# Barriers to Resettlement Services Access for Recently Resettled Afghan Refugees in the Sacramento area of California: A Qualitative Study of Providers` Perspective



By: Sima Naderi, MPH, MSc, PhD student, Patrick Marius Koga<sup>2</sup>, Carol Camlin<sup>1</sup>, Ali Mirzazadeh<sup>1</sup>

1.Institute for Global Health Sciences, University of California, San Francisco

2.Department of Public Health Sciences, School of Medicine, University of California, Davis

Institute for Global Health Sciences

# Introduction to question(s)

Refugee populations' life and health vulnerabilities are a pressing concern worldwide and in the US. Afghan refugees, facing forced displacement, war trauma, and traumatic 2021 evacuations, are particularly vulnerable due to added challenges faced during host country resettlement, heightening health risks. This qualitative study explored providers' perspectives on barriers and facilitators of resettlement services.

#### Methods

We conducted in-depth interviews (IDIs) and focus group discussions (FGDs) with Key informants (KIs) both in-person and over Zoom exploring the barriers and facilitators in providing resettlement services. We also created a map pinpointing recent Afghan refugee residence areas and resettlement agencies in Sacramento, California. Purposive sampling was used to select 39 Kls, aged 18+, representing 16 governmental organizations and NGOs, of these, n=11participated in IDIs, n=7 participated in FGDs, with 4 individuals in each group. Verbal consent was obtained, and data was collected using a semi-structured interview guide and Google Maps. Qualitative data were coded using Nvivo, analyzed via framework analysis, and visually represented using an alluvial chart. Using R software, we made a density map service, highlighting neighborhoods and agency sites serving Afghan refugees in the Sacramento area.

### Results

Barriers` themes and subthemes.

- Communication barriers encompassed women's autonomy, interpreter availability, and information materials.
- Mental and sexual health service challenges included cultural gender roles, family stigma, awareness, and trust concerns.
- System and policy barriers ranged from high service costs to fragmented delivery, transportation, and navigation issues.

## Facilitators' themes and subthemes.

- Empowerment and advocacy facilitators included service linkage and awareness
- culturally sensitive services encompass holistic approaches, outreach, trust-building, immediate responses, and culturally competent providers.
- Funding and volunteering also emerged as supportive factors.

The density map indicated that resettlement agencies are primarily located in central areas. In contrast, most Afghans live in 20 separate zip code areas, with a concentrated presence in the northeastern part of Sacramento. This aligns with our qualitative findings, indicating access and transportation challenges.

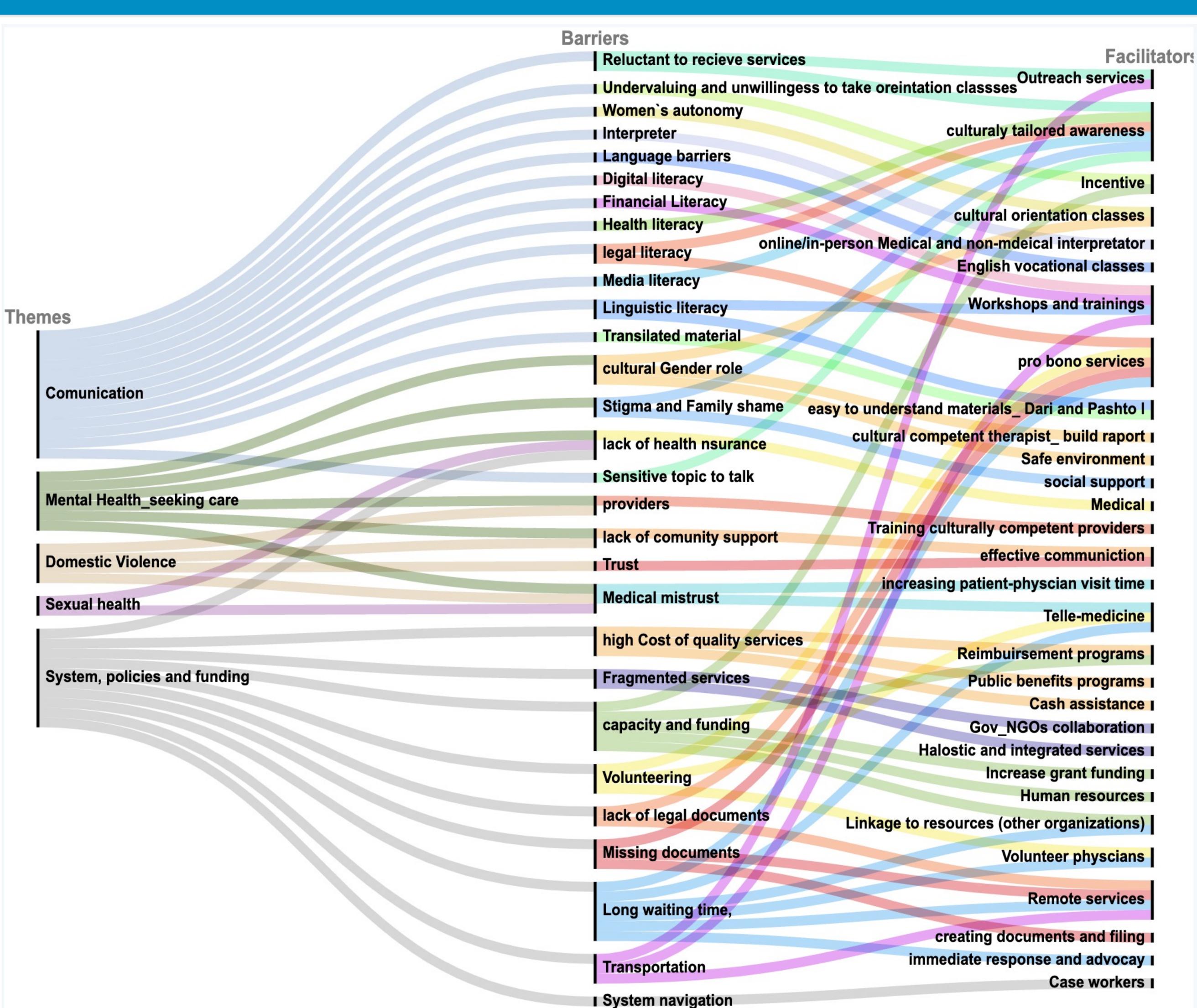


Figure 1: Linking Barriers to the Facilitators by Barrier Themes

#### Conclusion

Insights from providers within governmental agencies and resettlement partners offer a nuanced understanding of the complexities within various resettlement service domains. Participants with refugee backgrounds mitigate the limitation of lacking refugee voices in our study. These findings highlight barriers spanning policy, structural, individual, and cultural realms. Addressing health equity demands comprehending social determinants affecting refugee and their subgroups, particularly women. Collaborative efforts are essential to address urgent needs, necessitating research, and concerted actions to empower and support refugee communities.

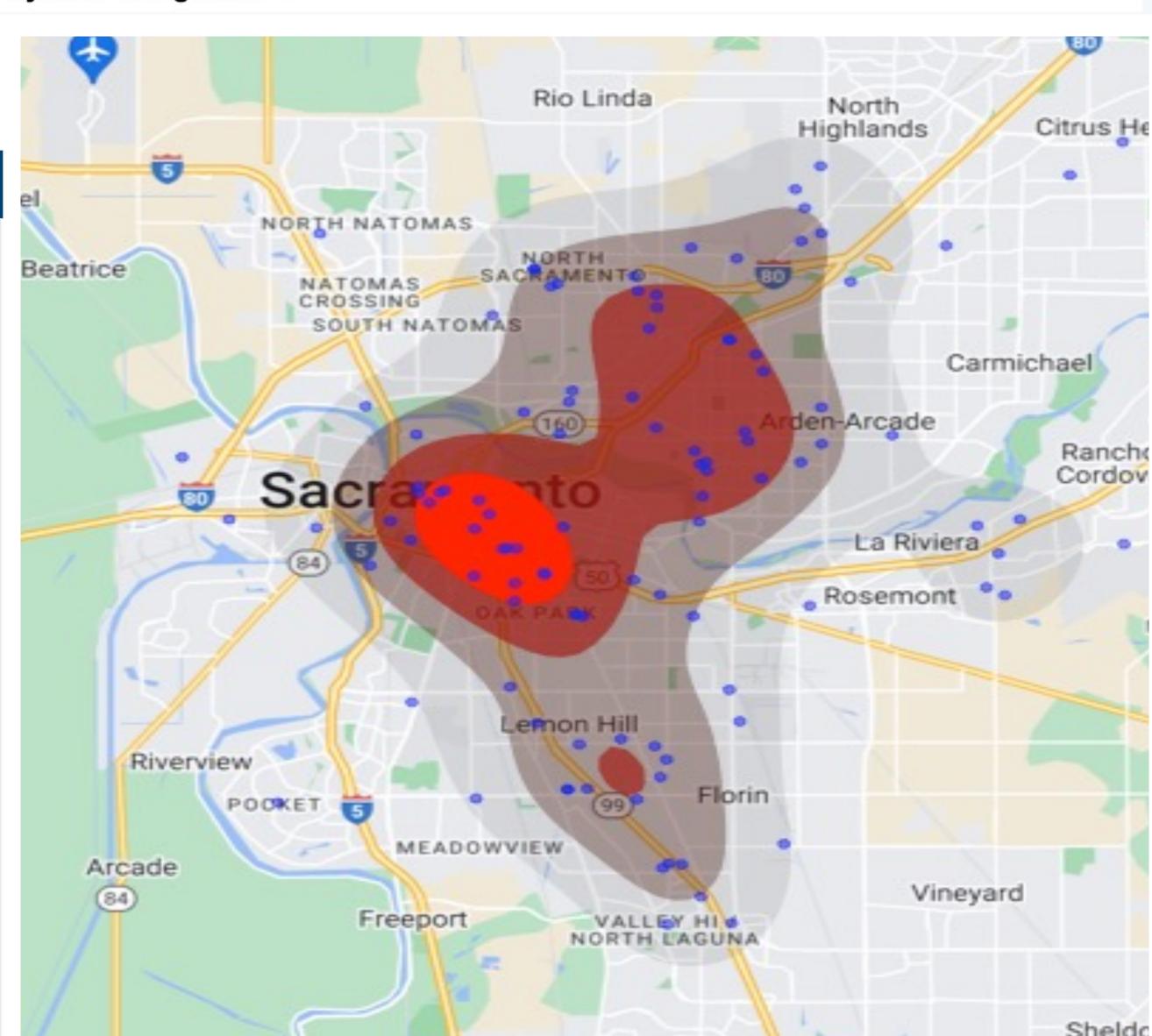


Figure 2. Density map for the location of agencies providing resettlement services for Afghan refugees in the Sacramento area, California (N=117)