

Needs assessment of older adults in two refugee communities in Greensboro: A detailed report

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Abstract:

This report documents needs of refugee older adults in the Greensboro metropolitan area of North Carolina, as exemplified by two communities: Nepali-speaking Bhutanese and Congolese. We describe the demographics of refugee populations in North Carolina and Greensboro. We draw attention to the fact that although refugee streams are in general younger in age, older refugees do exist in appreciable numbers, and their specific needs must be recognized and provided for. This is the first such report for the state of North Carolina.

Keywords: refugee needs | Nepali-speaking refugees | Greensboro refugee community

Article:

*****Note: Full text of article below**



THE UNIVERSITY of NORTH CAROLINA
GREENSBORO

**Needs Assessment of Older Adults in Two Refugee Communities in Greensboro:
A Detailed Report**

Prepared by UNC Greensboro

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EXECUTIVE SUMMARY

This report documents needs of refugee older adults in the Greensboro metropolitan area of North Carolina, as exemplified by two communities: Nepali-speaking Bhutanese and Congolese. We describe the demographics of refugee populations in North Carolina and Greensboro. We draw attention to the fact that although refugee streams are in general younger in age, older refugees do exist in appreciable numbers, and their specific needs must be recognized and provided for. This is the first such report for the state of North Carolina.

Our methods included compiling information on refugee trends from published reports and studies. We then contacted service providers for refugees, for older adults, for the community, and for health services in the Greensboro area, approximately from July 2019 through February 2021. We interviewed them virtually through email questionnaires followed by phone calls. We also conducted individual in-depth interviews with key informants, including older adults and community leaders from the Nepali-speaking Bhutanese and Congolese groups, and community advocates. The team analyzed the interview information and generated this report.

Several agencies in the Greensboro area provide services to refugees. These include refugee resettlement agencies, service providers for older adults, state agencies, and health services groups. Some non-profit community service organizations have emerged to address the gaps in services experienced by refugees. While refugee older adults are eligible for a range of services and benefits including health insurance (Wellness Card, Medicaid), income support (SSI, Food Stamps), and housing support (Section 8, Fair Housing), in practice refugees find these services difficult to access and navigate, the amounts of support are often insufficient for their families, or essential needs are not covered. They experience difficulties in cultural adjustment, language barriers, transportation, food insecurity, lack of adequate employment, and dearth of affordable and adequate housing. Loneliness, isolation, and mental health needs are major. Due to gaps in services and access, individual ‘natural community helpers’ have emerged as important supports.

Interviews with community members, community leaders, service providers, community advocates, and researchers generated recommendations that fit into seven categories: (1) government/grant assistance for all needs; (2) access to health care, perhaps through Medicaid expansion, and including mental health services; (3) jobs and income; (4) expanded transportation; (5) safe and adequate housing; (6) language services; and (7) older adult refugee programming, e.g. for language, citizenship, and cultural adjustment classes. Some needs are in common with all age groups, such as access to health care, jobs, and transportation. Other needs are in common with underserved older adults of all communities, such as income support and ways to address loneliness and isolation. Thus, strengthening the support system for refugee older adults will address the needs of wider sections of society in the United States.

INTRODUCTION/

Purpose of our needs assessment report

This report presents a needs assessment study of older adults in two refugee communities in the Greensboro (Guilford County) area of North Carolina: the Nepali-speaking Bhutanese from Bhutan, and people from the Democratic Republic of Congo (Congolese, DRC). Prior to August 2017 policy changes, the United States (U.S.) accepted about 70,000 refugees each year, more than any other nation (Krogstad, 2019). For decades, North Carolina (NC) has been a resettlement destination for refugee communities. Refugees in the Greensboro area originate from all continents in the world. More than 120 first languages are spoken, and 140 countries of origin exist, among families in Guilford County schools (CNNCa, nd.).

We selected the Nepali-speaking Bhutanese and Congolese refugee communities for this needs assessment because of (1) their representation among the more recent waves of refugees resettled in the U.S. and in NC, and (2) ongoing partnerships between organizations serving these communities and applied researchers at the University of North Carolina Greensboro (UNCG). The Nepali-speaking Bhutanese are the largest South Asian origin refugee group settled in the U.S.

(~8,489) (Office of Refugee Resettlement, 2016). In 2018, the largest number of refugees entering the U.S. came from the DRC, and the fourth largest were Nepali-speaking Bhutanese (National Immigration Forum, 2019). Further, about 10% of Guilford County's African-origin population are refugees from diverse African nations (CNNCb, nd.). In 2017, the eighth-largest number of refugees in the U.S. were resettled in NC, mostly from the DRC (Galvin, 2018).

This report aims to address the information gap about older refugees by examining the needs of Nepali-speaking Bhutanese and Congolese older adults in the Greensboro area.

In general, the needs of older refugees globally are less addressed and less known, since the majority of the refugee population are working age adults or children (UNHCR, 2001). However, the overall immigrant stream arriving into the U.S. has been growing older due to global population aging, family-reunification based immigration of parents, and a decrease in undocumented immigration (Camarota & Zeigler, 2019). This aging profile has various implications for U.S. society, including an increased need for support services for lower income older arrivals (e.g. Medicaid and SSI) who do not have a work or taxpaying history in the country that would make them eligible for retiree support programs (e.g. Medicare and Social Security). The needs of older refugees are less documented or addressed (Ahmedinejad-Naseh & Burke, 2017; Miner et al, 2017).

Thus, the purpose of this report is to address this information gap, by examining the situation of older adults in two refugee communities in the Greensboro metropolitan area of Guilford County, NC: the Nepali-speaking Bhutanese and the Congolese.

METHODS

The team reviewed studies, surveyed service providers and organizations, interviewed older adults and community leaders, and analyzed responses.

Our needs assessment team comprised University faculty specializing in gerontology and public health education, graduate and undergraduate student researchers in Human Development and Family Studies (HDFS), Public Health Education (PHE), and Social Work (SWK). We gathered information from about July 2019 through February 2021. Our team:

- (1) Reviewed and compiled factual information on trends in refugee resettlement in the U.S. focusing on Nepali-speaking Bhutanese and Congolese. Sources of information included documents from the U.S. Government and international organizations such as the United Nations, reports from non-profit organizations and media, and academic studies.
- (2) Surveyed Piedmont Triad region service provider organizations including health providers and refugee services. We identified service providers through convenience and snow-ball sampling techniques. Our contact methods were entirely virtual: brief emailed Google Forms surveys with open-ended questions on needs and challenges of refugee and immigrant communities in the region, followed by phone calls to specific organizations and individuals. The questions focused on (i) knowledge of and services to diverse refugee communities in the area, (ii) opinions on the needs of older refugees and what gaps were discerned in the services. We included a subset of health service providers, selected with input from refugee communities as to the kinds of services community members accessed. It was outside our scope to contact representatives of Emergency Departments or large area hospitals:
 - (a) Senior centers
 - (b) Immigrant and refugee centers
 - (c) State and local agencies
 - (d) Health care providers including Dental offices; Eye doctors; Orthopedic practices; Physical therapists; Speech Pathology and Audiology centers
- (3) Interviewed Nepali-speaking Bhutanese and Congolese key informants. We conducted individual in-depth interviews with two community leaders and six older persons (men and women) from each community, with the help of a community leader interpreter where needed.
- (4) Analyzed responses using a thematic analysis approach and categorized insights into sections including:
 - (a) Main needs of refugee and immigrant communities
 - (b) Particular services offered to refugees and immigrants by the service providers
 - (c) Any gaps between the needs and service offered.
 - (d) Recommendation from service providers

How we define ‘older adults’

In our report, we included any persons who self-identified as an older adult in these two refugee communities.

Age is a social construct, thus, definitions of who is an “older” adult among refugees can vary across their countries of origin or destination. In some contexts, old age is defined in functional terms based on a person’s ability to perform certain tasks; in others, old age is defined by social roles e.g.

becoming a grandparent or retiring (Hatzidimitriadou, 2010). In most Western societies, when an individual reaches the age of 60 or 65 years, they become eligible for state benefits, which marks a formal definition of old age. However, the subjective perception of age can differ from the chronological definition, as people younger than formal retirement age may feel older based on their health or other conditions; while people in their 60s or older may not feel old especially if they enjoy good physical and financial health.

Most approaches categorize refugees 60 years and above as ‘older’ due to the increased United Nations High Commissioner for Refugees (UNHCR) efforts to address the needs of this age group. In the U.S., the older population is considered people aged 65 and older (U.S. DHHS 2017), as people become eligible for Social Security, Medicare, and other retirement benefits around their mid-60’s. Older refugees usually do not have a U.S. work history to give eligibility for retiree benefits and they may be eligible for limited public benefits for lower income persons.

Defining old age for refugee populations is challenging due to their complex migration experiences. Regional differences in life expectancy, trauma experiences during forcible migration and resettlement, and economic disadvantages heavily influence the aging process of refugees (Hatzidimitriadou, 2010). Formal records of their birth year may be unavailable or lost. We can argue that the refugee experience is similar to the aging experience of the older homeless population. According to the National Coalition for the Homeless (2009), homeless people 50 and over should be classified as ‘older adults’, because their impaired physical health, nutrition intake, and living conditions can age them around 15-20 years more than their chronological age, and increase their mortality risk 3-4 times. Thus, a 50-year-old may have the body of a person aged 65 to 70 years old. We suggest that people who have faced trauma, forced relocation, and decades of stressful uncertainty, may similarly age at a faster rate and appear functionally and subjectively older than their chronological age.

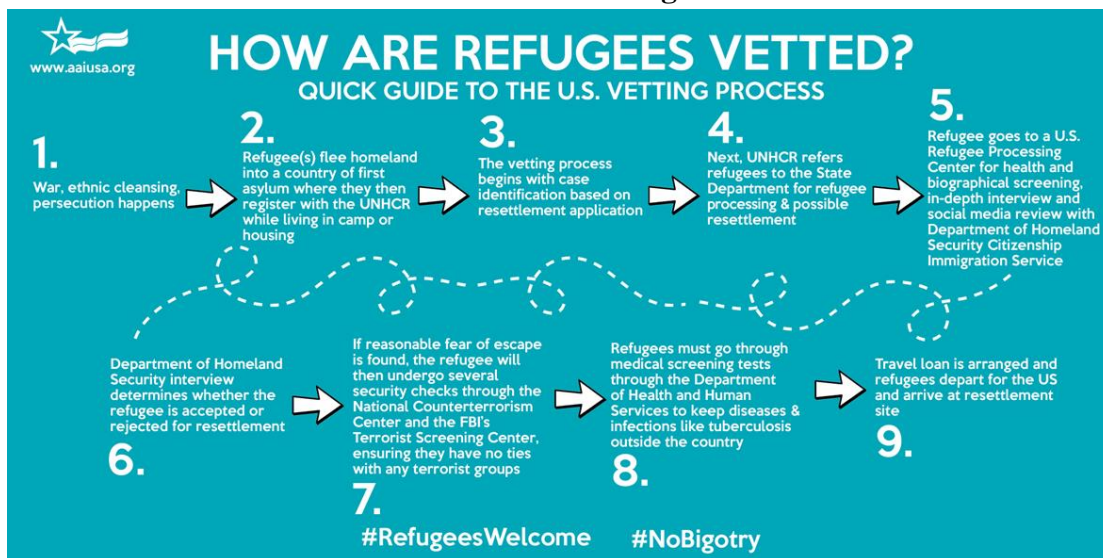
Older adults are self-defined in this report. Subjective perceptions of age can vary. Though refugee streams tend young, they include older adults whose needs must be served. Refugees may age prematurely due to their trauma and hardship experiences.

HISTORY AND TRENDS OF REFUGEES IN THE UNITED STATES

The world is currently experiencing ongoing crises leading to unprecedented levels of forced migration. Refugees linger for decades in refugee camps, and fewer than 1% are resettled in a different country (UNHCR 2001-2021). The U.S. started formally accepting refugees in 1948 after World War II, and passed the Refugee Resettlement Act of 1980 (U.S. Office of Refugee Resettlement, 2020) The U.S. grants refugee status to persons with “a well-founded fear of persecution” who cannot remain safely in their home countries, and grants asylum to people who seek refugee status but whose claims have not yet been fully evaluated. The U.S. had until 2017 led the world in refugee resettlement. However, the cap for refugee admissions was slashed to 18,000 in 2020, down from 30,000 in 2019, much lower than the cap of 110,000 in 2017 (Krogstad, 2019), and the rules for seeking asylum were made much more stringent. In 2021, the cap may be increased.

Contrary to popular misconception, refugees are recognized in international law, and are a legal category of admission to the U.S. Refugees undergo a strict, detailed, and long drawn out process of scrutiny before being accepted to resettle in the U.S. It takes an average of 18 to 24 months to fully screen and vet refugees (Immigration Forum, 2020). The steps are seen in Figure1 below.

FIGURE 1: How are refugees vetted



Source: [Arab American Institute \(nd\)](#)

Additional details of the vetting process are available [here](#).

The U.S. admits refugees from 60 countries around the world. In FY 2018, the top countries of origin of refugees admitted to the U.S. were DRC, Burma (Myanmar), Ukraine, and Bhutan (Immigration National Forum, 2019). After entry, members of diverse refugee communities may

not be officially counted, thus their exact numbers are often not known. Some of their numbers may be reflected in the US Census, but communities may be undercounted as their ethnic origins are not captured. For example, some refugees from various African nations may be counted as ‘Black’ or ‘African’ or ‘African American’, refugees from Southeast Asia classified as ‘Asian’, or subgroups attributed to a wider national label (e.g. Montagnards classified as Vietnamese).

Nepali-speaking Bhutanese and Congolese Refugees in the United States

The Table below shows the top 10 countries of origin of refugees into the US between 2017-2019. The largest number of arrivals was from the DRC, while Nepali-speaking Bhutanese were in the top 10 in 2017 but not in the next two years. Nepali-speaking Bhutanese people started to come to the US in 2008. Over 5,300 entered by January 2009; 10 years later in August 2019 only 44 were admitted. Refugee Admission Reports from 2001 showed that 264 people from the DRC were admitted to the U.S., while in August 2019 the number was 12,528 persons.

The number of individuals approved for admission is higher than the number who actually arrived in the US. (Blizzard & Batalova, 2019). On the other hand, numbers of refugee admissions are an underestimate of the size of refugee communities because family members who arrive through family reunification channels are not counted.

Table 1: TOP 10 COUNTRIES OF ORIGIN OF REFUGEES 2017-2019

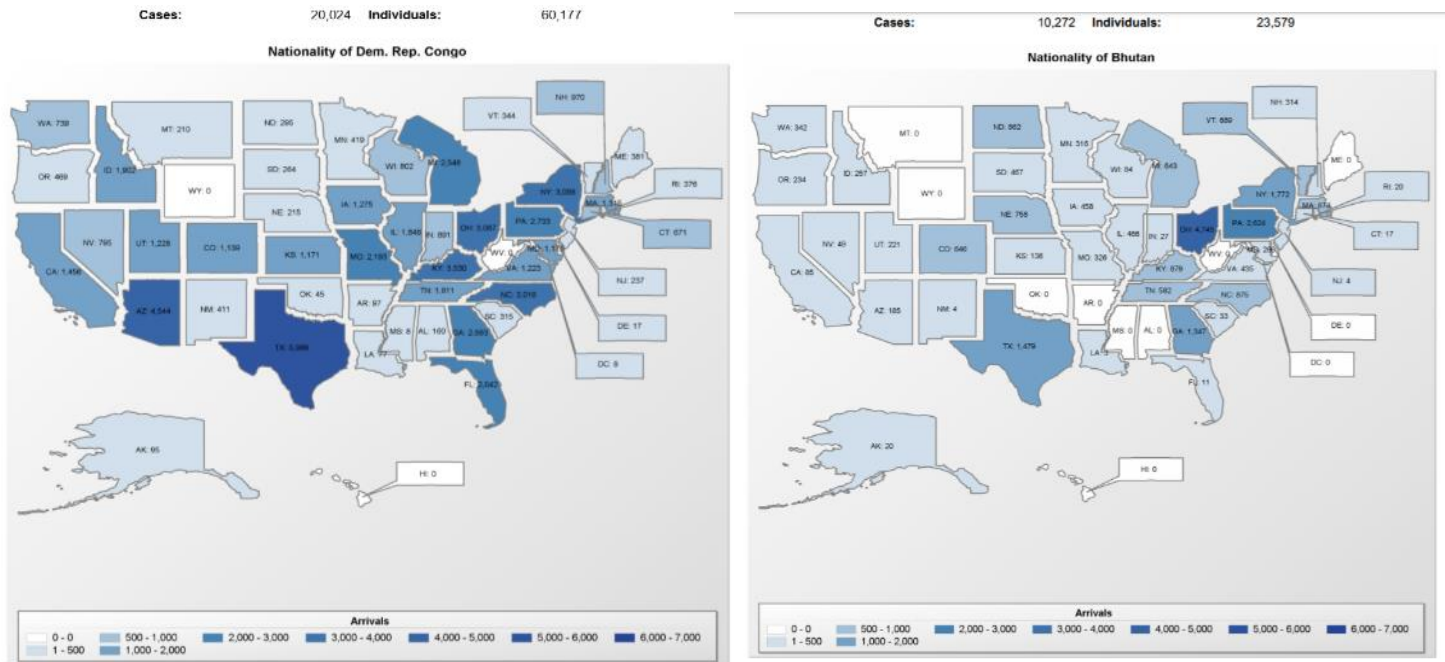
Table 1. Top Ten Origin Countries of Refugee Arrivals, FY 2017-19*

2019*			2018			2017		
Country	Number	Percent	Country	Number	Percent	Country	Number	Percent
Dem. Rep. Congo	6,907	46.6	Dem. Rep. Congo	7,878	35.0	Dem. Rep. Congo	9,377	17.5
Burma	2,571	17.4	Burma	3,555	15.8	Iraq	6,886	12.8
Ukraine	1,825	12.3	Ukraine	2,635	11.7	Syria	6,557	12.2
Eritrea	932	6.3	Bhutan	2,228	9.9	Somalia	6,130	11.4
Afghanistan	330	2.2	Eritrea	1,269	5.6	Burma	5,078	9.5
Syria	286	1.9	Afghanistan	805	3.6	Ukraine	4,264	7.9
Iraq	234	1.6	El Salvador	725	3.2	Bhutan	3,550	6.6
Sudan	168	1.1	Pakistan	441	2.0	Iran	2,577	4.8
Burundi	150	1.0	Russia	437	1.9	Eritrea	1,917	3.6
Colombia	148	1.0	Ethiopia	376	1.7	Afghanistan	1,311	2.4
All other countries, including unknown	1,257	8.5	All other countries, including unknown	2,142	9.5	All other countries, including unknown	6,069	11.3
Total	14,808	100.0	Total	22,491	100.0	Total	53,716	100.0

*Data for FY 2019 are partial and refer to resettlement between October 1, 2018 and April 30, 2019.
Source: MPI analysis of State Department WRAPS data.

Source: Blizzard, B. & Batalova, J., 2019

Figure 2: Congolese and Bhutanese arrivals in the U.S from January 1, 2014-May 11, 2020



Source: U.S. Department of State Bureau of Population, Refugees, and Migration, 2020

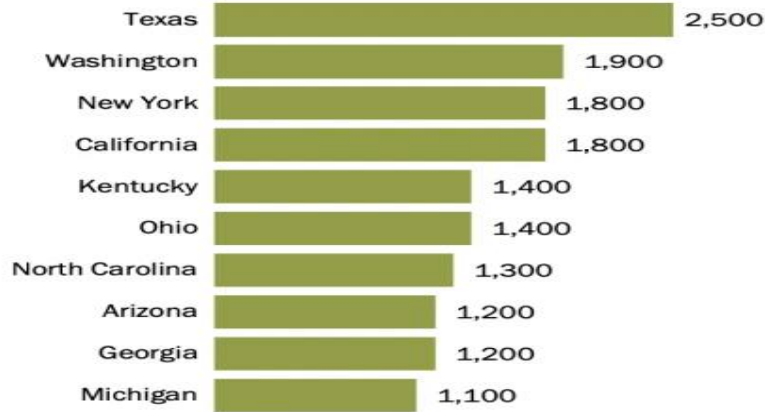
REFUGEE COMMUNITIES IN NORTH CAROLINA

North Carolina, currently 7th of the top 10 states for refugee resettlement, has long welcomed newcomers. Governor Roy Cooper wrote in December 2019: “North Carolina was one of the first states to welcome refugees to the U.S. after the United States Refugee Act was signed into law in 1980. Our state has a strong network of community and faith-based groups which aid in resettlement of refugees who seek safety from persecution.” (The Editorial Board, Charlotte Observer, Jan 10th, 2010). Resettlement is facilitated in NC by a network of community organizations, resettlement agencies, churches, employers, military connections, and others. Refugees are attracted to NC by job opportunities in agriculture, construction, and hospitality; moderate weather; and opportunities for education including HBCUs that welcome and nurture minority, disadvantaged, and first-generation college students. Most resettlement occurs in the urban counties: Wake, Durham, Guilford, Mecklenburg, and adjacent areas.

Table 2

Top states for U.S. refugee resettlement in fiscal 2019

Number of refugees resettled by state



Note: Fiscal year ended on Sept. 30, 2019. Numbers rounded to the nearest hundred.

Source: U.S. State Department's Refugee Processing Center, accessed Oct. 1, 2019.

PEW RESEARCH CENTER

Source: Krogstad (2019)

In 2015 over 3,300 refugees resettled in NC, mostly in Durham, Guilford, Mecklenburg, and Wake counties. In 2017, immigrants - including refugees - comprised more than 10% of the population in the urban counties of Durham, (13.9%), Guilford (10.2%), Mecklenburg (15%), and Wake (13.3%) (United States Census Bureau, 2019). In 2018 however, only 1,100 refugees arrived in North Carolina (Walden & Sienkiewicz 2019).

Between 2016 and 2017 Guilford county had the largest number of refugees (890 or 26%), and Greensboro had the 4th largest number (556 or 16%), who entered the state. Over 9,000 refugees of African descent live in Guilford county. Over 750 refugees are from Rwanda, Zambia, Uganda, Kenya, Burundi, Congo, and other Central African Countries: (CNNCb, n.d.). The figure below shows the ethnic/national origin of the refugees in 2017 in Greensboro NC: 8% were from Bhutan/Nepal, 56% from the DRC, 6% from Sudan, 15% from Syria. In the adjacent town of High Point, 6% were from Bhutan/Nepal, 12% from Burma (Myanmar), 15% from the DRC, 14% from Somalia, 5% from Sudan, and 27% from Syria (New Arrivals Institute 2018).

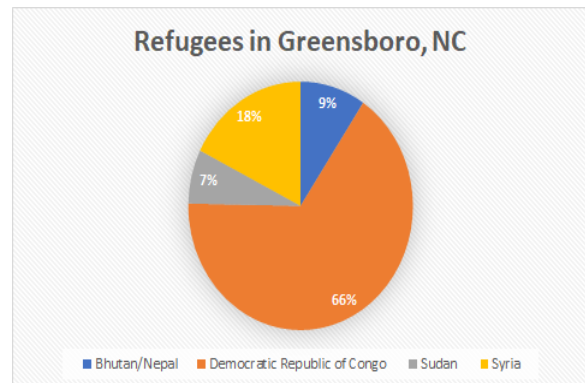
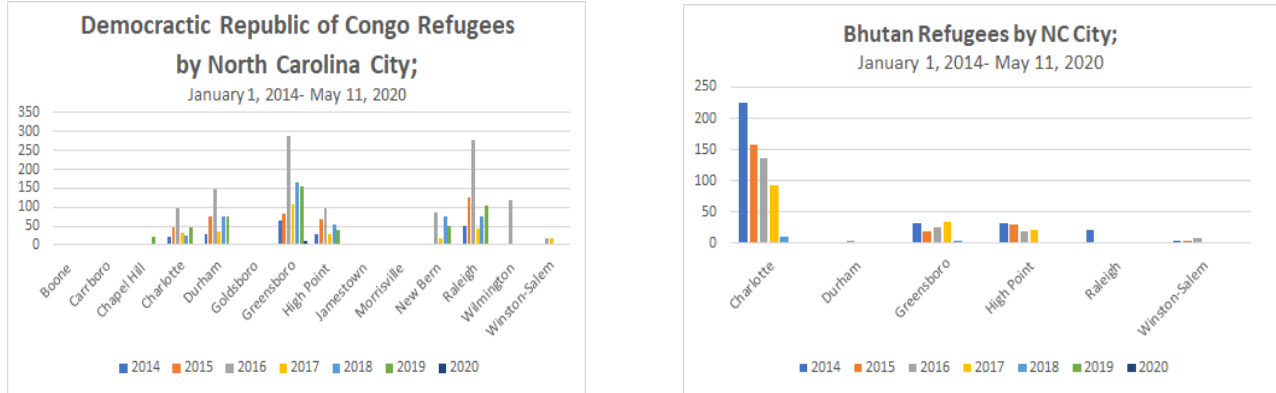


Figure 3

Source: CNNCb, n.d.

The figures and table below show that most Congolese and Nepali-speaking Bhutanese refugees in NC are settled in the larger urban areas.

Figure 4



Source: U.S. Department of State Bureau of Population, Refugees, and Migration, 2020

Table 3a

Bhutanese Refugee Arrivals 1/1/2014-5/11/2020 in North Carolina by City

Nationality						
Placement State						Cumulative
Placement City	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018	Total
Bhutan	311	209	194	148	13	875
North Carolina	311	209	194	148	13	875
Charlotte	225	157	136	92	10	620
Durham	0	0	3	0	0	3
Greensboro	31	19	26	34	3	113
High Point	32	29	19	20	0	100
Raleigh	20	0	1	0	0	21
Winston-Salem	3	4	9	2	0	18
Total	311	209	194	148	13	875

Source: U.S. Department of State Bureau of Population, Refugees, and Migration, 2020)

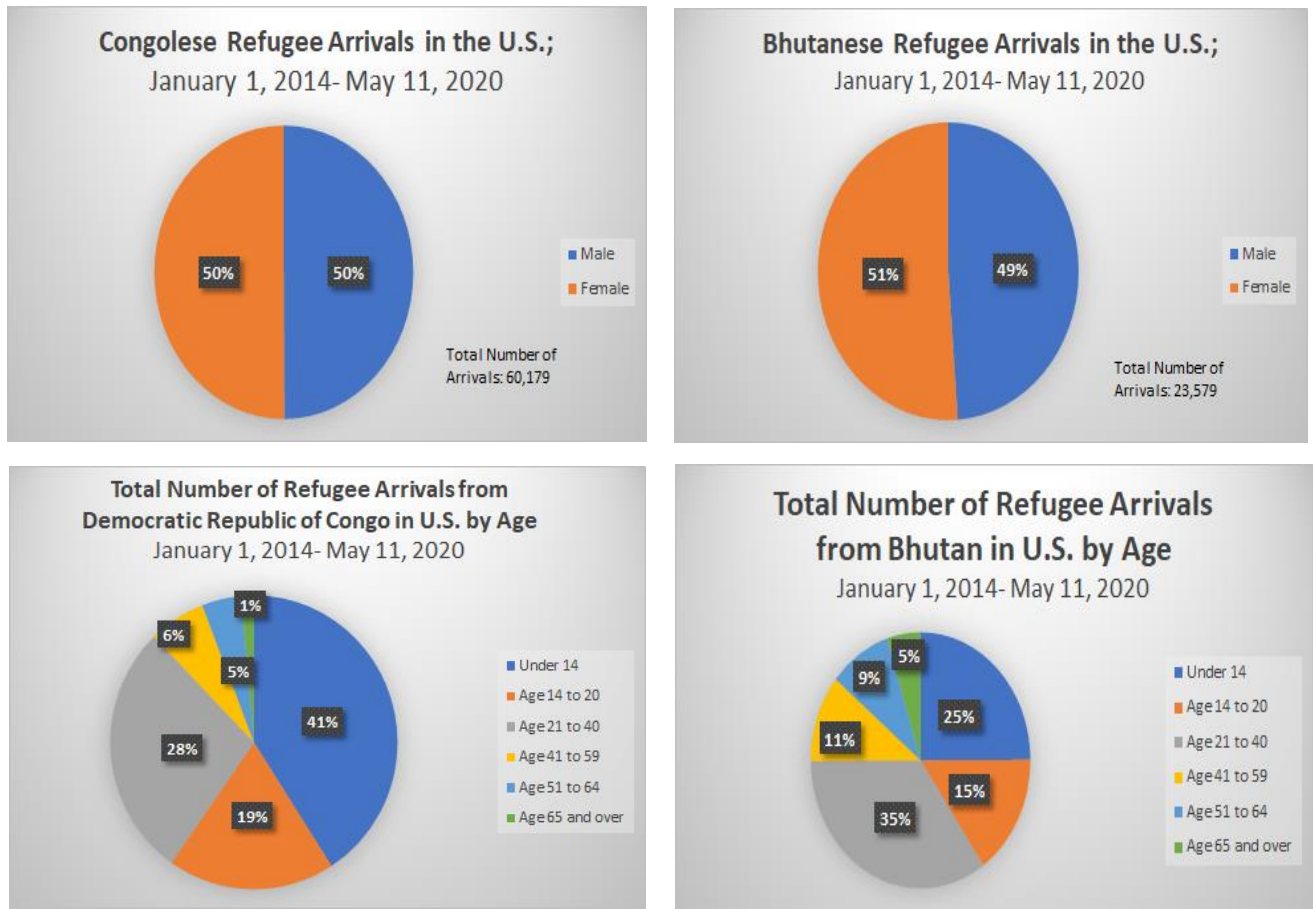
Table 3b
Congolese Refugee Arrivals 1/1/2014-5/11/2020 in North Carolina by City

Nationality								
Placement State								Cumulative
Placement City	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	Total
Dem. Rep. Congo	198	405	1,138	291	472	494	18	3,016
North Carolina	198	405	1,138	291	472	494	18	3,016
Boone	3	0	0	0	0	0	0	3
Carrboro	0	0	2	0	0	0	0	2
Chapel Hill	0	0	0	4	0	22	0	26
Charlotte	22	45	97	34	25	46	3	272
Durham	28	76	149	35	77	76	2	443
Goldsboro	0	0	1	0	0	0	0	1
Greensboro	63	84	287	109	165	155	12	875
High Point	27	70	99	28	53	38	0	315
Jamestown	0	0	3	0	0	0	0	3
Morrisville	0	1	0	0	0	0	0	1
New Bern	3	0	86	19	76	51	0	235
Raleigh	52	127	277	44	76	106	1	683
Wilmington	0	2	118	1	0	0	0	121
Winston-Salem	0	0	19	17	0	0	0	36
Total	198	405	1,138	291	472	494	18	3,016

Source: U.S. Department of State Bureau of Population, Refugees, and Migration, (2020)

In Figure 5 on the next page, we see that among refugees from Bhutan and DRC, most are below age 40 and the smallest proportion are aged 65 and above. Despite this, those aged 51 - 64 years and 65 and above form 6% of Congolese and 14% of Bhutanese, indicating an appreciable number of older adults whose specific needs must be identified and addressed.

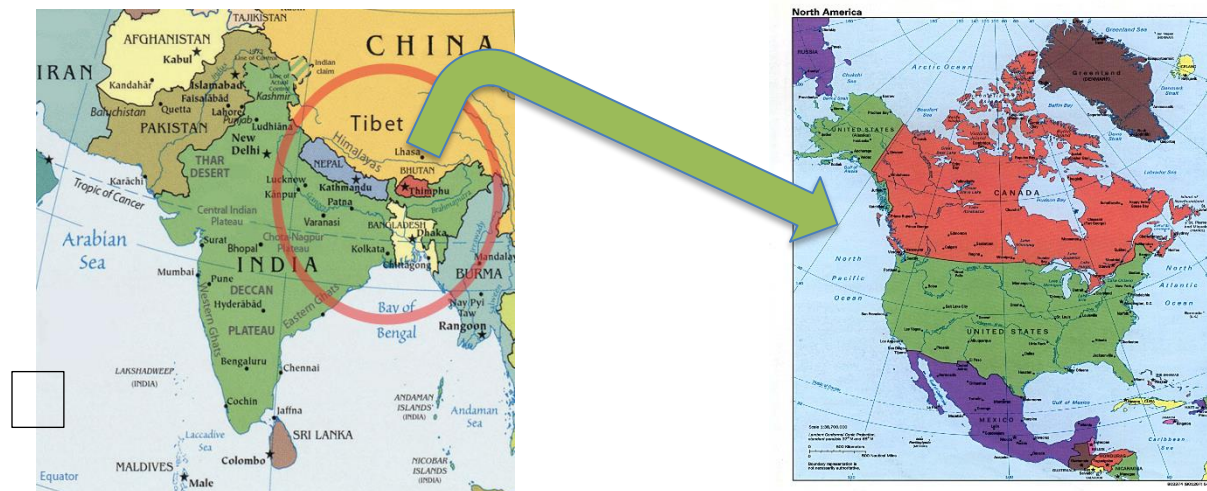
Figure 5
North Carolina Refugee Arrivals January 1, 2014- May 11, 2020



Source: U.S. Department of State Bureau of Population, Refugees and Migration, 2020

We re-emphasize that these numbers of refugee arrivals underestimate the true size of refugee communities because they do not include arrivals through family reunification channels. Family members are part of the refugee communities but are not reflected in refugee arrival counts.

Nepali-speaking Bhutanese and Congolese refugees' journey to the U.S.



Source: <https://nepalandbhutanblog.wordpress.com/>

Source: https://legacy.lib.utexas.edu/maps/americas/namerica_95.jpg

Most Nepali-speaking Bhutanese refugees are Lhotshampa (ethnically Nepali) people who settled in the Kingdom of Bhutan in the 19th century. They held Bhutanese citizenship and lived in peace with the majority Buddhist Druk Bhutanese until the 1980s, when the government embarked on 'Bhutanization' measures that disenfranchised Lhotshampas, forbade the Nepali language, and deprived them of civil rights and citizenship. Violent clashes and mass arrests ensued. Lhotshampas were forced to sign 'voluntary migration certificates' before being expelled from Bhutan. Tens of thousands fled and were not allowed to return. The Kingdom of Nepal did not facilitate them to resettle there with rights to education and work. Thus, they are resettled in a third country though most wish to return to Bhutan (Ranard 2007).

This refugee group is nearly evenly divided between males and females. Adults age 60 and older are nearly 7% and children under 18 are about 35% of this group. Most are Hindu or Buddhist, some are Christian or an indigenous religion. About 35% know some English. The caste system is a feature; upper caste persons are more likely to have higher education and resources. Most have had some education in Nepali and English. Many are students, farmers, skilled workers, or professionals. Gender roles are distinct: women have less authority, access to resources, and decision-making power. Community challenges include language, jobs, health issues, and adjustment to US laws and culture. Strengths include a strong and supportive family system, with extended families common.



Source: <https://commons.wikimedia.org/wiki/File:Africa-political-map.jpg>

Source: https://legacy.lib.utexas.edu/maps/americas/namerica_95.jpg

Refugees from the DRC fled after prolonged armed conflict and crimes against humanity beginning in 1996, including civil unrest, ethnic genocide, killings, torture, and mass rape and sexual violence (Ranard 2014). DRC is a multi-ethnic, multi-lingual, and multi religious society. The country has abundant natural resources including minerals used in the manufacture of cell phones and packaged food, yet most of this wealth has gone to corrupt politicians, warlords, and unscrupulous international corporations. The population remains in great poverty, with a ruined health, education, and infrastructure. The main religions include Christianity, Islam, and indigenous religions. Congolese speak a variety of ethnic languages, but most are bilingual in Swahili. French is the medium of instruction for higher education.

After the DRC conflict began, about 470,000 refugees sought shelter in neighboring ‘first asylum’ countries. Only 3% of the group in the refugee camps is aged 50 or older, while 55% are under age 18; females (51%) and males (49%) are almost equal. Common work backgrounds include farmers and unskilled workers, fewer are skilled workers, office workers, or professionals such as teachers and social workers.

Challenges include that nearly 20% of adults cannot read and write, more so among women. More than half have no knowledge of English. Few have experience with driving, banking, or a functioning judicial system. Common health conditions include TB, HIV, hypertension, heart disease, vision problems, and mental health conditions arising from trauma histories. Women have more responsibility for childcare and housework, and less decision-making power. Women marry at a younger age than allowed in US law e.g. age 14, older children care for younger ones,

physical punishment of children is common, and high rates of spousal abuse occur. These practices may bring refugee families into conflict with US laws.

The strengths of the group include a strong church community that serves as a surrogate family, hard work ethic and desire to succeed, and capacity to maintain morale under challenging circumstances. Strong family systems include extended family members and non-kin. Western medicine is accepted, and traditional medical systems play a complementary role. More younger persons have experience with email and cell phones.

SERVICE PROVISION FOR REFUGEES IN GREENSBORO

A network of organizations offers services for refugees in the Greensboro area. These are funded through a mix of federal, state, local, and philanthropic sources, while some are private pay. The services offered to refugees span the range from assisting new arrivals to settle in and find their feet in the first few months, to longer term assistance via education and advocacy. Some agencies such as Senior Resources of Guilford offer services specifically to older refugees. Others serve all age groups with specific programs for older adults. Examples of organizations and programs are described briefly below. This is not an exhaustive list of area organizations.

1. **North Carolina African Services Coalition.** <https://ascafrica.org/> They offer services for all ages. Programs include:
 - a. Public Education and Advocacy: through outreach efforts including public discussion forums, seminars and presentations, NCASC provides ongoing updates on refugee-related matters.
 - b. Employment: ASC has two employment programs that provide services to better equip newly arrived refugees with the tools they need to become self-sufficient.
 - c. Resettlement: Case managers give each refugee a comprehensive cultural and programmatic orientation to life in the United States.
 - d. Preferred Communities Program: This program supports resettlement of newly arriving refugees with special needs with the opportunities for self-sufficiency and integration into new communities.
 - e. Immigration Services: NCASC's low-cost Immigration Services serves families and individuals resettled by NCASC or referred by other service agencies.
 - f. Economic Development: Assist refugees in becoming economically self-sufficient, developing credit history and/or in repairing their credit scores, and help refugee communities to develop capital resources.
 - g. Refugee Scholar Program: RSP helps refugee youth overcome economic, social, financial and psychological barriers to access higher education and reach long-term economic self-sufficiency; and strengthen organizational capacity to serve

students and their families by building an organizational culture that values and supports education

2. **World Relief Triad** - <https://worldrelieftriad.org/refugee-resettlement> They serve all age groups.
 - a. Meet new arrivals at the airport, and transport arrivals to their new home
 - b. Spend time explaining how to operate things that some refugees may never have encountered before (exp. Light switches, American bathrooms).
 - c. Find ways for arrivals to acquire food familiar to them
 - d. Provide contact information in case of emergencies
 - e. Cultural orientations to neighborhoods such as bus, grocery stores, etc
3. **Church World Services** <https://cwsgreensboro.org/> serves all age groups
 - a. Basic Support Services: CWS partners with the community to ensure every newly arrived refugee has safe and affordable housing, basic home furnishings and household supplies, utility connections and access to a phone, culturally appropriate food, and sufficient clothing to begin their new life in Greensboro.
 - b. Case Management: Case Managers assist newly arrived refugees with accessing information and services they need to succeed. Services include airport reception, home and community orientation, application assistance for public benefits including social security cards, food stamps, and Medicaid, short- and long-term case planning support, and ongoing one-on-one follow up to help refugees meet their goals for self-sufficiency in the US. (Up to five years)
 - c. Employment Services: To obtain self-sufficiency, refugees resettled in Greensboro require jobs! The CWS Employment team provides job classes to prepare refugees for American work culture and practices. Then we work with employers and clients to develop job opportunities and on-going support to both parties.
 - d. CWS Employment Service programs also cater to older adult refugees. These include federal refugee programs - Reception & Placement (US Refugee Admissions Program), Matching Grant (ORR), Preferred Communities (ORR), NC RAP (state refugee assistance program). They provide services to older refugees who have been in-country for less than 5 years, and immigration services (applying for green cards or citizenship) after the 5 year mark.
4. **Center for New North Carolinians (CNNC)**. <https://cnnc.uncg.edu/> serves all age groups. Programs include:
 - a. Greensboro Refugee Employment Advancement Team: - GREAT - is a collaborative effort of local refugee-serving agencies. CWS, New Arrivals Institute (NAI), Montagnard Dega Association (MDA), and CNNC work together to support low-income refugees and immigrants to find and retain stable, family-sustaining employment.

- b. Immigrant Health Access Project: IHAP utilizes the community health worker model to reduce barriers and promote access to care for uninsured immigrant and refugee adults in Greater Greensboro.
 - c. Interpreter Access Project: is a fee-based program that trains and cultivates a pool of culturally competent, professional interpreters in various languages who can respond to interpretation requests from local health and human service providers so that Limited English Proficiency persons can obtain appropriate assistance, in accordance with Title VI.
 - d. CNNC provides many services for older refugees including: health and human services, employment services, education services, case management/care coordination, referrals, advocacy, and limited interpretation services. The CNNC serves seniors as well as individuals and families of all ages.
- 5. Senior Resources of Guilford County** <https://www.senior-resources-guilford.org/>
- a. This organization has a wide range of programs serving diverse Guilford County older adults. These include among others case assistance, caregiver support, foster grandparents, mental health support, meals on wheels and restaurant vouchers, senior health insurance information (SHIP), rural outreach, and senior line.
 - b. They have specific refugee-focused programs for older refugees aged 60 and over. These include cultural awareness programs, health screenings, citizenship classes, English classes, nutrition, health information and some immunizations (e.g. flu shots). Older refugees are provided free transport to a community nutrition centre where they receive a hot meal on any day a class is held. Other services can be accessed from Monday through Friday from Senior Resources of Guilford County or any of their partner organizations including NAI.
 - c. Details can be viewed at: <https://www.senior-resources-guilford.org/refugee-programs>
- 6. Piedmont Triad Regional Council Area Agency on Aging:** <https://www.ptrc.org/services/area-agency-on-aging>
- a. The Area Agency on Aging is funded through Federal, State, and local sources and is part of the Piedmont Triad Regional Council umbrella. Services for older adults are listed here: <https://www.ptrc.org/services/area-agency-on-aging>
 - b. The PTRC AAA does not directly provide services. Their role is to funnel funding to organizations serving older adults, including the Senior Resources of Guilford, Senior Centers, Meals on Wheels, information and referrals to services for housing, home and community-based care, informal resources e.g. for transportation, etc.
 - c. Recently, PTRC AAA has strengthened its diversity-related requirements for funding to service organizations, especially regarding details of the methodology the organizations use for outreach to diverse and marginalized communities, including places they advertise, languages they translate materials into, etc.

7. North Carolina Department of Health and Human Services <https://cnncc.uncg.edu/>

- a. NC DHHS provides access to health insurance for refugees. When refugees first enter NC, they receive health care either through Medicaid or the Refugee Medical Assistance (RMA) program administered by the NC DHHS (Morillo, 2019). Eligibility is determined through a program called NC Families Accessing Services Through Technology (NC FAST) for comprehensive Medicaid for families with dependent children, aged, blind or disabled, or pregnant women. Those not eligible, typically single adults or married adults without children, receive health care through RMA for their first 8 months in the country. After this time, if clients are not able to get health insurance coverage through an employer, refugees and legal permanent residents (people with green cards) can apply for programs through NC Health Choice (a program for lower income persons who make too much money to qualify for Medicaid but too little to afford private health insurance) or the Affordable Care Act. Sponsoring agencies assist refugees with the application process and help them to choose a primary care provider based on convenient location, ability to provide culturally or linguistically appropriate services, etc. Refugees must maintain eligibility and periodically recertify as required.
- b. NC DHHS also partners with various private non-profit agencies to provide older adult refugees with services. Through the Refugee Assistance Program, older refugees who are not yet US citizens and have not been in the US for five years can access services including Interpretation/language services, citizenship training, health screenings, employment assistance etc.
(<https://www.ncdhhs.gov/assistance/refugee-services>)

8. Guilford County Health Services Department Refugee Health Services:

<https://www.guilfordcountync.gov/our-county/human-services/health-department/refugee-health-services>

- a. These services are provided to refugees, asylees, victims of trafficking, and similar vulnerable groups. While there is a focus on children, services are provided to adults too including screenings and immunizations, which may carry a cost.

9. Housing assistance: <https://greensborohousingcoalition.org/>

- a. Organizations addressing the housing needs of lower income persons and people with special needs in the Greensboro area include The Greensboro Housing Coalition (GHC), a referral and information service for people to find safe, healthy, and affordable housing. GHC aims to prevent homelessness and foreclosure and promote safe and healthy housing. During the 2018 tornado which damaged several neighborhoods where lower income persons and refugees live, GHC organized donation drives, helped assess damages and arrange for repairs, and coordinated relief with other agencies. They received a grant to renovate apartment complexes where many refugees live. They map asthma hotspots in housing areas. For lower income older adults struggling to pay rent,

GHC offers avenues through partnerships focused on housing and food insecurity. GHC partners with the Mustard Seed clinic, Cone Health, and area Universities to offer programs, e.g. weekly nutrition and exercise outreach for older adults, via the Farmer's Market where SNAP benefits can be used.

- b. The Center for Housing and Community Studies of UNCG (CHCS) is a university-based research, evaluation, and technical assistance center. It investigates how the social, economic, environmental and spatial aspects of home and neighborhood affect people's health, well-being, and life course. These serve all lower income communities

10. Health care organizations

- a. Health facilities and community clinics that serve Greensboro span the entire range from the apex health care facilities such as Cone Hospital, to community clinics for underserved groups and areas. They comprise all specialties and services. There is cooperation among some of these institutions to serve underserved communities, especially persons without access to technology, who are often older adults. (1) Cone Health Guilford County has a mobile truck that brings testing facilities to older adults, working through church networks, with a community liaison / translator. (2) the Department of Public Health does environmental outreach in person and through flyers posted in community grocery stores and on people's doors. (3) the Mustard Seed Clinic is an example of a community clinic serving diverse lower income neighborhoods including those where refugees live.

11. Community organizations. These non-profit organizations have arisen in response to the needs of communities and gaps in the existing service structure. While they do not focus solely on older adults, they serve all age groups. Examples include:

- a. Jalloh's Upright Services: <https://www.jus-nc.org/> an organization that serves a wide range of needs including citizenship, jobs, housing, language, and transition and cultural assistance. This group assists all communities but has expertise with African groups.
- b. Institute for Peace and Harmony: <https://www.facebook.com/IPHTRIAD/> This organization serves refugee communities in the NC Triad region, especially providing support after the few months of formal services from resettlement agencies end.
- c. The Triad Nepalese Community Center (TNCC): <https://www.facebook.com/Triad-Nepalese-Community-CenterTNCC-171150696253671/> This organization serves as a community meeting point and support organization for people with ties to the Nepali community, including Nepali-speaking Bhutanese.
- d. Summit-Cone Families: <https://www.facebook.com/Summit-Cone-Families-1786535934747885/> This community advocacy and resource group arose in response to the 2018 Cone Apartment fire tragedy. It focuses on providing access to safe and adequate housing for lower income persons, documenting evidence of unsafe housing, and advocating that landlords be held accountable.
- e. Greensboro International Advisory Committee: <https://www.greensboro-nc.gov/departments/human-rights/boards-and-commissions/human-rights->

[commission/international-advisory-committee](#) Formed in 2008, its mission is to “To ensure the voice of the international community is heard, share its successes, and present its concerns to the Human Rights Commission and City Council.”

KEY NEEDS / CHALLENGES OF REFUGEE OLDER ADULTS

Perceptions of service providers about major needs for refugee older adults

The service provision organizations concurred that refugee communities, including older adults among them, have several basic needs in common. These include:

1. **Food:** the food needs range from accessing sufficient food for their families and also finding foods that are culturally familiar and acceptable. Some local churches like Mount Olive and others help with food for families in need.
2. **Transportation:** Food may be available at ethnic grocery stores, but many refugees lack transportation and the bus system may not serve their areas. Transportation is needed for other necessities including health care, community programs, jobs, etc., many of the locations are not served by public transportation. Lack of transportation is a significant barrier to all refugees, including older adults.
3. **Language:** Lack of English knowledge restricts refugees from learning about housing resources, food, transportation, and other critical needs. Younger persons learn English more quickly.
4. **Finances:** Refugee older adults, like all ages, need money to pay for rent/obtain housing, food, and basic needs. Refugee communities struggle with lower income and lack of ability to afford these basic needs. Some of them struggle with the mandatory repayment of their plane tickets to the IOM while meeting basic needs.
5. **Employment:** Refugees need help getting jobs and need more information on how to get jobs. Older adults are more vulnerable in this regard.
6. **Health care:** Navigating the different pathways and criteria to access care is difficult for refugees and case managers. Also, there are substantial time delays. Although federal and state laws set timelines for reviewing and determining eligibility, and despite best efforts of clients, case managers, and local Division of Social Services offices, it can take months for Medicaid or RMA applications to be processed and approved. “This delay creates tremendous challenges in finding health care providers, especially specialists, who are willing to even schedule an appointment. This in turn leads to emergency department usage for non-emergency reasons” (Morillo 2019 p. 90). Lack of culturally appropriate mental health services are a significant barrier.
7. **Housing:** adequate and affordable housing is a major need of all low-income communities, including refugees. Refugees face multiple barriers: lower income, language, unfamiliarity with the system, negative stereotypes of their ethnicity and national origin, and lack of supply of affordable housing in the area. In this

regard, the Congolese community seemed more vulnerable as they are more recent arrivals with fewer resources. Needs Assessment team members who visited apartments where these community members lived observed more issues with dirt, mold, and pest infestations.

Church World Service's staff stated that the needs of older refugees including Nepali-speaking Bhutanese and Congolese are only partially being met, due to limited funding for intensive case management and long-term social adjustment programming that is culturally-appropriate and ideally led by a trained social worker from the community. Needs are more fully met when community leaders / volunteers help refugees find employment, paperwork, housing, etc. They recommended that each agency that serves older refugees should have on staff a member of each ethnic/cultural/linguistic community being served, to build rapport with seniors and facilitate their access to and participation in mainstream programs. Further, program administrators should prioritize budgeting for paid interpreters, transportation for seniors, and cultural navigators to increase participation and relevance of programming.

The CNNC Senior Care Program Coordinator stated that *“we struggle to meet the needs of all of our seniors in our community, and seniors within these populations are no exceptions. When individuals or family units have a strong network of family or a religious community, those institutions have been able to make the difference that health and human service agencies are not able to - but those without those ties really struggle.”*

According to Dr. Stephen Sills, Professor of Sociology and Director of the CHCS, a key issue impacting immigrants and refugees' health, well-being, and quality of life is access to safe, affordable, and adequate housing. A poor-quality apartment may be cheaper and closer to work, school, and other resources, but is costly in terms of healthcare and wellbeing over time. There is a shortage of affordable and adequate housing in the Greensboro area, as developers prioritize building large apartment complexes and expensive homes over moderately priced or starter homes. Housing that is affordable is bought by developers who fix them and raise the rent making them unaffordable for lower-income persons. Other developers decide to not fix up poor quality apartments at all or do the bare minimum. Thus, Greensboro for the past decade has experienced a deficit of affordable housing. There are about 40,000 households (homeowners and renters) who are paying more than 30% of their income on housing and related expenses. Also, most available housing does not accommodate larger or multigenerational families. Thus, multi-generational families live in small apartments or move out of NC for better situations.

Moreover, policies create barriers to safe and affordable housing. For e.g., safe housing is hard to obtain without an established credit history. Most refugees need someone from an agency to vouch for them in order to obtain affordable housing. Refugees are provided with housing

assistance for a short period of time, after which they must pay their own rent and compete with low-income American-born people for affordable housing.

In February 2020 the CHCS hosted a ‘Housing Hangout’ meeting, where a panel of speakers identified barriers that refugees face in navigating the system and accessing safe, adequate, and affordable housing. These include:

- a. Language and communication differences,
- b. Lack of technological know-how such as how to set up and use email. This barrier is overcome in families with children in High School who help with English and tech.
- c. Lack of community support: refugees don’t know where to go to complain about substandard or unsafe housing; they lack knowledge of and access to legal representation; they don’t know the various neighborhoods and so end up in poor housing.

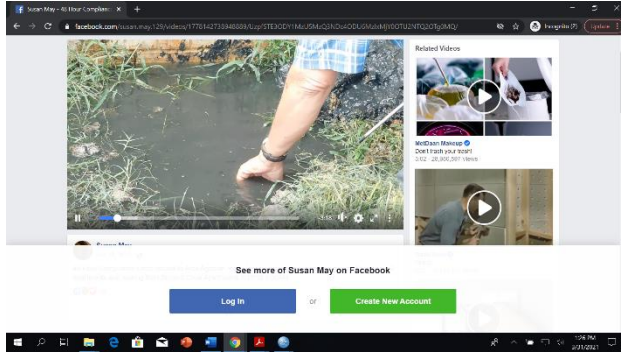
The panel discussed solutions: (1) teach refugees strategies to navigate and survive in the US system. (2) Educate communities about their rights, and how to make demands of their landlord.

The CHCS Fair Housing study revealed discrimination in the American housing system based on sex, race, and national origin that contribute to the housing crisis that refugees are facing, despite this being a violation of federal law. For example, a Congolese woman would be at the bottom of the hierarchy due to being female, Black, and refugee. Dr. Sills suggested that the Fair Housing Office of the City of Greensboro should get more aggressive about enforcing the Fair Housing Act. When there is evidence, a monetary or criminal suit should be filed against the management company, landlord, or apartment complex, to compensate the person who has been discriminated against. Currently, the Fair Housing system hesitates to prosecute discriminatory behavior, and the main action taken was to send a letter to violators stating that they should get training on fair housing and how to be appropriate. He said: “...*we do not do good outreach to immigrant and refugee communities with fair housing right now.*”

The Summit-Cone Apartment fire tragedy in 2018 in Greensboro that killed five Congolese refugee children was a wake-up call regarding landlords not providing upkeep on low income housing. Dr. Sills stated: “*There were 800 code violations in that apartment complex. ... Their way of doing business is ‘I am not going to put any money into it’ and they were specifically renting to refugees and immigrants because they could ignore them.*”



Source: https://www.facebook.com/pg/Summit-Cone-Families-1786535934747885/photos/?ref=page_internal



Source:

<https://www.facebook.com/susan.may.129/videos/1778142738948889/UzpfSTE3ODY1MzU5MzQ3NDc4ODU6MzIxMjY0OTU2NTQ2OTg0MQ/>

Source: <https://www.facebook.com/Summit-Cone-Families-1786535934747885/photos/a.1786926031375542/2516554025079402>

Community advocates are working to mobilize support to improve housing access for refugee families through groups such as the Summit-Cone Families: <https://www.facebook.com/Summit-Cone-Families-1786535934747885/>

which document ongoing housing code violations as seen in the illustrations above and raise support for refugee families to attain safe and adequate housing.

To summarize, gaps in services for older refugee populations are substantial. These gaps stem from lack of appropriate services, and from older refugees not being able to access existing services due to barriers. Community providers stated that older refugees typically have no retirement savings, no affordable housing, and lack jobs and transportation. Navigating health insurance is difficult and time consuming, and mental health services are rare. Organizations don't have enough funding for intensive case management and long-term social adjustment programming that is culturally appropriate. Refugee older adults lack social support, and some services such as in-home aides only provide limited assistance to refugee populations. Obtaining jobs and accessing safe affordable housing are major concerns. Older adult refugees need more support in navigating service systems due to their older age and physical and cultural challenges.

Impact of COVID-19

The bulk of the fact-finding for this report was conducted prior to the COVID-19 pandemic. However, we gathered some information on the impact of the pandemic on the needs of and services for refugee older adults. Age, prior trauma, pre-existing medical conditions, and socio-economic disadvantages place older refugees at a higher risk of contracting Covid-19. Thus, many of the agencies providing services to older refugees have had to either cancel, suspend or revisit their modes of service provision.

The Greensboro Housing Coalition has increased services related to the eviction moratorium and foreclosures after COVID19, including a rental assistance program and legal aid.

Senior Resources of Guilford found that with the onset of Covid-19, schedules and mode of service delivery had to change. Language classes were suspended, citizenship processes delayed and refugee coordinators (case workers) can only follow up via phone calls. Instead of the hot meal that was provided at the community nutrition centres, frozen meals for the week are delivered to the older refugees' homes, where they do not always have sufficient storage. On the whole, there is less social connection between the agencies and the older refugees. At the time of writing this report, the Senior Resources of Guilford County was exploring other avenues to improve service provision for older refugees during this Covid-19 period.

Community Views: community leaders and older adults

We conducted in-depth individual interviews with 9 older adults in the Bhutanese/Nepali community (5 women, 2 men, 2 community leaders, both male) and 8 in the Congolese communities (4 men, 2 women, 1 community leader, female, 1 community leader, male). We began by interviewing community leaders, who facilitated introductions to community members.

The Nepali-speaking Bhutanese community members ranged in age from age 51 through age 74. The Congolese members ranged from age 64 through age 84 years of age. The community leaders included: a pastor who advocates for new refugee arrivals and guides them how to live in the United States; a community case worker who helps young refugee children with homework, conducts case management, and leads community groups; a retiree with an Americorps stipend who runs citizenship classes, drives a bus to transport community members, and coaches people for their driving test; and a PhD who works with a non-profit, running classes, events, and programs for diverse refugee communities. Services that community leaders provide or assist with include English Language Training (ELT), Employment Readiness, Health Education, Educational Counseling, Citizenship classes, In Home Aid services, Placement Assistance services, Vocational Skills Training, Skills Recertification, Community Orientation Services.

The needs the community leaders identified included the following:

1. Language Barriers: to address these, they need more trained and culturally competent interpreters. Additional education and training of potential interpreters would help.
2. Access to key services. The most pressing of these are: Housing, Employment, Banking, and Immigration services.
3. Transportation: the widely spread layout of Greensboro and limited public transportation available leaves many vulnerable communities without access to necessary services, including health care, job sites, food, community services, etc.
4. Health care: Access to healthcare is a substantial need, which is met through a patchwork of programs. Since many are not employed, they do not have employer-based health insurance. Access to Medicaid is also difficult, because the criteria are not easily understood by communities. Individuals who qualify can get tax credits to apply for

health insurance through the Affordable Care Act, but many do not qualify. The Mustard Seed Clinic sometimes helps refugees obtain healthcare, food, and jobs.

The community leaders and older adults agreed that either appropriate services did not exist or where services existed, they are inaccessible or unaffordable.

Health Insurance and health access

Health insurance is often difficult to get for older refugees. They experience health challenges requiring medication and regular doctor visits, which are out of reach for those without insurance. Almost all the participants described such needs, ranging from high blood pressure, diabetes, cholesterol, muscle pain, headaches, and stomach problems. PA, a 64-year-old Nepali-speaking Bhutanese male said, *“I have high blood pressure, high cholesterol, diabetes, muscle pain and stomach problems. I have medicine and I get my medicine through Medicare; without medicine I would not survive.”* A Nepali-speaking Bhutanese woman explained *“I am diabetic and because of age, I can't walk. Some days I am sick and always having medicine.”* AN, a Congolese man described the same condition.

However, many do not qualify for health insurance. A community leader explained: *“A lot of people can't get Medicare below age 65. Most of the elderly in the refugee communities are above 65 years, are neither employed nor do they have a stable income ... To get [Medicare] insurance you have to have worked [work history]. If you do not work and make a certain amount of money you are not eligible for Obamacare [subsidies]. Some [lower income] people have Medicaid, but many don't because maybe their family members' income is a little higher and [so] they are not eligible ... A lot of people have chronic diseases and need medicine every day. So not having Medicaid, it is hard for them to get medicine and all the resources for elder folks.”* SM stated: *“I have no insurance or no Medicaid.”* HM, a 51-year-old Nepali woman, spoke of how she has hearing loss: *“I can't hear. I need a new hearing aid, but I can't afford to pay, no money.”*

The difference between those who did and did not have health insurance was evident. GD is a Nepali-speaking Bhutanese aged 70 has U.S. citizenship, and has been in the country since 2010. She is a recipient of Medicaid and thus stated, *“Everything is good, and I have no needs. The children know where to take me (hospital or doctors) ... Medicaid takes care of my diabetes, high cholesterol and high blood pressure.”* IG, a Nepali-speaking Bhutanese woman aged 53 stated, *“I have Medicaid and Medicaid helps me to pay all my bills.”* MG, also Nepali-speaking Bhutanese, is 56 years old. She has a Wellness Card and stated, *“If I go to the hospital, I have to pay out of my pocket, and I need Medicaid.”*

However, Medicaid does not cover all needs. Sixty-seven year old EN from the Congolese community has Medicaid but is unable to access certain services such as the eyeglasses he needs, because Medicaid does not cover eyeglasses and he cannot afford to buy them himself.

Inconsistent policies across states also creates difficulties for refugees in NC. TR, a 51-year-old Nepali-speaking Bhutanese woman, spoke about the different policies required to qualify for Medicaid in different states: *“I don’t have Medicaid here [in North Carolina]. I do in other places and that sometimes frustrates me.”*

Loneliness & trauma

Loneliness has been identified as a major public health threat in societies around the world, including the U.S., with detrimental effects on physical and mental health and longevity. This can be particularly acute for people who have faced refugee trauma, involuntary translocation, and separation from family. PA, a Nepali-speaking Bhutanese community leader, noted: *“I think elders are lonely. They are staying home, and they do not have any job or any places to go. Because of that I think they feel lonely and eventually the loneliness develops into depression. Eventually some people attempt to commit suicide.”* Another community leader stated: *“The elders are becoming more isolated and they are not getting space in the community. A major challenge is how to address their isolation.... Have space for them to have programs where they can make a friend as a class participant or a program participant. So, we are trying to address these major challenges.”* He also spoke about elder suicide stating, *“Sometimes elders ... attempt to commit suicide which is a serious problem.”*

LN, a Congolese woman aged 84, spoke about her desire to have contact with her family in Africa. The distance and lack of communication with her distant relatives causes her to feel lonely. Another Congolese woman hopes her three children who are in Africa will come and join her and her three grandchildren. Her family has had to find refuge in different places, some are in Burundi, Africa, and others are residing in different refugee camps there. TN, a Congolese man aged 64, would also like the rest of his children to join him here from Africa. Although both communities expressed loneliness and isolation of older adults, family bonds among the Congolese appeared more fragmented.

Housing

Refugees face major challenges regarding housing. For older persons, the housing challenges appear insurmountable. A participant who is new to the United States, does not receive any assistance from any organization, and has difficulty obtaining affordable housing. PA said: *“We really rely on the kids to take care of us because I am unable to work. I am worried about the future. I want government housing as well, especially after my kids leave. I need volunteers or an organization to help with housing.”* The Nepali-speaking community leader NK added *“People don’t have jobs and can’t afford to buy houses. Housing cost increased and everyone lives in*

apartments. People are moving because other places may have better benefits.” Older refugees face multiple issues that contribute to their housing crisis such as few well-paying jobs. The jobs many refugees hold such as custodian or worker at a chicken processing plant do not help them to afford housing. Additionally, their retirement savings are non-existent. Additionally, poor quality housing is problematic for it is not suitable for older adult mobility and the poor quality of the housing may impact health issues such as respiratory problems. Housing issues appeared more severe and unsafe among Congolese refugees.

Employment and Income

Many older refugees can't work and therefore have no stable source of income as the jobs available to them are physically taxing for older persons such as janitorial work, jobs in chicken processing plants, and groundskeeping. Some are surviving on social security checks at approximately \$750 a month. According to Dr. Sills, refugees in the U.S. are limited by their English ability, health, and formal education and end up with jobs categorized by the three D's, *“dangerous, dirty, and difficult”*. Income from these jobs is not sufficient for their everyday needs including housing. A Congolese community leader, J, stated, *“They are trapped ... put in these jobs that you know ... helps them pay bills, but ... will not help them to learn English working long hours and far away. So that is really really hard.”* Therefore, in the Congolese community there is a need for support with obtaining better jobs that will improve their access to housing, a better supply of housing for lower income persons, and stronger action on the part of the city and other bodies to tackle housing quality and discrimination against refugees.

Employment difficulties are intertwined with age, health, language, and education. EN, a 67-year-old Congolese man, has a wife and 4 children. His wife and sons work but he does not, and he relies on their support. He wants employment but needs to address his health issues first. The lack of job accessibility can also contribute to a refugee's emotional state. The Nepali-speaking community leader, NK stated, *“Because of age, they are physically unable to work. Then you have no income and because of no income they feel isolated and lonely at home.”*

Financial stress

PA a Nepali-speaking Bhutanese participant works part-time. He described being the primary earner in his household supporting his wife and daughter: *“I am alone working at home, only one person working is not enough to support the family.”* His wife illustrated her reality stating, *“My allowances have been cut off. Since I can't hear, no one will give me a job.”* A Congolese man AN, spoke about not being able to work and needing more money to support his family: *“needs more cash money for soap ... toiletries, food stamps doesn't buy toilet paper, etc.”*

Health and financial stress were intertwined, as described by NN, a Congolese community leader speaking about a participant: *“now that she is sick, she doesn't have anyone to help. All her grandkids are working every day and sometimes she misses her appointment. She is unable to*

catch a bus; she doesn't know where to go and come back. It is a very hard life for her because of her health issues. She needs someone to show her how the bus systems work. She needs help with health issues, transportation issues, and cash assistance."

Food Insecurity

Food insecurity was identified by community members as a need. EN, a 67 year old Congolese woman who has been here in the U.S for about a year, with no family, spoke about her need for food and water, and how the friends she has made since she arrived are her main source of support helping her to meet her needs . She does not receive help from any agency, except occasionally from church members, when they find out that she has very low income.

Basic Needs - Warm clothes, blankets, etc.,

Upon arrival into the U.S., refugee resettlement organizations provide refugees with basic necessities including clothes, bedding, dishes, etc., settle them into housing, help familiarize people with the transportation system and get children admitted into school. While these services are essential, they are not adequate, especially for older adults. EN (67) an unemployed Congolese refugee explained that though his wife works and the children go to school, they need different kinds of help: *"Because of my age, I cannot do anything. Now I am here, like a little baby. I am asking for everything, pocket money, clothes, shoes, anything I need for life someone has to provide for me."* 64 year old TN, another Congolese man, also spoke of his need for things such as dishes, warm clothes, bed sheets and other basic necessities. *"Now it's almost wintertime, and we need warm jackets for all ... the kids and wife. Because of the little money that we [they] make it is just enough for paying rent, and it's not enough to buy everything that they need."* The community leader NN explained that 74-year-old AN must have basic needs met in order to survive: *"This life is very difficult, it's not really the same because of her age. Right now, she feels cold all over her body. She needs some warmth, day and night, because of her age she has a problem with her legs, and she feels cold always"*. Moreover, community members are unaccustomed to some of the items they receive. A Congolese community leader stated, *"they give them American food and they are unable to eat it."* Further, the assistance with household items do not suffice: *"They give someone two chairs, two plates for cooking, so they have trouble. They have a big family."* It appears that these types of basic needs were more strongly felt in the Congolese than the Nepali-speaking Bhutanese community.

Language

Learning English is a challenge for older refugees, who often cannot effectively communicate in English. There is a great need for interpreters in multiple languages to help them access services. J, a Congolese community leader, spoke about the need for translators, stating: *"sometimes the agencies are not giving enough information and I have to go with them to give them the rest of the information."* 40 year old SM stated, *"I need an interpreter for office (SSI office) to get help [for wife HM], process paperwork and receive the SSI money."* PA too, spoke of the challenge of

learning English, and said: *“I am learning English but I forget all the time. My wife and I do not have adequate language.”* AN, age 74, also spoke of the language barrier which does not allow her to obtain government resources, follow-up with immigration, or get the help she needs. SJ, a 71-year-old Congolese man, faces similar challenges. His limited language skills made him unable to understand the transport system resulting in him missing his job appointment. Besides the language barrier, the U.S does not recognize most of the refugees’ previous educational and professional qualifications further making it difficult to access better paying jobs.

Cultural support during the transition

The need for cultural support for older refugees was highlighted by the participants. Nepali-speaking Bhutanese participant IG said *“We are getting older and we are not easily getting adjusted to the new culture. The children are very quick. They easily learn English and they are listening to American music and we are not ready for it. It is hard for us to learn new language and new culture.”* TR, aged 51 years, echoed these views: *“We don’t understand English and we don’t understand the culture. Our children go to school and they learn quickly. Yes, we need help, we don’t know the way to solve the problem, we want to learn.”* The inability to adjust as fast as the younger generation was reiterated by PA: *“We came in old age. We have cultural and lifestyle differences. They came here in childhood and they are learning new language and culture. But we are not able to learn as fast as they can. So definitely our needs and their needs (younger people) are different in terms of language and adopting culture.”* Aspects of the American culture that LN from the Congolese community said they must learn include how to shop, how the buses work, and how to apply for a job. NN, a Congolese community leader, spoke on the need for people from the DRC to become adjusted to American life: *“They need help with adjusting to the American culture.”*

Citizenship Process

Refugees must apply for legal permanent residence (green cards) within one year of arrival into the US. After they have held green cards for 5 years, they can apply to become US citizens. With limited English knowledge, most of the refugees found the citizenship process to be lengthy and also difficult especially for the older persons as they are unable to read English. It is therefore difficult for them to learn and pass the civics test. Although applicants are allowed support including bringing a fluently bilingual interpreter to the citizenship interview; interpreters are not easy to access. GD, aged 70 years, has family support and said, *“I am in the fingerprint process of citizenship and my son took me, so I did not need assistance from other agencies.”* Other available resources include organizations such as Senior Resources of Guilford County. 51-year-old HM explained that this organization helped her with her citizenship class and assisted her in getting citizenship. However, IG also noted the current climate of obtaining citizenship stating, *“Now we need citizenship and citizenship is becoming harder.”*

Insufficient Government Assistance

Some older refugees do receive forms of state assistance for lower income persons, such as SSI and food stamps. However, the amounts received are insufficient for survival for many. SM described how his family lacks support and needs food, but he has “no food stamps.” PA described his SSI benefits, “*I have Medicaid and SSI check of about \$550 and ... it is a survival situation, if I get more, I would be better off. My wife also gets Medicaid and SSI.*” EN receives SSI but still faces difficulty obtaining sufficient food for his four-person household and relies on church and friends to help with food. TN, a Congolese refugee woman, gets \$700 each month in SSI, but the community leader described “*First of all, she has a rent problem, because she is not working. She gets no other assistance from the government, from agencies, or anybody else. Before, she used to live with two other people, they used to share the rent. Including water and electricity it may be \$600.*” The two other people have left, leaving TN in a financial deficit: “*All that money she doesn’t know where it will come from. Now the apartment management is telling her to go out. She doesn’t know where to go.*”

COMMUNITY STRENGTHS

Family bonds support fills many needs



Source: <https://cnn.uncg.edu/congolese->

The strengths of many refugee communities in the Greensboro area include strong family bonds, and in some cases, supportive church or religious communities. Religious communities lack resources to address the combination of loneliness and post-trauma mental health needs of their societies. Mental health services are rarely available for refugees, and there is a lack of attention to diversity in mental health service provision and

family ties are often disrupted as illustrated in the examples above.

IG highlighted the intergenerational family support structure within the Nepali-speaking Bhutanese community, a practice continued in the U.S, saying: “*My son is taking care of me, taking me to the hospital and other places. They are responsible for taking care of my needs. In Nepali culture we live with extended family and it is a tradition the children take care of the parents when they get older and their children will take care of them.*” Among the Congolese however, family ties seemed more disrupted than among their

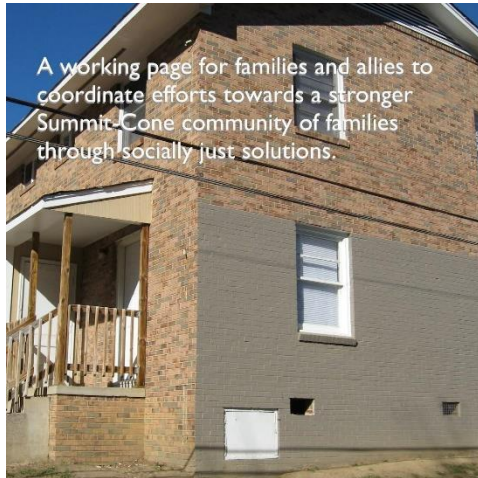


Source: <https://obamawhitehouse.archives.gov/blog/2016/03/11/bhutanese-refugees-find-home-america>

Nepali-speaking Bhutanese counterparts, and their resource base was less.

Community insiders and outsiders provide support

GD, aged 70, is one of many people assisted by persons outside the community such as AY and N who play a community advocacy role. She stated, “*They acted as translators for me and ensured I got the benefits I desired.*” Also, 56-year-old MG described how she benefited from the community garden project led by AY. AY described the situational context of refugees and their newcomer status, which calls for support from the wider community. He stressed the need for leaders to step up and be advocates in the current socio-political climate. There is also a need for more translators and cultural bridge persons who go between mainstream American culture and the diverse cultures of refugees and immigrants.



https://www.facebook.com/Summit-Cone-Families-1786535934747885/?ref=page_internal



<https://cwsglobal.org/blog/students-growing-in-greensboro-refugee->

Some persons within the community act as ‘natural community helpers’ and provide support. PA spoke of his work: “*I help organize citizenship classes. I work for GTTC and Americorps at UNCG. We educated community members about citizenship and organized resources in the community. I taught people how to get groceries, ride the bus, and how to prepare for driver license tests.*” Another community leader, J, said he helps Congolese refugees access services that many resettlement agencies stop providing after three months, such as taking people to the grocery store or doctor’s appointments. “*I have to take them to grocery store. I have to make doctor appointments. I give them my phone number. Every African that is here. I help them day and night, whether they are in my church or not.*” He is helping them as a volunteer, not as part of his job. He highlighted this further: “*I have to spend my own money on gas. No one is offering me help. It is really hard, they (community members) are trying their best.*” That is, unpaid ‘natural community helpers’ play a vital role in supporting other members to survive and adapt. This natural community helper model has emerged because community members face lack of services and barriers to accessing services, and the community has not yet developed more organized responses such as forming a non-profit or advocacy organization to campaign for their needs.



RECOMMENDATIONS

Many of the needs identified in this report are not specific to older adult refugees but are found in all age groups and the whole family. Currently, refugee resettlement organizations are stretching their resources as best they can to provide necessities to incoming families. However, some additional solicitation and coordination of donated items appropriate in quantity and climate could meet the needs of families. Other needs are more specific to older adults.

More Programming

A retired Nepali-speaking community member, HR stressed the need for more programming: “*I think the government should create a space and community for us to get together. We need weekly programs ... Monthly is not enough ... Since we are in a new country and there are a lot of things we don’t know, we need education about places to visit such as museums and farming ... in Bhutan we used to be farmers. We like to visit farms.*” A Nepali community leader also recommended programming to address intergenerational gaps because older generations in the community have a hard time connecting with their children. The cultural differences increase stressors and isolation of elders who do not have space to meet on a consistent basis.

The rationale for increased programming is that older refugees have unique challenges; they stay home, are lonely, have no jobs, and no place to go; some people face emotional depletion and some attempt suicide. Therefore, solutions need to focus on helping people adapt to their new environment, while continuing some customs and traditions from their former homes. Bridging the language gap should be a major focus, because that is a tool for success in navigating life in the U.S. There is necessity for additional classes in citizenship, language, and transitioning to a new culture. There is also a need for help to access services because the older adults don’t have

transportation and the public transportation system is inadequate. There are vans but there is a need for financial support to maintain these initiatives.

One of the Congolese community leaders addressed the cultural difference saying, *“The biggest needs are the difference in the culture and you know the gaps ... that come from ... lack of English, no education from parents and kids trying to fit in very quickly losing the parents language. You know the gap that comes from ... no communication between parents and kids.”* He also added that *“There is no support to help people adjust. How do you expect people to be self-sufficient in 3 months?”* This illustrates a key difficulty in the current support system for refugees resettling in NC.

Additional support can be generated within each community. For instance, the Congolese women formed a women’s self-help group. Their leader stated, *“Those coming from the Congo have ... gone through a lot of trauma experiences, and we want to be there to support them, but also realize that most of them are single parents, single moms.”* Besides other services, they need mental health services.

Echoing the Nepali-speaking community leader, J, the Congolese Community leader stated, *“After three months those people are expected to do everything. ... Every African that is here. I help them day and night, whether they are in my church or not.”* He helps them as a volunteer, not as part of his job: *“I have to spend my own money on gas. No one is offering me help. It is really hard, they (community members) are trying their best.”* Therefore, there is a pressing need for programming to assist beyond the 3-month point in basic survival such as taking refugees to doctor appointments, to the grocery store, etc. This programming must focus on helping refugees eventually become self-sufficient but not in such a short period of time. It is also important that this programming should help unpaid community leaders such as this Congolese leader make a career out of helping people transition to American life or reimburse their expenses.

Government/Grant Assistance

A Nepali-speaking community leader stated that many of the older refugees are not working, have low incomes, and so have to rely on Medicaid, especially women under 65. This implies a need to expand Medicaid in North Carolina. The sole responsibility of taking care of older adults usually falls on the family. Resources should be made available through government or philanthropic sources to help relieve the financial burden on families. Additionally, not everyone has families. To address the needs of older adults there needs to be job programs that are appropriate for their physical and linguistic abilities. Ultimately, he concluded that funding should be distributed more on the local level. There needs to be more collaborative efforts among communities, researchers, and service organizations. These issues will not fix themselves and finding a solution will take hard work and dedication.

Community advocate AY also spoke for the need for increased political improvement through policy and change. There is a need for specific interventions to help refugees address trauma and mental health challenges, for financial assistance, and programs to assist navigating the American way of life. Ultimately, the government needs to intervene on every level including the local level and the community needs to hold city officials accountable.

A Congolese leader agreed with the need for greater funding, stating, “*The agencies do not have enough money, they are unable to provide for their needs.*” He stated, “*older adults need healthcare*” as a priority. He spoke about the need to organize support from members of other communities: “*I have a program. I am trying to communicate with other churches, African churches’ leaders, so that we can ... sit and organize ourselves to make a big organization to help each other. The key is especially teenagers because of their understanding of the culture. The teenagers sometimes get in trouble and we want to help them.*” With assistance from the government, community cultural centers and other structures could be put into place for community members to help one another.

Transportation

Dr. Sills highlighted the tension between affordability and transportation. Refugees face substantial hurdles learning to drive and passing the driver’s test, and may lack the capital to buy a car which must be shared among several family members. Mass transit is not reliable and is difficult for older adults to navigate. A Congolese community leader corroborated this, stating “*It is very hard working, taking the bus. The bus is not going everywhere. Many of them have difficulty. They have job but don’t have car.*” Owning a car entails ongoing expenditures for insurance, upkeep, inspections, and gasoline. The Nepali-speaking community leader stated, “There is a lack of efficient transportation even with services offered such as GTA or van services from organizations.” Without transportation older refugees cannot get around on their own and it is hard to access resources, jobs, markets, and doctors just to name a few issues.

CONCLUSION

This type of report on the needs of older refugees has not been written before for the state of NC. This report thus addresses an information gap on the needs of refugee older adults, and recommendations to meet those needs. This report focuses on two more recently arrived groups.

For older refugees, resettling in a different country is an arduous undertaking. This report shares experiences of elderly refugees from Bhutan and DRC whose first language is not English. Their limited ability to read, write and speak English exacerbates the challenges that they encounter. With limited or non-existent English literacy skills, they do not find it easy to access services, for instance, understanding housing/leasing contracts or navigating health care systems.

Additionally, refugee older adults need health insurance. However, without proper employment, there is no stable source of income, and this affects their choice of housing, medical service provider and other services. Some of the elderly refugees have to rely on income from other family members, which does not guarantee financial stability.

Besides family members, older refugees need to rely on individual community helpers, community leaders and community advocates, who provide assistance to the entire refugee community. However, individual community helpers and leaders assist older refugees articulate their concerns and act as liaison between the elderly and the service providers or agencies that can address their challenges. Based on the experiences of 16 elderly members of both the Bhutan and Congolese communities, the main concerns for older adults in these two communities include health insurance and health access, housing, basic needs (clothes, blankets), loneliness, food insecurity, and financial stress. Needs appeared more severe among Congolese older refugees, especially for housing and basic necessities and their family networks more fragmented and support systems more strained. The individual community helpers and leaders need their contributions to be recognized and supported.

While all refugees meet challenges when resettled in the United States, older refugees face specific challenges that are compounded by their age. Interviews with community members, community leaders, service providers, community advocates, and researchers generated recommendations that fit into seven categories: (1) government/grant assistance for all needs, (2) health care (3) jobs (4) transportation (5) housing, (6) language services, and (7) older adult refugee programming.

Government assistance would financially support a wide range of older refugee programming. There is a need for monetary funding for programs to address older adult refugee specific issues such as loneliness and cultural transition support. Also, there is a desperate need for support in the realm of healthcare through expanding Medicaid to more persons. Additionally, some older adult refugees who have faced traumatic experiences and have survived difficult journeys to the United States; need trauma-informed interventions and mental health initiatives to support their overall mental health and well-being. Furthermore, to survive and contribute to society there is a need for increased supplemental income after the three months of support most refugees receive from government-supported agencies. It is extremely difficult to adjust to a new country in three months as an older adult refugee especially without adequate financial assistance in a capitalist society like the U.S. Lastly, additional support is needed to aid with the cultural transition through cultural community centers and initiative supports. Transitioning to a new society and culture is a difficult lifelong process and with the help of a place that can provide support and resources along with a piece of home away from home is a step in the right direction.

Regarding transportation, recommendations are for driver education classes, improved public transit, vehicle attainment assistance, and transport services to assist older adult refugees and their families with simply getting around town to obtain basic necessities, get to work, and attend doctor appointments and community gatherings. Learning how to drive, having a car, and transportation self-sufficiency are key to survival. However, an expanded transit system will allow for greater mobility for older adult refugees. There is a great need for safe, affordable, and adequately sized housing programs for older adult refugees, to avoid tragedies such as the Cone Boulevard and Summit Avenue Apartment fires. Lastly, it is essential for agencies to ensure that the Fair Housing Act policies and laws are followed and that violators of these laws are prosecuted beyond just receiving a letter suggesting they should attend training.

Lastly, there is a need for initiatives to be put into place to greatly support older adult refugees such as designated community spaces, and cultural social adjustment programming. These spaces can also offer cultural social adjustment programs that will expose attendees to different cultures and traditions allowing them to form different connections, and ultimately gain knowledge about their social surroundings within their new home.

This type of report has not been previously generated for NC. Recommendations comprise seven categories: (1) government/grant assistance for all needs, (2) health care (3) jobs (4) transportation (5) housing, (6) language services, and (7) older adult refugee programming. Needs of older Congolese appear more severe. Needs of refugee older adults overlap with those of other age groups and other underserved older persons. Assisting them will improve the social safety net for all vulnerable sections of society in the U.S.

There are needs for additional citizenship and English classes, mental health support groups, and job placement programs for older adult refugees. These resources will aid older adult refugees transitioning to becoming self-sufficient and productive members of society and overall positively impact their mental health and wellbeing. Lastly, there is a need to support community leaders who assist older adult refugees by facilities such as gas to offset the cost of the services they provide from their own pockets to the individuals they help. Through implementing such recommendations, all underserved and marginalized older adults, not only those from refugee communities, would benefit. Most of their needs are basic human rights and society must take care of all vulnerable persons regardless of their country of origin.

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