they have medical insurance, 27.3% said that insurance/co-pay is a barrier. Responsibility for caregiving is also a challenge for some families.

### Barriers to Healthcare

A major barrier is defined as one that stops the respondent from accessing healthcare; a minor barrier delays – but does not prevent – access to health services.



**Most respondents identified multiple impacts of COVID-19 on their health.**

6 out of 10	are getting less physical exercise
4 out of 10	are more worried or anxious
3.5 out of 10	are afraid to leave their house
3 out of 10	have cancelled or not attended medical appointments
3 out of 10	have not been able to get enough personal protective equipment
3 out of 10	feel isolated or lonely
2.5 out of 10	do not feel safe in the community
2 out of 10	are not eating as well

Smaller percentages of respondents indicated problems such as feeling hopeless, having difficulty concentrating and not having enough alone time.

Fifteen women (9%) indicated that one of the impacts of COVID-19 is they do not feel safe at home, confirming anecdotal reports of concerns of relationship abuse due to family stressors. One woman told her interviewer that she was experiencing domestic abuse and was referred for services.

A review of individual surveys indicates that families who indicated multiple major and minor barriers to healthcare access, were also likely to report multiple negative impacts, suggesting a subpopulation of families who are both under served and at increased risk (and with cumulative risk factors).

A follow-up question was asked of the 78 families (31.7%) who said that one of the impacts of COVID-19 was that they cancelled or did not attend a medical appointment. Fifty-nine respondents shared their reasons, the most common (n=45) being some variant of “afraid of contracting COVID-19”, the second most common (n=14) being a need or preference for an in-person appointment due to language barriers or concerns around privacy. Three respondents shared that they cancelled well-baby visits (for vaccinations) because they were concerned about the risk to themselves and the infant. Two families cancelled due to lack of childcare. Three families cancelled due to a need to quarantine or self-isolate because of symptoms or testing positive for COVID-19.

Despite concerns around contracting COVID-19, in-person appointments remain the preferred method of receiving medical care.

**Question: If you were to need a medical service at this time which would you prefer (choose one)?**

Answer Choices	Responses	
In person appointment	47.23%	128
Phone appointment	30.63%	83
Online or telehealth appointment	15.87%	43
In person drop in`	6.27%	17
TOTAL		271



## Employment, Income, and Basic Needs

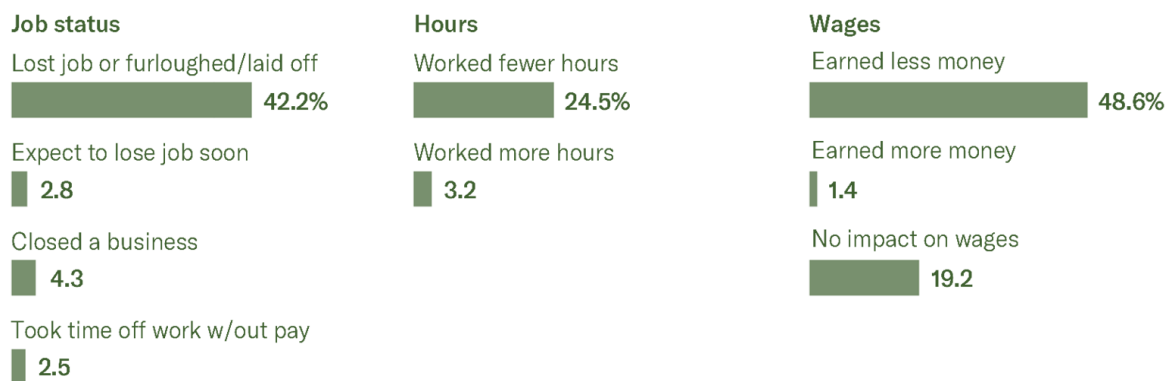
One of the biggest impacts of COVID-19 on refugee communities has been to create increased risks to their economic stability and self-sufficiency. Prior to COVID-19, members of refugee communities were more likely to be low-income, unemployed, or under-employed and to have struggles meeting day to day basic needs. Census data (2012-2016 American Community Survey) for Colina del Sol a neighborhood within in San Diego with a high concentration of refugees (includes part of zip codes 92105 and 92115) indicates that 51% of residents are foreign-born, 47.7% of residents are 100% below Federal poverty level, the medium income is \$27,410 and 44% of residents have less than a high school education<sup>5</sup>.

Refugee employment is heavily concentrated in sectors such as transportation, hospitality, and retail – all of which have been hard hit since March 2020. We also know that refugee families are living in zip codes with the highest unemployment rates in the Region. As of September 16<sup>th</sup>, 2020, unemployment rates in 92115 and 92105 were 16.5% and 16.4% respectively<sup>6</sup>.

Employment and income is the number one COVID-19 related concern among families, with 59% of respondents saying they are extremely concerned and another 39% saying they are somewhat concerned. Their concerns are well founded, with multiple negative impacts on employment and income being reported by families.

### Impact of COVID-19 on Employment

Percentage of respondents



<sup>5</sup> US census 2012-2016 American Community Survey retrieved from <https://statisticalatlas.com/neighborhood/California/San-Diego/Colina-del-Sol/Overview>

<sup>6</sup> UPDATE | September 16, 2020 COVID-19 Impact on the San Diego Regional Economy SANDAG, retrieved from [https://www.sandag.org/uploads/publicationid/publicationid\\_4707\\_28033.pdf](https://www.sandag.org/uploads/publicationid/publicationid_4707_28033.pdf).

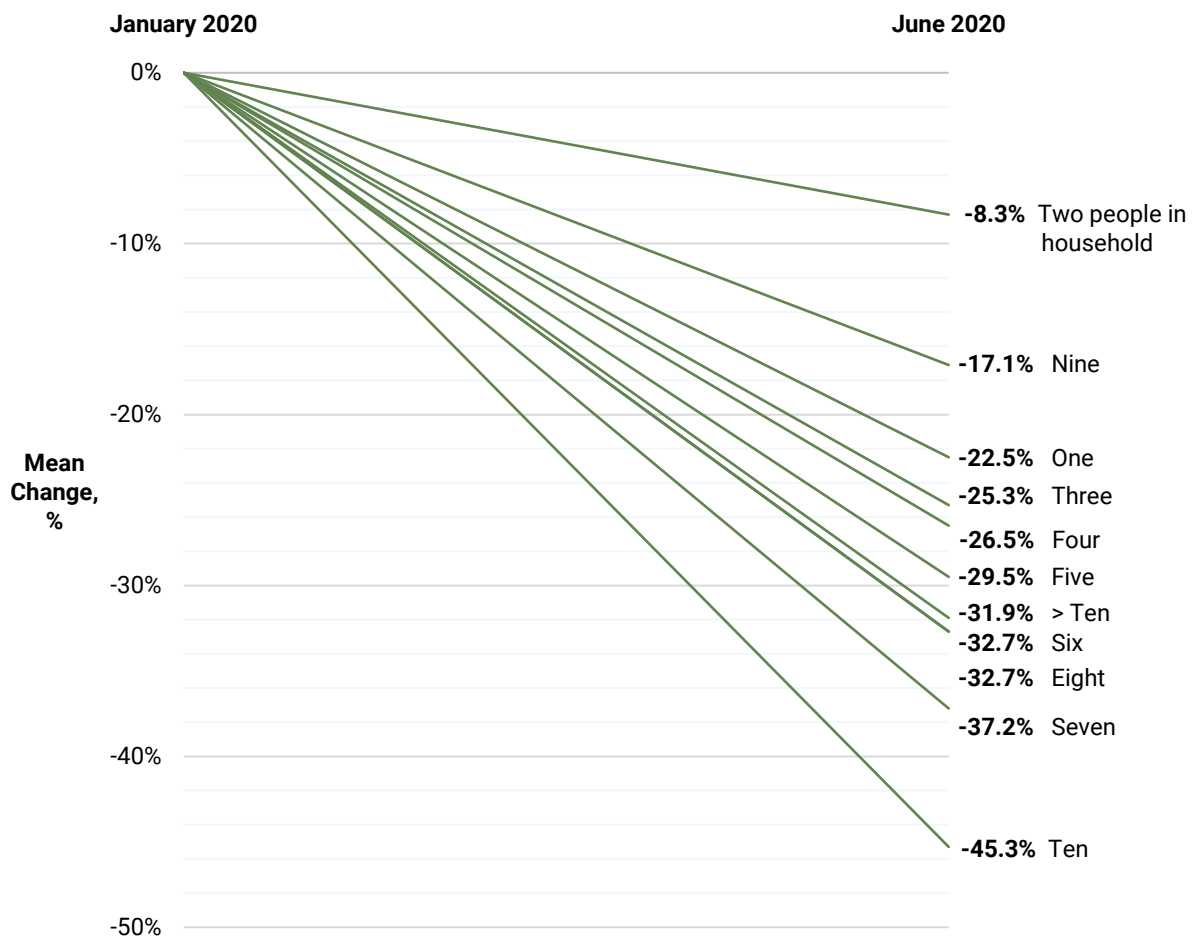
Close to half of the families who responded (n=137/282) indicated that they have earned less money since COVID-19 began: 119 individuals either lost their job or have been laid off, with an additional 8 respondents expecting to lose their job. Twelve respondents said that they have had to close a business due to COVID-19.

216 families provided estimates of family income in January 2020 (pre COVID-19) and in June 2020. Of these families, 74.5% (n=161) reported a loss in income with an average decrease of 29% or \$846 per month.

Closer analysis shows a correlation between family size and percentage of loss, with larger families tending to have a greater percentage drop than smaller families: Households with three, four, and five people lost an average of 25.3%, 26.5%, and 29.5% of their monthly income, respectively. Meanwhile, households with six, seven, and eight people lost 32.7%, 37.2%, and 32.7%. The largest impact was felt among 10 person households who experienced an average income loss of 45.3%.

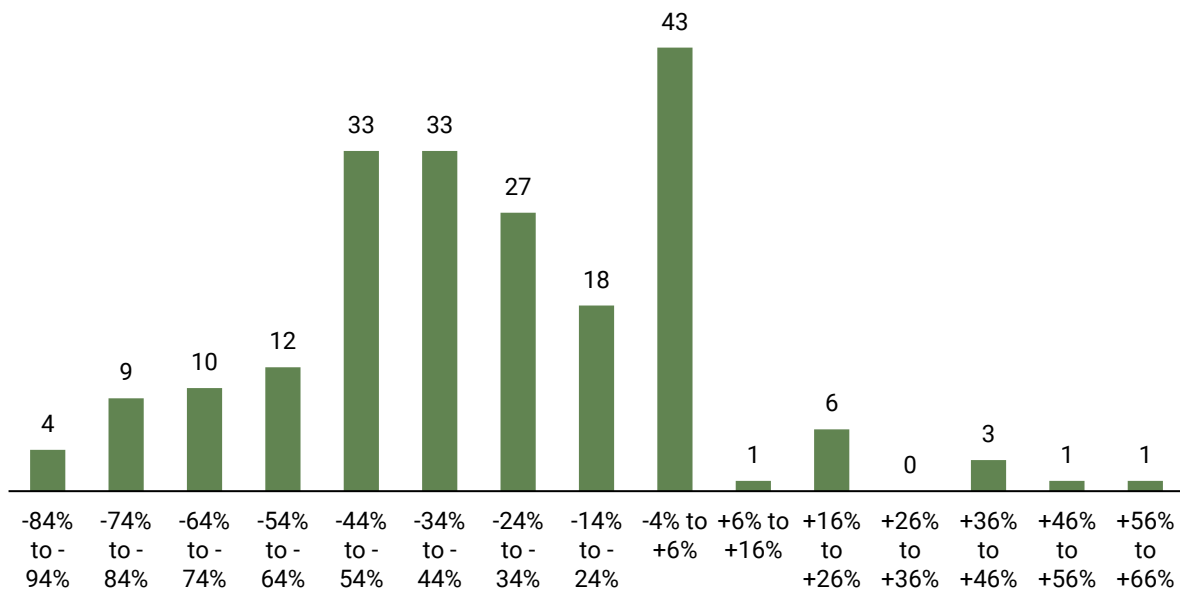
**Change in Income from January to June 2020 by Household Size**

Percentage of respondents



### Relative Monthly Income Change

Number of respondents



The vast majority, 87% reported receiving some form of economic assistance with the three most common being an economic stimulus check (61%), Pandemic EBT (60%) and unemployment assistance (41%). When asked which types of relief they have received 12% indicated “none, and we need some”. A small number, less than 2% indicated “none, we did not need any relief”.

Refugee organizations were listed as the most frequently used source of support for assistance with basic needs such as emergency food, supplies or cash assistance (43%), followed by government (40%), family members or friends (19%). Other sources of support include schools, employers, and mainstream service providers.

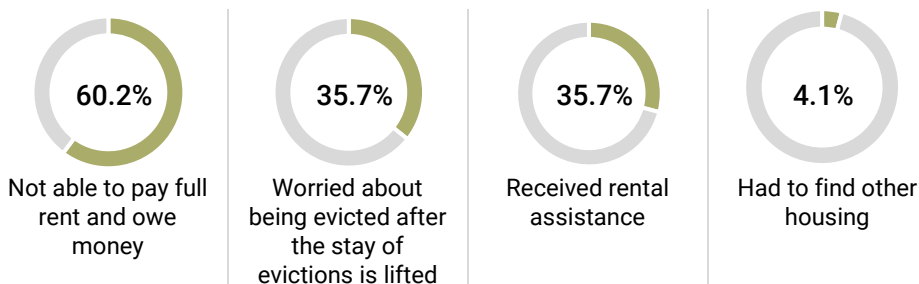
When asked about concerns around their ability to access enough food, close to 70% said they are either “extremely concerned” (22.7%) or “somewhat concerned” (46.2%). A deeper analysis of food security concerns indicated that more recent arrivals from Haiti, Afghanistan, Syria and Iraq were more likely to be extremely concerned about access to food. One possible reason being that families from Burma, Somalia and other African countries are connected to ECBOs who have food distribution programs.



Even prior to COVID-19, leaders within the refugee communities were seeing access to affordable housing as being one of the major barriers facing families. Families were accustomed to spending a high percentage of their monthly income on rent and living in substandard and overcrowded conditions. Many refugees were victim to predatory practices such as charging high late fees and requiring rent to be paid by cashier’s check.<sup>7</sup> Every year, thousands of families of color face evictions. According to the Legal Aid Society of San Diego, 2,341 San Diego residents called to receive assistance related to evictions during the period October, 1<sup>st</sup> 2018 through September 30th, 2019.<sup>8</sup> A disproportionate number of calls came from neighborhoods that have a higher share of racial minorities, with almost half (47 percent) coming from five zip codes that are predominantly low-income and non-white.

**Impact of COVID-19 on Housing**

Percentage of respondents



More than 60% of respondents said that one of the impacts of COVID-19 has been that they are unable to pay rent in full and owe money for rent. More than a third of respondents (35.7%) fear that they may be evicted once the policy prohibiting evictions is lifted. Nine families have had to find other housing. Initial analysis suggests that families who received rental assistance are less likely to owe rent or be worried about evictions. Housing stability is a concern for 73.9% of families, with 40% being extremely concerned.

Among countries of origin with fifteen or more households responding, Haitian (92.9%) and Afghan (72.4%) families were most commonly not able to pay rent, while Burmese (23.1%) and Iraqi (33.3%) families were least commonly not able to pay rent. Syrian (81%) and Sudanese (67%) families are the most worried about evictions and Somali families are the least worried (18%). Many of the comments provided by families in response to an open-ended question, reiterated concerns about paying rent with some making pleas for assistance. One individual wrote *“I was paying rent up until now, but now I can’t and since the rental assistance program is over, I do not know what I can do.”*

<sup>7</sup> Interviews with SDRCC Executive Directors, August 2020.

<sup>8</sup> Legal Aid Society of San Diego, 10/1/2018 - 9/30/2019 Number of Evictions Cases Opened.



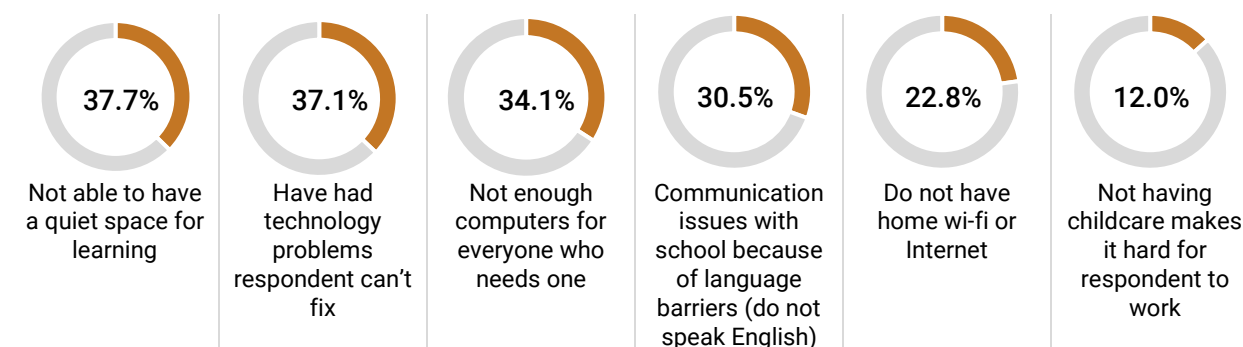
## Education and Youth Development

Students from refugee families face challenges and barriers to success that most of their peers do not. Many of these challenges and barriers are related to the socio-economic status of their families, cultural norms, past and present trauma, language, and limited access to the resources and networks needed to support their educational and developmental needs.

Notably, the survey identified gaps in support for their educational needs that are intersectional and dramatically compound the difficulties that all families have faced with schooling shifting to remote delivery.

### Impact of COVID-19 on Education

Percentage of respondents



Despite the best efforts of area school districts, many students from refugee families are not getting the support they need to successfully participate in distance learning. We know that at least 172 of the families surveyed have one or more school-age child,<sup>9</sup> and that of these families:

- 63 cannot provide their child a quiet place for online learning
- 61 have technology problems that they cannot fix
- 54 do not have enough computers or laptops for everyone who needs one
- 51 cannot communicate with their child's school due to language barriers
- 38 do not have home Wi-Fi or internet

A flaw in the survey design was that problems with internet speed/bandwidth or parent ability to support their child's educational participation were not included as potential challenges.

<sup>9</sup> Respondents skipped questions, especially towards the end of the interview, so the actual number of families with school-age children is likely to be higher. An earlier question indicates that approximately 90% of respondents were families with children age 18 or younger, a subset of which would be families who only have children 0 to 5 years.



However, several families (n=33) raised these as issues in response to the “any other challenges” option. The following are some sample comments –

*The internet speed is not sufficient and is expensive*

“ *Not enough internet or computers for all my children at same time, they share and take turns*

*The District is assuming that everyone knows how to use technology and we don't I am not able to help my children with their schoolwork*

Analysis based upon location indicates that a disproportionate percentage of families with school-age children who do not have wi-fi or sufficient number of computers are in the East region 43% (compared to 35% of the total families surveyed), the remaining 57% with access issues are in the Central region (compared to 62% of total families surveyed). There has been follow-up with San Diego Unified District regarding these concerns, and the District has indicated that they will work with ECBOs to ensure that students have access to computers<sup>10</sup>. This report will also be shared with East region school districts<sup>11</sup>.

When asked what their main educational concerns were, parents focused more on health and social emotional concerns than academic ones. Refugee leaders suggest that this is because these are day to day issues that are impacting child and family wellbeing right now, as opposed to future learning impacts.

The number one concern is risk of contracting COVID-19, followed by children missing friends and not getting enough physical activity. Other areas of concern, which are culturally influenced according to refugee leaders, relate to concerns around increased access to social media and increased amount of screen time. The statement that parents disagreed with most, and most strongly, was “my children enjoy learning from home.”

Parents expressed mixed feelings around school district communication and support:

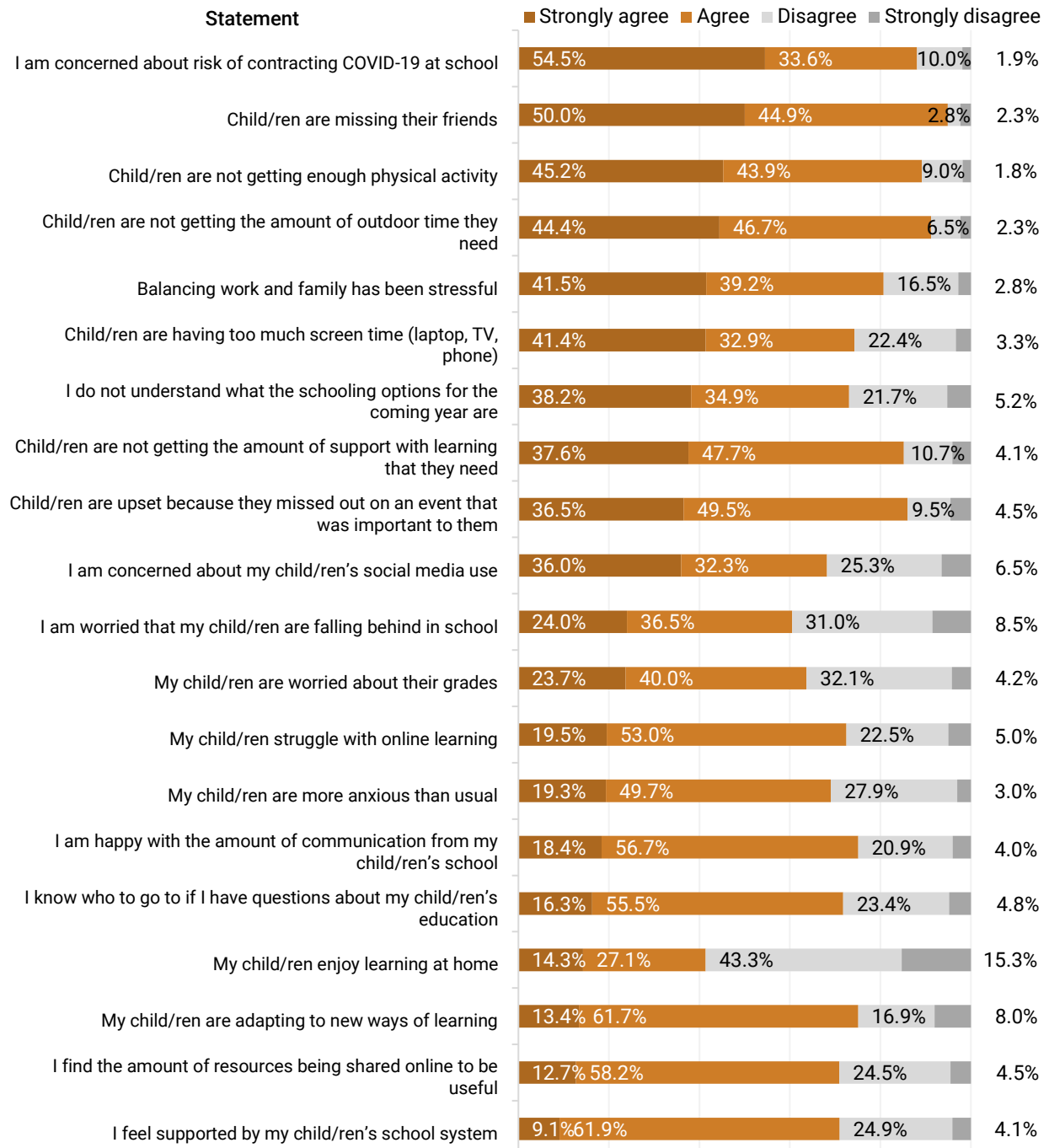
- 75% say they are happy with the amount of communication from schools
- 71% say they know who to go to with questions, that they feel supported by their school district, and that they find the amount of resources that are being shared to be useful
- 85% say that their children are not getting enough support with online learning
- 73% say that they do not understand what the school district options for the coming school year are

<sup>10</sup> Resources from SDUSD's CalNEW program were leveraged to support completion of this assessment.

<sup>11</sup> Majority of families provided contact information or can otherwise be identified by the ECBOs.

**Education Concerns**

Percentage of respondents with one or more school-age child



In terms of types support that families have or are receiving, the most reported source by far was P-EBT funding<sup>12</sup> (165 families indicated they received this funding). Aside from financial support, families also reported receiving assistance from school districts: online learning resources (43%), coordination of zoom classes or tutoring (41%), provision of a lap top (31% or 61 families), provision of school supplies (31%), provision of Wi-Fi or Hot-Spot (17.5%). Fifty-three families said that a teacher, counselor, or school social workers has reached out to them directly.

The four most common sources of information regarding education resources and services are

1. Friends and family
2. Refugee organization
3. Emails or other communication from school
4. News organizations

At the request of refugee leaders and members of a youth leadership group<sup>13</sup>, a non-COVID-19 specific question was added to the survey regarding engagement of older youth in employment or post-secondary education. The question was: *Do you have any members of your household between the ages of 18 and 24 who are not working nor going to school/college?* 81 families representing 30% of those who answered the question answered “yes”, suggesting a sizeable population of youth who could be considered “opportunity youth” or “disconnected youth.”

A follow-up question was asked - *Would you be interested in getting information about future services for these young adults, for example a work training program or paid internship?* If so please enter your phone number in the text box provided – 63 families provided contact information and an additional 48 families indicated they were interested but did not provide information.

---

<sup>12</sup> The San Diego Hunger Coalition provided a small \$5,000 grant to members of SDRCC to assist in spreading the word and to help families with their P-EBT applications.

<sup>13</sup> UWEAST’s Making Connections Men and Boys Group



## Social Connections and Resiliency

Social distancing and “stay-at-home” orders have been in place since March 2020. These measures, while necessary to containing the spread of COVID-19, present significant challenges to community resilience and social connections. This is especially the case for San Diego’s refugee communities who are:

- linguistically isolated
- less technologically literate
- less connected to, or trusting of, mainstream resources

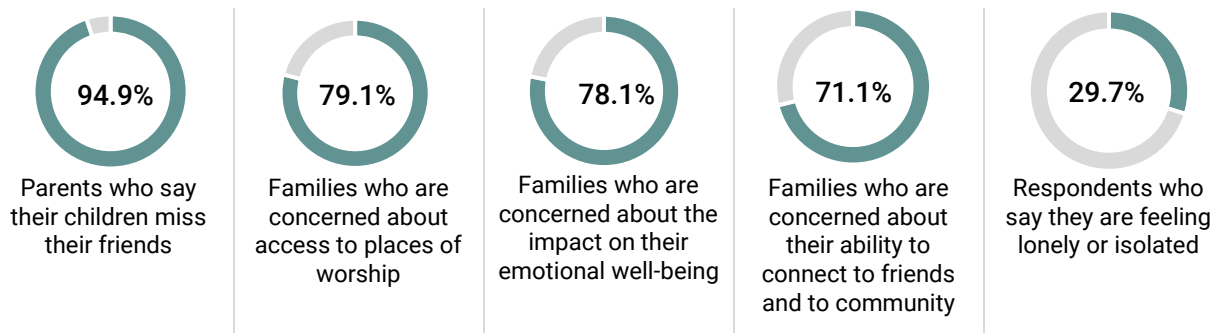
and who, as previously discussed, are struggling with disproportionate economic impacts.

A major finding of this report is the extent to which refugee families rely on institution of faith as sources of support. Four out of five respondents said that they were concerned about access to places of worship (43.5% extreme concern and 35.6% some concern).

Refugee families are also concerned about the social-emotional toll of COVID-19.

### Impact of COVID-19 on Social Connections, Faith, and Resiliency

Percentage of respondents



At the conclusion of the survey, families were asked if they wanted to share anything about their experience. Many chose to share expressions of hope and optimism or to say that they are grateful for the support they have received from specific programs and providers. Others chose to highlight the negative impact that COVID-19 is having on them.



*Too much stress, having trouble contacting friends, don't have support because of language and everything is awful.*

*We are just like everyone else, we are being patient and hoping for good things to come.*

*My neighbors are scared to come together, and this is not healthy.*

*My family is upset and having a hard time.*

*I feel pain all over my body and feeling isolated.*

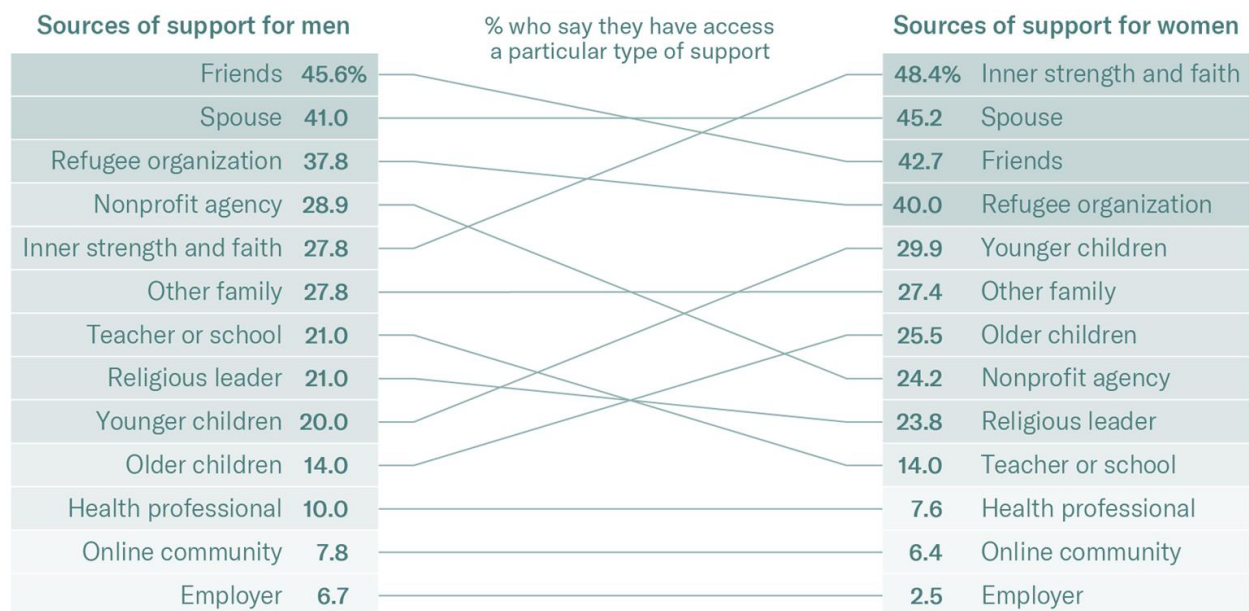
*I need help with rent. PLEASE.*

*I have a stressful life, cannot work with fear of Corona virus and my children are upset being at home.*

When asked about sources of support that were helping them deal with COVID-19 stressors, close to 80% (241) respondents were able to identify at least one source of support (the remaining 20% skipped the question). Women were more likely to identify multiple sources of support, with inner strength and faith as the most common. Men identified fewer sources and were more likely to rely on friends. The second most common source of support for both men and women was their spouse.

### Sources of Support to Help Deal with COVID-19 Stressors

Percentage of respondents by gender



# Focus Group Themes

In addition to the survey, a focus group and individual interviews were conducted with the SDRCC Executive Directors. The following is a summary of the COVID-19 related stressors and risk factors discussed, for the most part these observations are in line with survey findings:

---

**Very overcrowded conditions, large families are living in small apartments.**

Lack of space and privacy to study, work, pray and conduct regular daily activities. There have been outbreaks of COVID-19 in the Burmese community (35 cases in the first week of August), including cases where entire families including children and seniors live in the same small apartment, as well as 7 cases in the Somali Bantu community which have highlighted how extremely challenging it is to implement effective home isolation measures under these conditions.

---

**Financial stressors have hit refugee communities hard.**

Many refugees are working in service industry as Uber or taxi drivers or in hotels and retail. Loss of income is causing food insecurity. Families are unable to pay their full rent and have concerns that once the restrictions on evictions are lifted they will be facing homelessness. Refugee families and small business owners have struggled to access available resources because the process was confusing or in the case of Payroll Protection Program religious restrictions on paying interest presented a barrier to Muslim business owners.

---

**High emotional toll is causing rising levels of anxiety and depression.**

Communities typically do not want to talk about mental health concerns, so this is often presented as somatic symptoms – insomnia, loss or increase of appetite. Typical strategies for coping and connecting among refugees involve boys, men, girls, women gathering in same gender groups or with extended family. Faith based institutions are also a source of support that is not available, and this is difficult for many people. Lack of access to these strategies is causing stress and tension with family relationships. There are reports of increased domestic violence as well as alcohol use and drug use in some communities, especially among younger males.

---

**No or limited English language proficiency is limiting access to information, many people are relying on word of mouth which can be unreliable and perpetuate feelings of anxiety, helplessness, and confusion.**

The overall sense of confusion experienced by English speaking communities around COVID-19 response has been exacerbated within refugee communities due to language barriers and lack of coordinated delivery of information in multiple languages and dialects.

---

---

**Families and children are struggling to adapt to an online learning environment.**

Families with school-age children are concerned about the impact that school closures and changes to how education is delivered will have a long-term impact on learning. Community leaders are concerned that inequities that existed pre COVID-19 will be exacerbated. Many families have received laptops and supplies from their school district. Families who have been in the country for less than five years are receiving peer navigation services through CalNEW programs at San Diego Unified School District. These services are valuable, but they are insufficient to meet the needs of refugee families and students during this time. Non-English-speaking families are especially struggling to understand communications regarding online learning and school plans, students of all ages are finding it difficult to study, complete assignments or participate in zoom sessions. As the new school year approaches, refugee communities are anxious of the risk of exposure to COVID-19.

---

**The issue of stigma around communicable disease is a significant barrier to accessing testing and treatment.**

Many of the refugee communities that have settled in San Diego come from countries with high rates of tuberculosis (TB), TB stigma is prevalent and influences decisions about illness disclosure, provider choices and treatment protocols – with those that offer the most privacy preferred. SDRCC members are concerned that there will be similarities in response to COVID-19, wherein families will not disclose or be fully honest about risks or symptoms. There is discussion within San Diego's African refugee communities about use of medicinal plants such as Artemisia annua and other herbs and plants as an effective treatment for COVID-19. The approach to stigma and use of traditional and alternatives practices will require considerable sensitivity and targeted messaging.

---

**Confusion regarding medical systems, lack of comfort with technology and concerns around privacy is resulting in many refugee families not accessing healthcare services.**

Pre COVID-19 members of refugee communities were accessing services at community health centers and clinics – often supported or accompanied by navigators or outreach workers. Refugee communities have not responded enthusiastically to telehealth opportunities – there are a variety of reasons for this including language barriers, lack of access to computer or Wi-Fi, and mistrust of technology especially with sensitive health information. SDRCC members shared extremely concerning situations in which family members have been sick and having symptoms that would warrant testing for COVID-19 and they have not accessed healthcare. In one case there was an unfounded fear that if a family member tested positive, they might face deportation. In another the male head of household did not feel equipped to take care of the children without the full support of his wife and did not want to face the possibility that she was sick. In one case the family did reach out for care but the language barrier prevented the individual from receiving needed treatment and her condition worsened (sadly the mother in this case succumbed to her illness which was not COVID-19 and passed away).

---

# Call for Action and Allyship

Current or Pending Efforts and Activities That Can Be Leveraged	Immediate Needs and Requests	Long Term Investments That Support System Change
<b>Health Access and Physical and Emotional Wellbeing</b>		
<p>County of San Diego HHS has contracted with SDRCC (UWEAST as lead) to provide Community Health Outreach and Education services. ECBOs have hired 16 part-time bilingual Community Health Workers (CHW).</p> <p>Additional funding for behavioral health supports are anticipated to be released soon.</p> <p>Community clinics and health networks are building capacity for telehealth and improved access for marginalized and underserved populations through various approaches.</p>	<p>Expand and sustain the role of CHWs as cultural brokers and navigators, and to ensure equitable access to healthcare education and resources that include COVID-19 vaccinations.</p> <p>Initiate an outreach and education campaign to address barriers among refugee communities to utilizing telehealth.</p> <p>Identify opportunities for partnerships between healthcare providers and systems and ECBOs that leverage existing resources</p>	<p>Provide support to University of California San Diego, Center for Community Health, Refugee Health Unit to sustain their role as backbone to SDRCC and to meet capacity building needs of ECBO members.</p> <p>Support further health needs assessments and invest in culturally responsive, trauma informed services and treatment.</p> <p>Develop comprehensive and targeted approaches that meet the unique needs of refugee communities with respect to healthcare access.</p>
<b>Employment, Income, and Basic Needs</b>		
<p>San Diego County Refugee Families COVID-19 Emergency Fund is established and has distributed more than \$247,000 as emergency grants to 540 families. <i>United Way of San Diego County San Diego Worker Assistance Initiative and San Diego COVID-19 Community Response Fund administered by The San Diego Foundation both contributed to this fund.</i></p> <p>Individual ECBOs as well as faith based and other community partners have emergency needs distribution programs (food, diapers, supplies).</p> <p>Financial resources for businesses include the Federal Payroll Protection Program, business relief loans or grants and San Diego</p>	<p>Donate to San Diego County Refugee Families COVID-19 Emergency Fund. <a href="https://www.panasd.org/covidfund">https://www.panasd.org/covidfund</a></p> <p>Donate funds or resources to a local ECBO to support programming that assists families with basic needs and addresses gaps in food security services based on geography, country of origin and length on time in the USA.</p> <p>Assist ECBOs in ensuring that refugees who are financially impacted have access to available resources through support of bilingual case workers or benefits navigators.</p>	<p>Ensure that voices of refugee communities are represented during regional economic development and planning activities.</p> <p>Initiate cross-sector collaboration between ECBOs and the workforce development sector to establish greater access to training that puts refugees on path to family sustaining-jobs as opposed to immediate placement in low wage jobs.</p> <p>Support post-secondary education initiatives and scholarship opportunities aimed at refugee communities.</p>



Current or Pending Efforts and Activities That Can Be Leveraged	Immediate Needs and Requests	Long Term Investments That Support System Change
<p>County COVID-19 Small Business and Nonprofit Loan Program.</p> <p>Resources for individuals and families include Pandemic EBT, Unemployment Insurance, <a href="#">Pandemic Emergency Unemployment Compensation</a> and Lost Wages Assistance Program.</p>	<p>Support targeted outreach and navigation services to help refugees who have lost their job or had to close their business access training, income support and other opportunities.</p>	<p>Advocate for continuation of the Pandemic EBT program and other similar efforts.</p>

**Housing Stability**

<p>County of San Diego Emergency Rental Assistance Program provides one-time grants of up to \$3,000 to cover a maximum of two months’ rent for eligible households financially impacted by the COVID-19 pandemic. Applications accepted through October 8<sup>th</sup>.</p> <p>The State’s temporary eviction ban prohibits evictions of most rental housing tenants until February 1, 2021, if a tenant experiences financial distress due to COVID-19.</p> <p>The Housing is Key <a href="#">campaign</a> run by the Business, Consumer Services and Housing Agency aims to help Californians stay in their homes and understand housing options during COVID-19 and beyond.</p>	<p>Sustain rental relief programs beyond October 2020.</p> <p>Engage with ECBOs to help families navigate rental relief and other housing resources, and to assist them in completing application forms which are often not translated into primary languages of refugee communities.</p> <p>Fund legal advice and support for refugee families to prevent illegal evictions and to protect against predatory practices and tenant rights violations.</p>	<p>Create a San Diego Tenant Protections Board to support implementation of AB 1482, Tenant Protection Act of 2019.</p> <p>Create a Citywide rental registry that will track rental vacancies and provide a uniform application process.</p> <p>Create a simplified process for applications for affordable housing opportunities.</p> <p>Ensure that unique needs of refugee communities are considered when planning to prevent homelessness and meet needs for affordable housing – i.e. to meet the need to accommodate large and multi-generational families.</p>
---	---	--

**Education and Youth Development**

<p>State funded CalNEW and Refugee School Impact Grant programs offer services for students and families who have been in the US less than 5 years.</p> <p>Area school districts are all implementing distance learning programs that are providing devices and assisting with access to Wi-Fi.</p> <p>The Equitable Distance Learning Taskforce, initiated and led by the <a href="#">Classroom of the Future Foundation</a> and <a href="#">San Diego for Every Child</a>, in conjunction with the San</p>	<p>Conduct follow-up with students who do not have a chrome book or other learning device, or whose families have internet connectivity challenges, to provide in-home internet service from broadband or satellite providers and connectivity vouchers.</p> <p>Support access to bilingual parent navigation, digital literacy training and tech support services for families from refugee communities whose children are struggling to adapt to distance learning.</p>	<p>Expand partnerships between school districts and ECBOs and extend services (family support, navigation, tutoring etc.) to students who have been in the US for longer than 5 years.</p> <p>Implement best practice strategies in supporting refugee student success as determined by San Diego Unified School District 2019 Refugee Student Research Report:</p> <ul style="list-style-type: none"> <li>○ Create welcoming learning environments.</li> </ul>
--	---	---

Current or Pending Efforts and Activities That Can Be Leveraged	Immediate Needs and Requests	Long Term Investments That Support System Change
<p>Diego County Office of Education, is working to regionally prioritize both technological and non-technological needs of school-age students and their families across our community<sup>14</sup>.</p> <p>Schools and teachers are providing online learning resources, supportive services and meals that can be picked up from neighborhood schools.</p> <p>Workforce Investment Opportunity Act funded youth employment programs.</p> <p>Individual ECBOs have youth focused programming.</p>	<p>Initiate cross-sector collaboration between San Diego Workforce Partnership, the San Diego Regional Economic Development Center and SDRCC to develop work-readiness and career development opportunities for refugee youth.</p>	<ul style="list-style-type: none"> <li>○ Support development of English proficiency.</li> <li>○ Provide trauma-informed care and address social-emotional well-being. Engage and support refugee parents and families.</li> <li>○ Provide opportunities for positive youth development, leadership, and civic engagement.</li> <li>○ Initiate gender specific services to meet unique needs of refugee girls.</li> <li>○ Provide training and support to educators and providers.</li> </ul>

**Social Connections, Faith, and Resiliency**

<p>ECBOs are reaching out to mosques and other faith-based entities and ethnic social groups for emergency and urgent public health communication as part of the current County of San Diego HHSA funded COVID-19 Community Outreach and Education Program.</p> <p>ECBO's have programming focused upon child, family, and community resiliency, and providing opportunities for social connections.</p> <p>Organizations such as Bridging Refugee Youth and Children's Services <a href="https://brycs.org/">https://brycs.org/</a>, and <a href="https://switchboardta.org">https://switchboardta.org</a> offer a wealth of resources including webinars and community outreach materials on a variety of topics relating to the unique risks and resiliencies of refugee communities.</p>	<p>Work with SDRCC to conduct further Community Based Action Research on intersections between factors such as social connections, experiences of compassion, importance of faith in building resiliency and reducing disparities in access to services and supports.</p> <p>Support programming focused on building and maintaining social connections for children, youth, and families from refugee communities.</p> <p>Sponsor events and activities that support and deepen intergenerational connections.</p> <p>Provide opportunities for leadership development and resident engagement in civil society and community service.</p>	<p>Address barriers to belonging and connectedness, and experiences of discrimination or judgement within social institutions and community spaces, through prejudice reduction interventions such as cross-cultural/inter-group contact, diversity training, and peer learning.</p> <p>Provide opportunities for fact-based public discourse to address negative perceptions and misunderstandings relating to refugees.</p> <p>Support the development of multi-purpose cultural centers and economic-social hubs in City Heights and El Cajon, as places that refugees and immigrants from various countries and communities can come together for informal gatherings, recreational activities, workshops and cultural celebrations with music, art and food.</p>
--	---	---

<sup>14</sup> <https://www.sandiegoforeverychild.org/beyond-the-hotspot/>

For more information about the San Diego Refugee Communities Coalition, or to explore partnership opportunities related to the findings of this report, please visit the SDRCC website [ucsdcommunityhealth.org/work/refugee-health-unit/san-diego-refugee-communities-coalition](https://ucsdcommunityhealth.org/work/refugee-health-unit/san-diego-refugee-communities-coalition) or contact:

Amina Sheik Mohamed at [asheikmohamed@health.ucsd.edu](mailto:asheikmohamed@health.ucsd.edu) or

Valerie Nash at [vnash@nashandassociates.org](mailto:vnash@nashandassociates.org)

