

Kris Nelson Community-Based Research Program

...a program of the Center for Urban and Regional Affairs (CURA)

Understanding the "Walk-In" Phenomenon at the Karen Organization of Minnesota

Prepared in partnership with
The Karen Organization of Minnesota

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Executive Summary

Project Goals: This project sought to gain understanding of the "walk-in" phenomenon at the Karen Organization of Minnesota (KOM), where hundreds of Karen people who are not enrolled in any program "walk-in" for various types of assistance every month. The main goal was to gather data about the demographics, needs, and services provided to walk-ins, and also insight into the phenomenon from the perspective of staff at the KOM and walk-ins themselves. KOM hopes to use the data collected during this project for future program development, building strategic referrals, to identify areas for staff training, and to advocate for the unmet needs and challenges facing the Karen community.

Methods: The study utilized three forms of data gathering. A front desk sign-in sheet and activity record forms tracked all people who came to the KOM office over a 32-day period. In addition, the study conducted 5 focus groups with 11 KOM staff and 15 community members who have walked-in to KOM for assistance. Demographic data was analyzed using RStudio and Excel and activities were coded and sorted into categories. Focus group data were inductively coded and organized into themes and sub-themes. Three main themes emerged that corresponded to two discussion topics explored in the focus groups: the greatest unmet needs and challenges facing the Karen community, and the perceived role of the KOM in the local resettlement system. The researcher then went back to the focus group data and coded for these three themes.

Findings: This project identified 11 service domains that describe the assistance the KOM staff provided to walk-ins during the reporting period. The main reason walk-ins came to the KOM office during the research period was for assistance related to public assistance benefits, primarily assistance with ongoing reporting requirements. The other domains included: interpreting and paperwork (other); employment, housing; court/legal system; health (non benefit eligibility-related); SSI disability; education; travel loan; and Department of Motor Vehicles/car insurance. The two major themes that emerged from the focus group data included: the language barrier; a need for more education and orientation; that Karen people come to KOM for assistance with solving complex problems. Recommendations include: for KOM to secure a central client database to track services to walk-ins throughout the year, to identify additional sources of funding to support ongoing interpretation and systems navigation services for Karen people, and working with other agencies to decrease barriers for Karen people to access services; and for Ramsey County to increase language capacity to serve Karen people. More research could be useful for designing education/orientation curriculum and is especially needed to understand the category of "family problems."

Key words: Karen refugees, ethnic-community based organizations, Minnesota, refugee resettlement, self-sufficiency, refugee employment, language barrier

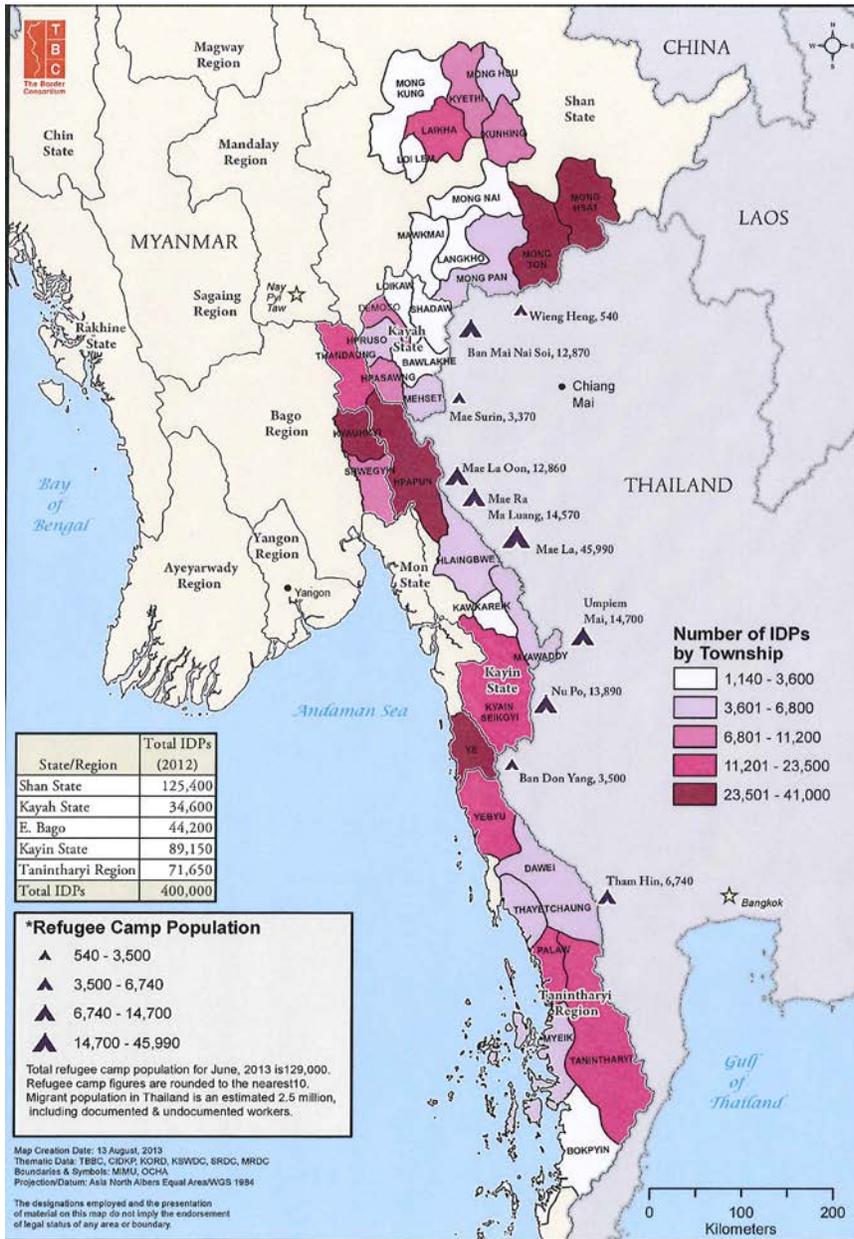
Background

Karen Refugees from Burma

The Karen people are an indigenous ethnic minority group primarily from Burma. The Karen people have been engaged in an armed struggle for autonomy since 1948. Widespread human rights abuses against Karen people including civilians, by the Burmese military government have been well documented, and include: forced relocation, arbitrary arrest, detention, forced portering and forced labor, conscription (including minors), rape, forced landmine sweeping, torture, and extrajudicial executions, (Amnesty International, 2008; Free Burma Rangers, 2010; Harvard Law School International Human Rights Clinic, 2009; Heppner, 2000; Human Rights Watch, 2002; International Labour Organization, 1998; Karen Human Rights Group, 2000; Karen Women's Organization, 2007). Hundreds of thousands of Karen refugees have fled to Thailand and Malaysia seeking safety, or have been internally displaced within Burma (see current estimates in Figure 1). Although recent ceasefires and political changes in Burma have prompted talks of refugee repatriation back to Burma, international community and human rights groups raise concerns about the safety and appropriateness of returning civilians to an ongoing conflict and heavily land-mined areas (Naing, 2001; U.S. Department of State, U.S. Department of Homeland Security, and U.S. Department of Health and Human Services, 2013).

Approximately 150,000 refugees from Burma who were registered with the United Nations High Commissioner for Human Rights (UNHCR) and were living in nine refugee camps on the Thailand-Burma border were offered resettlement to the U.S. beginning in 2005 (U.S. Department of State, U.S. Department of Homeland Security, and U.S. Department of Health and Human Services, 2006). Approximately 80% of this population was of Karen ethnicity (UNHCR, 2007).

Figure 1. Refugee Camp Populations and Number of Internally Displaced Persons by Township¹



Decades of displacement and poor living conditions in refugee camps have had major psychosocial impacts on the Karen refugee population. English language and literacy rates in the resettling Karen people are extremely limited. According to a UNHCR report (2007), less than 2% of the camp population in Thailand spoke English. Decades of conflict have also limited

¹ Map printed with permission of The Border Consortium, <http://theborderconsortium.org/>

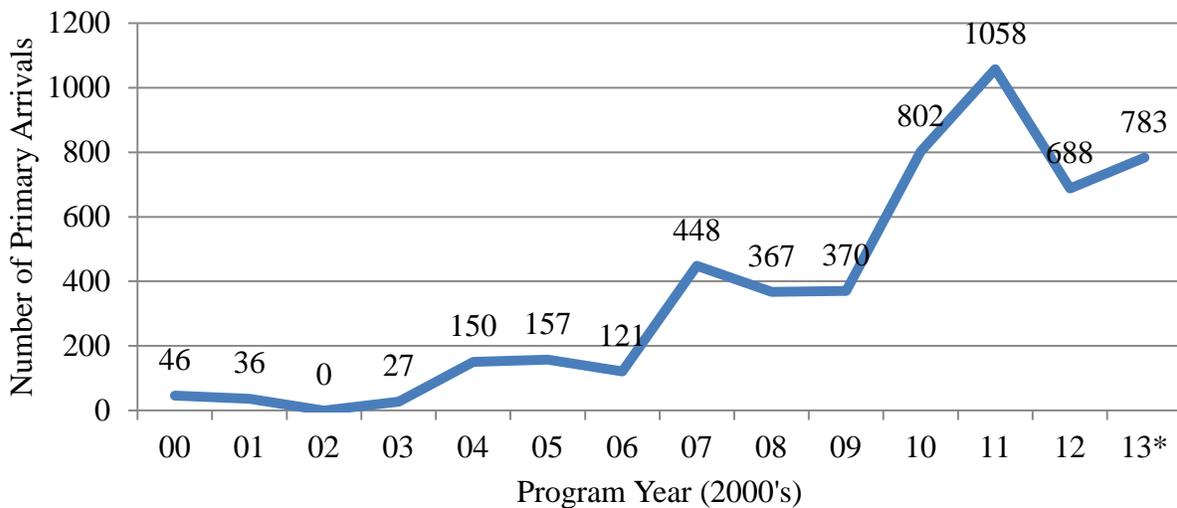
educational and employment opportunities. About 63% of people over age 18 in the Tham Hin Refugee Camp reported primary or no education (UNHCR, 2007). The Center for Applied Linguistics, who regularly releases “cultural profiles” on newly arriving refugee communities with funding from the federal Office of Refugee Resettlement (ORR), published a 2007 report on refugees from Burma (Barron et al, 2007). The report describes that the resettling Karen refugee population will lack understanding of the U.S. job application or interview process (Barron et al, 2007). Further, they have never had to pay bills before, and have little understanding of the U.S. legal system, including appropriate and inappropriate parenting practices (Barron et al, 2007). An International Rescue Committee (2006) report on the Tham Hin camp population described them as having “limited experience with modern public transportation or other modern conveniences” (p. 5). It lists a radio as the most common technology used in the camp. At the same time, Karen people resettling to the U.S. have been able to survive multiple displacements in the jungle, catastrophic losses, and horrendous abuses. The Karen people possess a strong work ethic, high value for education, and are described as a “well knit and well organized” community that values community cohesion and mutual assistance (Barron et al, 2007, p. 64).

Karen Refugees in Minnesota

The Karen people are a very new population in Minnesota. Figure 2 shows how refugees from Burma began arriving in larger numbers only in recent years, though they have been the largest group of refugees arriving every year since 2009 (Minnesota Department of Health, 2012). So far this program year (from October 1, 2012 to July 31, 2013), 783 refugees from Burma arrived, comprising 39.59% of total refugee arrivals (Refugee Processing Center, 2013a). From 2000 through Again, the Karen people are the largest ethnic group of refugees arriving from Burma to Minnesota.

In addition to primary refugee arrivals, other Karen people have moved to Minnesota after initial resettlement in another state. These people are called secondary migrants. Minnesota has by far the highest rate of migration into any state, receiving nearly twice as many in-migrants as the next highest state in 2012 (ORR, 2012). However, secondary migrant data is not broken down by ethnicity, so it is not possible to determine exactly how many secondary migrants arriving to Minnesota are Karen people. Karen community leaders keep their own census of community members through several data sources, including Karen people who work in social service agencies (who serve and track secondary migrants), interpreters who work in hospitals (track the number of babies born), and church and other faith leaders, who record information about their members. These estimates are triangulated with primary arrival data from government sources. The Karen community estimates the current Karen population in Minnesota to be around 6,000-7,000 people. Community leaders also describe the community in Minnesota as large and well organized compared to Karen communities in many other states.

Figure 2. Primary Arrivals of Refugees from Burma to Minnesota by Program Year (N =5,053)



* through July 31, 2013
 Source: ORR, 2012.

The Karen Organization of Minnesota

This section provides a short description of KOM in order to provide context about the setting of this research project. Leaders among the first Karen refugees to arrive in Minnesota became overwhelmed by the requests for assistance from both community members and mainstream organizations serving the new Karen population. They started the process to become a nonprofit with the goal of gaining formal recognition and financial support for their self-help efforts. KOM formed an independent board of directors in 2007 and obtained nonprofit status in 2008 (KOM, n.d.). The researcher on this project was a founding board member of the new nonprofit, from 2007-2008. According to community leaders, KOM is the first Karen-led ethnic community-based, social service organization in the U.S. (KOM, n.d.).

The KOM office is strategically located in the heart of where the majority of Karen refugees live in St. Paul. KOM has several core programs that assist with: employment, social services, community health education, training and orientation, a Restorative Farming Program and a Youth Empowerment Program that works primarily with youth in schools.

Ethnic community-based organizations (ECBOs) play an important role in refugee resettlement. According to McCabe (2010), they possess the linguistic and cultural competence to provide services, respond to the unique needs of a refugee community, and fill important gaps in service provision. ECBOs also provide a voice for refugee communities to express their concerns, and serve as a bridge between new communities and local resources, mainstream organizations, and the larger community (ORR, 2013a). In the case of KOM, the staff not only provide direct services but also provide education and consultation to more than 40 mainstream institutions every year to raise awareness about the Karen community and increase cultural competency of mainstream service providers (A. Walstad, personal communication, August 27, 2013).

Study Purpose

Understanding the "Walk-In" Phenomenon at KOM

A large number of Karen people, who are not enrolled in any KOM program, come to KOM requesting assistance with various needs. These people are referred to as "walk-ins." Prior to this project, KOM maintained hand-written visitor logs, which listed nearly 200 walk-ins as coming to the KOM office within a two-week period in the spring of 2013. Visitor logs indicated that walk-ins requested assistance filling out forms, reading mail, to make a phone call, and for help with a "family problem." Case notes for these services are not documented, because services provided to walk-ins are unfunded, and organizational resources are already being stretched to serve these needs.

KOM does not currently have a central database for tracking clients, although at the time this report was being written they received a grant from the St. Paul Foundation to build a database. Without a central tracking system, KOM has limited information about their collective efforts for serving walk-ins. However, the constant flow of walk-ins eventually demanded attention. KOM proposed a CURA project to gather information about who accesses walk-in services at KOM and what types of services the KOM staff provides to walk-ins.

This project seeks to answer several questions:

- 1). Who are walk-ins? (demographic information)
- 2) How many unfunded services to walk-ins does KOM provide?
- 3). What are the needs of people who walk-in to KOM for assistance?
- 4). What might data about walk-in needs reveal about possible gaps in services or access barriers facing the Karen community in Minnesota? and
- 5). What does the data about KOM services to walk-ins reveal about KOM's role in the local resettlement system?

This study also aims to give walk-ins and KOM staff a direct opportunity to voice their resettlement experiences and perspectives on the unmet needs in the community and the role of KOM in the local resettlement system. By grounding this research in the experience and knowledge of the KOM staff and community members, KOM will use the findings to improve its own services for refugees from Burma and to advocate about the needs of this new refugee community in the broader system.

Methods

This project took place over the summer of 2013. It utilized a mixed methods design and three approaches for collecting data, including a front desk sign-in sheet, activity record form, and focus groups. The first method of data collection was a front desk sign-in sheet that collected data on all people who came to the KOM office during a 32-day period, from July 1, 2013-August 1, 2013. The sign-in sheet collected the following information: name; phone number; birth date; whether or not person had an appointment, and if so, with whom; time of arrival to the office; staff person requested to see (if any); reason for visit; date of arrival to the U.S.; and how the person heard about KOM.

Second, KOM staff completed a separate activity record form for each person that they served during the same 32 day period. The activity record form documented the following information: the number of times the person had come to KOM for "walk in" services in the past; whether the person was currently enrolled in any KOM program; whether the person was currently enrolled with another agency, and if so, any reason why the person could or would not go to that agency for assistance; what the KOM staff person did to assist the person; and the result of the assistance.

The researcher first met with all KOM staff to describe the purpose and scope of the project and to gather feedback. The researcher drafted a front desk sign-in form and activity

record form together with the KOM Executive Director, got feedback from the KOM staff, and made several revisions. The researcher provided training for all staff on how to complete both the front desk sign-in form and the activity record form. The researcher also provided individual training to front desk staff on how to complete the sign-in form, as front desk staff primarily completed this form. The researcher provided additional, 1-1 training on the activity record form whenever KOM staff had questions, and regularly communicated with staff about the forms, both giving and receiving feedback.

KOM staff returned completed activity record forms to the front desk. They were matched with sign-in records and all data was entered into an Excel spreadsheet. The researcher trained a few interns to assist with data entry, and the researcher supervised and checked all data entered. People who were not refugees from Burma or who came to KOM for a reason other than to request assistance (e.g. to interview for a KOM position) were not included in the study sample.

Third, focus group interviews were appropriate for obtaining insights into the walk-in phenomenon from the perspectives of KOM staff and community members who accessed walk-in services at KOM. A total of 11 KOM staff participated in focus groups. They are referred to in this report as "staff participants" or "KOM staff participants." Three KOM staff did not participate in the focus groups. The reasons for being unable to participate were being on vacation or illness on the day of the focus group.

Purposive sampling was used to identify walk-ins with a diverse set of experiences, including at least one person who: had been in the U.S. less than one year, 1-5 years, and over 5 years; youth (age 18-24); elderly; enrolled with another agency; and secondary migrants. A total of 15 Karen walk-ins participated in focus groups, referred to in this report as "community

participants," and included 9 males and 6 females. The average age was 44.5. One person arrived to the U.S. in 2008, 6 people in 2010, 3 people in 2011, 4 people in 2013, and the arrival date for 1 elderly person was unknown.

The KOM Executive Director invited the KOM staff to participate in focus groups, but did not require it. A sign-up sheet with several time slots was passed around the office. Potential community participants were approached by a KOM staff person over the phone. Those interested in participating were invited to come to the KOM office during one of two times. Informed consent and signed consent forms were obtained from focus group participants, and participants were given copies of all signed forms.

A total of 5 focus groups, each 1.5 hours were conducted, including 3 with staff participants and 2 with community participants were conducted by the researcher. The KOM staff focus groups were conducted in English. KOM staff assisted with facilitating the community focus groups and provided interpretation. KOM staff also assisted with transportation to the focus groups when requested by the community participants. Focus group interviews were recorded with the signed permission of participants. The study received Institutional Review Board approval through the University of Minnesota.

Focus group questions focused on identifying the needs and challenges facing the Karen community in Minnesota and how Karen people get the help they need; what barriers people face in accessing services; and what participants view as the role or purpose of KOM. The KOM staff was also asked about their experiences serving walk-ins.

Data collected from the sign-in sheets and activity record forms about what services KOM staff provided was coded to identify 82 different activities. These activities were specific, for example, assisting someone to complete a Household Report Form for public assistance was

considered to be different than assisting someone to complete a Shelter Verification Form for public assistance. With the assistance of the KOM Executive Director, the initial 82 activities were arranged into 21 categories and these categories were further condensed into 11 service domains. Data from sign-in sheets and activity report forms were analyzed using RStudio and Excel.

Audio-taped data from the focus groups were transcribed verbatim in English by the researcher. The researcher inductively coded all focus group data and organized it according to themes and sub-themes. This was predominantly done to familiarize the researcher with the data and the main themes across focus groups. Three main themes emerged that corresponded to two discussion topics explored in the focus groups: the greatest unmet needs and challenges facing the Karen community, and the perceived role of the KOM in the local resettlement system. The researcher then went back to the focus group data and coded for these three themes.

A draft of the final report was shared with several KOM staff, who offered feedback. The researcher also presented the paper and preliminary findings to the KOM staff, facilitated a discussion and welcomed feedback.

Limitations

Due to the non-random sampling method, this project's findings cannot be extrapolated or generalized to other communities. It also cannot be extrapolated or generalized to other months of service at KOM. In addition, this study captures a partial view of the services provided by the KOM staff during the reporting period, namely, assistance to those who physically came to the office. The KOM staff are also contacted directly by phone, and may respond by providing transportation, interpreting, or other assistance off-site. A number of KOM programs are also designed to offer services primarily off-site. For example, Youth Empowerment Program staff primarily work with their clients in schools and Restorative Farming Program staff work off-site.

Thus, this data cannot be said to representative all of the services provided by KOM during the study period.

Gathering accurate demographic information was a challenge in this project. Some participants had difficulties recalling their birth date, date of arrival, and official spelling of their name. This resulted in some missing data, as well as challenges to matching duplicate visitors. In a meeting with the researcher about this project's results, several KOM staff offered possible explanations why Karen people might not know this information. In traditional Karen society, people may not know, or value knowing, exact dates, including birthdates. Parents who are not literate may not know the exact day their children were born, and would not be able to record it. In addition, a child may have been born while the mother was in flight and hiding in the jungle. Second, traditional Karen society records important dates by what is going on around them, rather than by a Western calendar. For example, a Karen person may say they were born "during harvest season," or "while grandfather was away for work." This event may even be captured in the person's actual name. For example, the name Pu Ha means "grandfather was away."

Third, calling someone by his or her name may be considered rude. Instead, the Karen people commonly use titles that denote kinship to refer to each other, such as grandfather, aunt, or younger brother, regardless of whether one is an actual blood relative. Individual names are not valued in the same way that they are in Western culture, and names may not even be known by friends or relatives. However, resettling to the U.S. has increased the importance of knowing individual names. The KOM staff consulted visitor's identification documents, such as state ID's and I-94 cards, whenever possible to obtain accurate demographic information during data collection.

Another challenge was determining whether the visitor was currently enrolled in a KOM program or with or another agency. The Western concept of being a "client" or "enrolled" in a program lacks a conceptual equivalent in the Karen language and culture. The KOM staff interpreted questions related to enrollment status as "is your name with any agency" or "do you belong to any agency?" One community focus group participant used the phrase "which office you belong to" and another talked about someone who doesn't know where to ask for help because she "doesn't know which agency her name is." However, the Karen concept of "belonging" to a single agency is incompatible with the resettlement program structure. For instance, resettlement agencies provide initial services for the first 30-90 days. After that, the State Refugee Programs Office in Minnesota allows for different agencies to enroll refugees under different outcome areas for refugee social services and employment services.

In order to identify current enrollment status with KOM, an additional procedure was used post-data collection. The researcher cross-referenced collected data with three KOM program client lists: the Refugee Social Services (RSS) and Refugee Employment Services (RES) programs (funded by the State Refugee Program Office), and the Ethnic Community Self-Help (ECSH) program, which is a direct, federal, discretionary grant. These programs were chosen, and not other program lists, because these are the three main programs that provide in-office services, including social and employment services. When clients were enrolled in both the ECSH and RES or RSS programs, they were categorized under the RES and RSS programs in an attempt to have the most complete data on clients enrolled in state refugee programs. When clients were enrolled in both RSS and RES programs at KOM, they were categorized under RSS.

A final clarification worth making is that there is a somewhat false distinction between clients enrolled in the ECSH program and walk-ins served during the data collection period. The

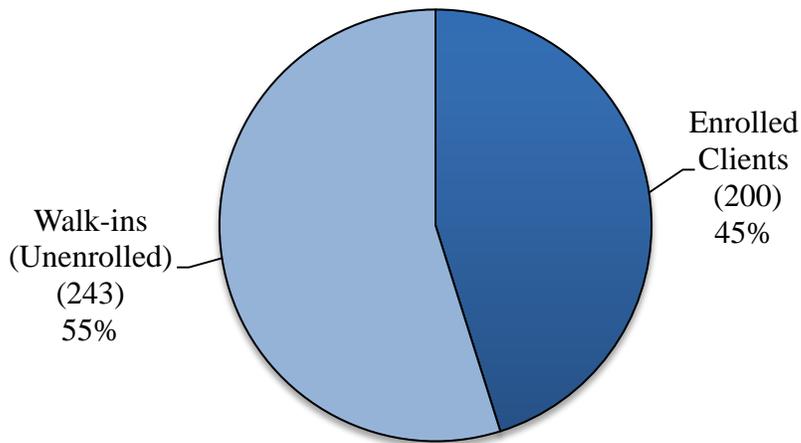
staff who work in the ECSH program can often enroll a walk-in in the ECSH program for the services that they provide to walk-ins. The distinction, then, between clients enrolled in the ECSH program and walk-ins may be a factor of which KOM staff served a walk-in, rather than any distinction between the people or the services provided.

Findings

Describing the "Walk-In" Phenomenon

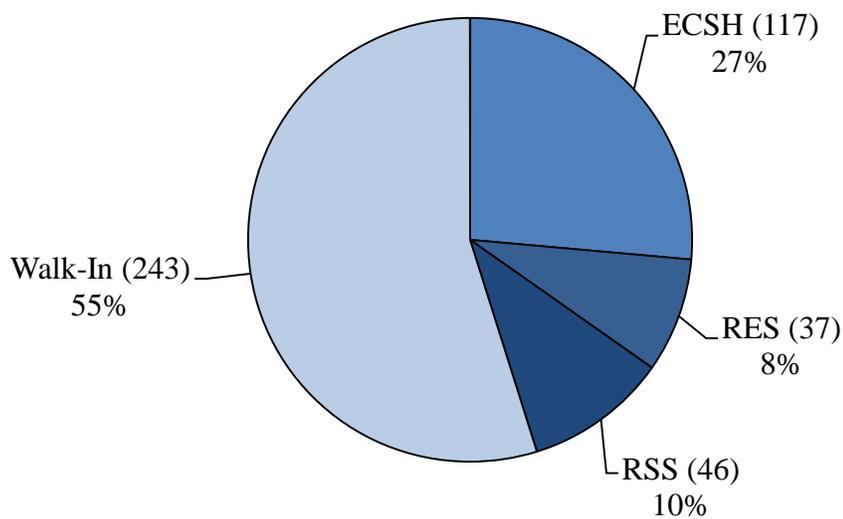
KOM tracked 615 refugees from Burma who came to the KOM office requesting some type of assistance during a 32-day period that included 1 holiday when the KOM office was closed. The number 615 includes "duplicates," meaning people were counted as many times as they came to KOM during the period. People who were enrolled in at least one KOM program are referred to as "enrolled clients." People who were not enrolled in any KOM program are referred to as "not enrolled" or "walk-ins." After accounting for duplicates, 200 unique individuals were identified as KOM clients enrolled in at least one program area, and 243 unique individuals were identified as walk-ins who were not currently enrolled in any KOM program. Enrolled clients averaged 1.55 visits to KOM, and walk-ins averaged 1.29 visits to KOM. In other words, the KOM staff provided assistance in the office to more people who were *not* enrolled in any KOM program than to clients who were enrolled in a KOM program, but enrolled clients averaged slightly more visits.

Figure 3. Unique Individuals Served by Enrollment Status



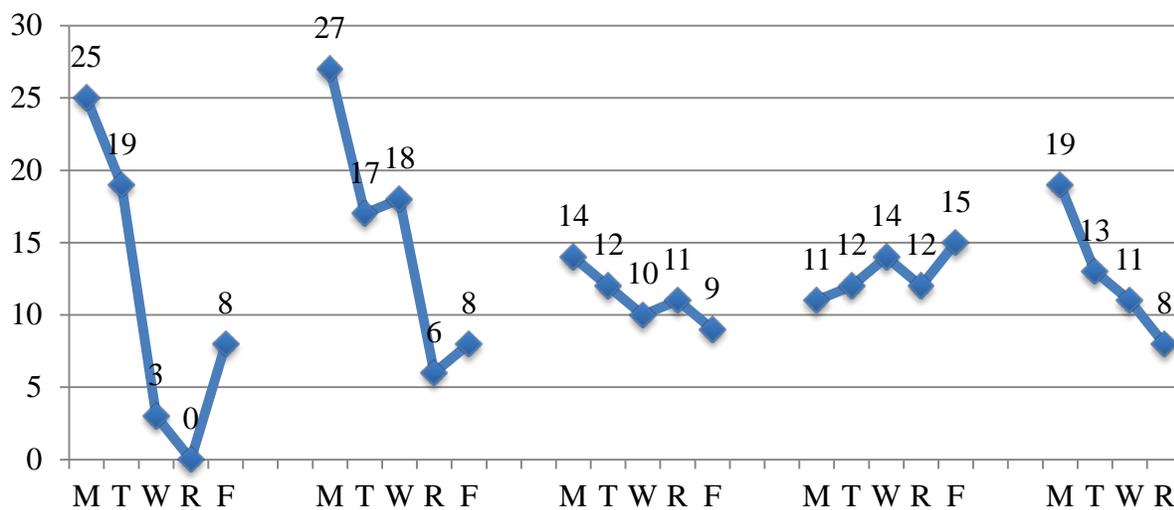
The enrolled clients in the sample were further categorized by the KOM program in order to get a picture of overall services provided during approximately one month at the KOM office. Looking at the total population served during the 32-day period, clients enrolled in state refugee programs accounted for less than 20% of people served. Clients enrolled in the ECSH program accounted for another 27% of people served.

Figure 4. People Served (Walk-Ins and Enrolled) by Program /Funding Type (N = 443)



The remainder of this section focuses specifically on services provided to walk-ins. In addition, the numbers in the remainder of this section represent *instances of service*, rather than unique individuals served. This is to answer the question, how many unfunded services to walk-ins does KOM provide? With duplicates not accounted for, a total of 310 walk-ins were served in the 32-day period. Dates of visits were missing for 8 walk-in visits. Figure 5 shows the distribution of visits by day of the week; the first Monday corresponding to July 1. In general, Mondays were the busiest day of the week for walk-ins, as well as the beginning and end of the month.

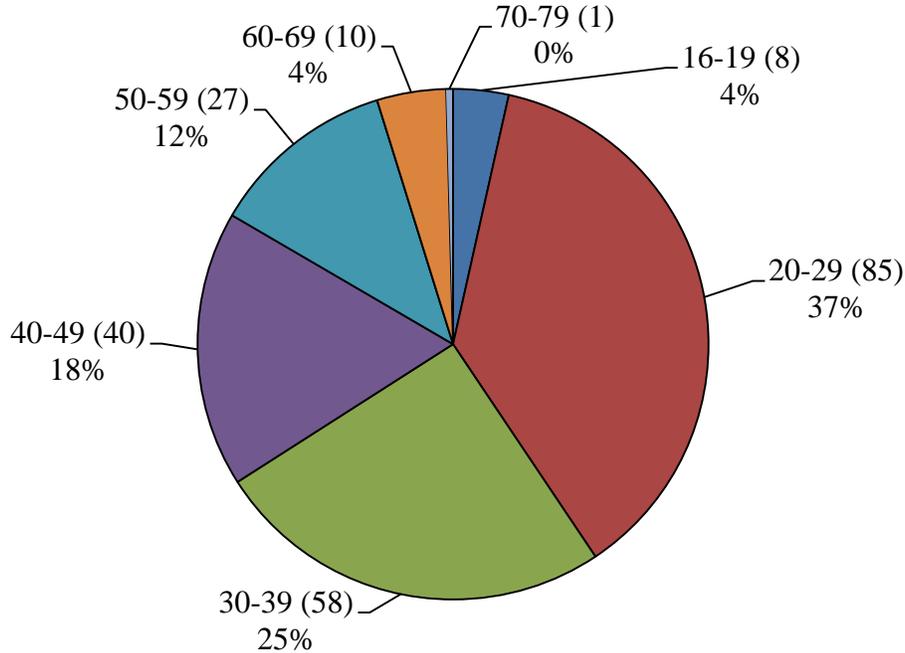
Figure 5. Walk-Ins Served by Day of Week (32 Days), $N = 302$



The age distribution of walk-ins shows that a very small number of people age 50 or older accessed walk-in services at KOM. Approximately 16% of walk-ins were over age 50, and only 4% were over age 60. Compared to the general population in the U.S., one might think that people over age 60 are underrepresented in the walk-in data. However, comparable data from refugee camp populations also show very small numbers of elderly people in the Karen refugee population. Demographic data from the Tham Hin Camp reported that only 2% of the population was over the age of 65 (IRC, 2006). Similarly, a UNHCR figure displays age distribution of the

camps with pie chart (UNHCR, 2008). Although the UNHCR figure does not give exact percentages, the sections of the pie charts for elderly people over age 60 look roughly similar to Figure 5. It is therefore reasonable to believe that the small number of elderly people in the walk-in sample is fairly representative of the Karen refugee population.

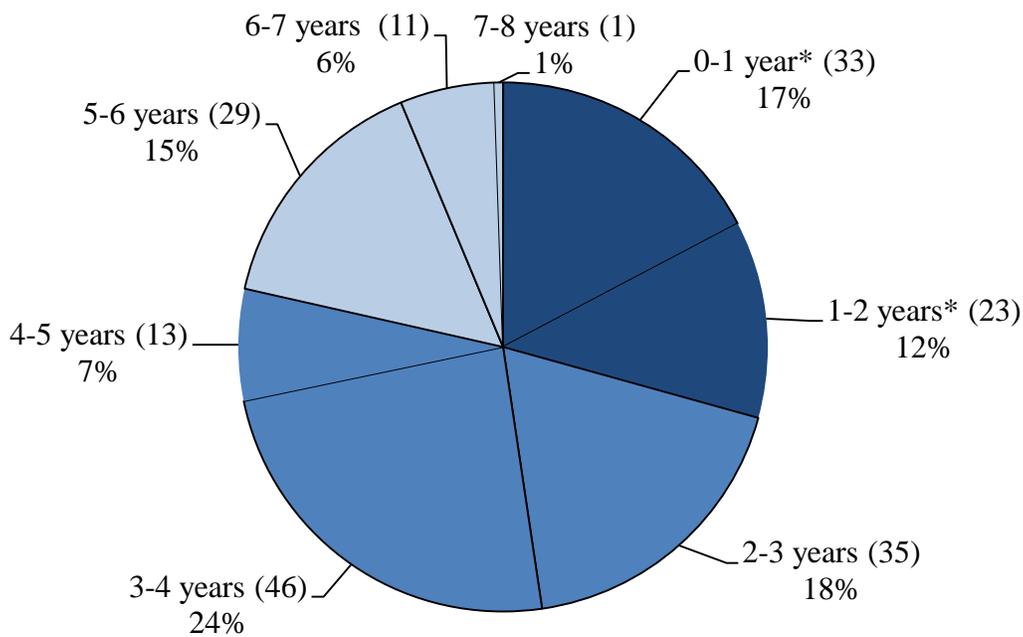
Figure 6. Age Distribution of Walk-Ins ($N = 229$)



The number of years a refugee has been in the U.S. is important because it affects eligibility for state refugee programs. One of ORR's guiding principles is that refugee services should be front-loaded and focus on newly arriving refugees (ORR, 2010). In Minnesota, the State Refugee Programs Office now requires that 60% of enrolled clients must be refugees who have been in the U.S. for less than 1 year (C. Vang, personal communication, October 11, 2013). Refugees who have been in the U.S. for more than 5 years are no longer eligible for refugee social services, with the exception of assistance to complete the naturalization (citizenship) application.

In the sample, the exact date of arrival to the U.S. was unknown or unclear for 52 walk-ins. For the 191 walk-ins for whom this data was available, over 70% had been in the U.S. for more than 2 years. Of these, 22% had been in the U.S. beyond 5 years and had no eligibility for refugee social services or refugee employment services. Approximately 30% of walk-ins had been in the U.S. for less than 2 years.

Figure 7. Number of Walk-ins by Time in the U.S. (N = 191)



* ORR priority for services

The KOM staff offered several explanations for why they might serve people as walk-ins who are under 2 years in the U.S., which include: the person is currently enrolled with another agency for state-funded refugee services (see Table 1 for reasons walk-ins did not go to the agency where they are enrolled for assistance); an agency has already served the person and claimed the funded outcome; assistance is requested for something that is outside of the state-defined outcome areas; or the agency provided limited or a one-time service and chose not to complete the enrollment process.

Table 1. Reasons for Walk-Ins not Seeking Assistance from Agency Where Enrolled

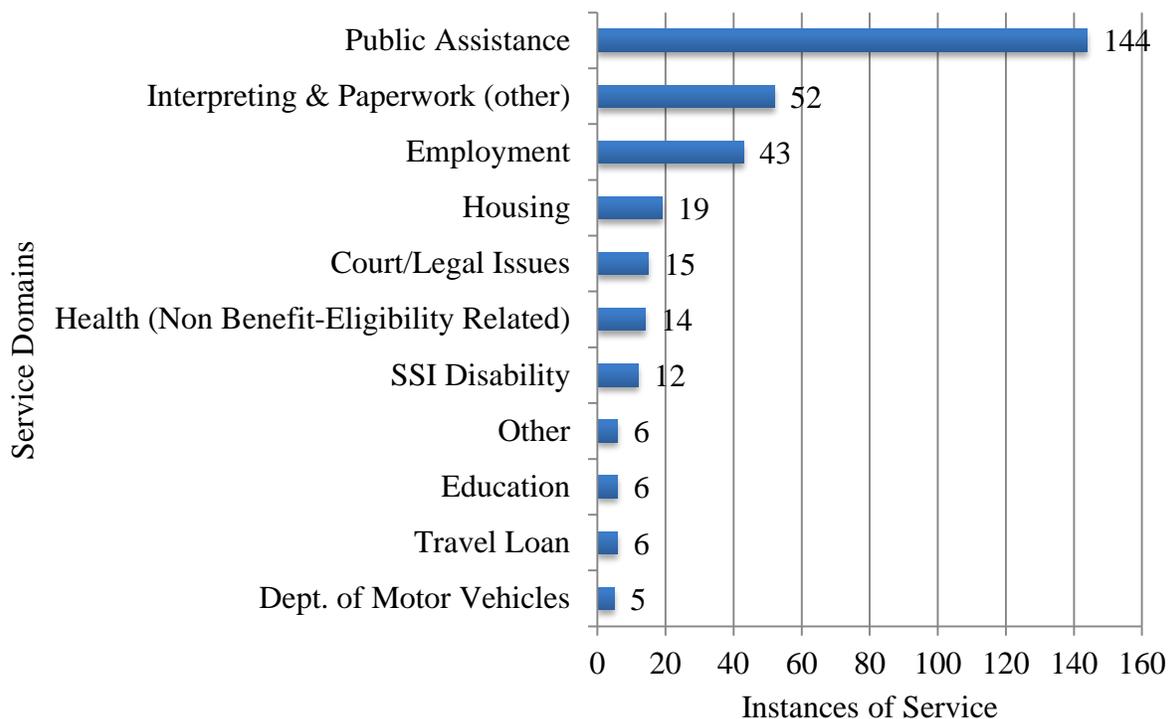
- Language barrier
- KOM is closer or no transportation
- Office said they cannot help with this matter (service is not part of work plan)
- Prefer to be enrolled with KOM or I am not satisfied with my agency
- Office not returning calls or worker doesn't answer phone
- I don't know how to contact the agency
- I have been here more than 2 years
- Worker is out of the office for a month

The most commonly reported way that walk-ins heard about KOM was from "friends," but a few people also reported hearing about KOM from resettlement case workers, community leaders, and family members.

Service Domains

Individual services provided to walk-ins were categorized into 11 service domains. The domains are explained in more detail in this section, and a full list of domains and their associated activities is attached as Appendix A. Interpreting assistance is often described as "interpret and explain." This is to emphasize that the task is not merely one of straightforward translation, but also explaining the concepts and systems in a way that makes sense culturally to people who are unfamiliar with Western systems

Figure 8. Instances of Walk-In Service by Domain (N = 322)

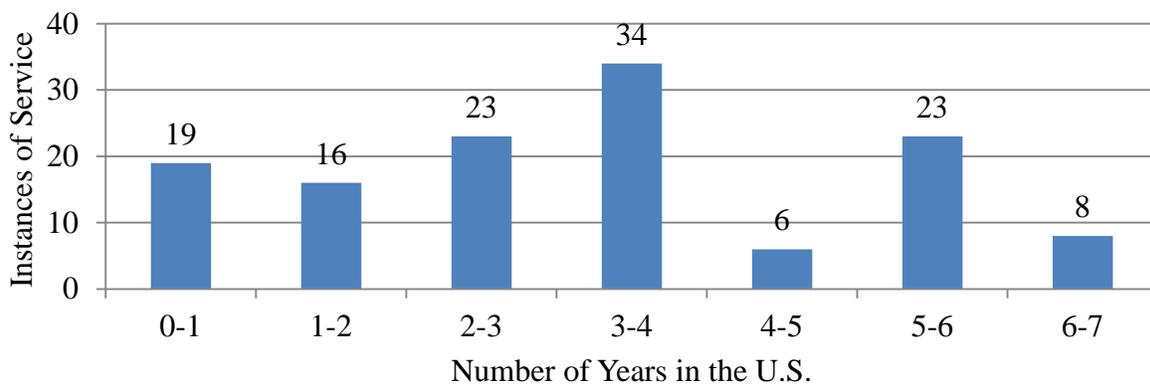


Public Assistance (N = 144).

The public assistance domain had the highest demand for assistance and a number of associated activities. The main service activities were interpreting and explaining mail, filling out county public assistance forms, submitting verifications, and reporting changes, such as starting or stopping work or an address change. Some of these activities require additional steps, for example, KOM staff may have to interpret for walk-ins to their employers to obtain verifications, or KOM staff may provide transportation and interpreting for obtaining bank statements, and often interpret between walk-ins and their to public assistance caseworkers in order to problem solve issues related to benefits. No applications, reporting forms, or letters are translated into the Karen language, and at the time of writing, there are no Karen-speaking TANF counselors and only 2 Karen interpreters employed in the county where virtually all of the Karen people in the metro area.

Walk-ins served in the public assistance domain had been in the U.S. from less than 1 year up to 7 years, which corresponds to the time period that Karen people started arriving to Minnesota. In other words, some Karen people have not become self-sufficient in their ability to communicate with their county workers or comply with reporting requirements, even when they have been in the U.S. for more than 5 years.

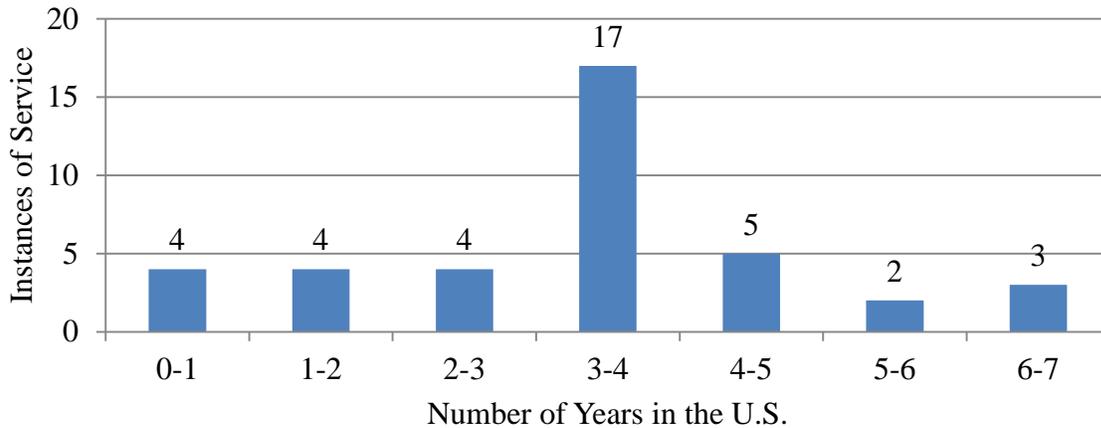
Figure 9. Walk-Ins Served in Public Assistance Domain by Time in U.S.
(N = 129)



Interpreting and Paperwork (other) (N =52).

The activities in this domain include interpreting and explaining letters that did not fit into other categories, as well as instances when the KOM staff did not record the type of paperwork that was completed or mail that was read. For example, the KOM staff person may have recorded an activity description such as "completed paperwork," "filled form," "read mail," or "interpreted for a phone call." Some activities in this domain require technical and time-consuming assistance, such as helping someone respond to a request for verification from the Internal Revenue Service. Resolving these types of problems often require multiple steps and contacting multiple agencies. Most services in this domain were provided to people who have been in the U.S. between 3-4 years.

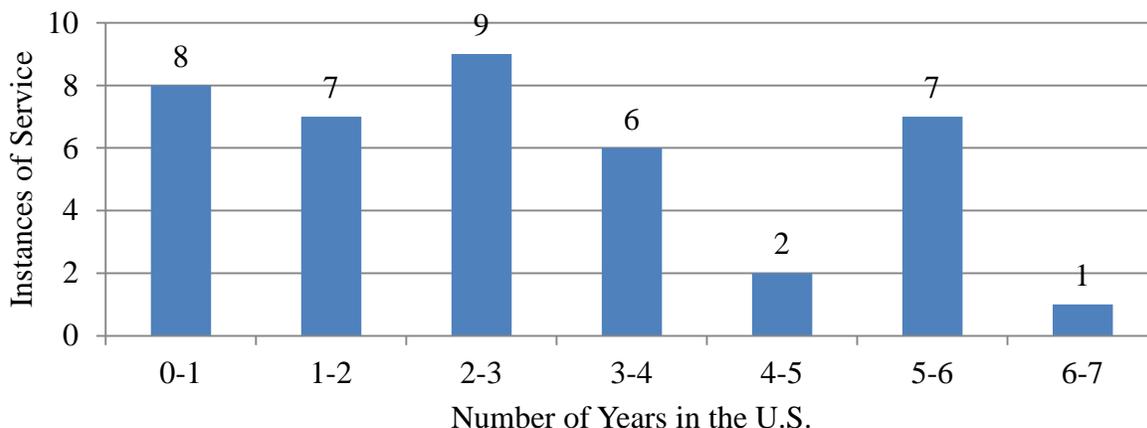
Figure 10. Walk-Ins Served in Interpreting & Paperwork (other) Domain by Time in the U.S. ($N = 39$)



Employment ($N = 43$).

Activities in the employment service domain mostly assisted walk-ins who were looking for their first job and also walk-ins looking for employment after a job had ended. KOM employment counselors delivered all services in this domain. They helped walk-ins find job openings, gave job applications, and interpreted and assisted with filling out job applications. They also assisted walk-ins to communicate with their employers, for example, to report illness or an on-the-job injury. KOM has two funded employment service programs, RES and the ECSH program. Some walk-ins had formerly been placed into employment by KOM's RES or ECSH programs or had been placed into employment by other agencies. The focus group findings discuss in more detail the ongoing challenges Karen people face in being able to find employment independently. Walk-ins requesting assistance in this domain had been in the U.S. from less than 1 year and up to 7 years.

Figure 11. Walk-Ins Served in Employment Domain by Time in the U.S.
(N = 40)



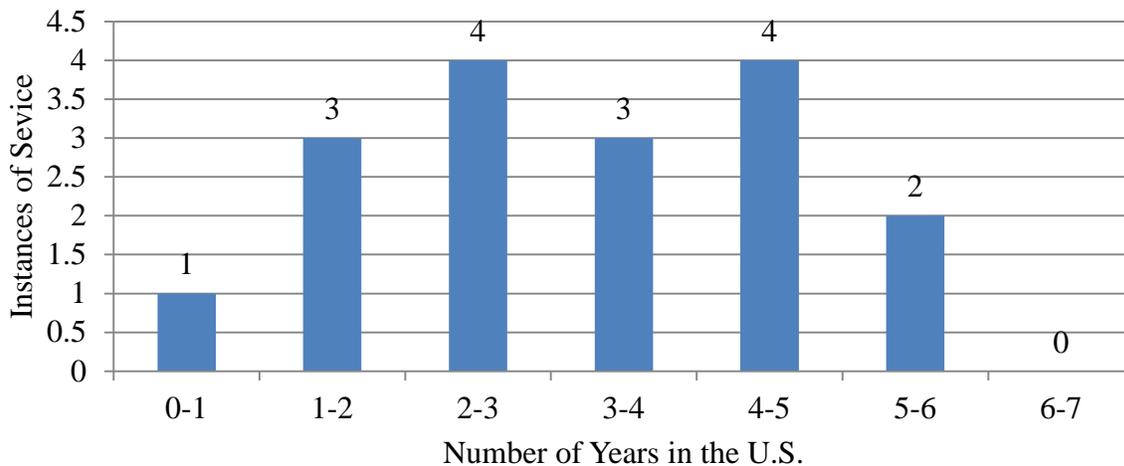
Housing (N = 19).

Activities in the housing domain are similar to those in the employment domain in that refugees are initially placed into housing through their initial resettlement program, and the RSS program also funds housing outcomes. As such, the majority of walk-ins served in this domain had been served and achieved the "outcome" of a housing program previously. Advocacy is an important element of this service domain, including assisting people to communicate with apartment managers to request repairs, assistance responding to inappropriate charges, and assisting people facing landlord abuse to connect with a legal advocacy organization. The focus group findings discuss these issues in more detail.

KOM staff also assisted walk-ins to apply for public housing and to comply with reporting and verification requirements while walk-ins are on a waiting list, which can be several years. Another multi-component service related to housing was assisting a walk-in to complete all necessary updates when they moved. These walk-ins had found their own housing or gotten public housing, but were not able to make the phone calls they needed to update their services,

and did not know all of the places where they needed to update their address. Most of the services in this domain were to walk-ins who had been in the U.S. for more than one year.

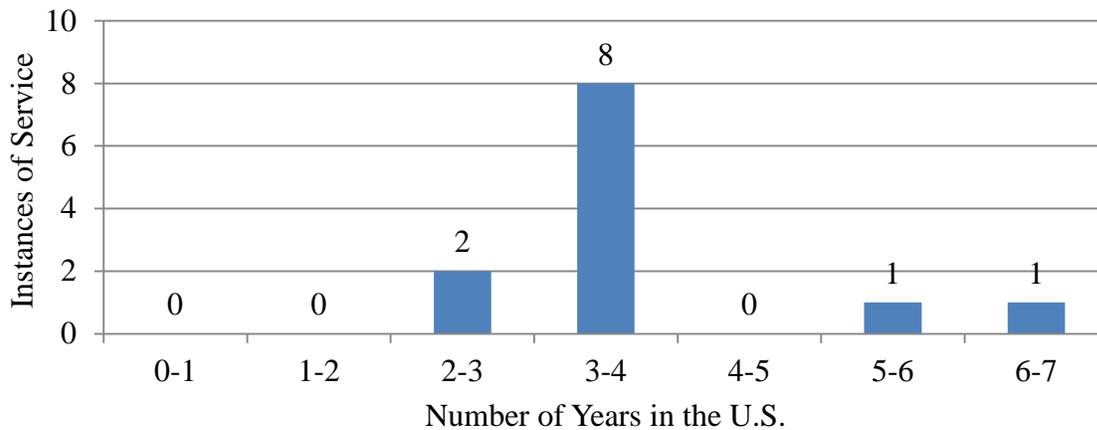
Figure 12. Walk-Ins Served in Housing Domain by Time in U.S. ($N = 17$)



Court/Legal System ($N = 15$).

Karen people who had received citations walked-in to KOM for assistance. The walk-ins who received citations reported that police officers did not use interpreters when they gave the citation, and the walk-ins came to for help understanding what was their offense and how to pay the fine. KOM staff helped them to contact the court, which required navigating an automatic phone system in English, and to find the amount of the fine and to pay the citation, including assistance to write and mail the check. KOM staff also interpreted and explained letters from court, assisted walk-ins to follow through on probation requirements, and provided other assistance with navigating court and legal systems. Walk-ins who were served through the ECSH program, and therefore counted in this data, also requested assistance with navigating and complying with the child protection and child support systems. Looking at the dates of arrival for the walk-ins who requested services in this area, most services were provided to people who had been in the U.S. for 3-4 years.

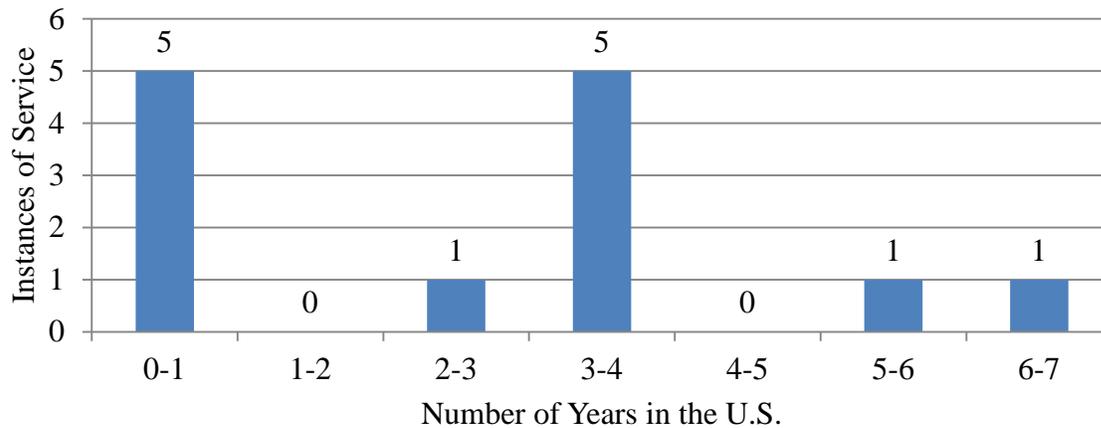
Figure 13. Walk-Ins Served in Court/Legal System Domain by Time in U.S. (N = 12)



Health (Non Benefit Eligibility-Related) (N = 14).

The majority of services in this domain were related to interpreting and assisting walk-ins to understand letters from hospitals, clinics, or health plans, or advocating for clients to respond to hospital or clinic billing errors. Receiving hospital or clinic bills caused great anxiety for walk-ins, who did not realize that the bills were errors and did not have to be paid. KOM staff assisted them to respond by calling the billing department, giving their health insurance ID number, requesting the hospital or clinic to re-bill their insurance, or reporting an updated health insurance ID number in order to resolve the error. KOM staff also assisted walk-ins to set up medical appointments and assisted one person with reading mail and completing paperwork required for a PCA assessment and service plan.

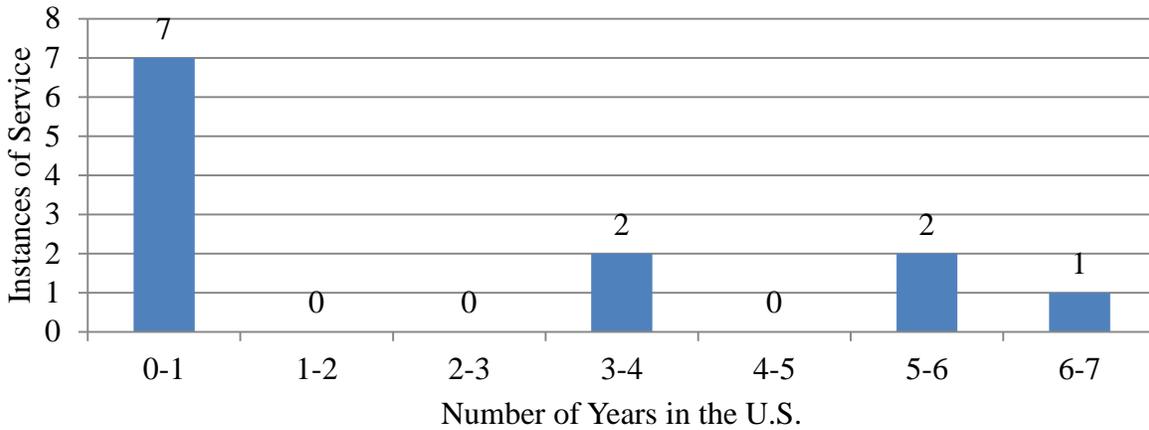
Figure 14. Walk-Ins Served in Health (Non Benefit Eligibility-Related) Domain by Time in U.S. (N = 13)



SSI Disability (N =12).

KOM provided assistance primarily to new arrivals who requested assistance applying for and completing verifications for SSI Disability applications. State human services funding supports advocacy organizations to assist recipients of cash public assistance programs to apply for SSI disability. However, non-English speaking walk-ins needed additional interpreting, transportation, and other assistance in order to access and comply with SSI disability advocacy programs and SSI disability application requirements. For example, one SSI advocacy organization requires that people find their own interpreter for the eligibility screening appointment. Once someone is accepted as a client of the program, clients need to find a relative or friend and their own interpreter to fill out a Third Party Functional Assessment Report. In addition, non-English speaking walk-ins needed interpreting assistance to understand mail related to their SSI disability application. The supportive services that KOM provides to assist walk-ins in accessing SSI disability advocacy services are not funded.

Figure 15. Walk-Ins Served in SSI & SSI Disability Domain by Time in U.S.



Education, Travel Loan, Department of Motor Vehicles/Car Insurance, and Other (N = 22).

The final four domains served 6 or fewer walk-ins in the reporting period and are described here. Six people requested assistance to register for ELL classes, a ride to school, assistance understanding mail from their child's school, or some type of assistance related to the Head Start program. While there was relatively little activity in this domain in the reporting period, in the findings meeting, one KOM staff reported that activity in this domain spiked the month after data was collected, as children were going back to school and parents were walking-in to KOM with letters in English from their children's schools.

Travel loan refers to the loan that refugees receive for the cost of their initial plane ticket to come to the U.S. Travel loans are administered by a department at each resettlement agency. Refugees most often do not begin receiving these bills until after the local resettlement agency's service period ends. Walk-ins requested assistance with understanding travel loan bills, writing checks, or communicating with the travel loan department, for example, to report an address update or to ask why they had not received a bill. The resettlement agency travel loan

departments that were contacted in this month did not offer interpretation assistance, and one travel loan department on the East Coast did not allow callers to leave a message after business hours. These factors made the process of communicating with travel loan departments difficult for KOM staff in assisting walk-ins with travel loan concerns.

Walk-ins also requested assistance navigating the DMV system to get driving permits or licenses, or with problems related to car insurance. Some individuals came to KOM for assistance of their own initiative, and one person was sent to KOM by the DMV because he had taken the permit test a considerable number of times and had not passed.

Finally, the "other" category included 4 instances of responding to "family problems," 1 internal referral to a KOM program, and 1 consultation with a family about their request to move their relatives to Minnesota from another state. "Family problems" are discussed further in the focus group findings.

Focus Group Themes

Three themes that emerged from the focus groups are presented, which correspond to two main discussion topics explored in the focus groups: the greatest unmet needs and challenges facing the Karen community and the perceived role of the KOM in the local resettlement system.

The Language Barrier.

A theme that cut across all focus groups was the need for ongoing interpretation and assistance navigating systems. At least one person in every focus group, both staff and community, identified the language barrier as the biggest challenge facing the Karen community. One community focus group participant described it this way, "language is the biggest [challenge]. We just know 'yes' or 'no.'" Another community participant described the Karen experience with the language barrier as: "[we] come here in Minnesota or America, it's like

walking like a blind person.” The same participant gave the reciprocal example to illustrate: “I try to speak in Karen and Burmese, and they [English speakers] don’t understand.” A staff participant said, "language is tough...most of the parents don't even know how to call 911."

Staff and community participants in all the focus groups described how the language barrier creates challenges for people in accessing and navigating multiple systems, including employment, housing, public assistance, SSI/SSI Disability, court/legal matters, the citizenship process, transportation, health care, accessing other services, reading mail, parenting challenges, and other areas. A KOM employment staff gave an example of the challenges Karen people face in employment as a result of the language barrier:

I know a lot of time with scheduling, temp agencies want to work with them [Karen people], but, like, having the employers communicate the scheduling with them has been a problem. They [Karen people] don't know when they're supposed to come in because their schedules are not consistent, so it's hard to communicate their schedules with them....So a lot of people end up going into work...on the wrong day. There's nobody to call them and tell them or they can't read or understand their schedules. And I know, like, [one company] who was just having everyone come in. And they would get there and [the company] would let them work for an hour or just tell them "there's no work today, go home," after they already got there, instead of just calling them. So they would have to go there and find out that there was nothing for them to do, which is not so great, especially since transportation is difficult.

Ongoing needs for interpreting and assistance related to employment are also evidenced by the walk-in data.

Another female community participant responded that the language barrier prevents Karen people from accessing benefits that they are eligible for and want. “We have a problem, the benefit we are supposed to get, and because we don't speak the language and we don't know how to do it [access it], we lose a lot of opportunity there.” Similarly, one KOM staff person described an instance where a walk-in lost an opportunity that was very important to her as a result of not being able to speak the language or advocate for herself within the legal system:

Recently I had a recently a domestic abuse victim whose husband was in jail and he was going to court soon and if she wants to she could submit an impact statement, and...she wanted to submit an impact statement [about] how this has affected her family, her life, you know, to influence the sentencing. But she didn't know how to write it.

Staff and community participants in every focus group also described difficulties that non-English speaking Karen people face in complying with reporting requirements and maintaining benefits, particularly public assistance benefits. The walk-in data support this, as this service domain had the most instances of service. One KOM staff described in detail how he is frequently asked to help fill out public assistance forms during non-work hours. He shared:

I know a lot of family close by and every time I visit the apartment, because they know me, I work in office...a bunch of friends [come] to me and ask me helping them, and just that in my own, free time. [People who live] close by they always bring the paperwork. He also described,

I have more than 50 families who come and see me every month and every 6 months for the [public assistance] forms and the [public assistance] benefit and I was helping them and educate them what to do and how to fill out the form but they still don't get it, and I think we need to educate more how to finish the form.

The same staff person also described an example of trying to teach a Karen person how to submit the monthly verifications to maintain his public assistance:

I told him that you have to prove that [submit the same verification] every month in order to have your benefit, and he still doesn't get it and I don't know why. And I don't know what to do! If we can have a group big meeting and set up appointment with Ramsey County that can educate them about the procedure.

Being able to read and understand mail was a frequent request reported in the walk-in data. KOM staff described experiencing a ripple effect when agencies send letters to Karen people in English – within a matter of time, walk-ins begin to show up at KOM asking for assistance understanding these letters. The month after data collection, which corresponded to back-to-school season, exemplified this ripple effect, as the KOM staff were extraordinarily busy interpreting and assisting families to understand letters they received from their children's schools.

KOM also experiences ripple effects when there are systems changes that affect Karen people. For example, one KOM staff informed the researcher in the findings meeting that there had been a change in county policy regarding the process for obtaining a replacement EBT card, that is required to receive cash and food support payments. County policy now requires people to make a phone call to get a replacement card. As a result, KOM has begun seeing walk-ins who need assistance with this phone call, whereas they were previously able to go to the county office on their own to request a replacement card. A KOM manager reported that KOM had expressed their concerns to county officials about how this policy would negatively affect Karen people before the change was made (A. Walstad, personal communication, October 4, 2013).

Karen people who do not speak English are also vulnerable to discrimination and abuse. Landlord abuse was described frequently in both staff and community focus groups. One common thing reported was unlawful or excessive charges. A staff participant observed:

I see a lot of landlord abuse and taking advantage of people, and I don't think they [Karen people] are getting help when it comes to that. This comes up a lot in job club. It sounds like landlords charging a lot for things they're not allowed to.

She also gave several examples:

I had someone with a landlord who moved into an apartment and the carpet was sticky and stained and dirty. And they [the Karen family] asked the landlord to replace it. And the landlord said, 'okay it costs \$800. You pay \$500 and I'll pay the rest.'

In another instance, "one landlord demanded that everyone in the building paint their own apartment and pay for it."

Another staff person described a problem with bed bugs that was experienced by a new family:

A Couple of months ago a student who had all of bed bugs bites on her skin, and I was talking to the student's parents...and they said since they arrived in the U.S. their resettlement agency, you know, they put them in that apartment and by the time they got there the bed bugs were everywhere and they [the parents] are trying to call help...[and the] landlord says it costs more than \$1000 to kill all the bugs... Yeah, that's kind of strange [that the family would have to pay for it], because the tenants didn't know that the apartment has bedbugs, so they moved in.

A community participant described experiences with landlord abuse in this way: "When we rent the apartment, they [apartment managers] don't take good care of us...Sometimes they

don't really care because we are the Karen people. It can be that way.” This participant also shared that her apartment manager only accepts cash for rent and deposit payments, and refuses to give tenants a receipt, even when requested.

While the previous participant knew that she had a right to get a receipt, Karen people face other problems that result from not knowing their rights or responsibilities. Two staff participants described, “they [Karen people] need to know about the housing. Sometimes they don't know about the housing laws or their responsibilities or landlord responsibilities - they don't know,” and “they just rent the apartment but they don't read the laws that they have to follow in the apartment. And then when they got kicked out they don't know why they got kicked out.”

Another experience that could possibly indicate landlord abuse is landlords keeping the entire amount of the deposit when Karen families move. Both staff and participants described this concern. One staff participant explained:

I've talked to at least 100 or 130 people about this. Nobody in my job club has ever gotten any of their deposit back, and they've never questioned it. They've never tried to get it back. The landlords just automatically keep it.

Landlords may be keeping deposits for legitimate reasons, which might stem from Karen families not having adequate orientation to their responsibilities in caring for their apartment or from families choosing not to take care of their apartments, or it may be a result of landlords taking advantage of families who are not able to advocate for themselves.

Education and Orientation.

Several staff and community focus group participants commented that there are not only significant needs in the Karen community for interpreting assistance, but also for more education

and orientation, and that Karen people need more time to learn. Several KOM staff participants commented that the goal of the U.S. Refugee Resettlement Program to move refugees to self-sufficiency as soon as possible is problematic for Karen people, because it does not allow enough time for Karen people to learn about the process of obtaining employment, for example. One staff participant commented, “Sometimes when we [refugee service providers] go by law and under work plan it's very difficult for them [clients], because they don't have enough time to improve their skills.” For example, a female community participant shared about the challenges she faces in obtaining employment, even though she has been in the U.S. for three years:

For some reason, for applying for work, I don't know how to fill out the form [even though] I have been here for 3 years. When I go to an agency, they say “you have been here 3 years” [and they turn me away]. And I don't know how to read or write so how am I supposed to do that.

In response to a question about what types of supports might help Karen people become more self-sufficient in finding employment, another KOM employment staff responded: “No, they can't do that, because the language barrier is, like, a big problem. We don't speak the language.” Another staff participant agreed, giving the example: “You can't teach them [to ride the bus] one time [or] two time[s]. Those people, they don't speak English. How are they going to read the signs and go take the bus?” The walk-in data also indicate ongoing needs for help with employment even after Karen people have been in the U.S. for several years.

A staff participant offered a suggestion regarding education for new Karen refugees:

I think also, like, not just having trainings when they first get here, because...you can't retain all that. Give them, you know, kind of do these throughout a couple months as they

get settled, as they kind of come across problems. I think that would help too. A longer-term training plan, educational plan.

Similarly, a community participant requested an ongoing class where Karen people could learn how to fill out public assistance forms. She specifically requested that the class be available to people no matter how long they have been in the U.S. A staff participant also suggested more group trainings, observing: “if they [Karen people] come to KOM we can educate them, [but] at this point, we don’t have enough funds, for sure, to educate all those people one by one, one by one.”

Complex Problems and Issues

This theme is closely related to the language barrier and needs for additional information and orientation. In response to a question about how focus group participants perceived the role of the KOM in the local resettlement system, Staff and community participants in all focus groups described KOM as the place where Karen people go when they have complex problems. Several KOM staff participants pointed out that these services often fall entirely outside of state refugee service program outcome areas. Community participants observed: “the problems that we cannot solve, we just came to see our leaders here, and we share with them and watching if they can help or not. And we believe they can help us;” “if people around them...tell them that this [problem] is pretty hard, we can't explain it, so then they have to come here [to KOM]. When they come here, that's mean other people cannot help, most of the time;” “Friends, others couldn't help you. But there is a community agency. If you go and share, they can help with this kind of situation [landlord abuse];” and “to have KOM is really important. When there isn't anyone who can help, KOM still can help. They always help you solve the problems as much as they can.” Finally, “Letters, mail, go to neighbors, but for big problem they [Karen people] will

come here,” and “We went to the other agency, but they have a lot of people there, but not a lot of Karen people who will work like KOM, and they cannot provide the thing that we need.”

Examples of complex problems reported include: being involved in a car accident, moving (updating all appropriate parties of their new address and transferring services), court and legal matters, and "family problems."

“Family problems” is one category that was named numerous times by staff and community focus group participants. It is also one of the categories used by front desk staff to record the reason a walk-in has come to KOM for assistance. According to the KOM staff, examples of “family problems” could include: reporting and responding to youth delinquency, substance abuse, domestic violence, divorce, and general parenting problems. Two community participants shared, “Some families have naughty children and they don't know what to do and they come to KOM,” and “Other agency they help with health insurance or food stamp, but usually when they have family problem they come here.”

Several staff participants described trying to refer walk-ins to other agencies for complex problems, such as a housing or legal advocacy organizations or mental health services. However, a staff participant commented about referrals: “it only really helps if services are actually accessible. At least that one...[a specific agency] was like, oh yeah just contact us if there's a crisis, but then they [KOM staff] can't get a hold of them [agency] or they [agency] don't call [the client] because they don't speak Karen.” Similarly, staff participants shared that referring people to other services can result in even more work for the KOM staff. This may result from the receiving agency not having appropriate interpreters. One staff participant described two instances where agencies requested KOM to coordinate with the client, help the client with agency paperwork requirements, and even provide transportation.

Discussion

Some of the activities provided to walk-ins during the research period overlap with funded state refugee program activities, namely employment and housing. When the researcher presented this project's findings to the KOM staff, those working in employment and housing offered three explanations for why these walk-ins may not be eligible for state refugee programs. First, the funded "outcome" for the walk-in was claimed by KOM or another agency, meaning the walk-in had been placed in employment or housing previously. States report these initial placements as indicators of "self-sufficiency," and only a certain number of people can be re-enrolled and served again in the same outcome. Second, state refugee programs require 60% of enrollments to have been in the U.S. for less than a year, which limits available slots for people who have been in the U.S. for longer. Third, the walk-in needed a one-time or limited assistance, such as giving a job applications or making a phone call to a landlord.

Overall, the findings of this project suggest some critique of the purely outcome-based refugee resettlement system that focuses on self-sufficiency as soon as possible. First, it suggests a critique of the label "self-sufficient." Currently, states report initial employment placement outcomes to the federal ORR as indicators of self-sufficiency. The program places limits on how many people can be re-enrolled in refugee services after self-sufficiency outcomes are obtained. This report raises is the question of whether it is appropriate or accurate to report Karen as "self-sufficiency" once placed in employment as soon after arrival as possible. The potential problem that this creates for Karen people and for KOM is that it fails to recognize the ongoing assistance necessary for Karen people to sustain these outcomes, or the fact that Karen people may *not* be self-sufficient in the sense that they would be able to obtain other employment without assistance in the future.

This research project suggests that Karen people do need ongoing interpretation assistance and general system navigation support in order to maintain initial outcomes and to obtain future placements when initial outcome placements end. This suggestion seems reasonable given the very low levels of English language competency and lack of familiarity with many Western systems in the Karen refugee population. This community is also very new, arriving in large numbers to Minnesota only since 2007, and even more so since 2010. Similarly, ongoing language barrier challenges often make general interpreting and system navigation support essential for Karen people to be able to access other resources.

The KOM office seems to be one place where the Karen people are able to get assistance to respond to these basic, general, and more complex needs. The ECSH program is an asset to KOM, because it allows for some KOM staff capacity to provide this assistance. It also allows KOM staff to provide employment and housing services beyond initial placements. However, this report documented a substantial number of additional, unfunded requests for services by walk-ins, and responding to these needs places a significant strain on KOM staff and financial resources.

Recommendations and Suggestions for Further Research

This research project tracked walk-in services for approximately 1 month and conducted 5 focus groups to capture the perspectives of KOM staff and some community members who have walked-in to KOM for assistance. Eleven service domains and 3 themes were identified that offer insights into the walk-in phenomenon. These domains and themes also point to several recommendations and suggestions for further research.

Recommendation #1: Obtaining a client database would be very beneficial for KOM. Having a central database of all services provided at KOM would facilitate internal coordination of

services and increase efficiency of walk-in services by allowing staff to see who else served the person, what services were provided, and the result, including anything pending. It would also provide more comprehensive data about walk-in services provided across time, which could be useful in program planning and development. More research in this area could assist with designing curriculum to meet education/orientation requests of walk-ins and assist community members to become more self-sufficient.

Recommendation #2: KOM should continue to seek funding through the ECSH program and identify other sources of funding that support KOM's capacity to provide ongoing interpretation, education/orientation, and systems navigation services.

Recommendation #3: Ramsey County Human Services should immediately increase their capacity to provide language assistance for Karen people receiving public assistance. Another recommendation offered by a KOM staff person is for Ramsey County Human Services to dedicate specific workers to handle all Karen cases in order to streamline and simplify communication and reporting for the Karen community. KOM also indicated a willingness to work with the county to identify other strategies for decreasing barriers to accessing and complying with reporting requirements for Karen people. More research is also needed to identify how many Karen public assistance cases (including health care) are dropped every month, and to understand the costs associated with dropping and re-processing these cases.

Recommendation #4: KOM should continue to identify additional resources and programs that can assist Karen people in the areas of employment, housing advocacy, the court/legal system,

and "family problems," including parenting, youth programs, and family supports, and should work with these agencies to resolve systematic barriers that Karen people face in accessing, complying with, or navigating these services.

Recommendation #5. There is a preliminary indication of a need for more research to understand the category referred to as "family problems." Most of the walk-ins who came to KOM for assistance with family problems were enrolled in the ECSH program during the data collection period, and are not included in this report. However, is a topic that was brought up and discussed by both staff and community focus group participants. Whereas several community participants referenced family problems as a category, they did not describe many specific needs in this category. KOM staff, on the other hand, listed several concerns, including domestic violence, substance abuse, increasing rates of divorce, youth gang activity, weapons, truancy, mental health, inappropriate use of social media, and a lack of positive activities for youth. Given the significance of these concerns and the potential long-term affects of not addressing them, this is an area where gathering more information and understanding should be a priority.

Appendix A – Service Domains and Related Activities

Public Assistance ($N = 144$)

- Complete Public Assistance Forms:
 - Combined Application Form
 - Monthly Household Report Form
 - 6 Month Report Form
 - Shelter Verification Form
 - Employment Status Verification Form
 - School Verification of Attendance/Progress
 - 12 Month Recertification Form
 - Minnesota Health Care Programs or MinnesotaCare Application
 - Medical Assistance or MinnesotaCare Pregnancy Verification
- Interpret and explain Public Assistance Mail (regular letters, regarding new health insurance laws)
- Copy checks, documents for Public Assistance Reporting
- Take to the bank or copy bank statement for Public Assistance reporting
- Call another state to request case closure letter
- Communicate/phone call to Ramsey or take to Public Assistance
- Write letter to Public Assistance to request case closure
- Fax "activity log" to the client's employment counselor
- Assist to choose a health plan
- Assist with getting a replacement health insurance card

Interpreting and Paperwork (other) ($N = 52$)

- Interpret and explain mail about retirement account
- Complete paperwork/fill forms, (unspecified)
- Interpret and explain mail (unspecified)
- Completed national research form
- Help client to write a check
- Interpreting on client's behalf (unspecified)
- Interpret and explain letter from IRS, help client to respond (write letter)
- Interpret and help client to report lost or stolen social security card

Employment ($N = 43$)

- Help find job opening
- Give job application
- Interpret and assist with filling out job application
- Interpret for client to communicate with employer (e.g. to report injury, illness, PTO requests)
- Help client to find out who their job counselor is and how to contact them

Housing ($N = 19$)

- Interpret for communicating with or reporting changes to Public Housing
- Assistance to complete ongoing paperwork related to Public Housing application
- Interpret and advocate to landlord (e.g. to request repairs, re: unlawful charges)
- Find housing
- Interpret and assist to communicate with electric or gas company (e.g. to start/stop service)
- Interpret and explain letter about energy bill, assistance to write check/pay bill
- Refer to legal aid for housing concerns (e.g. unlawful charges)
- Interpret and assist to report address change to all appropriate parties (energy, USCIS, etc.)
- Refer to and interpret for Habitat for Humanity
- Interpret and assist to communicate with phone/internet company (to set up internet, report phone problems, request repairs)

Court/Legal System ($N = 15$)

- Call the court and assist to pay citation
- Assist with chemical health assessment scheduling with probation
- Interpret and explain mail from the Court, inform client of court date/time
- Help client to complete Request for Restitution form
- Take client to drugs class in downtown
- Interpret and assist clients to communicate with attorney

Health (Non Benefit Eligibility-Related) ($N = 14$)

- Interpret and explain mail or fill out form for PCA assessment and service plan
- Set up medical appointment
- Interpret and explain and/or assist to complete hospital or clinic survey
- Interpret and explain and/or assist to complete health plan board election letter
- Interpret and explain mail from hospital or clinic
- Interpret and explain/assist to respond to bill from hospital or clinic

SSI Disability ($N = 12$)

- Refer to SSI advocacy program or SSI disability lawyer, interpret for initial screening appointment
- Transportation and interpreting at the Social Security Administration (SSA) office
- Interpret and advocate regarding SSI disability benefits
- Assist to complete Functional Assessment Report for SSI disability
- Interpret and assist to complete Third Party Functional Assessment Report for SSI disability application
- Interpret and explain letters from SSI advocacy organization or SSA office)

Education ($N = 6$)

- Register for ELL or take to school
- Interpret and explain mail from school
- Head start (unspecified)

Other ($N = 6$)

- "Family problems"
- Internal referral to a KOM program
- Consultation about moving relatives to MN from another state

Travel Loan ($N = 5$)

- Explain bill, help client to write check
- Interpret for client to communicate with volag travel loan department

Dept of Motor Vehicles/Car Insurance ($N = 5$)

- Interpret and explain mail or bill about car insurance
- Set up a appointment for driving road test
- Help client fill forms and get driver's license, permit, or state ID (incl. replacement documents)

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References

- Amnesty International. (2008). Myanmar: Crimes against Humanity in Eastern Myanmar
Retrieved from <http://www.amnesty.org/en/library/info/ASA16/011/2008/en>
- Barron, S., Okell, J., Yin, S.M., VanBik, K., Swain, A., Larkin, E., et al. (2007). Refugees from
Burma: Their backgrounds and refugee experiences. Washington, DC: Cultural
Orientation Resource Center.
- Burmese Border Consortium. (2004). *Twenty years on the border*. Bangkok, Thailand: Burmese
Border Consortium. Retrieved from <http://www.refworld.org/pdfid/4cb2c3ee2.pdf>
- Free Burma Rangers. (2010). Update of Burma Army Attacks, Murders, Displacement and
Forced Labor in Karen State, Burma. Retrieved from
<http://www.freeburmarangers.org/Reports/2010/20100121.html>
- Harvard Law School International Human Rights Clinic. (2009). Crimes in Burma. Retrieved
from <http://www.law.harvard.edu/programs/hrp/documents/Crimes-in-Burma.pdf>
- Heppner, K. (2000). A Village on Fire: The Destruction of Rural Life in Southeastern Burma.
Cultural Survival Quarterly 24(3), 15-18.

Human Rights Watch. (2002). "My gun was as tall as me": Child soldiers in Burma. New York: Human Rights Watch.

International Labour Organization. (1998). Forced labour in Myanmar (Burma): Report of the Commission of Inquiry appointed under Article 26 of the Constitution of the International Labour Organization to examine the observance by Myanmar of the Forced Labour Convention, 1930 (No. 29). Geneva: International Labour Organization.

International Rescue Committee (2006). OPE Thailand: Tham Hin Camp. Retrieved from <https://secure2.convio.net/cws/PDFs/refugees/Burmesefs.pdf>

Karen Human Rights Group. (2000). Starving them out: Forced relocations, killings, and the systematic starvation of villagers in Dooplaya District. Thailand: KHRG, March 2000, report #2000-02.

Karen Organization of Minnesota. (n.d.). Our History. Retrieved from <http://www.mnkaren.org/about.htm>

Karen Women's Organisation. (2007). The State of Terror. Retrieved from <http://www.karenwomen.org/Reports/state%20of%20terror%20report.pdf>

McCabe, C. (2010). Bridging the gap? An exploratory study of the role of ethnic community-based organizations in refugee integration in the United States. ISED Solutions Institute for social and economic development: Applied Innovations Working Paper. Retrieved from: http://ised-sow3.org.s56263.gridserver.com/sites/default/files/AIWP_CM_ECBO_FINAL.pdf

Minnesota Department of Health. (2012). Primary Refugee Arrivals to Minnesota, 1979-2011. Retrieved from <http://www.health.state.mn.us/divs/idepc/refugee/stats/refcummm.pdf>

Naing, S.Y. (April 18, 2011). Rights groups question refugee repatriation. The Irrawaddy.

Retrieved from http://www2.irrawaddy.org/article.php?art_id=21128

Office of Refugee Resettlement. (2010). State Letter #10-09: Office of Refugee Resettlement

Guiding Principles. Retrieved from <http://www.acf.hhs.gov/programs/orr/resource/state-letter-10-09>

Office of Refugee Resettlement. (2012). Refugee Arrival Data. Retrieved from

<http://www.acf.hhs.gov/programs/orr/resource/refugee-arrival-data>

Office of Refugee Resettlement. (2013a). Ethnic Community Self Help Program. Retrieved from

http://www.acf.hhs.gov/grants/open/foa/files/HHS-2011-ACF-ORR-RE-0173_3.pdf

Office of Refugee Resettlement. (2013b). Refugee Resettlement 101: Resettlement in the United States. Retrieved from

https://www.acf.hhs.gov/sites/default/files/orr/refugee_resettlement_101.pdf

United Nations High Commissioner for Refugees. (2007). UNHCR quick fact sheet: Burmese resettlement from Tham Hin Camp in Thailand. Retrieved from

http://www.lcfsrefugees.blogs.com/cultural_descriptions/UNHCR%20Quick%20Fact%20Sheet%20--%20%20Burmese.pdf

United Nations High Commissioner for Refugees. (2008). Myanmar Thailand border: Age distribution of refugee population as at end April 2008. Retrieved from

<http://www.unhcr.org/4416887e0.html>

United States Department of State, Refugee Processing Center. (2013a). Arrivals by State and Country as of July 31, 2013. Retrieved from

<http://www.wrapsnet.org/LinkClick.aspx?fileticket=4N9uEIP2w08%3d&tabid=211&portalid=1&mid=1264>

United States Department of State, Refugee Processing Center. (2013b). Refugee Arrivals by Country of Origin. Retrieved from

http://www.wrapsnet.org/Portals/1/Arrivals/Arrivals%20FY%202013/13Aug2013-Map_Arrivals%20by%20Nationality.Cpdf.pdf

United States Department of State, Refugee Processing Center. (2013c). Top 10 languages spoken by arrived refugees. Retrieved from

http://www.wrapsnet.org/LinkClick.aspx?fileticket=M3QT_JmvxbQ%3d&tabid=211&portalid=1&mid=1242

United States Department of State. (n.d.). The Reception and Placement Program. Retrieved from <http://www.state.gov/j/prm/ra/receptionplacement/index.htm>

U.S. Department of State, U.S. Department of Homeland Security, and U.S. Department of Health and Human Services (2006). Proposed refugee admissions for Fiscal Year 2006: Report to Congress. Retrieved from

<http://www.state.gov/j/prm/refadm/rls/rpts/52366.htm>

U.S. Department of State, U.S. Department of Homeland Security, and U.S. Department of Health and Human Services (2013). Proposed refugee admissions for Fiscal Year 2013: Report to Congress. Retrieved from

<http://www.state.gov/documents/organization/198157.pdf>