San Diego Refugee Communities Coalition

2023-2024

Youth Community Assessment Report

This report was prepared by the ***San Diego Refugee Communities Coalition (SDRCC)*** *with support from the* ***Refugee Health Unit (RHU)*** *within the* ***University of California San Diego (UCSD) – Altman Clinical & Translational Research Institute (ACTRI) Center for Community Health (CCH)*** *and* ***Nash and Associates***

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Introduction & Overview

San Diego Refugee Communities Coalition

The **San Diego Refugee Communities Coalition (SDRCC)** was launched in 2019 as a collective of twelve ethnic-led community-based organizations (ECBOs) serving diverse refugee youth and families across San Diego County. Member organizations have been on the front lines of providing essential services to low-income, disenfranchised refugee families for years. Collectively, the SDRCC members serve thousands of San Diego's most vulnerable residents, with **a mission to lead coordinated action to ensure that individuals and families from refugee communities throughout San Diego County are healthy, safe, and thriving.**

Leadership for SDRCC is provided by an Executive Leader Team (ELT) composed of the Executive Directors of member organizations in partnership with a Young Leader Council (YLC) composed of young adults ages 18 to 26 who represent the numerous refugee communities that SDRCC works with.

SDRCC members organizations 2024:

1. **Haitian Bridge Alliance**
2. **Horn of Africa Community**
3. **Karen Organization of San Diego**
4. **License to Freedom**
5. **Majdal Center**
6. **Partnership for the Advancement of New Americans**
7. **Refugee Assistance Center**
8. **Slavic Immigrants and Refugee Service Organization**
9. **Somali Bantu Community of San Diego**
10. **Southern Sudanese Community Center of San Diego**
11. **United Women of East Africa Support Team**
12. **SDRCC Afghan Project (UWEAST as fiscal sponsor)**

The SDRCC issupported by the Refugee Health Unit (RHU) within the University of California San Diego Center for Community Health, housed under the Altman Clinical & Translational Research Institute (ACTRI). The RHU was launched under UCSD-CCH in 2017 in response to the growing number of refugees in San Diego, home to the largest refugee population in California to-date. The RHU's mission is to protect, promote, and improve the physical, mental and financial well-being of the refugee population in San Diego County, with a focus on helping refugee communities overcome health inequities and improve their agency so individuals feel represented as a part of the larger community. The RHU founded SDRCC in 2019 following an 18-month community engagement and planning process. Since this time the RHU has provided substantive and ongoing technical assistance and capacity building support to SDRCC.

Activities include co-developing initiatives and programming focused on community health, behavioral health, economic development, youth development, and strategic planning, alongside evaluation, monitoring, and reporting. The University of California, San Diego Center for Community Health, through its Refugee Health Unit and affiliated programs, plays a key role as a supporting partner by providing research, evaluation, and technical assistance to community-led efforts. Community engagement, outreach, and the facilitation of community of practice (CoP) training are central to the initiative's success. However, policy development, advocacy, and implementation are led by community-based organizations and partners, including the San Diego Refugee Communities Coalition (SDRCC), ensuring that the work remains community-centered and guided by those with lived-experience.

The SDRCC is also supported by planning and development consultant Valerie Nash of **Nash & Associates**, who supports the SDRCC and RHU with grant development, evaluation, and other technical assistance as needed.

SDRCC Youth Development Initiative

Supported by the RHU, the SDRCC ELT and YLC have developed a comprehensive **Youth Development Initiative (YDI)**, with the goals of ensuring youth from diverse communities:

- Are in positions of leadership and influence
- Have optimal physical and emotional health
- Are on track to achieve their educational, occupational and financial goals
- Feel confident, supported, and prepared for happy and fulfilling lives

YDI program services and activities that are delivered in support of these goals include:

- Outreach and engagement
- Leadership development
- Afterschool and summer tutoring
- Recreational activities such as swimming, hiking and basketball
- Life skills and social-emotional development education
- Peer support and mentoring
- Individual or group emotional wellbeing services
- Field trips and cultural celebrations

Youth Community Assessment Overview

In late 2023 through early 2024, as part of the SDRCCs youth engagement efforts, SDRCC member organizations partnered with the RHU to conduct a community assessment with local refugee youth and parents across San Diego County. The purpose of this assessment was to better understand the needs, challenges, priorities, and strengths of youth from local refugee communities, with a specific focus on behavioral health. While the RHU supports with evidence-based recommendations led by community partners, SDRCC independently leads any policy and systems change efforts.

The SDRCC Youth Community Assessment supports and is integrated as part of the SDRCC's Youth Development Initiative. Assessment methods included implementation of a comprehensive assessment survey with local youth/young adults and parents, along with focus groups conducted in collaboration with SDRCC leadership and youth leaders. Assessment tools and processes were designed utilizing a community-engaged approach in partnership with youth program participants in the SDRCC's Young Leader Council (YLC). Youth leaders and staff from the YLC and the SDRCC's Elevate ACE (Activate, Connect and Engage) Youth Leadership Project were engaged in the design of assessment tools and in outreach and engagement efforts. Assessment data collection was facilitated by the SDRCC's peer-based staff of community health workers (CHWs) and youth program participants. Youth from various SDRCC projects and programs also contributed through participation in assessment surveys and focus groups.

This report presents an overview of key findings and future recommendations from this assessment. The results shared in this report will be used to inform future SDRCC programming and SDRCC's advocacy efforts for the coalition in alignment with community-identified needs, strengths, and priorities.

Community-Based Approach and Methods

The SDRCC and UCSD CCH-RHU employed a community-based approach throughout the process of developing, administering, and interpreting the results from this assessment.

Community Assessment Survey

Survey Design and Questions. This report is primarily based on a comprehensive survey designed to understand the strengths, challenges, and priorities of youth within refugee communities across the social determinants of health (SDOH), including community needs and protective factors from the perspective of youth and parents. The survey consisted of three sections and a total of 56 questions.

1. **Demographics:** This section gathered information about survey respondents and their families to better understand the background and characteristics of those participating in the assessment. This information is crucial for ensuring representation across different groups and conducting comparisons across sub-groups of respondents to facilitate tailoring support and resources to meet the diverse needs of refugee youth and families.
2. **Opinions and Experiences on Youth Strengths and Needs:** Participants are asked to express views on youth needs and priorities across seven SDOH-related domains listed below. Insights provide a deeper understanding of challenges and strengths within the community as related to specific SDOH-related factors that can affect youth and families' abilities to be healthy, safe, and thriving. Domains included:
    - Education
    - Employment and Job Readiness
    - Social and Emotional Well-Being
    - Community Safety and Environment
    - Food Access
    - Healthcare Access
    - Substance-use
3. **Solutions:** Lastly, the survey also asked youth and parents to identify solutions and services that would benefit youth in their community. This input is essential for designing programs and initiatives that address the specific priorities and aspirations of refugee youth.

Survey questions were primarily formatted with Likert Scale response options, asking respondents to indicate how much they agree or disagree with a series of statements provided for each of the above sections (5-point scale: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree or prefer not to answer). Survey questions were based partially on previous SDRCC assessments and adapted from items assessed through the California Healthy Kids survey. All the questions were also reviewed by SDRCC youth program participants in the Young Leaders Council as part of our efforts to ensure that all SDRCC work is community informed and relevant. Questions were finalized at meetings with the youth participants. Question and answer options were reviewed for readability, relevance, and cultural sensitivity.

The survey was administered by youth program participants and the SDRCC's peer-based staff of community health workers (CHWs). Each participating coalition member organization administered the survey to their respective communities. The

survey was completed electronically with assistance from SDRCC staff. Participants were given a letter explaining the survey's purpose and length and were informed that their responses would not be linked back to them. They were also provided with a handout explaining 10 facts about substance-use and defining protective and risk factors. This was to be reviewed prior to survey completion to help inform responses to some of the questions in the survey. Upon completion, survey participants were provided with $20 gift cards.

Elevate ACE Focus Groups

Focus groups were also hosted by seven young leaders from participating SDRCC ECBOs who delivered the Elevate ACE Project in their communities. The focus groups were aimed at understanding and gaining valuable insight on community perspectives and experiences related to substance-use and abuse among youth. Among the youth leaders there were varying levels of experiences related to conducting focus groups. Young leaders attended a training to introduce community based participatory research (CBPR) and to learn how to conduct focus groups and listening sessions. The RHU facilitated the training sessions and workshops with support from Nash & Associates. To ensure that the focus groups were conducted in a standardized manner, the young leaders were provided with a focus group protocol that they had input in, which was drafted by the Elevate ACE Project manager in consultation with the RHU as part of its role providing evaluation and technical support for the SDRCC Elevate ACE Project.

Analysis Methods

Quantitative analysis of assessment survey data consisted of descriptive analysis including frequencies across closed-ended survey questions. Survey questions were analyzed for respondents overall, along with additional sub-analyses conducted comparing responses amongst participants by:

- Gender (those identifying as Male vs. Female)
- Length of time in the U.S. (U.S. born, 5 years or more in the U.S., Less than 5 years in the U.S.)
- Parent compared to Young Adult respondents

Notable differences across the above groups are highlighted throughout this report as relevant.

Qualitative analyses of open-ended survey questions and data collected through the above-described focus groups included thematic analysis to identify key themes across those who provided a response, and identification of quotes illustrative of those themes.

Profile of Assessment Participants

Profile of Survey Respondents

From September 6th to November 2nd, 516 surveys were completed through interviews with community members.

- The majority of respondents were young adults 18 or older (63%). Parents or guardians made up 36% of respondents and 10% also indicated that they were volunteers for community organizations serving youth/young adults. (Figure 1)
- More than half of respondents were female at 56% and 42% male.
- There are 16 different refugee and immigrant communities represented throughout this report. The most represented communities include Somali (15%), Iraqi (12%), Afghan (10%), Burmese/Karen/Myanmar (10%) and Ethiopian (9%). (Figure 2)
- Among the 516 survey respondents, 21 different primary languages are spoken, of which English (21%), Arabic (18%), Karen (8%), Somali (7%), Kizigua (6%), Amharic (6%) and Ukrainian/Russian (5%) are the most widely spoken.
- The majority of respondents report that they have completed at least high school education, and many have received some form of college/university education. (Figure 3)
- The majority of respondents (54%) reported they have lived in the US for more than 5 years, closely followed by those who report that they were born in the US (24%). 22% indicated they had been in the U.S. for 5 years or less. (Figure 4)
- The majority of respondents reported living in low income communities in the following zip codes within San Diego County: 92105 (22%), 92115 (9%), 92020 (8%), 92021 (7%), 92114 (7%), 92019 (5%). Figure 5 displays a map pinpointing where the participants live within San Diego County.

Figure 1. SDRCC Youth Assessment Participant Types

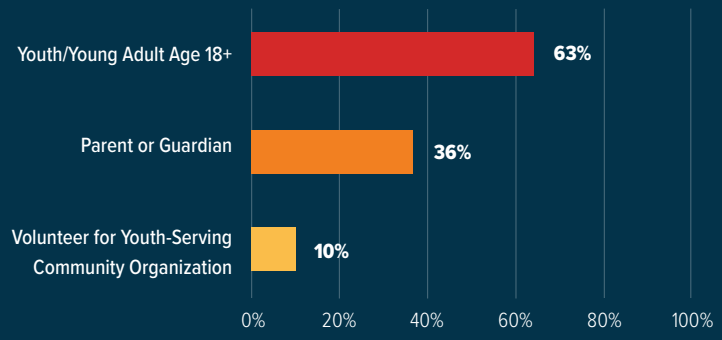
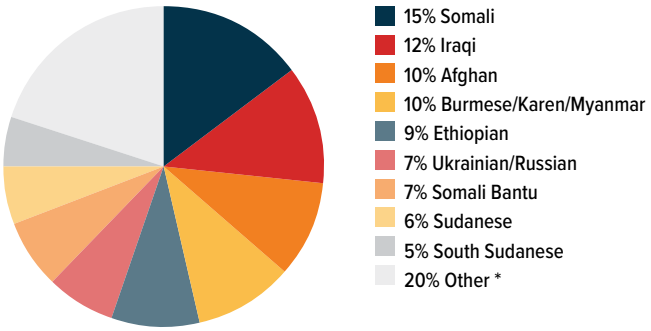


Figure 2. SDRCC Youth Assessment Top Participant Ethnic Backgrounds



**Other includes: Kurdish (4%), Syrian (3%), Haitian (3%), Congolese (3%), Eritrean (3%), Palestinian (3%), Iranian (1%), Other-not specified (3%)*

Figure 3. SDRCC Youth Assessment Participant Educational & Employment Status

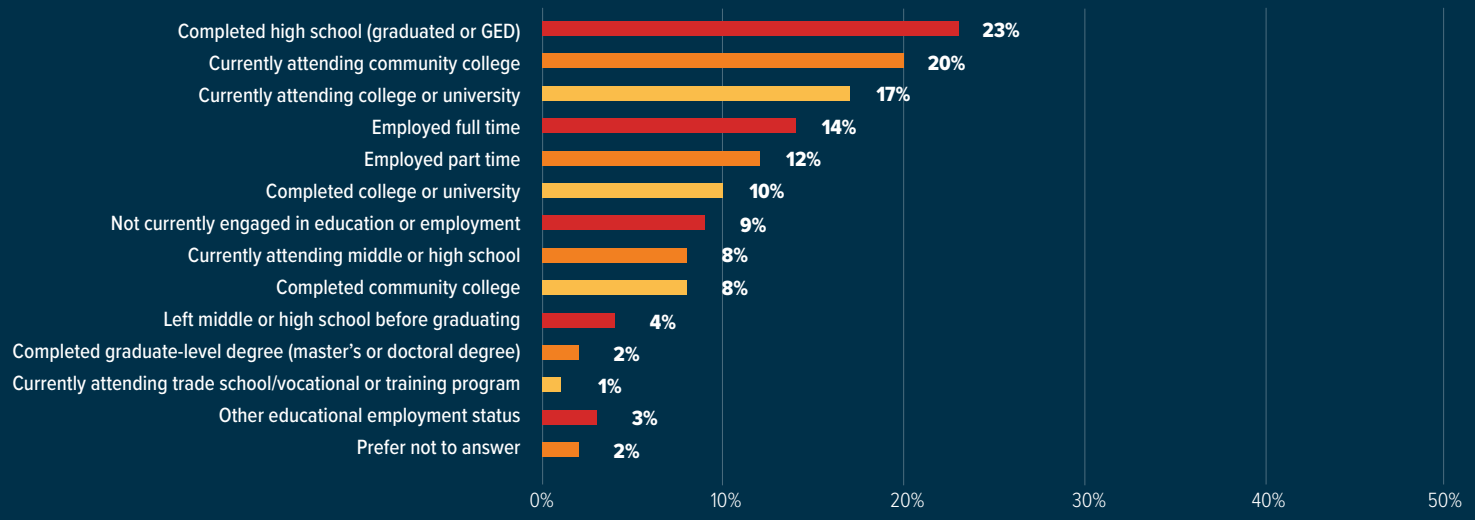


Figure 4. SDRCC Youth Assessment Participant Length of Time in the U.S.

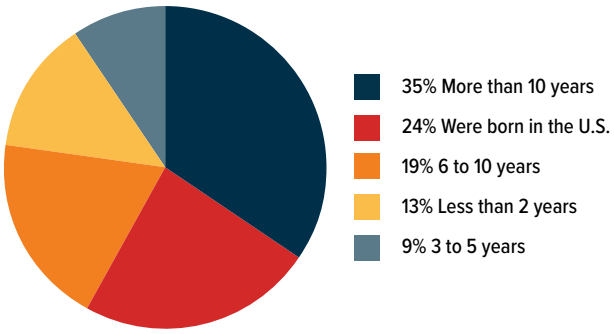
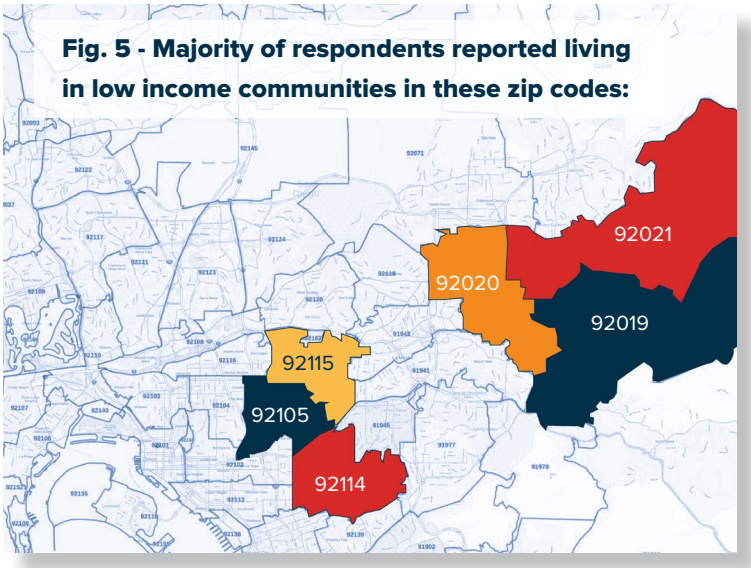


Fig. 5 - Majority of respondents reported living in low income communities in these zip codes:



Profile of Elevate ACE Focus Group Participants

Focus group participants were recruited from youth being served by the six participating SDRCC ECBO's in the ACE program. A total of 57 youth/young adult participants took part in the Elevate ACE substance abuse focus groups facilitated by SDRCC youth leaders. The average size of the focus groups was about 8 participants, and 7 total focus groups were hosted by the young leaders. The age of the participants ranged from 14 to 26 years old.

Participating Organizations	Number of Focus Group Participants
Horn of Africa	9
Southern Sudanese Community	13
License to Freedom	7
Majdal Center	8
Refugee Assistance Center	7
Somali Bantu Community	13

Key Findings:
Refugee Youth Top Needs & Barriers

"A year ago my family and I were living with different relatives for over 6 months due to not finding a house that was affordable and accepted housing vouchers. So I believe safe housing and affordable housing is very important."

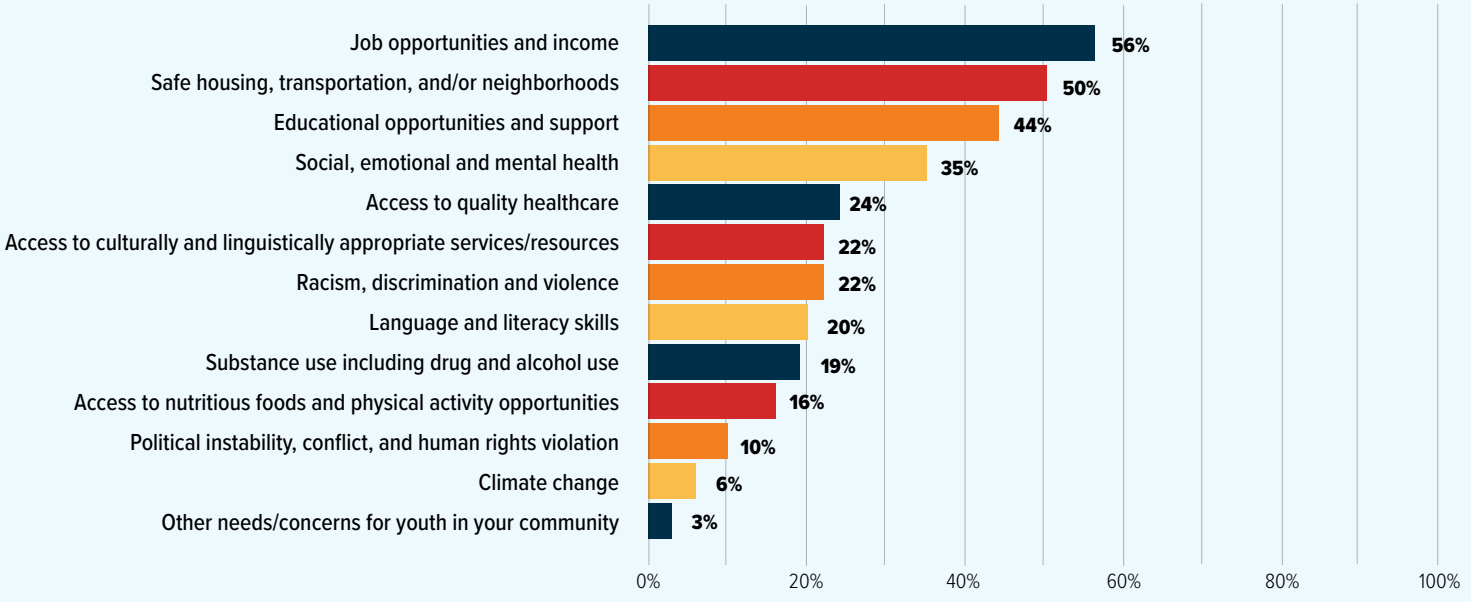
- SDRCC Assessment Survey Respondent

Youth Needs & Concerns

Survey respondents were asked to identify their top three biggest needs or concerns for youth in their communities (Figure 6). The top 5 most frequently noted needs/concerns across respondents were:

1. **Job opportunities and income (56%)**
2. **Safe housing, transportation, and/or neighborhoods (50%)**
3. **Educational opportunities and support (44%)**
4. **Social, emotional and mental health (35%)**
5. **Access to quality healthcare (24%)**

Figure 6. Top Needs/Concerns for Youth



"Mental health services are not often easily found resources for youth in general let alone Muslim youth. Racism is often seen but Muslim youth cannot always see it. Lastly, culturally significant resources are usually not provided to us because we are minorities, and we need to seek them out ourselves."

- SDRCC Assessment Survey Respondent

Survey respondents were asked an **open-ended question about top needs/concerns for youth in their community.** Key themes across survey respondents (n=101) were generally consistent with the above results, highlighting the following needs/concerns:

- Lack of **educational** quality & opportunities, along with limited **job security**
- **Mental health** services & knowledge
- Absence of the prioritization of **youth well-being, racism & discrimination**
- **Housing** issues
- **Health quality** and **healthy food options**
- **Substance abuse**
- **Transportation barriers**

"Young children... need help building the base need[ed] to be success[ful] in school."

- SDRCC Assessment Survey Respondent

Survey respondents were also asked an **open-ended question about what specific populations or groups were not being adequately served by local services.** Key themes across survey respondents (n=21) highlighted unmet needs amongst the following groups:

- **Low-income families** living in poverty
- **Young children,** in particular young boys
- **Homeless/unhoused populations**
- **Non-English-speakers**
- **Racial/ethnic and religious minorities** including Black/ African American, Southeast Asian, and Muslim communities

"Access to culturally and linguistically appropriate services and resources is crucial for ensuring equal opportunities, effective communication, trust, and social inclusion in diverse societies. It supports the well-being and success of individuals and communities while upholding principles of equity and justice."

- SDRCC Assessment Survey Respondent

Key Findings by Length of Time in the U.S.

Higher percentages of respondents **newly arrived in the U.S. for 5 years or less** compared to those in the U.S. for longer highlighted the following as top needs/concerns:

1. **Safe housing, transportation, and/or neighborhoods**
2. **Access to quality healthcare**
3. **Language and literacy skills**

Higher percentages of respondents **born in or having spent 5 years or more in the U.S.** compared to those more newly arrived highlighted the following as top needs concerns:

1. **Job opportunities and income**
2. **Social, emotional, and mental health**
3. **Racism, discrimination and violence**
4. **Political instability, conflict, and human rights violations**
5. **Substance-use including drug and alcohol use**
6. **Access to culturally and linguistically appropriate services/resources**

These findings highlight how length of time in the U.S. may impact top needs and priorities amongst refugee populations, with **more newly arrived or recently resettled refugees** experiencing higher immediate needs for basic supports and linkages to resources, whereas those who have **been in the U.S. for longer** may need more ongoing support with steady employment, social/emotional well-being, substance use, and ongoing access to culturally responsive services.

Higher percentages of **parent** respondents highlighted educational opportunities and support as a top need/concern compared to youth/young adult respondents, suggesting **higher needs related to navigating the U.S. education system for parents.**

Key Findings by Gender

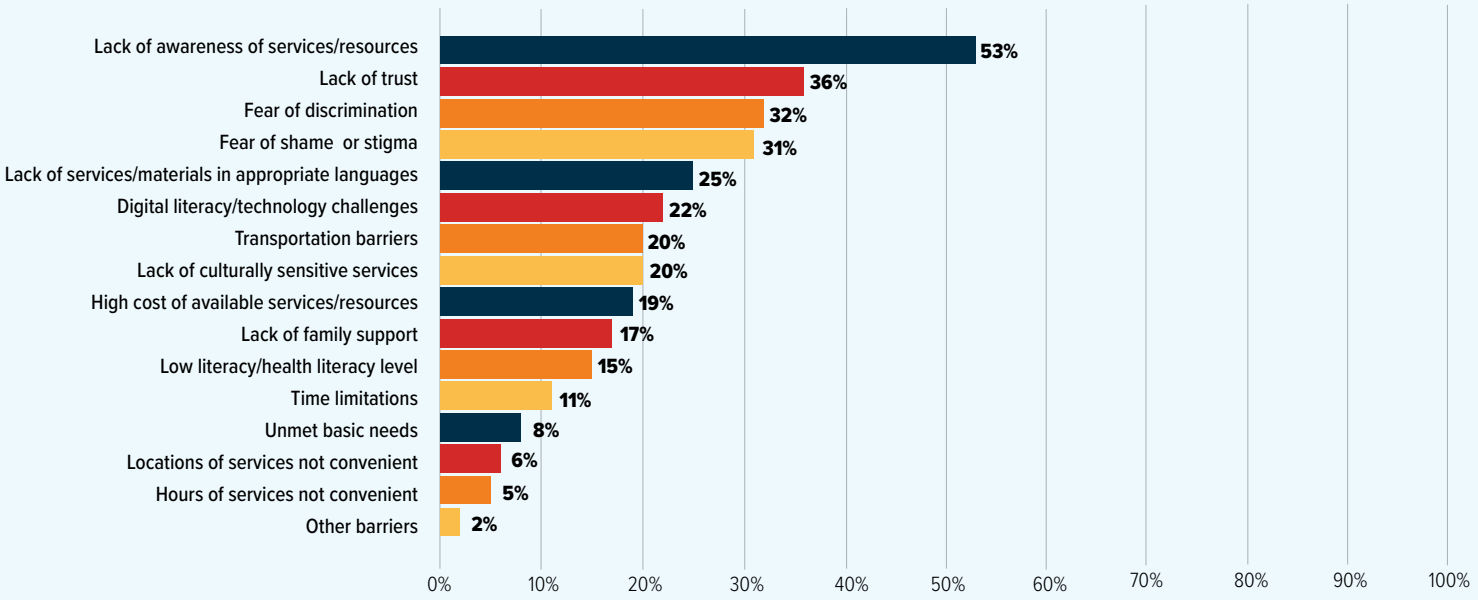
A higher percentage of **male** compared to female respondents highlighted language and literacy skills as a top need/concern.

Barriers Accessing Services

Survey respondents were asked to identify their top three barriers accessing services or resources for youth in their community (Figure 7). The following barriers were the highest ranked across respondents:

1. **Lack of awareness of services/resources (53%)**
2. **Lack of trust (36%)**
3. **Fear of discrimination (32%)**

Figure 7. Top Barriers to Accessing Services/Resources for Youth



> *Barriers to accessing services for youth in my community [include] lack of awareness, lack of trust and high cost of services. Not many youth know about services going on around their community which makes them miss out. They need to be more aware with things that their community can do to spread the word. Youth also have lack of trust since they are afraid to give a service their all and not get anything in return. Services can also be a lot more pricey which draws youth away from being a part of them."*
>
> ***- SDRCC Assessment Survey Respondent***

Survey respondents were asked an **open-ended question about top barriers accessing services/resources for youth in their community.** Key themes across survey respondents (n=55) highlighted the following barriers:

- **Language** barriers
- **Financial** barriers
- **Lack of community outreach & awareness**
- **Transportation** barriers
- **Shame/embarrassment** of seeking help
- **Trust** issues
- **Parent overdependence on youth**
- Absence of **culturally sensitive professionals**
- **Cultural norms/differences**
- **Accessibility of information**

Key Findings by Length of Time in the U.S.

Higher percentages of **non-U.S. born** compared to U.S.-born respondents indicated the following as top barriers for youth:

- Digital literacy/technology issues
- Transportation barriers
- Lack of trust
- Fear of shame or stigma

In contrast, higher percentages of **U.S. born respondents** indicated unmet basic needs and lack of awareness of services/resources as top barriers impacting youth in their community.

> *"It is difficult to go anywhere in America without a car. Public transport is poorly developed here. And not everyone has the opportunity to buy a car right away."*
>
> ***- SDRCC Assessment Survey Respondent***

> *"We have language barrier[s] and we don't have access to all [the] information we need."*
>
> ***- SDRCC Assessment Survey Respondent***

Key Findings by Young Adults vs. Parents

A higher percentage of **parents** compared to youth/young adults indicated fear of discrimination as a top barrier they observe amongst youth.

Higher percentages of **youth/young adults** compared to parents indicated low literacy/health literacy and fear of shame or stigma as top barriers for youth.

Key Findings by Gender

A higher percentage of **female** compared to male respondents indicated lack of family support as a top barrier to accessing services/resources for youth in their community.

Community Feedback

Overall, survey results resonated with SDRCC young leaders and staff who anticipated them and further suggested these views/opinions are held by many in the wider community. Community feedback session participants concurred with the highly ranked needs and barriers highlighted by survey respondents, including:

- **Lack of awareness of resources and services**
- **Stigma related to behavioral health**
- **Lack of trust of health care providers among refugee youth**

As stated by a young leader, while the data does not necessarily highlight anything surprising, it does help the SDRCC and their respective ECBOs and staff redirect and refocus resources towards effectively meeting the stated top needs.

Some youth leaders also pointed out that they expected **language and literacy skills** to be a more highly ranked need/priority in their communities. One youth leader mentioned that inability to effectively communicate in English has prevented many youth and community members from accessing well-paying jobs despite having applicable skills. The youth leader did mention however this may be more prominent within the Afghan community that she serves since many are newcomers and more recently resettled when compared to the wider refugee communities represented by the SDRCC.

Lack of trust was ranked as the second-highest need across survey respondents, which also resonated with SDRCC staff who noted that distrust is not only in relation to the healthcare/medical system but also related to the education system and other social services.

An additional barrier/concern not included in assessment survey results but brought up during the community feedback session was **bullying amongst youth**, which resulted in some parents having to limit their children's extracurricular activities to help minimize their exposure to bullying.

Key Findings:
Refugee Youth Protective Factors

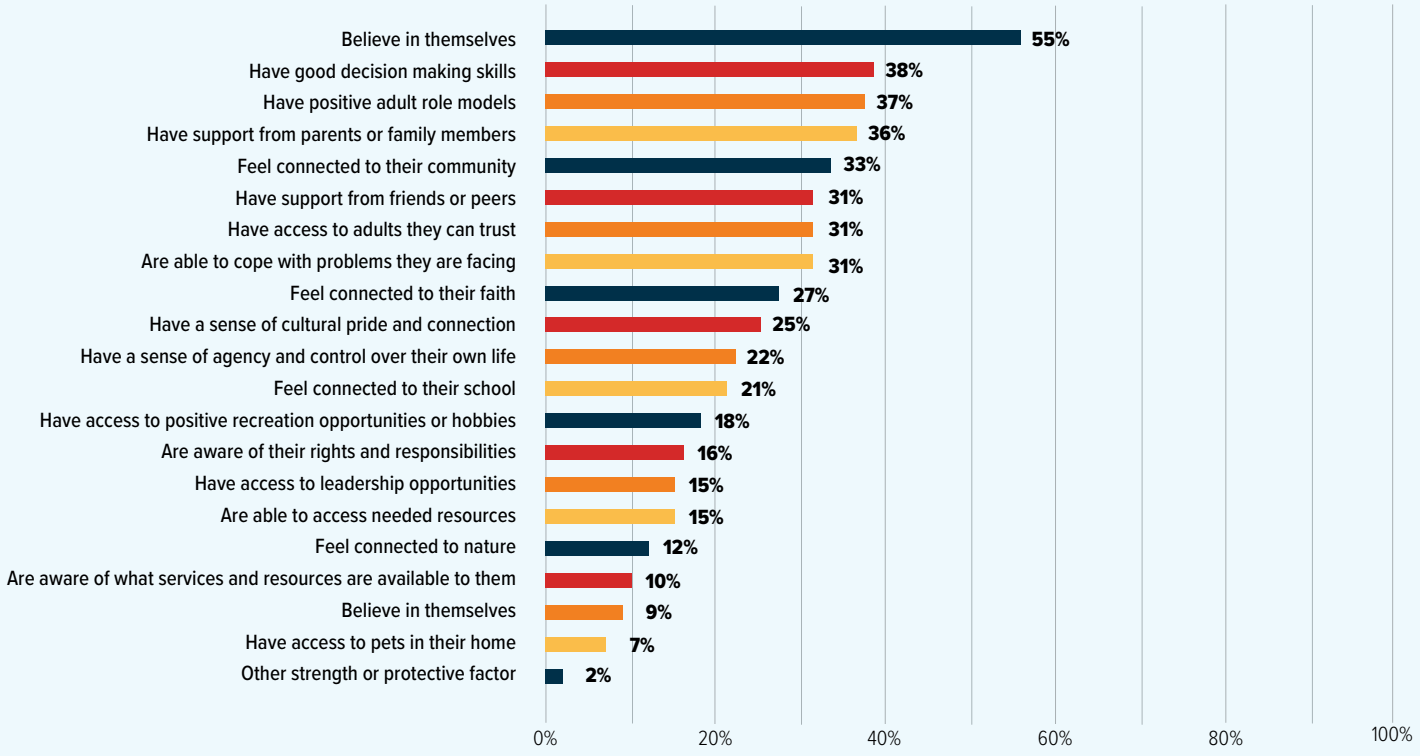
Protective factors are defined as anything that may lower the likelihood of negative outcomes or that reduce a risk factor's impact, facilitating resilience in coping with challenges, stress or trauma.[1]

Survey respondents were provided with a handout prior to completing the assessment survey that defined risk and protective factors and provided facts about substance use. Given that context, they were asked to rank the top five protective factors experienced by youth in their community. Options ranged from external factors such as having pets or a connection to nature, fulfilling employment opportunities, or other resources to internal factors including belief in oneself and a strong connection to their faith.

Highest ranked protective factors across respondents indicated local refugee youth (Figure 8):

1. **Believe in themselves (55%)**
2. **Have good decision-making skills (38%)**
3. **Have positive adult role models (37%)**
4. **Have support from family members (36%)**
5. **Feel connected to their community (33%)**

Figure 8. Top Protective Factors Experienced by Youth



[1] Source: How Protective Factors Can Promote Resilience « Mental Health First Aid (https://www.mentalhealthfirstaid.org/2022/01/how-protective-factors-can-promote-resilience/)

Key Findings by Length of Time in the U.S.

Higher percentages of **non-U.S. born** compared to U.S.-born respondents indicated the following as top protective factors for youth in their communities:

- Believing in oneself and the ability to cope with problems faced
- Good decision making skills
- Access to trusted adults
- Support from parents/family
- Cultural pride and connection
- Feeling connected to their school, family, and faith
- Access to leadership opportunities and needed resources
- Being aware of their rights/responsibilities

These findings suggest there may be a level of resilience that comes into play as a protective factor for newly arrived/recently resettled refugee youth that has helped them progress in their journeys. These findings also suggest the **importance of having a stable connection to community, resources/opportunities for growth, and healthy attachment to adult figures that can mitigate challenges refugee youth may experience, in particular those more recently arrived.**

Key Findings by Young Adults vs. Parents

Higher percentages of **parents** compared to youth/young adult respondents indicated the following as top protective factors for youth in their communities:

- Believing in oneself and the ability to cope with problems faced
- Support from parents/family
- Feeling connected to their school
- Having a positive adult role model

Key Findings by Gender

Higher percentages of **male** compared to female respondents indicated that having good decision-making skills and positive adult role models were top protective factors for youth in their communities.

In comparison, higher percentages of **female** than male respondents indicated having support from parents or family members and having a sense of cultural pride and connection were top protective factors for youth in their communities.

Key Findings:
Education

> *The lack of understanding from [our ethnic] parents puts lots of pressure on us and we understand where they could be coming from but they lack to understand where us the youth are coming from."*
>
> ***- SDRCC Assessment Survey Respondent***

Executive Summary

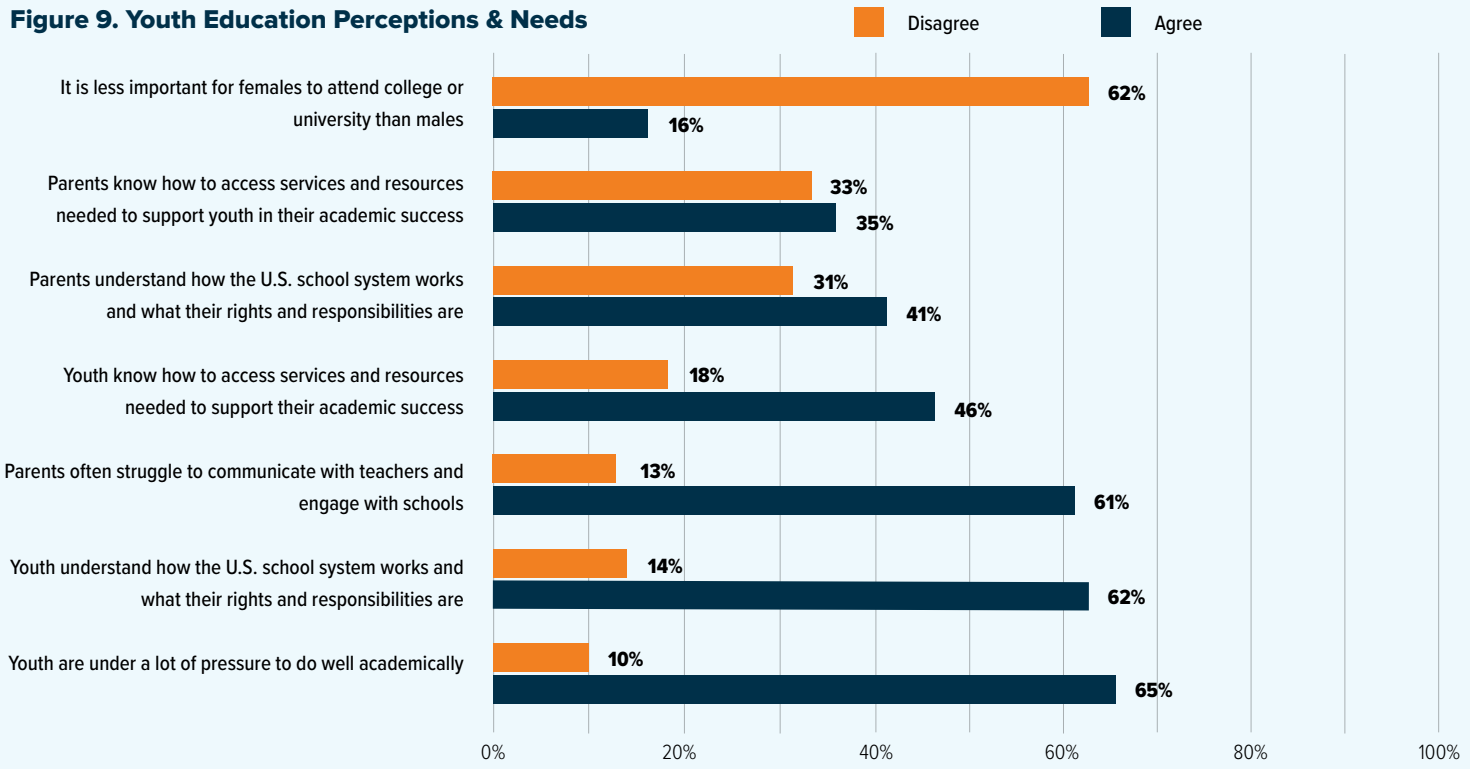
Parents and youth could benefit from more education about the U.S. school system and their rights and responsibilities, more awareness about available academic resources and supports, and language support for parents.

Survey respondents were asked the extent to which they agree or disagree with a series of statements about youth educational needs in their community (Figure 9).

- The majority of respondents (over 60%) agreed that:
    1. **Youth are under a lot of pressure to do well academically** (65% agreed vs. 10% disagreed)
    2. **Youth understand how the U.S. school system works and what their rights and responsibilities are** (62% agreed vs. 14% disagreed)
    3. **Parents struggle to communicate with teachers and engage with schools** (61% agreed vs. 10% disagreed)
- There appeared to be an almost even split between those who agreed and disagreed that parents know how to access services and resources needed to support youth academic success, suggesting that **while some parents may be aware of available educational resources, others may not be.**
- A majority of respondents indicated disagreement (62%) that it is less important for females to attend college or university than male, **suggesting both male and female educational success as priorities.**

> *The education system can be improved to help better/benefit our kids and young adults by teaching them resources schools provide and how to use them because many don't know or struggle to understand it."*
>
> ***- SDRCC Assessment Survey Respondent***

Figure 9. Youth Education Perceptions & Needs



When asked an **open-ended question about what else is needed to support youth reaching their educational goals,** key themes across respondents (n=91) included:

- Increasing **financial aid** amounts
- Increasing both **educational resources and awareness of available resources** for students
- Engaging mental health professionals and educators from **similar ethnic backgrounds**
- **Parental support**
- Community **outreach events**
- **Mentorship** and guidance programs
- Addressing **transportation** issues

"Education is very important and many students like me need support."

- SDRCC Assessment Survey Respondent

Key Findings by Length of Time in the U.S.

Parents Role, Access and Understanding of Their Youth's Education

A higher percentage of **non U.S.-born** compared to U.S. born respondents **agreed/strongly agreed:**

- Parents understand how the U.S. school system works, along with their rights and responsibilities.

Higher percentages of **U.S. born respondents disagreed/strongly disagreed:**

- Parents know how to access services and resources needed to support their youth's academic success
- Parents often struggle to communicate with teachers and engage with schools

These findings suggest length of time in the U.S. may impact parents' understanding of the system and access to resources to support youth academic success. **Those born in the U.S. may be more aware of the struggles parents can face in navigating the U.S. educational system.**

Academic Pressure & Access to Support Services

Higher percentages of **U.S. born respondents:**

- **Agreed/strongly agreed** youth are under a lot of pressure to do well academically
- **Disagreed/strongly disagreed** youth know how to access services and resources needed to support their academic success

Views on College

A higher percentage of **non-U.S. born** respondents **disagreed/strongly disagreed** it is less important for females to attend college or university than males.

Key Findings by Young Adults vs. Parents

Parents Role, Access and Understanding of Their Youth's Education

A higher percentage of **youth/young adult** compared to parent respondents **disagreed/strongly disagreed** parents understand how the U.S. school system works, along with their rights and responsibilities, suggesting that **while parents may feel they have a good understanding of the U.S. educational system, youth themselves may still perceive gaps in understanding.**

Academic Pressure

A higher percentage of **youth/young adults agreed/strongly agreed** youth are under a lot of pressure to do well academically.

Views on College

More **parents** compared to youth/young adults **disagreed/strongly disagreed** that it is less important for females to attend college or university than males.

Mentorship Programs, mental health services and [a] supportive environment to study [are what our youth need."

- SDRCC Assessment Survey Respondent

Key Findings by Gender

Parents Role, Access and Understanding of Their Youth's Education

A higher percentage of **female** compared to male respondents **agreed/strongly agreed** parents understand how the US school system works and what their rights and responsibilities are.

Access to Support Services

A higher percentage of **female respondents agreed/strongly agreed** youth know how to access services and resources needed to support their academic success.

Views on College

A higher percentage of **female respondents disagreed/strongly disagreed** it was less important for females to attend college or university than males.

[There is a need for] incorporate[ing] life skills, education, [and] teaching practical skills such as financial literacy, time management, and critical thinking."

- SDRCC Assessment Survey Respondent

Community Feedback

SDRCC personnel emphasized the importance of having employment readiness training incorporated into school curriculums to support youth in reaching their educational and employment goals beyond the classroom.

Key Findings:
Employment & Job Readiness

> *"There needs to be job/career fairs every once in a while to support youth who are unsure [of] where to go for employment."*
>
> ***- SDRCC Assessment Survey Respondent***

Executive Summary

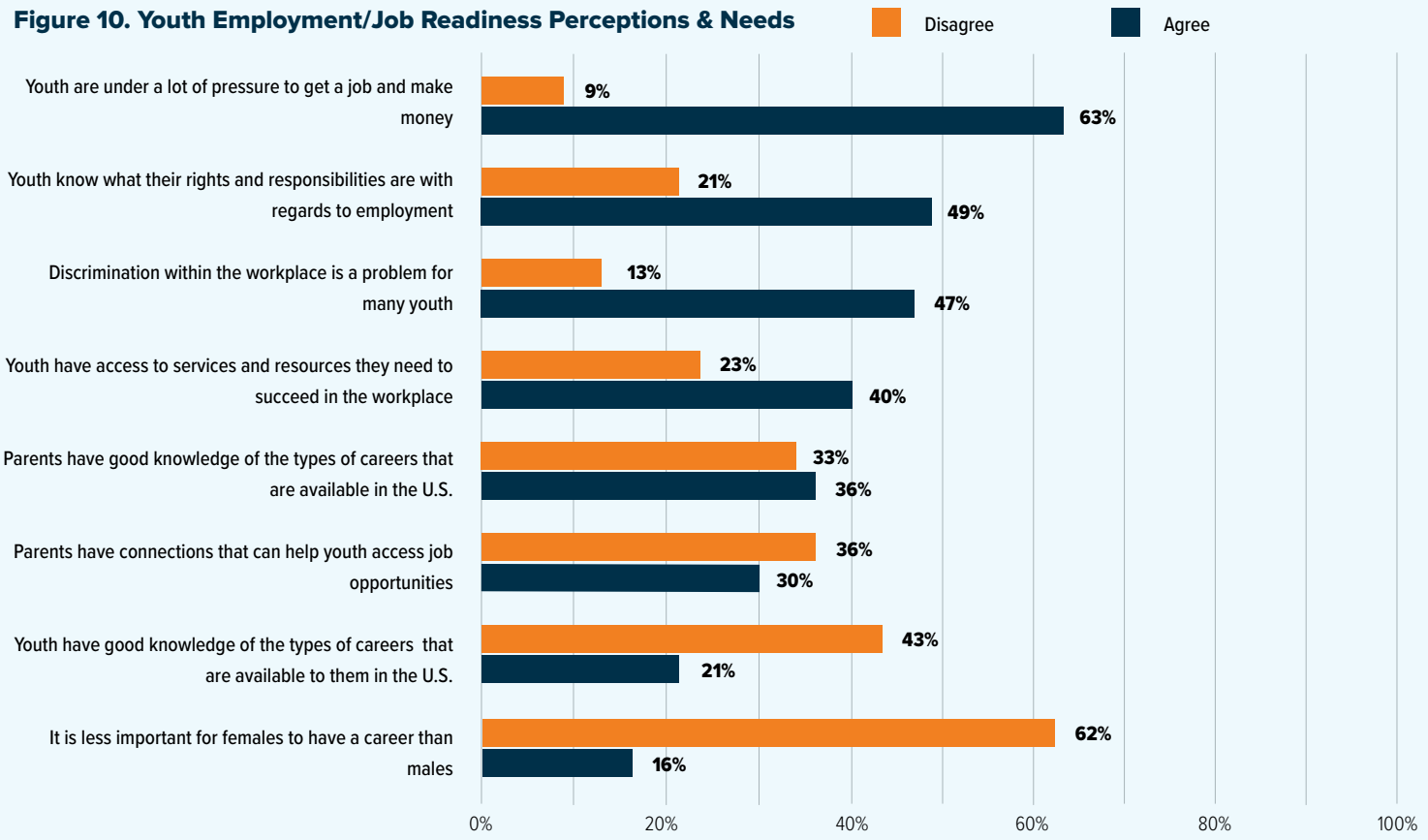
Youth feel pressure to get a job and provide for themselves and their families. Needed services include job/career fair events, mentoring programs, financial literacy support, and paid internships/ volunteer opportunities.

Survey respondents were asked the extent to which they agree or disagree with a series of statements about youth employment and job readiness in their community (Figure 10).

- The highest percentage of respondents agreed that **youth are under a lot of pressure to get a job and make money** (63% agreed vs 9% disagreed).
- **Less than half of respondents agreed that youth know their rights and responsibilities regarding employment** (49% agreed vs. 21% disagreed).
- Close to half agreed that **discrimination in the workplace is a problem for many youth** (47% agreed vs. 13% disagreed).
- **Most disagreed it is less important for females to have a career than males** (62% disagreed vs. 16% agreed).
- Close to half of respondents **disagreed that youth have good knowledge of the types of careers available to them in the U.S.** (43% disagreed vs. 21% agreed).

> *"There seems to be a clear divide among the youth in our community, with one segment being aware of job opportunities and another remaining uninformed. To bridge this gap and create more equitable access, it's essential to raise awareness about these resources, ensuring that all youth have the [same] knowledge and opportunities."*
>
> ***- SDRCC Assessment Survey Respondent***

Figure 10. Youth Employment/Job Readiness Perceptions & Needs



When asked an **open-ended question about what else is needed to support youth with employment and job readiness,** key themes across respondents (n=66) included:

- **Educational support** and more **job/career fair events**
- Increasing youth **experience and skills**
- **Mentoring** programs
- **Financial literacy**
- Increasing knowledge on their **basic rights**
- **Paid internships/volunteer opportunities**

"Skill training, paid internship, entrepreneurship opportunities and career advice [are all services our youth need]."

- SDRCC Assessment Survey Respondent

Key Findings by Length of Time in the U.S.

Higher percentages of **U.S. born respondents** along with those in the **U.S. for 5 or more years disagreed/strongly disagreed** that:

- Youth know their rights/responsibilities with regards to employment
- Parents have connections that can help youth access job opportunities
- It is less important for females to have a career than males

More **U.S. born respondents also agreed/strongly agreed**:

- Youth are under a lot of pressure to get a job and make money
- Discrimination within the workplace is a problem for many youth

In contrast, more **non-U.S. born respondents agreed/strongly agreed** that:

- Youth have good knowledge of the types of careers that are available to them in the U.S.
- Parents have good knowledge of the types of careers that are available in the U.S.
- Youth have access to services and resources they need to succeed in the workplace

These findings suggest **those who have been in the U.S. for longer may be more aware of the pressures and challenges youth and parents can face in accessing employment resources and job opportunities.**

Key Findings by Young Adults vs. Parents

Higher percentages of **youth/young adult** compared to parent respondents indicated they agreed/strongly agreed that:

- Youth are under a lot of pressure to get a job and make money
- Discrimination within the workplace is a problem for many youth

More **youth/young adults disagreed/strongly disagreed** youth have good knowledge of the types of careers that are available to them in the U.S.

A higher percentage of **parents disagreed/strongly disagreed** that it is less important for females to have a career than males.

Key Findings by Gender

Higher percentages of **female** compared to male respondents disagreed/strongly disagreed that:

- It was less important for females to have a career than males
- Discrimination within the workplace is a problem for many youth

> ***I think one thing that is need[ed] is [that] parents should always support youth who want to work, not just think only males have to work. In many cases females can be a very big source [of] help for parents. Support families to not stay on welfare services like cash aid and food stamps."***
>
> ***- SDRCC Assessment Survey Respondent***

Community Feedback

SDRCC staff and youth leaders emphasized that while believing in themselves is the highest ranked protective factor by survey respondents, **many youth are still not getting hired or are being passed over for employment opportunities despite being qualified.**

Key Findings:
Social & Emotional Well-Being

> *Youth in my community need spaces to be vulnerable with their mental health. Giving youth access to spaces such as available therapy that is culturally and religiously sensitive [is important].”*
>
> ***- SDRCC Assessment Survey Respondent***

Executive Summary

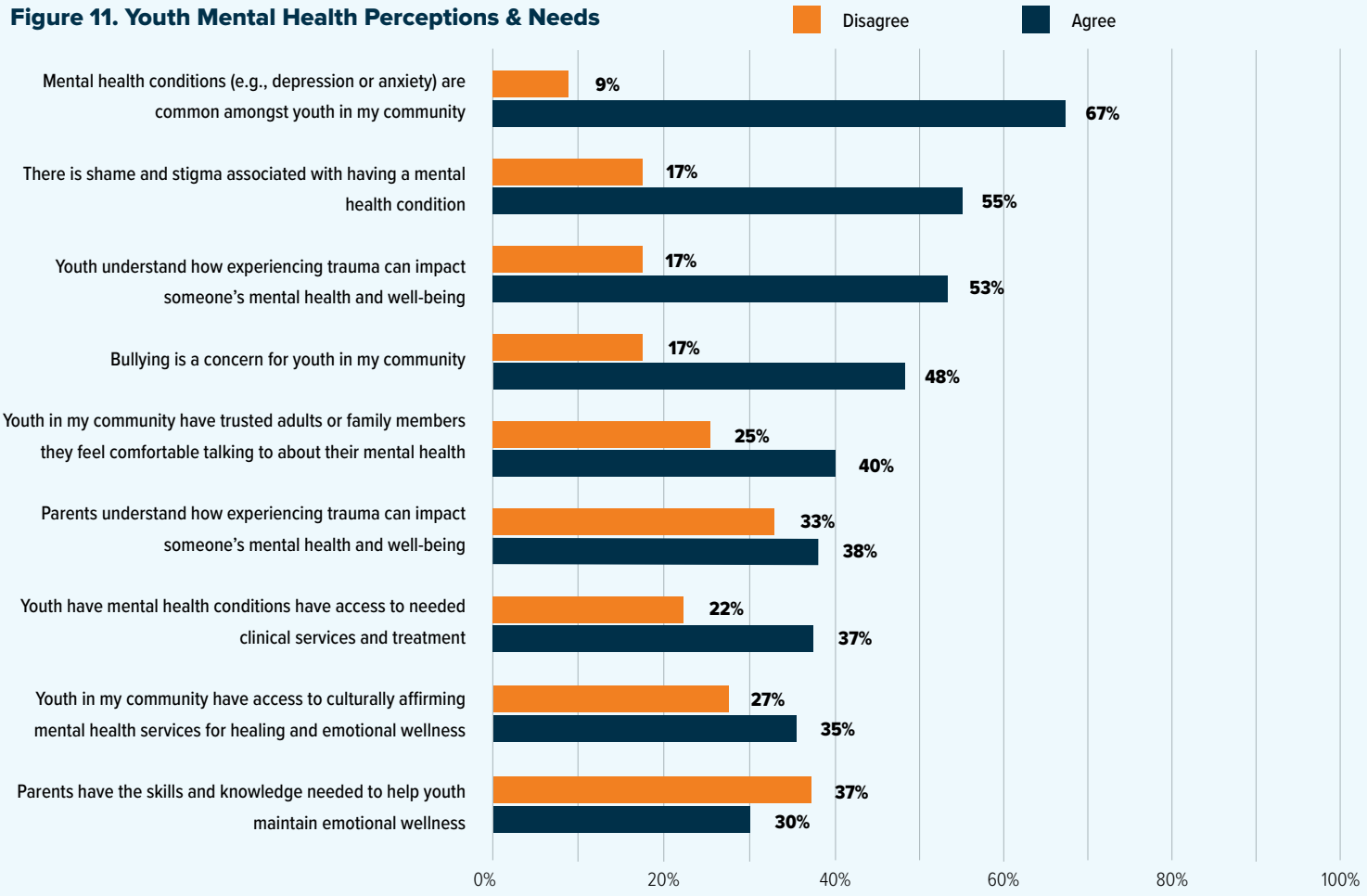
Mental health conditions are common amongst youth, and there is a high need for youth mental health services. Shame and stigma can be associated with having a mental health condition, and there is a need for culturally relevant counseling and safe spaces for youth.

Survey respondents were asked the extent to which they agree or disagree with a series of statements about youth social and emotional well-being in their community (Figure 11).

- The majority of respondents (67%) agreed that **mental health conditions are common amongst youth in their community,** with only 9% of respondents disagreeing.
- More than half of respondents (55%) agreed **there is shame and stigma associated with having a mental health condition** and only 17% disagreed.
- More than half also agreed that youth understand how experiencing trauma can impact someone’s mental health and wellbeing (53%); in contrast, **only a third agreed that parents understand the impact of trauma on health and well-being** (38%).
- Close to half (48%) indicated **bullying** is a concern for youth in their community.
- **Only about a third agreed** that **youth with mental health conditions have access to needed clinical services/ treatments** (37%) and that **youth have access to culturally affirming mental health services** (35%).
- **Respondents were generally divided as to whether parents have the skills and knowledge needed to help youth maintain emotional wellness**, with a slightly higher percentage disagreeing (37%) vs. 30% who agreed.

> *[Youth need] culturally affirming mental health resources.”*
>
> ***- SDRCC Assessment Survey Respondent***

Figure 11. Youth Mental Health Perceptions & Needs



When asked an **open-ended question about what else is needed to help support youth social and emotional wellbeing**, key themes across respondents (n=62) included:

- The need for **information and direction towards resources**
- **Culturally competent counseling** services
- **Family and community support**
- **Affordable** health services
- A **safe space for youth**
- **Guidance and mentorship**
- More health professionals

> *Raise awareness and combat stigma, expand counseling and crisis cultural training. Foster peer support and mentoring within the community, educate parents and ensure cultural sensitivity and create safe spaces for social and emotional support."*
>
> *- SDRCC Assessment Survey Respondent*

Key Findings by Length of Time in the U.S.

A higher percentage of **non-U.S. born** compared to U.S.-born respondents **disagreed/strongly disagreed** parents have the skills and knowledge needed to help youth maintain emotional wellness.

Higher percentages of **non-U.S. born** respondents **agreed/strongly agreed** that:

- Mental health conditions (e.g., depression or anxiety) are common amongst youth in my community
- Parents understand how experiencing trauma can impact someone's mental health and well-being
- Bullying is a concern for youth in my community
- There is shame and stigma associated with having a mental health condition
- Youth have trusted adults or family members they feel comfortable talking to about their mental health
- Youth have access to culturally affirming mental health services for healing and emotional wellness
- Youth who have mental health conditions have access to needed clinical services and treatment

These findings suggest **those more recently arrived to the U.S. may experience higher levels of mental health concerns, more bullying and stigma, and need more support regarding maintaining emotional wellness, in particular for parents.**

Key Findings by Young Adults vs. Parents

- Higher percentages of **youth/young adults agreed/strongly agreed** mental health conditions (e.g., depression or anxiety) are common amongst youth
- More **parents agreed/strongly agreed** that bullying is a concern for youth

Key Findings by Gender

Higher percentages of **female respondents disagreed/strongly disagreed** that:

- Youth have trusted adults or family members that they feel comfortable talking to about their mental health
- Youth have access to culturally affirming mental health services for healing and emotional wellness

A higher percentage of **females agreed/strongly agreed** bullying is a concern for youth.

More **male** respondents **agreed/strongly agreed** parents have the skills and knowledge needed to help youth maintain emotional wellness.

> *Maybe there should be some sort of education to parents to have them understand what youth go through like mental health problems and depressions. Many parents think it is normal but it is not and support is need[ed] from them and a clinical service treatment."*
>
> ***- SDRCC Assessment Survey Respondent***

Community Feedback

SDRCC staff highlighted that **most youth don't have access to mental health specialists they can talk to** because they have to rely on parents and the medical system. **Many youth are not aware of what resources they have access to** and which primary care physician can support them. Staff recommended **mental health education that targets parents in order to reduce gaps in treatment and access to health services** among youth.

Key Findings:
Healthcare Access

> *Encouraging more visits to the doctors to get tests and treatment for people and the ones with specific conditions that are afraid of being diagnosed."*
>
> ***- SDRCC Assessment Survey Respondent***

Executive Summary

Lack of parental or family support can be a barrier for youth accessing different types of healthcare, and many youth do not know their rights with regards to accessing health services. Some youth have access to health services and feel respected when visiting their doctor's office, while others do not.

Survey respondents were asked the extent to which they agree or disagree with a series of statements about youth access to health services and resources in their community (Figure 12).

The highest percentage of respondents (66%) agreed **lack of parental or family support can be a barrier to accessing types of healthcare**, with only 7% indicating disagreement.

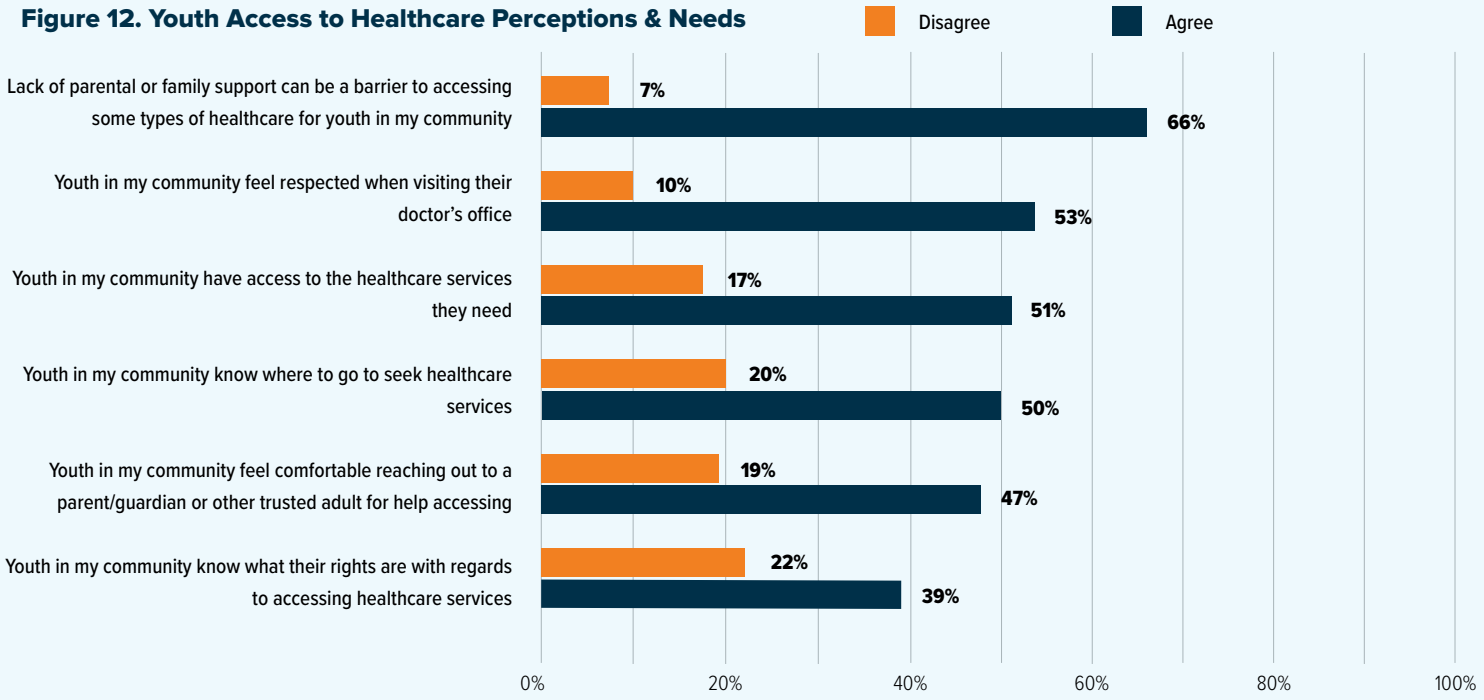
Approximately **half of respondents agreed**:

- Youth feel **respected** when visiting their doctor's office (53% agreed vs. 10% disagreed)
- Youth have **access** to the healthcare services they need (51% agreed vs. 17% disagreed)
- Youth feel comfortable reaching out to a **parent/guardian or trusted adult** for help accessing healthcare resources (47% agreed, 19% disagreed)

Only 39% of respondents agreed youth know their rights with regards to accessing healthcare services, compared to 22% who disagreed.

> *It is essential for healthcare providers to have an understanding of their patients' cultural and religious practices. This knowledge allows them to deliver care that is culturally sensitive, respecting the beliefs and values of their patients while providing effective medical treatment."*
>
> ***- SDRCC Assessment Survey Respondent***

Figure 12. Youth Access to Healthcare Perceptions & Needs



When asked an **open-ended question about what else is needed to help support youth access to health services**, key themes across respondents (n=49) included:

- **Normalizing doctor's** visits and seeking professional medical help
- **Education** about the importance of accessing healthcare
- **Health literacy** supports
- **Cultural and social sensitivity** towards patients
- Prioritization of a **healthy lifestyle**
- Addressing **stigma** behind reproductive health

Key Findings by Length of Time in the U.S.

Higher percentages of **U.S. born** respondents **disagreed/strongly disagreed**:

- Youth have access to the healthcare services they need
- Youth know what their rights are with regards to accessing healthcare services

Higher percentages of **non-U.S. born** respondents **agreed/strongly agreed**:

- Youth know where to go to seek healthcare services
- Youth feel respected when visiting their doctor's office
- Youth feel comfortable reaching out to a parent/guardian or other trusted adult for help accessing health resources
- Youth feel that lack of parental or family support can be a barrier to accessing some types of healthcare (i.e. reproductive/sexual health services)

These findings suggest that **while more recently arrived youth may experience lack of family support accessing certain types of health services, those who have been in the U.S. for longer may be more aware of challenges associated with or experience more challenges accessing healthcare resources generally.**

> *Maybe there should be some sort of education to parents to have them understand what youth go through like mental health problems and depressions. Many parents think it is normal but it is not and support is need[ed] from them and a clinical service treatment."*
>
> ***- SDRCC Assessment Survey Respondent***

Key Findings by Young Adults vs. Parents

Higher percentages of **parent** compared to youth/young adult respondents **agreed/strongly agreed** youth know where to go to seek healthcare services, suggesting that **while parents may perceive youth are able to access health services, youth themselves may still be experiencing access challenges.**

“It is essential for healthcare providers to have an understanding of their patients’ cultural and religious practices. This knowledge allows them to deliver care that is culturally sensitive, respecting the beliefs and values of their patients while providing effective medical treatment.”

- SDRCC Assessment Survey Respondent

Key Findings by Gender

Higher percentages of **male** respondents **disagreed/strongly disagreed** lack of parental or family support can be a barrier to accessing some types of healthcare for youth in my community, suggesting **female respondents may be more aware of the ways in which lack of familial support can act as a barrier when accessing various types of healthcare such as reproductive health services.**

Key Findings:
Food Access

> *I think having food banks consistently throughout the year to help families ensure that they and their kids have enough food to last them [is important]. Since the money in food stamps can run out quickly for larger families, food banks can help last them the rest of the month."*
>
> **- SDRCC Assessment Survey Respondent**

Executive Summary

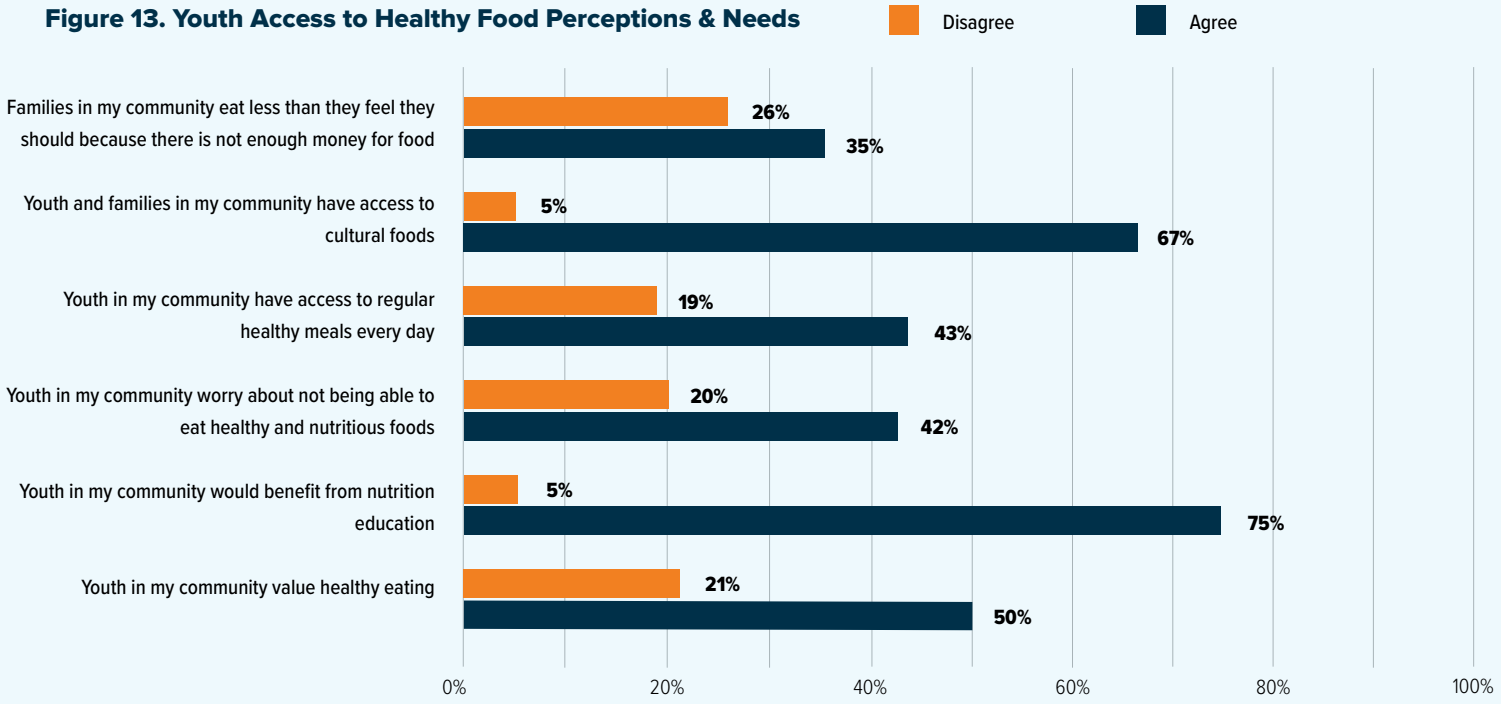
Some youth experience food insecurity, with families eating less than they feel they should because there is not enough money, and some youth worry about not being able to eat healthy foods. Youth and parents would benefit from increased access to fresh produce and more nutrition education to support balanced nutrition.

Survey respondents were asked the extent to which they agree or disagree with a series of statements about youth access to healthy foods in their community (Figure 13).

- A majority (75%) of respondents **agreed youth would benefit from nutrition education** compared to only 5% who disagreed.
- A majority (67%) of respondents **agreed youth and families have access to cultural foods** compared to only 5% who disagreed.
- **Over a third indicated agreement that some youth and families experience some form of nutrition insecurity:**
    1. 42% agreed youth worry about not being able to eat healthy and nutritious foods (vs. 20% disagreed)
    2. 35% agreed families in their community eat less than they feel they should because there is not enough money for food (vs. 26% disagreed)

> *There exists a gap between parents and youth when it comes to promoting healthy eating habits and ensuring that children choose nutritious options, primarily due to limited healthy food availability in their neighborhood."*
>
> **- SDRCC Assessment Survey Respondent**

Figure 13. Youth Access to Healthy Food Perceptions & Needs



When asked an **open-ended question about what else is needed to help support youth access to healthy and nutritious foods,** key themes across respondents (n=47) included:

- **Education** on the importance of a healthy diet, including parental education on balanced nutrition
- Strategies to **address food insecurity**
- More **access to affordable fresh produce**
- **Cooking classes**
- Regular consumption of **cultural foods**

> *"Youth should learn about the importance of nutrition and how to access them. They need more opportunities to become educated about how food affect[s] our health."*
>
> ***- SDRCC Assessment Survey Respondent***

Key Findings by Length of Time in the U.S.

Higher percentages of **non-U.S. born** compared to U.S.-born respondents **agreed/strongly agreed**:

- Youth value healthy eating
- Families sometimes eat less than they feel they should because there is not enough money for food

Higher percentages of respondents **U.S.-born or in the U.S. for 5 or more years**:

- **Agreed/strongly agreed** youth would benefit from nutrition education and youth and families have access to cultural foods
- **Disagreed/strongly disagreed** youth have access to regular healthy meals every day

> *"[We need] more public benefit, more nutritious food in the neighborhood and reduced costs of healthy food."*
>
> ***- SDRCC Assessment Survey Respondent***

Key Findings by Young Adults vs. Parents

Higher percentages of **parent respondents agreed/strongly agreed** that "Youth in my community value healthy eating".

Higher percentages of **youth/young adult respondents agreed/strongly agreed** that "Youth in my community worry about not being able to eat healthy and nutritious foods." This suggests some youth may be concerned about food or nutrition insecurity in their community, potentially due to *food apartheid* resulting from structural injustices and disparities in food access faced by many low-income communities and communities of color.[2]

[2] Source: 'Food desert' vs. 'food apartheid': Which term best describes disparities in food access? (https://seas.umich.edu/news/food-desert-vs-food-apartheid-which-term-best-describes-disparities-food-access#:~:text=Many%20contemporary%20food%20justice%20scholars,the%20disparities%20in%20food%20security)

Key Findings by Gender

Higher percentages of **female respondents** compared to male respondents **agreed/strongly agreed** that “Youth in my community would benefit from nutrition education”.

Community Feedback

While healthy food is valued, it is often unaffordable for refugee youth. Furthermore, while cultural food is available and often a healthier option, it is also rather expensive compared to other food options, especially with an EBT card.

Key Findings:
Community Safety & Environment

Executive Summary

Youth are concerned about hate crimes and many don't feel safe after dark. Some youth generally feel safe in their neighborhoods, while others do not.

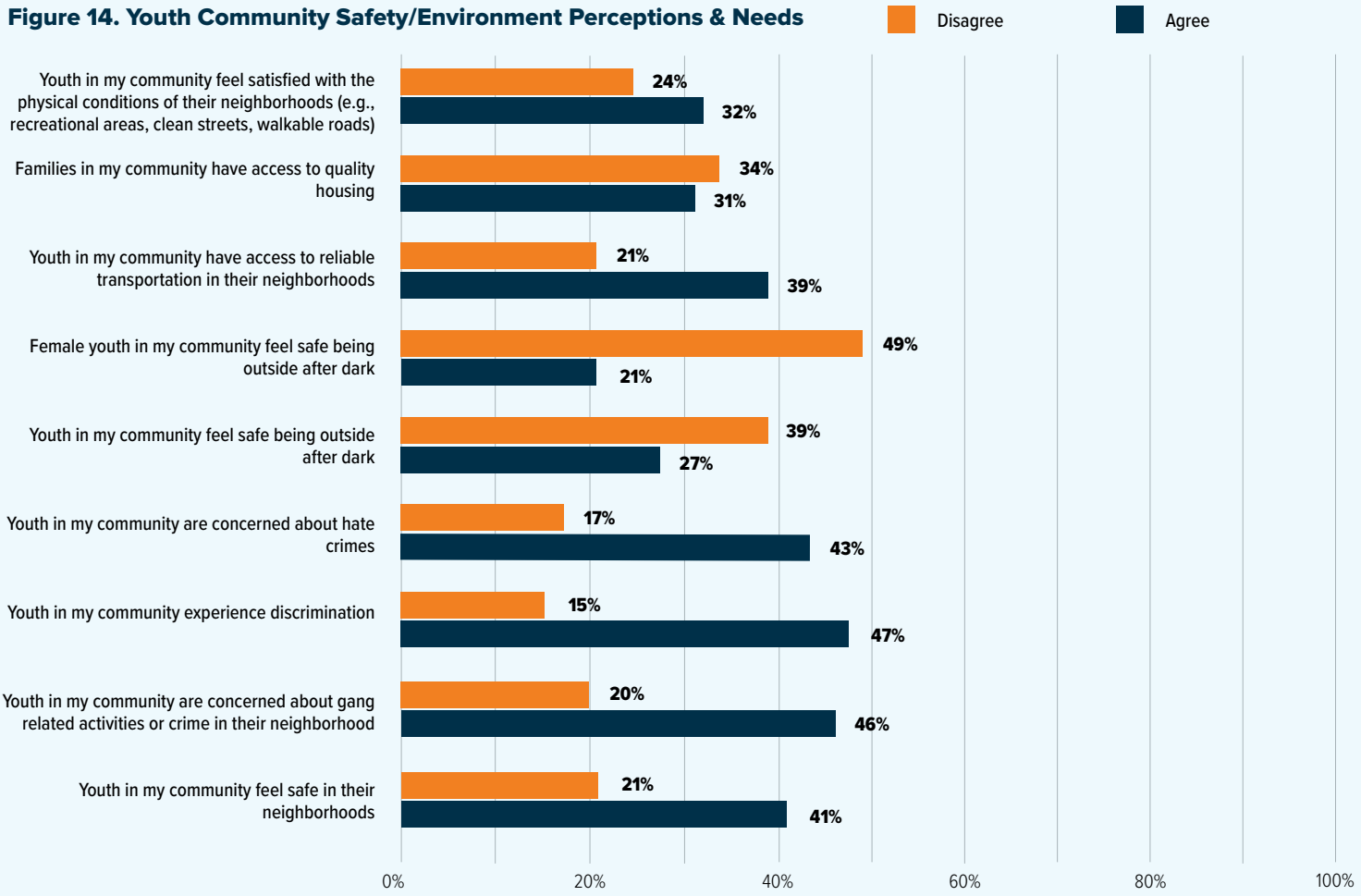
Survey respondents were asked the extent to which they agree or disagree with a series of statements related to safety in their community (Figure 14).

- 41% of respondents agreed that youth feel safe in their neighborhoods while 21% disagreed.
- 43% agreed that youth in the community are concerned about hate crimes compared to 17% who disagreed.
- Only 21% of respondents agreed with the statement "female youth in my community feel safe being outside after dark" while 49% disagreed.
- 27% of respondents agreed that youth in the community feel safe after dark compared to 39% who disagreed.
- 31% agreed that families have access to quality housing while 34% disagreed.

> *Some people don't even know what their next-door neighbors name is. An inclusive and connected neighborhood helps people feel safer."*
>
> *- SDRCC Assessment Survey Respondent*

> *[We need] better housing options."*
>
> *- SDRCC Assessment Survey Respondent*

Figure 14. Youth Community Safety/Environment Perceptions & Needs



When asked an open-ended question about what else is needed to help youth feel safer in their communities, key themes across respondents (n=42) included:

- Self defense tools
- Street lights
- More services for unhoused people
- Revisiting the amount of police presence in refugee communities (e.g., more vs. less)
- Being mindful when going out alone after dark and considering staying with a group
- Walkable cities
- Reliable public transportation systems
- Increased community and neighborhood connectedness

Key Findings by Length of Time in the U.S.

Higher percentages of **non-U.S. born respondents agreed/strongly agreed** that "Youth in my community feel safe in their neighborhoods".

In comparison, higher percentages of **U.S.-born respondents agreed/strongly agreed** that:

- "Youth in my community are concerned about gang related activities or crime in their neighborhood."
- "Youth in my community experience discrimination" **(also applies to respondents who spent 5 or more years in the U.S.)**

More **U.S.-born respondents disagreed/strongly disagreed** that:

- "Youth in my community have access to reliable transportation in their neighborhoods"
- "Youth in my community feel satisfied with the physical conditions of their neighborhoods (e.g., recreational areas, clean streets, walkable roads)"
- "Youth in my community feel safe being outside after dark"

Higher percentages of respondents who had been in the **U.S. 5 years or more disagreed/strongly disagreed** that:

- **"Female** youth in my community feel safe being outside after dark"
- "Families in my community have access to quality housing".

Key Findings by Young Adults vs. Parents

Higher percentages of **parent respondents disagreed/strongly disagreed** with the following statements:

- "Female youth in my community feel safe being outside after dark"
- "Families in my community have access to quality housing"

Key Findings by Gender

Higher percentages of **female respondents** compared to male respondents **agreed/strongly agreed** that "Youth in my community are concerned about hate crimes". More **female respondents** also indicated that they **disagreed/strongly disagreed** that:

- "Youth in my community felt safe being outside after dark"
- **"Female** youth in my community felt safe being outside after dark"
- "Youth have access to reliable neighborhood transportation"
- "Families have access to quality housing"

Community Feedback

Parents feel uncomfortable expressing concerns or raising concerns about issues that affect the youth and the larger community with various authority figures in the community such as police officers, teachers, and school administrators. Some recommendations raised include having more workshops involving school staff and parents and educating school staff on cultural differences to build trust/relationships.

Key Findings:
Substance-Use

> *I think a lot of our youth is addicted to vaping/other drugs and it is really scary not knowing what will happen to them or how to even help them. People around me, very close to me, have addictions and it pains me when they say they only use it to cope with their depression or trauma."*
>
> ***- SDRCC Assessment Survey Respondent***

Executive Summary

Marijuana is the most frequently used substance amongst youth, and youth most frequently access substances at parties. Most youth know someone dealing with addiction. Parents are typically not aware when their child is using alcohol or drugs, and if they are, they do not know what to do when their child is using. Participants agreed their community would benefit from drug prevention services.

Survey respondents were asked the extent to which they agree or disagree with a series of statements related to youth substance-use in their community, including:

- Level of Use of Different Substances Amongst Youth
- Access to Different Substances Amongst Youth
- Risks and Reasons for Youth substance-use
- Parent & Youth Knowledge of Risks related to Youth substance-use
- Substance-use Prevention Strategies

Findings across the above key areas are highlighted in the following sections.

> *Faith leaders need to be actively involved in supporting and guiding the youth."*
>
> ***- SDRCC Assessment Survey Respondent***

Level of Use of Different Substances Amongst Youth

Figure 15 shows the level of substance-use for several substances ranging from tobacco cigarettes to opioids. Survey respondents were asked to go through the list and describe the level of use of each substance: a few youth are frequent users, a lot of youth are frequent users, a few youth have tried and a lot of youth have tried.

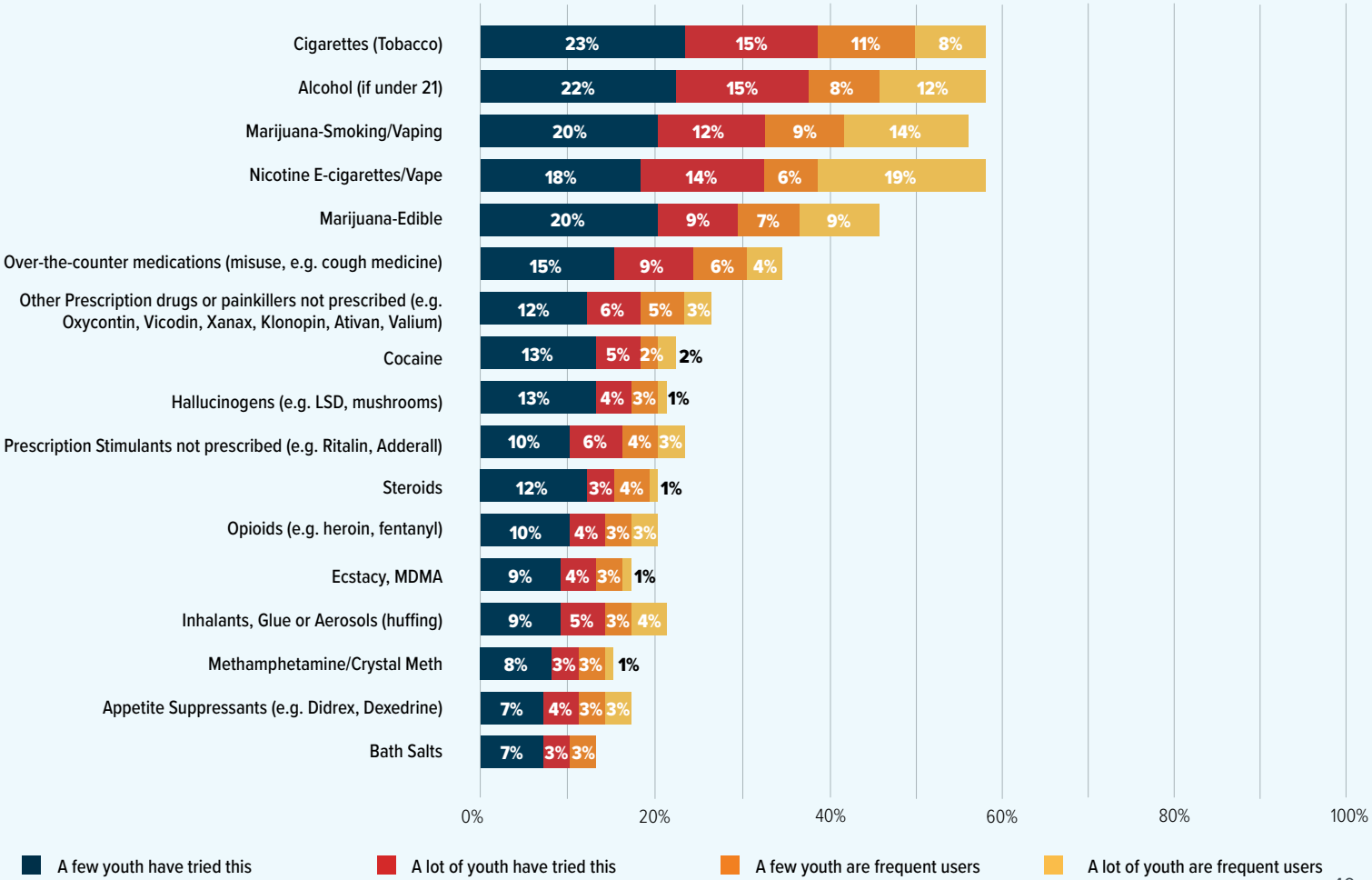
Based on the survey responses, the top substances that youth are frequent users of include:

- 25% Nicotine E-cigarettes/vapes
- 23% Marijuana - Smoking/vaping
- 20% Alcohol (if under 21)
- 18% Cigarettes (Tobacco)
- 16% Marijuana - Edible
- 10% Over-the-counter medications (misuse, e.g. cough medicine)

The top five substances that respondents believe youth have tried, but are not frequent users of are:

- 39% Cigarettes (Tobacco)
- 37% Alcohol (If under 21)
- 32% Nicotine, E-Cigarettes/Vape
- 32% Marijuana -Smoking/Vaping
- 29% Marijuana Edible
- 24% Over the counter medications (misuse, e.g. cough medicine)

Figure 15. Level of Use of Different Substances Among Youth



Lack of knowledge and accessible services that provide information that can be understood by the community is the real problem. Also having someone within the community to help them better receive the information is also key. They trust very little and so someone within the community would be better suited to help them process it all."

- SDRCC Assessment Survey Respondent

When asked an open-ended question about their perspective on the topic of youth substance-use in their community, key themes across survey respondents (n=25) included:

- More community and **parent/child dialogue** (e.g., facilitated by expert/guest speakers or faith leaders) about preventing substance use disorders
- Alarming **prevalence of vapes**
- Substance-use as a **coping mechanism**
- More **attention** towards this issue
- **Home health services**
- **Religious leaders involvement** in community programs

Refugees or children of refugees never learn to deal with their trauma, instead they turn to unhealthy coping mechanisms such as drugs and/or alcohol that ultimately impact the youth. It is sad to witness. In the south Sudanese community, not even just San Diego, but nationally, there is a large percent of youth who struggle with mental health. It is [a] pipeline to drug and alcohol abuse, and even worse, suicide, which unfortunately is not uncommon in our community."

- SDRCC Assessment Survey Respondent

Focus group respondents also highlighted the following key themes related to how big of a problem substance-use is amongst refugee youth, and which substances youth are using most:

- Participants emphasize substance-use is a significant challenge in their communities and mention that it has become normalized among youth as a form of socializing.
- Youth focus group participants also highlighted the connection between substance-use and youth mental health, indicating youth use substances as a coping mechanism in dealing with trauma or stress.
- Consistent with survey responses above, most focus group respondents indicated youth are primarily using marijuana and nicotine products through various mediums such as vaping and hookah.

Substance-use is something I feel almost every family has to deal with whether it's someone within the home or a close family or friend."

- SDRCC Assessment Survey Respondent

Key Findings by Length of Time in the U.S.

Higher percentages of **U.S.-born respondents** indicated that **a lot of youth were frequently using numerous substances including:**

- Nicotine E-cigarettes/Vape
- Alcohol (if under 21)
- Marijuana-Smoking/Vaping
- Edibles
- Over-the-counter (OTC) drug mis-use
- Prescription Stimulants (that are NOT prescribed for the user, e.g. Ritalin, Adderall)
- Other Prescription drugs or painkillers (that are NOT prescribed for the user)

These findings suggest that amongst those who have been in the U.S. for longer, there are either higher levels of frequent substance-use among their peers, or they are more aware of substance-use among their peers.

Key Findings by Young Adults vs. Parents

Higher percentages of **young adult respondents** compared to parent respondents indicated that in their community, **a lot of youth are frequent users** of:

- Nicotine
- E-Cigarettes
- Vape

Key Findings by Gender

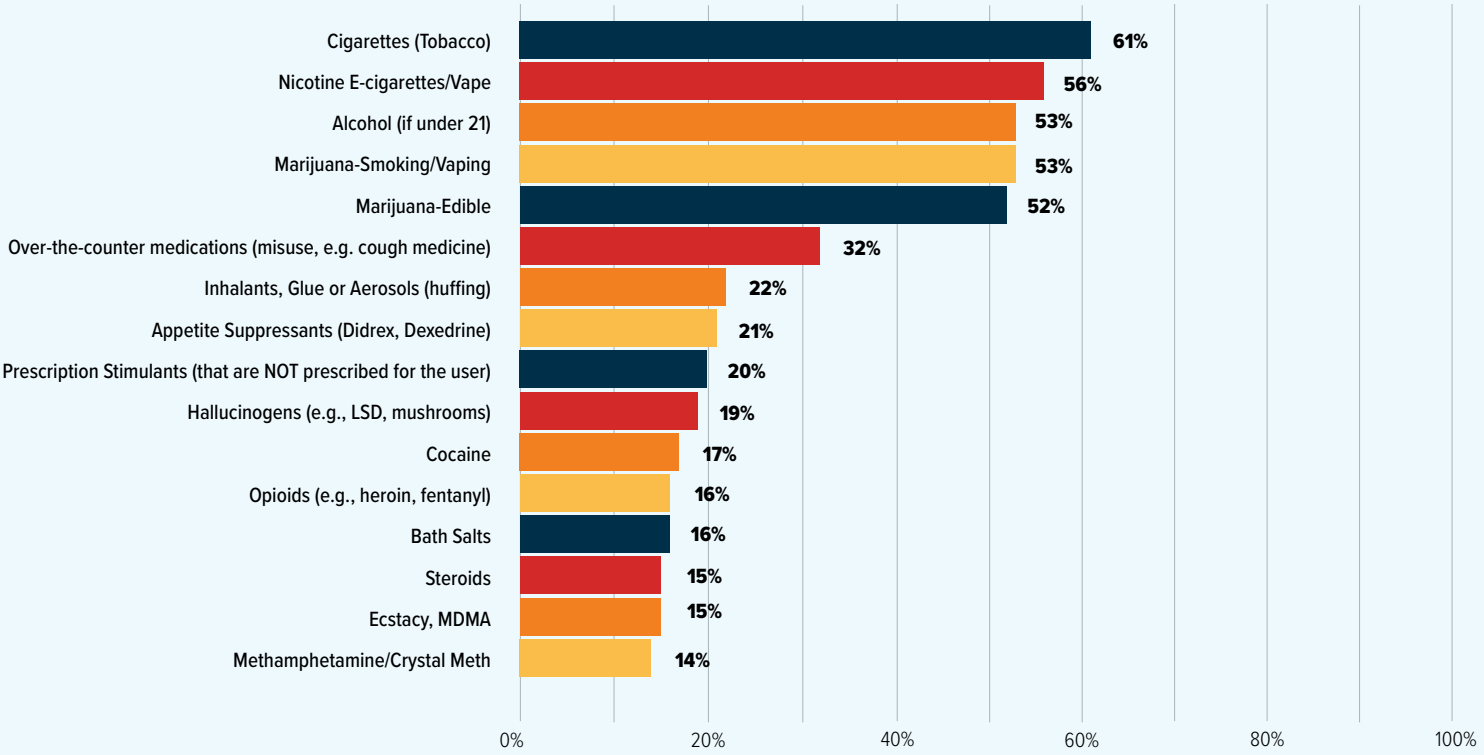
Higher percentages of **female respondents** compared to male respondents indicated that in their community, **a lot of youth have tried:**

- Cigarettes (Tobacco)
- Alcohol (if under 21)

Access to Different Substances Amongst Youth

Ease of Access to Different Substances. Respondents were asked to indicate whether they thought it was really easy, easy or difficult to obtain each of the substances. Figure 16 below illustrates their responses, showing that participants thought cigarettes were easiest to obtain followed by nicotine E-cigarettes/vape, alcohol, marijuana-smoking/vaping, and marijuana-edible. Those thought to be most difficult to obtain were methamphetamine/crystal meth, ecstasy, steroids, bath salts, and opioids.

Figure 16. Ease of Obtaining Substances Among Youth



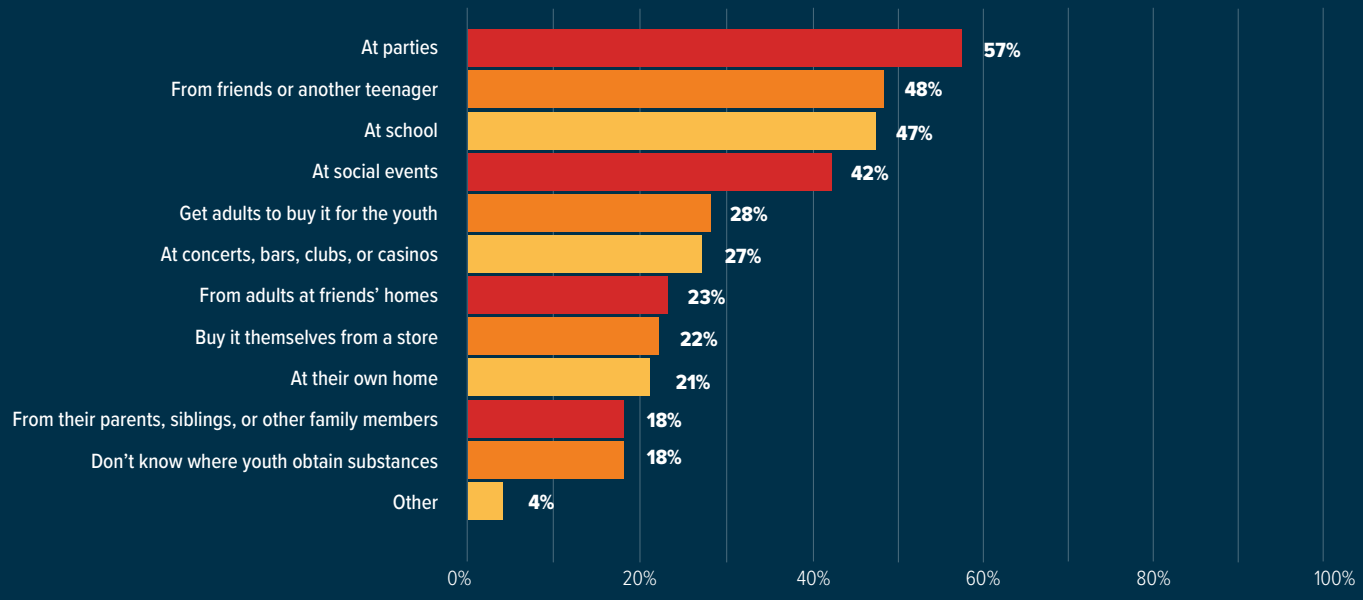
Where Youth Typically Obtain Substances. Respondents were asked to choose all that apply from the options. The options most frequently chosen were (Figure 17):

- At parties 57%
- From friends or another teenager 48%
- At school 47%
- At social events 42%
- Get adults to buy it for them 28%

"Substance-use is a topic that [is] really overlooked especially with teenagers And every time, like at my school, I see like kids my age [17 years old] sneaking in a corner and smoking in the bathroom."

- SDRCC Assessment Survey Respondent

Figure 17. Sources Where Youth Obtain Substances



Focus group respondents also highlighted the following key themes related to access of various substances:

- Youth primarily gain access to various substances through their classmates, friends and older peers at school who regularly partake in various substance-use.
- Some also mention that these substances are sold at school

Key Findings by Length of Time in the U.S.

Higher percentages of **U.S.-born compared to non-U.S. born respondents** indicated that in their community it was both **"Easy" and "Really Easy"** for youth to obtain:

- Nicotine E-cigarettes/Vape
- Alcohol (if under 21)
- Marijuana-Smoking/Vaping and Edibles
- Inhalants
- Glue or Aerosols (huffing)
- Over-the-counter (OTC) drug mis-use
- Appetite Suppressants (Didrex, Dexedrine)
- Prescription Stimulants (that are NOT prescribed for the user, e.g. Ritalin, Adderall)
- Steroids
- Hallucinogens
- Ecstasy
- MDMA
- Bath Salts
- Methamphetamine/Crystal Meth
- Opioids
- Cocaine

For respondents who had been in the U.S. **5 years or more**, Cigarettes (Tobacco) were higher for ease of access.

Higher percentages of **U.S. born compared to non-U.S. born respondents** indicated that in their community, the following areas and people were where youth who typically used substances, obtained them at and from:

- School
- Parties
- Social events
- Their own home
- Parents, siblings, or other family members
- Adults at friends' homes
- Friends or another teenager,
- Getting adults to buy
- Personally buying from a store, at concerts, bars, clubs, or casinos

Whereas for respondents who had been in the **U.S. for 5 years or less**, they were **not aware** where youth obtained substances.

Overall, these findings suggest that length of time in the U.S. does impact ***both*** awareness of where youth are able to access substances, and ease of access. It seems the longer you have established a life in the States, the more likely you are to be aware of established points of access for substance-use among youth.

Key Findings by Young Adults vs. Parents

Higher percentages of **young adult respondents** indicated that in their community it was both **"Easy" and "Really Easy"** for youth to obtain:

- Nicotine
- E-Cigarettes Vape
- Marijuana Edibles
- Appetite Suppressants (Didrex, Dexedrine)
- Prescription Stimulants (that are NOT prescribed for the user, e.g. Ritalin, Adderall).

Higher percentages of **parent respondents** indicated that in their community, the following were how youth who typically used substances, obtained them:

- Parents
- Siblings
- Other family members

In comparison, there was a higher percentage of **youth/young adult respondents** who noted that youth would **buy it themselves from a store.**

Key Findings by Gender

A higher percentage of **female compared to male respondents** indicated that in their community it was both **"Easy" and "Really Easy"** for youth to obtain:

- Cigarettes (tobacco)
- Over-the-counter (OTC) drug mis-use (i.e. cough medicine)

A higher percentage of **female compared to male respondents** indicated that the following were how youth who typically used substances, obtained them:

- Parents
- Siblings
- Other family members

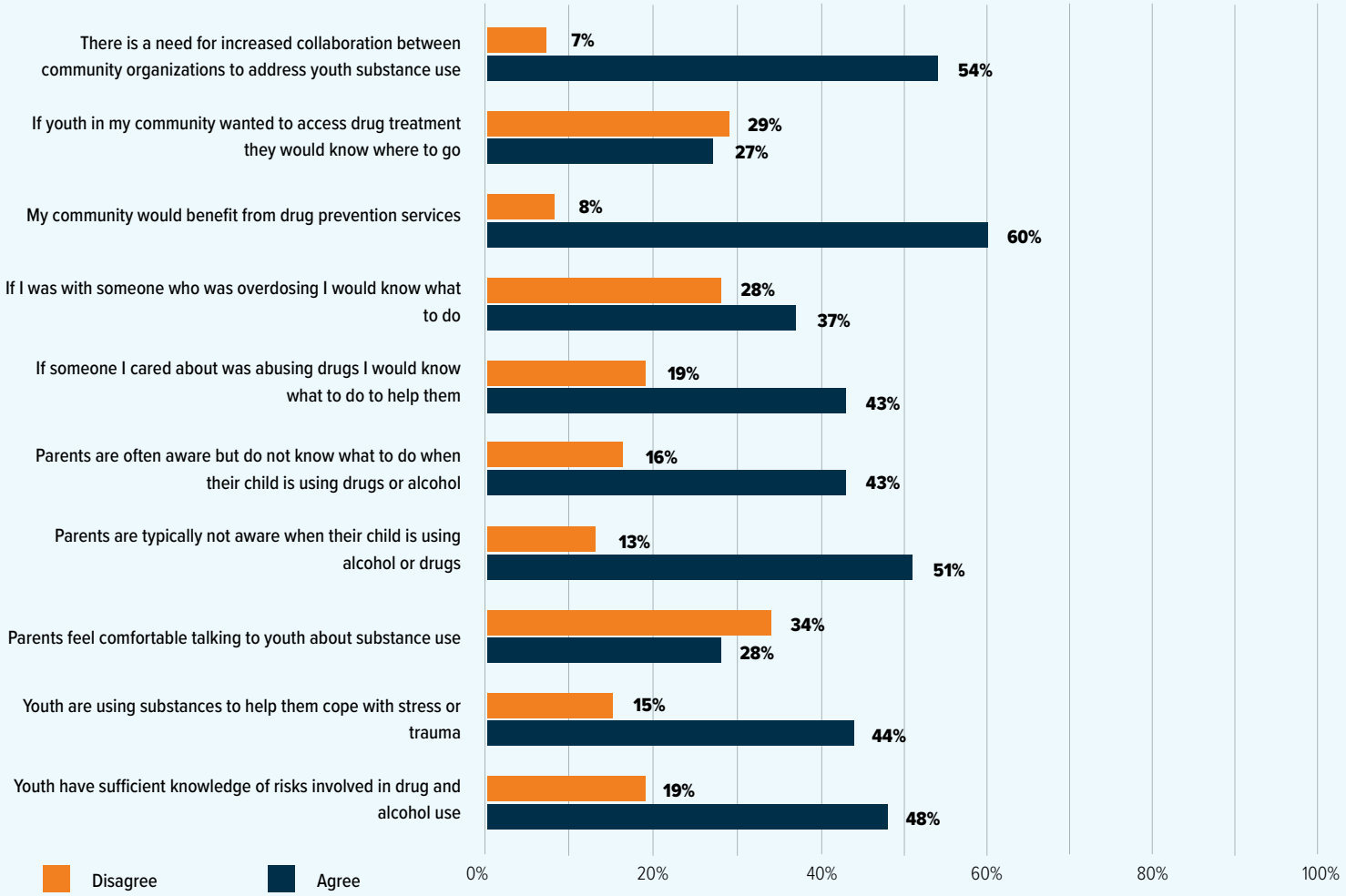
This suggests potential interpersonal and/or environmental influences on accessing substances within families and communities, in particular for females.

Risks and Reasons for Youth substance-use

In order to better understand the need for services or intervention within the communities, respondents were asked to share their thoughts on the resources available to them and knowledge of risks (Figure 18).

- 54% agreed that there is a need for increased collaboration between community organizations to address substance-use
- 60% agreed that their community would benefit from drug prevention services
- 48% Agreed that youth have sufficient knowledge of risks involved in drug and alcohol use
- 34% indicated disagreement with the statement that parents feel comfortable talking to youth about substance-use as opposed to 28% who agreed
- 51% agreed that parents are typically not aware when their child is using alcohol or drugs. Additionally, 43% agreed that parents are often aware but do not know what to do when their child is using.

Figure 18. Youth Substance Use Perceptions & Needs



Focus group respondents also highlighted the following key themes related to why youth engage in substance-use:

- Many of the participants mention peer pressure and the need to fit in as a contributing factor, many feel the need to impress their friends.
- Participants also mention the link between different mental health challenges such as depression and anxiety and the use of substances.
- Another major influence includes popular culture and music that promotes the use of substances which is heightened by social media use among youth and young adults.
- Some of the respondents also mention that youth use substances as an escape from situations that arise within their home that cause mental stress or unpleasant feelings.

> *"And it just goes to show that, you know, like, your drug-use can start one way. But then as you get older, and you change, and your feelings change, and you know, your experiences [with] that drug [use] will, in a sense, age with you. And it can... I don't know if maybe it was his escape, and it just got to him that day. So it kind of goes hand in hand with mental health."*
>
> ***- SDRCC Assessment Survey Respondent***

Key Findings by Length of Time in the U.S.

Consistent with the survey findings detailed above, there were a higher percentage of **U.S. born respondents that agreed/strongly agreed**:

- "Youth in their refugee/new immigrant community have sufficient knowledge of risks involved in drug and alcohol use"
- "Youth are using substances to help them cope with stress or trauma"

In addition, respondents who spent **5 years or more in the U.S**., also **agreed/strongly agreed** that "Youth have sufficient knowledge of risks involved in drug and alcohol use." **However**, they **disagreed/strongly disagreed** that "If youth in my community wanted to access drug treatment they would know where to go".

Key Findings by Gender

Higher percentages of **female respondents** compared to male respondents **disagreed/strongly disagreed** that youth in their refugee/new immigrant community have "Sufficient knowledge of risks involved in drug and alcohol use".

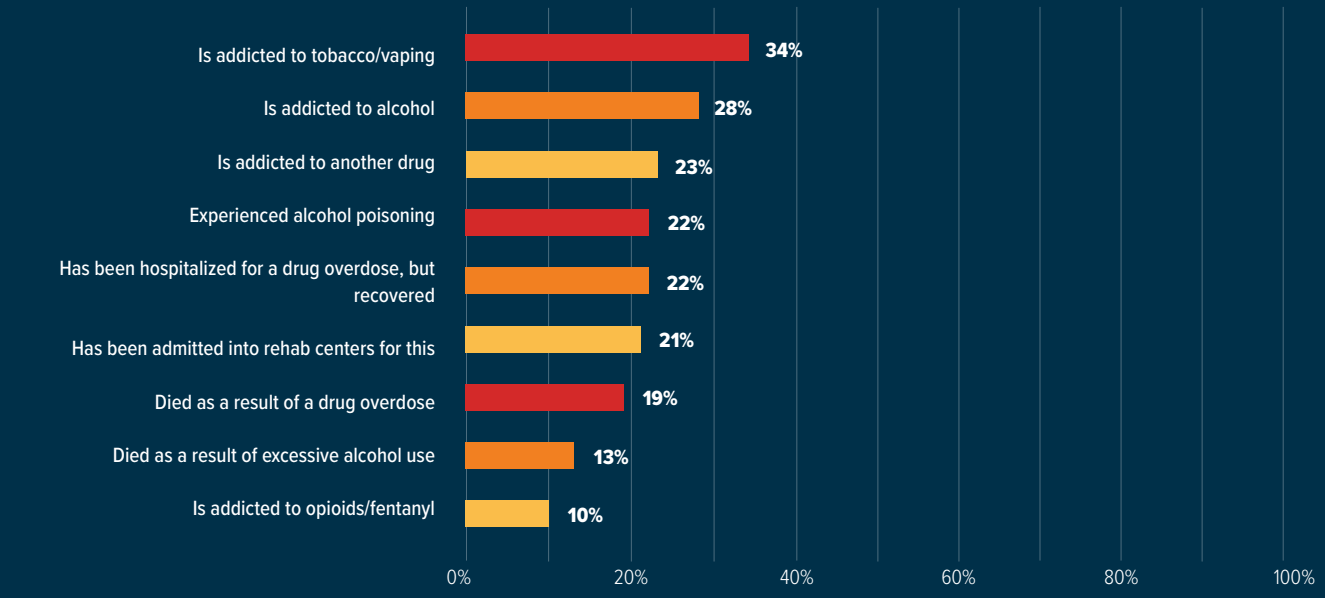
Higher percentages of **female respondents agreed/strongly agreed** that youth in their refugee/new immigrant community are "Using substances to help them cope with stress or trauma".

Parent & Youth Knowledge of Risks related to Youth substance-use

Youth Knowledge of Anyone Who Uses Substances and How to Approach/Help Them. Respondents were asked to share their experience with anyone who has dealt with addiction, including whether they know anyone who had been hospitalized or lost their life due to overdose. Their responses are illustrated in Figure 19 below. The highest percentages were:

- 34% of respondents know someone who is addicted to tobacco/vaping
- 28% know someone who is addicted to alcohol
- 23% know someone who is addicted to another drug (not listed in this question)

Figure 19. Youth Substance Use: Percent of Respondents who Know Someone who:



Key Findings by Length of Time in the U.S.

Higher percentages of **U.S. born respondents** indicated they **agreed/strongly agreed** that:

- "If someone I cared about was abusing drugs or was overdosing, I would know what to do to help them"
- "There is a need for increased collaboration between community organizations to address youth substance-use"

Furthermore, more **non-U.S. born respondents agreed/strongly agreed** that:

- "My community would benefit from drug prevention services"
- "There is a need for increased collaboration between community organizations to address youth substance-use"

Higher percentages of **U.S.-born respondents** and respondents who have been in the **U.S. for 5 years or more** knew someone who:

- "Has been hospitalized for a drug overdose but recovered"
- "Experienced alcohol poisoning"

Key Findings by Length of Time in the U.S. (cont'd)

- "Is addicted to opioids/fentanyl, another drug, alcohol, and/or tobacco/vaping"
- "Has died as a result of excessive alcohol use"
- "Has been admitted into rehab centers for their drug/alcohol use"

In addition, only those who were **U.S. born** reported a higher percentage for knowing youth who "Died as a result of a drug overdose".

There was a higher percentage of **U.S. born respondents** who **agreed/strongly agreed** that, "Parents in their refugee/new immigrant community are either typically not aware when their child is using alcohol or drugs, or if they are aware they do not know what to do when their child is using drugs or alcohol".

More U.S. born respondents also disagreed/strongly disagreed that:

- "Parents feel comfortable talking to youth about substance-use"
- "If youth in my community wanted to access drug treatment they would know where to go"

For respondents who spent **5 years or more in the U.S.**, they **agreed/strongly agreed** that "Parents are often aware but do not know what to do when their child is using drugs or alcohol."

Key Findings by Young Adults vs. Parents

Higher percentages of **parent respondents both disagreed/strongly disagreed** that "If they were with someone who was overdosing or abusing drugs, they would know what to do." Also, more **parent respondents both agreed/strongly agreed** that there is a "Need for increased collaboration between community organizations to address youth substance-use".

In comparison, higher percentages of **youth/young adult respondents both disagreed/strongly disagreed** that "Parents feel comfortable talking to youth about substance-use".

These findings suggest that there are clear barriers in place for building awareness and culturally sensitive education regarding substance-use and how to prevent it or seek treatment/intervention among youth, for parent respondents. These findings suggest that parents perceive more potential benefits of increased collaborative efforts between community organizations to mitigate the negative outcomes of substance-use among their youth.

Key Findings by Gender

Higher percentages of **female compared to male respondents** indicated they "Knew or possibly knew someone addicted to alcohol".

Higher percentages of **female compared to respondents** both **disagreed/strongly disagreed** that "Parents in their refugee/new immigrant community feel comfortable talking to youth about substance-use" and indicated they both **agreed/strongly agreed** that "Parents in their refugee/new immigrant community are often aware but do not know what to do when their child is using drugs or alcohol".

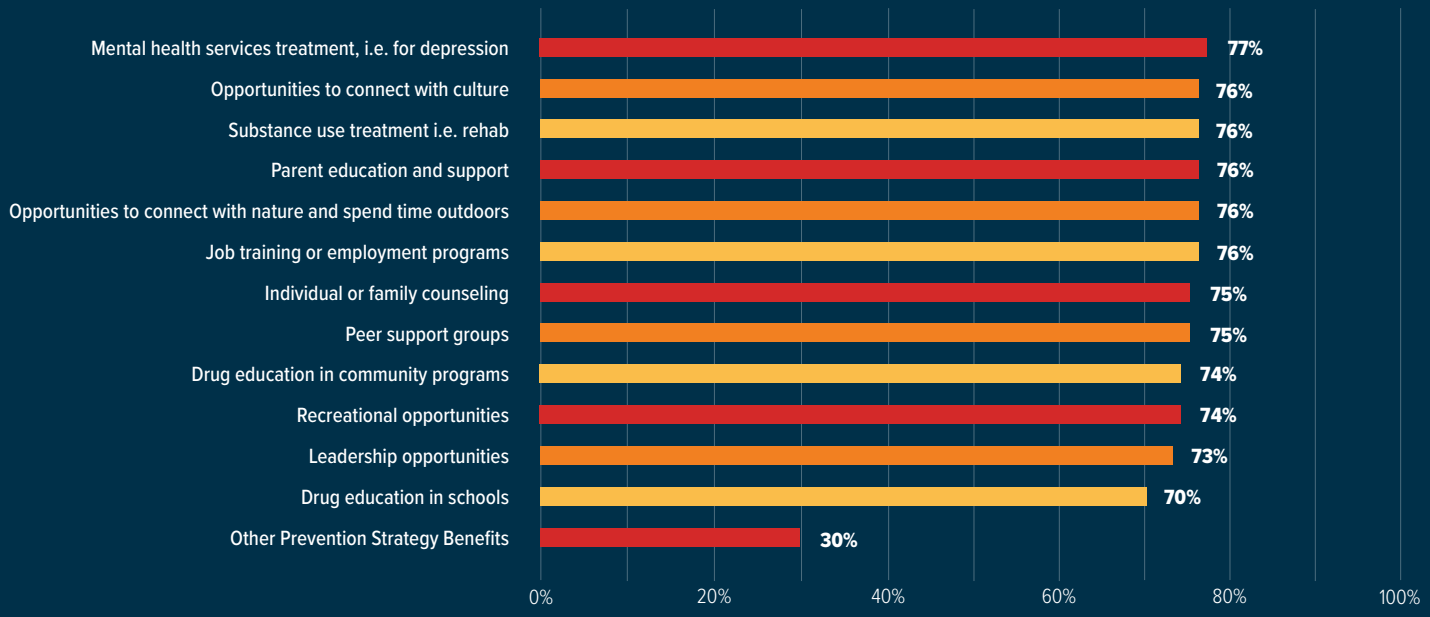
Substance-Use Prevention Strategies

"More information about how it [substances] can affect the human body so that more youth are aware of the seriousness."

- SDRCC Assessment Survey Respondent

Respondents were asked to rate several prevention strategies according to how much they think they would benefit (Figure 20). All of the prevention strategies listed scored similarly and were selected by between 70-77% respondents. Options ranged from mental health services treatment, to job training and leadership opportunities to peer support groups or family counseling.

Figure 20. Youth Substance Use: Rank of Most Beneficial Drug Prevention Services



Key Findings by Length of Time in the U.S.

Prevention Strategies and Their Benefit for the Community

A higher percentage of **non-U.S. born respondents** indicated that the following were drug prevention strategies that would be of **"Moderate" and "High" benefit** to youth in their community:

- Drug education in schools
- Community programs
- Parent education and support
- Connecting with nature and spending time outdoors
- Leadership opportunities
- Job training or employment programs
- Mental health services

Key Findings by Length of Time in the U.S. (cont'd)

In comparison, respondents who were **U.S-born** and who had been in the **U.S. 5 years or more**, indicated that the following were drug prevention strategies that would be of **"Moderate" and "High"** benefit for their community:

- Substance-use treatment i.e. rehab
- Recreational opportunities
- Peer support groups
- Individual or family counseling

Non-U.S. born respondents reported that "Other" prevention strategy benefits would be of **"Moderate" and "High" benefit** for their communities.

As we have established that length of time impacts access and ease of use for substances among youth, there indicates a certain dependency on it due to stressors/traumas that go unaddressed, leading to negative outcomes. Immigrant and refugee parents require the needed education and resources on how to intervene in healthy and effective ways to help mitigate substance-use and dependency. There also needs to be more widespread education and awareness for what to do in light of an emergency or treatment regarding substance-use, for all community members.

Prevention Strategy Providers:

Higher percentages of **non-U.S. born respondents** indicated that the following were best suited to provide education on substance-use to their youth:

- School teachers
- Social workers or counselors
- Refugee program youth workers
- Peer workers
- Parent/adult family members

In contrast, respondents who were **U.S. born** and who had lived in the **U.S. for more than 5 years** had the highest percentage when reporting that the following were best suited to provide substance-use education to their youth:

- Health care providers
- Religious leaders
- Friends

Non-U.S. born respondents had the highest percentage report that "Other" providers would be best suited to provide education on substance-use to youth.

This suggests that those residing in the U.S. for longer may be more familiar with and/or trusting of different types of resources and providers they can turn to for support.

> *Consistent programs and environments that can be an alternative from the usual social environments around [would be helpful]."*
>
> ***- SDRCC Assessment Survey Respondent***

Key Findings by Young Adults vs. Parents

Prevention Strategies and Their Benefit for the Community

Higher percentages of **parent respondents** compared to youth/young adult respondents indicated that the following were drug prevention strategies that would be of "**Moderate" and "High" benefit** to youth in their community:

- Drug education in schools and in community programs
- Parent education and support
- Mental health services treatment (i.e. for depression)
- Substance-use treatment (i.e. rehab)
- Recreational and leadership opportunities
- Opportunities to connect with nature and spend time outdoors
- Connecting with culture
- Job training or employment programs
- Peer support groups
- Individual or family counseling

Prevention Strategy Providers:

Furthermore, higher percentages of **parent respondents** indicated the following were best suited to provide substance-use education to their youth:

- School teachers
- Social workers
- Counselors
- Refugee program youth workers
- Peer workers
- Parent/adult family members

In contrast, a higher percentage of **youth/young adult respondents** believed friends were best suited to provide substance-use education to youth, suggesting substance-use education provided through more interpersonal connections would be more effective for youth.

> *Sport engagements for youth, discounts and offers, opportunities. It will not only have countless benefits with fighting drug addiction, but also will provide more sense and fulfillment to life, plus [it] gives you a community to maybe even open up sometimes or seek help."*
>
> ***- SDRCC Assessment Survey Respondent***

Key Findings by Gender

Prevention Strategies and Their Benefit for the Community

Higher percentages of **female respondents** compared to male respondents indicated that the following were drug prevention strategies that would be of **"Moderate" and "High"** benefit to youth in their community:

- Drug education in schools and in community programs
- Parent education and support
- Mental health services treatment (i.e. for depression)
- Substance-use treatment (i.e. rehab)
- Recreational and leadership opportunities
- Opportunities to connect with nature and spend time outdoors
- Connecting with culture
- Job training or employment programs
- Peer support groups
- Individual or family counseling

Prevention Strategy Providers:

Furthermore, higher percentages of **female respondents** compared to male respondents indicated the following were best suited to provide substance-use education to their youth:

- School teachers
- Social workers
- Counselors

> ***Counseling/consultation with family and school and community organization [is needed]."***
>
> ***- SDRCC Assessment Survey Respondent***

> ***"Involving faith-based organizations."***
>
> ***- SDRCC Assessment Survey Respondent***

When asked an open-ended question about substance-use prevention strategies, key themes across respondents (n=15) included:

- Improving **information distribution** to communities
- More **sports programs**
- Bringing in people with **personal anecdotes** to help with issues concerning the youth population

> *Bringing in past drug users to talk about their problems from before to youth."*
>
> ***- SDRCC Assessment Survey Respondent***

Focus group respondents also highlighted the following key themes related to what services currently exist for those struggling with substances abuse issues, and what can be done to prevent misuse and abuse of various substances:

- Most of the respondents pointed out therapy as an existing service for those dealing with substance abuse issues, but some highlighted that therapy is not very accessible for many. Community centers were also mentioned as a form of resource from substance abuse intervention.
- Some also highlighted counseling services at schools that provide education resources and help students get connected.
- Participants also emphasized how employing harsher disciplinary actions against those that use and sell substances at school would lead to disincentivizing people from abusing substances and introducing others.
- Others suggested a need for strategies focused on areas where youth typically use substances, e.g. school bathrooms.
- Many advocated for more education about substance-use and its consequences to youth through interactive presentations by bringing in survivors or previous victims of drug violence to educate students and staff.
- Some also mentioned the positive role that parents can play in preventing substance-use and abuse through increased open communication and dialogue with their children.

Some other themes highlighted also includes the solutions and recommendation that were discussed to help decrease the use of substances and what alternative methods can be used to alleviate stress among youth to curb substance-use and abuse:

- Participants suggested using lived experiences of previous substance-users or youths that are in the age range that used to or currently partake in the activity to illustrate the consequences of substance-use.
- Others emphasized the need for extracurricular activities such as after-school programs to encourage healthier pastime activities and create healthier social environments.
- Some also highlighted the need for jobs and employment opportunities as a way of mitigating substance-use, in addition to providing youth with access to workshops that help youth gain new skills.
- Increased access to various services in low-income or refugee communities in San Diego that are more prone to substance-use cases was also mentioned, especially to professionals within the same ethnic community.

Accessible sport programs, strong emphasis on hobbies and physical activities in the young age [groups].”

- SDRCC Assessment Survey Respondent

Quality therapy is not accessible at all. So, if you’re poor and you’re a drug addict and trying to stop it’s gonna be a lot harder for you. It’s not simple at all. So if they say ‘just go to therapy,’ how, where? It’s not easy.”

- SDRCC Assessment Survey Respondent

Community Feedback

SDRCC Youth leaders and staff reiterated the need for creating healing circles and spaces for youth to engage in to deter substance-use and provide a sense of community that will model healthier behaviors. Religion was emphasized as a protective factor because faith related spaces offered community and values that dismayed the use of substances and provided a sense of accountability.

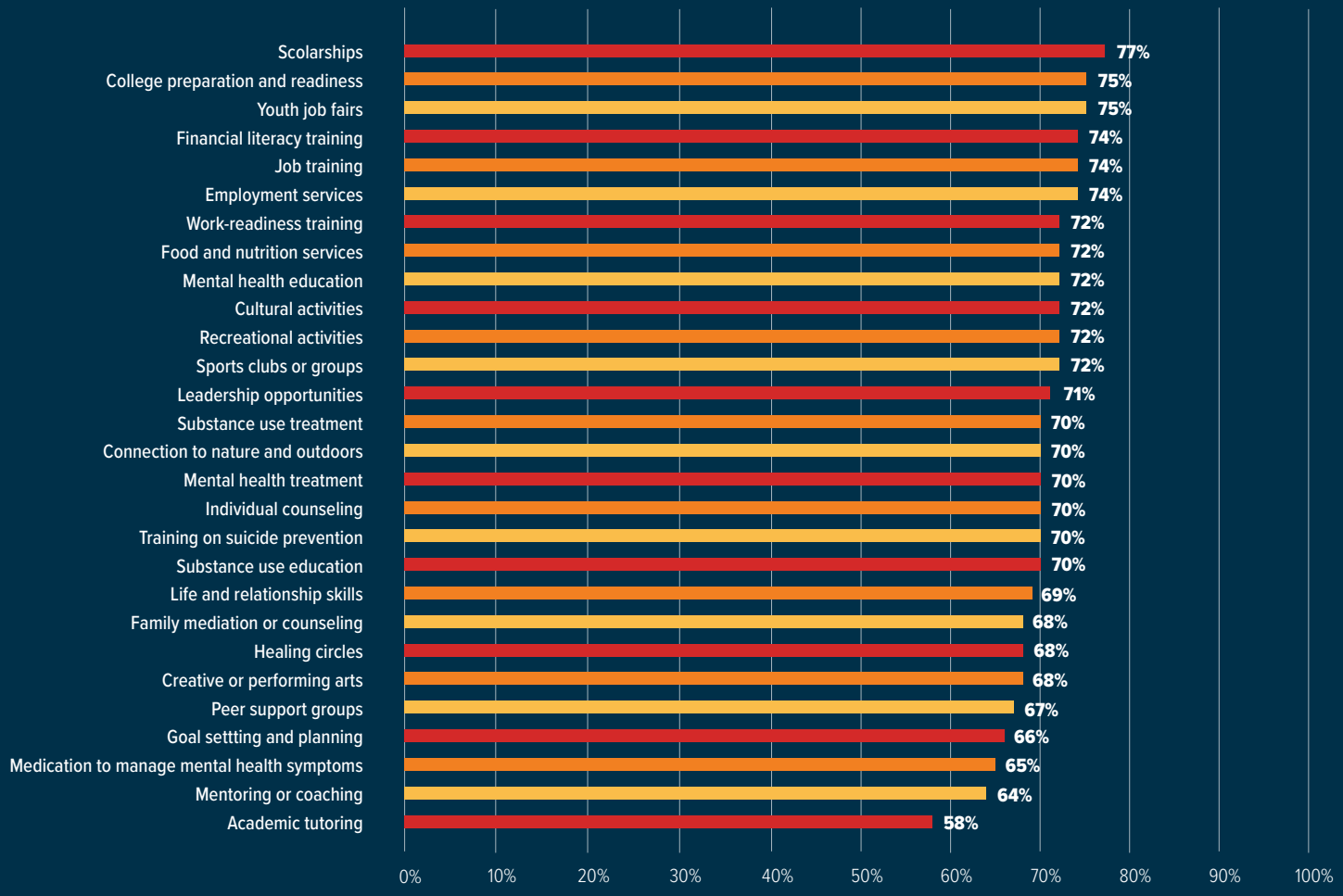
We just need more community resources [and] community organizations like Somali services or many other organizations that we have here in City Heights to carry more seminars, maybe monthly or weekly, to teach parents how to recognize substance abuse at a very early age in their children, I think that would help. “

- SDRCC Assessment Survey Respondent

Key Findings:
Identifying Solutions

The last question on the assessment survey asked respondents to select all services and activities that are most needed by youth in your community. Most options on the list were selected by between 70%-77% of respondents. All options were selected by at least 58% of respondents. The list of options included activities focused on academics, employment, recreation, mental health, and substance-use treatments. The service that was most often selected as being most needed by youth in the community is **scholarships** (77%).

Figure 21. Identifying Solutions: Rank of Most Needed Services and Activities for Youth



Emphasis on job opportunities and workshops because a lot of youth are not financially literate."

- SDRCC Assessment Survey Respondent

Suicide prevention is one that really stuck out to me because of the importance of it. A lot of youth have very dangerous thoughts but don't know how to get rid of them and it can take over your mind. So I believe having those talks to youth about how dangerous suicidal thoughts can be will have a great impact and prevention."

- SDRCC Assessment Survey Respondent

When asked an open-ended question about what additional services are needed in their community, key themes across respondents (n=22) included:

- Suicide prevention services
- More educational & Substance-use disorder (SUD) prevention resources
- Bottom up solutions
- More employment or internship opportunities
- Limiting financial barriers
- Culturally competent services

Volunteering programs can make the youth more connected with their community"

- SDRCC Assessment Survey Respondent

When asked an open-ended question about what else they would like to share about refugee youth needs in their community, key themes across respondents (n=38) included:

- More youth programs
- Quality healthcare services
- Financial and financial literacy supports
- Language services
- Accessible counseling resources
- Additional educational services
- Consistent and long-term programs within the community

I think they could benefit from community bonding, and it doesn't just have to be with other refugees. I know it may be hard to talk to others outside of your own culture/people but assimilating may be easier when language/conversation services are available."

- SDRCC Assessment Survey Respondent

Psychological support groups, discounts on driving lessons and car purchases [would be helpful]."

- SDRCC Assessment Survey Respondent

Yes I would like to share that I believe the most important way to help the community will be to create consistent programs and environments for us to all be together. We are strong together but live far away and are always busy with school and work. If we can have a place to socialize and educate on a consistent basis then we can have a more positive influence. Mentorship and other programs will play a big role in coming together"

- SDRCC Assessment Survey Respondent

Community Feedback

SDRCC youth leaders and staff reiterate that the top ranked solutions such as scholarships, and job fairs are highly needed by the youth they serve and many in the community are eager to be educated but lack the financial resources to afford further education. As indicated by the survey, SDRCC staff also mentioned that activities related to financial literacy such as workshops and training are also in high demand. Academic tutoring was ranked as the very last solution which some found surprising during the feedback session, a rationale offered for this is that perhaps students do not have the capacity to seek out academic tutoring because students are seeking out other opportunities to provide for their families to alleviate financial burdens.

While substance-use is a relevant issue among youth in the US, a SDRCC youth leader did mention that seeing that 70% of the survey respondents think that substance-use treatment is needed was surprising because the youth do not openly talk about substance-use which is still a taboo topic among various refugee communities. Perhaps because the youth assessment was anonymous, they were able to be more forthcoming with their thoughts related to substance-use and the needs in the community.

We refugee youth need programs that will help us develop intellectually and morally, and contribute to the betterment of our community. You can look into the Bahai Faith inspired program and organization -- the Junior Youth Spiritual Empowerment Program and the Coherent Development Research Institute. As a refugee, the Bahai Faith inspired activities have helped me a huge deal in my development and I strongly urge you to look into their activities if you want to help raise the refugee community of San Diego."

- SDRCC Assessment Survey Respondent

Conclusion & Recommendations

Executive Summary

Overarching recommendations to support thriving refugee youth, families, and communities include:

- **Leveraging collaborations between community organizations to address refugee youth priorities**
- **Culturally relevant, responsive, and healing-focused services for refugee youth and families**
- **Cultural sensitivity training for service providers, interpretation services, and translation of materials**
- **Increased financial support to build on existing community resources for refugee youth and families**

Youth and young adults are integral members of our community that require support and protected pathways to success and growth. Based on results from over 500 collected surveys, over 50 focus group participants, and feedback from SDRCC staff and young leaders, there are several overarching findings that can be pulled out as a starting point to look forward toward beginning to address some of the main issues identified by the communities. Some of the top recommendations reflect a ***need for more resources, to raise awareness of available services,*** and ***culturally relevant services*** addressing the topic areas explored in the survey.

<u>Providing resources and raising awareness:</u>

- Parents need **resources to better be able to advocate for their students and support their academic success**. This includes **addressing the language barrier** that exists for some parents.
- Increased educational support for students to be able to **gain employment**, including hosting more **job/career events**. Students would like to see more **scholarship** opportunities.
- **Mental health focused resources** directed at youth and aimed at **decreasing stigma around seeking care.**
- **Increased collaboration between community organizations** to address substance-use, including through the creation of **safe spaces or healing circles for youth** to build a sense of community as a protective factor.
- **Drug prevention services/programs for both parents and youth.**

<u>Culturally relevant services:</u>

- Community members would benefit from seeing **mental health and primary health care providers that are familiar with their cultural and religious norms** and can tailor services to them. This would help reduce some of the barriers around seeking care.
- **Cultural sensitivity training for school staff to help build trust** and create a working relationship with parents who often feel uncomfortable communicating with their students' schools. This also includes **interpretation services and translation of materials** into the parents' primary languages.
- **Mental health services** tailored to the community needs to address root causes of problems that may increase the risk of substance-use.

Additionally, moving forward it is also critical to ***leverage collaborations between community organizations*** to implement the solutions indicated above, and ***ensure financial support is in place to support refugee communities in building on existing resources and assets.***

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