



Making Meaningful Evaluation for Refugee Children and Youth

Danielle Jackman, Ph.D., Crystal Luce, M.A., & Francis Cheung, M.A.

Aurora Research Institute

ABSTRACT

There is limited knowledge on the effectiveness of incorporating health navigators in the treatment of trauma among asylum seeking, refugee, and immigrant children and youth. Research has shown health navigators to be helpful in assisting newly arriving adult refugees get appropriate access to care and resettled refugees overcome mental health and acculturation issues.³ However, the benefits are unclear of the usefulness of health navigators among young refugees.

Four focus groups with 23 parents representing different cultures were conducted. Results highlighted health navigators serve a crucial role in building trust with staff in the treatment of their child/children's mental and behavioral health. Implications of evaluating this population are described.

INTRODUCTION

- Health navigators have been shown to be useful resources in assisting refugee and immigrant families.^{1,2} In particular, they are noted for being cultural brokers, interpreters, and case managers.^{1,2}
- There is a toolkit for evaluating health navigators.³ However, the toolkit was not meant for health navigator program managers to understand how to evaluate their own program, rather than an assessment of health navigators' effectiveness in program delivery.
- Additionally, evaluating the effectiveness of health navigators among asylum seeking, refugee, and immigrant families can pose a challenge to evaluators. This is especially so in cases where:
 - the participants spoken and written language differ from the evaluators.
 - the participants' culture differs from the evaluators.
 - the participants are not familiar or fully knowledgeable with the evaluation process.
- As a result, much more work is needed to understand best practices when assessing asylum seeking, refugee, and immigrant families.
- Given these challenges, qualitative and quantitative methods were utilized to assess health navigators from a Colorado based trauma-focused youth program.

METHOD

- Participants were parents and/or primary caregivers of the children and youth who receive services.

Focus groups were separated by language

Spanish speaking	n = 9
Nepalese and Karen	n = 10
Swahili	n = 2
Sango	n = 2

Qualitative Process:

- Each group had at least one health navigator to assist with translation.
- The health navigators used in the focus groups were different from the families' assigned health navigators.
- All focus groups were audiotaped, transcribed, and coded.
- All audiotapes were destroyed after transcribing was completed.

Quantitative Process:

- Participants within each group was given a 14-item survey.
- Survey included 7 demographic related items and, 7 items on a 5-point Likert type scale related to their attitudes towards health navigators and the program.
- Surveys were printed in English, Spanish, Burmese, and Swahili. There is no written language for Sango.
- Health navigators assisted participants for those who were illiterate and/or did not have a survey in their language.

RESULTS

Qualitative:

Health Navigators are useful

All focus groups commented that health navigators are useful in: translating important documents and therapy sessions; signing up for housing and health insurance and; scheduling appointments.

"It's really very nice to rely on the navigator; they do everything [schedule appoints] so we don't need to worry; it makes it very kind and easy" [*Nepalese parent*]

2. Health Navigators are like family

Participants commented that they were able to trust the processes more because the health navigators understood the cultures/traditions/language.

"Health Navigator takes the steps in making my children feel like family so it feels really comfortable." [*Spanish speaking parent*]

Quantitative:

Out of 23 surveys distributed, only 3 were partially completed, the rest were missing significant pieces of information, rendering it useless and discarded.

The surveys that were partially completed, highlighted that participants strongly agreed that health navigators are relevant and important in their children understanding and being comfortable with receiving mental health treatment.

DISCUSSION

- Most importantly, all focus groups conceded that the majority of participants suggested health navigators are an important asset in providing support as they transition into their receiving communities. In general, the focus groups were more effective in generating results regarding the participants' attitudes towards health navigators. However, there were some clear limitations in using focus groups.

Limitations:

- Participants who did not speak or understand English and/or who were newly arriving asylee/refugee/immigrant, tended to not be as responsive/participatory in the focus group as others.
- For some focus groups, there was no word for the terms used by the evaluators.
- The default for many cultures were to respond in the positive, even if they did not fully understand the question.
- Group think posed a challenge.

FUTURE DIRECTIONS AND CONCLUSION

- Conduct a two part focus group series with English speaking refugee and immigrant children and youth. Part one would be a focus group where different items and evaluation styles are purposed and discussed to determine what makes the most sense for the population. Part two would be to conduct a focus group on the effectiveness and efficiency of health navigators using the preferred/selected style and items.
- Work with different evaluation teams and other interdisciplinary staff across several agencies to create best strategies/practices module to generate the most useful evaluation results for this population.

REFERENCES

- Burbage, M., & Klein-Walker, D. (2018). A call to strengthen mental health supports for refugee children and youth. *National Academy of Medicine*. Retrieved from: <https://nam.edu/a-call-to-strengthen-mental-health-supports-for-refugee-children-and-youth>
- Natale-Pereira, A., Enard, K.P., Nevarez, L., & Jones, L. A. (2011). The role of patient navigators in eliminating health disparities, *Cancer*, 1, 3543-3552.
- Kellar-Guentber, Y. How are we doing? How to evaluate your patient navigation program. Accessed October 7, 2019. Retrieved from: <http://patientnavigatortraining.org/wp-content/uploads/2014/07/PN-Evaluation-Toolkit.pdf>