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**Evaluating Multi-level
Social Justice Interventions:
*Challenges, Lessons, and Innovations
from the Refugee Well-being Project***

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Refugee Well-being Project Team

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An American Student:

“In the beginning, I had no idea what a refugee was. After learning about them, I know now that they’re forced to flee – they don’t just flee because they want to, but they’re forced to flee, whether that’s because of political conflict or other things of that nature. After working with them, I don’t really consider them refugees because I feel like that term makes people feel sorry for them. I mean, they’re probably some of the most hardworking people I’ve ever met.”

- UNM Undergraduate Student

A Newcomer:

“When we were in Tanzania, we were refugees there; we were treated like we were second class citizens, that we wouldn’t share the same utensils as the people who were running the camp. But we came here and we realized we were treated like human beings. For example, the students would come to the house and sit together and eat together and treat us like equals and so we see with time we are going to feel really at home here. And so I feel that humanity and dignity is really being noticed and upheld in America and people see us as people, and it’s really wonderful.”

– Burundian woman

Learning Objectives – to Answer:

- What is the Refugee Well-being Project?
- How have we tried to evaluate its impacts?
- What can we learn from these efforts about meaningfully evaluating multi-level social justice interventions?

Social Inequities & Mental Health

“...levels of mental distress among communities need to be understood less in terms of individual pathology and more as a response to relative deprivation and social injustice, which erode the emotional, spiritual and intellectual resources essential to psychological wellbeing.”

- WHO Report on Mental Health, Resilience & Inequalities, 2009

Needs vs. Strengths

Refugees have multiple needs:

Psychological

(e.g., past trauma)

Material

(e.g., poverty)

Physical

(e.g., lingering physical ailments)

Social

(e.g., loss of meaningful roles)

Educational

(e.g., limited English proficiency)

Cultural

(e.g., disconnection from traditional cultural practices)

Needs vs. Strengths

Refugees have survived in spite of tremendous hardships:

Internal

(e.g., cultural knowledge, resourcefulness)

External

(e.g., family and community support)

How the RWP began...

- ◆ Refugee camp in Thailand (1993-1995)



- ◆ Public housing development in Michigan (1996)



Refugee Well-being Project Goals

- ✓ **Access to community resources**
- ✓ **Learning opportunities for refugees**
- ✓ **Mutual learning for refugees and Americans**
- ✓ **Valued social roles and social support**
- ✓ **Empowerment and integration**
- ✓ **Communities' responsiveness**

Refugee Well-being Project (RWP)

- ◆ Brings together refugees and university students
- ◆ Students receive course credit and 3 months of intensive training
- ◆ 6 months working together
- ◆ 2 hours per week in Learning Circles
- ◆ 4 to 6 hours per week of Advocacy

Refugee Well-being Project Components

Education component:

Learning Circles
(Cultural Exchange &
One-on-One Learning)

Advocacy component:

Mobilize resources based on needs/wants of refugee families (e.g., housing, employment, healthcare, school issues for children)

Learning Circles: Cultural Exchange



Learning Circles: Cultural Exchange



Children's Learning Circle



Learning Circles: One-on-One Learning



Learning Circles: Special Supports

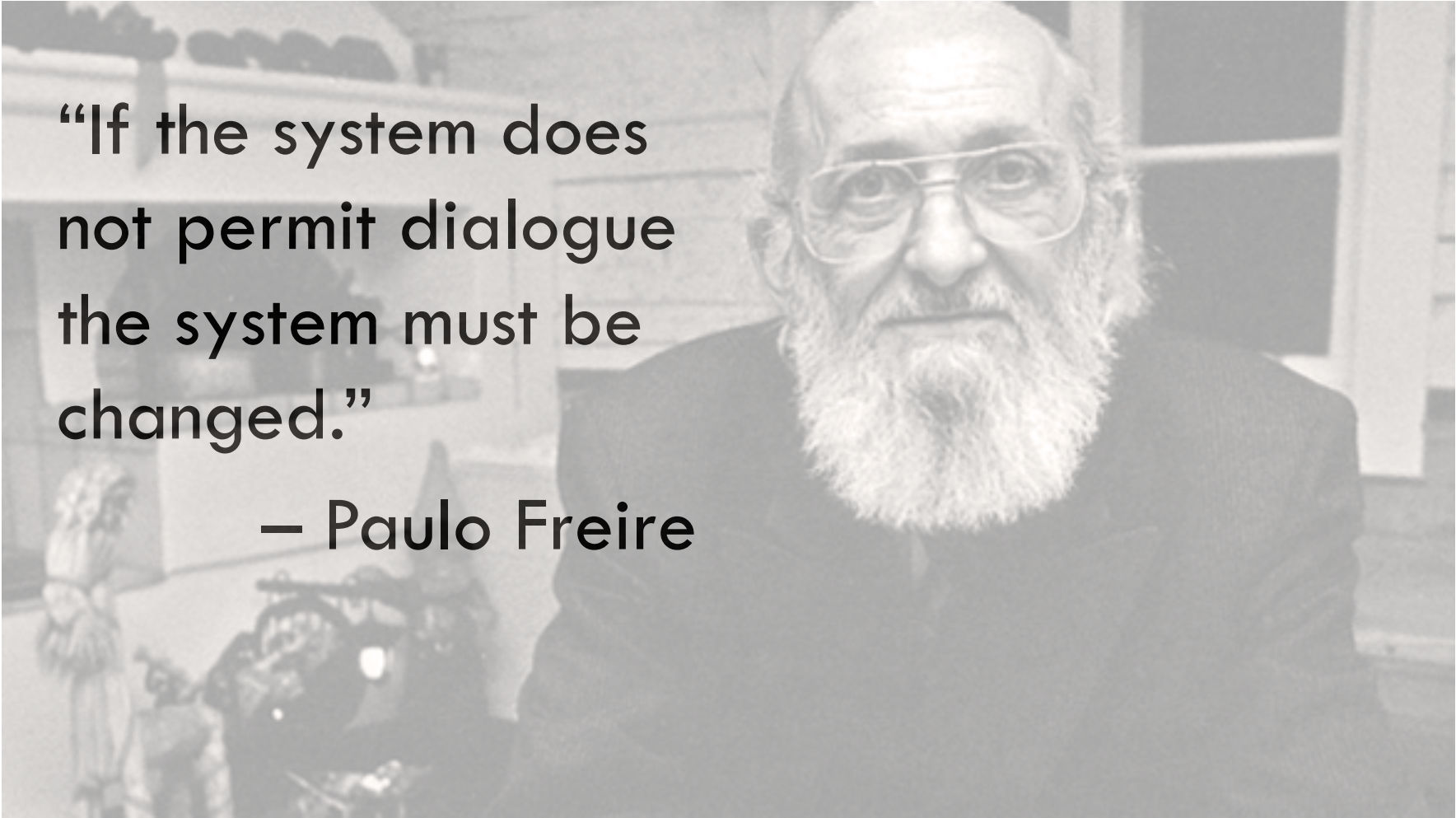
Snacks
and Tea



Child Care



Transportation



**“If the system does
not permit dialogue
the system must be
changed.”**

– Paulo Freire

Overview of Advocacy Component

- ◆ Each student matched with one to four refugee partners
- ◆ Students spend at least 4-6 hours each week on advocacy for 6 months
- ◆ Advocacy goals determined by refugee participants
- ◆ Focus on transferring advocacy skills to partners by end of project

RWP Time Line

- 1996-2001: RWP developed & implemented in Michigan (Goodkind, Hang, & Yang, 2004; Goodkind, 2005; 2006)
- 2004-2012: RWP adapted & implemented in New Mexico (Goodkind, Githinji, & Isakson, 2011; Goodkind, et al., 2014; Hess, et al., 2014)
- 2013-present: Randomized Controlled Trial of RWP in New Mexico (Goodkind, et al., 2016)

Evaluating RWP: The Early Years

- 2000-2001: Hmong refugee adults
- 2006-2009: African refugee adults and children
- 2009-2010: Iraqi refugee adults and children
- 2011-2012: African & Iraqi adults and children

- Mixed methods (always)
- Within-group longitudinal design with 4 time points
 - ▣ Advantages
 - ▣ Limitations

Evaluating RWP: Current Plans

- 2013-2018: Randomized Controlled Trial with 280 refugee adults from:
 - Afghanistan
 - Great Lakes Region of Africa
 - Iraq & Syria
- Quantitative and qualitative data at 4 time points over 14 months
- Participant observation at Learning Circles, community advisory council meetings, and research team meetings to explicate context and examine multi-level changes
- Student-partner interviews

Randomized Controlled Trials (RCTs)

- RCTs are a long-standing and important design for conducting rigorous tests of the effectiveness of health interventions (Meldrum, 2000)
- Concerns about their:
 - ▣ external validity (Rothwell, 2005)
 - ▣ utility in explicating mechanisms of intervention and participants' intervention experiences (Hawe et al., 2004)
 - ▣ feasibility and acceptability (Rychetnick et al., 2002)

Community-Based Participatory Research (CBPR)

- ☑ Collaboration among researchers and community members
- ☑ Mutual learning
- ☑ Strengths
- ☑ Using research to improve lives of individuals and communities and to promote social justice

CBPR & RCTs – Can they be combined?

- Tension between RCT and CBPR paradigms
- CBPR requires attention to context, systems-change, sustainability, capacity building, and empowerment (Trickett 2011)
- Understand contextual factors that impact the success of an intervention for a particular population (Braveman et al. 2011; Hawe et al. 2004; Lifsey et al. 2015)

CBPR & RCTs II

- **CBPR successfully combined with RCT**

(Horn, McCracken, Dino, & Brayboy, 2008; Jones et al., 2008; Krieger et al., 2005; 2009; Parker et al., 2008; Salvatore et al., 2009)

- **Merits further exploration**

- **Recognize and address inherent tensions and challenges**

Epistemological Challenges

Limited external validity of RCTs

- ▣ *Resolution/Innovation:*

- Mixed-method design allows for exploration of processes, contexts, and power dynamics of intervention implementation

Epistemological Challenges

Is a RCT necessary to demonstrate effectiveness?

▣ *Resolution/Innovation:*

- Many forms of evidence valued by research team and CAC
- Mutual decision to implement RCT to strengthen ability to fund and disseminate intervention

Methodological Challenges

Diffusion of effects

▣ *Resolution/Innovation:*

- Ask participants to provide names of their relatives
- Randomize by household and include close relatives in the same household
- Document diffusion using student advocate reports

Methodological Challenges

Goal of community-level change

▣ *Resolution/Innovation:*

- Document community-level changes and ask participants specific questions to ascertain if community-level changes have impacted them (e.g., if they have used services that have been developed or made available as a result of intervention advocacy)

Methodological Challenges

Positive impact of interviews

- ▣ Resolution/Innovation:
 - Document participant comments about interview process

Methodological Challenges

RCT design can erode trust of participants and communities

- ▣ Resolution/Innovation:
 - Group orientations for each ethnic group
 - Public randomization process
 - Ongoing partnership and dialogue with refugee communities and service providers

Ethical Challenges

Responding to mental health needs of control group

- ▣ **Resolution/Innovation:**

- Evidence-based trauma treatment offered to both intervention and control group participants with clinically significant PTSD symptoms

Ethical Challenges

Providing help when no other help is available

- ▣ Resolution/Innovation:
 - Interviewers provide help according to agreed upon protocol
 - All provisions of help are documented

Ethical Challenges

Interviewers belong to same communities as participants

“These are our neighbors”

▣ Resolution/Innovation:

- Ongoing reflection, bidirectional learning among all research team members
- Flexibility to adapt study procedures and guidelines
- Intensive and ongoing training and support for interviewers

Ethical Challenges

Some families need more help than others

- ▣ Resolution/Innovation:
 - RCT does not allow for prioritization of families with greater need
 - Propensity score analyses allow us to examine comparable families in intervention and control groups

Impacts on Refugee Participants

- ✓ Increased English proficiency over time
- ✓ Increased access to resources over time
- ✓ Increased social support over time
- ✓ Increased quality of life over time
- ✓ Increased enculturation over time
- ✓ Increased psychological well-being over time

Increased Social Support

“We’ve cooperated a lot together. If I needed anything I’d call him [student partner] on the phone and he would be right there knocking on my door to come help me. Even if it’s like eight o’clock at night, he’d be there. One time I forgot it was my birthday and he called and told the kids to tell me that it’s my birthday. Then he came and gave me a present, and I was very happy. And so sometimes I was wondering, is this a brother that I have? I am really happy that we got to work together so well.”

– Burundian Man

Increased Trust & Safety

“Definitely we learn a lot during this program. We learn about the U.S. cultures and traditions and believe they learned the same things about our culture. I believe we can say that this program helped us to build trust all together. We feel we are much, much more comfortable now when they approach us and we feel we are no longer lost.”

- Iraqi Woman

Improved Mental Health and Well-being

“For a long time in my life, I lived like a refugee. This project is really good in terms of helping me with mental health. If I was just by myself, with just the family, I would be thinking about the terrible things that happened in the past. But when I come from work and get to meet with him [student advocate] and the other people; I am really engaged in the present, and I don’t dwell on the horrible things that happened in the past.”

- Burundian Man

Increased Environmental Mastery

“I came here [to the U.S.], I didn’t know anything... But then as time went by through this program, I got the chance to understand and learn more. So when I went home I was able to look at the letters that came in the mail and understand, like what this bill is for, how much I have to pay, or where do I go and pay for this... Like, all the other letters that comes in, I was able to understand... so thanks to you [undergraduate], I was able to know, understand that, and just do it for myself.”

– Hmong woman

Critical Consciousness

“I learned that we take a lot for granted. That being born in America entitles you to so much ... If you're coming from outside of the country you've got... so much to do to just be able to begin to adapt to life here, and so . . . I've learned to see more often the privileges that we have. “

- *UNM Undergraduate Student*

Re-examination of Values

“I think I’ve learned more about the value of money and my own personal spending habits. Like I quit my job halfway through the semester to have more time to devote to this project and to my schoolwork because I really realized that I don’t need to spend as much as I normally do and I can live with a lot less and I take the bus and stuff. I mean it just makes you aware of how blessed I was and that I don’t want to take advantage of that because I want to help other people.”

-UNM Undergraduate Student

Inequities in System/Need for Change

“I came to learn that this program is a prime example of active nonviolence. We the students are engaged in a battle against structural violence. Refugees in this country are often ignored, neglected, or abused by people who do not want them here. This is one of the most heartbreaking forms of structural violence. Refugees have been through a great deal of trauma. When they finally reach a destination that can be construed as safe, they are still victimized. This has been the most amazing thing I’ve done academically at the University of New Mexico...”

- *UNM Undergraduate Student*

A Few Examples of Multilevel Outcomes

- United Voices for Refugee Rights
- Refugee Mentoring Project
- Education of schools about ROTC
- Former students around the U.S. and world
- Coordination with refugee resettlement programs in NM and TANF credit

Discussion

- Importance of **mixed methods**
- Research team training must involve **bidirectional learning and support for interviewers** who are faced with ethical challenges on a daily basis
- Must have **flexibility in study approach and procedures**, with explicit emphasis on listening to the interviewers' experiences and learning from them
- **Ongoing discussions** with CAC members, the research team, and community partners **about the purpose and requirements of RCTs**

Future Plans

Would we conduct another RCT of a multilevel, social justice intervention?

Probably not...

Conclusion

- Essential to develop **novel research designs and methods** to rigorously assess interventions that have intended community-level outcomes
- Important to **critically examine our culture of science, including the current context of funding for evaluation research and our epistemological assumptions about what constitutes evidence of intervention effectiveness** (Trickett 2011)