



# REFUGEES IN MISSOULA, MT

Health Needs Assessment (2020)

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## **Introduction**

In the spring of 2020, a group of undergraduate students in a Program Planning course at the University of Montana conducted a Health Needs Assessment of refugees living in Missoula, Montana. The students learned about the PRECEDE-PROCEED model and how to apply it to community program development. This educational exploration was supported and guided by instructor Mary Parrish. (kayla)

The following Health Needs Assessment contains findings from several, but not all stages of the assessment process. The spring semester of 2020 is when the COVID-19 pandemic began bringing nonessential public meetings to a halt, and consequently bringing many parts of the Health Needs Assessment to a standstill. Some data was collected in-person before the pandemic began, and other data was gathered via phone or email. Those who contributed to the assessment included gatekeepers, key informants, and members of the refugee population. The work that was completed resulted in findings designating mental health as a critical health issue among the refugee populations. (kayla)

## **Advisory Committee**

Representatives from the University of Montana, Soft Landing, and the International Rescue Committee (IRC) participated on the advisory committee. Members take part in activities such as, providing insight and identifying goals during the assessment. Each

member, on their own, provided information beneficial to the development of this assessment. Information ranging from personal experience to professional insights was given. These sources are viable and reliable due to the success they have achieved in their given title. (Aubrey)

**Table 1. Advisory Committee**

<b>Name</b>	<b>Title</b>	<b>Organization</b>
Kayla Isaacson	Student	University of Montana
Aubrey Godbey	Student	University of Montana
Megan McGowan	Student	University of Montana
Kaylee Flanigan	Student	University of Montana
Michaela Keast	Student	University of Montana
Molly Cottrell	Co-Founder and Program Director	Soft Landing
Jen Barile	Resettlement Director	International Rescue Committee
Kim Keast	Volunteer	Soft Landing and International Rescue Committee

**PRECEDE-PROCEED Logic Model**

Throughout the program planning course, we have looked at the benefits of using tools like theoretical framework or the various logic models available. Specifically, in this course we learned the many benefits of following the eight phases of the PRECEDE-PROCEED Logic Model to develop an intervention. It is a critical component in planning to ensure the

intervention is based on the accurate needs of the priority population as a participatory model. The model is designed to work backwards, beginning by developing the long-term goals of your interventions then finding the causes of those desired changes. In phase 1 and 2, we find our desired outcome and the influencing factors through primary and secondary data. Influencing factors are classified as behavioral, lifestyle, or environmental. In phase 3, we examine the influencing factors and classify them into the categories; predisposing, reinforcing, and enabling. Phase 4 involves other sources of guidance with administrative, regulation, and policy issues that can influence the implementation of the program. The final four phases make up the PROCEED portion of the model. Phases 5, 6, 7, and 8 include the implementation and evaluation processes. The planned strategies and interventions are implemented and the process, impact, and outcome is evaluated for further improvement (McKenzie et. al, 2017). (Megan)

## **Phase 1: Social Assessment**

### **Missoula, Montana Refugee Demographics**

The International Rescue Committee (IRC), defines refugees as, “people fleeing violence and persecution to seek safety and the chance to move forward with their lives” (IRC, 2020). Missoula has become the new home of refugees from many parts of the world, including the Democratic Republic of Congo, Iraq, Eritrea, Ethiopia, and Syria (Soft Landing Missoula, 2020). (kayla)

### **Cultural Considerations and Quality of Life Aspects**

Within the refugee population, cultural aspects can serve as an obstacle on a daily basis. Through the collection of both primary and secondary data, it was clear how common it was for these individuals to have suffered immense struggles through loss, traumatic events, even torture and violence. Many of them are surviving against incredible odds. While they are welcomed into the United States and given the safety and freedom they

deserve, they take on a new journey of adapting to an entirely new culture (IRC, 2020)

The Missoula community thrives as a welcoming community, but unfortunately that does not eliminate the issue of discrimination. Informants reported the high risks of depression during their transition, specifically with language barriers. Multiple informants mentioned the common struggle in refugee families being that children tend to adapt to American culture faster leaving adults to rely on their children reluctantly. As Missoula is a smaller community adjusting to diversity, the town lacks some essentials for refugees from different cultures. An example given by volunteer, Kim Keast, markets with the supplies to fit the dietary specifications of certain refugees. For instance, the Muslim refugee community eats Halal which is a certain food standard that requires the animal to be slaughtered in a way that adheres to their religion. Unfortunately, Halal food is not readily accessible in Missoula as it is in other places. Religion is a critical value to many refugees and plays a role in their culture and quality of life. (Megan)

## Primary Data Collection

Due to the COVID-19 pandemic not all of the primary data could be collected as planned. Initially, it was hoped that each student would conduct two interviews and administer a survey. Luckily, some group members were able to conduct interviews that were completed either in person, over the phone, or via email, depending on the availability and preference of the interviewer and interviewee. During each interview the same set of questions was asked. Those questions can be found in table 2 below, followed by the individual interviews. (Kayla)

**Table 2. Social and Quality of Life Assessment: Refugees in Missoula, Montana** (Kayla)

Social and Quality of Life Question	Interviewee Responses
1. Tell me about yourself, what is your experience with or relation to refugees?	<ul style="list-style-type: none"> <li>● Co-founder of Missoula Soft Landing</li> <li>● Advocate for refugees/family</li> <li>● Case worker and resettlement director</li> <li>● Volunteer/family</li> </ul>

2. What are some defining characteristics of refugees that are resettling in Missoula?	<ul style="list-style-type: none"> <li>• Ages 20-50</li> <li>• Resilient</li> </ul>
3. What are some challenges that refugees face while resettling in Missoula? What are some positive aspects about resettling and the resettlement process in Missoula?	<ul style="list-style-type: none"> <li>• Language barriers</li> <li>• Finding homes</li> <li>• Lack of accessible insurance and resources</li> <li>• Inadequate access to healthcare</li> <li>• Cultural barriers</li> </ul>
4. What are some common health concerns/issues that you see among refugees? What do you believe are the causes of those health issues?	<ul style="list-style-type: none"> <li>• Unstable emotions/mental health</li> <li>• Dental hygiene issues</li> <li>• Issues arising from a lack of access to preventive care (mammograms, pap smears, and other screenings)</li> </ul>
5. Do you have any advice as far as communicating with and engaging with refugees in Missoula? What would be the best way to get in touch with those individuals?	<ul style="list-style-type: none"> <li>• Don't give up</li> <li>• Be patient</li> <li>• Do not be afraid to ask questions and fill in gaps within existing knowledge</li> </ul>

(Kayla)

### Interview Findings

<b>Interviewee:</b> Molly Cottrell at Soft Landing	<b>Interviewer:</b> Aubrey Godbey, University of Montana
<b>Interview Mode:</b> In Person	<b>Interview Date:</b> February 7th, 2020

**Interview Summary (Aubrey):** Molly Cottrell, Program Director and Co-Founder at Soft Landing, answered the social assessment questions via in person interview. Molly’s work with Soft Landing and refugees in the Missoula community is very extensive as one of the very first employees and co-founder of Soft Landing. She has worked there for 4 years and has been part of the transition from just 2 employees to now 4. Cottrell reported that Soft Landing serves about 300 individuals spanning from Congo, Iraq, Syria, and Iran. These individuals are a majority of families and single mothers. The age demographic consists of mostly young people in their 20s and elders over 50. Cottrell noted that the characteristics she believes refugees all share are resilience and resistance. She explains this in the case that moving to somewhere completely new faces refugees with many challenges, and they use great resiliency and resistance to make the transfer successful. When asked what the biggest barriers were to relocating in Missoula, Cottrell answered that language barriers will always be the biggest barrier. Soft Landing also doesn’t have

an on staff translator for these refugees and they have to be hired when needed for refugees. Another difficulty specific to Missoula is housing. Many refugees move without rental history or history of credit, and this can make it incredibly difficult to find a home. As well as finding a home, housing costs are on the rise in Missoula consistently and this can make rent payment difficult for refugees trying to find new jobs or careers in Missoula. In the case of health difficulties, Cottrell noted that a majority of refugees seem to have dental issues. This can stem from lack of access to resources and insurance. Lastly, Cottrell acknowledged that the transition for a refugee to a new place can be a roller coaster of emotions that can very easily affect mental health. Whether the transition is easy or difficult, finding a new home in a new place with cultural differences will affect the emotions and mental health of the refugees experiencing it.

<b>Interviewee:</b> Jim Adams, key informant	<b>Interviewer:</b> Michaela Keast, University of Montana
<b>Interview Mode:</b> Email	<b>Interview Date:</b> February 20th, 2020

**Interview Summary:** Jim Adams is a key informant for the Missoula Refugee Population. He works at the University of Montana in the accounting office of the W.A. Franke College of Forestry and Conservation. He got involved with the refugee population by being a mentor with the Humphrey Fellowship Program which helps foreign nationals improve their communication and literacy skills. He became a community mentor for Soft Landing Missoula. Jim explained that the biggest issue was and continues to be the biggest struggle for refugee families. He said that even after initially learning the language, he noticed a big stumbling block for the refugees after about two to three years in Missoula; the literacy and conversational fluency hits a standstill. He mentioned that a lot of the systematic struggles for the population are more so bureaucratic problems that might be out of the realm of our project.

<b>Interviewee:</b> Michaela Keast, University of Montana student and key informant	<b>Interviewer:</b> Kayla Isaacson, University of Montana
<b>Interview Mode:</b> Email	<b>Interview Date:</b> February 11, 2020

**Interview Summary:** Michaela Keast, a University of Montana Student and key informant for the Missoula refugee population, answered the social assessment questions via email. Michaela's experience goes beyond just offering help to refugees in Missoula. Her and her family took in a



family from Baghdad, Iraq that has become a very integrated and huge part of her family and life. She has gotten to see their entire relocation journey and see their children grow up as if they are her own brothers. Michaela expressed her shock that Missoula of all places in the US is a relocation hub for refugees. While she acknowledged the sometimes harsh conservatism of the state, she also highlighted the welcoming and diverse community of Missoula and how it offers so many great things to families in need. She noted that the health issues that refugees face, in her experience are similar to those that the rest of us face, but that these families do not have the same opportunities that we have as finding care is often times more difficult. She made it very clear how important it is that Missoula make an effort to make the same care available to all, and that additional resources are needed to make their transitions and life here more equal and fair. The biggest tip that she had for communicating with refugees is to TRY. Do not be afraid to ask and inform yourself if you are unsure about something. Refugees will appreciate the effort you are making.

<b>Interviewee:</b> Jen Barile, Resettlement Director at the International Rescue Committee	<b>Interviewer:</b> Kaylee Flanigan, University of Montana
<b>Interview Mode:</b> In Person	<b>Interview Date:</b> February 10th, 2020

**Interview Summary:** Jen Barile, the resettlement director at the International Rescue Committee, gave an overview of refugees from a community health perspective. Jen has been working with the refugee population for a little over four years now since the IRC got reestablished in Missoula. During her time with the IRC, she has spent time as a case worker and is now the resettlement director which brought up some interesting points. Some issues that refugees are facing are predominantly language barriers in regard to medical care and being able to navigate through starting up a life in the US. Medically, she said that explaining the paperwork for Medicaid and why you need insurance is extremely hard when you combine the language barrier as well. There isn't a specific point person for explaining and fielding questions about Medicaid and other public aid services, so everyone on the case worker team has to navigate explaining those. The other issue of transportation and navigating through the city arises from the language disconnect and not being familiar with the bus system besides the initial overview that most refugees get to be able to find the path from home to work to Providence Medical Center for their primary care. Currently, Jen is looking forward to the future and hoping for the ability to get

a community health person on staff to be able to have someone whose job is to explain the medical side of things and field questions about insurance.

<b>Interviewee:</b> Kim Keast, Soft Landing and IRC volunteer	<b>Interviewer:</b> Megan McGowan, University of Montana
<b>Interview Mode:</b> In-person	<b>Interview Date:</b> February 11th, 2020

**Interview Summary:** Kim Keast, a volunteer at soft landing and IRC was able to give a more personal perspective on refugees and their transition process as a volunteer who has become extremely close with a refugee family from Baghdad, Iraq and assisted them throughout their resettlement. Kim provided more of an understanding of many cultural barriers that this family has faced throughout their transition. Kim was also able to share some concerns that she has heard directly from the refugee community. This included various things that are vital to their culture and tradition that Missoula lacks. Such as; a place for them to worship, a Halal market, people who also speak their language or wear a hijab, and unfortunately acceptance was another. These different aspects create some isolation and struggle for refugees in the community during their transition. She mentioned some positive aspects as well, including basic rights and opportunities available to these families in America that would never be available in Iraq. For instance, the women are able to get their driver's license, women are able to work/ have their own bank account, children and adults can receive a higher education, and feel more security and safety in their daily life.

While speaking to Kim about common health concerns she has observed among the refugee community she focused mainly on the lack of preventative health care. She explained that their culture doesn't include routine testing or annual check-ups. This includes mammograms, pap smears, birth control for women, tonsillectomies, etc. She emphasized that dental and oral health is a major problem among many refugees most likely because they don't have routine check-ups or access to fluoride. Another health concern she recognized was mental health. She gave an example of an Iraqi woman she is close with who began experiencing mental health issues, but couldn't

recognize it because depression, anxiety, etc. is stigmatized and rarely mentioned in Iraqi culture. The woman even faced scrutiny from her mother for seeking help and going on medication for the mental health issues she was facing. Like many people who live in Iraq, the women's mother thought of mental health issues as "voodoo." Lastly, Kim mentioned that it can be very difficult to get in touch with refugees as many of them are very private. She mentioned getting in touch with agencies like Soft Landing and the IRC could be helpful or going to events or fundraisers that are put on by refugees and these organizations.

### **Summary of Social & Quality of Life Issues**

Individual interview data was assessed and calculated to find trending themes of health issues within the Missoula refugee population. The issues of highest importance were depression, post traumatic stress disorder (PTSD), lack of knowledge and resources for sexual health, and dental health issues. Of the issues found, it was concluded that depression was the most prevalent. This issue can stem from many factors, such as, relocation, financial instability, language barriers, etc. (Aubrey)

### **Program Mission**

To create a health needs assessment using the Precede-Proceed model to help assess the needs of the refugee demographic in Missoula, MT. (Aubrey)

## **Phase 2: Epidemiological, Behavioral, and Environmental Assessment**

Scientific literature supports primary data findings in that it also reports that mental health can be impacted when refugees are resettling. The most commonly reported mental health illnesses among refugees are PTSD, anxiety, and depression (WHO, 2019). A leading contributor to the onset of such mental illnesses is that of language barriers. Many refugees lack the capacity to speak or understand the English language, and many providers and those providing assistance lack the capacity to speak or understand other languages. The uncomfortableness that comes with being a refugee in a new location can make it incredibly hard to speak openly about mental health issues. On February 25 in Washington DC, a group of refugee youth gathered to discuss the biggest barriers they face while adjusting to life in America. The first barrier they disclosed was learning English (LANGUAGE, 2020). During integration, refugees can already feel isolated and language barriers only increase this, therefore increasing the prevalence of mental health issues like depression. Rates among refugee populations are also higher than in comparison to the

general population (Kans, 2018). Even if the process of migration is particularly easy for someone, there is a link of increased vulnerability of mental disorders and exposure to events of war and trauma, leaving refugees susceptible even before their migration (Kans, 2018). (Aubrey)

### **Health Problems**

To determine which health issues were most prominent for refugees in Missoula, MT, we would have cross referenced each health issue presented in our survey with all of our interview responses. We also would have compared it to our epidemiological data to see if our results would match the data published by our sources. (Aubrey)

**Health Behavior:** Lack of participation in and utilization of healthcare resources. (kayla)

**Program Goal:** To grasp a better understanding of why refugees face the health issues that they do, and learn how the Missoula community can best serve them to accommodate their needs and situations. (kayla)

**Program Objective:** To develop an environment where refugees feel comfortable and confident in accessing health care resources. (kaylee)

### **Phase 3: Educational Assessment:** (Kaylee and Michaela)

The Program Planning team developed questions to identify predisposing, enabling, and reinforcing factors (PER factors) related to the effect that language barriers and cultural differences have on the mental health among the Missoula refugee population. Due to the circumstances regarding COVID-19, we were not able to finish our data collection fully. Our team was unable to follow through with the phase of conducting interviews with members of the priority population. Please refer to Table 3 for Educational Assessment questions. (Michaela)

Using this phase allows us access to the primary populations knowledge, skills, attitudes and beliefs towards using health services. Obtaining this information allows us to shape our intervention as to not interfere with any beliefs but to also establish a baseline for the amount of information refugees might have regarding health services. (Kaylee)

**Interventions:** We came to a conclusion that the most effective intervention would be a mentorship program. This is the most personalized way to

Based on our findings, we have narrowed down problems to health care services not being accessed. Some factors we have found to further this problem are: language barriers, not knowing where to go, cultural stigma, and not being conscious of certain health issues. To further narrow our exploration of these issues, included below are questions that would be asked to the primary population through interviews or focus groups. (Kaylee)

**Table 3. Predisposing, Enabling and Reinforcing Community Questions** (Kaylee)

PER Factors/ Questions	Language Barriers	Location Unknown	Cultural Stigma	Not Conscious to Certain Health Issues
Predisposing	Are you from a country that didn't encourage learning English?	<ol style="list-style-type: none"> <li>1. How soon before arrival were you told where you were going?</li> <li>2. Were you prepared for Missoula?</li> </ol>	Is there a different name for the same afflictions in your home country?	Are health issues talked about such as depression?
Enabling	Are there adequate resources to be able to learn english?	Can you adequately find your way around Missoula?		
Reinforcing	<ol style="list-style-type: none"> <li>1. Do your children know English?</li> <li>2. Is there an option for a translator when/if you've sought health care?</li> </ol>	Is there anything that is prohibiting you from being able to travel around Missoula to seek care?	Does the gender of the physician stop you from discussing issues?	

### Summary

Overall, we discovered that coming to Missoula as a refugee from a different country poses some prominent struggles that are common across the majority of the population. Of course this is dependent on some major factors such as language barriers, uncertainty of the new location in which they will be moving to, cultural stigmas, and differences in the prioritization of certain health issues between the individual's previous and new country. (Michaela)

### Predisposing, Enabling, and Reinforcing Factors

There are several predisposing, enabling, and reinforcing factors that can impact one's behaviors and mental state. The assessment did not reach a point where information

could be collected to inform PER factors. Those listed below are hypothetical and based on information gathered from articles and journals (secondary data). (Kayla)

**Table 4. Predisposing, Enabling, and Reinforcing Factors** (Kayla)

<b>Predisposing</b>	<b>Enabling</b>	<b>Reinforcing</b>
<p>(Characteristics/factors that contribute to an individual's motivation to act)</p> <p>(Characteristics/factors that contribute to an individual's motivation to act)</p>	<p>(Skills/resources that lead to the completion of a behavior)</p>	<p>(Reinforcing factors, positive and negative, that are associated with the continuation or stopping of a behavior)</p>
<p><u>Negative Predisposing Factors</u></p> <ul style="list-style-type: none"> <li>● Individuals feel that they are stuck “where they are”</li> <li>● A lack of knowledge on how to fit into a new way of life</li> <li>● A belief that feeling an old life for a new one is bad or culturally unacceptable</li> </ul>	<p><u>Negative Enabling Factors</u></p> <ul style="list-style-type: none"> <li>● Language barriers- refugees often don't understand or speak English</li> <li>● Lack of sufficient funds- language and cultural barriers can make it hard for refugees to get a job</li> </ul> <p><u>Positive Enabling Factors</u></p> <ul style="list-style-type: none"> <li>● Acclimation services- entities such as Soft Landing and the International Rescue Committee provide services and resources for refugees in need</li> </ul>	<p><u>Positive Reinforcers</u></p> <ul style="list-style-type: none"> <li>● Motivation from mentors and role models</li> <li>● Social support from entities that work for and with refugees and other individuals in the Missoula community</li> </ul> <p><u>Negative Reinforcers</u></p> <ul style="list-style-type: none"> <li>● Triggering emotions and thoughts that come from discussion around health and personal history</li> <li>● Cultural/family disapproval for trying to adapt to a new way of life</li> </ul>

## Conclusion

January through May 2020, a group of students in a Program Planning course at the University of Montana conducted a health needs assessment of the refugee community in Missoula, Montana. Throughout the course we discovered a number of intervention planning tools and models that led us to apply the PRECEDE-PROCEED logic model to our program. With a collective effort among a group of university students, members of the Missoula community affiliated with refugees, and other resources, students were able to assess a desired outcome to serve the needs of this population. Health needs are evaluated in relation to their perceived health issues, behavioral and environmental factors, and influencing predisposing, enabling, and reinforcing factors. The primary and secondary data gathered reflected the significance of mental health issues among the refugee community. Refugee families and individuals experience a dramatic transition to Missoula and many are fleeing after traumatic experiences and suffering. With many facing the obstacles and isolation that come with language barriers, the mental effects of these factors are neglected in a number of cases. With that, members of the refugee community are struggling to understand their mental health issues and feeling reluctant to seek help through healthcare resources. The development of a mentorship program will serve as a foundation to integrate and form a bridge between the refugee community and Missoula community. Within this program, participants will have the opportunity to learn from each other's cultural background and assist in easing the barriers that come with the refugee's transition into Missoula. The program is a way to provide long-lasting support to these members of our community with the goal to improve quality of life and provide a comfortable resource. Finally, this participatory program will encourage the community to embrace diversity and promote the success and health of all Missoula residents. (Megan)





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## Appendix

### **Social & Quality of Life Assessment**

These questions were developed to be able to get an idea of the social and quality of life of Missoula refugees in our interviews with gatekeepers and an individual from the priority populations.

1. What does your part/ process look like?
2. How are the families affected after the scheduled support stops?
3. What other resources are there that are available for refugees?
4. What are the perceived vs actual needs of refugees?
5. Do you feel Missoula is doing their part in welcoming refugees to the community

## Survey

**Purpose:** This survey is part of an educational experience for a class assignment. The purpose of this survey is to gather information about refugees in Missoula county in order to determine the health needs that they are facing.

**Instructions:** The survey consists of four parts. Please check the box next to the answer that best describes you for each item. Please note, participation in this survey is voluntary and anonymous. Responses are kept confidential. You may skip any question(s) you do not want to answer. (kayla)

**Thank you for participating!**

### Part I: Demographics

#### 1. Age

- a) 18-20 years old
- b) 21-29 years old
- c) 30-39 years old
- d) 40-49 years old
- e) 50 years or older
- f) Prefer not to answer

#### 2. Gender

- a) Male
- b) Female
- c) Transmale
- d) Nonbinary
- e) Self-describe: \_\_\_\_\_
- f) Prefer not to answer

3. Where did you relocate from? \_\_\_\_\_

## Part II: Health Concerns

4. Research tells us that the following items are health issues common to people who are resettling. We'd like you to help us better understand the health issues of refugees in Missoula specifically. Rank 1-7 with 1 being MOST important and 7 being LEAST important.

\_\_\_\_\_ Dental Issues/Concerns

\_\_\_\_\_ Vision Issues/Concerns

\_\_\_\_\_ Sexual Health

\_\_\_\_\_ Food Security

\_\_\_\_\_ Metal/Behavioral Health (Post-Traumatic Stress Disorder, Major Depressive Disorder, etc.)

\_\_\_\_\_ Loneliness

\_\_\_\_\_ Other:

5. Do you feel comfortable addressing your health concerns with a care provider? (circle yes or no)

Yes    No

## Part III: Health Contributors

6. Do you feel that there are adequate resources available to refugees in Missoula? (circle yes or no)

Yes    No

If you circled "No", what are some areas in need of improvement?

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7. Reason for relocating to Missoula, MT?

a. Chose Missoula as a place to relocate

b. Randomly placed in Missoula

c. Other: (please explain) \_\_\_\_\_

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8. How long have you been living in Missoula?

9. Have you had issues with communication/language barriers since arriving in Missoula?

Yes No

#### **Part IV: Final Thoughts**

10. What else would you like to share? For example, what other concerns or suggestions would you like to share?

**Thank You For Your Time And Participation!**

