

Jacob Lorber

M.P.H. Candidate, Health Policy Track

jacob.d.lorber@vanderbilt.edu

Practicum Site: Tennessee Office for Refugees

Practicum Site Supervisor: Frances Anderson, M.P.H.

Evaluation of Tennessee's Refugee Health Promotion Program: Building a set of Promising Practices for Partner Agencies and Organizations



Introduction: The focus of this experience was to evaluate the Refugee Health Promotion (RHP) program and to produce a standardized set of best and promising practices to be used by resettlement agencies and clinical partners in the state of Tennessee. Four different partner agencies across the state receive federal funding via the Tennessee Office for Refugees (TOR) to implement health promotion programming. The objective is to standardize practices among the partners so that a more detailed and comprehensive evaluation of the program can be carried out in the future, as to identify long-term outcomes rather than immediate successes.

Methods: Existing program guidelines and policies were reviewed for foundation information about the RHP program. Current reports were assessed for perspective on what kind of data or information was required in the reporting and already being collected by the TOR from 2020 to April 2022. Informal qualitative interviews were carried out with service providers at partner agencies because of the logistical and cultural challenges of interviewing participants in the RHP program, qualitative interviews were carried out with service providers at partner agencies. These are 30 minutes interviews that are recorded to aggregate the collected information. Participant responses are transcribed with personal identifying information being omitted. Areas of questions include challenges to enrollment, provision, and reporting within the program. Additional questions include practices that have been implemented with successful participant outcomes and programmatic and organizational that will improve the RHP program.

Results: The policy and document review showed that data collection on RHP program outcomes was highly limited and varied between partners. Most partners merely reported that a successful outcome was reached without providing gradated data on participant experiences or attitudes. Interviews produced common barriers to enrollment and provision, such as lack of staff or funding, lack of transportation for clients, difficult defining scope of the program to clients, and mixed expectations of what a successful program outcome is.

Conclusions: The information collected shows that a standard set of recommended practices for the RHP program could be a necessary first step for formally evaluating process and outcomes of the program statewide. Implementation varies by partner agency, thus creating a set of promising and best practices that incorporates experiences from staff at various agencies may establish consistency that can then be examined further. Formal enrollment processes, defined expectations with the client at intake, proper management of case files and documentation, and proper assessment of client experience is highly needed across program providers.