

# Refugees and Immigrants



United Way of Olmsted County  
903 W. Center Street, Suite 100  
Rochester, MN 55902  
507-287-2000

United Way  
of Olmsted County  
[uwolmsted.org](http://uwolmsted.org)



**Immigrants and Refugees** comprise 12% of Olmsted County residents, with approximately 8,000 individuals identifying as naturalized US Citizens and another 8,000 lacking citizen status (US Census Bureau, 2016a). International migration has been the source of 40% of Olmsted County's population growth<sup>1</sup> from 2010 to 2017 (US Census Bureau, 2017), with fluctuations from year-to-year. Over half of all immigrants and refugees living in Olmsted County are of Asian origin, regardless of citizenship status. Naturalized citizens are likely to be of Asian, African, or European descent, whereas individuals without citizen status are likely to be of Asian, Latin American, and African descent (US Census Bureau, 2016b). Individuals without citizenship status include lawful permanent residents (immigrants), temporary migrants (such as foreign students and workers), humanitarian migrants (such as refugees and asylees), and persons illegally present in the United States (US Census Bureau, 2016e).

Immigrants and refugees come from diverse backgrounds, not all of which are low-income or uneducated. For example, there are 102 J-1 visa holders in Olmsted County – a non-immigrant visa issued to research scholars, professors, and medical trainees (US Department of State: Bureau of Educational and Cultural Affairs, 2016)<sup>2</sup>. Another common status for individuals to hold in Rochester is H1B visa status, meaning they are employed in a skilled profession (such as in the medical and technical fields). It is difficult to ascertain the number of H1B petitions approved annually in Olmsted County, but according to a private job-search site (which compiles data from the Department of Labor, Census Bureau, IRS, and FBI), Rochester employers filed 572 H1B visa petitions in 2017 with an average annual salary of over \$76,000 ("2018 H1B Visa Reports: Rochester, MN," 2018)<sup>3</sup>.

When this paper uses the term 'immigrants and refugees' as a service population it is not meant to refer to individuals and their families present in the United States with work or study visas. Instead, it is meant to refer to lawful permanent residents, refugees, asylees, and persons illegally present in the United States. These populations face barriers to independent living

---

<sup>1</sup> Individual years ranged from 25% (2013) to 60% (2014) (US Census Bureau, 2017)

<sup>2</sup> An estimate assuming 1 individual per family and 1-3 year visa terms (average of 2) would indicate that J-1 visa holders account for approximately 10% of international migration to Olmsted County each year.

<sup>3</sup> An estimate assuming 4 individuals per family would indicate that approximately 30% of individuals without citizen status in Olmsted County either hold an H1B visa or are an immediate family member of someone who holds an H1B visa. Adding the assumption that the average stay is 5 years (stays can range from 3-6 years), H1B visa holders would account for over 50% of international migration to Olmsted County each year.

that are different in form and degree than those barriers faced by individuals holding work and student visas.

**Refugees and asylees** have fled their country to escape war, persecution, or natural disaster. Refugee status is assigned to an individual before they arrive in the United States; asylum status is assigned to an individual already in the United States but who is unable or unwilling to return to their home country due to concerns for their own safety. Many individuals claim asylum status during the deportation process, with Chinese nationals most commonly being assigned asylum status in this manner (Department of Homeland Security, 2016).

Each year, the president of the United States proposes the 'refugee ceiling' to Congress, designating a maximum number of refugees to be accepted from each region across the globe. Each administration is able to use its own prerogative in setting this ceiling, establishing ratios between the countries, and defining priority populations. The refugee ceiling has been generally lowering since 1980 (when the ceiling was 231,700). Currently, significant conversation has been generated around this policy as the 2017 ceiling of 110,000 established under Obama was reduced to 50,000 by president Trump upon entering office (Migration Policy Institute, 2018). The concurrent 120-day ban on refugee entry has expired and was replaced by an executive order banning refugees from 7 countries except on a case-by-case basis<sup>4</sup>.

Generally, in addition to taking administrative preferences into consideration, applications for refugee status are prioritized into three levels. The first priority is applicants who are experiencing a 'credible fear' for their safety – individual threats, lack of medical care, previous experience of torture, having a physical or mental disability that cannot be adequately supported in their home country, and individuals whose political or personal identity is threatened. Second priority is reserved for pre-defined groups: religious activists from the former Soviet Union; political and human rights dissidents from Cuba; and minority individuals from Vietnam, Burma, Burundi, Nepal, Iran, and Sudan. Third priority is reserved for family reunification applications, with eligibility restricted to certain countries of origin.

Refugees are required to enroll in medical assistance but are ineligible for federal food assistance, social security, and federal cash assistance (Siskin, 2016). Minnesota is significantly more generous with state funds in terms of

---

<sup>4</sup> Those countries are Iran, Somalia, Syria, Yemen, Venezuela, North Korea, and Libya.

public assistance to refugees than most states in the country, offering food and cash assistance in addition to the federally-funded resettlement services (Minnesota Department of Human Services, 2016). Individuals with refugee status are considered 'work ready' and may begin employment as soon as they arrive in the United States. After one year, they must apply for permanent resident status (green card) and after five years living in the US, refugees are able to apply for citizenship (US Citizenship and Immigration Services, 2017).

In 2016, 166 refugees arrived in Olmsted County directly from overseas, the majority from Ethiopia, Iraq, and Somalia (Refugee Health Program, 2017). These individuals accounted for approximately 25% of international migration to Olmsted County in that year. Similar trends have been seen since 2011, with refugees comprising between 16% and 28% of international migration each year.

**Lawful permanent residents** are individuals who hold a green card (officially known as a Permanent Resident Card). This status allows individuals to live and work permanently in the United States. Individuals may apply for green card status while living either inside or outside the United States. For everyone born without US citizenship, it is the 'intermediary status' that comes before becoming a naturalized citizen. Green card eligibility categories are numerous and include family relationships, employment status, refugee/asylees status, and various other priority populations<sup>5</sup> (US Citizenship and Immigration Services, 2018a).

Individuals hold green cards hold many of the same rights as US citizens, but are generally barred from civic life as they cannot vote or hold public office. They are subject to income taxes and the draft and become eligible for social security. They are also able to travel internationally and sponsor family members wishing to immigrate. After holding a green card for five years (three if married to a US citizen), adhering to residence requirements, passing a background check, and passing the citizenship exam, lawful permanent residents are able to obtain US citizenship (US Citizenship and Immigration Services, 2018b). Lawful permanent residents have historically been slow to naturalize, with approximately 60%-70% of green card holders eligible for naturalization at any given time, rather than the 20% that would be anticipated by the five-year requirement for holding a green card (Lee & Baker, 2017). The propensity to delay naturalization varies both by country

---

<sup>5</sup> Includes but not limited to: green card lottery winners, victims of crime, war-time translators, religious workers, American Indians from Canada, celebrities, Cubans, and the children of diplomats (US Citizenship and Immigration Services, 2018a).

of origin and the state in which green card holder lives. Minnesota has one of the quickest naturalization timeframes, with only about 57% of lawful permanent residents eligible to naturalize<sup>6</sup> (Lee & Baker, 2017). The speed with which green card holders naturalize has been increasing with time, and seems somewhat sensitive to US political climate (Baker, 2009).

Individuals who decide to become naturalized citizens take an oath to “entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which [they] have heretofore been a subject or citizen,” but in practice, US law neither mentions dual nationality nor requires a person to choose one nationality or another. Dual citizens are subject to the laws of both the US and the foreign country (US Department of State, 2018).

**Illegal immigrants** include any individual residing in the United States without any of the following legal statuses: US citizen; work, student, or tourist visa holder or their family; refugee or asylee; or lawful permanent resident. Illegal immigrants may have entered the country legally on a time-delimited visa and failed to return to their country of origin when it lapsed. Such ‘visa overstays’ account for approximately 45% of illegal immigration (Warren, 2016). Alternatively, illegal immigrants may have entered the country without any documentation at all.

Illegal immigration has been in decline since 2008 (Warren, 2016) but continues to be a point of political conversation. In 2017, illegal border crossing arrests hit a 46-year low, and were down 25% from the previous year (Park, 2017). In particular, illegal immigration from Mexico has decreased sharply since 2012 and currently, more Mexicans are leaving than coming to the US (Gonzalez-Barrera, 2015). This is often attributed to a combination of the US recession and stricter enforcement of immigration laws, but 61% of returnees polled in the Mexican National Survey of Demographics indicated that their main reason for leaving the United States was to be reunited with their family.

In recent years, the US saw an expansion in immigration policy under Obama with the implementation of DACA (Deferred Action for Childhood Arrivals) and DAPA (Deferred Action for Parents of Americans), which granted deferred action status to the undocumented parents of US citizens and undocumented children who were brought to the US as small children. DACA and DAPA have been subject to multiple court challenges but no court has yet to rule it unconstitutional. DACA expansions have been halted and

---

<sup>6</sup> The national high is 75%, in California (Lee & Baker, 2017)

implementation suspended, with the future of the program unclear. DAPA was rescinded on June 15, 2017.

**Outcomes for immigrants and refugees vary greatly by legal status, country of origin, age at immigration, and socioeconomic backgrounds.**

**Health**

Due to required medical screenings and the unhealthy eating habits of native-born Americans, refugees and immigrants are on average healthier than native-born residents, so much so that the phenomenon is coined the 'healthy immigrant effect' (Sanou et al., 2014). However, immigrants tend to experience deteriorating health status after settling in a new country. Some of this can be traced to dietary changes – many traditional diets contain fewer carbohydrates (Pomerleau, Ostbye, & Bright-See, 1998), rely more heavily on fruit and vegetables (Satia et al., 2001), and contain healthier sources of protein (Dhaliwal, 2002) than typical Western diets. The extent to which culture-specific food and cooking equipment are available can be barriers to maintaining a traditional diet (Johnson & Garcia, 2003), as can an individual's socioeconomic status (Delisle, 2010; Satia et al., 2001) – fresh fruits and vegetable, as well as imported ethnic foods, tend to be more expensive than processed and shelf-stable Western food. In many instances (depending on the cuisine in question), immigrants who maintain their traditional cuisine continue to have better health outcomes than their native-born peers (Satia et al., 2001).

In Olmsted County, native-born residents are twice as likely to be overweight or obese, use tobacco, or binge drink as their foreign-born peers. Similarly, native-born residents are less likely to meet guidelines around produce consumption and physical activity (Olmsted County Public Health Services, Olmsted Medical Center, Mayo Clinic Rochester, 2016).

While many immigrants and refugees are eligible for Medicare and Medicaid, health insurance coverage is far less with this population than with the native-born population. In Olmsted County, only approximately 5% of native-born residents and naturalized citizens lack health insurance, while over 18% of noncitizens lack health insurance (US Census Bureau, 2016c).

## Academic Outcomes

### **(Academic outcomes pulled from Minnesota Report Cards and Minnesota Department of Education Data and Analytics Center)**

There is a large and persistent academic achievement gap between children of immigrants and children of native-born Americans. It has been posited that there are four main factors that contribute to this gap: 1) school environments that lack accommodations (Han, 2008) 2) the tendency of low-income immigrants to settle in poor neighborhoods with underperforming schools (Pong & Hao, 2007) 3) the low socioeconomic status and education levels of many immigrants that act as barriers to parent engagement (Fuligni, 1997) and 4) a lack of English skills that contribute to low comprehension of subject matter.

Locally, 3% of English Learner students<sup>7</sup> meet or exceed expectations on standardized math tests, and only 1% do so in reading. Compare that to the general population, where 55% of students meet or exceed expectations in math and 57% do so in reading. Asian EL students are most likely to meet or exceed expectations (31% in math, 15% in reading), followed by Black EL students (13% in math, 15% in reading), and followed by Hispanic EL students (7% in math, 9% in reading). Income effects likely account for a large proportion of the discrepancy between Asian EL students and their Black and Hispanic peers: an estimated 97% of Black EL students and 93% of Hispanic EL students are on free and reduced price lunch, whereas only 70% of Asian EL students are. On state achievement tests designed to assess EL student progress, Rochester students perform similarly to other EL students across the state.

Similar discrepancies in high school graduation rates and college enrollment between the general student population and EL students, and subsequently between Asian EL students and Black/Hispanic EL students, can be seen. While 85% of Rochester students graduate on-time, only 66% of EL students do so. While EL students do not graduate on-time as frequently as non-EL students, they are slightly more likely to continue in their studies (55% v 51%<sup>8</sup>), and by the end of seven years over 80% of EL students have

---

<sup>7</sup> English Learner (EL) is a designation used by the State of Minnesota to indicate that the student has primary home language other than English, has been screen for English language proficiency, and was found not proficient (Minnesota Department of Education, 2017). Children of immigrants who are unlikely to be captured in this count include: children of immigrants coming from an English-speaking country, children who previously attended schooling in English, children who exited from the EL program due to increased language proficiency, etc.

<sup>8</sup> Calculation done by United Way of Olmsted County using Minnesota Department of Education data.

graduated from high school. 72% of Asian EL students graduate on time, as compared to 63% of Hispanic EL students and 66% of Black EL students.

After high school, only 25% of Rochester EL students enroll in an institution of higher learning within 16 months, whereas 72% of non-EL students do so. In part this may be caused by EL students continuing in their high-school studies and therefore being unable to enroll in college. Statewide, 56% of EL students enroll in an institution of high learning within 16 months of graduation.

While these statistics capture only EL students, national statistics on foreign-born students paint a similar picture. As of 2014, 21% of Hispanic students born outside the US eventually dropped out of high school, along with 7% of first generation Hispanic students. Non-Hispanic students dropped out at lower rates: 3% for those born outside the United States, and 2% for first-generation students (National Center for Education Statistics, 2014).

In Olmsted County, foreign-born individuals over the age of 25 are less likely than native-born residents to hold a higher degree (65% v 75%). Among native-born residents, only 3-4% do not hold a high school diploma, whereas 19% of foreign-born residents did not graduate high school. However, foreign-born residents are also the segment of the population most likely to hold a graduate or professional degree: 30% of foreign-born residents, 10% of Minnesota-born, and 24% of those born in other US states hold graduate or professional degrees (United States Census Bureau, 2016). This is likely due to a high number of H1B visa holders along with those who have obtained green cards and citizenship through that path.

## **Employment**

All legal immigrants are permitted to work in the United States, and their labor force participation is bifurcated into both highly-skilled and entry-level positions. Highly-skilled jobs are concentrated in the life sciences (scientists, engineers) and information technology (engineers and programmers), while entry-level positions are found in the accommodation, agriculture, construction, and food service industries. Some sectors employ large numbers of immigrants in both highly-skilled and entry-level positions, such as healthcare (surgeons and care aides) and manufacturing (engineers and line operators). Illegal immigrants often find work in the accommodation, agricultural, and meat-processing industries (Brookings Institution, 2010). Nationally, unemployment rates for foreign-born and native-born individuals tend to be comparable (Bureau of Labor Statistics, 2018) but in Olmsted County, foreign-born residents are twice as likely to be

unemployed as native-born residents. Foreign-born residents are also significantly more likely to live in poverty, and it follows that foreign-born residents are more likely than native-born residents to receive supplemental security income, cash public assistance, and food assistance (US Census Bureau, 2016d). There has been a substantial decline in the use of benefits since 1994 (Fix & Haskins, 2002), and refugees and immigrants exit public benefit programs sooner than their native-born counterparts (New American Economy, 2017).

## **Housing**

Most documented immigrants without citizenship status are permitted by law to purchase a home, but may face deterrents such as increased interest rates, larger required down payments, and the challenge of navigating the tax systems of two countries simultaneously. Additionally, homeowners associations and condominiums reserve the right to refuse to sell to a non-citizen. Historically, those born outside the US trailed native-born residents in homeownership rate, but the gap has been shrinking since 2000. This is largely due to the homeownership rate of native-born residents remaining unchanged while the homeownership rate of immigrants has been steadily growing. As of 2014, 74% of native-born residents and 48% of foreign-born residents owned homes in Minnesota (Uh, 2016). In Olmsted County, 76% of households headed by a native-born resident were privately owned, as compared to 62% for naturalized citizens and only 37% for residents without citizenship status (US Census Bureau, 2016d). Homeownership rates among immigrants tend to increase with time spent in-country, as it typically takes at least 5 years to build sufficient credit history to obtain a mortgage.

In Olmsted County, residents born outside of the US are both twice as likely to be transient and three times as likely to live in an unhealthy home than their native-born counterparts (Olmsted County Public Health Services, Olmsted Medical Center, Mayo Clinic Rochester, 2016). Immigrants and refugees are eligible for public housing subsidies as long as one member of the household is considered an 'eligible noncitizen.' Such subsidies typically keep housing affordable by capping rent at 30% of household income ("Housing for Eligible Noncitizens," 2018).

## **Promoting Independent Living – What Works**

Programs that support immigrants and refugees in integrating into their communities typically focus on promoting positive health, academic, employment, and housing outcomes. Typically, the work is done in one of three ways: providing training, education and/or employment; educating

immigrants on instrumental activities of daily living; or providing navigation services. Often, a strong program combines multiple elements into a single experience for program participants.

## **Employment and Training**

Some employers view refugees in particular as highly desirable workers, due to a commonly-shared perspective that they are both hard workers and remain with their employer longer than their native-born counterparts. Many employers also value the fact that refugees have passed extremely intensive background checks. Additionally, some employers seek ways to leverage the language skills of refugees in an increasingly diverse marketplace. Potential employers must be forgiving of gaps in employment, mismatched skills and employment, as well as stilted interview experiences. Employers dedicated to retaining refugees often invest significant resources in professional development, accreditation, and language training (Tent Foundation, 2018).

Some programs can help place immigrants in courses that teach them the skills they need for a specific job. There are programs in hospitality, manufacturing, education and various other fields. Typically, these programs serve individuals with either limited English skills or who lack a professional degree. The most successful job-focused programs attribute their success to maintaining lasting relationships with employers to be informed about local job markets; to involving employers and experts while developing curriculums, mentoring, and conducting trainings; and to using community resources to meet refugee needs (Mathema, 2018).

Immigrants belong to a widely entrepreneurial population, both by reputation and in objective terms. While immigrants comprise 13% of the US population, 18% of small business owners identify as foreign-born. Immigrants own more than 25% of all restaurants, hotels, taxi services, dry cleaners, gas stations, and grocery stores in the US – enterprises that often leverage pre-existing networks and employ from within culture-specific communities (Fiscal Policy Institute, 2012). Economic development programs can be successful in helping entrepreneurs build their businesses in a new market. These help entrepreneurs learn about the laws and regulations of running their own business. They can help get people started in the process of owning their own business. Such programs are often integrated with financial training.

## Education

English skills are essential to the ability of immigrants and refugees to live independently in the community. Children will typically be enrolled in English Learner classes in districts where this is available. In Rochester, Newcomer Centers are available at Riverside, Kellogg, and Century. These centers provide sheltered English instruction for students newly developing their English skills. Typically, students remain in the Newcomer Centers for about a year, until they pass assessments that show they have enough basic literacy and English proficiency to participate successfully in a regular education classroom. Students who have exited the Newcomer Centers can continue to receive EL support services and instruction while attending subject matter classes in regular education classrooms. Minnesota allows students to attend high school until age 21. However, the law states that there must be a reasonable expectation of graduation for students to enroll in the High School Newcomer Center, meaning students who are 20 years old and have limited previous schooling are referred to the Adult Literacy program (Rochester Public Schools, 2018). Adult English as a Second Language programs are typically offered mornings, afternoons, and weekends in order to accommodate work and study schedules. In Rochester, courses are free for permanent U.S. residents; fees are required for persons visiting the United States temporarily (Community Education, 2018). Many communities provide specialized courses designed to prepare immigrants for the civics test, one key component of the citizenship exam, which is typically taken in English<sup>9</sup>. Typically, students take English classes concurrently with courses preparing for the civics exam.

Additional adult education programs include workplace adult education and literacy; family literacy activities; workforce preparation activities; and integrated education and training. Immigrants and refugees who arrive in the United States with a low level of education and/or English proficiency often take multiple courses concurrently, or 'stack' courses as their language skills and certifications increase. For example, an individual may start in the ESL course, then enroll in the civics preparation course, then move on to gain their GED, then enroll in workplace preparation courses. Another individual may start with family literacy, then GED, then civics. Completion of these programs helps immigrants to learn many jobs skills and to improve

---

<sup>9</sup> The exceptions to this rule are individuals aged 50 or over who have held a green card for 20 years, or who are aged 55 or over who have held a green card for 15 years. Individuals who qualify under the 50/20 or 55/15 rule can take the civics test in their native language (US Citizenship and Immigration Services, 2015).

their language skills. They are then able to be better employees for companies and to make money to support their families.

Many programs adjust to meet the needs of immigrants by offering evening/weekend classes, online courses, childcare services, and shorter technical programs. There are programs that focus on hard to reach refugees such as mothers watching young children at home. Volunteers teach English to the parents at their homes. These home visits also help parents to learn skills for working with their children and connecting them with educational opportunities for their young children.

These adult education courses have been demonstrated to have significant economic and social public benefits. For example, states' return on investment studies show that adult education programs can lead to increases in tax revenue, business productivity and consumer spending as well as decreased reliance on public assistance programs and government health care spending (McLendon, Jones, & Rosin, 2010).

### **Instrumental Activities of Daily Living (IADLs)**

IADL is a term used in healthcare to refer to an individual's ability to care for themselves in a community setting. Typically, the term is used with regards to seniors and individuals with disabilities. The instrumental activities of daily living include:

- Cleaning and maintaining the house
- Managing money
- Moving within the community
- Preparing meals
- Shopping for groceries and necessities
- Taking prescribed medications
- Using the telephone or other form of communication

Generally, immigrants and refugees had mastered these skills in their country of origin, but face challenges in completing them in the United States due to differences in available products, language barriers, cultural differences, and institutional differences.

### **Cleaning and Maintaining the House**

Many immigrants and refugees are unfamiliar with western style housing and its maintenance. For low-income families, there can be many environmental and safety concerns within their households. They may not know about lead, mold, household chemicals, radon, and carbon monoxide. They may not understand appropriate food storage or cleaning principles. A course to

support them in building these skills will help them to better adapt to their new housing and keep their families safe. Additionally, many refugees and immigrants may not know *who* to contact in case there is a problem with their housing, utilities, etc. Educating immigrants on these topics has been demonstrated to both improve understanding essential home maintenance tasks as well as improve relationships between tenants and landlords (Smith Korfmacher & George, 2012), with the eventual aim of improving health outcomes and reducing evictions.

## **Managing Money**

Managing money is critical to the success of refugees. US financial systems have many practices that refugees may not be aware of. Many immigrants and refugees are coming from countries with underutilized banking systems, insecure financial institutions, or cash-only economies. Individuals who have spent significant amounts of time in refugee camps may not have handled or budgeted money for years. Financial literacy courses and one-on-one financial counseling sessions have both proven to be very successful in helping families learning basic money management skills. The presence of predatory practices (such as pay-day loans), and practices which may not be present in an individual's home country (such as interest) makes successful navigation of the US financial system difficult without some guidance.

Families who are hoping to buy a house or start a business also need additional support. They need training on how to build their credit scores and apply for loans, and essential step to homeownership or attending college. Barriers such as a lack of assets, of credit history, and of understanding how to run a business in the United States prevent them from starting businesses. Many individuals have to wait at least ten years before they can get a bank loan (Mathema, 2018).

## **Moving Within the Community**

Upon arriving to the United States, many immigrant and refugee families initially settle in low-income neighborhoods. With time, families may want to move to a better neighborhood or bigger apartment within their community. There are programs that help families to achieve these goals. They help families search for places that meet their needs. Programs can help families who don't know how to find moving resources or how to complete documents to move into new housing.

Even for families that plan to remain in their home, navigating throughout the community can be challenging. Immigrants and refugees have been

found to be less likely to hold drivers licenses than native-born residents<sup>10</sup>, even though documented individuals with international drivers' licenses are permitted to drive in the United States, and lawful permanent residents are able to be fully licensed. As such, immigrants and refugees are often dependent on public transportation systems to navigate around town.

## **Preparing Meals**

Refugees may have trouble making meals that they made at home. They may have trouble finding the ingredients in the store or knowing how to use different cooking appliances. Recipes may need to be adjusting for cooking on gas or electric stoves and determining temperatures in Fahrenheit vs. Celsius. Being able to prepare healthy, nutritious meals that maintain a sense of cultural identity can be of great value to individuals, families, and the immigrant community as a whole. Many immigrants leverage their cuisine by opening restaurants or catering business. Some refugee resettlement programs use food preparation as a milieu for making social connections between newcomers to the community, for educating participants on healthy food decisions, and fostering a sense of cultural pride. Examples of successful models include:

**Syrian Supper Club**, in which Muslim refugees women from Syria and Iraq prepare elaborate feasts for American hosts. When the participants come together to eat the meal, the result is part cultural exchange, part fundraiser. Each dinner guest pays \$50 which covers the cost of the meal, with the remainder going to the cooks. The refugee women use the dinners as opportunities to meet their new neighbors, learn more about American culture, and boost their household income at a time when resources are scarce. For the American participants, the event is largely about cultural exchange and contributing to a cause important to them ("Syrian Supper Club," 2016).

**Vida Saludable** was a two-phase intervention delivered over 9 months to low-income Hispanic mother-child pairs. The first part of the project was educating the mothers on healthy drink choices for their children, the importance of physical activity for both mother and child, and the importance of providing a health role model for their children. The second part of the project involved bringing the mothers together in community settings to reinforce healthy behaviors, including visits

---

<sup>10</sup> With the exception of native-born African-Americans, who are often speculated to be least likely among major demographic groups to hold a driver's license (Rawlings, Capps, Gentsch, & Fortuny, 2007).

to grocery stores, fast food restaurants, a park, a community walk, and a cooking class. The education and community components were delivered bilingually and designed to be culturally relevant. Healthy behaviors were adopted readily by the group, and the majority continued those behaviors in follow-ups (Bender, Nader, Kennedy, & Gahagan, 2013).

### **Shopping for Groceries**

Immigrants and refugees may need to change their eating habits based on what is available and affordable in their area. Western markets are notorious for carrying expensive fruits and produce, but cheap processed carbs. For families on a restricted budget or who have not managed money for many years, it can be challenging to maintain healthy eating habits and/or traditional cooking, resulting in poor health outcomes. Food and nutrition education can allow families to leverage the resources available to them, particularly when income is limited. Classes that teach the value of purchasing store brands, checking expiration dates, couponing, and meal planning can help families stretch their dollars farther.

### **Taking Prescribed Medications (generally,**

Immigrants on are less likely to be insured than their native-born peers, (US Census Bureau, 2016c) and a disproportionate percentage of their interactions with the health care system are through emergency services departments (Footracer, 2009). Naturalized citizens' access to health care is similar to that of native-born residents (Ku & Matani, 2001).

Children born to noncitizens – whether or not they were born in the US – have less access to medical and dental care (Huang, Yu, & Ledsky, 2006), and children of immigrants are less likely to be up-to-date on their vaccinations than native-born children (Fremstad & Cox, 2004).

Illegal immigrants have highly restricted access to any form of health insurance and run the risk of discovery if they use health services. Consequently, the Hispanic community (on average) receives less and lower-quality care when compared to other immigrant groups (Derose, 2009). Another ethnic group that has low rates of health care utilization is Asian immigrants, who often continue to practice alternative medicine and whose children receive the poorest quality of primary care (Yu, Huang, & Singh, 2004). In addition to citizenship status, both English literacy and print health literacy has been demonstrated to determine immigrants' health status (Tsoh, 2016), as have income (Footracer, 2009) and education (Mohanty, 2012).

## **Communication**

At a basic level, immigrants and refugees may struggle with day-to-day communication due to language barriers. Additionally, immigrants and refugees may struggle with communication because they need assistance getting phones or internet connections started, in addition to support to learn how each system works so they will not accrue unnecessary fees.

## **Navigation Services**

For most immigrants and refugees, simultaneous barriers are encountered across employment, education, and instrumental activities of daily living. For each individual, the priority that each barrier takes in their life will vary depending on circumstance. Programs that successfully integrate refugees and immigrants into the community do not work in silos. Rather, they provide translation and navigation service to work with individuals and families and they identify and address challenges across multiple domains at once.

## **Sources**

- 2018 H1B Visa Reports: Rochester, MN. (2018). Retrieved May 30, 2018, from <https://www.myvisajobs.com/Rochester-MN-2018WC.htm>
- Baker, B. C. (2009). *Trends in Naturalization Rates: 2008 Update* (Fact Sheet). Washington, DC: Department of Homeland Security. Retrieved from <https://www.dhs.gov/sites/default/files/publications/Naturalization%20Rates%202008.pdf>
- Bender, M., Nader, P. R., Kennedy, C., & Gahagan, S. (2013). A Culturally Appropriate Intervention To Improve Health Behaviors in Hispanic Mother–Child Dyads. *Childhood Obesity*, 9(2), 157–163. <https://doi.org/10.1089/chi.2012.0118>
- Brookings Institution. (2010). *Appendix. Top 5 detailed occupations for selected industries, by nativity, civilian employed persons age 16-64, 2010*. Washington, DC. Retrieved from [https://www.brookings.edu/wp-content/uploads/2016/06/0315\\_immigrant\\_workers\\_appendix.pdf](https://www.brookings.edu/wp-content/uploads/2016/06/0315_immigrant_workers_appendix.pdf)
- Bureau of Labor Statistics. (2018). *Foreign-Born Workers: Labor Force Characteristics - 2017* (News Release No. USDL-18-0786). Washington, DC: Bureau of Labor Statistics. Retrieved from <https://www.bls.gov/news.release/pdf/forbrn.pdf>
- Community Education. (2018). English as a Second Language (ESL). Retrieved June 4, 2018, from [http://www.rochesterce.org/hawthorne/english\\_as\\_a\\_second\\_language\\_\\_\\_e\\_s\\_l\\_](http://www.rochesterce.org/hawthorne/english_as_a_second_language___e_s_l_)
- Delisle, H. (2010). Findings on Dietary Patterns in Different Groups of African Origin Undergoing Nutrition Transition. *Applied Physiology, Nutrition, and Metabolism*, 35(2), 224–228. <https://doi.org/doi:10.1139/H10-008>
- Department of Homeland Security. (2016). Infographics 2016: Refugees & Asylees 2016. Retrieved May 30, 2018, from <https://www.dhs.gov/immigration-statistics/visualization/2016>
- Derose, K. (2009). Review: Immigrants and Health Care Access, Quality, and Cost. *Health Affairs*, 66, 355–408. <https://doi.org/10.1177/1077558708330425>
- Dhaliwal, S. (2002). *Dietary Practices of Older Punjabi Women Living in Canada*. Queens University, Kingston.
- Fiscal Policy Institute. (2012). *Immigrant Small Business Owners: A Significant and Growing Part of the Economy*. Fiscal Policy Institute. Retrieved from <http://www.fiscalpolicy.org/immigrant-small-business-owners-FPI-20120614.pdf>

Fix, M., & Haskins, R. (2002). *Welfare Benefits for Non-Citizens*. Washington, DC: Brookings Institute. Retrieved from <https://www.brookings.edu/research/welfare-benefits-for-non-citizens/>

Footracer, K. (2009). Immigrant Health Care in the United States: What Ails Our System? *Journal of the American Academy of Physician Assistants*, 22(4), 33–37. <https://doi.org/10.1097/01720610-200904000-00009>

Fremstad, S., & Cox, L. (2004). *Covering New Americans: A Review of Federal and State Policies Related to Immigrants' Eligibility and Access to Publicly Funded Health Insurance*. Kaiser Commission on Medicaid and the Uninsured. Retrieved from <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/covering-new-americans-a-review-of-federal-and-state-policies-related-to-immigrants-eligibility-and-access-to-publicly-funded-health-insurance-report.pdf>

Fulgini, A. (1997). The Academic Achievement of Adolescents from Immigrant Families: The Role of Background, Attitudes, & Behavior. *Child Development*, 68(2), 351–363. <https://doi.org/10.2307/1131854>

Gonzalez-Barrera, A. (2015, November 19). More Mexicans Leaving Than Coming to the U.S. *Pew Research Center*. Retrieved from <http://www.pewhispanic.org/2015/11/19/more-mexicans-leaving-than-coming-to-the-u-s/#tweets>

Han, W. (2008). The Academic Trajectories of Children of Immigrants and Their School Environments. *Developmental Psychology*, 44(6), 1572–1590. <https://doi.org/10.1037/a0013886>

Housing for Eligible Noncitizens. (2018). Retrieved May 31, 2018, from <https://affordablehousingonline.com/guide/housing-for-immigrants/eligible-noncitizens>

Huang, J., Yu, S., & Ledsky, R. (2006). Health Status and Health Service Access and Use Among Children in US Immigrant Families. *American Journal of Public Health*, 96(4), 634–640. <https://doi.org/10.2105/AJPH.2004.049791>

Johnson, C., & Garcia, A. (2003). Dietary and Activity Profiles of Selected Immigrant Older Adults in Canada. *Journal of Nutrition for the Elderly*, 23(1), 23–39. [https://doi.org/10.1300/J052v23n01\\_02](https://doi.org/10.1300/J052v23n01_02)

Ku, L., & Matani, S. (2001). Left Out: Immigrants' Access to Health Care and Insurance. *Immigrants' Access*, 20(1), 247–256. <https://doi.org/10.1377/hlthaff.20.1.247>

Lee, J., & Baker, B. (2017). *Estimates of the Lawful Permanent Resident Population in the United States: January 2014* (Population Estimates). Washington, DC: Department of Homeland Security. Retrieved from

<https://www.dhs.gov/sites/default/files/publications/LPR%20Population%20Estimates%20January%202014.pdf>

Mathema, S. (2018). *What Works: Innovative Approaches to Improving Refugee Integration* (Immigration). Washington, DC: Center for American Progress. Retrieved from <https://www.americanprogress.org/issues/immigration/reports/2018/02/28/447283/what-works/#fn-447283-8>

McLendon, L., Jones, D., & Rosin, M. (2010). *The Return on Investment (ROI) from Adult Education and Training: Measuring the Economic Impact of a Better Educated and Trained US Workforce*. McGraw-Hill Research Foundation. Retrieved from [http://www.iacea.net/wp-content/docs/ROI\\_Adult\\_Education\\_Report.pdf](http://www.iacea.net/wp-content/docs/ROI_Adult_Education_Report.pdf)

Migration Policy Institute. (2018). *U.S. Annual Refugee Resettlement Ceilings and Number of Refugees Admitted, 1980-Present* (Analysis of WRAPS data from the State Department Bureau of Population, Refugees, and Migration). Washington, DC: Migration Policy Institute. Retrieved from <https://www.migrationpolicy.org/programs/data-hub/charts/us-annual-refugee-resettlement-ceilings-and-number-refugees-admitted-united>

Minnesota Department of Education. (2017). *Minnesota Standardized English Learner Procedures: Identification*. St. Paul, MN: Minnesota Department of Education: Student Support Division. Retrieved from <https://education.mn.gov/mdeprod/groups/educ/documents/hiddencontent/bwrl/mdcy/~e disp/mde072228.pdf>

Minnesota Department of Human Services. (2016, March 17). Refugee Assistance. Retrieved May 30, 2018, from <https://mn.gov/dhs/people-we-serve/children-and-families/services/refugee-assistance/>

Mohanty, S. (2012, March 17). Unequal Access: Immigrants and US Health Care. *Immigration Daily*.

National Center for Education Statistics. (2014). *Trends in High School Dropout and Completion Gates in the United States* (Current Population Survey). Washington, DC: National Center for Education Statistics. Retrieved from [https://nces.ed.gov/programs/dropout/ind\\_02.asp](https://nces.ed.gov/programs/dropout/ind_02.asp)

New American Economy. (2017). *From Struggle to Resilience: The Economic Impact of Refugees in America*. New American Economy. Retrieved from [http://research.newamericaneconomy.org/wp-content/uploads/sites/2/2017/11/NAE\\_Refugees\\_V6.pdf](http://research.newamericaneconomy.org/wp-content/uploads/sites/2/2017/11/NAE_Refugees_V6.pdf)

Olmsted County Public Health Services, Olmsted Medical Center, Mayo Clinic Rochester. (2016). *Community Health Needs Assessment*. Retrieved from

<https://www.co.olmsted.mn.us/OCPHS/reports/Needs%20Assessment/Documents/2016FullCHNA.pdf>

Park, K. (2017). *2017 Border Security report*. Washington, DC: US Customs and Boarder Protection. Retrieved from <https://www.cbp.gov/sites/default/files/assets/documents/2017-Dec/cbp-border-security-report-fy2017.pdf>

Pomerlou, J., Ostbye, T., & Bright-See, E. (1998). Place of Birth and Dietary Intake in Ontario: Energy, Fat, Cholesterol, Carbohydrate, Fiber, and Alcohol. *Preventative Medicine*, 27(1), 32–40. <https://doi.org/10.1006/pmed.1997.0256>

Pong, S., & Hao, L. (2007). Neighborhood and School Factors in the School Performance of Immigrant's Children. *International Migration Review*, 41(1), 206–241. <https://doi.org/10.1111/j.1747-7379.2007.0062.x>

Rawlings, L. A., Capps, R., Gentsch, K., & Fortuny, K. (2007). *Immigrant Integration in Low-Income Urban Neighborhoods: Improving Economic Prospects and Strengthening Connections for Vulnerable Families*. Washington, DC: The Urban Institute. Retrieved from <https://www.urban.org/sites/default/files/publication/46851/411574-Immigrant-Integration-in-Low-income-Urban-Neighborhoods.PDF>

Refugee Health Program. (2017). *Primary Refugee Arrival to Minnesota by Initial Country of Resettlement and Country of Origin, 2016*. St. Paul, MN: Minnesota Department of Health. Retrieved from <http://www.health.state.mn.us/divs/idepc/refugee/stats/16yrsum.pdf>

Rochester Public Schools. (2018). Rochester Public School's English Learner Plan of Service. Retrieved June 4, 2018, from [http://www.rochester.k12.mn.us/departments/office\\_of\\_elementary\\_and\\_secondary\\_education/k-12\\_english\\_learner\\_programs/programs\\_and\\_levels](http://www.rochester.k12.mn.us/departments/office_of_elementary_and_secondary_education/k-12_english_learner_programs/programs_and_levels)

Sanou, D., O'Reilly, E., Ngnie-Teta, I., Batal, M., Mondain, N., Andrew, C., ... Bourgeault, I. L. (2014). Acculturation and Nutritional Health of Immigrants in Canada: A Scoping Review. *Journal of Immigrant Minority Health*, 16, 24–34. <https://doi.org/10.1007/s10903-013-9823-7>

Satia, J., Patterson, R., Kristal, A., Hislop, T., Yasui, Y., & Taylor, V. (2001). Development of Scales to measure Dietary Acculturation Among Chinese-Americans and Chinese-Canadians. *Journal of American Diet Association*, 101(5), 548–553. [https://doi.org/10.1016/S0002-8223\(01\)00137-7](https://doi.org/10.1016/S0002-8223(01)00137-7)

- Siskin, A. (2016). *Noncitizen Eligibility for Federal Public Assistance: Policy Overview* (CRS Report No. 7- 5700 RL 33809). Washington: Congressional Research Service. Retrieved from <https://fas.org/sgp/crs/misc/RL33809.pdf>
- Smith Korfmacher, K., & George, V. (2012). Educating Refugees to Improve their Home Environment Health. *Journal of Public Health Management Practice*, 18(5). <https://dx.doi.org/10.1097%2FPHH.0b013e318226ca05>
- Syrian Supper Club. (2016). Retrieved from <https://syriansupperclub.com/>
- Tent Foundation. (2018). *U. S. Employers' Guide to Hiring Refugees*. Lutheran Immigration and Refugee Service. Retrieved from [https://www.tent.org/wp-content/uploads/2018/01/Tent\\_Guidebook\\_FINAL.pdf](https://www.tent.org/wp-content/uploads/2018/01/Tent_Guidebook_FINAL.pdf)
- Tsoh, J. (2016). Healthcare Communication Barriers and Self-Rated Health in Older Chinese American Immigrants. *Journal of Community Health*, 1, 747–752. <https://doi.org/10.1007/s10900-015-0148-4>
- Uh, M. (2016, October 13). Immigration Nation: Homeownership and Foreign-Born Residents. Retrieved from <https://www.trulia.com/blog/trends/immigration-nation/>
- United States Census Bureau. (2016). *Place of Birth by Educational Attainment in the United States* (2012-2016 American Community Survey 5-Year Estimates No. B06009). Washington, DC. Retrieved from [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_16\\_5YR\\_B06009&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_B06009&prodType=table)
- US Census Bureau. (2016a). *Geographic Mobility by Selected Characteristics in the United States* (2012-2016 American Community Survey 5-Year Estimates No. S0701). Washington, DC: United States Census Bureau. Retrieved from [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_16\\_5YR\\_S0701&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S0701&prodType=table)
- US Census Bureau. (2016b). *Place of Birth by Nativity and Citizenship Status* (2016 American Community Survey 1-Year Estimates No. B05002). Retrieved from [file:///C:/Users/kelseyZ/Downloads/ACS\\_16\\_1YR\\_B05002.pdf](file:///C:/Users/kelseyZ/Downloads/ACS_16_1YR_B05002.pdf)
- US Census Bureau. (2016c). *Selected Characteristics of Health Insurance Coverage in the United States* (2012-2016 American Community Survey 5-Year Estimates No. S2701). Washington, DC: United States Census Bureau. Retrieved from [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_16\\_5YR\\_S2701&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S2701&prodType=table)
- US Census Bureau. (2016d). *Selected Characteristics of the Native and Foreign-Born Populations* (2012-2016 American Community Survey 5-Year Estimates No. S0501).

Washington, DC: United States Census Bureau. Retrieved from [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_16\\_5YR\\_S0501&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S0501&prodType=table)

US Census Bureau. (2016e, May 27). Migration/Geographic Mobility: Frequently Asked Questions (FAQs). Retrieved May 30, 2018, from <https://www.census.gov/topics/population/migration/about/faqs.html>

US Census Bureau. (2017). *Estimates of the Components of Resident Population Change: April 1, 2010 to July 1, 2017: 2017 Population Estimates* (No. PEPTCOMP). Washington, DC. Retrieved from [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP\\_2017\\_PEPTCOMP&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2017_PEPTCOMP&prodType=table)

US Citizenship and Immigration Services. (2015, June 1). Exceptions & Accommodations. Retrieved June 4, 2018, from <https://www.uscis.gov/us-citizenship/citizenship-through-naturalization/exceptions-accommodations>

US Citizenship and Immigration Services. (2017, October 24). Refugees. Retrieved May 30, 2018, from <https://www.uscis.gov/humanitarian/refugees-asylum/refugees>

US Citizenship and Immigration Services. (2018a, April 13). Green Card Eligibility Categories. Retrieved May 30, 2018, from <https://www.uscis.gov/greencard/eligibility-categories>

US Citizenship and Immigration Services. (2018b, May 23). Policy Manual: Volume 12 - Citizenship & Naturalization. Department of Homeland Security. Retrieved from <https://www.uscis.gov/policymanual/HTML/PolicyManual-Volume12.html>

US Department of State. (2018). Dual Nationality. Retrieved June 4, 2018, from <https://travel.state.gov/content/travel/en/legal/travel-legal-considerations/Advice-about-Possible-Loss-of-US-Nationality-Dual-Nationality/Dual-Nationality.html>

US Department of State: Bureau of Educational and Cultural Affairs. (2016). Explore Data by Zip Code. Retrieved May 30, 2018, from <https://j1visa.state.gov/basics/facts-and-figures/participant-totals-by-state-and-zip-code/>

Warren, R. (2016). US Undocumented Population Drops Below 11 Million in 2014, with Continued Declines in the Mexican Undocumented Population. *Journal on Migration and Human Security*, 4(1), 1–15. <https://doi.org/10.14240/jmhs.v4i1.58>

Yu, S., Huang, Z., & Singh, G. (2004). Health Status and Health Services Utilization Among US Chinese, Filipino, and Other Asian/Pacific Islander Children. *Pediatrics*, 113(1), 101–107. <https://doi.org/10.1542/peds.113.1.101>