

A Qualitative Analysis of Refugee Resettlement in Charlotte, North Carolina: Socio-Economic Mobility and Segregation as Social Determinants of Health and Wellbeing

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Background:

- The current rates of displacement as the highest on record.
- The US State Department arranges travel plans for refugees and assigns individuals to one of the nine resettlement agencies
- Refugees experience higher rates of illness than the US population in general. There are high levels of exposure to violence including trauma and mental health problems.

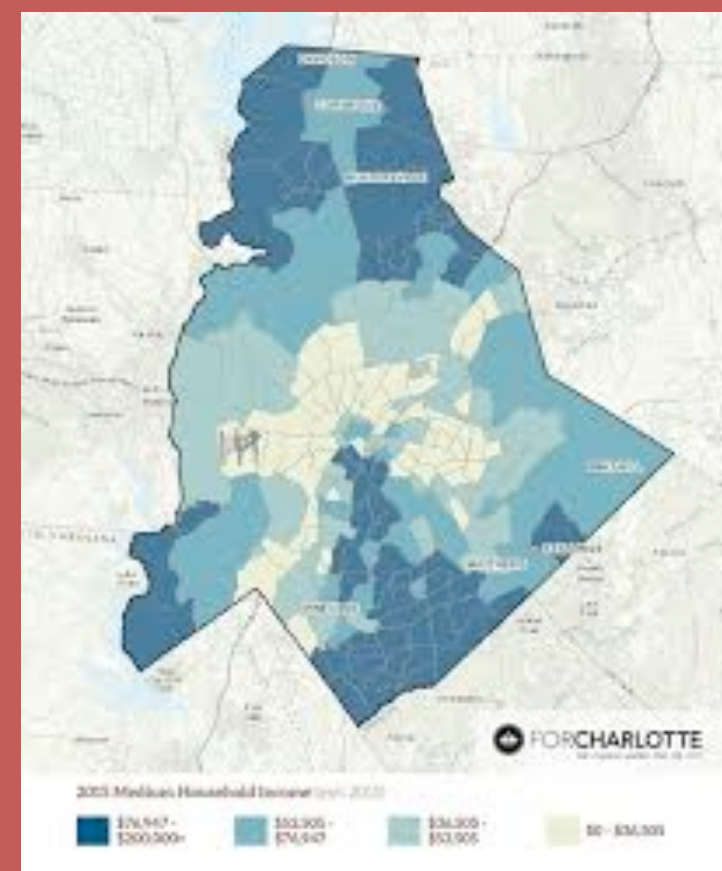
Case Study: Charlotte, North Carolina

- North Carolina receives an average of 2,000 refugees per year
- North Carolina has been regarded favorably in terms of average wage, health benefits, placement in employment, retention in work and dependence on aid.
- Between 70-80% of refugees are employed in their first 3 months and over 90% retained their employment for the next year.

Charlotte, NC

- On average, 700 refugees are resettled to Charlotte yearly.
- Both CRRA and CCDC receive a federal grants to cover basic services for refugees during their initial resettlement period.

Map of Charlotte



Methods

- This exploratory research was based upon eight contacts for stakeholders and 11 refugees living in Charlotte
- Observational work was conducted among Syrians, Montagnard, Iraqi, Bhutanese, Eritrean and Somali refugees
- Formal, recorded interviews with Syrian, Montagnard, and Iraqi refugees
- After transcribing interviews, data was analyzed thematically

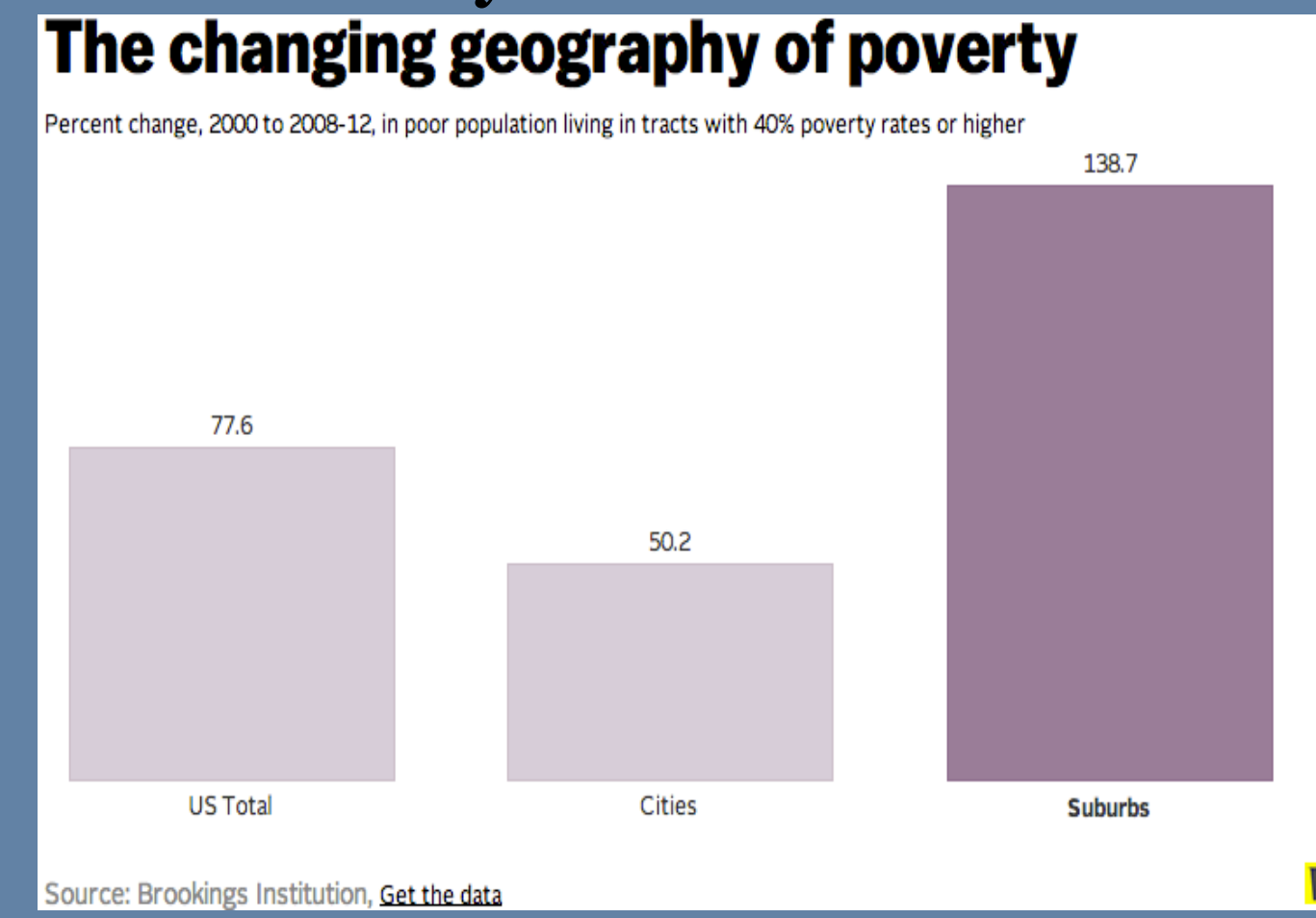
Objectives

- Trends in refugee resettlement in North Carolina are not well documented, thus this qualitative study aims to describe trends in resettlement and how the perspectives of refugees and stakeholders align and converge

Major Themes:

| Barriers to Resettlement | Inclusion and Spatial Access | Community Dynamics |
|--------------------------|------------------------------|---|
| Social Ecological Model | Language | Housing |
| Limitations on Aid | Transportation | Lack of cross-cultural conversations |
| Relative Deprivation | Employment | Greater Charlotte Trends: <ul style="list-style-type: none"> • Suburbanization of Poverty • Ethnic enclaves |

Suburbanization of Poverty



Suburbanization of Poverty and Spatial Access

- Since the 1990's there has been a dramatic shift in the geography of poverty, with a greater increase in poverty in the suburbs than in central cities.
- As economic inequity has risen, so has economic segregation.
- These suburban neighborhoods are marked by poor housing, poor schools, minimal social services, high crime, and limited job opportunities.
- This trend in Charlotte of increased gentrification and limited low-income housing also applies to refugee resettlement.

| Interview | Quotation: |
|------------------|--|
| Service Provider | Service providers tied concerns about housing to a 2014 study referencing upward mobility in Charlotte, stating, "So if you are in poverty, you are then resettled as a refugee into a neighborhood that is high poverty, so a low socio-economic neighborhood, and then that school is also low socio-economic. You are with that group and then you are in a city that is 50 out of 50 for upward mobility. You are just not set up for success, right?" |

Ethnic Enclaves and Social Capital

- Refugees in Charlotte are often resettled within communities with similar racial and linguistic background.
- Ethnic enclaves "are in some way culturally and geographically distinct, providing a sense of identity and resources to support communal relations."
- 'Bounded solidarity' is especially strong among immigrants whose return is blocked, such as refugees.
- Unfortunately, the development these separated communities can be the product of economic and political manipulation.

Community Dynamics: Social Support and Social Cohesion

- Social isolation is associated with increased chances of premature death, increased depression, and higher risks of chronic disease.
- Social networks provision of social support is essential for both emotional and practical resources.

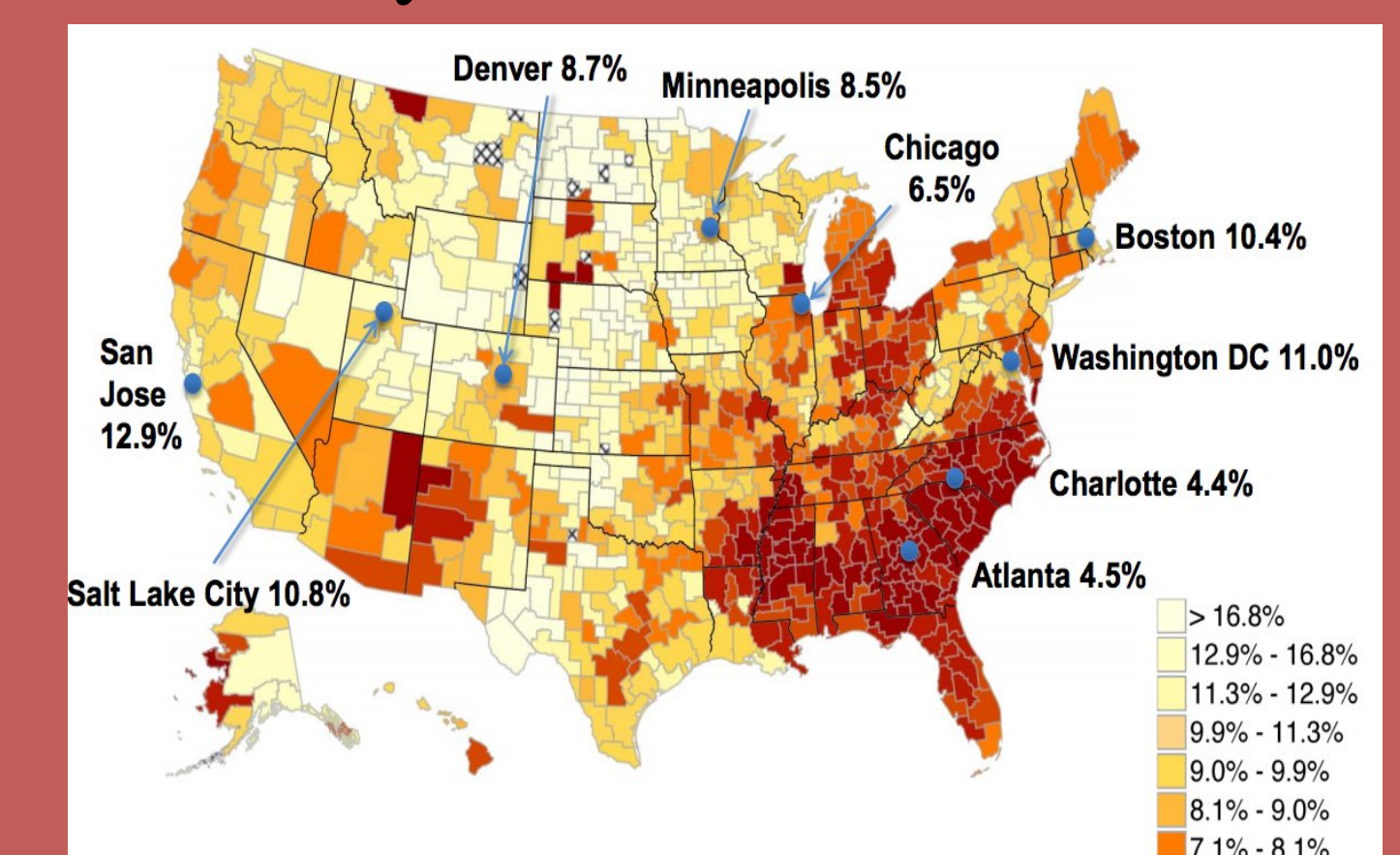
Cross-Cultural Interactions

| Interview | Quotation: |
|------------------|--|
| Service Provider | Emphasized refugee service providers' role facilitating spaces for cross cultural interactions, "We are trying to create an environment...where they (refugees) can meet people with similar common interests, without necessarily having the same common language or culture." |
| Refugee | Both stakeholders and refugees emphasized how their lack of cross cultural interactions were exacerbated by the spaces in which refugees resettle. Mariam emphasized the importance of establishing an intra-cultural social network stating, "You want to know something, want to know how you can help me? Just be my friend." |

Socio-Economic Mobility

- Broad factors affect mobility including size and dispersion of local middle class, indices for social capital, quality of education, racial and economic segregation and income inequality
- Service providers stated the following, "The main goal of our organization is to facilitate programs and friendships that help refugees become self-sufficient."

Socio-Economic Mobility



Social Determinants of Health / Social Ecological Model of Research

- Health inequities derive from the inequitable distribution of the social determinants of health, such as access to educational opportunities, healthcare, or safe employment.
- Models of stress emphasize the cumulative effects of stress on physiological systems, citing the 'wear and tear' on organisms exposed to adverse life circumstances.

Inequities: Relative Deprivation

- Living in relative poverty can exclude individuals from quality housing, education, transportation and participation in the broader community; this exclusion can have far reaching health effects.
- The average status of members of society is important as it affects normative consumptive patterns and essential functions of living.

| Interview | Quotation: |
|------------------|---|
| Service Provider | "Well I think that being a refugee you can just put a little equal sign there and then stress. Being a refugee, there is no way that anyone comes here and they are not carrying great stress with them." |

Employment

- As described by the World Health Organization, "health suffers when people have little opportunity to use their skills and low decision-making authority."
- Refugee Resettlement Agencies often place refugees in positions at Tysons Chicken Factory and clothing distribution centers.
- Service providers acknowledged the challenge that refugee agencies face in securing places of employment within 90 days.

| Interview | Quotation: |
|-------------------|--|
| Refugee | "I am trying to find a job here. I applied to the (local) Walmart, and I applied to Starbucks and Wells Fargo. They told me that I could apply but only part time." |
| Refugees | Emphasizing the high cost of living and low wages, a refugee stated, "Everybody here is good. Every refugee is good. The difficulty is one thing; it is looking for a job. You know...sometimes the income is less than the expenses." |
| Service Provider | The working conditions in the chicken processing plant, where employees were working in freezers and chopping chickens, and clothing distribution centers were described by a service provider as "terrible and absolutely horrible." |
| Service Providers | "In addition to the grueling work itself, they are also sometimes dealing with trauma, culture shock, cultural adjustments, and language barriers." |