

Advocacy Priorities for Policymakers

August 7, 2019

Refugee Resettlement and Integration

Issue: U.S. Should Restore Refugee Resettlement in Response to Global Refugee Crisis

With over 24 million refugees living outside the borders of their home countries as of the middle of 2018, the global refugee crisis continues unabated. However, the Trump Administration continued to severely curtail the U.S. Refugee Resettlement Program in FY 2018, recording the fewest number of refugee arrivals—under 23,000—since the modern program began in 1980. This number is substantially lower than the arrival numbers in the year after the September 11, 2001 terrorist attacks, when the U.S. put in place more stringent vetting processes. The Trump Administration has claimed that it will further strengthen vetting processes for refugees, despite the fact that refugees are already the most heavily vetted individuals allowed onto U.S. shores. President Trump issued three Executive Orders in 2017 to limit travel to the U.S. by individuals from mostly Muslim majority countries. In response to judicial orders declaring the first two EOs unconstitutional, the administration twice issued new EOs, replacing the previous versions, until the current version, which bans travel from six Muslim majority countries (Chad, Iran, Libya, Somalia, Syria, and Yemen), as well as North Korea and Venezuela, was upheld by the Supreme Court. Prior to the Trump Administration, the U.S. typically resettled the largest number of refugees in the world, safely resettling over 800,000 refugees since September 11, 2001, with the vast majority of refugees contributing to the economic prosperity and cultural vitality of communities across the country. Not a single refugee resettled in the U.S. has been convicted of domestic terrorism charges, although two individuals, both from Iraq, were found to have supported terrorist organizations abroad.

Policymakers should:

Restore the resettlement program to at least 75,000 per year, with no limitations based on country of origin or religion.

Issue: Adequate resources for resettlement and integration

Colorado has resettled over 60,000 refugees since 1980 and the successful passage of Colorado Senate Bill 230 in 2019 codified the role of the State of Colorado and its Refugee Services Program in resettling refugees. At the inception of the U.S. Refugee Admissions Program, resettlement support was provided for 36 months (to largely Vietnamese refugees), providing them with skills and resources to achieve economic self-sufficiency. However, today's refugees receive only up to eight months of comprehensive services and cash assistance and most of the funding for resettlement and integration services comes from the federal government, although the state of Colorado does use some Temporary Assistance for Needy Families (TANF) funding for these purposes. Due to the limited resources available to the resettlement agencies and other implementing partners, both the quality and quantity of services are inadequate and an increasing number of refugees are becoming impoverished and even homeless.

Policymakers should:

- 1) Support an increase in state and federal resources for resettlement and integration programs, allowing more flexible approaches to individual refugees based on needs. Depending on needs, refugees should be eligible to receive up to 18 months of assistance.
- 2) Support enhancement of cultural orientations and ongoing navigation services.
- 3) Support greater attention to addressing mental health.
- 4) Support longer-term career training for educated refugees.

Access to Quality Early Childhood Education and Care

Issue: Improve Access to Quality ECEC for Dual-Language Learner Families

Dual language learner children (DLLs) comprise 28% of all children ages 0-8 living in Colorado and represent a rapidly growing population. Dual language learners are defined as children who have at least one parent who speaks a language other than English at home. While Colorado has low rates overall of children who are enrolled in a Colorado Pre-K program at just 52%, DLL are enrolled at a rate of only 43%. DLL families are more likely to live in poverty--61.5% of DLL families live below 200% of the Federal Poverty Line compared to 35% of non-DLL families--and parents of DLL children are far less likely to have a high school education than non-DLL parents. The lack of information about and access to quality Early Childhood Education and Care (ECEC) has an impact on DLL children well beyond entry into Kindergarten. By 4th grade, English learners have substantially lower reading and math scores than native English speakers. In focus groups of DLL parents conducted by Spring Institute in 2018, parents of DLL children who did not have children enrolled in ECEC cited a lack of information about providers and resources and a lack of culturally competent care as reasons their children were not enrolled.

Policymakers should:

- 1) Consider and respond to the particular needs of DLL families within existing ECEC initiatives across the state.
- 2) Improve and expand funding for alternative forms of ECEC, such as home visiting and friends, family and neighbor (FFN) care.
- 3) Explore ways to increase the cultural competency of traditional ECEC providers.
- 4) Improve data collection across the state to cover all types of ECEC and distinct populations, including DLL children.

Education, Training, and Accreditation

Issue: Increase Colorado State Funding for Adult Education and Family Literacy

In 2014, Colorado became the 50th state in the United States to provide state level funding for adult education. This modest level of funding, just under \$1 million in 2018, funds adult education for the purposes of increasing the work readiness of its students. This funding is similar in purpose to federal funding for adult education since the Workforce Innovation and Opportunities Act (WIOA) was passed in 2014. Since the passage of WIOA, no government funding exists at either the state or federal level to specifically increase literacy for the purposes of community engagement or integration. At the same time, federal investments in adult education services have decreased overall since 2004 in inflation-adjusted terms. Although federal funding for adult education increased by nearly \$48 million from 2017 in the omnibus spending bill passed in 2018, the total annual budget of \$630 million is still a decrease in real dollars from the \$574 million appropriated back in 2004 when adjusted for inflation. Yet data

show that investments in adult education have a significant economic benefit by lifting families out of poverty, decreasing their reliance on social services, and increasing the pool of the workforce who are middle income earners and who can generate higher taxable income.

Policymakers should:

Support an increase in funding for adult education in the annual budget for the State of Colorado and for funding to be explicitly set aside for the purposes of increasing literacy and increasing the integration of English language learners.

Issue: Improve accreditation/licensing Processes for International Medical Graduates

A 2015 study by the American Association of Medical Colleges predicts that by the year 2025 the United States will face a shortage of between 46,000-90,000 physicians. There will be shortages in both primary and specialty care, and specialty shortages will be particularly large. Despite strong demand for qualified and experienced health professionals in the U.S., immigrant and refugee professionals confront sizeable obstacles to recertification and licensure. All internationally trained medical professionals must first attain a high level of English-language proficiency, obtain validation of their academic training completed abroad, and depending on their desired career path, pass medical licensing exams and complete three- to five-year residencies even if they had already progressed past this stage abroad.

Policymakers should:

Support processes for easier accreditation/licensing for International Medical Graduates (IMGs), including:

- 1) Push for state and federal funding of programs that assist internationally trained medical professionals to gain acceptance into medical programs.
- 2) Create alternative pathways for credentialing in the State of Colorado.

Issue: Greater Emphasis on Support Services within Workforce Systems

The Workforce Innovation and Opportunity Act (WIOA) was signed into law in July 2014, revising and reauthorizing the Workforce Investment Act of 1998. The new law places greater emphasis on employment and post-secondary education outcomes for adult education programs, as well as on serving individuals with significant barriers to employment, including low English proficiency individuals, adults and youth with low basic skills, veterans, disabled, seniors, and single parents. Numerous studies have shown the correlation between the provision of support services to participants in workforce programs and better outcomes in terms of increased employment and earnings. Nonetheless, support services—including transportation, childcare, emergency cash assistance, and mental health services—remain underfunded.

Policymakers should:

Support increased resources at the state and federal level within workforce programs on support services that allow individuals with barriers to employment to benefit from core workforce programs.

Health Equity and Access

Issue: Health Literacy, Language Access and Cultural Competency in Healthcare Sector

Background: While the ACA (Affordable Care Act) has greatly increased healthcare coverage among low-income individuals, health access for immigrants and refugees remains challenging due to a number of other barriers including transportation, language, and health literacy. Although immigrants and refugees typically arrive in the U.S. healthier than native-born Americans, they quickly take on common illnesses such as high blood pressure, diabetes, heart health, chronic pain, and obesity. Due to language and cultural barriers, patients often do not understand preventive care, how to select primary care doctors, when to use emergency services, or how to follow prescriptions. Health literacy, interpretation services, and navigation services allow patients to understand and manage their health care needs, including how and when to make appointments, how to follow medication instructions, and how to follow up on referrals, creating better health outcomes and decreasing expensive reliance on emergency care.

Policymakers should:

Support policies that increase health literacy, language access, and cultural competency of medical professionals to support greater health access and equity among all Coloradans.