IMPROVING HEALTH AND WELL-BEING: ROLE OF NEIGHBORHOOD-BASED PSYCHO-SOCIAL SUPPORT GROUPS

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SESSION GOALS

Participants will be able to describe the origins, goals and current model used in refugee and immigrant peer-led support groups.

Participants will meet peer leaders, gaining insight into leader and group profiles, dynamics and style.

Participants will be able to discuss outcomes for peer-led immigrant support groups and the utility of both quantitative and qualitative evaluation strategies.

ORIGINS, GOALS & MODEL

Background & Significance – Leslie
Research: Quantitative & Qualitative – Azi & Yesmina
Peer Group Leadership & Style – Rup & Mulume

Funders:
Allegheny County Department of Human Services
Jefferson Foundation – AM First Aid Training (for Leaders)
Staunton Farm – RISE and Capacity Building/Sustainability

Awards:
2017 – Pitts Award for Teamwork Excellence – Honorable Mention

PROGRAM BACKGROUND

- Allegheny County DHS and partners recognized increasing numbers of vulnerable foreign born
- Scarcity of mh resources in general & esp. for non-Western populations
- Limited access to insurance for some
- Barriers to access healthcare & other related barriers

PROGRAM GOALS

- Open to refugees/immigrants in transition
- Culturally/linguistically appropriate social & emotional support
- Alleviate isolation
- Pre-empt mental health crises
- Embrace culture & traditions
  - Groups conducted in native language
- Empower participants & peer leaders

MODEL

Identify bi-lingual peer leaders

Provide paid training (clinician taught)
- Clinical group observations

Situate groups in convenient locations

8-week sessions (average); leaders paid

Post group: extend, start new groups, spin off

Budget for snacks, childcare, bus, space

Ongoing leader training

Research component

MODEL CONTINUED

STAFFING & ROLES:

Peer Role
- Participant-recruiter
- Group facilitator/refers to needed supports
- Data collector/reporter

Clinical Role
- Trainer
- Observer
- Consultant

Staffing
- Program admin   50% FTE
- Program manager   5% FTE
- Clinical supervisor/trainer   5% FTE

FUNDING

Primary: Allegheny County Department of Human Services

Additional Funding:
- Staunton Farm Foundation
- Jefferson Regional Foundation
- Pennsylvania State Refugee Office

PEER LEADER
TRAINING MODULES

- Support group overview
- Group leader roles/ responsibilities
- Member recruitment
- Paperwork requirements
- Session planning & suggested topics
- Case studies & practice sessions
- Making referrals (ISAC)

PROGRAM EVOLUTION

- Administration
- Leaders
- Programming
- Clinicians
- Funding
- Research

POPULATIONS SERVED

- Bhutanese refugees (ethnic Nepali)
- Burmese and Burmese-Karen refugees
- Chinese immigrants
- Congolese refugees
- Ghanaian immigrants
- Iraqi refugees
- Korean immigrants
- Latina immigrants/asylum seekers
- Turkish asylum seekers
- Somali Bantu refugees
- Sudanese immigrants/refugees
- Syrian refugees
- Venezuelan asylum seekers

2015-2019 NUMBERS

August 2015 - July 2016 – 24 groups; 260* individuals participated

July 2016 – June 2017 – 36 groups; 450* individuals participated

July 2017- June 2018 – 51 groups; 499* individuals participated

July 2018- June 2019 – 74 groups; 781* individuals participated

*individuals may participate in more than one group session.

LATINA PEER SUPPORT GROUP

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The group meets at the Beechview Library and is connected to the Fiber Arts Guild of Pittsburgh to create crafts.

BHUTANESE PEER SUPPORT GROUP

CONGOLESE GROUP

CONGOLESE PHOTO EXHIBITION

Martha Rial photographer; outing to exhibition at Manchester Craftsmen's Guild.
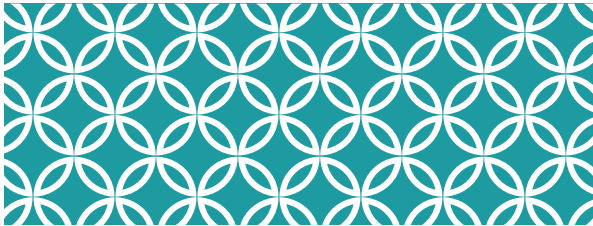
TURKISH WOMEN'S GROUP

Group started catering company and craft business; Kardelen's Catering Services and Kardelen's Fiber Arts

GROUP LEADERS: RUP POKHAREL
AND MULUME KAZIMOTO

OUTCOMES, EVALUATION & RESEARCH

OUTCOMES EVALUATION

Initial approach (Quantitative)

- Pre/Post surveys
- Evaluating effectiveness in creating social and community connections
- Ensuring survey questions appropriate to participants; answer necessary questions for JFCS.
- Need component to be added into analysis: qualitative data from stake holders (1: post-survey, 2: group leader feedback eval; 3: clinical observer reporter)

SAMPLE POST SURVEYS

Please circle or write in the answer that best represents your opinions.

1. How did the groups benefit you?

(Please check as many as you want. Feel free to add more responses.)

☐ Meet people from my community

☐ Learn about services

☐ Become more independent

☐ Feel better about life in the United States

☐ Other

_____

2. How do you access the following?
Finding a job:
☐ by myself ☐ with help ☐ I cannot access
☐ does not apply

School (for your children or yourself, English class):
☐ by myself ☐ with help ☐ I cannot access
☐ does not apply

Your ethnic community supports (leaders, elders, and others from your country or ethnic background):
☐ by myself ☐ with help ☐ I cannot access
☐ does not apply

4. In the last 2 months, how often have you felt hopeless?
☐ Hardly Ever ☐ Sometimes ☐ A lot

5. How many people IN PITTSBURGH do you feel comfortable talking to about your problems or worries?
☐ None ☐ 1-2 people ☐ 3 or more people

6.How much do you feel a connection and sense of trust with your ethnic community?
☐ None ☐ Some ☐ A lot

RESEARCH CHALLENGES

1. Peer leaders unfamiliar with data collection
   - As a result, data collected varied greatly from group to group, and administrator to administrator
2. Research methodology unknown to many peer leaders
3. Sought way to impart basic research knowledge to peer leaders
   - Comfortable setting
   - Strengths-based approach to knowledge acquisition
   - Engage in dialogue
   - Receive input from peer leaders
   - 4. Trained leaders in research methods. Funding from IAWSG.

CHALLENGES TO QUANTITATIVE SURVEYS

Phone numbers –families share phones; seniors rarely have one; numbers change

For non-literate, translators rushed to do many in one sitting; led to missing data
- Time intensive; questions individually, verbally administered

Fear of surveys, is there a right or wrong answer? Will government know? Concerns rooted in previous experiences.

Expense of survey administration was ongoing; data wasn't providing new insights on programming
- Main driver for shift to FOCUS GROUPS

FOCUS GROUPS: QUALITATIVE ANALYSIS

Focus group to occur once per calendar year per group

Typically occurs in last 2 weeks of group meetings

Inclusive of 8-10 participants

JFCS staff member asks questions in English, 2 interpreters present, one provides translation for questions and the second takes notes as each speaker speaks

Group is audio-recorded (if permission); transcribed later and transcript is analyzed

QUALITATIVE DATA SOURCES

Triangulation:

1) Peer Leader Feedback forms (long answer)
2) Clinical Observation (twice per leader per calendar year)
3) Focus Group Transcripts (once per leader per calendar year)

Data then imported to Atlas.ti to conduct content analysis and look for themes.

QUALITATIVE ANALYSIS

Project status: In middle stage of analysis

Open coding of 111 documents revealed primary themes:

• Community, barriers, education/employment, health, providers and safety

Focused codes then created for each category and documents have been coded by 4 different reviewers:

• Two have coded transcripts for all focused codes;

• Two have focused specifically on barriers (focused) codes and health.

CURRENT QUALITATIVE ANALYSIS STAGE

Completed memo-writing process to draw conclusions about all focused codes

Early indications suggest that significant barriers to treatment include weather, transportation, and connecting new members into groups.
- Indicators that alumni groups need to be further developed and create mechanism for peers to move into leadership roles.

BROAD AND FOCUSED CODES

COMMUNITY	BARRIERS	EDUCATION/ EMPLOYMENT	HEALTH	PROVIDERS	SAFETY
Cultural Assimilation	Family	Education for Family	Exercise	ISAC	Self Defense
Support Systems	Materials	Finding Employment	Nutrition	Himalayan Foundation	Worries/Safety Concerns
Cultural Accommodation	Venue	Sharing Resources	Mental Health	JFCS	Racism
Cultural Differences in US Culture vs Home Culture	Transportation	Vocational Training/Employment	Yoga/Mindfulness		Crime in Community
	Over-Reliance on PSG	Adult Education	Health Insurance		
	Engaging New Members	Secondary Education	Health Specific Community/Togetherness		
	Cultural Nuances of Consumerism (CNOC)		Age Specific Concerns		
	Gender Specific		Physical Health Condition		
	Group Dynamics (Open/closed, size)		Creative Expression		
	Time Management				
	Interpreter				
	Household Tasks				
	Misunderstandings				

EXAMPLE: BARRIERS – FAMILY CODE (FOCUSED)

Conclusions: (based on quotes)
- Family impacts functionality of individuals in terms of group participation (either enhances or detracts from this capability).
- Translatable as challenges related to family/life/work balance; sometimes spaces that clients utilized were not hospitable to family member tag-a-long, and/or transportation challenges.
- Childcare remains a critical need, in particular for female participation.
- Sometimes peer group leaders were providers of childcare when specific persons designated with that duty did not come to the group.
- Participants faced barriers in terms of balancing the needs of their family and their work schedule, balancing these things did not always leave consistent time open for group participation.

EXAMPLE: EDUCATION/EMPLOYMENT – FINDING EMPLOYMENT

Members qualifications/education from home country do not transfer to US and they work lower-skilled jobs once in the US.

Members discuss working at any job in order to support themselves and difficulty of finding employment in general.

Groups discuss how to get better jobs and desire more education.

Overall groups are concerned with employment in general as well as planning for the future and discussing how to work towards better employment (education, experience, learning English).

EXAMPLE: HEALTH- EXERCISE

Group focus on exercise and physical movement as an importance aspect of health & wellbeing.

Leaders instruct members in specific exercises and group time is dedicated to exercising as a group.

Participants enjoy and value exercising as a group and request additional focus on ways to remain physically healthy.

Specifically, groups focused on yoga as a specific type and method of exercise.

Groups engaging in dance and exercise together demonstrate positive reactions to the activity, such as laughter and smiling.

EXAMPLE: PROVIDERS - ISAC

Group allows for community members to be connected to ISAC that might not otherwise be aware of the program.

Involvement of the group/leaders allows for a "warm hand off" and potentially deeper understanding of family needs with leader assistance.

Continued connection to community through leaders allows members to be familiar with ISAC and JFCS should they need assistance.

ISAC and RISG program compliment each other well, as RISG provides community, culturally appropriate support, and ISAC can provide more involved and continued support of concrete issues.

EXAMPLE: COMMUNITY - SUPPORT SYSTEMS

Group functions as an effective way for the community to share resources, discuss issues in community, gain support from members and strengthen connections with each other.

Members utilize group to share information with newcomers and ease resettlement process.

Leaders also report feelings of isolation, stress, despair, and other difficulties shared by members in group, showcasing the potential therapeutic nature of the group as members feel comfortable sharing such feelings.

Members with knowledge of more specific resources are able to share with the group in a more intensive way than the leader's ability. Group effectiveness increases as alumni members continue to attend sessions and bring along new members/newcomers.

The groups function well in conjunction/coordination with outside providers and may serve as a culturally appropriate conduit for members to become connected with necessary services.

REFERENCES

Cook, C. (2010). Mode of administration bias. The Journal of Manual & Manipulative Therapy 18(2), 61-63, doi: 10.1179/106698110X12640740712617

Cupertino, A. P., Saint-Elin, M., de los Rios, J. B., Engelman, K. K., Greiner, K. A., Ellerbeck, E. F., & Nápoles, A. M. (2015). Empowering Promotores de Salud as partners in cancer education and research in rural southwest Kansas. Oncology Nursing Forum, 42(1), 15-22. doi:10.1188/15.ONF.15-22

How to Conduct a Survey - Personal or self-administered approach? (2016, September 12) retrieved from https://explorable.com/how-to-conduct-a-survey

Rubin, A., & Babbie, E. R. (2017). Research methods for social work. Belmont, CA: Thomson/Brooks/Cole.

The Role of Community-Based Participatory Research (2016, September 12) retrieved from https://archive.ahrq.gov/research/cbprrole.htm

PUBLICATIONS & PRESENTATIONS

Block, A.M., Aizenman, L, Saad, A., Harrison, S., Sloan, A., Vecchio, S. & Wilson, V. (2018) Peer support groups: Evaluating a culturally grounded, strengths-based approach for work with refugees, *Advances in Social Work Practice*, 18(3), 930-948.

Block, A.M. (2019, March) Program Evaluation Methodology for Community Based Social Work Services with Refugee Populations, Paper presented at the Annual Meeting, Baccalaureate Program Director's Meeting, March 16, 2019, Jacksonville, FL.

Block, A.M. & Aizenman, L. (2017, September) Integrating Research Evaluation in Community-Based Groupwork, Paper presented at the Annual Meeting, National Association of Social Workers-Pennsylvania Chapter, September 17, 2017, Pocono Manor, PA.

Block, A.M. & Aizenman, L. (2017, June) Program Evaluation Training for Refugee Peer Support Groups, Paper presented at the Annual Meeting, International Association of Social Work with Groups, June 8, 2017, New York, NY.

Block, A.M., Aizenman, L, & Golin, J. (2016, October) Groupwork for Recent Immigrants & Refugees. Paper presented at the Annual Meeting, National Association of Social Workers-Pennsylvania Chapter, October 6, 2016, King of Prussia, PA.

Block, A.M., Aizenman, L, & Golin, J. (2016, June) Peer Support Group Model for Recent Immigrants and Refugees. Paper presented at the Annual Meeting, International Association of Social Work with Groups, June 16, 2016, New York, NY.

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