



## Using Local Resources to Meet Health Needs

### A Guide for Refugee Service Providers and Community Organizations

Community health is stronger when all members are included, but refugee and newcomer families often face invisible barriers to care. This guide, created by Switchboard and the Society of Refugee Healthcare Providers, invites both service providers and community organizations to be part of collaborative, local solutions that leverage resources beyond the traditional health care system. It reviews examples of community-based health initiatives, ways to identify community health needs, and provides ideas for how partners can approach one another.

#### Refugee Health in Community

Similar to other vulnerable groups, such as veterans or people experiencing homelessness, [refugees and newcomers](#) often have health needs that are unmet by the formal **health care system** (individuals and entities providing medical treatment services). Common barriers include transportation access, health care costs, lack of culturally appropriate services, and unfamiliarity with navigating the complex care system in the U.S.

Many communities have developed creative initiatives that draw on **public health** principles to address these gaps. Public health's central idea is improving health through the places where people are born, grow, live, learn, work, play, and age.

**Community-based health initiatives** aim to improve the health and well-being of people living in a given area. These programs engage community members in their design and delivery and prioritize meeting people where they are rather than requiring them to seek out services.

## Examples of Community-Based Health Initiatives

The creative initiatives below showcase community-based approaches to refugee health from across the United States. These examples illustrate different ways to leverage local resources and relationships.

### Universities

[Universities across the country](#) have partnered with resettlement agencies to develop refugee health programming, including specialized clinics, curricula, and student navigator programs for medical and nursing students.

Student health navigator programs take two main formats:

- Coursework-based: Students in global health courses are organized into small groups and paired with a refugee individual or family as part of their academic requirements.
- Extracurricular: Student groups partner with local service providers to assist refugee families with health education and health care navigation.

Medical and nursing students may provide health education on specific topics and/or accompany clients to medical appointments and pharmacies, depending on their qualifications and supervision.

There are many considerations when creating a student program, including ensuring that there is a clear memorandum of understanding (MoU) in place between the university and service provider, that students have appropriate supervision and trauma-informed training about their role and boundaries, and that clients provide fully informed consent to have student volunteers provide support for health needs.

### Libraries

Public libraries are trusted spaces which often offer wide-ranging programs and services. Many resettlement agencies already partner with libraries for English for Speakers of Other Languages (ESOL) classes and computer access for job searches, making them ideal partners for health programs. Libraries have successfully implemented health initiatives after discovering that clients were already asking librarians health-related questions. Examples include:

- Hosting multilingual health info sessions

- Providing space for health screenings or vaccination clinics
- Creating health resource displays and take-home materials
- Producing multilingual health education audio recordings (with essential digital literacy support)
- Partnering with universities to host family strengthening groups

### Schools

Schools also provide excellent partnership opportunities due to their community reach, available physical space, and influence. Example health initiatives include:

- Community health fairs where schools host multiple vendors, including health professionals who provide screenings like blood pressure checks and health counseling, bringing services directly to families.
- Vaccination drives that make immunizations accessible in the familiar, trusted school environment where families already gather.
- Multilingual health education, where schools help distribute and explain health materials in families' preferred languages.

### Places of Worship

Religious leaders often have significant influence on individuals' health decisions, especially if the health decision relates to issues of faith. During COVID-19, religious leaders promoted vaccination by addressing individuals' concerns. Here are some ways places of worship can support newcomers:

- Distributing multilingual health messaging to counter misinformation
- Hosting vaccination fairs or mental health groups
- Providing platforms for trusted leaders to address community concerns

**Tip:** Religious leaders are most receptive when health initiatives align with their community's values. Frame partnerships around shared goals of caring for community well-being.

## Immigrant-Owned Businesses

Local businesses, including immigrant-owned businesses, can also be innovative partners in health initiatives. One example is from the COVID-19 pandemic, where a pan-African clothing boutique store partnered with the local health department to share COVID-19 messaging. The clothing store owner had several large WhatsApp groups where she updated customers about new fabrics, patterns, and accessories. She agreed to share COVID-19 messaging—created by the health department—through her WhatsApp group to counter misinformation. She also invited people to her shop to view new clothing and coordinated to have the health department on-site to distribute COVID-19 vaccination information.

## Public Health Departments

Public health departments are often associated with vaccination efforts and have creatively partnered on these and other health campaigns. In one city, the local resettlement agency, health department, regional health district, and state department of ecology partnered on a very successful cookpot exchange project. This project focused on providing culturally and linguistically appropriate health information in various formats about lead poisoning to Afghan families. Families were then able to exchange their old cookpots for free stainless steel pressure cookers at local events. A local federally qualified health center (FQHC) offered on-site lead testing. Through the initial initiative, 134 safe cookpots were distributed, benefiting more than 660 people.

**These examples show what is possible when providers and communities work together on health initiatives. The most successful programs emerge when partners combine their complementary strengths:**

**Refugee service providers bring direct client relationships, skills in [trauma-informed care](#), cultural and linguistic capacity, and ability to assess health needs and gaps.**

**Community organizations contribute trusted spaces (that may not appear on formal lists), established communication channels, authentic means of engagement, and deep local knowledge.**

## Identifying Community Health Needs

### Conducting Health Needs Assessment

A systematic **health needs assessment** can help identify unmet health needs and existing assets. This could involve partnering with a defined community group to document their priority health needs through both qualitative (interviews, focus groups) and quantitative (surveys, statistics) data about:

- Health problems and priorities
- Health knowledge, beliefs, and behaviors
- Health care system access and whether needs are being met
- Health assets

For example, a resettlement agency might discover through focus groups that Somali clients are struggling with diabetes management, while surveys reveal that transportation to specialty appointments is the primary barrier.

To be effective and authentic, assessments should be designed and conducted in full partnership with the community. While anecdotal evidence provides valuable insights, it shouldn't replace formal assessment, as it may not reflect overall community needs. For more information about conducting health needs assessments, including templates, access the [Migration Health Initiative's Health Needs Assessment Toolkit](#).

### Community Resource Mapping

**Community resource mapping** (also referred to as community asset mapping) is the process of documenting what services and resources are available within a given community. Service providers typically lead this systematic mapping process, bringing expertise of their clients' health care needs, insurance requirements, and transportation patterns. Community organizations contribute essential local knowledge about informal gathering places, trusted community figures, and businesses that newcomers actually use—insights that don't appear in formal directories.

For health initiatives, it may be useful to map:

- Providers who accept clients' insurance
- Providers offering additional services (health navigators, educational support groups)
- Public health departments
- Food pantries and donation centers

- Cause-specific nonprofits
- Places of worship
- Public libraries, schools, and universities
- Grocery stores, pharmacies, and local businesses
- Organizations without current newcomer relationships but potential interest
- Local community leaders

As part of this effort, you may also want to capture relevant information on [social determinants of health](#) as well as preferred communication platforms and information formats.

**Tip:** To be truly useful, community resource mapping often takes several iterations and requires moving past the “usual suspects” (large nonprofits, faith-based institutions, government offices, etc.). A key question for community organizations to help answer is “Where do people naturally gather or seek advice when they have a problem, even if it's not health-related?”

Various techniques can be used to locate resources. In addition to online research, one option is a **“windshield” or walking survey:**

- Identify what you are hoping to assess. Is it a specific kind of community organization or any organization or business in a certain area?
- Identify what area you are assessing. Is it the area around your organization’s office or another key service location that clients are familiar with traveling to? Is it an area near where clients live or work?
- Print and draw on a map of the area you are reviewing and write down the types of organizations you are hoping to locate.
- Drive or walk around the area. Search for signs indicating that organizations or businesses are present. Go into buildings and take pictures of their floor directories. Write down your findings, including the organization’s name, address, and phone number.
- Document your findings, including contact information for each organization.

For more information on community mapping, see:

- [Tips for Creating Your Own Local Refugee Health Care Provider Directory.](#)
- [Mapping Connections: Building Effective Resource Directories for Newcomer Communities](#)
- [Community Resource Mapping Templates](#)
- [Strengthening Refugee Integration through Community Resource Mapping](#)

## Approaching New Partners

### For Refugee Service Providers: Approaching Community Organizations

Remember that most community organizations want to better serve their communities but may not know how to support newcomer populations specifically. Your expertise about refugee health needs, combined with their community connections, can create powerful partnerships.

When approaching community organizations about potential partnerships on health initiatives, tailor your request based on what each organization may find most meaningful. A library might be interested in serving English language learners, while a school might want to support children, youth, and caregivers.

Your approach should demonstrate how the potential partnership serves both organizations' missions. Be prepared to share:

- Evidence of the health needs and how your proposed activity would help meet them
- How the collaboration could benefit the partner and those they serve (clients, patients, students, etc.)
- How many people you anticipate reaching
- What would be required to host the health activity and what each partner would contribute (with willingness to explore different ways the partner might be involved)
- Any other partners already engaged or interested in engaging in the health activity
- Timeline for implementation and resources needed
- Anticipated impact



## For Community Organizations: Approaching Refugee Service Providers

If you are interested in supporting refugee health but are not sure where to start, refugee resettlement agencies and state refugee health coordinators are excellent first points of contact. They understand local needs and can help identify impactful ways your organization can contribute.

### Finding refugee resettlement partners:

- Visit the [Office of Refugee Resettlement's state resource map](#) to find resettlement agencies in your state.
- Contact [State Refugee Health Coordinators](#) who can connect you with organizations and suggest partnership opportunities.

### Reaching out to resettlement agencies:

- Share your ideas for partnering or describe existing programming that could be tailored for refugee communities.
- Ask about the most pressing local health needs and how your organization might help address them.
- Remain open to alternative partnership ideas they might suggest based on their community knowledge.

### What to highlight in your outreach:

- Your organization's community connections and trusted relationships
- Available resources (space, communication channels, volunteer capacity)
- Existing programming that could incorporate health elements
- Your interest in learning about and supporting refugee community needs

## Resources

[Migration Health Initiative](#) (formerly the National Resource Center for Refugees, Immigrants and Migrants): Promising practices and toolkits on innovative community partnerships in health.

Office of Refugee Resettlement: [State-by-state list of resettlement resources](#) and [State Refugee Health Coordinators](#).

Switchboard resources on community mapping:

- [Mapping Connections: Building Effective Resource Directories for Newcomer Communities](#)
- [Community Resource Mapping Templates](#),
- [Strengthening Refugee Integration through Community Resource Mapping](#) (Recorded Webinar)

Switchboard community engagement video series:

- [Who Are Refugees and How Do They Arrive in the United States?](#)
- [Understanding Newcomer Immigration Statuses](#)
- [An Overview of the Office of Refugee Resettlement](#)
- [Major Service Areas and Grant Programs of ORR's Resettlement Program](#)

For more information about the health journeys of refugees and newcomers, as well as common health concerns, read Switchboard's guide [An Introduction to Refugee Health](#).

To learn more about  
Switchboard, visit  
[www.SwitchboardTA.org](http://www.SwitchboardTA.org).



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