Refugee Community Plan: Des Moines 2014

Executive Summary
Introduction

Refugees are people who have suffered persecution or have a well-founded fear of persecution because of their race, religion, nationality, social group or political opinion. The United States refugee resettlement program was designed to provide humanitarian assistance by offering carefully-screened individuals an opportunity to restart their lives in the United States. Each year the President works with Congress to determine how many refugees will be allowed to resettle in the United States. Though there are an estimated 10.5 million refugees in the world, only 0.5% of refugees in the world are able to benefit from resettlement. Though some countries select refugees for resettlement based on their education, language abilities or professional qualifications, the U.S. prioritizes resettlement for refugees who are considered particularly vulnerable. These especially at-risk groups include single parents, survivors of torture and individuals who have lived in the harrowing conditions of refugee camps for decades.

Since 1975, when Iowa’s Governor Robert Ray established the Governor’s Task Force for Indochinese Resettlement, the state, non-profit service agencies, faith-based organizations, ethnic community-based organizations and charitable individuals across Iowa have assisted thousands of refugees to settle in a new land and start a new life. Though the humanitarian heart of the program remains the same, Iowa’s refugee resettlement program has transformed significantly in the past four decades.
Iowa’s History of Refugee Resettlement at a Glance

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<td>New security and processing procedures</td>
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<td>Low arrivals – end of Bosnian resettlement and all but few Vietnamese</td>
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<td>More dependence on refugee relatives and fewer sponsors</td>
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<td>Increasing secondary migration</td>
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Current challenges and future trends

In the past five years, nearly 3,000 refugees have resettled directly into Iowa. Today, the primary populations of refugees arriving in Iowa are from Burma, Bhutan, Eritrea, Iraq, Somalia and the Democratic Republic of the Congo. The two agencies providing initial resettlement services, Catholic Charities and the US Committee for Refugees and Immigrants (USCRI) anticipate 550 refugees will arrive in Iowa in FY 2014. Individuals from Burma will comprise 73% of new resettlement cases in the coming year.

In addition to initial resettlement, increased secondary migration of refugees into Iowa is impacting communities across the state. For example, the number of Bhutanese families living in Iowa doubled through secondary migration. Similarly, in the past five years about 1,300 refugees from Burma were resettled directly into Iowa; secondary migration increased that number by 500%. See sidebar on Secondary Migration.

Whether Iowa was their community of initial resettlement or they came to Iowa as secondary migrants from other states, refugees today face greater challenges than ever before. The current state of the economy poses one of the most significant external forces on the success of refugees in Iowa. Refugees face many of the same economic challenges all people do in the United States: Decent, well-paying jobs are difficult to find while the cost of healthcare, transportation, childcare and housing rises faster than wages do.
Though the Federal government continues to support refugee resettlement programs, tightening economic conditions have resulted in reduced funding for refugee services. Organizations serving refugees have had to secure state, local and private support to fill the gaps left by decreased federal resources. In order to fill the unmet needs Iowa has responded to the economic conditions by concentrating its refugee resettlement program around the Des Moines area.

Refugees arriving in the 1970s had up to three years to achieve economic self-sufficiency. Refugees arriving in the United States today are expected to make the same progress in three to six months. If refugees are not able to accomplish this, they enter the mainstream human services systems. Though committed to providing quality services to the newest Iowans, many of these organizations find negotiating the cultural- and language barriers daunting.

Historically, the United States opted to resettle blocks of refugees from a single region in the world. This allowed for service systems to secure interpreters, hire cultural liaisons and make appropriate adjustments for the few population groups arriving in the state. Since the mid-1990s, though, the cultural- and linguistic backgrounds of refugee arrivals represent a wider range and shift from year-to-year. According to The Iowa Bureau of Refugee Services (BRS), refugees who have arrived in the past five years represent speakers of over thirty different languages. In addition to diversity in language and culture, refugee arrivals today have a broader scope of educational- and work

Secondary Migration 101:

Unless they are joining family members who previously resettled in the United States, refugees do not have a choice about where in the country they will restart their lives. Once they arrive here, though, refugees have the same right to freedom of movement that Americans enjoy. Like their American counterparts, people who come to the U.S. as refugees may choose to move to be closer to friends and family, to live in more affordable housing, to raise their families in safer neighborhoods and to access more education and employment opportunities.

Individuals who move from their initial location of resettlement are known as secondary migrants. Though Iowa will officially resettle only about 600 refugees in FY 2014, the number of refugees arriving in Iowa as secondary migrants will likely be many times higher.

Because many refugee services are designated only for individuals resettled directly into Iowa, secondary migrants are often especially in need. Also, though current resettlement efforts and refugee support services are concentrated in the Des Moines area, secondary migrants settle into communities across the state. Finally, since no organization is tracking this group, we still lack accurate data on Iowa’s secondary migrants, their successes and their unmet needs.

For these reasons, one key priority of the Des Moines Area Refugee Community Planning Group for FY 2014 is to gather more comprehensive data on secondary migrants, their experiences and impacts in Iowa.
experiences. Many new arrivals come to Iowa with limited exposure to any formal schooling or work outside of subsistence farming. Others fall on the opposite end of the spectrum, with significant educational and advanced professional experience. Though individuals on either pole are considered “refugees,” the services for someone learning to read and write for the first time in his life are much different than those needed by a doctor seeking recognition of her medical credentials. This variety makes it difficult to create a one-size-fits-all refugee service program.

Though people come to Iowa as refugees from a variety of circumstances, experts point out that refugees arriving in the country today are coming with greater needs than ever before. They have experienced higher incidence of violence, more serious health conditions and protracted displacement. Especially at risk are youth and elderly refugees, both of whom are resettled in greater numbers than ever before.

**Des Moines Area’s Refugee Community Planning Group:**

Given the multitude of challenges refugees and the agencies serving them face in Iowa today, a group of stakeholders resolved to create a unified plan to more efficiently use limited resources to better serve refugees. From July to October of 2013, 80 agencies and individuals from a variety of refugee communities, government agencies and service organizations partook in 15 hours of facilitated planning sessions.

Though the participants in this group recognized that refugees live across Iowa, the group concentrated on developing a plan for services for refugees in and around Polk County. This process can be replicated in other refugee-receiving communities across the state to ensure that the particular assets of the community are utilized and the most pressing issues of the community members are addressed. This plan is a work in progress, which will be adapted by the group as future opportunities and challenges arise.

The group also hopes that that plan can be used to educate those unfamiliar with refugees and provide a holistic picture of the needs and issues facing refugees and help set funding priorities to most effective address the needs of Iowa’s newest residents.
General priorities for 2014

The Group identified overarching goals for FY 2014:

- **Increase communication, collaboration and coordination amongst service providers and amongst providers and refugee communities via:**
  - Quarterly meetings of the Refugee Community Planning Group
  - Regular meetings of targeted working groups
  - Creation and dissemination of a refugee resource/service guide

- **Increase knowledge of community needs and resources** by developing a research agenda that will guide independent study and data analysis about refugee resettlement, and needs, gaps, and strengths of refugee community

- **Create a Language Access Plan**

- **Support the development of Community Navigator** program and other mechanisms that increase culturally- and linguistically appropriate case management services for refugees

The Community Planning Group also identified six areas in which to concentrate its planning efforts. Each of these areas maintains a working group:

- ✓ Community Capacity and Service Integration,
- ✓ Education,
- ✓ Employment,
- ✓ Health and Mental Health,
- ✓ Housing
- ✓ Transportation.

The goals, key challenges, and FY 2014 priorities for each of these areas are outlined in sections below. For the complete list of each working group’s short and long term goals, please see full report The Refugee Community Plan: Des Moines.
## Focus Area: Service Integration and Community Capacity

### Goals:

1. Systems, structures and services are coordinated, integrated, collaborative, and based on data and outcomes, to increase efficiencies and improve access to resources so refugees thrive in Iowa.

2. Communication, public education, awareness, and advocacy opportunities for both the refugee and mainstream community are expanded.

3. Refugee individuals and communities are empowered, and provided meaningful support to strengthen community organizations, develop leaders and increase civic engagement.

### Challenges:

- Limited English Proficiency
- Refugees don’t know to/how to access mainstream services
- Organizations don’t know to/how to serve refugee populations
- Access to resettlement agency case management limited to 90 days
- Post-90 days refugees rely on untrained, unpaid family/community for case management and interpretation
- Secondary migrants have no access to case management.

### Key Priorities for 2014

1. **Enhance the availability of culturally- and linguistically appropriate services**
   - Develop a state language access plan
   - Create an interpreter training program
   - Create a Community Navigator program
   - Provide Cultural Competency support for mainstream service providers
   - Support ethnic community leaders and organizations through small grants and leadership development activities

2. **Assure access to immigration legal services for all refugees seeking to attain Green Cards and Citizenship.**
## Focus Area: Education

### Goals:
1. Refugees of all ages have access to and participate in formal and informal education opportunities.
2. Refugee children from birth to five years of age have access to programs and services that will support their cognitive and social development facilitating a seamless transition to the public education systems.
3. School age children and youth have access to programs, curriculum, and services that will support academic success leading to further education.
4. Adults have access to programs that will support their integration into new society.

### Challenges:
- Refugee families often have limited transportation to preschool programs.
- Options for post-GED vocational training and recertification of skilled professionals are limited.
- Demand for accessible adult English classes—especially by students with limited literacy—outstrips availability.
- Life skills training and cultural orientation is very limited, is not standardized and only serves new arrivals.

### Key Priorities for 2014
1. **Increase refugee family participation in pre-kindergarten programs by:**
   - Providing transportation to pre-K programs.
   - Identifying funding to provide childcare assistance and wrap-around care.

2. **Create a network to funnel interested refugees into existing English classes**
   - Recruit parents to DMPS Saturday ELL programs.
   - Coalition participation in the REAP (Refugee English and Acculturation Program).

3. **Increase access to consistent and ongoing cultural orientation for all refugees**
   - Incorporate cultural orientation into ELL classes (see REAP, above).
   - Gather information from other Working Groups to identify key messages for cultural orientation.
   - Create a working group around cultural orientation based on effective models elsewhere in the country.
   - Train Community Navigators to reinforce cultural orientation messages.
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<th>Focus Area: Employment</th>
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<tr>
<td>1. Refugee job seekers are employed quickly and receive extensive cultural and workplace orientation prior to entering the workforce.</td>
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<td>2. From the time of arrival until they are employed, refugee job seekers participate in continuous orientation, English, and skill-building trainings that prepare them to be successful employees.</td>
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<td>3. After first employment, individuals are still supported and able to access job advancement opportunities.</td>
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<th>Challenges:</th>
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<tr>
<td>• Limited term of financial support undermines long-term career planning;</td>
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<tr>
<td>• Resettlement schedules and training timelines do not match, resulting in missed training opportunities for unemployed new arrivals;</td>
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<tr>
<td>• Once working, many refugees have limited access to training opportunities for career advancement;</td>
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<tr>
<td>• Refugees who were trained professionals before arriving have limited support for recertification leading to underemployment and underutilization of community assets.</td>
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<th>Key Priorities for 2014</th>
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<td>1. Bridge refugees and existing training programs by:</td>
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<tr>
<td>a. Identifying missed opportunities for training</td>
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<tr>
<td>b. Redesigning training/schedules to accommodate new arrivals;</td>
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<tr>
<td>2. Develop a method to provide ongoing support/scholarships to refugees pursuing career advancement training and re-credentialing.</td>
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<tr>
<td>3. Educate employers about the benefits of employing refugees.</td>
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### Focus Area: Housing

**Goals:**

People live in safe, decent, affordable, appropriate long-term housing of choice.

**Challenges:**

- Limited time of financial support may lead to unstable housing for refugees past initial resettlement period;

- Mainstream housing providers and refugee service providers work in isolation, with limited understanding of the resources/services available;

- Refugees may be unfamiliar with housing in the United States, leading to unsafe, unstable housing situations (see cultural orientation);

- Limited data is available about the quality, affordability and conditions of refugees’ housing after initial resettlement.

**Key Priorities for 2014**

1. Develop a proposal for a refugee rental assistance program to subsidize rents
   a. Research current gaps in support;
   b. Investigate other city/state models for rental assistance programs

2. Forge new relationships and share information between refugee service providers and housing providers;

3. Create cultural orientation programs that include key housing messages;

4. Gather data on refugees’ housing conditions, including the housing of new arrivals as well as secondary migrants.
## Focus Area: Health and Mental Health

### Goals:
Refugees successfully navigate the healthcare systems, including preventive, mental and physical healthcare.

### Challenges:
- Language barriers prevent refugees from consistently accessing healthcare; language barriers include appointment processes, signage, insurance enrollment forms and transportation.
- Refugees have limited health literacy and struggle to navigate an unfamiliar healthcare system (especially referrals, primary care, prescriptions)
- Refugees may have limited knowledge of how to be/stay healthy in the United States; health education topics include nutrition, physical activity, alcohol and tobacco use, preventative screenings, family planning and mental health.

### Key Priorities for 2014
1. Ensure inclusion of refugee communities/refugee service providers in the implementation of The Affordable Care Act (ACA) and Medicare expansion;
2. Increase availability of Cultural Competency training for healthcare providers;
3. Standardize medical interpretation services (see Community Navigator program)
## Focus Area: Transportation

**Goal:**

A regionally coordinated network of transportation services supports effective integration of refugee populations into the community.

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<th>Key Priorities for 2014</th>
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<tr>
<td>• Refugees living in Des Moines/metro and working in outlying areas (Marshalltown, Perry) have few transportation options</td>
<td>1. Increase coordination of transportation services by:</td>
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<tr>
<td>• No drivers’ education programs for refugees (informal only)</td>
<td>a. Increasing information sharing between refugee service providers and transportation providers</td>
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<tr>
<td>• Coordination is lacking within the transportation sector and between transportation and refugee services</td>
<td>b. Supporting policies and activities that coordinate refugee and transportation service providers and optimize service provision</td>
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<tr>
<td>• Refugees with disabilities have few transportation options, leading to isolation</td>
<td>2. Develop transportation options to allow children to attend universal preschool programs.</td>
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<tr>
<td>• Transportation is limited for children to attend preschool</td>
<td>3. Improve refugee access to education and support around safe, legal driving and transportation (including DART, taxis, Non-Emergency Medical Transportation, etc.)</td>
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The Refugee Community Planning Group Steering Committee gratefully acknowledges the following organizations and individuals contributing to the Des Moines Area Community Refugee Plan:

American Friends Service Committee  
Area Agency on Aging  
Bethesda Evangelical Church  
Bhutanese Community in Iowa  
Broadlawns Medical Center  
Bureau of Refugee Services  
Catholic Charities  
Central Iowa Works  
Children and Families of Iowa  
City of Des Moines Housing  
Community Action Agency—Des Moines  
Community Foundation of Greater Des Moines  
Community Youth Concepts  
Cottage Grove Presbyterian Church  
DART (Des Moines Area Transit)  
Des Moines Area Community College (DMACC)  
Des Moines Health Care Center  
Des Moines Public Schools  
Des Moines Public Schools--Early Childhood  
Des Moines Public Schools--Head Start  
Des Moines University  
DHS Assistance Policy  
DHS Des Moines Service Area IM  
DHS Medicaid Program  
Drake Adult Literacy Program  
Drake Head Start  
Drake Law Legal Clinic  
EMBARC  
Evelyn K Davis Center for Working Families  
Eyerly Ball  
Family Medicine at East Des Moines Unity Point Clinic  
Heartland Area Education Agency  
H.O.M.E. Inc.  
Homes of Oakridge  
Iowa Association of Business and Industry  
Iowa Department of Human Services  
Iowa Child Care Resource and Referral  
Iowa Department of Human Rights  
Iowa Department of Public Health  
Iowa Department of Transportation  
Iowa International Center  
Iowa Legal Aid  
Iowa Workforce Development  
ISED Ventures  
Iedited Community  
Lutheran Church of Hope  
Lutheran Services of Iowa  
Monsoon  
Network Refugee Centre  
NISAA African Women’s Project  
Polk County Board of Supervisors  
Polk County Community, Family and Youth Services  
Polk County Early Childhood Iowa  
Primary Health Care East Side  
Primary Health Care Outreach  
Primary Health Care South Side  
Riziki Magazine  
The Project of Primary Health Care  
United Way of Central Iowa  
USCRI (US Committee on Refugees and Immigrants)  
Visiting Nurse Services of Iowa  
Zion Lutheran Church

Senator Janet Peterson