

**Barriers impeding and enablers promoting the health and wellness of Afghan Refugees in the San Francisco Bay Area**

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**Presenter Disclosures**

- Presenter: Valerie J. Smith, PhD
- The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:
  - No relationships to disclose

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**Who is a refugee?**

- International Definition of "Refugee"
  - "A person who is outside the country of his or her nationality and is unable or unwilling to return to that country because of a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion" (suggestions have been made to add gender)

1951 United Nations Refugee Convention

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## Afghan Community in the San Francisco Bay Area

- Community Statistics
  - More than 60,000 Afghan refugees in the U.S.
  - Largest concentration resides in Northern California, centered in S.F. Bay Area's City of Fremont in Alameda County
  - Variety of backgrounds, but two main immigration waves of refugees:
    - Soviet period and civil war era (1979-1993)
    - Late Taliban period and US invasion (1996-present)

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## My Research

- Research Topic
  - The information needs, help seeking processes, and associated communicative behaviors of Afghan female refugees in the S.F. Bay Area
- Qualitative Ethnography
  - 40 in-depth interviews, maximum variation purposive sample
  - Participant observation for more than two years
  - Key cultural informants and focus group
- Today's Focus: Barriers & Enablers Promoting Refugee Health & Wellness

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## Barriers to Health & Wellness

- Multiple barriers in everyday experience:
  - Memories of traumatic past in Afghanistan
  - Domestic abuse
  - Impoverishment
  - Cultural clashes
  - Generation gap
  - Honor and shame

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## Barriers to Health & Wellness

- Two underlying structural barriers:
  - The language barrier
  - Not knowing "The system"
- Underlying structural barriers:
  - **Defined:** Ongoing obstacles that refugees encounter to their wellness and that complicate or create the framework within which everyday experiential barriers occur; also occur every day
- Structural barriers deserve further attention as public health issues

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## *The Language Barrier*

- The problem
  - Afghans speak Dari, Pashto, or both
    - 36% of Afghans in the S.F. Bay Area speak little or no English
    - More than 40% read and write little or no English
    - 137 different languages spoken in the City of Fremont
    - My research shows they feel, "Blind and mute" upon arrival and in many cases years later

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## *The Language Barrier*

- The problem, continued
  - The language barrier prevents many refugees from gaining direct access to a wide array of information from English-only sources
    - Health care, government, social services, legal, and educational, etc.
  - This structural barrier:
    - creates stress, confusion;
    - limits knowledge;
    - constrains access; and thus
    - impedes refugee health and wellness

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***The Language Barrier***

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- The current solution
  - College and university English classes
  - Community-based English classes
  - Adult School English Classes

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***The Language Barrier***

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- The current solution: Example of adult school English classes
  - Refugee receives a list of classes in the mail
    - Yet, nobody emphasizes the importance of learning English
  - Barriers in the classroom:
    - The teacher only speaks English
    - Students with various levels of language learning in the same class
    - Students with different ethnic backgrounds in the same class

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***The Language Barrier***

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- A better solution: A comprehensive program to enable refugee health and wellness
  - Need system-level change to help the refugees who are able to learn English to actually do so
  - Recommendations:
    - Assess English-level and special needs of incoming refugees for English class placement
    - Evaluate the Adult School English Class Program and fund improvements

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### *Not Knowing "The System"*

- The problem
  - Afghan leaders repeatedly used the phrase "they do not know the system" to refer to the Afghan refugees' lack of awareness of how to navigate information and agencies in the U.S., such as:
    - Health care
    - Employment
    - Social services
  - Thus, refugees struggle with bridging a variety of everyday barriers in understanding, impeding refugee health and wellness

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### *Not Knowing "The System"*

- The solution to enable refugee health and wellness
  - As professionals and public health service providers, we need to understand the differences between:
    - The systems in Afghanistan compared to the U.S.
    - The systems with other post-1965 refugees (linguistically and culturally different than earlier groups) as compared to the U.S.
  - We need to point out these structural differences to refugees when situations arise

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### *Not Knowing "The System"*

- The solution to enable refugee health and wellness, continued
  - Understand the systems in Afghanistan:
    - Traditional tribal structures in the rural areas and authoritarian forms of government in the cities
    - Average citizen is accustomed to being told what to do by family members or the government
    - Individual decision-making and control, especially for some women and the young, can be nonexistent
    - Indirect information and systems access through relatives or bribes, if available at all

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### *Not Knowing "The System"*

- The solution to enable refugee health and wellness, continued
  - Teach refugees to understand and directly navigate the information systems in the U.S.
    - "Free market system" highlights idea of individualism
    - People directly navigate the U.S. information systems, such as the health care systems
    - Individuals directly request the assistance they need from professionals as a matter of practice
    - Refugees can practice asking questions of professionals

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### Addressing Public Health Issues

- Many refugees are linguistically and culturally isolated
- It takes time to learn a new language and a new system (and some won't be able to learn)
- In the meantime, here's an evidence-based way to enable promotion of refugee health

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### Key Enabler of Health & Wellness: *"Point Persons" for Refugees*

- My research showed interpersonal relationships as central to helping refugees
- The most helpful type of relationship:
  - Having a trusting, interpersonal relationship with one or more "point people" as the refugees' main source of information for her diverse needs
- Characteristics of point people:
  - Often an Afghan who had been a refugee too
  - Has solid command of English
  - Knows the U.S. information systems

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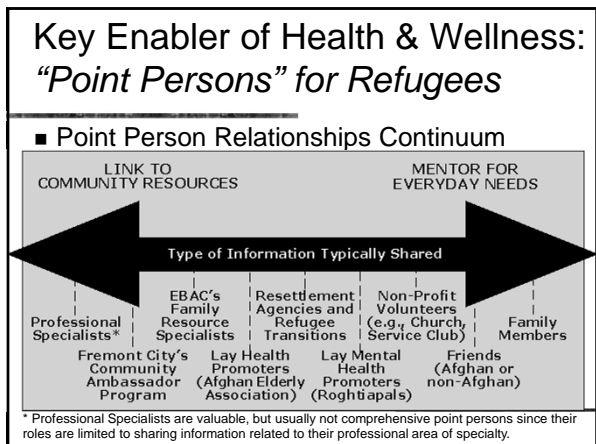
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- ### Key Enabler of Health & Wellness: "Point Persons" for Refugees
- **Recommendation:** Develop comprehensive Point Person programs
  - **Example:** Service learning program in colleges
    - Students volunteer for credit
    - Responsible students from refugee families:
      - Serve as "point persons" for an adult or family of the same ethnicity who is linguistically and culturally isolated
      - Be a link or cultural broker to resources
      - Help with everyday needs
      - Offer emotional or social support

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- ### Recommendations to Enable Refugee Health and Wellness
- #1 Learning English: Need systematic, comprehensive program to help refugees learn English
  - #2 Understanding "U.S. Systems:" Need service providers and refugees to understand differences in navigating societal systems
  - #3 Training Pools of "Point People:" Need programs with people who develop trusting, one-on-one relationships with refugees

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