

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Refugee Resettlement in North Carolina: Community-Based Challenges and Resources for Integration

By

Erika M. Walker

A paper submitted to the faculty of  
The University of North Carolina at Chapel Hill  
in partial fulfillment of the requirements for the degree  
Master of Public Administration  
March 25, 2011.

This paper represents work done by a UNC-Chapel Hill Master of Public Administration Student.  
It is not a formal report of the School of Government, nor is it the work of School of  
Government faculty.

#### Executive Summary

This research examines the applicability of key recommendations presented in a community diagnosis of refugees from Burma living in Chapel Hill and Carrboro to other refugee communities in North Carolina. From the perspective of resettlement agency directors in locations across the state, this study identifies key challenges and community resources present for refugees in North Carolina. Resettlement directors agreed that three of the four main challenge areas and ten of fifteen key recommendations presented in the Chapel Hill-Carrboro report applied to refugees they serve. While every community has unique resources and every refugee family has its own set of needs, refugees in North Carolina face similar problems and can benefit from further coordination of resources and strategies to help them integrate.

## Background

Over 14,000 refugees have been resettled in North Carolina in the past ten years.<sup>i</sup> These new arrivals leave their home countries fleeing persecution because of their “race, religion, nationality, membership in a particular social group, or political opinion”.<sup>ii</sup> With the help of a network of nonprofit and government agencies, they set out on the path to self-sufficiency in an entirely new environment.<sup>iii</sup> Unlike other immigrants, refugees have little choice in their relocation. Resettlement agencies work with the U.S. government to place incoming refugees in communities where they feel refugees can succeed given their needs and the community’s resources.<sup>iv</sup> In 2009, organizations in North Carolina, both public and private, received over \$11.2 million in federal funds to serve refugee residents.<sup>v</sup> These federal dollars help provide refugees with housing, employment services, language classes, case management, transportation, and other support programming.

According to the literature on refugee resettlement, accessing and understanding services presents numerous challenges for refugees as they try to integrate.<sup>vi</sup> Research on external factors that impact how refugees adapt to their new communities has highlighted the importance of the social, political, and economic environment of resettlement locations.<sup>vii</sup> An emerging body of research has underscored the important role that resettlement agencies, also called voluntary agencies or VOLAGS, play in the integration process of refugees.<sup>viii</sup>

The bulk of refugee resettlement literature to date has focused on the west coast and northeast regions of the United States. Limited research has focused on refugees being resettled in the South. A few doctoral theses and class-based projects make up the majority of resettlement research focused specifically on North Carolina (NC).<sup>ix</sup> Of the limited research on NC, research conducted by a group of public health students at the University of North Carolina at Chapel Hill explored the challenges faced by refugees from Burma who have been resettled in Chapel Hill and Carrboro, North Carolina. The resulting report, “People from Burma Living in Carrboro and Chapel Hill”<sup>x</sup>, included immediate “action steps” and additional recommendations for both the refugee community and those who serve refugees.

## Research Question

None of the NC resettlement literature has examined whether strategies for refugee integration can be shared among VOLAGS and communities. This research study builds upon refugee resettlement literature by testing whether the key recommendations, termed “action steps,” made in the community diagnosis titled “People from Burma Living in Carrboro and Chapel Hill” (hereinafter the Chapel Hill-Carrboro report) can be applied in other resettlement communities in North Carolina (see Appendix A, Table 2). As the only report making specific community-wide recommendations for serving refugees living in North Carolina, the report was chosen as a framework for this study. In addition to determining the applicability of these strategies, this research identifies additional common challenges, as well as key resources for refugee integration in North Carolina.

## Methodology

Because of the pivotal role that VOLAGs play in refugee integration, this study examines the applicability of the Chapel Hill-Carrboro report recommendations from the perspective of key personnel within these organizations. Attempts were made to contact all fourteen resettlement directors listed on the state refugee coordinator’s website.<sup>xi</sup> Seven agreed to participate in interviews, one declined, and the remaining six did not respond to contact attempts.<sup>xii</sup> Responding directors represent four different VOLAGS and their satellite offices that receive funding for refugee resettlement in North Carolina. While the sample was meant to be geographically balanced, those who agreed to participate in interviews were concentrated in the Piedmont and Coastal Plains regions of the state. Of those interviewed in the Piedmont region, two were located in the area known as the Triad (Greensboro, High Point, Winston

Salem), and three were in the Triangle area (Raleigh, Durham, Chapel Hill). The two coastal agencies were located in New Bern and Wilmington. See Appendix A for sample details.

Semi-structured interviews were conducted either over the phone or in person at the organizations' offices. The interviews focused on directors, rather than employees with more specialized roles, given their unique perspective on challenges and resources facing the diverse populations they serve. Respondents were asked to evaluate the main "action steps" from the Chapel Hill-Carrboro report to better understand the relevance of these strategies in other communities where refugees are resettled. Additional questions about other challenge areas were developed based on previous literature on refugee resettlement in the U.S. and included local government services, education, healthcare, housing, and community engagement. Additional background information was gathered from VOLAG websites and a short interview with the director of an interpretation agency.<sup>xiii</sup>

## Findings

While other challenges areas for North Carolina refugees exist, the findings presented here focus upon the four main themes that emerged from the Chapel Hill-Carrboro report: adult education, community organization, health knowledge, and interpretation services. The following section will first review the findings from these four themes, will then highlight some additional challenges identified by respondents, and will end with a discussion of resources available to refugees in North Carolina. See Appendix B for a summary of the major findings.

### Adult Education

The Chapel Hill-Carrboro report's discussion of adult education focuses on access to ESL classes. Report results highlight that scheduling issues were a major barrier to refugees who want to learn English from using the ESL resources available to them.<sup>xiv</sup> Respondents in this study identified similar challenges for the refugees they serve. Two Triangle-based resettlement directors said that open enrollment for ESL classes would benefit the refugees they serve by increasing accessibility. These refugees arrive throughout the year often missing the registration period for ESL classes and prolonging the time they must wait to attend classes. All respondents identified the language barrier as a challenge, and four said it was one of the biggest challenges facing refugees they serve impacting many other aspects of their lives, like employability and access to higher education.

Two of the three adult education suggestions from the Chapel Hill-Carrboro report received support from research participants.<sup>xv</sup> All respondents supported the recommendation of *providing translated guides about ESL opportunities in the community*. The two agencies in the eastern part of the state already provide translated ESL guides, and three others provide them in English only. Six directors said that *holding ESL classes at an apartment complex or a job site* would be helpful for the refugees they serve, and five of those mentioned that such classes are already being conducted at apartment complexes in their communities. Only one ESL recommendation had low support from the resettlement directors: *holding classes in private residences*. Though some believed it would increase accessibility, four directors expressed concerns that it presented more challenges due to the dependence on the person or family hosting the class. Only two directors said that this strategy has been used to increase accessibility of ESL classes for refugees they serve.

### Community Organization

The Chapel Hill-Carrboro report found that barriers to refugee community organization kept refugees from helping one another access resources and maintain their native culture.<sup>xvi</sup> However, respondents reported that the refugees they serve are generally well-connected to their local refugee communities when they want to be. Four directors mentioned that the refugees they serve have formed networks, formal and informal, to support one another. Though, two directors commented that some

refugees have no interest in engaging fellow refugees either because of the circumstances of their flight or because of cultural differences.

Of the five action steps the report proposed for community organization, three related to leveraging technology in the form of *a listserv* and *a website* to help connect refugees.<sup>xvii</sup> These three suggestions were not seen as very applicable by the respondents. Four directors felt that most of the refugees they serve do not have regular access to computers, nor do they have the skills necessary to operate them making these tools impractical. Directors were split over the idea of *keeping a running list of refugee community members*. Three directors felt it would be helpful, but another three expressed concerns about confidentiality. The last proposal of *raising community awareness of refugee issues through a town hall meeting* received moderately higher levels of support compared to the other ideas in this area. Five felt that this would be helpful to the refugees they serve, while three directors said similar meetings had already taken place in their communities. Overall, the interviewees were less supportive of the Chapel Hill-Carrboro report's solutions for increasing refugee community organization than those for increasing ESL class access.

### Health Knowledge

Recommendations from the Chapel Hill-Carrboro report in the area of health knowledge focused on hygiene and maintaining a healthy home environment, issues that were not identified by any of the respondents in this study. However, the directors did recognize a set of points related to refugee health knowledge. Two directors spoke about refugees' difficulties understanding how and when to access services. According to four directors, cultural differences keep refugees they serve from accessing healthcare. While not the main focus, both of these issues were identified for refugees living in Chapel Hill and Carrboro.<sup>xviii</sup>

The Chapel Hill-Carrboro report offers four main action steps in the area of health knowledge.<sup>xix</sup> Five directors thought the recommendation of *using school health educator as an information source* might be helpful for the refugees they serve. Six directors were enthusiastic about the suggestion of having *a community-wide meeting about the presentation of health information*. Explaining the slightly lower rating, the seventh director's experiences with similar groups suggested that they had little positive impact on the refugee community. Only three directors thought *a meeting at the health department to discuss service provision* would serve the refugees in their communities. Most directors maintained that the health departments do the best they can to serve the needs of refugees and did not see the need for such a meeting. The last recommendation of *creating a community garden* for refugees had the support of six of the interviewed directors. They felt this recommendation would provide a space for community engagement as well as engage refugees coming from more agrarian lifestyles.

### Interpreter Services

Respondents in this study confirmed the interpretation challenges that arose for those writing the Chapel Hill-Carrboro report were not only applicable but pressing problems for refugees. According to all respondents, the refugees they serve have difficulty accessing services and communicating outside their own communities without interpreters. According to both interviewees and the report, the need for appropriate interpretation is especially evident in the area of healthcare. For example, one director claimed that some primary care physicians refuse to see patients who do not speak English without interpreters present. Five interviewees mentioned that healthcare providers use language lines for interpretation. However, two directors mentioned that only health departments and hospitals have access to this resource. Two directors mentioned the need for translated documents in the areas of healthcare and social services.

Six action items arose in the Chapel Hill-Carrboro report aimed at addressing the challenges refugees face related to interpretation services.<sup>xx</sup> Five directors identified the applicability of *organizing*

*a short, professional interpreter training.* Three said some sort of interpreter training was already taking place. The suggestion of *contacting advanced ESL class graduates and university students for interpretation services* also garnered the support of five directors. Only one of these directors indicated this strategy had already been applied in the refugee community he serves. Those directors less enthusiastic about this idea cited issues such as the lack of a nearby university and the limited free time of those graduating from advanced ESL classes. According to a couple directors, refugees in the latter group usually have full-time jobs and little time to help interpret for other refugees. Six directors felt *keeping a list of community members for interpretation services* would benefit the communities they serve. Some of the organizations already keep a list of clients willing to act as interpreters. The last director's concerns over confidentiality limited the full applicability of this recommendation.<sup>xxi</sup>

## Other Challenges

In addition to the challenges from the Chapel Hill-Carrboro report, respondents attested to other barriers that exist for the refugees they serve. The additional issues common to all seven resettlement communities included transportation, financial literacy, employment, and healthcare and insurance.<sup>xxii</sup>

**Transportation** All interviewees mentioned transportation as a challenge, with three directors identifying it as one of the top three challenges for the refugees they serve. Where public bus systems exist, resettlement directors maintain that schedules are often inconvenient for refugees failing to extend into the early morning and late evening when many employed refugees must travel to and from work. Low English proficiency makes obtaining a driver's license much more difficult according to four directors. A few directors mentioned purchasing and maintaining a car is often too expensive for most refugees they serve.<sup>xxiii</sup>

**Financial Literacy** According to all of the interviewed directors, resettlement agencies do some financial training, but the financial system, even at its simplest level, continues to present challenges for refugees. According to a couple directors, the level of financial literacy depends on the economy in their country of origin and language skills. Some refugees have little difficulty getting used to this system, while others continue to struggle with it long after they arrive.

**Employment** Refugees who arrive with formal education and work experience still face problems with underemployment according to respondents. In addition to the language barrier, their degrees often do not transfer forcing them to take lower paying jobs or seek recertification. A few directors claim that finding employers willing to work with refugees despite the language barrier is a major task for resettlement agencies in North Carolina. As explained earlier, language proficiency often limits refugees' transportation options making it much more difficult to find and maintain employment.

**Healthcare** All respondents expressed the difficulty refugees have in accessing adequate and culturally appropriate healthcare. Cultural barriers make it difficult for refugees to access needed healthcare, including mental health services, according to five resettlement directors. For North Carolina refugees who manage to obtain jobs with benefits, insurance is often too expensive according to all directors. Because of these obstacles, many refugees go without health insurance making it much more difficult for them to access affordable and appropriate healthcare.<sup>xxiv</sup>

## Helpful Resources

Despite the many challenges, the directors identified several resources available to refugees in their new communities. The three most cited sources of help for refugees included partnerships and cooperation between resettlement agencies, government departments, and other organizations; the welcoming attitude of community members; and other refugees in the community.

**Partnerships and Interagency Cooperation** Each of the directors spoke of some level of cooperation between resettlement agencies and local government departments, schools, and other

organizations to help refugees access services. Five directors spoke of partnerships with literacy organizations, churches, community colleges, and apartment complexes to offer more ESL classes and tutoring in more locations.<sup>xxv</sup> Four respondents said that the public school systems have good ESL instruction for students and work with the resettlement agencies to communicate with students and parents. In one community, a local employment program provides temporary transportation for refugees to and from work. In another community, the Department of Social Services arranges Medicaid transportation for those who have no other means of getting to their appointments. Five directors said that the health departments are very cooperative making required health screenings efficient and making appropriate referrals when refugees have needs that cannot be addressed there. One group of health department nurses even held a weekend vaccination clinic at the resettlement office to increase refugee access to important preventive medicine.

**Welcoming Community** All of the interviewees expressed how helpful and welcoming the host community can be for refugees they serve. Other directors from the same Triangle community said that a few employers in the area are especially helpful alerting the resettlement agency when positions become available and sometimes providing training to refugee workers. Four directors in four different locations emphasized the positive impact of the greater community's attitudes toward refugees. Some directors underlined the large role that volunteers play in helping refugees navigate complicated systems as well as helping refugees to feel welcome and empowered to take ownership of their new communities.

**Refugee Neighbors** For most communities receiving refugees in North Carolina, resettlement is not new. The refugee community has grown substantially over the past decade, and these more established refugees often provide significant assistance to newcomers. Some directors expressed how helpful the refugee community is for new refugees searching for jobs and learning to navigate the financial system. According to the interviewees, refugees who have lived in the area will act as interpreters, take newcomers grocery shopping, teach them to ride public transportation, and help them enroll children in schools. Established families often ease the transition for new refugees.

## Conclusion

A majority of the challenges and recommendations highlighted by the Chapel Hill-Carrboro report seem to resonate with other NC resettlement directors. Of fifteen total recommendations tested, six received high support, four had moderate support, and the remaining five garnered low support. Adult education, health knowledge, and interpreter services are all challenge areas for refugees across the state, and most of the related recommendations presented by the report had moderate to high support from the respondents. In fact, ten of these strategies are already in place in one or more of the studied communities.

In addition to responding to the Chapel Hill-Carrboro report recommendations, the directors offered their own recommendations (See Appendix C for a list of respondent recommendations). Though NC refugees come from over 25 different countries<sup>xxvi</sup>, and are resettled in distinct communities, many of the challenges they face are shared. Sharing information and promising practices among resettlement agencies and other service providers could encourage more innovative and effective ways of helping refugees transition.

The growth in the state's refugee population and the economic strains felt by all organizations that support them make it necessary to stretch resources. If government budget cuts and decreased giving force VOLAGS to reduce services, the challenges refugees face could worsen. While each community is different, they face similar challenges as refugees resettled in North Carolina. As illustrated by this study, many strategies and resources could be shared among resettlement communities to help solve some of these issues. NC refugees and the agencies that serve them could benefit from a more deliberate dialogue related to common challenges and how to best leverage the rich resources of this state.

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<sup>i</sup> U.S. Office of Refugee Resettlement

<sup>ii</sup> Article I, 1951 UN Convention on the Status of Refugees

<sup>iii</sup> Since the late 1940s, the United States has been the destination for millions of people displaced by wars and persecution in their home nations. Beginning with the 1980 Refugee Act, the U.S. government has taken on a formal role in resettling refugees. The Office of Refugee Resettlement, a division of the U.S. Department of Health and Human Services, and the Bureau of Population, Refugees and Migration, a division within the U.S. Department of State, provide billions of dollars each year to fund refugee resettlement and continuing support programs.

<sup>iv</sup> U.S. Bureau of Population, Refugees and Migration

<sup>v</sup> U.S. Office of Refugee Resettlement

<sup>vi</sup> Goodkind, 2002; Fremstad, 2003; Hume, 2005; Cathcart, et al., 2007; Rawlings, 2007; Smith, 2008; Glick Schiller, 2009; Albert, 2009; Mott, 2009

<sup>vii</sup> Hume, 2005; Kibreab, 1999; Needham and Quintiliani, 2007

<sup>viii</sup> Hume, 2005; Mott, 2009, 2010

<sup>ix</sup> Clarke, 2009; Henry, 2009

<sup>x</sup> Cathcart, et al., 2007

<sup>xi</sup> [http://www.ncdhhs.gov/dss/refugee/nc\\_refugee\\_service\\_providers.htm](http://www.ncdhhs.gov/dss/refugee/nc_refugee_service_providers.htm)

<sup>xii</sup> An initial contact attempt was made for each resettlement director by email to arrange a convenient time for a formal interview request. Those who responded were contacted by phone to request and arrange an interview. Two additional emails were sent and a phone call made to those who did not respond at all.

<sup>xiii</sup> The interpretation agency, Cross Cultural Resources, Inc., is headquartered in Charlotte, North Carolina and receives state funding to provide interpretation services to refugees across the state.

<sup>xiv</sup> Cathcart, et al., 2007

<sup>xv</sup> The research team made recommendations in addition to the more immediate action steps resulting from the community forum held on April 21, 2007. These recommendations included the following: *establish a more flexible ESL system that offers multiple classes during the morning, afternoon, and evening with rolling enrollment offered on a monthly rather than semester basis; promote educational opportunities for community members such as GED and on-the-job training; establish a pool of ESL tutors made up of UNC students, sponsors, seniors, and community members; offer childcare for working parents to attend ESL classes; provide transportation information specific to ESL class locations to the community* (Cathcart, et al., 2007).

<sup>xvi</sup> Cathcart, et al. 2007

<sup>xvii</sup> The research team had one additional recommendation in this area: Service providers should educate themselves on the extended history of ethnic divisions within the community (Cathcart, et al., 2007).

<sup>xviii</sup> Cathcart, et al., 2007

<sup>xix</sup> The research team included three other recommendations for challenges to health knowledge: *identify leaders in the community who can help service providers disseminate relevant health-related information; service providers should learn more about the culture that the community members come from so they can be culturally sensitive when educating the refugees on U.S. health practices. This can include attending cultural events and meeting with community members outside of the service provider setting; one member of the UNC team should continue working on this issue for her summer practicum portion of her public health education* (Cathcart, et al., 2007).

<sup>xx</sup> The research team had additional recommendations for interpreter services: *encourage and provide support to establish an agency or individual who could coordinate interpretation and translation services for the Burmese and Karen. Emphasis should be placed on community ownership of such a service, particularly amongst those who already have experience in interpreting and translating; research how other communities such as New Bern are handling interpreter services and follow recommendations of how to best provide services* (Cathcart, et al., 2007).

<sup>xxi</sup> North Carolina communities also have interpretation resources that help refugees overcome language challenges. Cross Cultural Solutions, an organization based in Charlotte, provides translation and interpretation services to refugees across the state through contracts with resettlement organizations, government agencies, hospitals, employment agencies, and other private businesses. Many of the interpreters employed by Cross Cultural Solutions are refugees themselves.

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<sup>xxii</sup> In an appendix, the Chapel Hill-Carrboro report included eight additional challenge areas: *changes in family dynamics, ethnic identity, education for youth, divisions within the community, domestic violence, institutional literacy, knowledge of the community, and language barriers* (Cathcart, et al., 2007).

<sup>xxiii</sup> Refugees often must rely on public transportation to get to and from work, school, doctor's appointments, grocery stores, and other locations. According to the directors, resettlement agencies try to arrange housing near bus lines, sometimes even providing bus passes, and help those who work out of town to find alternative means of transportation. However, some smaller towns where refugees live have very limited public transportation. Four of the seven organizations offer assistance to those who want to get driver's licenses and personal vehicles, including translated drivers' manuals, partnerships with driving schools, vehicle donations, and financial help with driver's education classes.

<sup>xxiv</sup> The Chapel Hill-Carrboro report did somewhat address the health insurance and healthcare access challenges in its additional section on institutional literacy. The recommendations for this area were: *form a group of service providers from the school system, healthcare system, social services, co-sponsors, newly resettled refugees, and established refugees to develop a curriculum to teach information on health insurance in the U.S.; translate informational materials on health insurance in Burmese and Karen; identify potential volunteers in the Chapel Hill and Carrboro community, such as student organizations and retirees, to answer questions on health insurance and help community members fill out applications; lobby policymakers to increase affordable health insurance options for people above the cut off for Medicare and NC Health Choice.* (Cathcart, et al., 2007)

<sup>xxv</sup> Two Triad directors expressed how helpful two specific organizations have been: the New Arrivals Institute and the Newcomer's School. The New Arrivals Institute, located in Greensboro, offers adult ESL classes as well as other services like cultural orientation and daycare for those students who have children. The Newcomer's School, affiliated with Guilford County Schools, provides a learning environment tailored to the needs of refugee and immigrant youth for a year before they enter the regular school system.

<sup>xxvi</sup> U.S. Office of Refugee Resettlement, 2009.

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## Appendix A - Research Sample

<b>Voluntary Organization (VOLAG)</b>	<b>Resettlement Office Location(s)</b>
<b>Church World Service</b>	Durham Greensboro
<b>Interfaith Refugee Ministries</b>	New Bern Wilmington
<b>Lutheran Family Services of the Carolinas</b>	Raleigh
<b>World Relief</b>	Durham High Point

## Appendix B - Key Recommendations from the Chapel Hill-Carrboro Report

Report "Action Steps"	Support	Number of Agencies Already Practicing
<b>ADULT EDUCATION</b>		
<i>Create an informational sheet on ESL classes and services that will be translated into Burmese and Karen. This document would improve awareness of ESL services and classes within the community.</i>	High	2
<i>Contact two apartment complexes and one employment agency to investigate the possibility of classes being conducted in a neighborhood and at a workplace, thus requiring little to no extra transportation.</i>	High	5
<i>A non-English speaking community member offered his apartment as a location for ESL classes, and an English-speaking community member volunteered to liaise as an interpreter to investigate the possibility of classes at this location with Durham Technical College's ESL coordinator.</i>	Low	2
<b>COMMUNITY ORGANIZATION</b>		
<i>Create a list of community members to compile into a listserv.</i>	Low	0
<i>Create a community website.</i>	Low	0
<i>Call professors to find students to work with community members to build a website.</i>	Low	0
<i>Share list of community members amongst community members and service providers.</i>	Low	0
<i>Organize a town hall meeting with the whole community to try to involve more people.</i>	High	3
<b>HEALTH KNOWLEDGE</b>		
<i>Form a small group composed of service providers from various agencies, co-sponsors, and community members to meet and brainstorm ways in which to present health information to community members.</i>	High	6
<i>Contact the health educator for the Chapel Hill-Carrboro City Schools to gather information on health education.</i>	Moderate	0
<i>Confirm a space for a community garden at Franklin Porter Graham Elementary School.</i>	High	4
<i>Conduct a meeting at the Orange County Health Department to discuss changing the routine of health service provision for refugees.</i>	Moderate	1
<b>INTERPRETER SERVICES</b>		
<i>Organize and run a short professional training for interpreters. This would enhance the skills and abilities of the bi/multilingual</i>	High	3

<i>community members in interpreting.</i>		
<i>Identify graduating students from advanced ESL classes and students at local universities as potential interpreters.</i>	Moderate	1
<i>Annually update the list of community members to connect potential interpreters with service providers.</i>	Moderate	2

## Appendix C - Additional Recommendations from North Carolina Resettlement Directors

Challenge Area	Recommendations
<b>Adult Education</b>	Offering rolling enrollment for ESL classes ESL class waivers for refugees arriving after enrollment has ended
<b>Health Knowledge/Healthcare</b>	Partnering with medical students for advocacy and education purposes Partnering with food services providers to offer nutrition education Involving resettlement agencies in state-level discussions of healthcare More providers accepting Medicaid Engage refugee leaders in a discussion of how to present mental health issues in a culturally appropriate manner Cultural training for healthcare providers
<b>Interpreter Services</b>	Translating more documents (forms, official letters, drivers manuals) Financial incentives for interpreter training More service providers using language lines
<b>Transportation</b>	Expanding bus schedule to accommodate those working early/late hours and weekends
<b>Financial Literacy/Finances</b>	Partnering with financial institutions to provide more thorough financial literacy training More flexible banks so refugees can access checking and savings account services
<b>Employment</b>	Skills/job training through an employment agency Partnering with medical schools to help those with foreign medical degrees become recertified More solid relationships between resettlement agencies and employers to provide jobs
<b>Community Engagement &amp; Cultural Adaptation</b>	Developing a community-wide advisory network to promote awareness More family support programs
<b>Youth Education</b>	Partnering with schools to empower refugee parents Encouraging parents to be involved in children's education More funding for schools receiving large numbers of refugees (School Impact) to ease the transition More ESL tutoring for youth
<b>Housing</b>	Partnering with Habitat for Humanity to encourage homeownership Partnering with an apartment complex willing to house refugees regularly