

# Exploring the Annual Survey of Refugees: Newly Available Public Datasets Focusing on Refugees in the United States

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### Background

Since 1980, the United States Department of Health and Human Services has conducted the Annual Surveys of Refugees (ASR) focused on resettlement self-sufficiency and integration. The 2016 ASR sampled refugees who entered the U.S. between Fiscal Year (FY) 2011 – FY 2015. The 2016 ASR dataset became available in 2019, followed by the 2017 ASR dataset (covering arrival cohorts between FY 2012 – FY 2016) in February 2020. This is the first time these data have been made publicly available.

As refugees are being seen in all communities and by family medicine practitioners in increasing numbers, these newly available data have potential to inform primary care practice and research related to refugee populations. This poster summarizes preliminary work from research-in-progress.

### Learning Objectives

- Identify the Annual Survey of Refugees (2016 & 2017) as one of few publicly available datasets that uniquely describe current or former refugees who have resettled in the United States.
- Describe the purpose and limitations of the Annual Survey of Refugees.
- Summarize descriptive statistics from 2016 ASR dataset related to demographics and specific health factors, such as source of usual medical care and health insurance coverage.
- Appraise the potential of the ASR to inform practice and research by family practitioners.

### Methods

Exploratory data analysis of the 2016 ASR. Descriptive statistics related to demographics (e.g. age, gender, country of birth); and education, work and health related (e.g. usual source of health care, health insurance coverage) questions are reported using Stata survey commands and person-level replicate weights to estimate standard errors (95% confidence interval). Missing data were excluded from analysis. Stata/IC version 16.1 was used for the analysis.

### Refugee

A temporary legal category, defined by the United Nations High Commissioner for Refugees as any person who has been forced to flee his or her country because of persecution, war or violence for reasons of race, religion, nationality, political opinion or membership in a particular social group.

### Results

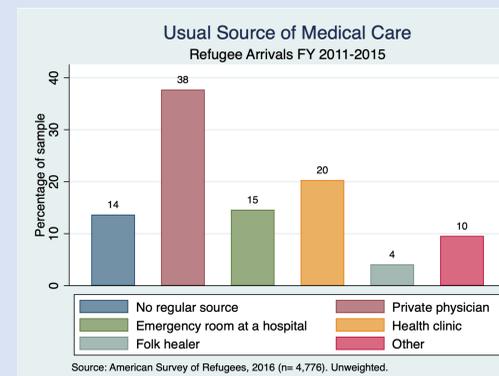
**Table 1. Summary of U.S. Refugee Population Compared to Sample Represented by Annual Survey of Refugees by Survey Year**

	2016	2017
<b>Population</b>		
<b>Countries represented</b>	138	130
<b>Total Population across all 3 Fiscal Years</b>	324,508	353,078
<b>Total Principal Applicants (PA)</b>	141,396	147,891
<b>No. of languages to fully cover population</b>	209	238
<b>Sample</b>		
<b>No. of languages offered by ASR</b>	17	17
<b>% of population covered (by language)</b>	77%	75%
<b>Total PAs included in sample</b>	6,167	6,006
<b>Number of completed interviews</b>	1,500	1,515
<b>Overall ASR response rate</b>	24%	25%

**Table 2. Demographic Characteristics**

Country of birth	Percent <sup>a</sup>	95% CI	Receipt of Refugee Medical Assistance/Medicaid	Percent <sup>a</sup>	95% CI
Iraq	21.90	19.66, 24.32	No	64.38	62.59, 66.12
Other	17.38	15.86, 19.03	Yes	35.62	33.88, 37.41
Burma	17.02	14.90, 19.36	<b>Participating in labor force</b>		
Bhutan	11.66	10.87, 12.50	No	36.42	61.66, 65.46
Somalia	6.71	6.11, 7.37	Yes	63.58	34.54, 38.34
Iran	5.79	4.94, 6.77	<b>Source of income</b>		
Nepal	5.33	4.69, 6.05	Receives earnings from employment	14.99	12.98, 17.42
DR Congo	5.11	4.37, 5.97	Receives public assistance	34.04	30.70, 37.70
Cuba	4.72	4.67, 4.77	Receives both	43.44	41.29, 45.62
Thailand	4.39	3.63, 5.29	Does not receive earnings or public assistance	0.25	0.12, 0.52
<b>Current marital status</b>			Does not receive public assistance but earnings missing	7.27	6.42, 8.23
Married	45.22	43.91, 46.53	<b>Legal permanent residency status</b>		
Never married	42.83	41.17, 44.51	Already adjusted	69.39	67.44, 71.27
Legally Separated, Divorced, Widowed, Other	11.95	9.18, 15.56	Plans to adjust	26.88	25.15, 28.69
<b>Type of work prior to arrival in U.S.</b>			Not applied, may not	3.72	2.99, 4.63
Student	30.54	28.43, 32.75	<b>U.S. citizen at time of survey</b>		
Professional (lawyer, doctor, teacher, professor, management)	21.14	16.37, 27.57	11.75	9.67, 14.21	
Semi- or un-skilled worker	17.84	15.10, 21.10	<b>Percentage Female</b>		
Service worker (retail, sales, hospitality)	12.80	10.01, 16.35	47.29	46.72, 47.86	
Skilled tradesperson	7.32	6.14, 8.71	<b>Age mean</b>		
None	2.48	1.73, 3.55	29	(range 0-75)	
Other	7.87	6.56, 9.43	<sup>a</sup> Weighted using replicate estimates for population. CI = Confidence Interval. All data from 2016 ASR.		
<b>Adults' education pursuit in the U.S.</b>			<b>Figure 1. Gender by Age Group</b>		
None	79.51	77.57, 81.33			
High school	9.54	8.37, 10.87	<p>Source: American Survey of Refugees, 2016 (n= 4,776)</p>		
Post-high school (AD, BA/BS, Masters, Professional, Certificate/License)	10.94	7.58, 15.88			
<b>Does this person have a physical, mental, or other health condition that has lasted ≥ 6 months which</b>					
<b>a) Limits kind or amount of work they can do or, b) Prevents this person from working, at a job?</b>					
No	80.43	78.11, 82.55			
Yes	19.57	17.45, 21.89			

**Figure 2. What is your usual source of medical care?**

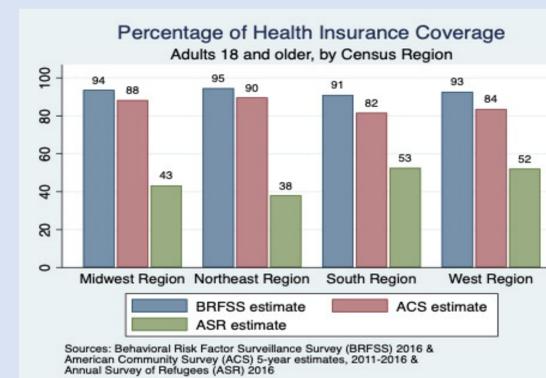


**Table 3. How were your medical expenses paid in the past 12 months?**

	Percent <sup>a</sup>	95% CI
<b>Medicaid</b>	32.74	30.58, 34.97
<b>Private health insurance</b>	20.76	17.13, 25.26
<b>Other government source</b>	19.68	17.78, 21.74
<b>No medical expenses</b>	15.43	13.67, 17.38
<b>Self or household members</b>	6.92	5.80, 8.24
<b>Refugee Medical Assistance</b>	3.22	2.47, 4.19
<b>Other source</b>	1.24	0.69, 2.38

<sup>a</sup>Weighted using replicate estimates for population. CI = Confidence Interval.

**Figure 3. How do estimates of health insurance coverage across 2 U.S. population-based datasets compare to ASR estimates?**



In this graph, we compared health insurance coverage for adults age 18 and older by census region in the U.S. Using crude data, BRFSS and ACS estimates for 'any kind of health insurance' are between 82-95%, whereas estimates of coverage in the ASR were only between 38-53%. While this analysis does not consider samples weights or statistical testing, it seems reasonable to suggest that the results from BRFSS and ACS are similarly high, while the ASR estimate is quite low across census regions in comparison. More robust analysis comparing population-based data sets could provide clarity on whether the ASR can demonstrate a disparity in health insurance coverage for refugees living in the U.S. compared to the rest of the U.S. population.

### Purposes and Limitations of ASR

- Provides a snapshot of the first ~5 years of life in the U.S., including participation in the labor force, and progress towards establishing legal permanent residency or citizenship. The survey focus is primarily on economic self-sufficiency.
- Provides limited information on health conditions, health insurance and receipt of public assistance.
- While the sampling strategy is robust, it uses proxy reporting by head of household, which can lead to inaccuracies and missing data.
- Refugee resettlement in the U.S. has changed dramatically since 2016, both in terms of numbers and mix of countries of origin.<sup>1</sup>

### Potential to Inform Practice and Research

- Despite limitations, including relatively few variables related to health, ASR data demonstrates the diversity of this population; provides an overview of education, work, and receipt of public assistance; and data can be compared to other population-based surveys (see Figure 3) with the potential to inform overarching health needs of this underserved population.
- Given the wide age distribution of the population, clinicians need to be able to care for refugees across the lifespan.
- Comparisons between the ASR and 2 other U.S. population-based surveys suggest that health insurance coverage for refugees is low.
- One major constraint in research with this population is the lack of datasets that uniquely identify refugees.<sup>2</sup> Further population-based surveys of refugees are needed, to include additional health related and social determinants of health data. Updating the ASR to include health related questions may be one way to achieve this.

### Public Data Set Source

Urban Institute. 2016 Annual Survey of Refugees: 2016 ASR\_Public\_Use\_File.dta. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2020-02-19. <https://doi.org/10.3886/E104642V4-46121>

### Human Subjects Research

The use of a public data set which does not involve identifiable data of individuals is determined by the University of Virginia Institutional Review Board to NOT represent human subjects research and therefore no review was required.

### Reference List

- Bernstein H, Santos R, Vilter C. What a new dataset can (and can't) reveal about refugees in America. Urban Wire: Immigrants and Immigration. <https://www.urban.org/urban-wire/what-new-dataset-can-and-cant-reveal-about-refugees-america>. Published 2018. Accessed October 22, 2020.
- Semere W, Yun K, Ahalt C, Williams B, Wang EA. Challenges in identifying refugees in national health data sets. *Am J Public Health*. 2016;106(7):1231-1232. doi:10.2105/AJPH.2016.303201

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