

## “Our Elders, Our Legacy”: Needs Assessment of Older Adults in the Montagnard Refugee Community, Greensboro NC

By: [S. Sudha](#), [Sharon D. Morrison](#), Imani Mitchell, Melina Ksor, H’Thu Nie

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### **Abstract:**

The Montagnard community, who represent multi-tribal, multilingual indigenous people from the Central Highlands of Vietnam, faces significant challenges in the Greensboro, North Carolina area, where they have been resettled for decades. Despite their prolonged presence, older Montagnards are poorly acculturated, with limited English proficiency, low income, and a lack of formal education. This demographic with unique needs is largely overlooked by federal, state, and local service providers.

Our comprehensive needs assessment, conducted from January 2020 to December 2021, revealed a triple disadvantage for older Montagnards due to their intersectional factors of age, low income, and immigrant/ethnic minority status. The challenges include difficulties in accessing income, housing, health services, and social connections. Despite residing in a resource-rich city, the distribution of services is uneven, and collaboration among agencies is lacking.

In conclusion, the Montagnard community in Greensboro, particularly its older population, requires targeted and culturally sensitive support to address their unique challenges. Implementing these recommendations will contribute to a more inclusive and supportive environment for this vulnerable group.

**Keywords:** Montagnard refugee community | Montagnard | Southeast Asian refugees |

### **Article:**

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

**“Our Elders, Our Legacy”: Needs assessment of older adults in the Montagnard refugee community, Greensboro NC**

S. Sudha<sup>1</sup>, Sharon D. Morrison<sup>2</sup>, Imani Mitchell<sup>3</sup>, Melina Ksor<sup>4</sup> and H’Thu Nie<sup>5</sup>



Collage depicting Montagnard experiences.

Source: [https://greensboro.com/news/general\\_assignment/art-exhibition-shows-off-triad-s-cultural-collage/article\\_e26ced70-9c7e-5030-80d5-fb2d75f4d0c6.html](https://greensboro.com/news/general_assignment/art-exhibition-shows-off-triad-s-cultural-collage/article_e26ced70-9c7e-5030-80d5-fb2d75f4d0c6.html)

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**Corresponding author:** S. Sudha, Professor, Department of Human Development and Family Studies, UNC Greensboro [s\\_shreen@uncg.edu](mailto:s_shreen@uncg.edu)

<sup>1</sup> Department of Human Development and Family Studies, University of North Carolina Greensboro

<sup>2</sup> Department of Public Health Education, University of North Carolina Greensboro

<sup>3</sup> Forge Greensboro, Greensboro, NC

<sup>4</sup> Community Advisory Council, Montagnard Dega Association (MDA), Greensboro, NC

<sup>5</sup> Montagnard American Organization (MAO), Greensboro, NC

## Executive Summary

The Montagnard community, who represent multi-tribal, multilingual indigenous people from the Central Highlands of Vietnam, faces significant challenges in the Greensboro, North Carolina area, where they have been resettled for decades. Despite their prolonged presence, older Montagnards are poorly acculturated, with limited English proficiency, low income, and a lack of formal education. This demographic with unique needs is largely overlooked by federal, state, and local service providers.

Our comprehensive needs assessment, conducted from January 2020 to December 2021, revealed a triple disadvantage for older Montagnards due to their intersectional factors of age, low income, and immigrant/ethnic minority status. The challenges include difficulties in accessing income, housing, health services, and social connections. Despite residing in a resource-rich city, the distribution of services is uneven, and collaboration among agencies is lacking.

### Key Findings:

1. **Service Landscape:** Existing services for refugees in Greensboro are provided by a network of organizations funded through various sources. However, older Montagnards often do not qualify for these services due to their longer resettlement period.
2. **Community Needs:** The older Montagnard population shares common needs with other low-income minority communities, including income, housing, health services, social connection, and community development support.
3. **Data Gap:** The lack of specific data on Montagnards hinders awareness and support. Their absence from federal, state, and local data collections leaves policy makers unaware of their contributions and needs.
4. **Community Strengths:** Despite challenges, Montagnard community members rely on family and church networks, community leaders, natural helpers, and nonprofits to meet their needs.

### Recommendations:

1. **Data Collection:** Allocate resources for accurate data collection to determine community size and identify needs across all age groups.
2. **Culturally Appropriate Health Services:** Design and deliver linguistically accessible health services, especially for mental health, tailored to the Montagnard community.

3. **Safety Nets:** Expand safety nets for diverse low-income older persons, including Medicaid, SSI, housing, and income support.
4. **Transportation:** Improve transportation services, particularly in areas without public transportation options.
5. **Affordable Housing:** Expand the availability of adequate and affordable housing for low-income individuals.
6. **Social Connection Programs:** Increase programs promoting social connection and inclusion for diverse older adults.
7. **Coordination and Communication:** Enhance communication and coordination among various helping agencies to prevent the needs of diverse older persons from being overlooked.

In conclusion, the Montagnard community in Greensboro, particularly its older population, requires targeted and culturally sensitive support to address their unique challenges. Implementing these recommendations will contribute to a more inclusive and supportive environment for this vulnerable group.



Montagnard women weaving.

Source: <https://news.un.org/en/story/2014/12/486752>

## INTRODUCTION

### The Montagnard community

The Montagnards, indigenous people comprising various tribes from the Central Highlands of Vietnam as well as parts of Cambodia and Southeast Asia, were collectively termed "People of the Mountains" by French colonizers (Bailey, 2012). The five prominent Montagnard tribes are Bunong, Jarai, Rhade, Bahnar, and Koho, each speaking distinct languages rooted in Austronesian (Malay-Polynesian) and Mon-Khmer origins (Benge, 2010), without a writing system. Tribal differences, present before colonization, intensified with the advent of Christianity, leading to power struggles within Montagnard churches (Andresen, 1988).

The Central Highlands were richly forested until the 1950s when the Vietnamese government initiated efforts to control the region. Consequently, the Montagnards, once isolated, began encountering more outsiders. Tensions between the Montagnards and mainstream Vietnamese escalated over conflicts around land ownership, language and cultural preservation, religion, and access to education and resources. Moreover, the strategic significance of the Central Highlands during the Vietnam War owing to the Ho Chi Minh trail heightened its importance. During the 1960s, the U.S. military established contact with the Montagnards, establishing base camps in the Highlands and recruiting them to fight alongside American forces. However, after the fall of Saigon and the U.S. military's withdrawal, the Montagnards faced increased persecution from the Vietnamese government due to their collaboration with the U.S. Special Forces (Bailey, 2002).



US Officer training Montagnard troops

Source: [https://www.yesweekly.com/news/trump-administration-raises-concern-in-the-triad-montagnard-community/article\\_faf8a968-5034-53f1-b738-54a8e97c9816.html](https://www.yesweekly.com/news/trump-administration-raises-concern-in-the-triad-montagnard-community/article_faf8a968-5034-53f1-b738-54a8e97c9816.html)

The Montagnards first came to the United States in 1986, with 200 individuals arriving under refugee status provided by the U.S. Government. They were predominantly resettled in North Carolina (NC) and have remained concentrated in this state. From 1986 to 2001, additional Montagnards arrived as refugees, through family reunification, and via the Orderly Departure Program (Bailey, 2002). Many of the initial Montagnard refugees in the U.S. embraced the term "Dega," derived from a creation myth featuring the first two Montagnards named De and Ga. This term continues to be a self-identifier for many Montagnards in the U.S. The majority reside in the Greensboro and Guilford County area, with some also living in the Charlotte-Mecklenburg and Triangle counties of NC.

**Figure 1**



Map Source: <https://www.vectorworldmap.com/vectormaps/vector-world-map-v2.1.png>

In the U.S., the Montagnard community has not been specifically identified in any Federal, State, or local data collection efforts. Consequently, the community lacks an official estimate of its numbers. To address this gap, the community has undertaken various initiatives to obtain a reliable count. These efforts include the launch of the Montagnard Population Count project in collaboration with UNCG researchers in 2019, unfortunately interrupted by the COVID-19 pandemic. Additionally, there have been strenuous endeavors to encourage community members to participate in the 2020 Census, advocating for the inclusion of 'Montagnard' in the space provided for race/ethnicity. Informal estimates suggest that the population in North Carolina exceeds 12,000 individuals, making it the largest Montagnard community outside Vietnam. This lack of recognition and resources contributes to an increased risk of poverty, health disparities, low-paying jobs, low wages, overcrowded households, and low rates of higher education within the community.

The absence of an accurate and verified population estimate of the Montagnard community in NC poses barriers to obtaining funding and accessing resources.

The Montagnard community has been an integral part of North Carolina society since the 1980s, yet remains largely unknown to neighboring communities, elected representatives, and state and local agencies. Consequently, they receive minimal recognition of their unique needs. In response to this, community leaders established the Montagnard Dega Association/Montagnard American Organization (MDA/MAO), a 501(c)(3) non-profit organization in 1987. This initiative was spearheaded by the first Montagnard elders who arrived in the United States. The term "Dega" in the association's name is rooted in the Montagnard creation myth, symbolizing an identity that is inclusive, independent, and recognizable. The leadership of this organization comprises Montagnard community leaders, church leaders, and youth who actively engage in identifying and addressing the social, economic, and health inequities faced by Montagnard residents and newcomers in the U.S.

The Montagnard community exhibits notable strengths, including robust family bonds, extensive collaboration and support within extended families, a substantial level of church membership and attendance fostering valuable social connections, and effective leadership

from nonprofit organizations. However, the community faces several challenges, including

The Montagnard community's notable strengths include extensive collaboration and support within extended families, substantial church membership and attendance fostering valuable social connections, and effective leadership from nonprofit organizations.

health and economic disparities, limited literacy and English proficiency among older members, diminished participation in higher education among the younger generation, concentration in lower-income occupations leading to residence in subpar housing, experiences of isolation and loneliness, restricted access to healthcare, and unmet mental health needs, among other issues (Morrison et al, 2021).

### **WHY IS A NEEDS ASSESSMENT OF OLDER MONTAGNARDS IN NC REQUIRED?**

Globally, there is an unprecedented increase in displaced populations and refugees, predominantly comprising working-age adults and children. However, a specific stream of older refugees is emerging, particularly in the U.S., influenced by several factors. First, approximately 4% of displaced individuals are aged 60 and above (UNHCR 2001-2021). Second, refugees of all ages endure extended stays in camps, with fewer than 1% being resettled in different countries (UNHCR 2001-2021), resulting in the aging of the refugee population. Third, the immigrant influx into the U.S. is progressively aging due to parents arriving for family reunification, global population aging, and a decline in undocumented immigration (Camarota and Ziegler, 2019). Lastly, resettled individuals age in their new destinations. Despite these trends, the needs of older refugees remain significantly under-documented and overlooked (Ahmedinejad-Naseh & Burke, 2017; Miner et al, 2017), as they often face neglect in policies, programs, and research efforts (Böcker & Hunter, 2022; Lupieri, 2018).

These observations hold particularly true for refugee-origin communities like the Montagnards, who have been resettled in the U.S. for several decades. Despite being well beyond the timeframe of refugee resettlement services, they face challenges in acculturation, particularly among the older members. Remarkably, the needs and issues of the Montagnard community seem to be absent from the systematic and sustained focus of Federal, State, and local service providers. Notably, the specific needs of older Montagnards remain unexplored and undocumented, lacking a foundation for appropriate action.



Older Montagnards emerge as an exceptionally vulnerable group. Many Montagnard men, having relocated to the U.S. without family, find themselves isolated in their later years despite the support from community and church. This isolation is compounded by increasing health and financial needs. Older Montagnards, characterized by lower English proficiency, lower income, limited formal education, and marginal integration into mainstream U.S. society, require substantial support. Accessing the limited public benefits available for older, lower-income persons becomes challenging, accentuating their struggles with loneliness and isolation.

The specific needs of older Montagnards in NC, a particularly vulnerable group, remain unexplored and undocumented, lacking a foundation for appropriate action.

### **How we define 'older adults'**

In this report, we included Montagnards who self-identified as older adults. Recognizing that age is a social construct, definitions of who qualifies as an "older" adult can vary across contexts. Old age can be functionally defined based on one's ability to perform certain tasks or determined by social roles such as becoming a grandparent or retiring (Hatzidimitriadou, 2010). In many societies, eligibility for state benefits begins at the age of 60 or 65, establishing a chronological definition of old age. Subjective perceptions of age may differ, with individuals younger than formal retirement age feeling older due to health or other conditions, while those in their 60s or older may not feel old, especially if they enjoy good physical and financial health.

In the U.S., persons aged 62-65 years and older are considered older adults (U.S. DHHS 2017) due to their eligibility for Social Security, Medicare, and other retirement benefits. However, some older Montagnards may lack a U.S. work history to qualify for retiree benefits, though they may be eligible for public benefits for lower-income individuals, such as Medicaid, Supplemental Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP), etc.

Defining old age for refugee-origin populations poses challenges due to complex migration experiences, trauma histories, economic disadvantages, and regional differences in life expectancy (Hatzidimitriadou, 2010). Moreover, formal records of refugees' birth years may be unavailable or lost, and ages may be imputed at some point in the resettlement process. According to the National Coalition for the Homeless (2009), unhoused individuals aged 50 years and over should be considered as 'older adults' because their poor living conditions, impaired physical health, nutrition intake, and other deprivations can age them around 15-20 years more than their chronological age, increasing their mortality risk 3-4 times. We propose that individuals who have experienced trauma, forced relocation, prolonged stress, and post-

resettlement socioeconomic disparities may similarly age at an accelerated rate, appearing functionally and subjectively older than their chronological age (Sudha et al, 2021).

## REFUGEES IN THE UNITED STATES

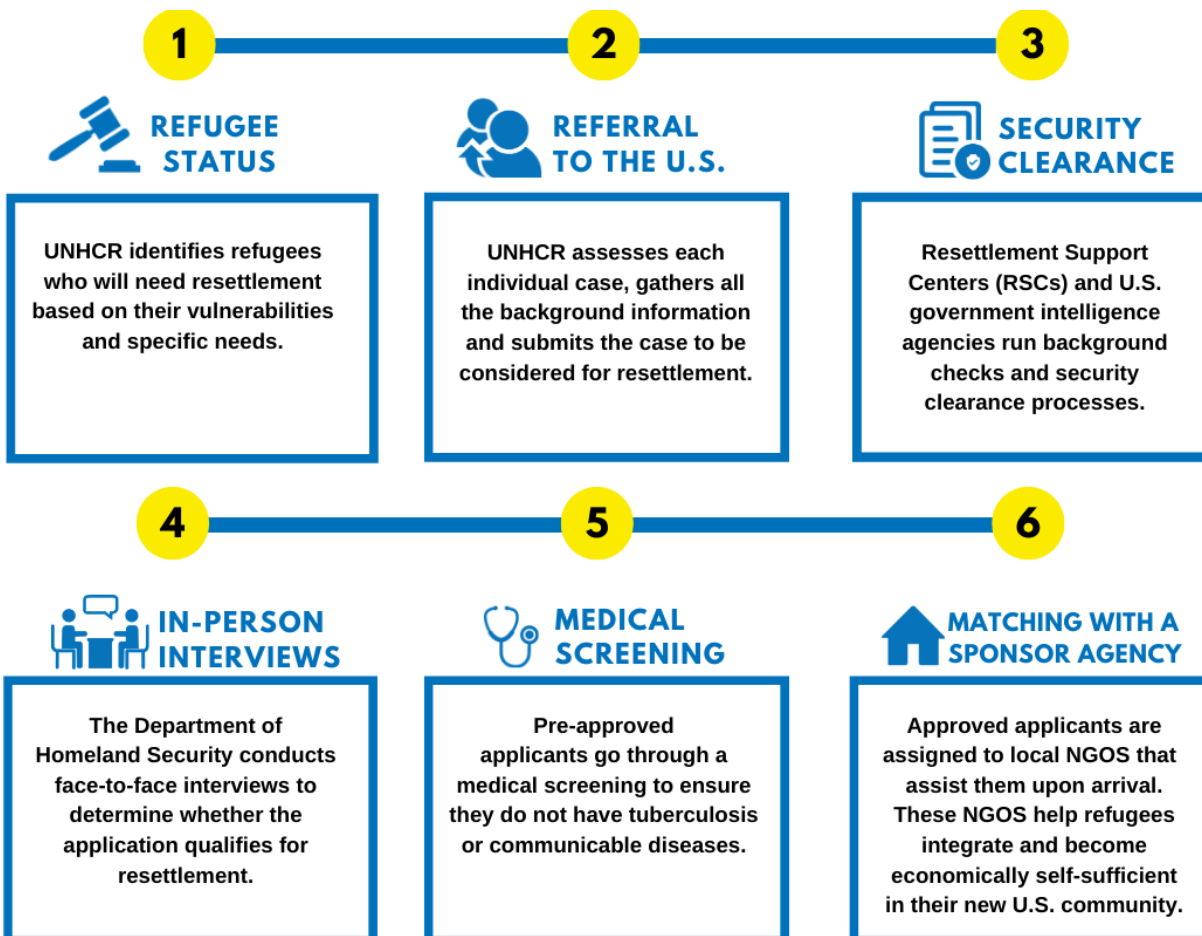
Although refugees from various regions of the world have been resettling in North America for centuries, the formalization of refugee acceptance in the U.S. began in 1948 after World War II, and the Refugee Resettlement Act was passed after the Vietnam War in 1980 (U.S. Office of Refugee Resettlement, 2020). Refugees constitute a legal category for admission to the U.S., with their rights recognized under the 1965 Geneva Convention in international law. The U.S. grants refugee status to individuals with a "well-founded fear of persecution" who cannot safely remain in their home countries. Additionally, asylum is granted to those seeking refugee status, pending a full evaluation of their claims.

Up until 2017, the U.S. led the world in formal refugee resettlement. However, the refugee admissions cap was reduced to 18,000 in 2020, down from 30,000 in 2019 and significantly lower than the 2017 cap of 110,000 (Krogstad, 2019). Rules for seeking asylum were also made more stringent. While the refugee admissions cap was increased in 2021, processing backlogs and COVID-19-related travel restrictions resulted in only 11,411 and 6,500 refugees entering the U.S. in 2021 and 2022, respectively (Esterline and Batalova, 2022).

Contrary to common misconception, refugees undergo a rigorous, detailed, and protracted scrutiny process before being accepted for resettlement in the U.S. Resettlement involves the screening, selection, and transfer of refugees from their refuge to another country willing to receive them permanently, providing a pathway to citizenship and rights. This safeguards refugees against forced return to the unsafe conditions they fled, known as refoulement (USA for UNHCR, 2022). However, less than one percent of displaced refugees are resettled in a third country. While the UN Refugee Agency collaborates closely with partners to identify the most vulnerable refugees with urgent protection risks, the ultimate decision on whether a refugee is accepted for resettlement lies at the discretion of the receiving country.



Refugees resettled in the U.S. undergo an extensive vetting process prior to entry, taking an average of 24 months, as illustrated in the diagram below (Immigration Forum 2020; USA for UNHCR, 2022).



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

The U.S. has welcomed refugees from over 60 countries worldwide. In 2018, the primary countries of origin for refugees admitted to the U.S. were the Democratic Republic of Congo (DRC), Burma (Myanmar), Ukraine, and Bhutan (National Immigration Forum, 2020). Accurately assessing the exact numbers of refugees from various countries in the U.S. is difficult. The figures recorded in the refugee admissions process capture refugees' initial entry but may underestimate the actual size of refugee communities as they exclude arrivals through family reunification and other channels. Family reunification statistics might not specify whether the incoming individuals are refugees. Additionally, some census data may not accurately reflect the ethnic origins of certain individuals, resulting in undercounts. For instance, refugees from African nations may be categorized as 'Black,' 'African,' or 'African American,' those from Southeast Asia classified as 'Asian,' or subgroups attributed to a broader national label (e.g., Montagnards classified as Vietnamese).

## REFUGEE COMMUNITIES IN NORTH CAROLINA

North Carolina ranks 7th among the top 10 states for refugee resettlement. Governor Roy Cooper expressed in December 2019 that the state has a rich history of welcoming refugees since the signing of the United States Refugee Act in 1980. Highlighting the robust support network provided by community and faith-based groups for resettlement, he emphasized North Carolina's commitment to this cause (The Editorial Board, Charlotte Observer, Jan 10th, 2019). The state attracts refugees due to job opportunities in sectors like agriculture, construction, and hospitality, favorable weather conditions, and educational prospects, including Historically Black Colleges and Universities (HBCUs) that actively welcome minority, disadvantaged, and first-generation college students. Resettlement efforts are facilitated by various entities such as community organizations, resettlement agencies, churches, employers, military connections, and more. Predominantly, resettlement occurs in urban counties like Wake, Durham, Guilford, Mecklenburg, and their surrounding areas.

During the 1960s to the 1980s, the U.S. witnessed refugee arrivals from various regions, including Cubans, displaced 'Indochinese' from the Vietnam War, and Haitians. In the subsequent decades, additional refugees from these regions and the Former Soviet Union joined the resettlement streams (Singer & Wilson, 2006). The 2000s and 2010s brought refugees from African, Middle Eastern, and South Asian regions. Montagnards, a unique group, began arriving in 1986 and have continued to do so since. While most refugee arrivals settle in diverse regions across the U.S. Montagnards are distinctive in their concentration, primarily residing in North Carolina, particularly in and around the urban areas of Guilford, the NC Triad, and NC Triangle counties.

## METHODS

The interdisciplinary study team involved in this needs assessment comprised faculty specializing in Gerontology, Human Development and Family Studies (HDFS), and Public Health Education (PHE), alongside graduate and undergraduate student researchers in HDFS and PHE. The data collection spanned from January 2020 to December 2021, and the team undertook various research activities:

- (1) Reviewed and compiled facts on trends in refugee resettlement in the U.S. with a focus on the Montagnard community. 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. A key source of information was the MDA/MAO organization.

(2) Surveyed service provider organizations in the NC Piedmont Triad region. We identified these through convenience and snow-ball sampling methods. We contacted them through virtual approaches: emailed short 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 refugee communities in the area including Montagnards, (ii) opinions on the needs of older refugees and (iii) what gaps were discerned in the services offered and in access to existing 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. We contacted:

- (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 key informants. These included Montagnard community leaders, researchers, community advocates, and older community members. We conducted individual in-depth interviews with 7 leaders and 12 older persons (6 men and 6 women), with the help of a community interpreter where needed.

(4) Analyzed responses to the interviews using thematic analysis. We 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) Recommendations from service providers

## **FINDINGS**

### **Providing services for older refugees in Greensboro**

Services for refugees in the Greensboro area are offered through a network of organizations, funded through federal, state, local, philanthropic, and private sources. These services range

from supporting new arrivals to settle in during the first 6 to 8 months, to assistance, education, and advocacy for long-resettled groups who are past the resettlement assistance time frame, but still need ongoing support. Some agencies such as Senior Resources of Guilford have programs that offer services specifically to older refugees. Others serve refugees of all age groups with certain programs for older adults. Examples of organizations and programs relevant for the Montagnard community are described briefly below. This is not an exhaustive list of area organizations.

The first group of organizations offers **services to newly arrived communities and individuals**, providing them federally funded refugee resettlement support for a period of around 6 months. These include refugees of all ages including older persons. These include:

1. **North Carolina African Services Coalition**  
<https://ascafrica.org/> offers services for all ages.  
Programs include:

1. Public Education and Advocacy: through public discussion forums, seminars and presentations, NCASC provides ongoing updates on refugee-related matters.
2. Employment: Two employment programs provide services to better equip newly arrived refugees with the tools they need to become self-sufficient.
3. Resettlement: Case managers give each refugee a comprehensive cultural and programmatic orientation to life in the United States.
4. Preferred Communities Program: supports resettlement of newly arriving refugees with special needs towards self-sufficiency and integration into new communities.
5. Immigration Services: low-cost Immigration Services serves families and individuals resettled by NCASC or referred by other service agencies.
6. 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.
7. Refugee Scholar Program: 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.

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2. **World Relief Triad** - <https://worldrelieftriad.org/refugee-resettlement> serves all age groups.
  1. Meet new arrivals at the airport, and transport them to their new home.
  2. Spend time explaining how to operate things that some refugees may never have encountered before (e.g. American bathrooms, kitchen appliances, etc.).
  3. Find ways for arrivals to acquire food familiar to them.
  4. Provide contact information in case of emergencies.
  5. Cultural orientations to neighborhood services such as bus, grocery stores, etc.
  
3. **Church World Services** <https://cwsgreensboro.org/> (CWS) serves all age groups with a focus on newly arrived refugees.
  1. 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.
  2. Case Management: to assist newly arrived refugees with accessing information and services they need to succeed, e.g. 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)
  3. Employment Services: refugees resettled in Greensboro require jobs! The CWS Employment team provides job classes to prepare refugees for American work culture and practices, and work with employers and clients to develop job opportunities and on-going support to both parties.
  4. 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.

Thus, these organizations offer services to newly or recently arrived older refugees, and most older Montagnards have been here longer and do not qualify for these programs.

The second group of organizations offer **programs for refugee and immigrant groups who have been in NC for a longer term**. These include programs for refugee and immigrant origin groups for all ages, with some programs for older adults. These include:

The second group of organizations offer programs for refugees and immigrants who have been in NC for a longer term.

**1. Center for New North Carolinians (CNNC).**

<https://cnnc.uncg.edu/> serves all age groups through programs such as:

1. Greensboro Refugee Employment Advancement Team (GREAT): which is a collaborative effort of local refugee-serving agencies. CWS, New Arrivals Institute (NAI), MDA/MAO, and CNNC work together to support low-income refugees and immigrants to find and retain stable, family-sustaining employment.
2. 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.
3. Interpreter Access Project: 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.
4. Family Violence Prevention Services Program: STAR (Safe Transitions after Resettlement) that acknowledges that refugee women are at high risk for family violence yet have limited access to interpreters with family violence training and culturally sensitized service providers.
5. Programs serving Latino families: (a) Thriving at Three: to support Latino children to gain a positive and strong foundation in the early childhood years. (b) The Latino Community Coalition aims to strengthen and support the Latino Community in Guilford County by promoting advocacy and education through a collaborative and empowered network.
6. 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.

**2. North Carolina Department of Health and Human Services <https://cnnc.uncg.edu/> (NC DHHS)**

- a. NC DHHS provides access to health insurance for refugees. When refugees first arrive in NC, they receive healthcare through either Medicaid, or the Refugee Medical Assistance (RMA) program administered by the NC DHHS (Morillo, 2019). Eligibility is determined through the NC FAST (Families Accessing Services Through Technology) program for Medicaid for families with dependent



children, aged, blind or disabled, or pregnant women. Those not eligible, such as adults without children, receive health care through RMA for the first 8 months. Thereafter, if clients are not able to get health insurance through an employer, refugees and legal permanent residents (with green cards) can apply for insurance 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 with the application process and help refugees 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 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>)

### 3. 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.
- b. Guilford County's Orange Card program gives health care access to lower income documented residents of Guilford County who do not have health insurance from other sources: <https://guilfordccn.org/orange-card/> The application materials are available online and in person, in various languages including Vietnamese.

Montagnard older adults can receive services from the above agencies. However, due to language differences and accessibility challenges, enrolling and maintaining services can be difficult for older Montagnards and other refugees.

The third group of agencies offers **services for older adults of any background**. Some have specific programs for refugee older adults.

The third group of agencies offers services for older adults of any background. Some have programs for older refugees.

1. **Senior Resources of Guilford County**  
<https://www.senior-resources-guilford.org/>

a. This organization has a range of programs serving diverse Guilford County older adults, for example 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. They partner with other agencies such as NAI for some programs and services.

b. They offer specific refugee-focused programs for older refugees aged 60 and over, such as 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 center where they receive a hot meal on any day a class is held. Specific details can be viewed at: <https://www.senior-resources-guilford.org/refugee-programs>

2. **Piedmont Triad Regional Council Area Agency on Aging:**  
<https://www.ptrc.org/services/area-agency-on-aging>

They are funded through Federal, State, and local sources under the Piedmont Triad Regional Council umbrella. They do not provide direct services. They channel funding to organizations serving older adults, including the Senior Resources of Guilford, Senior Centers, Meals on Wheels, etc. They provide information and referrals to services for housing, home and community-based care and informal resources e.g. for transportation, etc.

To better serve diverse populations including refugees, PTRC AAA strengthened diversity requirements for service organizations that they fund, focusing on details of the methodology the organizations use for outreach to diverse and marginalized communities, such as places they advertise, languages they translate materials into, etc.

Thus, organizations serving refugee older adults can access programs and funding through the Senior Resources of Guilford and PTRC-AAA. At the time of writing, older Montagnards had not received specific services or programs from either of these agencies.

The fourth set of organizations offer **programs targeting the needs of diverse disadvantaged communities in Greensboro**. Some have programs for refugees and immigrants.

**Housing assistance:**

<https://greensborohousingcoalition.org/>

1. The Greensboro Housing Coalition (GHC) provides referrals and information for people to find safe, healthy, and affordable housing, especially those with lower income or special needs. It aims to prevent homelessness and foreclosure. They coordinate relief with other agencies. They received a grant to renovate apartment complexes where many refugees live. They map asthma hotspots. They are seeking to create community health databases with community member input to serve information needs of lower income communities. For lower income older adults struggling to pay rent, GHC offers support through partnerships to alleviate housing and food insecurity. GHC also 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.
2. The Center for Housing and Community Studies of UNCG (<https://chcs.uncg.edu/>) 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, especially in lower income communities.

The fourth set of organizations offer programs targeting needs of diverse disadvantaged communities. Some have programs for refugees and immigrants.

The fifth group of organizations include Nonprofit Community organizations that address the needs of immigrant / refugee communities and gaps in the existing service structure.

The fifth group of organizations include **Nonprofit Community organizations that have arisen in response to the needs of immigrant / refugee communities and gaps in the existing service structure**. They serve all age groups.

Examples include:

1. Jalloh's Upright Services: <https://www.ius-nc.org/> aids all communities but has expertise with African groups. They serve a range of needs including citizenship classes, jobs, housing, language, and transition and cultural assistance.

2. Institute for Peace and Harmony: <https://www.facebook.com/IPHTRIAD/> serves refugee communities in the NC Triad region, especially providing support after the few months of formal services from resettlement agencies end.
3. The Triad Nepalese Community Center (TNCC): <https://www.facebook.com/Triad-Nepalese-Community-CenterTNCC-171150696253671/> serves as a community meeting point and support organization for people with ties to the Nepali community, including Nepali-speaking Bhutanese.
4. 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 those landlords be held accountable.
5. 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.”

These organizations interface and collaborate with MDA/MAO.

The sixth group of organizations include **area health care organizations**. **They serve people of all ages**. These range from apex facilities to community clinics for underserved groups, to specialty practices. Some of these institutions serve underserved communities, especially persons without access to technology, who are often older adults. These include (not an exhaustive list):

The sixth group includes area health care organizations that serve all ages. These include apex facilities to community clinics for underserved groups.

- (1) Cone Health Guilford County [www.conehealth.com](http://www.conehealth.com) that has a mobile truck that brings testing facilities to older adults, working through church networks, with a community liaison / translator. They recently opened a behavioral health care center.
- (2) [Guilford County Department of Public Health](#) does environmental outreach in person and through flyers posted in community grocery stores and on people’s doors.
- (3) [Mustard Seed Clinic](#): is a community clinic serving lower income neighborhoods including those where refugees live.

Last, **some organizations have been established to specifically serve the Montagnard community**, to fill gaps in services and provide connections to existing services. Since the

Seventh are organizations established specifically to serve the Montagnard community, to plug gaps in services and connect with existing services.

Montagnards have been present in North Carolina since the 1980s, but are still less acculturated and underserved, they have organized around this group for community self-help and development.

### **Montagnard community organizations**

(1) The MDA/MAO: This is the most prominent organization working with the Montagnard community.

The [Montagnard Dega Association](#) non-profit was founded in 1988 to provide a supportive environment and gathering place for Montagnard refugees resettled in North Carolina. Montagnard refugees had recently arrived in the U.S., the language, culture, and environment were completely unfamiliar, and they were still dealing with the aftermath of fleeing their homes, hiding in the jungles, and finding their way to refugee camps. Eventually, the MDA Board realized the need to provide services and connections to existing services for Montagnard and other refugee communities in Greensboro. The first wave of Montagnard refugees included several older persons and men with military history who came without their family. Moreover, over time, even as Montagnard refugees continued to arrive, several still arrived without family, and the earlier arrivals began to age. Thus, the MDA/MAO has always perceived the need to provide a service and support structure for older community members and especially those without family.

The MDA's youth branch is the [Montagnard American Organization](#). MDA/MAO works in cooperation with a range of state and local organizations and other refugee origin communities to offer programs and services to their communities, especially to those who are not eligible for government safety net programs. The youth branch has recognized the intergenerational language gap and promotes programs connecting older and younger generations of Montagnards.

MDA/MAO's [wide range of services](#) includes intensive case management, job training, civic engagement (e.g. voter registration, citizenship classes and referrals, encouragement to fill the U.S. Decennial Census), public health programs such as vaccination drives, ESOL classes, food distribution programs for at-risk older persons, interpretation and translation, cultural and educational programs, a Community Advisory Council for research partnerships, etc. Services MDA/MAO provide specifically for Montagnard older adults are in this list. The MDA/MAO is the main organization serving this community, but they also have a system of referrals to other

area organizations who offer services or programs that their community needs, e.g. language and citizenship classes provided by other agencies. MDA/MAO serves as a cultural and linguistic bridge between community members and mainstream service providers.

MDA/MAO receives funding from the State to offer services to refugees who have been in the country for less than 5 years. Some older Montagnards meet this description, however most others have been here for longer but still need ongoing support. MDA/MAO's mission is to serve everyone therefore they do not turn anyone away, and they strategize with funding from other sources to provide support to all who approach them. Their most frequent supportive activities include assisting older persons with Social Security and Medicare applications, SSI, other forms of health insurance or income support if they do not qualify for these programs. Moreover, MDA/MAO connects older people with healthcare providers and encourages them to attend appointments regularly as needed. Transportation and language translation are substantial ongoing needs, and MDA/MAO provides referrals to transportation and language translation services. While language translation services can often be provided through insurance or healthcare providers' programs, transportation is often more challenging and support from volunteers is needed. MDA/MAO relies on the close-knit nature of the community to seek volunteer assistance for these needs.

- (2) Montagnard Churches in Greensboro are a key institution in the lives of the community. They also provide substantial support for older community members. Montagnards, who had historically followed animist religious practices, converted to Protestant Christianity in the 1950s and 1960s, and this trend intensified after the end of the Vietnam War. The Vietnamese government's reprisals against those viewed as collaborating with the U.S. Special Forces included pastors and religious leaders, several of whom fled as refugees (Cotton and Pohlman, 2011). Moreover, Greensboro area non-Montagnard churches played a major role in sponsoring Montagnard refugees to resettle in North Carolina. Over 50 churches participated in this initiative to create a congregational refugee resettlement model including sponsoring families, donating financial and other resources, etc. in partnership with the Lutheran Family Services (Raper, 2009).

Most Montagnards in North Carolina are members of a church, and frequent religious attendance is one of the strengths of the community as it provides companionship, social support, and practical assistance (Morrison et al, 2021). There are at least 6 Montagnard Protestant Churches in Greensboro, because members of various tribal groups who speak different languages congregate in different churches for services in their languages. Many of these churches provide support programs for their older members. For e.g., Pastor Y'Hin Nie of the United Montagnard Christian Church, who entered the U.S. as a refugee in 1992, was one of

the first to provide specific outreach for older church members. His church succeeded in partnering with Moses Cone Health's [Congregational Nurse Program](#) to offer on-site health services including referrals, health education, flu and other immunization clinics, and personal health counseling, in the church.

However, these churches' funding sources, especially the smaller ones, are very limited, as they rely mostly on grants and donations from congregations. Their clergy and staff are typically unpaid volunteers. Thus, they also rely on volunteers for assistance that their communities need, typically for paperwork, transportation, and language translation. Therefore, one of the main types of support that the churches provide is companionship and social support.

The MDA/MAO collaborates with Montagnard churches and some local service providers, such as the [Mustard Seed Community Health](#) clinic that provides health care services to low income persons in and around the Cottage Grove neighborhood where several diverse lower income groups live, to offer services to Montagnards and support older Montagnards to access them.

### **Service providers' views on key needs / challenges of Montagnard older adults**

The service provider organizations concurred that refugee communities, including older adults among them, have several serious needs in common. These needs exist in long-resettled communities such as the Montagnards in addition to the newer arrivals. The needs include:

1. **Food needs:** include accessing sufficient food for families and finding culturally familiar and acceptable foods. Some local churches like Mount Olive and others help with food distribution for families in need. The job loss and health needs created by the COVID-19 pandemic have exacerbated food needs.
2. **Transportation:** Many refugees including Montagnards lack transportation and the bus system may not serve their areas. Transportation is needed for access to all necessities including grocery stores, health care, community programs, jobs, etc., many of whose locations are not served by public transportation. Lack of transportation is a significant barrier to all lower income older persons, including refugee older adults.
3. **Language:** Lack of English knowledge restricts refugees from learning about resources for housing, food, transportation, health care, and other necessities, from navigating the system to access existing supports, and from integration into wider society. Younger people learn English more quickly than older adults. Older persons depend on younger family members for interpretation and navigating systems. Older Montagnards tend to have limited familiarity with English (Morrison et al., 2021).

4. **Finances:** Sufficient money is required to pay for basic needs like housing, food, transportation, medications, etc. Refugee communities struggle with lower employment, lower income, and lack of ability to afford basic needs. Older adults lack access to jobs even more than other age groups and might be in poorer health, and thus are more economically vulnerable.

5. **Employment:** Refugees need help and information on getting jobs and special job skills training. Older adults are more vulnerable in this regard, compounded by their lack of English skills and comparative lack of job training that is tailored for older persons.

6. **Health care:** Navigating the pathways and criteria to access health care is challenging for refugees and case managers. Substantial time delays are common. Despite federal and state laws setting 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). Even after applications are approved, finding accessible and affordable providers remains difficult. Lack of culturally appropriate health services and language translators is a significant barrier, especially for mental health. Community clinics such as the Mustard Seed clinic serving lower income and refugee origin persons have emerged, but the need outstrips the availability. The multiple languages in the Montagnard community make finding non-family translators and interpreters even more difficult.

Lack of culturally appropriate health services and language translators is a significant barrier, especially for mental health. The multiple languages in the Montagnard community make finding non-family translators and interpreters even more difficult.

7. **Housing:** adequate and affordable housing is a major need of all low-income communities including refugees, and a substantial affordable housing shortage exists nationwide. Refugees face multiple barriers in accessing affordable and appropriate housing, due to lower income, language, unfamiliarity with the system, negative stereotypes of their ethnicity and national origin, and lack of availability of affordable housing. A Photovoice project conducted in 2016 in apartments where Montagnard community members lived documented issues with dirt, mold, and pest infestations (Almulhim et al, 2017).



Montagnard community needs include intensive case management and longer-term social adjustment programming that is culturally-appropriate and ideally led by a trained social worker from the community. However, funding for such services is limited, according to the Church World Services' staff. Such needs are more fully met when community leaders / volunteers assist refugees find employment, paperwork, housing, etc. CWS recommended that refugee-serving agencies 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. Program administrators should prioritize budgeting for paid interpreters, transportation for seniors, and cultural navigators to increase participation and relevance of programming. However, funding sources for these innovations are scanty.

The CNNC Senior Care Program Coordinator stated that "we struggle to meet the needs of all of our seniors in our community, and refugee seniors are no exception. 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 such ties really struggle." The strengths of the Montagnard community include strong family ties, church affiliations, and nonprofit organizations that are sources of support. However, the community continues to experience lower levels of education and income, and the ability to support each other is correspondingly strained.

Dr. Stephen Sills, former Professor of Sociology at UNCG and Director of the CHCS, stated that access to safe, affordable, and adequate housing is critical for immigrants and refugees' health, well-being, and quality of life. Poor-quality apartments are cheaper and may be conveniently located, but are costly over the longer term, due to resulting healthcare needs and lower wellbeing. As in most urban areas in the U.S., Greensboro is facing a shortage of affordable housing, as developers prioritize building expensive apartment complexes and houses over moderately priced homes. Formerly affordable housing is bought by developers, repaired and upgraded and rent is raised, making them unaffordable.

**Housing challenges: no availability, unaffordable, unsafe, inadequate, no communication with landlords, lack of community support, lack of tech knowledge, language barriers, are in common among refugee older adults and all lower income older adults in the U.S.**

Other developers do not fix up poor quality apartments at all or do the bare minimum.

Anecdotal accounts from some community leaders suggest that individual or family property owners who are local and have had personal experience with living and serving overseas are

more likely to keep their properties affordable for lower income refugee renters and are more sympathetic to community needs. However, more and more properties nationwide are being purchased by companies or conglomerates, and communications are only through property managers who are in different states and who are not flexible or responsive.

As a result, in Greensboro over the past decade, about 40,000 households (homeowners and renters) are paying more than 30% of their income on housing and related expenses. Also, most available housing does not accommodate larger or multi-generational families. These families live in small apartments or move out of the city or state for better options.

Moreover, policy structures create barriers to safe and affordable housing for older refugees. For e.g., 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. Refugee-origin communities form part of the pool of lower-income Americans who need affordable housing and are competing for the few available units.

In February 2020, just prior to the COVID-19 pandemic, the CHCS hosted a ‘Housing Hangout’ meeting, where a panel of speakers including the Mayor of Greensboro identified barriers that refugees face in accessing safe, adequate, and affordable housing. These include:

- a. **Language and communication differences**, exacerbated by lack of translated materials and interpreters.
- b. **Lack of technological knowledge** such as how to set up and use email. Those with adult children or children in High School receive help with English and tech to address this barrier.
- 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. Here again, lack of translated materials and interpreters, and information available in person, is a hurdle.

These challenges are applicable to longer-resettled refugees like Montagnards as well as more recent arrivals and to lower income communities in general. The panel discussed potential solutions: (1) teach refugees strategies to navigate the US system. (2) Educate communities about their rights and how to make demands of their landlord. While some Montagnards have learned English, acquired education, and gained a better foothold in society, most still struggle with language, jobs, income, housing, healthcare, and food insecurity (Morrison et al, 2021).

The CHCS Fair Housing study revealed ongoing housing discrimination based on sex, race, and national origin, in violation of federal law. An older Montagnard woman, being female, Asian,

and refugee, would be at the bottom of the hierarchy. Dr. Sills described that the Fair Housing Office of the City of Greensboro hesitates to prosecute discriminatory behavior. It mainly sends a letter to violators urging them to get training on fair housing and asking them to be appropriate. He said: "...we do not do good outreach to immigrant and refugee communities with fair housing right now." He recommended that they should more vigorously enforce the Fair Housing Act by filing a criminal suit against management companies or landlords where evidence exists, to compensate people who have experienced discrimination.

The 2018 fire in the Summit-Cone Apartment buildings in Greensboro that killed five Congolese refugee children tragically demonstrated the approach of landlords of low-income housing. Dr. Sills stated there were 800 code violations in that apartment complex and said: "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." All low-income persons, including refugees, living in such substandard housing are at risk for health problems and even their lives, due to the overall shortage of affordable housing and lack of upkeep of buildings to code.

Community advocates mobilized support to improve housing access for refugee families through groups such as the Summit-Cone Families, which documented ongoing housing code violations and raised support for refugee families to attain safe and adequate housing. (See <https://www.facebook.com/Summit-Cone-Families-1786535934747885/>).

To summarize, gaps in services for older refugee Montagnards are substantial. These gaps stem from lack of appropriate services for longer-resettled refugees, and from older refugees not being able to access services that exist for lower income older adults, due to barriers such as language, transportation, and lack of awareness. Community providers stated that older refugees typically have no retirement savings, and lack affordable housing, jobs and transportation. Navigating health insurance is difficult and time consuming, and mental health services and appropriate interpreters are scarce, especially for Montagnard tribal languages. Organizations don't have funding for intensive case management and culturally appropriate long-term social adjustment programming. Refugee older adults lack social support, and some services such as in-home aides provide limited assistance to low

**Gaps in services for older Montagnard refugees are substantial, including a lack of appropriate services for longer-resettled refugees, and inability to access existing services. The most pressing needs are jobs, transportation, safe and affordable housing, language, and support navigating service systems.**

English proficiency refugee populations. Thus, the most pressing needs include jobs, transportation, accessing safe affordable housing, and support in navigating service systems.

### **Community members' views: Older Montagnards**

We conducted individual in-depth interviews with 12 self-identified Montagnard older adults (6 male and 6 female), who ranged in age from 49 years through over 100 years. They self-identified as older adults based on age, social roles (grandparenthood), and functional status. The interviews were conducted in Montagnard languages and translated and transcribed by Montagnard student researchers. Two research team members read the interview transcripts closely and more than once, and each identified themes in the data. They discussed the themes and reached consensus.

The following themes were identified from the interviews.

- (1) **Poverty and low income:** The experiences of many older Montagnards with poverty and low income have a negative impact on their well-being, and illustrate gaps and deficiencies in the social safety net.

One older man described that although he does receive welfare benefits, he gets very little money. He said that they *"get \$1000 a month, rent is \$500, heat is \$100, utilities are \$180, not enough money to pay for everything"*. Thus, he is unable to afford furniture and home necessities (which he described as luxuries), so a lot of his furniture including his TV has been picked up from items discarded on the side of the road. The money he received was insufficient for rent, but they were afraid to spend it on anything else, *"otherwise we will have no place to sleep"*. They get no food assistance, so they maintain a kitchen garden, a common practice among Montagnards in Greensboro: *"we grow our own peppers and eggplants, we refrigerate it, we eat what we can afford ... day by day"*. Paying for utilities such as electricity and water is also a struggle, *"That is why we can't buy extra stuff or certain things"*. Another area of struggle with low income is medical care. *"Medicine wise, insurance helps but we have to pay out of pocket too ... hospital bill is \$400, has not been paid off, don't have the money to pay for it"*.

- (2) **Employment difficulties:** Many older refugees are either unable to work due to health conditions or cannot find work that provides the income necessary to cover their expenses. In a joint interview with a 57-year-old man and 51-year-old woman they stated *"Working in Winston Salem it was hard to find [a job]. Food stamps were only worth for 6 months ... to eat for my children and me. To work it was \$7 an hour, for me it was \$6. When I began, if we don't work we don't eat for 6 months. Husband and wife, we try to find work."*

- (3) **Lack of transportation for low-income persons without cars:** A participant described: *“Walking, that’s how I tried to find work back then to feed my children in a world of wealth. In the USA we need to have transportation. Back then we don’t have any. We only walk”.*
- (4) **Difficulties with English language and literacy and translation:** An older woman said: *“I don’t know how to read. That is my difficulty. I can’t look for a job. I can’t speak English well. I am dumb in not knowing how to look for the way to go to the hospital and get health care ... when I am sick or don’t have a job, there is someone who helps me because I don’t know the language. I have lived here awhile but I don’t know how to speak, I will not lie. Maybe because I am old, maybe that is why”.* An older couple also said: *“we can’t really speak English ... I just say yes or no until I get through our day”.* Another older man said that he does get access to a translator occasionally, but sometimes the translator asks him to speak in Vietnamese, which he does not understand at all. Sometimes, church and community members help with translation. He does not use outside translators because a private translation service charges \$50 an hour, and *“I lack money ... where do I get that type of money?”* Many refugees rely on ‘natural helpers’ in their community such as pastors to help with translation. A 53-year-old woman says she mistrusts the professional translators and *“Pastor Ama Brin was the main person that helped, which included his white friends and connections. Didn’t have Montagnard [helpers], mostly Americans”.* Further, an inter-tribal language communication gap exists among Montagnards. A 60-year-old man said: *“Bunong cannot speak Jarai, Jarai cannot speak Ede, Ede cannot speak Koho. We don’t have enough interpreters right now okay. If we do, it’s only verbal, not reading or writing skills, we need to do in that area.”*
- (5) **Help from agencies and sponsors and limited Government help:** Participants’ responses indicated they received help from non-profits, but needed more government safety net assistance. An older woman said: *“When I got to the United States, my sponsor and two churches helped us get food and clothes ... If they did not help us we would have faced difficulties as we don’t speak English. ... They helped us for 4 years, with Medicaid, and when we were here long enough, with the green card, Social Security, housing ... MDA helped with translation and finding a job; we don’t have food stamps the government is not helping”.* ... The older couple also said: *“I need the government to help me to take care of my parents, but no one has helped me so how can I help my parents ... they were 90 years old. It’s as if you don’t know how to give back the love they have given you. I have Medicaid. But if there was a fire at home who would show them their way to get out of the house? I need someone to help me get paid for helping my parents ... because I can’t work and also take care of my parents”.*
- (6) **Health and health insurance:** Older Montagnards described having health care needs and difficulties learning about and accessing health insurance. One older woman said

that she works but doesn't know if she has health insurance. She needs help to find out due to language difficulties. She said: *"I do need help with Medicaid. I go to the doctors a lot and I don't have money to pay"*. Another older man said: *"my health issues are chest pain, asthma, my body pain, high blood pressure, but have no coronavirus"*.

Health insurance can often be difficult to obtain for older refugees. Many have trouble accessing primary care, and those who have access often struggle to understand how to utilize their prescription medications. Many participants are dealing with diabetes, chest pain, asthma, and other chronic health conditions. Language gaps affected health care use. A 53-year-old Montagnard woman told the interviewers *"kids take care of medicines"* because she is not able to understand prescription medicine. Additionally, when asked what life in America is like, a 55-year-old woman said *"there have been some complications, like obtaining medicine or obtaining jobs and just learning to speak the language"*.

- (7) **Generation gap with younger Montagnards:** As the numbers of Montagnards born in the U.S. increase (i.e. second and third generation), generation gaps have arisen. Many of the older Montagnard refugees rely on the younger generation for support in terms of medical care, language, and in some cases income. Thus, language and culture gaps as the rising generations acculturate, leave the older Montagnards vulnerable.

The interviews showed the theme of collaboration and many Montagnard adults described a need to communicate and work alongside younger generations.

Older Montagnards described communication gaps and shutdowns with the younger generation, which they attributed to differences in family culture in Vietnam and America: An older woman said: *"My son lives in Raleigh ... he doesn't want to show his face here ... There was no argument or fighting ... he is over 20 years old. I asked him to find a job and help pay for our rent. I just want to see him. He is my son. That is why I am sad ... I don't care if we don't have enough to eat, but if we talk with each other I am happier. ... I don't know his address ... I don't know anything, even if he even lives somewhere else. He won't talk to us at all"*.

Another older woman said: *" My two children live in Winston Salem. One has a husband so she lives with him. I asked them to move back but they don't want to. They say I don't want to live with you, I want to live out here with the (the Americans). ... Kids in Vietnam listen to their parents. Parents could yell at you, discipline you, hit you. They won't run away, they will stay with you. In the United States if you discipline your child they will call the police on you. That is why I am afraid to do anything. I won't try to do this. I just want them to be healthy and talk"*.

Language loss from generation to generation continues to be an increasing problem among Montagnards. *"All the parents go to church, young people like you guys don't go to church, I don't know where they disappear. And when they go to church, they only*

*... speak English, they don't understand Jarai, they don't understand Bunong, they don't understand Rhade. Every day they communicate with English all the time, if their parents want to go see doctors or apply for jobs, no one [knows] how to translate and nobody knows how to interpret".*

When asked to elaborate on generational gaps a 65-year-old man said *"I think okay, of course right now we have gaps between elders and younger generations. You guys are young people who only speak English, set up communication with parents, because your parents work 1 job, 2 jobs to pay rent, and you guys go to school and come home and don't even have time to talk to your parents, to communicate with each other and solve problems. That is the problem, in order to do that, to solve that problem, work together between old and young people, like compromise, for anything."* Some interviewees also identified the need for the help of younger generations in preserving their culture. *"In the United States here, we get stuck by the culture, we become Americans, in Cambodia we become Cambodians. That is why we need to unite, we need to work together, preserve our customs and culture to keep it alive."*

- (8) **Alienation:** An older female participant said: *"here in the USA we don't know about life. In Vietnam if there is a problem, we know. But here we don't know about this sickness (COVID-19). In the US there are a lot of troubles and hard times. We don't know about the current sickness (COVID-19) and catching illness here. ... In Vietnam it was better, we all went to church together. Now it seems like we all live in different places and are separating. We aren't all together like in the village. ... In Vietnam, if there is sickness, we take care of each other and visit each other, we don't let go. Here doctors take care of us. Our close friends and family do visit us; they don't just throw us away."*

Language loss, alienation from younger generation Montagnards and wider society, language barriers, low income – these are some of the many struggles faced by older Montagnards. 'Natural helpers', assist filling service gaps.

- (9) **Help from church, community, and 'natural helpers':** Due to insufficient formal sources of help and alienation of some from family members, people rely on church, neighbors, and 'natural helpers' - community leaders who play a major role in assisting people. An older woman said: *"we have the church, they come to visit us when they hear that we are sick. In Vietnam, if you are sick, your family comes to visit you, because of the government restriction on religion, so you don't have church members. We do believe in God and have the church. In Vietnam we were scared of the government. Life was hard, and we faced poverty there. It is better here in America"*.

- (10) **COVID19:** Several participants lacked awareness about the COVID-19 pandemic and the immunization. One woman revealed that she was not vaccinated against the virus and didn't know if she wanted to be. Others showed their lack of awareness by responding that they didn't know about the virus, and that they 'don't have Coronavirus'.

### **Community leaders' views**

In this study, we engaged in interviews with 7 community leaders, with the majority being female. These leaders play diverse roles within the community, ranging from volunteers and organization office-bearers to church leaders, health care professionals, and academic researchers with substantial experience in Montagnard affairs. Their involvement extends to a variety of services, encompassing health education, housing assistance, medical services, primary care, citizenship classes, and ESOL English classes, among others.

The insights provided by these community leaders closely align with the perspectives expressed by general service providers and community members. Their responses to inquiries about the needs, barriers to accessing available services, and gaps in service structures for older Montagnards were remarkably consistent. The convergence in viewpoints across these key community figures enhances the credibility of the identified challenges and underscores the urgent need for targeted interventions to address the unique needs of older Montagnards.

The needs of older Montagnard adults identified by community leaders include the following:

1. **Social dislocation and isolation:** One community leader said: *"Older Montagnard adults don't know how to survive in America. ... Some of them left Vietnam to come to America ... they had a [visa] program because they had served the US army and served the government in Vietnam, called ODP - the Older Departure Program. Those that had been in prison for five years and up, qualified to apply for that program."* These were mostly men who had been soldiers who came without family. For many of them, their family did not immigrate later to join them. They are now in the older age group without family and thus experience social dislocation and isolation. Community leaders through the Montagnard churches and MDA/MAO attempt to find assistance for them, but their situation is vulnerable. Another community leader said: *"A lot of the individuals don't have family members to help care for them ... they just depend on whoever they can ..."*.
2. **Transportation:** Lack of transportation constituted a gap in the existing service structure and created barriers to accessing existing services. A church leader described a pre pandemic program in the Senior Resource Center: *"people live in the apartments there at Summit. They can walk across the street for the senior program ... some go over there Monday to Friday, and they get help with transportation, or they had a program"*



*every Thursday to go to the store, for people who don't have transportation ... they had education programs, they play games sometimes, if they're sick they had a doctor there. And right now, they're having home visits for the elders too. They teach them how to take medicine."* However, people who did not live within walking distance of this site would have difficulty accessing these services, and thus this program did not reach many older Montagnards. MDA/MAO received a small grant from the Department of Transportation, for community members to drive older persons to doctor visits. Another community leader echoed: *"transportation for going to the doctor ... once they have access to healthcare, then maintaining those healthcare appointments ... and that comes to transportation"*.

3. **Language:** Many older Montagnards do not speak English well, despite living for decades in the U.S. (Morrison et al 2021). Some community leaders attributed this to the difficulty of learning a complex language at an older age: *"with the language they cannot learn it. With their memory it cannot be."* Another leader pointed out that many did not have time to learn English because they were focused on working and supporting their families: *"So a lot of them did not get to learn English, because they came and they just focus on working, earning money to support themselves and also their family back home too."*
4. **Education and Literacy:** the challenges adult and older Montagnards have with learning English also reflect a history of exclusion from educational opportunities, pre- and post-displacement. Thus, many older Montagnards do not have literacy. A community leader said: *"A lot of them [older adults] did not have proper education compared to the next generation of Montagnard people in Vietnam. We have more chances to go to school, at least learn to read and write. When you already have a well-established education ... in Vietnamese or at least your own language, then it's easier for you to pick up a new language."*

The combination of being excluded from formal education, lack of literacy and English skills, and advancing age lead to difficulties with other essential aspects of the US system, such as successfully applying for U.S. citizenship. A researcher said: *"many cannot become citizens because they can't pass the citizenship test, which limits what they can have access to. The test ... requires a certain cognitive level of functioning ... stuff that you know from being in ... school on civics and things like that ... they can ask you who was the 20th president of the United States, and you should be able to chime [in]. They ask you what the branches of government are ... you can study in the citizenship booklet, but ... you are an older person ... You don't read and write in your own culture, let alone read and write here. Your English is choppy at best, and so now you must take a citizenship exam and you have declining mental acuity."* Lack of U.S. citizenship, even for persons legally admitted to live in the U.S., excludes them from

some safety net benefits that they rely on such as non-emergency Medicaid and receiving SSI for a period greater than 7 years (National Immigration Law Center, 2023).

5. **Health care needs, including mental health and trauma support:** There is a lack of culturally sensitive and linguistically accessible health care for older Montagnards. Mental health needs are severely underserved among all age groups. Older Montagnards especially lack *“mental health support in their native language, because a lot of these elders still suffer from past trauma, war, or whatever happened to them in the past that they still haven't dealt with. Now that they're older they're more lonely, they think more about the past. Most of the elders who don't have family members here want to go back to Vietnam and live.”* Another leader elaborated further: *“A lot of them now have issues with trauma [from] back then. You know, with persecution with wars and also the stress of being in a new country. The struggle that they have encountered of not knowing the language, the different customs they have to adjust to.”*

A next generation community leader described how older Montagnards felt about mental health needs, and the lack of a vocabulary to discuss mental health: *“I think they really rely on their children or grandchildren, and I see that a lot. [In] our elder community there's not a lot of conversations about mental health needs ... they come from a period where you don't really talk about your feelings. It even comes down to our language, for example, there's not a lot of terms to really express how you feel ... we haven't really tapped into how we can help our elders. There is a lot of effort to help them with chronic diseases like hypertension and diabetes, but not so much with their mental health.”*

There are also information gaps in the community about health behaviors that prevent illness and promote wellbeing. A Montagnard healthcare professional said: *“There is a lack of understanding as far as maintaining health and screening and primary care and this goes for just about all the elders ...I also see this in my mother. I managed her health and yet ... she doesn't fully understand.”*

There is a great lack of culturally diverse / culturally competent mental health professionals in the U.S. (McGinley, 2021), especially those who are trained in trauma-informed care. Translation and interpretation services in the medical context are difficult to find. Lacking a common language and the difficulty in finding trained interpreters, this leads to a serious gap in care for refugee older adults, including Montagnards.

6. **Housing:** Housing is a substantial need for Montagnard older adults, as for all lower income persons. A community leader said: *“a lot of them ... it’s really sad if you see how they live ... it is worse than in Vietnam ... a family that lives in Asheboro, they would shower outside with the water hose. You know, put water into a bucket and shower, that’s how they live ... When you hear about the US is all rich, famous, always number one country ... one of the richest countries in the world, but then you have people who are showering outside or sleeping outside, ... it’s really sad.”*

Older Montagnard men are especially vulnerable and co-exist in poor housing for mutual support. According to a researcher: *“Older Montagnards, men who came without families, they’ve aged here, they live probably together, or they cluster ... in poor housing conditions because one it’s affordable, but two they’re single, so they’re living in apartments so they can gather single, mostly older men, and have some sort of support.”*

The housing difficulty severely affects older Montagnards who cannot live independently and need care. This intersects with their language challenges: *“accessing nursing homes is really hard too because they don’t speak English, a lot of the nursing homes decline you. We had a couple people that we tried to place in a nursing home, and they were saying no because they didn’t speak English. ... I know only one place that takes someone who doesn’t speak English and that’s because we have to commit to them that we will help with interpretation ... I go to the doctor’s appointments ... but the other places have said no ... we can’t communicate with him, so we’re not going to take him. ... also, temporary shelters really don’t want to deal with anyone who doesn’t speak English, like services are not given to people who don’t speak English. ... I haven’t checked what their funding is, so I can go back to them and say: look, you know you have federal funding or government funding, you need to provide interpretation.”*

The overarching issue is that the needs of older Montagnards are interconnected, with low income and low community integration at the root of all necessities. A community leader described: *“Financial needs for housing, food, utilities ...”* as necessities that were difficult to meet.

The overarching issue is that the needs of older Montagnards are interconnected, with low income and low community integration at the root of all necessities.



Source:

<https://triangleglobalhealth.wordpress.com/2014/03/08/inspiring-change-the-montagnard-womens-learning-group/>

## COMMUNITY STRENGTHS AND STRATEGIES

The Montagnard community in North Carolina draws on several notable strengths to navigate the challenges they face, employing various strategies at the community, organizational, and individual levels.

### Community Strengths

- 1. Strong Family Networks:** The community thrives on robust extended family ties and cooperative networks, deeply rooted in cultural norms, serving as a resilient response to ongoing needs.
- 2. Churches as Social Hubs:** Montagnard churches play a crucial role, particularly for older members facing language barriers. These churches foster social connections and serve as vital informal resource networks, proving essential during challenging times like the COVID-19

pandemic.

**3. MDA/MAO as a Pillar of Support:** The Montagnard Dega Association/Montagnard American Organization (MDA/MAO), formed several decades ago, remains a cornerstone of community support. It collaborates with churches, universities, and other agencies, identifying and addressing evolving community needs. The organization, led by a new generation of community leaders, actively engages in mental health advocacy and community participation initiatives, such as census completion.

### Community Strategies

**1. Advocacy and Data Inclusion:** The MDA/MAO undertakes efforts to bring community needs to the attention of planners and policymakers. Advocacy includes encouraging community participation in the census and addressing the data gap by ensuring 'Montagnard' is acknowledged in race/ethnicity records.

**2. Leadership and Civic Engagement:** College-educated Montagnard youth assume leadership roles in various organizations and leverage social media to promote ethnic solidarity, raise awareness of community needs, and advocate for necessary resources. They actively seek employment opportunities to support their families financially.

**Individual/Family Strategies:**

**1. Pooling Resources:** Older Montagnards, particularly those without family, often live together, pooling resources to address practical needs. Intergenerational households are common, with heavy reliance on the next generation for support.

**2. Community Support Utilization:** Individuals leverage the assistance of organizations like MDA/MAO, churches, the Congregational Nurse Program, and natural helpers to fulfill various needs.

**3. Cultivation of Home Gardens:** Many Montagnards live in small houses with yards, where they grow Asian vegetables and other essential foods. This practice not only supplements their diets but also aligns with their cultural preferences.

In summary, the Montagnard community's strengths lie in its familial bonds, religious institutions, and organizational support, while their strategies encompass advocacy, leadership, community engagement, resource pooling, and sustainable practices like home gardening.

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**CONCLUSIONS AND RECOMMENDATIONS**

The challenges faced by older refugees, constituting about 4% of the refugee stream, are underscored by the fact that less than 1% are resettled in third countries. This leaves many waiting in refugee camps or aging in countries of resettlement without effective integration. The Montagnard community in North Carolina exemplifies this struggle, facing a triple disadvantage due to older age, low income, and immigrant/ethnic minority status. Compounded by language barriers and complex systems, these older adults lack support in essential areas such as income, housing, health services, and social connections.

The broader societal context, marked by anti-immigrant sentiments and minority unfriendliness, further exacerbates the challenges faced by the Montagnard community. The lack of specific data on Montagnards, coupled with their absence in federal, state, and local data collection efforts, hampers community recognition, hindering policymakers and planners from addressing their unique needs despite over 30 years of presence in North Carolina.

The needs assessment reveals commonalities with other lower-income minority communities and highlights community strengths such as family and church networks, community leaders, natural helpers, and nonprofits. Greensboro, described as resource-rich but collaboration-poor, suggests uneven resource distribution and coordination issues among support agencies.

### **Recommendations:**

- 1. Data Collection and Community Size Identification:** Allocate resources for data collection to determine community size and identify needs across all age groups.
- 2. Culturally Appropriate Health Services:** Design and deliver culturally appropriate and linguistically accessible health services, with a focus on mental health.
- 3. Safety Net Expansion:** Expand safety nets for diverse low-income older persons, including Medicaid, Supplemental Security Income (SSI), housing, and income support.
- 4. Transportation Improvement:** Improve transportation services, particularly in areas lacking public transportation coverage.
- 5. Affordable Housing Availability:** Expand the availability of adequate and affordable housing for low-income individuals.
- 6. Social Connection Programs:** Expand programs fostering social connections and the inclusion of diverse older adults.
- 7. Communication and Coordination Enhancement:** Greensboro has been described by a community leader as 'resource rich but coordination poor'. Improve communication and coordination among various helping agencies to prevent the needs of diverse older persons from being overlooked.

By addressing these recommendations, it is possible to enhance the support structures for older Montagnards, ultimately promoting a more inclusive and equitable community for all its members.



Older Montagnards participating in an art program for refugees in Greensboro, N.C.

Source: <http://www.hpcommunityfoundation.org/senior-resources-of-guilford-sponsors-art-program-for-refugees-from-bhutan-and-vietnam/>



Source: <https://www.vfw.org/media-and-events/latest-releases/archives/2019/4/montagnards-find-home-in-north-carolina>

A Montagnard refugee elder sits outside a longhouse in “The New Central Highlands” outside Asheboro, N.C.

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