



THE NEW AMERICANS PROJECT

ASSESSING THE HUMAN SERVICE LANDSCAPE IN CENTRAL OHIO

Research Report
January 2018



COLLEGE OF SOCIAL WORK | 1947 COLLEGE RD., COLUMBUS, OH 43210

THE NEW AMERICANS PROJECT REPORT 2018

Submitted To:

The City of Columbus City Council

Submitted By:

The New Americans Project Team

The Ohio State University College of Social Work



THE OHIO STATE UNIVERSITY

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COLUMBUS
CITY COUNCIL

FOREWORD

The City of Columbus has always strived to be an open, inclusive, and welcoming city to many New American populations from all over the globe. The New Americans Project was commissioned by the Columbus City Council as a part of the city's New Americans Initiative. The New Americans Initiative was created to provide access to city services and programs to New American populations to allow them to become responsible and productive residents of Columbus.

The Ohio State University College of Social Work was tasked to conduct an in-depth assessment of needs and capacity of the human service landscape—formal, informal, and volunteer services—available in central Ohio for New Americans to bolster the New Americans Initiative led by the City of Columbus.

Providing access to human services for the growing New American population in central Ohio can be possible through multisectoral partnerships including partnership with immigrant and refugee communities, committed to defining the problems and proposing effective solutions that are culturally responsive. We appreciate the efforts of the City of Columbus in taking this lead.

On behalf of the College of Social Work, I want to thank the City of Columbus for trusting us in this collaborative endeavor to make Columbus an open, inclusive, and welcoming city.



Tom Gregoire, Ph.D.
Dean & Associate Professor
College of Social Work
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ACKNOWLEDGEMENTS

The New Americans Project is the result of earnest effort put forth by many individuals, community members, and organizations. The study was conducted by faculty and students at The Ohio State University College of Social Work and the Columbus City Council provided financial support.

We express our deep appreciation to the steering committee—made up of community experts from various immigrant and refugee communities—for their valuable input during the various phases of this study. We are grateful to all the participants of this research project including all human service providers, grass-roots community leaders from community-based ethnic organizations, as well as key informants and community members across New American populations in central Ohio. Their efforts are the subject of this research, and their inputs have been invaluable. The research team would like to thank the College of Social Work for all the support, research assistance, and valuable guidance throughout the course of this study.

All views expressed in this report are the views of the authors and do not necessarily represent the views of the City of Columbus, the College of Social Work and/or The Ohio State University.

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Cover Page Photo Source: The City of Columbus Website <https://www.columbus.gov/crc/New-American-Initiative/>

Suggested Citation:

^{*}Maleku, A., Kagotho, N., Karandikar, S., Mengo, C., Freisthler, B., Baaklini, V & Filbrun, C. (2018). *The New Americans Project: Assessing the Human Service Landscape in Central Ohio*. Columbus, Ohio: The Ohio State University College of Social Work

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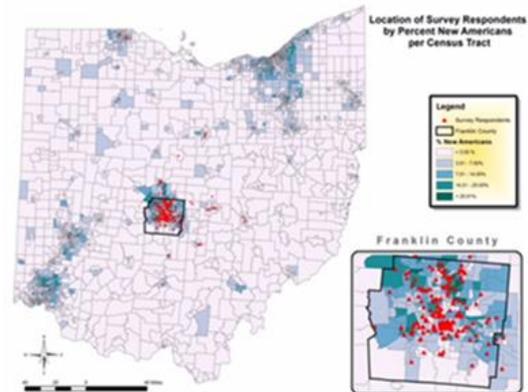
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EXECUTIVE SUMMARY

Human service organizations—such as schools, hospitals, social service agencies, and community-based ethnic organizations—in central Ohio provide an array of services to the growing New American population. These services include language access, education, health, legal, financial and many other distinct needs of the New American population such as, but not limited to acculturation stress and mental health that enhance, maintain, and protect the well-being of communities.

More importantly, community-based ethnic organizations (CBEOs) who serve immigrants play a crucial role in the immigration process and bridge the path to social, cultural, political, and economic integration of newcomers (Cordero-Guzman 2005). These agencies not only help individuals and families find a community, but also support them as they achieve economic self-sufficiency, transition into a new social and political system, and become productive citizens. In essence, these CBOs ease cultural and language incorporation while maintaining ethnic identity and solidarity—which is crucial to empowering newcomers as they secure their position in American society (Fix 2007; Newland, Tanaka, and Barber 2007).

As demographic shifts are occurring in central Ohio, human service organizations (HSOs) are growing in number and changing with the region's demographic profile. These organizations help mediate seamless migration transitions faced by immigrant and refugee populations. If we are invested in making Columbus a welcoming city for New American populations where they can thrive, prosper, and become productive citizens, we need to



understand the human service landscape of the region. What human service provisions exist in our region for the increasing New American populations? What are the barriers faced by New Americans in service access and utilization? What factors impede service access, utilization, and delivery? How are human service providers in central Ohio meeting the needs of the New American population?

Based on the responses received from a web-based survey, in-depth interviews, and focus group discussions, this report situates human service organizations and community capacity at the center of migration, community resilience, and human service research. Knowledge gained from this assessment of the human service landscape will: promote improved service delivery systems; address the quality of direct services; and improve accessibility, accountability, and service coordination among human service organizations. Implications of the study will bolster programs and policies geared towards diversity and inclusion.

KEY FINDINGS

- The majority of human service organizations in central Ohio (68%) are providing services to the New American populations, but the population still has limited access to these services. This is particularly true in legal and mental health services, where demand for services is high, but accessibility remains highly uneven.
- Many emerging issues such as opioid and related substance use, aging and late-life migration, human trafficking, violence against women, and mental health need immediate attention across various population sub-groups.
- Human service organizations in central Ohio are making continual efforts to provide culturally responsive services geared towards New Americans. However, persistent gaps remain. Although organizations invest in cultural sensitivity trainings, there are many capacity challenges to provide culturally responsive services. While language access and interpretation services are widely available, language interpretation does not necessarily translate to cultural interpretation, and this greatly jeopardizes the quality of services.
- Human service organizations overwhelmingly agree on the problems facing the new American populations. However, there is lack of consensus on the solutions. Service coordination is weak among organizations. While a certain level of collaboration among organizations that serve New Americans exist, these collaborations do not necessarily translate into pragmatic actions.
- Community-based ethnic organizations in many cases are bridging the service gaps between mainstream service providers and the New American communities. However, they are disconnected from mainstream service providers. The community-based ethnic organizations have strong connections and reach with immigrant sub-populations. Due to limited resources and capacity however, they are faced with many challenges.
- The human service environment suffers from pressure for more competition (67.44%) than cooperation (60%). There are also more incentives for competition (46.88%) than for cooperation. Some of the major reasons for competition include: bargaining power of funders and other resource holders, maintenance of organizational position and status, and overwhelming demand for services.

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ABBREVIATIONS & ACRONYMS

CSW	College of Social Work
CBEOs	Community-Based Ethnic Organizations
CBOs	Community-Based Organizations
CBPR	Community-Based Participatory Research
FGD	Focus Group Discussion
HSOs	Human Service Organizations
HSPs	Human Service Providers
RDS	Respondent Driven Sampling
OSU	The Ohio State University
US	United States
USCIS	United States Citizenship & Immigration Services

GLOSSARY

Asylee

An asylee is a person who meets the definition of refugee and is already present in the United States or is seeking admission at a port of entry.

Central Ohio

For the purpose of this study, the central Ohio region included eight counties: Delaware, Fairfield, Fayette, Franklin, Licking, Madison, Union, and Pickaway (See Figure 1).

Foreign-born

Someone born outside the United States and its territories, except those born abroad to US-citizen parents. The foreign-born include those who have obtained US citizenship through naturalization and people in different immigration statuses. People born in the United States, Puerto Rico, and other territories, or born abroad to US-citizen parents, are native-born.

Human Service Organizations

Broadly defined, these organizations are tasked with providing services that address societal problems. This brief includes information from a diverse group of human service organizations addressing a wide range of social issues including but not limited to health, mental health, education, workforce development, and basic needs such as housing, food, and income.

Immigrant and Non-immigrant

A foreign-born person who has been legally admitted into the United States and received permanent residency but is not yet a citizen of the country. This is in contrast to a non-immigrant/migrant who is in the country on a temporary basis and who could be either documented or undocumented. Throughout this report, the term “immigrant” is used as the umbrella term for both immigrant and non-immigrant population, who are foreign-born.

New Americans

For the purpose of this study, we define new Americans as any foreign-born person who is currently living in the United States regardless of their legal status.

Refugee

A refugee is a person outside his or her country of nationality who is unable or unwilling to return to his or her country of nationality because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.

BACKGROUND

“Human population mobility is an intrinsic characteristic of the human race. It can no more be stopped than the movement of wind, water, or the birds. When we stop moving, it will probably mean that we have stopped to be.”

-MacPherson & Gushulak (2013, p.2)

Human migration is at the center of human history and human development. It will continue to be a pressing issue in many years to come in the United States (US) and around the globe. Human migration has played a crucial role in transforming the US into an ethno-culturally diverse and economically prosperous nation (New American Economy, 2017). Growing from 9.6 million in 1965 to 43.3 million in 2015, the New American population has more than quadrupled in recent decades in the US (Nicholson, 2017). By 2065, it is estimated that the New American population will reach 78 million (Nicholson, 2017). With the increase in numbers, this population has also seen increasing diversity in the last 50 years. While approximately 75% of New Americans were European-born in the 1960's, today this is true of only 11% of the immigrant population, with increasing migration from Latin America and Asia (Nicholson, 2017).

New Americans in Central Ohio

The foreign-born population in Ohio is growing. According to the Department of Homeland Security, more than 17,000 individuals were granted permanent residency and 10,000 were naturalized as US citizens in Ohio in 2016 (DHS, 2016). Since 2002, more than 30,000 refugees from around the world were resettled in Ohio with 3517 resettled in the state in fiscal year 2016 (PRM, 2018). The number of refugees in the region is considerably higher when secondary migration (in-migration of refugees previously resettled in other states) is taken into account. However, due to lack of official data, these numbers largely remain anecdotal.

According to the Impact of Refugees in Central Ohio Report (2015), Columbus ranked second—compared to other major metropolitan areas—in the percentage of new foreign-born residents (those who came to the US since 2000). The

Populations served by human service organizations in central Ohio represent many countries of origin



"Ideally, it will continue to be what it is in regards to its welcoming policies and just being that magnet for people to come and rebuild their lives, but also beyond that, grow to become that global city, global welcoming city where people from all cultures can come and feel comfortable, and feel welcomed, and feel like they belong."

-A Human Service Provider in central Ohio

Somali Community Access Network estimates that central Ohio was home to more than 45,000 Somali Americans in 2009, making it the second largest Somali population in the US after Minneapolis, Minnesota. Central Ohio is also home to the largest Bhutanese population in the US, at an estimated 10,000 Bhutanese refugees (Adhikari et al., 2015). This figure however, might be as high as 23,427 (Pyakurel, S. personal communication, October 23, 2017). Due to secondary and tertiary migrations from other states, the number of immigrant and refugee populations will continue to increase over the years.

While the numbers of documented immigrants/refugees can be estimated, it is difficult to project numbers for undocumented immigrants and understand services that may or may not be available to them. According to a 2014 data, unauthorized immigrants in Ohio comprised roughly 0.8% (or 95,000 people) of the country's unauthorized immigrant population (Pew Research Center, 2016). Estimates for undocumented immigrants in central Ohio largely remains anecdotal.

In central Ohio between 2002 and 2014, Franklin County had by far the highest number of refugee arrivals in Ohio, accounting for nearly half (48.4%) of all refugees resettled in the state (Impact of Refugees in Central Ohio, 2015). In many metro areas in the Great Lakes region (including Columbus) foreign-born residents have helped offset decades of population decline, reinvigorating local economies with new businesses, an increased tax base, and consumer spending that has helped drive local growth (New American Economy, 2017). Evidence suggests tremendous economic growth potential for metro areas that embrace immigrants (New American Economy, 2017). New American populations contribute to cultural diversity, the aging society, economic growth, and the overall well-being of central Ohio. It should be noted that with the increasing migration, the influx of people with a variety of traditions, values, skills, and expectations is also associated with implications for services from individual psychosocial adjustment to public policies and regulations (Segal et al., 2010).



Figure 1: Central Ohio Counties Included in the Study (N=8)

When immigrants move to a new social location, they face a myriad of hardships in adjusting to their new environment. Further, lack of employment, absence of reliable social and education services such as housing, health-care, and schools, are some of the primary determinants that impede overall immigrant well-being (Potocky-Tripodi, 2002). In the migration context, human service organizations play a particularly crucial role among these communities in transition as they can link people to needed services; ensure the availability of human services; ensure the competency of human service systems and the workforce; and evaluate the effectiveness, accessibility, and quality of personal and population-based services. More importantly, community-based ethnic organizations that serve New Americans “play a central role during all parts of the immigration process and in the social, cultural, political, and economic” integration of newcomers (Cordero-Guzman, 2005, p.889). These organizations not only help individuals and families find a community, but also support them as they achieve economic self-sufficiency, transition into a new social and political system, and become productive citizens. In essence, these organizations not only ease cultural and language incorporation, but in tandem help maintain ethnic identity and solidarity, crucial to empowering the New American populations (Fix 2007; Newland, Tanaka & Barber 2007).

As immigrants are a growing social fabric of the central Ohio community, normative goals of socially cohesive societies—critical for overall success—are becoming even more important. With the rising demographic changes in the US today, it is critical to design strategies and guidelines that address the well-being of New American populations, as this has larger social and economic implications for the overall health of the nation (Ku & Matani, 2001).

While numerous studies addressing service access and utilization among immigrant groups exist, those that address access and utilization through an organizational and community capacity lens are sparse and fragmented. Further, immigrant research frameworks predominantly focus on individual-level factors, such as demographics, personal health beliefs, language access, culture, and health insurance status.

Our Study

Grounded in local context, our study uses an organizational and community capacity lens to assess the human service landscape in central Ohio as it relates to the growing New American populations.

Study Questions

- I. What human service provisions exist in the central Ohio region geared towards the New American population?
- II. What factors impede service access, utilization, and delivery?
- III. How are human service providers in central Ohio meeting the needs of the New American population?
- IV. How does the human service environment bolster community capacity among the diverse New American population?

However, factors beyond individual characteristics—including community level and human service systems—that affect disparities in human services access and utilization have received less attention (Derose et al., 2011). Grounded in local context, our study explores these gaps in knowledge and uses an organizational and community capacity lens to assess the human service landscape in central Ohio as it relates to the growing New American populations. Findings of our study contribute to the knowledge base by placing human service organizations and community capacity at the center of migration, community resilience, and human service research. Knowledge gained from this study will promote improved service delivery systems, address the quality of direct services, and improve accessibility, accountability, and service coordination among HSOs. Implications of the study bolster programs and policies geared towards diversity and inclusion.

"We've been labeling all our lives, most of us, and we want to put people in a box so that we're comfortable instead of just saying, "Okay, welcome. What do you need? How can we assist you?" Everybody—most people want the same thing. They want safety, family to be healthy, and good education and an opportunity to—you know, to be all they could be. And most of the time, we're looking for that for our children. So, I think people coming in could do that. I think that we got the resources."

-A Human Service Provider in an In-depth Interview

STUDY PURPOSE & OBJECTIVES

Given the migration challenges experienced by New Americans and the crucial role of HSOs in the resettlement, transition, and integration process, the purpose of the New Americans Project was to conduct an in-depth assessment of the human service landscape in central Ohio and assess the capacity of human service organizations in meeting the diverse needs of New American populations. The objectives of our study were:

- ✓ To assess formal, informal, and volunteer services currently available to New Americans in central Ohio.
- ✓ To identify specific gaps in service provision and utilization of services among New Americans.
- ✓ To identify differences in service access and utilization across New American sub-populations.
- ✓ To provide program and policy recommendations based on the assessment of needs and capacity of the human service landscape.

SCOPING REVIEW

In order to ground our study in evidence, we conducted a quick scoping review (Figure 2) of major variables that affect access, utilization, and delivery of human services for New Americans.

Scoping Reviews provide a snap shot on a topic:

- Focus is on a range of studies that have been done
- May focus on an issue
- Theoretical approaches used to study an issue
- No attempt to examine quality

(Arksey & O'Malley, 2005)

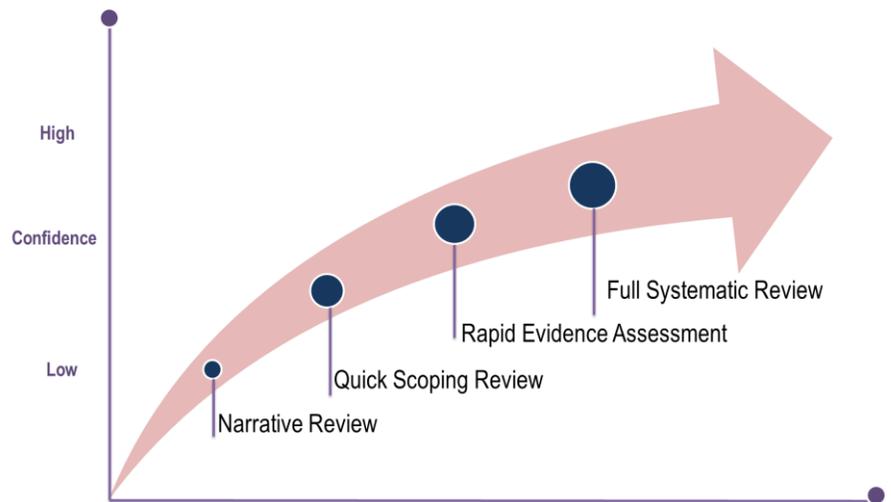


Figure 2: *Hierarchy of evidence*

Barriers, Access & Utilization, and Delivery of Human Services

Despite the fact that New Americans are eligible for a variety of health and human services, research shows that they are often unable or unwilling to utilize them (Burger, 2014; Fortuny & Chaudry, 2011; Pereira et al., 2012). The determinants that make accessing these benefits an insurmountable challenge for some immigrants and refugees are plentiful, and include: (1) confusion surrounding applications, eligibility, and rights; (2) distrust of helping professionals; (3) cultural beliefs; (4) insufficient financial capital; (5) underdeveloped social networks; and (6) language barriers (see Figure 2a).

1. Confusion Surrounding Applications, Eligibility, and Rights

Barriers stem from the complexity of program applications and eligibility requirements. Many benefit applications are long, tedious, and filled with advanced terminology—making them difficult for New Americans with limited education, language skills, literacy, or computer access. Even seemingly transparent questions, such as “household size”, may cause confusion for families who have experience frequent changes to household composition. Families also experience difficulties accessing the documentation needed to apply for certain programs, such as forms of identification like social security cards and birth certificates. Many refugees are unable to access birth certificates and other documents due to the complex registration requirements that exist in their country of origin or loss of documentation during the transit process (Securing Status, 2016).

This can serve as an insurmountable barrier for many New Americans, as documentation such as social security numbers are necessary in order to accomplish tasks ranging from opening a bank account to accessing public assistance (Welcome to the United States: A Guide for New Immigrants, 2015).



Figure 2 (a) Factors affecting Access, Barriers, and Utilization of Services among New Americans

The ever-changing nature of program eligibility at the state and federal level can also create confusion. Many state-level program administrators report expansions and reductions of eligibility that occur in tandem with budget negotiations, policy changes, and federal guidance (Pereira et al., 2012). This perpetual evolution of eligibility requirements fosters uncertainty about program requirements in clients and providers alike. Even New Americans that are able to navigate the complex application processes may be hesitant to utilize services due to their distrust of helping professionals. Some immigrants and refugees face discrimination based on race, language, or legal status when they seek support, or are dissuaded from pursuing assistance by the lack of cultural humility exhibited by their service providers (Pereira et al., 2012).

Federal and state policies—combined with other barriers outlined below—shape immigrant families' ability and willingness to access public benefits. Several federal programs provide assistance to low-income US families, most notably Medicaid, the Children's Health Insurance Program (CHIP), the Supplemental Nutrition Assistance Program (SNAP), and the Temporary Assistance for Needy Families (TANF) program. Evidence demonstrates that these programs reduce hardship, increase family stability, and contribute to better health and nutrition for children (Perreira et al. 2012). Immigrant families may be particularly likely to meet income eligibility criteria

for these programs (Potocky-Tripodi, 2002), but due to program eligibility rules they are less likely to access them.

2. Distrust of Helping Professionals

Recent policies have exponentially increased the number of undocumented immigrants who face deportation. The fear of deportation that is ever-present among undocumented individuals is cause for distrust and increased apprehension associated with service seeking and utilization (Potocky-Tripodi, 2002). Even in mixed-status families, eligible members often refrain from applying for benefits out of fear that doing so will lead to the separation of their families. Further, given the difficulties associated with accessing documentation such as ID cards and social security numbers, undocumented immigrants experience a higher barrier threshold to service utilization more so compared to other New American groups. This fear also causes undocumented immigrants to refrain from reporting crimes, avoid leaving their homes, and keep their children home from school (Pereira et al., 2012).

3. Cultural Beliefs

When Western beliefs regarding social service utilization are in conflict with those common in a New Americans' culture, the likelihood that they will utilize such services is impacted significantly. A common example is the stigma associated with mental illness that is present in numerous cultures. This stigma often leads New Americans to abstain from seeking treatment for their symptoms in order to avoid the negative labels and regard associated with mental illness (Saechao et al., 2012). In addition, an individual's religious or cultural beliefs may be discordant with Western models of service provision. Practices such as religious rituals may be used as an alternative to Western mental health services (Saechao et al., 2012; Shannon, 2014).

4. Insufficient Financial Capital

Lack of financial stability can also be an obstacle to New Americans' service utilization. Getting to and from social service agencies proves challenging for immigrants and refugees who do not have access to a vehicle, cannot afford gas, or lack the literacy skills and/or legal documentation necessary to obtain a driver's license. This challenge is exacerbated in rural areas where public transit is inaccessible. Diminished financial capital also affects health insurance coverage, which foreign-born Americans are significantly less likely to possess than their native-born peers (Kaiser Family Foundation, 2013).

5. Underdeveloped Social Networks

Newly-arrived immigrants and refugees are especially vulnerable to challenges associated with underdeveloped social networks. Several state and local program administrators deduced that most New Americans rely on word of mouth dissemination for information about public benefits and community organizations. Thus, immigrants and refugees who have yet to establish themselves in their local communities are at a disadvantage when it comes to awareness about benefits.

6. Language Barriers

Although Ohio is less linguistically diverse than the nation as a whole, a 2013 publication by the United States Census Bureau found that 1.65% (or 719,095) Ohioans spoke a language other than English at home (United States Census Bureau, 2015). Over 250,000 Ohioans are English Language Learners (ELLs), and therefore may encounter a language barrier when attempting to access social services (Ryan, 2013). Language access is fundamental to providing quality and accessible human services, as miscommunication between clients and service providers can yield disastrous effects. Legal protections for language access have existed since the Civil Rights Act of 1964. Unfortunately, equal accessibility has yet to be achieved. Barriers to language access often include a shortage of competent and qualified interpreters, a lack of diversity among languages spoken by interpreters, and a lack of awareness of one's right to interpretation.

CONCEPTUAL FRAMEWORK

While the scoping review of the literature informed major barriers that impede access and utilization of human services among New Americans, the provision and delivery of human services can also affect utilization of services. In the migration context, examining provider characteristics, quality of service, and effects of satisfaction are important factors that inform utilization of services among New Americans (Maleku, 2015). Further, the interaction between HSOs that serve immigrant populations are embedded within multiple formal and informal systems, including family, community, health and social policy, socio-political environment, as well as social and cultural norms. Exploring interactions of each of these systems that influence other aspects of the human service system is a complex phenomenon and therefore, requires a systematic framework.

To explore this systemic complexity, the conceptual framework (Figure 3) for this study stems from three distinct perspectives that put HSOs, community capacity, and migration at the center of service access, delivery, and utilization: (1) social determinants of health perspective (Solar & Irwin, 2010); (2) four-level service delivery model (Ferlie & Shortell, 2001); and (3) Anderson's model of healthcare utilization (Anderson, 1995). These three perspectives and information gathered from the quick scoping review provide the basis for exploring the nested interactions between systems of human service provision at policy, community, organizational, and individual levels in the migration context.

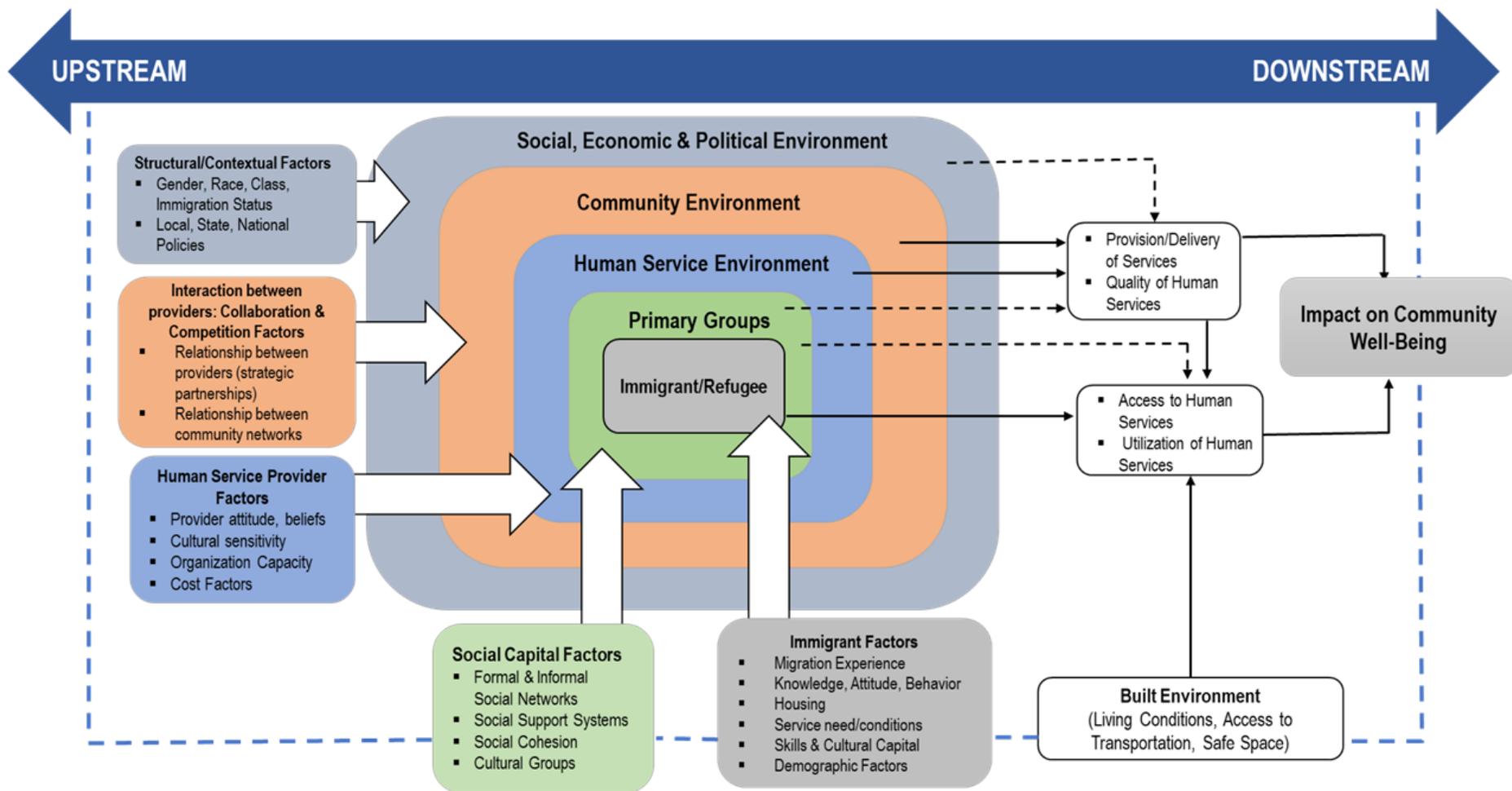


Figure 3: Conceptual Framework of Human Service Provision, Access, and Utilization among New American Populations

METHODOLOGY

Our research methodology was guided by the Community-Based Participatory Research (CBPR) approach.

CBPR is “a collaborative process that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities.”

-Kellogg Community Health Scholars Program (2001)

Community-Based Participatory Research Approach

CBPR has shown significant potential in building healthy communities given the emphasis on building trust and collaborative partnerships and using study findings to inform changes in programs and practices (Minkler et al., 2012).

The value added through CBPR approaches in underserved communities, importantly immigrant communities (Cargo & Mercer, 2008; O’Fallon & Dearry, 2002) was the major impetus for using this lens to guide our study. Our goal was to ensure that the research question was of genuine importance to the local community, which would increase community buy-in and trust; help increase community participation; build community capacity for advocacy; increase response rate, and increase the likelihood of success for the project (Minkler & Chang, 2014). Guided by the CBPR approach, the New Americans Project Steering Committee was formed as the first step.

Formation of the New Americans Project Steering Committee

The Steering Committee was made up of five diverse individuals from various CBOs and CBEOs. They were charged with providing feedback and expertise throughout the data collection phase and the research process. As they had established relationships with different New American population groups, the steering community also helped the Research Team connect with community leaders and key informants across different communities.

Transformative Mixed Methods Design

The research dimension of CBPR as a part of the community engagement strategy involves the use of many qualitative and quantitative methods (Minker et al., 2012). This study used a Transformative Mixed Methods Design; the intent of which is to use a design (Convergent Parallel in this instance) and to encase that design within a transformative framework or lens (CBPR in this instance) (Creswell & Plano Clark, 2011).

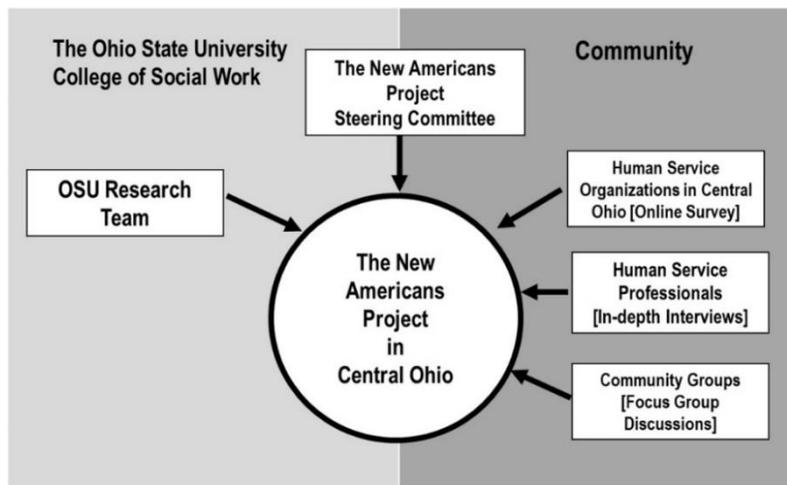


Figure 4: Data Collection Components guided by CBPR Approach

Using the Transformative Mixed Methods Design, data collection followed three different mechanisms—online survey, in-depth interviews, and focus group discussions (Figure 4). The goal was to draw from the strengths and minimize the weaknesses of both qualitative and quantitative approaches in the research study (Johnson & Onwuegbuzie, 2004, p. 15). As shown in Figure 5, data collection and analysis using quantitative and qualitative methods were conducted in tandem. The quantitative and qualitative data were then, compared for the purposes of corroboration.

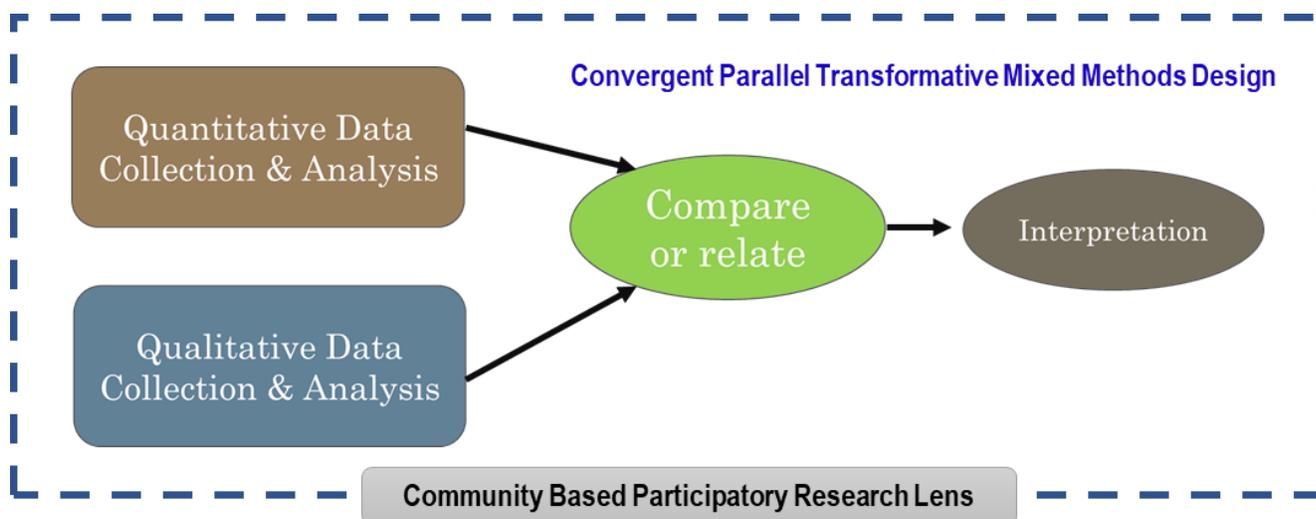


Figure 5: Study Design: Convergent Parallel Transformative Mixed Methods Design

Protection of Human Subjects

The Office of Responsible Research Practice at The Ohio State University approved this study. Diverse access and data security requirements were implemented to protect the privacy of respondents.

Sampling

As there are no comprehensive lists of immigrant-serving organizations in the central Ohio region, a three-step process was used to create a list of HSOs in central Ohio.

1. First, an exhaustive list of existing services was created using central Ohio 211 directory. The 211 directory connects residents in Franklin County with comprehensive and up-to-date information about social, health, and government services via the three-digit phone number 211. Review of these sources provided beginning details of formal services currently available in central Ohio.
2. Second, additional existing services were added by reviewing the College of Social Work field database. The CSW field database is a robust list of service organizations in Ohio, and includes agencies that provide formal services to refugees and immigrants.
3. Lastly, compiling the information from steps 1 and 2, a database of HSOs was generated with contact information of service providers including names, address, type of services provided, population served, and email contact information.

The final database had over 608 organizations providing a wide range of human services in central Ohio. Finally, the database was encrypted to conform to the Qualtrics platform for a web-based survey.

For the qualitative sample, a Respondent Driven Sampling (RDS) was used for data collection. RDS has been found to be an effective sampling strategy for hard-to-reach, hidden populations (Salganik & Heckathorn, 2004), where respondents are selected from a social network of existing members of the sample. These individuals, who are coined as “seeds”, then recruit others to participate in the study (McCreesh et al., 2013). This was particularly important for the current study to tap into the informal network across New American populations.

The study also had different units of analyses: formal service providers (HSOs); small scale grass-roots CBEOs; CBOs; and community leaders and members from various population groups and sub-groups. When the intent of convergent design is to compare different perspectives, having different units of analyses meets this goal (Creswell, 2015).

Data Collection

The CBPR lens helped guide the data collection components (Figure 4) for this project. Data collection was conducted from August 2017 through December 2017 through three different mediums. Figure 6 provides an overview of the entire research process and timeline—including data collection.

Human Service Organization Survey

A 76-item questionnaire (Appendix B) was administered through Qualtrics, a web-based survey platform. The survey targeted to human service providers (HSPs) in central Ohio. For the purposes of this study, HSPs are defined as either professional or para-professionals working in HSOs. Table 1 provides information on HSP who participated in the survey. The survey included questions on needs and capacity of the New American population, needs and capacity of HSOs, and the human service environment in central Ohio. The survey also included information on the nature of formal services available, access to services, utilization of services, and information on barriers to service provision from the provider perspective pertaining to New Americans in central Ohio. The survey also included an option for service providers to be contacted for in-depth interviews.

In-depth Interviews with Human Service Professionals

As a follow-up from the web-based survey, HSP's who wished to participate in in-depth interviews were contacted to schedule a 60-minute interview. An interview guide (Appendix C) was created to facilitate the in-depth interviews, and participants engaged in open dialogue and conversation around the New American population in central Ohio.

Focus Group Discussions with Key Community Informants

The focus group discussions also used a discussion guide (Appendix D) to generate conversations on New American populations and the Human Service landscape. The focus group discussions offered a different perspective from the community lens. Respondent Driven Sampling (RDS) was used to contact informal service providers from hard to reach New American groups (Table 3 provides an over view of focus group participants). Focus groups were conducted in English, Spanish, Nepali, and Arabic with the average discussion spanning 90 minutes. Group composition varied with as low as three participants (Arabic focus group) to as many as 11 participants (East African focus group). Focus groups were organized in the venue most convenient to the participants including local libraries, local community spaces, and at the College of Social Work.

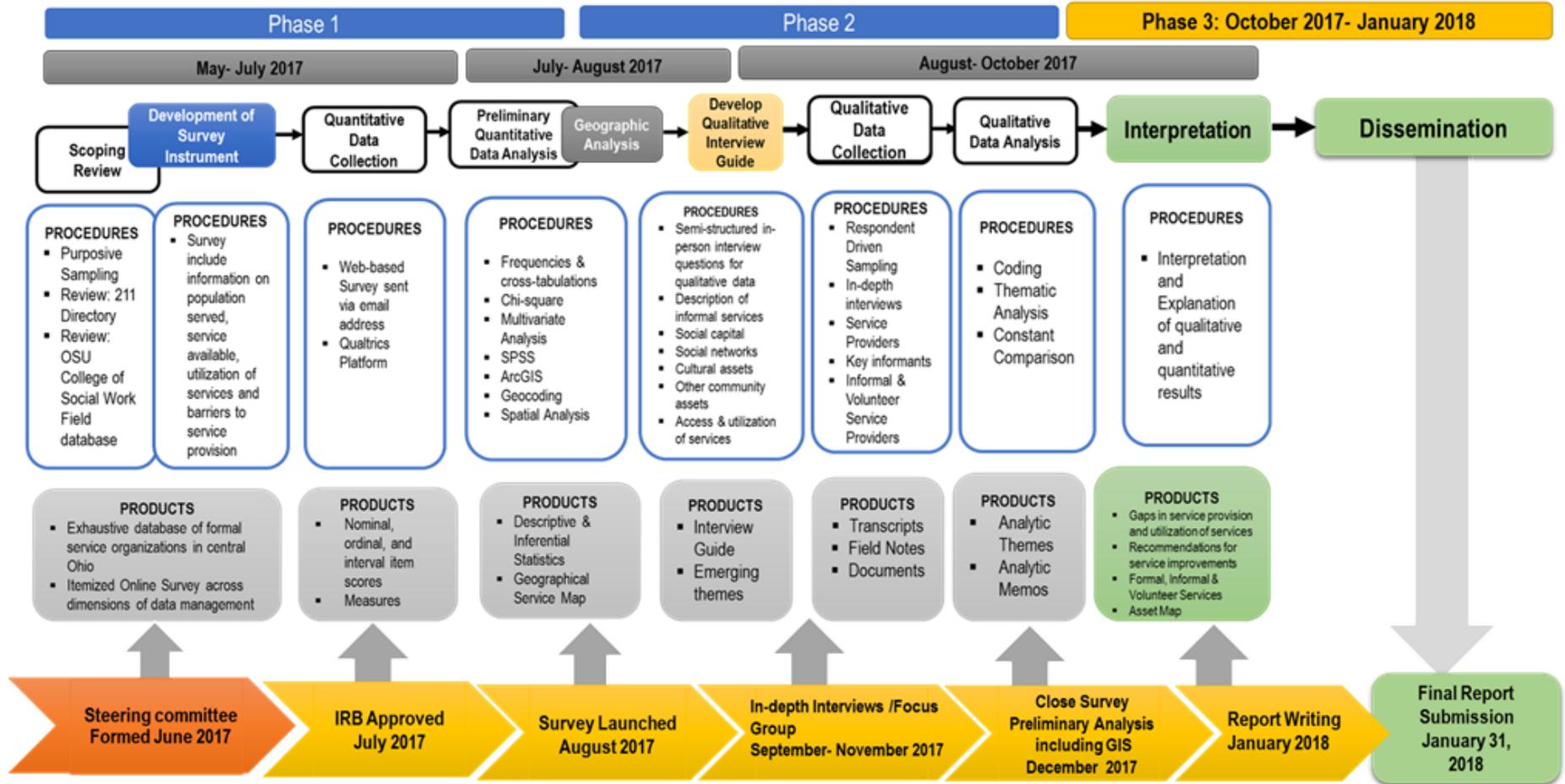


Figure 6: Research Process and Timeline

DATA ANALYSIS

The quantitative data received from the web-based survey followed both univariate and bivariate analyses. In addition, geocoding data generated from the database was used to create a geographic map to provide information on accessibility of services to New Americans. Point process (or heat maps) were created. These maps consider the location and availability of resources, and local population characteristics to determine use of services by likely target New American populations. The maps also show gaps in the geographic availability of services for these populations.

Qualitative data gathered from the in-depth interviews ($n=23$) and focus group discussions ($n=6$) were audio recorded and transcribed verbatim. Focus group discussions conducted in other languages (Nepali, Spanish, Arabic) using bilingual facilitators, were transcribed and then translated to English. The data analysis process followed three distinct cycles of coding, sorting, and synthesizing (Figure 7). The qualitative data employed line-by-line coding process to identify themes, coding categories, developing matrices and drawing cluster diagrams to uncover relationships between themes and categories (Straus & Corbin, 1997).

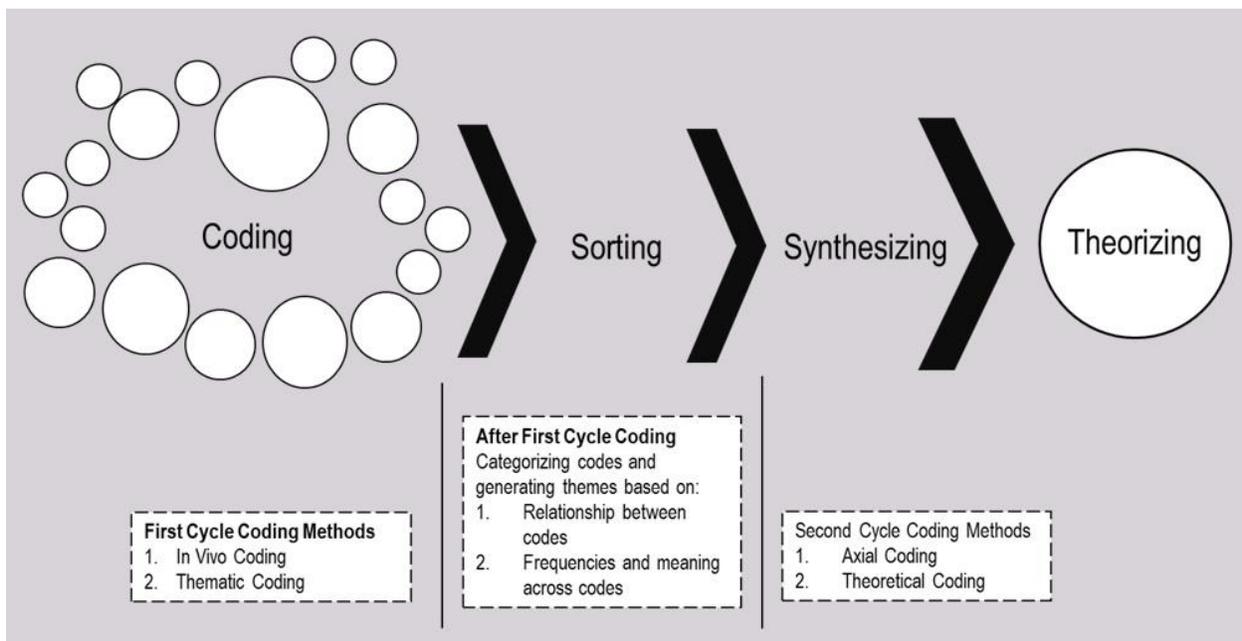


Figure 7: Qualitative Data Analysis Process

RESULTS

A total of 175 surveys were started by HSPs participating in the web-based survey. However, only 94 surveys were completed, (53.7%). These organizations provided service to many different demographic groups (Figure 8).

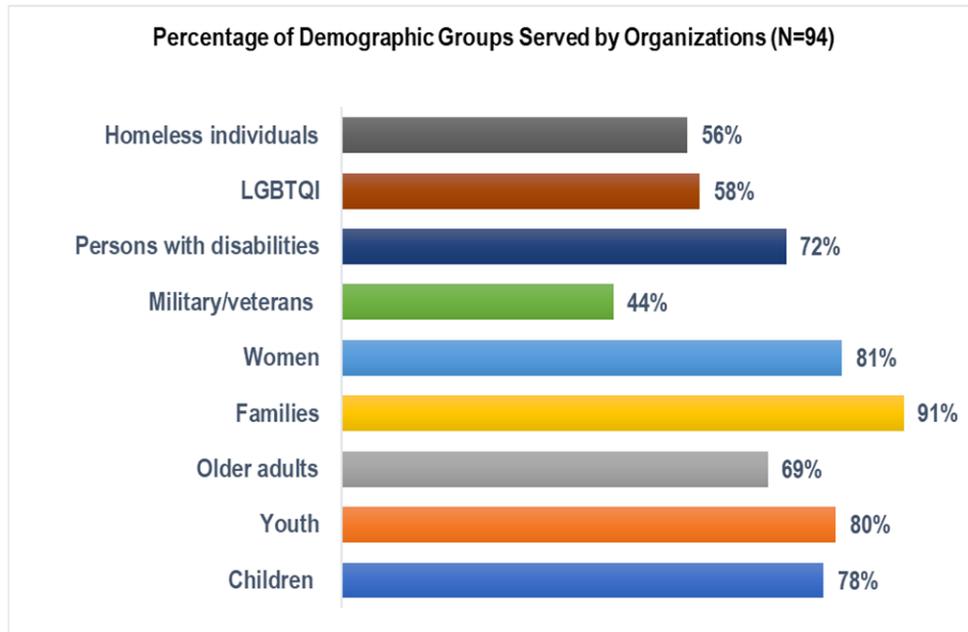


Figure 8: Demographic Groups Served by Human Service Organizations in Central Ohio

Of the 94 completed surveys, 68% of the HSOs ($n=64$) were providing services to New Americans. Of those not currently working with New Americans, 8% ($n=8$) were interested in expanding their services to this population in the future (Figure 9).

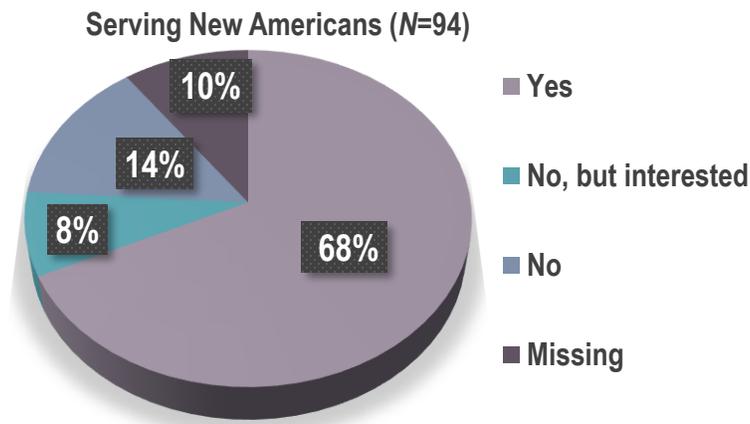


Figure 9: Human Service Organizations Serving New American Populations in Central Ohio

Table 1: *Distribution of Survey Respondents serving New Americans*

Survey Respondents (N=64)	N (%)	
Gender		
Male	19 (29.7)	
Female	45(70.3)	
Education		
No Bachelor's degree	9(14.1)	
Bachelor's degree	22(34.4)	
Master's degree	21(32.8)	
Doctoral degree or equivalent	12(18.7)	
Country of Origin		
USA	82(91.1)	
Other	8(8.9)	
	Range	Mean(SD)
Number of years at agency	1-26	6.5(6.3)

Respondents who completed the survey were asked to email the research team if they were interested in participating in a 60-minute in-depth interview. There were a total of 18 participants (Table 2) who participated in the in-depth interviews that assessed the needs and capacity of human service provision and delivery as it relates to the needs of New American populations.

Table 2: *Distribution of In-Depth Interview Participants*

In-depth Interview Participants (N=23)	N (%)
Gender	
Male	8(34.8)
Female	14(60.9)
Missing	1(4.3)
Education	
No Bachelors degree	3(13.0)
Bachelors degree	4(17.4)
Master's degree	12(52.2)
Doctoral degree or equivalent	2(8.7)
Missing	2 (8.7)

A total of six focus group discussions were conducted among community groups that included community leaders, key informants, and community members. The focus groups represented population groups from the following communities: Bhutanese-Nepali, Kenyan, Rwandese, Somali, Ethiopian, Iraqi, Latino, Sudanese, Eritrean, Liberian, Korean, Pilipino, Thai, Mexican, Venezuelan, Colombia, and Japanese representing 19 different countries (Figure 10).



Figure 10: Countries (n=19) of Origin represented by Focus Group Discussion Participants (n=48)

Table 3: Distribution of Focus Group Discussion Participants

Focus Group Participants (N=48)	N (%)	
Gender		
Male	24 (50)	
Female	24(50)	
Country of Origin		
Africa	15(31.3)	
Asia	16(33.3)	
Latin America	9(18.8)	
Middle East	3(6.2)	
USA	5(10.4)	
	Range	Mean(SD)
Number of years in Columbus	0-33	11.2(9.6)

Organizational Profile of New American Serving Organizations

Of the survey respondents, 64 organizations are currently serving New Americans. Respondent organizations served a wide variety of New American populations that spanned many different nationalities across the globe (Figure 11).

Service providers across central Ohio discussed how their work with New Americans began. While some organizations talked about opening their doors only to cater to the New American population, others expanded the scope of their work to include New Americans. Services providers described several challenges and needs in the community specific to New Americans that led them to begin work with this population.

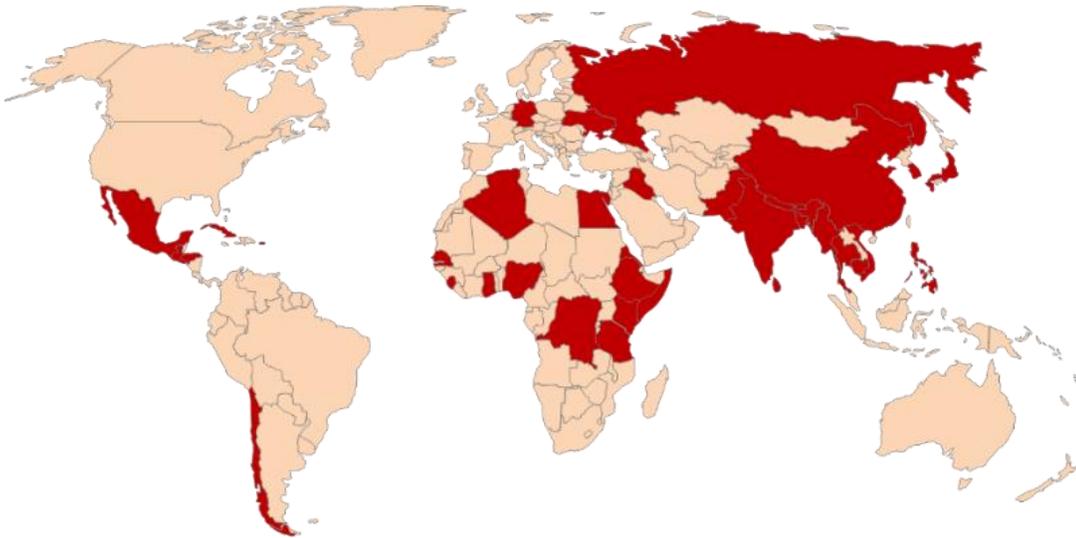


Figure 11: Countries of Origin of Client Populations mentioned in the Study by Human Service Organizations

The idea initially was to do more of a community organizing and advocacy...if we all come together, we have a stronger voice. Then, within several months, as we started working with other communities, we opened our doors to other communities and refugees, and immigrants from all over the world and started doing advocacy on behalf of many refugees. Then, we opened interpreter services, and later started refugee resettlement, again, resettling refugees from all over the world. We are now a statewide organization, the biggest refugee resettlement organization in the state.”

-A Human Service Provider (In-depth Interview)

Of the 64 organizations currently serving New Americans, 27 (42.2%) were multi-site agencies providing services across different locations and counties. The average organization has been in operation for 34 years with the oldest organization in existence for 158 years. The organizations that participated in the survey serve all legal categories of New Americans (Figure 12).

On average, the organizations had more than 95 full-time and 50 part-time employees. Data suggests that these organizations are heavily reliant on volunteers. Of the 49 immigrant serving organizations, the average depends on at least 450 volunteers annually with the maximum of 6,000 volunteers a year.

New Americans Served by Central OH Human Service Organizations by Legal Categories

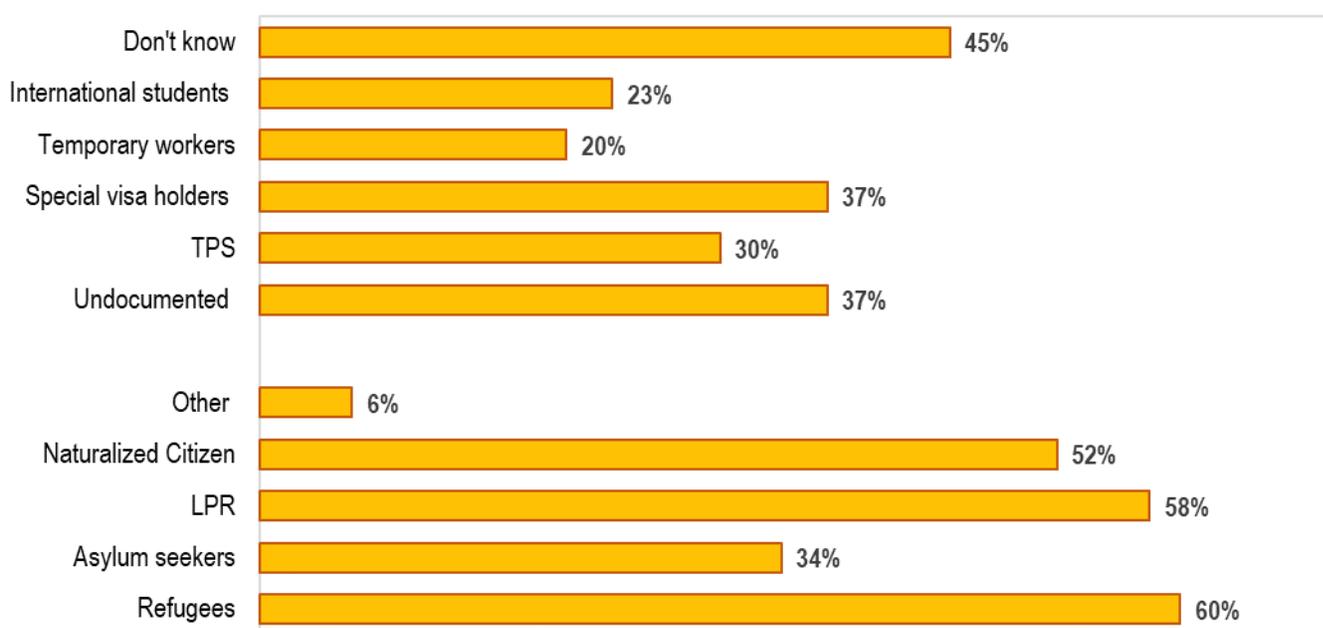


Figure 12: Organizations serving New American Populations by Legal Categories

Location of Organizations serving New Americans

Figure 13 shows the location of agencies for the survey respondents. Some respondents noted that their agency provided services in multiple locations. Of those locations that were provided, 99.4% were successfully geocoded. Geocoding is a process that takes a street address and obtains x, y coordinates so the point can be mapped. The majority of service providers were located within Franklin County and central Ohio, but we did have respondents from most of the metropolitan cities in Ohio. Relatively few respondents were located in areas that are more rural across the state. Notably these areas also had lower percentages of New Americans.

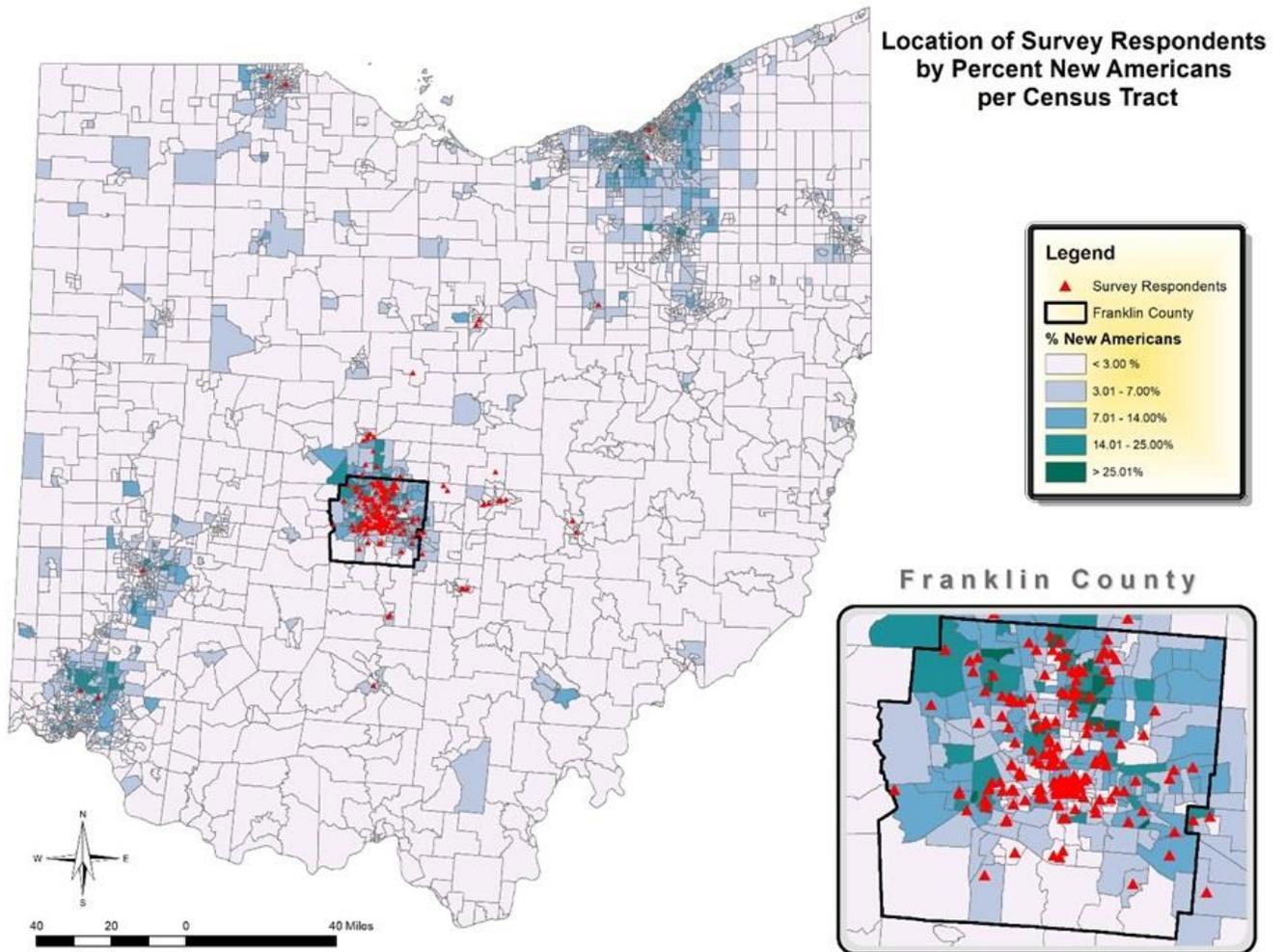


Figure 13: Location of Survey Respondents by Percentage of New Americans

Figures 14 and 15 show respondents for Franklin County and surrounding areas. Figure 14 shows the location of survey respondents who indicated they currently serve new American populations. The majority of these agencies are in the downtown Columbus area, yet the populations needing these services are not located where the providers are. Although Table 4 shows that there is no statistically significant difference in the location of service providers and percentage of New Americans (as measured by percent foreign-born using Census data). Figure 15 shows the

locations of service providers who are interested in expanding their services to new American populations.

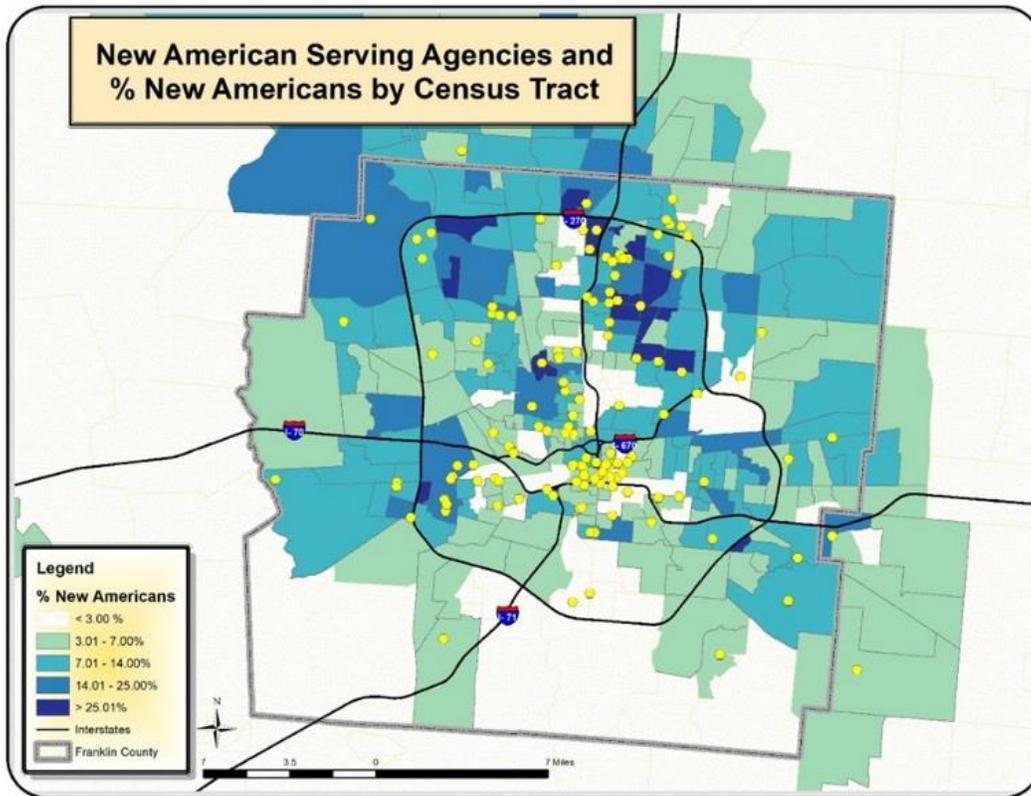


Figure 14: Location of Service Providers Currently Serving New American Populations by Percentage of New Americans per Census Tract

Table 4: Average Percentage of New Americans by Service Provider Type of Respondents

	Average Percentage of New Americans
Service Provider Types	
Not Serving New Americans	8.51
Currently Serving New Americans	9.61
Interested in Serving New Americans	7.40

$F(2, 242) = 1.161, p = 0.32$

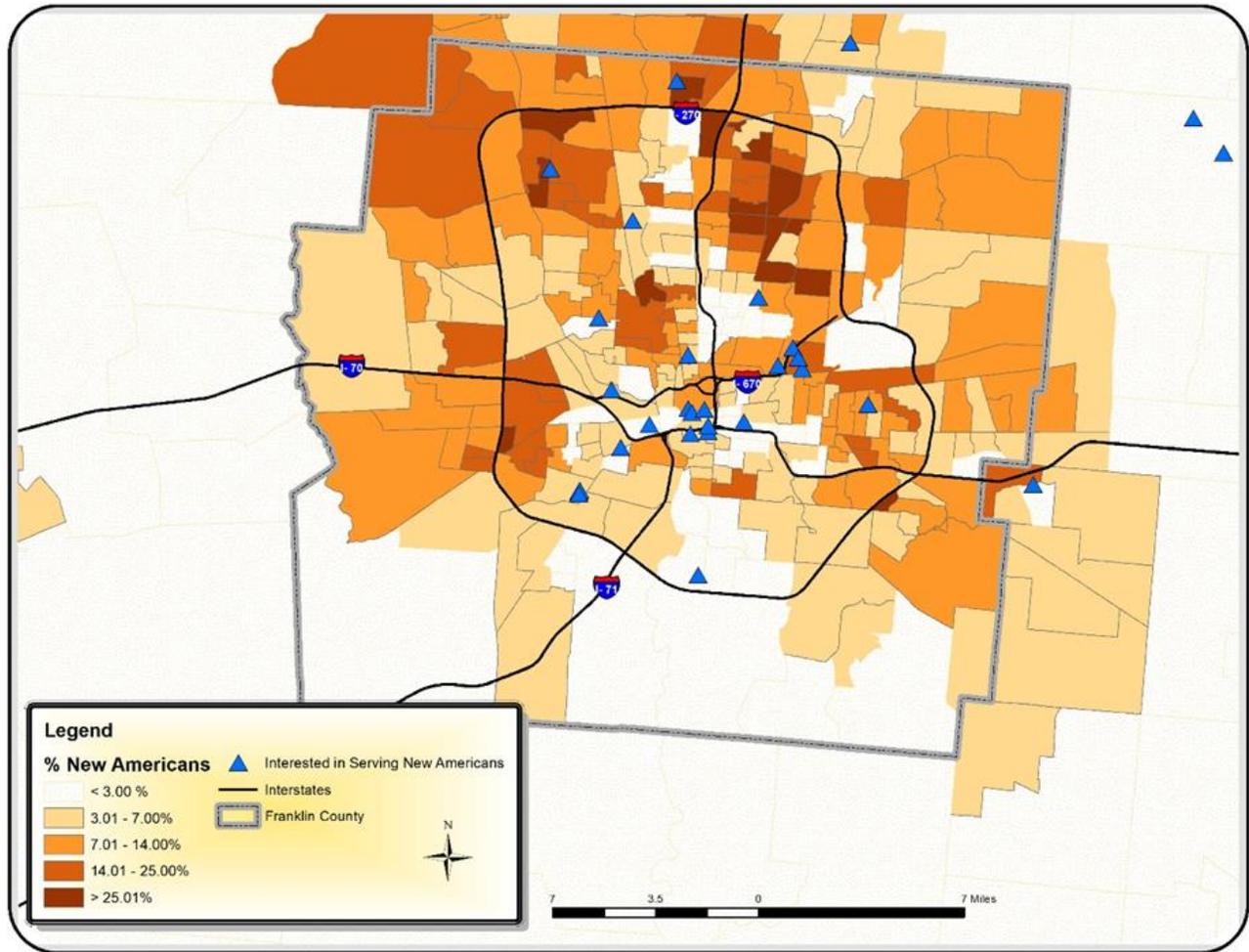


Figure 15: Location of Survey Service Providers Interested in Serving New Immigrant Populations by Percent of New Americans per Census Tract

Provision of Human Services and Perceived Needs of New Americans

Organizations reported a variety of services geared towards New Americans. Some of these services included affordable housing, food pantry, refugee resettlement, employment, English as Second Language (ESL), human trafficking, domestic violence, counseling, alcohol and drug abuse prevention, and access to health care.

The survey results indicated various needs among New American populations as perceived by HSPs. Language, employment/ workforce, housing, education, and health emerged as key needs of the community (Figure 16).

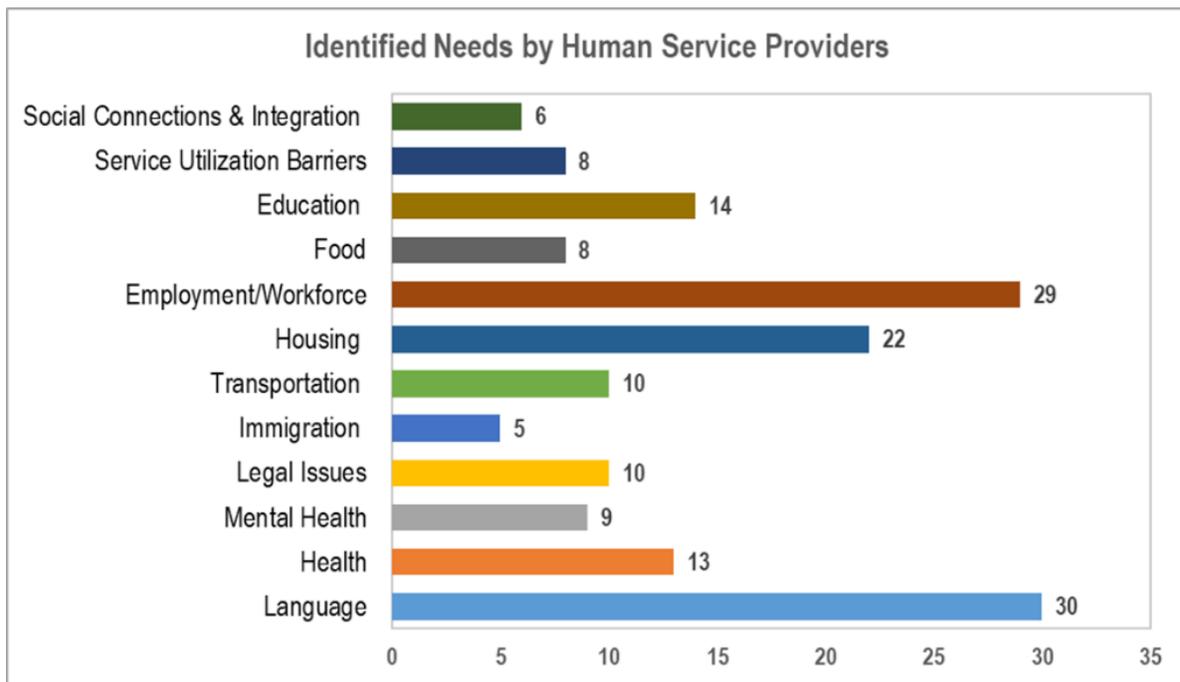


Figure 16: *Perceived Needs of New American Populations Identified by HSOs in Central Ohio*

Community members reported that even though services exist, there is a lack of knowledge in identifying and accessing services. During the focus group discussions (FGD), community members expressed persistent gaps in outreach.

Access to services is a challenge for many refugee immigrants, because the service has to be accessible, close to where they are living. It was some challenge with transportation, all those kind of issues that are really affecting them. (FGD with Central and West Africa)

Access to services is due to gaps in outreach from service providers and the inability of New Americans, especially the Asian population. Due to lack knowledge of what is there

and how to navigate. In many cases specially for the elderly access to services becomes an issue, there is no transportation, and there is fear of asking questions to service providers. (FGD with Bhutanese-Nepali Community)

For us, there is lack of information regarding the legal system. We do not understand our rights, laws, or the legal proceesings. The community does not know much about social services and benefits to immigrant communities. (FGD with Latino Community)

While the major needs identified by the service providers were unemployment, under-employment, education, health, language, and housing, the overarching needs were around providing culturally appropriate social services. Additionally, respondents in focus group discussions (community members from various New American communities) and in-depth interviews (HSPs) respectively identified five distinct emerging needs that need immediate attention.

1. Opioid, Alcohol & Substance Misuse

Given the current opioid epidemic in Ohio, we were interested to gauge the prevalence of this issue among New Americans. Hence, a targeted question on opioid and related substances was included in the study. Community members and service providers described the increase in alcohol, substance, and opioid misuse among New Americans and gaps in their capacity to handle these issues. Although research across the US report lower use of opioid related substances among New Americans compared to the native-born population, it is important to note that this issue might be hidden, due to the underutilization of available services and fear of potential legal ramifications. However, research indicate increasing use of alcohol and related substances across different New American sub-populations. The HSPs that participated in our study addressed the increasing pattern of opioid and related substances (Figure 17).

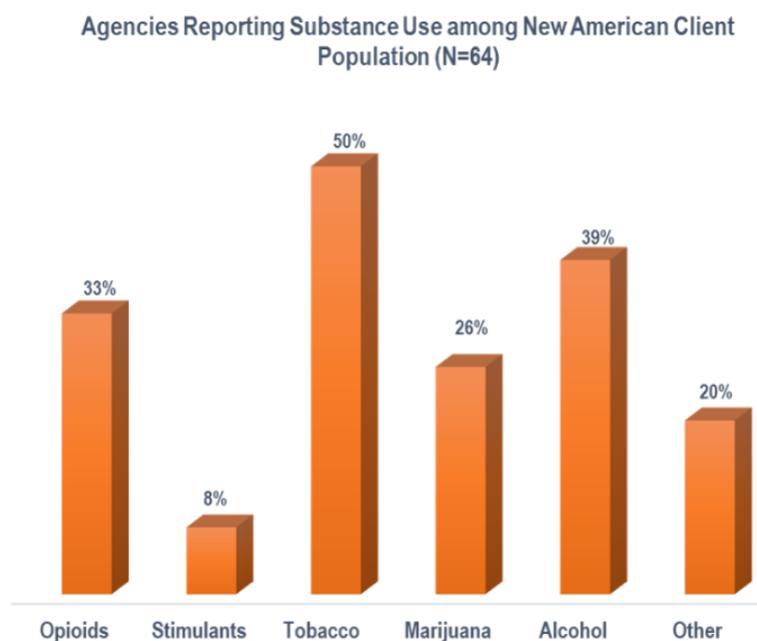


Figure 17: HSOs Reporting Substance use among New Americans

The community leaders, who participated in Focus Group Discussions, further corroborated this issue in the community.

Opioid crisis is surprising and scary. It is hard to understand how medication prescribed by a doctor can cause such a big problem. Our neighborhoods have high rates of crime and drug abuse. (FGD with Latino Community)

Some families are dealing with substance use and alcoholism in such a bad way that the parents are asking the community leaders to put their kids in jail. They don't like the school, environment and bullying in schools, the kids don't want to go to school and the kids drop out and take to alcohol and drugs. (FGD with Bhutanese-Nepali Community)

The HSPs agreed with this emerging need and recognized the growing issue, particularly among the Bhutanese-Nepali community.

You know, there are very specific things that—that go on unmet. Something that I hear lately is need for, like, alcohol, drug—more alcohol. We've seen that a lot with the Bhutanese Nepali population. (In-depth Interview)

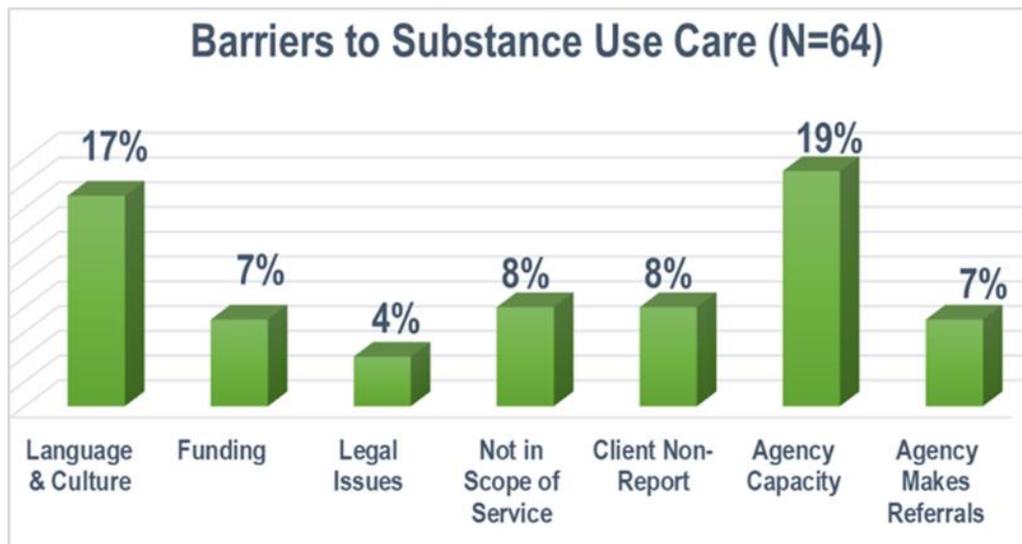


Figure 18: Barriers to Substance Use Care for New Americans

Further, when asked about the capacity of HSO's to provide services around opioids and related substances, HSPs identified several barriers (Figure 18). Among these barriers, language and culture (17%) and agency capacity (19%) were identified as major barriers.

Participants noted the growing trend as well as gaps in their organizational capacity to provide appropriate substance use services.

My staff may or may not feel equipped to understand the problems and know how to respond or how to help. We have no continuing education, budget and finding trainings on this topic that relate to work with [immigrant] youth on the west side of Columbus is difficult. (Web-based survey participant)

The issue is so rampant that it feels like it's beyond what we can do. (Web-based survey participant)

2. Human Trafficking

While human trafficking has existed in Ohio for many decades, service providers identified it as an emerging issue among New Americans. In addition to recent migration, other risk factors associated with human trafficking include poverty and unstable housing all of which affect New Americans at a disproportionate rate. One service provider stated:

I have my list of countries (that Human trafficking survivors have been identified from) Bolivia, Burma, which is really Myanmar, Chile, China, El Salvador, Cuba, Ethiopia, Germany, Ghana, Guatemala—lots of folks from Guatemala. Honduras, India, Kenya, Mexico, Philippines, Russia, Somalia and Thailand. (In-depth Interview)

Community members agreed that human trafficking issues are on the rise in New American communities:

...since Ohio is such a hub for human trafficking, and something that I also saw while I was working was not just immigrants who are coming from places like China through human trafficking rings, but also American. So, people who you would think of as an American, who were actually the children of refugees from places like Vietnam, who were trafficking survivors in the US, and because of their criminal background, they actually were at risk of deportation. (FGD with Asian Community)

3. Mental Health & Suicide

Unaddressed mental health trauma among New Americans is a critical issue, especially among refugee populations. As a result, some communities have seen an alarming increase in suicide rates.

As one community member stated:

...the Bhutanese-Nepali community has some of the highest rates of suicide in the entire country. I think there also needs to be more services and decreased stigma, related to mental health, just in the broader Asian American community. (FGD with Asian Community)

A service provider added:

We've got a serious problem in Reynoldsburg with suicides. They'd seen a mass number of suicides. So, we actually went out to a community meeting that the Nepalese have. They reached out. They invited us to come. And just desperate for help. (In-depth Interview)

4. Feminization of Migration

Worldwide, approximately half of all international immigrants today are women (Migration Policy Institute, 2016). In the migration context, gender is one of the fundamental social relations and shaping immigration patterns (Hondagneu-Sotelo, 2003). Further, gender is always complicated by complex stratifications of intersecting power systems. It operates with and through other systems of opportunity and oppression, which gives rise to vastly different gender experiences among women and among men. (Zinn et al., 2005, p.11). This was evident across communities. Women were challenged with building connections between identity, social location, cultural barriers, and multiple forms of discrimination affecting their health and well-being. HSPs as well as community members in FGDs highlighted the changing gender roles due to migration making women even more vulnerable.

They noted:

Our community has seen a lot of issues that affect Bhutanese women. Gender discrimination is very high—girls suffer a lot. Once they get married, their education stops, but now they have to work as well as take care of their children, husbands and the in-laws. Domestic violence is very high in our community and women suffer silently because of the fear of being outcasted. There's also an increase in alcohol use, which again affects women. Women are going through a very difficult time. (FGD with Bhutanese-Nepali Community)

Women, more particularly women between the ages of 40 and 65 are the victims of everything and are the most vulnerable. This was not the case before they came to the United States. Things have been difficult for women. (FGD with Bhutanese-Nepali Community)

5. Aging & Late Life Migration

Aging and late life migration challenges were cited as an emerging issue among New Americans. For refugees, in particular, gender and aged-based experiences are compounded as they experience loss of social networks and socialization, changes in roles due to care-giving and

housekeeping roles as well as challenges with accessing healthcare and other human services. HSPs and community members both provided their insights on this issue and the following quotes explain their sentiment:

Definitely services for seniors...It's a huge need. American population is not the only one that's aging. We have a population that comes here already at old age. We now are going to see people who came here in their 40s and 50s. You don't think of it as an old age. When you come to the country in that age it's so much more difficult to integrate, because you just don't have time to move from A to B in time. We will see people very soon who are reaching their 60s who came here later in life and didn't have a chance to be successful here, or integrate fully, or learn English to speak fluently, or understand all the systems. So, service providers might not look at them as those who have barriers, because they're not recent arrivals. Yet they have, because they didn't reach that total integration before they became older and even more vulnerable. (In-depth Interview)

Elderly, especially women are more vulnerable. There are social services available for elderly population but they are not culturally appropriate to the needs of New Americans. (FGD with Bhutanese-Nepali community)

Barriers to Service

From the survey, the frequently reported barriers to service were language access (33%), funding (30%), lack of information about New American populations (23%), and staffing issues (17%). Additional barriers identified by community members and service providers included transportation, infrastructure, service coordination, social services eligibility criteria, under employment, and racial and ethnic discrimination.

1. Language and Cultural Interpretation

During the in-depth interviews, service providers noted that providing word-to-word language interpretation does not suffice. Language interpretation that is not centered in culture, is not effective in providing culturally responsive services. As discussed by one community member:

Interpreters are always available but interpretation is not always correct, there are different Spanish dialects and that causes confusion. Interpreters sometimes use the wrong words that we cannot even understand. The words are literally translated and do not make sense sometimes. (FGD with Latino Community)

Language and cultural interpretation was a recurring theme throughout the study. Service providers expressed similar experiences.

A lot to do with language barrier, is actually cultural barrier, all of those barriers that prevent them from moving on as quickly as someone else would that was from the United States. (In-depth Interview with Service Provider)

Service providers affirmed that the rise in profit-making interpretation services—where interpretations are not grounded in respective cultural contexts—is decreasing the quality of services provided. They clearly stated that interpretation services offered by the profit-making entities make literal translations without interpreting cultural meanings. This causes confusion and misunderstanding among the New American populations. Often times, this result in incomplete information, uninformed decisions, and lack of participation from the clients. One service provider said during their in-depth interview:

If you are trying to access interpreters....it's only for-profit organizations that are coming up....went for a cheaper, you know, hourly rate for interpreters. But that is not really conducive to what healthcare settings and all the organizations are looking for because what they do is more word to word translation. It's not really integrating that cultural aspect of things.

Service providers recommended hiring bilingual staff within government offices and public and private entities. This would not only help tackle the language barrier but also the cultural barrier. Hiring bilingual staff was also recommended as means for achieving cultural competency within the organizations and means of encouraging New Americans to access services with staff who they can relate and speak without reservations.

We do feel strongly that interpretation is important and phone interpretation would hopefully be used as a last resort. And part of it is building the workforce, right, of those who speak other languages, but, also, hiring bilingual staff...who can be in the office with them because I think, like you said, the cultural competence component is almost just as important as the linguistic component. (In-depth Interview with Service Provider)

2. Built Environment & Infrastructure

Infrastructure and built environment is not necessarily conducive for New Americans. Organizations have had to make adjustments to make spaces culturally inclusive, safe, and welcome. Spaces are places to heal and connect. This is especially true for refugee populations who have continually struggled with belongingness and citizenship.

One service provider stated that they had to make modifications in work spaces for New Americans:

...people that were coming to [Agency] weren't comfortable with the desk, and they felt like it was Child Protective Services or Jobs and Family where they go to get their benefits, and we wanted it to be more comfortable like— "let's just have a conversation". So I said, what would that look like to be in a situation where just like we were hanging out in the living room....but that's basically why we did it because we were getting a lot of feedback. And even when people are seen in our other programs, there's not desk in between them. There's, like, other chairs. There's big offices so people's families can come. (In-depth Interview with Service Provider)

While the issue of space within organizations was mentioned, service providers suggested making provisions in the built environment within the City of Columbus to appreciate and enrich the city's growing diversity.

...like creation of facilities, parks and spaces and those kind of things. Don't make people feel like, y'all are just a second thought. People are human. They need the nice recreation centers. They need places where they can go and feel comfortable and don't apologize for speaking a different language. This is our language, and this is...I don't want to lose it, you know. You know, I've experienced that. I've been to Ghana, South Africa. And you go—you know, before you go, people are like, the education piece is that strong. Then you go, and people are speaking, like, five, six different languages, and you're going like, what the hell? We're having trouble speaking English. One language. English. (In-depth Interview with Service Provider)

Service providers also proposed opening a New Americans Welcome Center for the city.

That's kind of a welcome center where we would have cultural exhibition, culture center, which also would double as an event space. Also have a cultural café there that we can feature different cuisines and cultures, like pastries of the world, coffee of the world. In addition to that, there will also be services for all residents, not just refugees and immigrants. What we are talking about, we're talking about let's look at what we are doing now and take it to next level and see, okay. We do refugee resettlement. We help people to get housing, and furniture, and get people to school, to daycare, help somebody find jobs, connect them to community. Well, those services are not just needed by refugees. Any new arrival here, whether they are an immigrant, a refugee, or just somebody coming they need similar services. We also plan to do a 'new resident service' there, as well.. kind of helping people link into resources in an effort to make Columbus home. If people put roots, they are more likely to stay and invest in the community they live in. It's not just a temporary thing. (In-depth Interview with Service Provider)

Quality of Services

Quality of service was conceptualized in the study as a multidimensional measure. Service quality focused on the needs and expectations of clients such as flexible hours, accessibility, reliability, and efficiency, gaps between levels of expectations, competence, and confidence in the delivery of culturally responsive services.

As far as human services, even the employers who are hiring these people, they don't have that cultural competence, or humility nowadays, included in their program that their staff get the proper education and understand each community. Probably there is other outside gaps that maybe in Columbus, who are the majority group that in Columbus, maybe Hispanics and then East Africans or Somalis. The rest has been forgotten, the minorities. There is lack of representation. This cultural competency has to be addressed. It has to be diversified and inclusive, so that everybody—citizens or refugee immigrants has to be heard, and their voice has to be also addressed.

-FGD Participant

1. Staff Competence

The majority of the HSPs indicated that they were very confident with the quality of services they provide (Figure 19). Approximately 80% were either satisfied or very satisfied in the ability of their

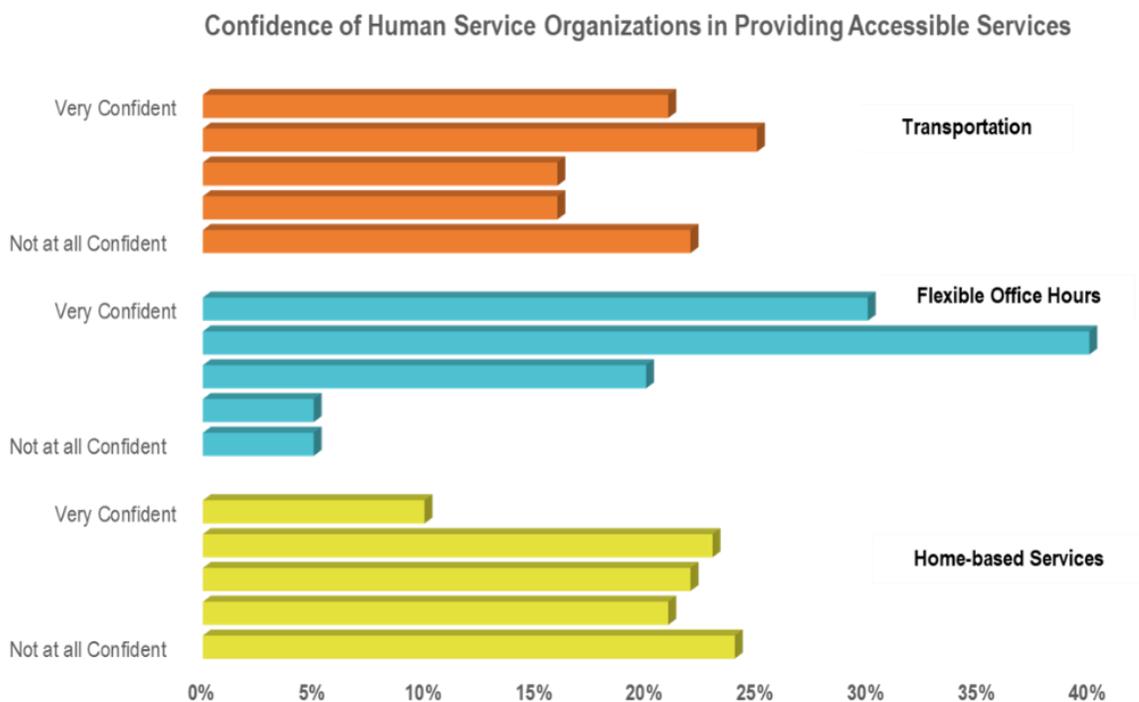


Figure 19: Confidence in Providing Accessible Services

staff to deliver both reliable and prompt services. In addition, they were satisfied/very satisfied with the ability of their staff to convey trust and confidence in services provided (81%) and in their ability to provide individualized services (75%).

2. Culturally Responsive Services

Culturally responsive services are the hallmark of service quality for New American populations. As shown in Figure 20, HSP's were either confident or very confident in providing culturally responsive services and accessible services to New Americans. It should be noted that while they had higher degrees of confidence in providing interpretation and translation services, the degree of confidence was comparatively lower when it came to confidence in providing culturally appropriate services. This is an area that many HSP's recognize to be a challenge.

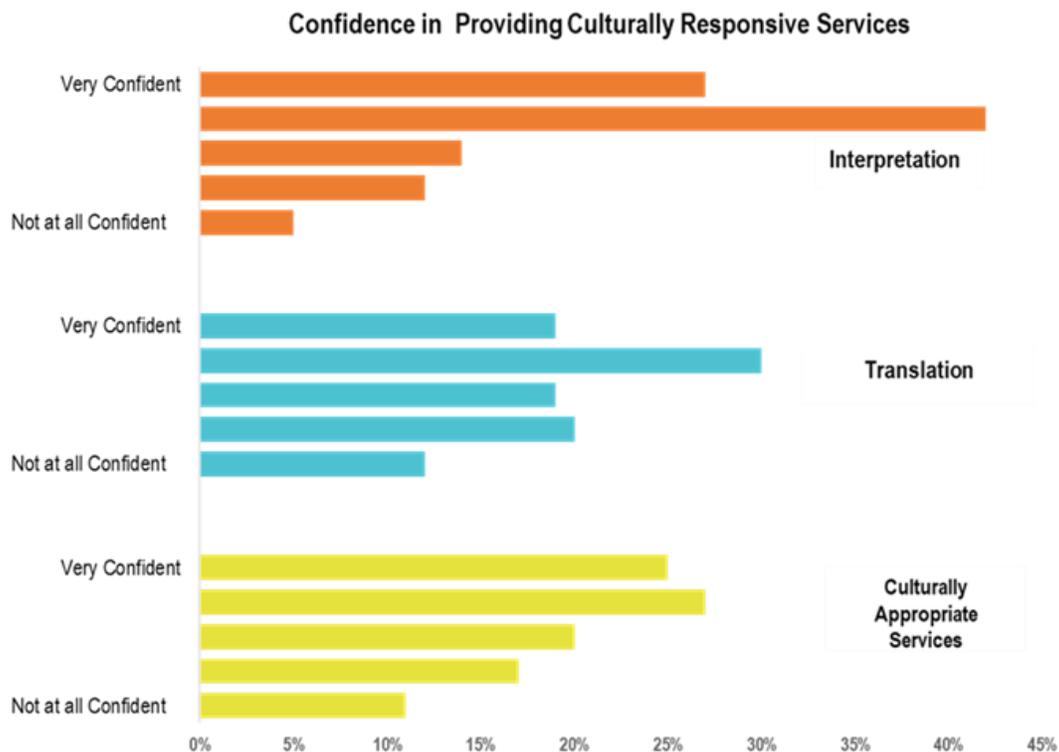


Figure 20: Confidence in Providing Culturally Responsive Services

In contrast to the survey findings, community members stated persistent gaps in this area.

There are so many services in Columbus, big organizations, but they do not have cultural competency—this policy should be included in their HR, but I don't see that training is being provided for the employee or employers. As far as human services, even the employers who are hiring these people, don't have that cultural competence, or humility nowadays. (FGD with Central and West Africa)

Apart from providing cultural competency training to frontline staff and using interpreters for language access, service providers need to be trained on how to effectively work with bi-cultural interpreters. (FGD with Bhutanese-Nepali Community)

Organizations recognized the continual need to train staff around cultural sensitivity. Findings indicated that the majority of these organizations (72%) offered diversity training to their staff (Table 5). Most organizations (46.15%) conduct at least one training in six months. These trainings were mostly provided by outside organizations (53.13%) than the HSOs on-site (46.88%).

Table 5: Diversity Trainings among Human Service Organizations in Central Ohio

Diversity Trainings among New Americans Serving Organizations (N=64)	
Variable	N (%)
Staff attended diversity training	65 (72.22)
Yes	25 (27.78)
No	
Training provided by:	30 (46.88)
My Organization	34 (53.13)
Outside Organization	
Training frequency	9 (13.85)
At least 1 in 6 months	30 (46.15)
At least once a year	9 (13.85)
At least once in 2 years	17 (26.15)
Other	

One HSP noted:

[A small community-based ethnic Agency] came and did a training with all of my staff and talked about, like, cultural things that we didn't know. It was real. And hiring, [Staff] because she's a refugee. She's in the community. She even trained us and told us things you know, we didn't know. (In-depth Interview with Service Provider)

Community members and leaders however mentioned that these trainings could only go so far:

I think, honestly, the best services that you see provided to immigrants tend to be led by other immigrants themselves. I just think cultural-competency training can only do so much, but I don't think—when it comes to these very, very big barriers that exist in the refugee and the immigrant community, I don't think it's really—any amount of cultural-competency training will make it be enough to make it so that they can completely understand everything and work with us. (FGD with African Community).

Organizational Capacity

While HSOs are working to enhance their cultural sensitivity, they are looking at diversity trainings as a way to build capacity and competence. However, most organizations (56.25%) are not making the connections and collaborations with New American communities to inform service provision (Figure 21). As shown in the previous sections, while HSOs were satisfied with the quality of service they provide around culturally responsive care, community members who participated in the FGDs showed contradictory findings. While diversity trainings and cultural competency trainings are important, they are limited in providing knowledge on the lived experiences of New Americans that would eventually enhance cultural knowledge, attitudes, and beliefs of HSPs, crucial to bolstering organizational capacity.

Of the HSOs that were making efforts to collaborate with New American communities (43%), they were making concerted efforts (Table 6) to meet with key informants to learn about the community they serve ($n=33$); solicit information and/or experiences from clients ($n=31$); and hire community members on their staff ($n=20$). There were

some efforts to invite community members to take advisory roles ($n=14$) and board leadership roles ($n=12$). These efforts, although limited definitely show progress to build organizational capacity, have ripple effects to build community capacity as well as inform service provision and quality.

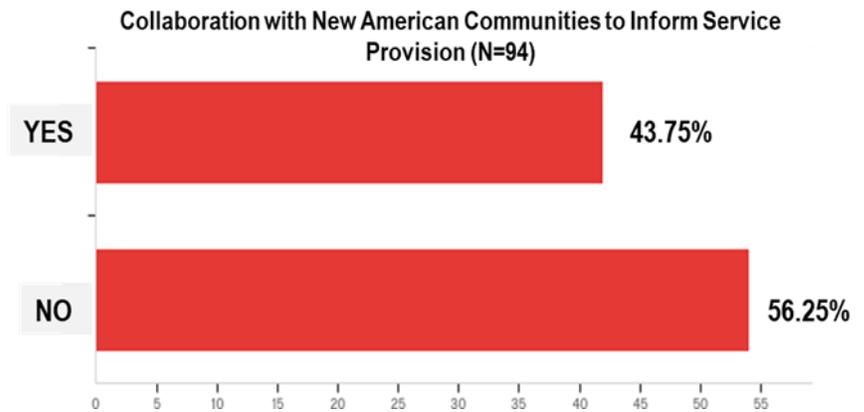


Figure 21: Collaboration of HSOs with New American

Table 6: Collaboration Efforts of Human Service Organizations with New American Communities

Community Collaboration Efforts among HSOs in Central Ohio (N=94)	
Variable	N
Collaboration Efforts with New American Communities	
Solicit information and /or experiences from clients	31
Meet with key informants to learn about community	33
Invite community to take advisory role on organization	14
Invite community member as Board of Directors	12
Hire community member on staff	20
Other	3

Further, organizations that serve New Americans (67.27%) were collecting data from their New American clientele to inform their services (Table 7). While most organizations were collecting demographic information ($n=36$), organizations were also collecting data on service satisfaction ($n=21$), community needs ($n=18$), access and utilization of services ($n=18$), and cultural information ($n=15$).

Migration history is an important indicator for the overall well-being of New Americans. It also provides knowledge on trauma and events throughout the life course that can be helpful for service modalities. Among the HSOs, only a small number ($n=6$) collect data on migration history.

Continued data collection and evaluation of services bolster organizational capacity. Further, given the lack of data and comprehensive measures around immigrant and refugee experiences, this data collection and evaluation pattern by HSOs in central Ohio is very welcoming. Factors such as immigration experience, economic, social, and demographic measures should be integrated in data collection as a nested issue. While large-scale surveys such as the National Health Interview Survey (NHIS) and National Health and Nutrition Examination Survey (NHANES) serve as good mediums to address immigrant health disparities (Jasso et al., 2004), they are very limited in terms of measuring individual, social, and contextual determinants of immigrant well-being. Therefore, HSOs in central Ohio responding to this issue can inform service provision geared towards this population.

Table 7: Data Collection & Evaluation Patterns among New American Serving HSOs

Data Collection & Evaluation Patterns among New Americans Serving HSOs (N=64)	
Variable	N (%)
Collect data from New American Clientele	
Yes	37 (67.27)
No	18 (32.73)
Types of data collected	
Demographics	36
Migration history	6
Cultural information	15
Community needs	18
Access & utilization of services	18
Service Satisfaction	21
All of the above	5
Other	8
Evaluate New American Clientele data	
Yes	31 (81.58)
No	7 (18.42)

New American Community Capacity

Survey respondents identified various community assets that help New Americans adapt to life in central Ohio. This included their resilience, strong work ethic, close family ties, and social connectedness. These identified assets were reiterated in the focus groups:

Since we have gone through shared collective trauma we have a collective society, this is our biggest strength. (FGD with Bhutanese-Nepali Community)

Additionally, the majority of participants mentioned the presence of informal support systems (immediate and extended families, friends, churches and mosques) that mitigate gaps that remain unfilled by formal service providers.

One of the strengths, I believe strongly, is the commitment to family and taking care of your family as a unit, and also not only an individual family, but your extended family within the communities. [FGD Central and West Africa]

Local leadership was identified as an important community asset. Emerging leaders from New American communities enhance strong family and community ties. Hence, nurturing grassroots leadership is a crucial component of bolstering the capacity of New American populations.

These community heroes are really very crucial. Empowering these community leaders means empowering the community. That's what the missing link really is in the City of Columbus. [FGD with Central and West Africa]

The New American community is also a community with many different skills and knowledge. There are many unrecognized assets among New Americans that need to be tapped into. Many of the community members have received education in their countries of origin. However, due to lack of assessment systems that seamlessly acknowledge foreign education degrees, many community groups have had to work in low-skilled jobs, providing more mental anguish, low self-esteem, and gaps in financial stability. Focus group participants expressed their frustration with the system:

Just to add to what they were saying, as far as me transferring the credentials, I've noticed with just even my father's experience, he went to university in Ethiopia. He had two degrees. When he came to America, he ended up having to be a janitor to provide for his family, despite the fact that he had the equivalence of a master's degree. It wasn't equivalent. It wasn't even received as if it was something, or as if it was an accomplishment. I think especially in our community, in the minority and immigrant community, it's discouraging, extremely discouraging. (FGD with African community)

Human Service Environment: Collaboration & Competition

When it comes to collaboration and competition, findings from the study show mixed results among organizations that serve New Americans ($N=64$) and overall HSOs in central Ohio ($N=94$). These mixed results need further examination.

1. Collaboration

HSOs that serve New Americans ($N=64$) emphasized a collaborative relationship among peer organizations to achieve common goals. The reliance upon each other's strengths to better serve the community was also noted.

.... I think, most of us come from a social service background so it all feels like, kind of based and supportive for the most part. And sort of sharing tips and tricks and learning

from each other to make ourselves better, which is great. (In-depth Interview with Service Provider)

So I think, there is absolutely an intention to work together, especially now, and the newspaper just ran an article about a month ago about collaboration amongst the CBO's. To me, that underscores that the organizations specifically serving the New American population are trying to work together and are trying to be very intentional about that and eliminating any gaps that might exist. They're also all around the table together. (In-depth Interview with Service Provider)

2. Competition

Survey data did not reflect competition among peer organizations that serve New Americans (Figure 22), with only 14% articulating that their organization competes with other peer organizations.

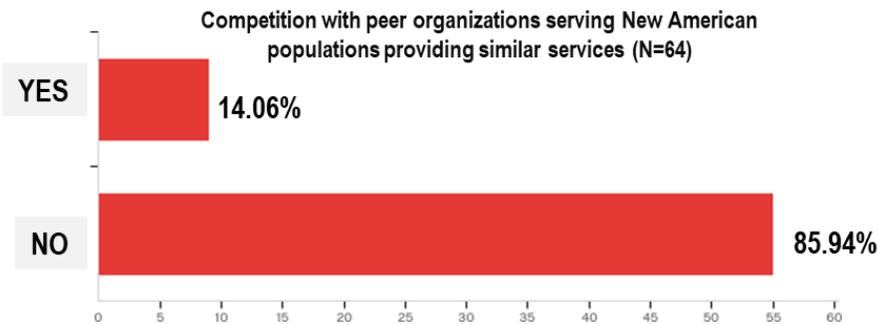


Figure 22: Competition among Peer Organizations Serving New Americans Providing Similar

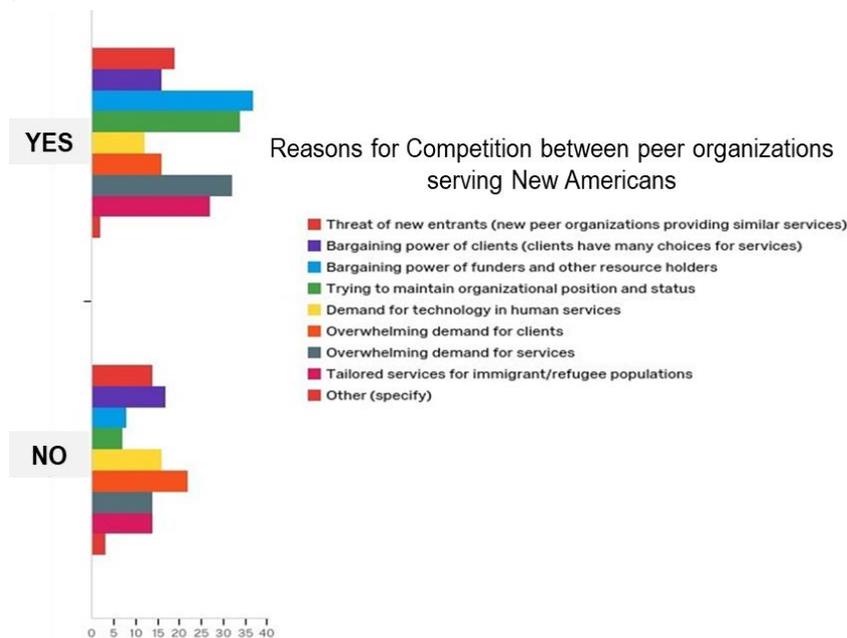


Figure 23: Reasons for Competition among Peer Organizations Serving New Americans

Yet, competition was mentioned during the HSPs in-depth-interviews and they highlighted reasons for competition (Figure 23). Among other reasons, bargaining power of funders and other resource holders, maintenance of organizational position and status, as well as overwhelming demand for services were addressed as some of the major reasons for competition.

There's always competition about funding. Everybody's competing about the funding. It's nothing new. I always say well, just take it easy. Don't stress out about that. It's existed always. It's continued to exist, because people try to find—it's like this drama. Oh my God. They're competing with us. Yes, they are competing. Everybody's competing for funds. Everybody's competing for donors. That's life. That's what we all do. (In-depth Interview with Service Provider)

It definitely exists. Competition exists. We know that in general. There's a limited pot of funds and—I would say most of us are always struggling, to keep afloat... (In-depth Interview with Service Provider)

Survey respondents that represented overall HSOs in central Ohio discussed the larger human service environment (Table 8). Findings from HSOs (N=94)—which also included the 64 organizations that serve New Americans—showed mixed results and highlighted the competitive environment.

Table 8: Current Human Service Environment in Central Ohio

Current Human Service Environment in Central Ohio (N=94)	Yes (%)	No (%)
There is an overwhelming number of New Americans that need services	88.46	11.54
There is a broad consensus as to what problems New American populations encounter	50	50
There is a broad consensus on the solutions for problems for New American population	24.07	75.93
There is a broad consensus on the problem, but not the solutions	59.26	40.74
There is no agreement on the problems or solutions	45.65	54.35
Organizations are in competition to encourage other similar organizations to adopt their solutions	40	60
There is pressure for competition between Organizations	67.44	32.56
There is pressure for co-operation between Organizations	60	40
There are incentives for cooperation	36.11	63.89
There are incentives for competition	46.88	53.13
There is a good balance between incentives for co-operation & competition	17.86	82.14

Findings suggest many underlying issues that could affect service provision among New Americans as well as access and utilization of services (Table 8). The HSPs affirmed that there is an overwhelming number of New Americans that need services (88.46%). While there is a broad consensus on the problems facing New Americans (50%), there is an overwhelming lack of consensus around solutions for problems for New Americans (75.93%). Findings also reveal that organizations in central Ohio compete to encourage other similar organizations to adopt their prescribed solutions (40%). Perhaps, the lack of consensus on solutions might in itself perpetuate gaps in service coordination, manifesting into weaker collaborations.

When asked about the human service environment in central Ohio, HSO's affirmed that there is pressure for more competition (67.44%) than cooperation (60%) (Figure 24). Similarly, there are more incentives for competition (46.88%) compared to incentives for co-operation (36.11%) (Figure 25).

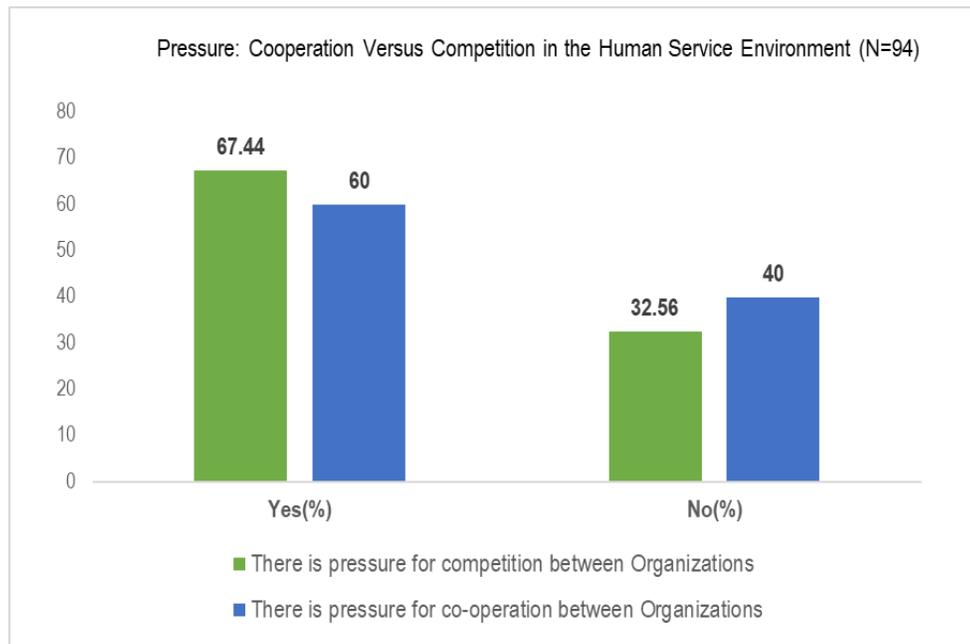


Figure 24: *Pressure for Competition versus Cooperation in the Human Service*

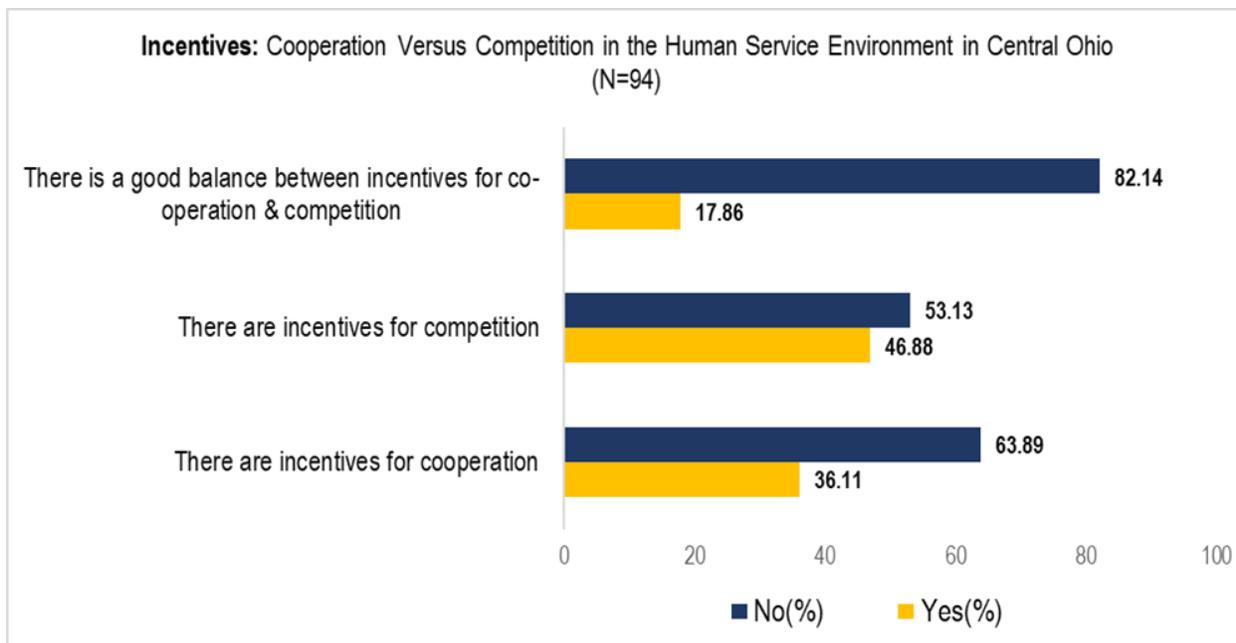


Figure 25: *Incentives for Competition versus Cooperation in the Human Services Environment*

Participants in FGDs highlighted gaps in service coordination in the human service environment. Perhaps, if there were more incentives for cooperation in the human service environment, service coordination would follow.

We have a lot of resources, but we're process poor. We're resource rich, but process poor in terms—so if I were—[an entity], I would figure out how to identify staff or responsibility for creating those systems to have good communication. (FGD with Asian American Community)

...just having a resource, where all the available resources are together, for new immigrants and refugees would be great, 'cause we had [laughter] no clue where to go. Then, eventually, you learn, and then you find out that a lot of these organizations don't know about each other. You find out, "Oh, you don't know that there's this thing that [agency] does?" You have to inform this—so I don't know if doing a fair for all of these organizations, where they get to know each other and know what each other are doing, and could collaborate on a lot of the things that they do well, instead of each organization trying to expand into places that they don't have resources to—would be a big help. (FGD with Asian American Community)

INTEGRATION OF RESULTS & STUDY IMPLICATIONS

As discussed in the results section, findings from the quantitative and qualitative data further corroborate the following overarching areas. Integration of these results further bolster the findings of the study and provide practice, policy, and research implications.

Language Interpretation vs Cultural Interpretation

As the central Ohio region becomes more culturally diverse, it is critical for HSOs to respond to diverse perspectives, values, and belief systems of the client population. While language access is a critical component of providing culturally appropriate service, it should be noted that cultural competence goes beyond language interpretation. It should be client driven—a departure from the “one-size-fits-all approach”—to fulfill the unique needs of the client. A compassionate client and provider relationship, support for health literacy, acknowledgment of diversity, and a patient-driven approach to service (where the focus is on the whole person rather than diagnosis) leads to a positive care experience, which then leads to building trust in the human service system, equity, and empowerment (Maleku & Aguirre, 2014). In addition, HSOs and frontline workers should be well equipped to work with interpreters. Models of service delivery therefore should incorporate understanding of cultural and linguistic perspectives in order to reduce cultural distortions and render interpretation and translation of language meaningful to New Americans.

Findings of our study point to a clear disconnect between perceived needs by HSPs and the felt needs of the New American community. We have to foster a strong collaboration between service providers and New American communities. Our findings corroborate best practice guidelines that highlight client-centered models, integrating community members in the decision-making process, using culturally responsive trauma-informed care models, and mobilizing the unrecognized and untapped assets of the community.

I think my recommendation to be a welcoming city is really to look down to empower these unrecognized heroes who are working day and night for their community, without any recognition. I would like to define the New American Initiative to really focus more on these grassroots community leaders, empowering them, yes. They will empower their community, so that the city becomes more welcoming and have a good representation, rather than few individuals to be recognized all the time.

-A Human Service Provider in an In-depth interview

Investment in Grassroots Leadership

New Americans are more likely to reach out to CBEOs for assistance as compared to mainstream HSOs due to linguistic and cultural proximity. CBEOs, which may be disconnected from mainstream human service systems therefore, find themselves inundated with high caseloads and low resources. Building capacity of leaders in these CBEOs is of utmost importance. These grassroots organizations use local assets to nurture growth and development in their communities. Further, these grassroots leaders have wide connections to information, skills, and relationships across New American communities that often go unrecognized. These connections, in essence, are intangible assets that can bridge and connect individual and communities to build tangible assets. Therefore, investing in the development of these grassroots leaders can accelerate progress and have ripple effects across New American populations.

Investment in New American Youth

Many young people are experiencing migration challenges and/ or social exclusion that, in turn, jeopardizes their successful transition to adulthood. There is an urgent need for government and social services organizations to work together to bridge the gaps and improve conditions for young newcomers, who constitute a major force in central Ohio. Younger New Americans need immediate attention to create a more just and prosperous society. When young New Americans turn to formal support systems, they may prefer to seek assistance from organizations based in their own ethnic community because of cultural and linguistic proximity. However, the range of services available is determined in large part by the size of their community.

A Paradigm Shift: Beyond the Economic Discourse

Human migration has played a crucial role in transforming the US into an ethno-culturally diverse and economically prosperous nation. Evidence suggests that immigrants, are economically beneficial to society. However, these communities do much more by transforming and enriching our social fabric. Therefore, migration discourse should transcend economic implications and broaden its scope to include

I don't know. I struggle between is it the economics argument that I need to be making? Is it the humanitarian—we struggle with that too. We struggle with that all the time because what we are told is always the refugees bring in so many jobs and they're so economically profitable, it's more than that, but then are people ready to actually even listen to that argument? That it's not just economics. It's—you know—Much more than that. So knowing that, well, to influence policymakers, I thought we needed to make the economic arguments. But then, I'm not willing to short-sell the humanitarian aspect. And I feel like I'm not doing a service to others and myself if I don't talk about the humanitarian. Like, why am I being shy about it is important to have lifesaving humanitarian programs?

-A Human Service Provider in an In-Depth Interview

social, political, and cultural benefits of New Americans. Central Ohio is a vibrant home to diverse cuisines, religions, languages, traditions, values, skills, aspirations, and expectations. This will help foster cohesion across communities.

Workforce Development

The sharp rise in demand for skilled labor over the past few decades has made it more urgent than ever to provide access to postsecondary education as well as put systems in place to assess foreign education degrees and skills. This is especially important for refugee populations, who are in low-skilled jobs, despite their educational degrees. Putting these systems in place will in turn help us tap into the high skilled workforce that can be created in Columbus. Removing barriers to education and to employment opportunities are crucial to diversifying the central Ohio workforce.

Further, studies show that increasing workforce diversity is a useful strategy for reducing disparities because racial/ethnic minorities are more likely to serve underserved communities once they complete their training. This would also increase service access among the underserved New American populations (Kosoko-Lasaki et al., 2009). Further, HSOs should have integrated policies for diversity in hiring and recruitment practices. These strategies are critical, as the human service systems and policies are shaped by the leaders who design them, and the workforce that implements them (Betancourt et al., 2002). Therefore, the importance of racial and ethnic diversity in human service leadership is crucial for culturally competent human service systems. Diversity and inclusion efforts should be reflected in leadership of delivery systems, boards of trustees, senior managers, and staff.

An Ecosystem of Collaboration

As New Americans transition into a new social structure, no single organization can meet all their needs. Evidence suggests that collaborations between human service agencies have shown to increase both capacity and effectiveness in service provision. Providing access to competent human services to the growing New American population in central Ohio is possible through a multi-sectoral

The city is really putting something towards refugee and immigrants. All that is really a positive impact, and really, it's a welcoming city, but we forgot those infrastructure and capacity for refugee-immigrant-serving organizations. If we build—if we support them—they are within the community now, but because of lack of resources, because of technical assistance, because of they are unable to do, they are left behind. They're squabbling among themselves, and no one is really helping them.

-A Human Service Provider in an In-depth Interview

partnership committed to defining the problems and proposing effective solutions. It is crucial however, to work immigrant and refugee serving community-based ethnic organizations that have the cultural knowledge and expertise to provide culturally responsive services. Although Columbus has resources, there are gaps in utilizing these resources effectively. Coordination between services is weak due to the lack of an existing framework to effectively distribute resources among New Americans.

Building networks across nonprofit, private, and public sectors. Networks of CBOs, government agencies, and private businesses can help reduce redundancies in outreach and enrollment efforts and ensure wide coverage. Umbrella organizations uniting multiple CBOs can provide centralized training and a common information hotline. Collaboration between advocacy organizations, nonprofit service providers, agencies, and businesses can bring together diverse knowledge and experience to inform and improve the provision of services. Finally, better coordination and information sharing among service providers is needed. This will lead to the development of a comprehensive and holistic system to meet the various needs of New Americans. To facilitate better coordination among diverse organizations, funding priorities should focus on collective efforts among organizations to tackle complex issues.

More Research geared towards New Americans

Past research on immigrant and refugee populations has mainly focused on acculturation processes. While these acculturation-based studies have added value to immigration studies, our understanding of some of the nuances of acculturation remain limited. While current studies have led to individual-centered interventions, (Viruell-Fuentes, 2007), they have largely ignored the structural contexts that are likely to produce social and economic inequities affecting immigrant well-being. So, more community-based research is needed to explore the lived experiences of New Americans as well as efficacy of human service provision. Further, the use of a singular paradigm and methodology has contributed to the current gaps in our understanding of the acculturation process. Therefore, more culturally grounded community-based research that disaggregates data is needed.

Given the inherent diversity among the New American population, this approach to data has both practice and research implications.

To do research, to provide resources, those numbers are not existing now. There is a huge confusion from the research part starting these. If you see the number of immigrants and refugees, even here in Columbus, there is a confusion. How? If I am considered as African American, that means when we do the statistics, when we find a job, when all kinds of resources, those statistics can be interpreted in different ways. That can limit the resources. Instead of the country of origin, some statistics would concretely just go into different direction, where, for example, they are considered as Caucasian, what that means, and school-wise, the categories, and house and job—you can call it. Those statistics can divert our presentation, from the state to the county, we don't have a voice. We are voiceless. We're citizens. We contributed to the country's economy.

-A FGD Participant

Disaggregation of data will help measure progress at the individual as well as community levels across different population sub-groups. Due to enormous heterogeneity among the New American population, disaggregation of data will have direct implications to understanding similarities and differences across sub-groups. Further, culturally and linguistically appropriate screening instruments for different ethnicities and language groups will be crucial to create positive impact in service delivery and utilization of human services.

LIMITATIONS & CAVEATS

Our study is a collection of 165 voices (Figure 26) of HSPs, community leaders, and community members that are connected to the New American population in central Ohio. While our study represents many different groups of New Americans in central Ohio, this population is a conglomeration of many different culturally and linguistically diverse sub-groups. Therefore, any attempts to generalize the study findings across other New Americans or New American populations outside central Ohio might be inconclusive.

Although our study conducted a thorough review of sources that would help us create a database of HSOs in central Ohio, it is likely that we might have not been able to capture all service providers in this region. Therefore, any generalizations of HSPs might be limited.

We used a cross-sectional design—the responses were recorded only at a single time point. Given the unavailability of longitudinal data, any views that changed overtime have not be represented in this study. The web-based survey format might have also limited the response rate. In addition, the project was implemented in a very short period of time (Aug 2017- Jan 2018). Given this short timeframe, attempts to purposefully contact other ethnically diverse community groups that would represent the rich diversity of central Ohio might have been limited.

Further, some FGD's were conducted in different languages (i.e., Nepali, Spanish and Arabic), transcribed verbatim, and then translated into English. Although, verbatim responses have been used throughout this report to maintain the integrity of data originality, it is possible that data could have suffered misinterpretations or the original meanings might have been lost in translation. As far as qualitative data analysis, while each researcher coded the data separately and came together



Figure 26: *Total Voices in the Study*

for consensus to maintain interrater reliability, data analysis might have some expected risks associated with over-involvement and/or researcher bias.

Despite these methodological limitations, however, our study captures local intersections of service access, service provision, and utilization among New Americans. Given the strengths of the study, it is best positioned to provide implications for diversity and inclusion efforts in local contexts.

CONCLUSION

There is a strong consensus that Columbus is indeed a welcoming city—a place where New Americans rebuild their lives, thrive, and contribute to the growing socio-economic diversity. While study participants identified the responsiveness of the human service organizations, they also emphasized persistent gaps in the current human service landscape. Participants underscore the role of culturally and linguistically responsive programs and deliberate community collaborations in ensuring the successful integration of New Americans. Finding ways to increase the social cohesion among diverse societies is critical to fostering a successful community, achieving equal opportunity, equity, and justice. Providing opportunities for civic engagement and closing the gaps in human service provision among both New Americans and the community at-large could be the first step in building communities that are stronger economically and more inclusive socially and culturally.

Guided by the community and organizational capacity lens, this study lays the groundwork for exploring human service provision, access, and utilization among the New American population in the local context. Use of CBPR approaches helped tap into migration research at the intersection of human service, diversity and inclusion, to begin to answer larger questions about human rights and social justice.

Given the complexities of the human service landscape geared towards New Americans in central Ohio, study findings suggest that nurturing deliberate multisectoral partnerships that include immigrant and refugee communities can help address some of these complex issues. Implications discussed in this report are grounded in the lived experiences of New Americans, which will go a long way in not only strengthening the human service landscape, but also ensuring that Columbus remains home to a vibrant and diverse New American population.

So, there should be a civic engagement and civic discussion and neighborhood discussions around, especially the suburb areas. When we try to place some of our refugees in the suburbs, there is some kind of resistance and discrimination that we have been observing now. So, that kind of neighborhood discussions is really—the civic forums are very important. Churches, mosques, and-and all, you know, they haven't really. I mean, the only way that we can, prosper here is by understanding the different religions and cultures.

-A Human Service Provider in an in-depth interview

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APPENDIX A: THE RESEARCH TEAM



Arati Maleku, Ph.D.

Principal Investigator: Dr. Arati Maleku is an Assistant Professor at the College of Social Work. Her research focuses on the social determinants of immigrant well-being in the US. Her research focuses on (a) understanding social determinants of health inequities at the intersection of gender, race/ethnicity, and class in the migration context and (b) exploring pathways to build community resilience and improve well-being among immigrant and refugee populations. She is interested in cross-cultural research and development of culturally grounded interventions. Dr. Maleku is currently working with the Bhutanese Nepali population in Columbus to develop a culturally responsive leadership program focusing on community assets.



Njeri Kagotho, Ph.D.

Co-Principal Investigator: Dr. Njeri Kagotho is an Assistant Professor at the College of Social Work. Her research explores the incontestable link between a family's wealth holdings and the physical and mental health well-being of its members. Her work has focused on the socio-cultural and legal constraints to economic security, and the impact chronic illness including HIV and AIDS has on household wealth creation and preservation. As a social work practitioner, Dr. Kagotho has worked with refugee and other immigrant groups primarily drawn from sub-Saharan Africa. In addition to working directly with these populations she has also facilitated cross-cultural and cultural sensitivity trainings for communities and groups seeking to provide services to foreign-born populations.



Sharvari Karandikar, Ph.D.

Project Director & Co-Investigator: Dr. Sharvari Karandikar is an Associate Professor at the College of Social Work, the Ohio State University. She is an expert in qualitative research methods and uses the critical theory and constructivist paradigms to collect and analyze data. Her research focuses on vulnerable populations including female sex workers and victims of sex trafficking on issues of gender-based violence, health and mental health. An additional focus area relates to egg donation, international gestational surrogacy, medical tourism and its impact on women. Prior to OSU, Dr. Karandikar worked as a social worker for immigrant sex workers and victims of sex trafficking in Mumbai, India.



Cecilia Mengo, Ph.D.

Co-Investigator: Dr. Cecilia Mengo is an Assistant Professor at the College of Social Work. Her research examines the persistent social problem of Gender Based Violence among marginalized and vulnerable women in the US and Sub-Saharan Africa. Dr. Mengo's research also explores the social and economic inequalities that keep women in the cycle of poverty and the ways in which experience with violence perpetuates the cycle of poverty in women's lives. Dr. Mengo's aim is to extend and expand her research by contributing to prevention and intervention efforts that can address the immediate needs of women with a goal empowering them.



Bridget Freisthler, Ph.D.

Co-Investigator: Dr. Bridget Freisthler is the Research Dean at the College of Social Work. She is an expert in incorporating cutting edge spatial analysis methods through Geographic Information Systems (GIS), spatial statistics, and spatial econometrics in: 1) understanding how health and social problems vary across geographic areas, such as neighborhoods, 2) identifying those areas in a community which are at risk for developing or already experiencing high levels of harms based on a growing understanding of neighborhood ecologies, and 3) examining how the location of services may further help or hinder the development of problems in neighborhood areas.



Vanessa Baaklini

Project Manager: Vanessa is currently a Master of Social Work student at OSU, specializing in Mental Health and Substance Abuse. Prior to attending OSU, she completed her bachelor's degree in Psychology at the American University of Beirut. In addition to being the Project Manager of the New Americans Project, Vanessa is an intern at the Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery. After graduation, she plans to pursue a doctorate in social work, through which she hopes to conduct research on issues that will improve the welfare of immigrant and refugee populations.



Caroline Filbrun

Research Assistant: Caroline is a fourth year International Social Work student with a passion for serving the Ohio New American community. She currently provides support for the Ohio Latino Affairs Commission's Public Policy Center, and will be relocating to Peru in September to serve as a Youth Development Facilitator with the Peace Corps.

APPENDIX B: SURVEY QUESTIONS

Part I: Demographic Information

1. What is your job title: _____

2. For how many years have you worked in your current position at this organization?
(round up to the nearest year): _____

3. What is your highest education degree status: (Check one)

- Less than high school
- Some high school
- High school diploma or equivalent
- Some college, but no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree or equivalent

4. Gender:

- Male
- Female
- Other

5. Country of Birth _____

6. Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Do not wish to answer
- Other (specify)

7. Ethnicity:

- Hispanic or Latino or Spanish Origin
- Not Hispanic or Latino or Spanish Origin

Part II. Organization Information: We are going to ask some questions about your organization and the services you provide.

8. Organization Name: _____

9. Organization Address: _____

10. Is this your primary location:

Yes

No

10a. List your organization's other locations in Central Ohio (Central Ohio covers the counties of Delaware, Fairfield, Fayette, Franklin, Licking, Madison, Pickaway, and Union): (There is space for up to 8 locations.

List organization branch address 1 _____

List organization branch address 2 _____

List organization branch address 3 _____

11. How would you classify your organization (Check one)

Public organization

Non-profit organization [501(c)3]

Non-profit organization (non-tax exempt, other)

For profit

Other _____

12. Does your organization have any religious affiliation?

Yes

No

13. Is your organization affiliated with any national organizations such as The United Ways, Salvation Army, Red Cross, etc

Yes (please list) _____

No

14. How many years has your organization been in existence in Central Ohio?

(Central Ohio covers the counties of Delaware, Fairfield, Fayette, Franklin, Licking, Madison, Pickaway, and Union:

15. How many employees work in your organization?

Full time _____

Part time _____

Volunteers (please estimate) _____

16. Identify the percentage of your employees whose principal task is client services (i.e. 60% or more of their time is spent on providing direct client services): _____

17. Approximately, how many clients does your organization serve in a year?

18. Types of social issues addressed by your organization (Check all that apply)

Health/medical

HIV/AIDS

Mental health

Alcohol/substance use and misuse

Nutrition/food

Child welfare

Disabilities

Education

Legal

Criminal justice

Juvenile justice

Economic strengthening/supports

Intimate partner violence and domestic violence

Human trafficking

Housing

Social and cultural adaptation

Transportation

Workforce development/Employment

Language/Translation/Interpretation

Advocacy

Other (specify): _____

19. What are the top **three primary** social issues addressed by your organization?

a) _____

b) _____

c) _____

20. Which population(s) does your organization serve (Check all that apply)

Children

Youth

Older adults

Families

Women

Military/veterans

Persons with disabilities

LGBTQI

Homeless individuals

Immigrants

Refugees

Other (specify) _____

21. Does your organization provide **any** services to immigrant/refugee groups?

Yes

No

I don't know

22. (If No or if don't know), would you be interested in providing services to immigrant and refugee populations?

Yes

No

23. In your opinion, what support does your organization need to serve immigrant/refugee populations?

Part III. Client Profile: We are now going to ask some questions specific to immigrant and refugee populations that your organization serves. When answering the following questions, please think only of the immigrants and refugee populations you serve.

24. Approximately what percent of the clients you serve are immigrant/refugees?

25. List the nationalities of the immigrant and refugee groups that you serve starting with the largest group:

Nationality #1 _____
Nationality #2 _____
Nationality #3 _____
Nationality #4 _____
Nationality #5 _____
Nationality #6 _____

26. Do you serve second-generation immigrants?

Yes

No

I don't know

27a. What is the immigrant classification status of the groups you serve? (Check all that apply)

Refugee

Asylum seekers

Permanent residents (Green card holders/Diversity visa)

Naturalized US citizen

Don't Know

Other (specify): _____

27b. Migrant Classification:

Temporary protected status

Special visa holders (e.g. T visa, U visa)

Temporary workers

Undocumented

International students

Don't Know

Other (specify): _____

28. What percentage of your **immigrant/refugee clients** come from the following counties?

0 Delaware

0 Fairfield

0 Fayette

0 Franklin

0 Licking

- 0 Madison
- 0 Pickaway
- 0 Union

29. Thinking about the **immigrant/refugee population** you serve, what do you think are the biggest needs among this population in Central Ohio? (List as many needs as you see applicable)

30. Do you think that the services you provide are adequately meeting the needs of the **immigrant/refugee population** you serve?

- Yes, adequately meeting all of the needs
- Yes, but only some of the needs
- No, none of the needs

31. If yes, what improvements can be made to strengthen the services you provide to the **immigrant/refugee populations** you are serving?

32. What support would your organization require to make your services more accessible to the **immigrant/refugee population** that you serve? (List all that apply)

33. What do you think are the biggest barriers faced by organizations like yours in providing services to immigrant/refugee populations?

34. Thinking about the **immigrant/refugee population** you serve, how satisfied are you with the:

	Not at all satisfied	Not satisfied	Neither satisfied nor unsatisfied	Satisfied	Very satisfied
Appearance of physical facilities, equipment, personnel and communication materials provided by your organization					
Ability of your staff to deliver reliable service					
The ability of your					

organization to provide prompt services					
The ability of your staff to convey trust and confidence in the services provided by your organization					
Your organization's ability to provide individualized services (empathy)					

35. Service Accessibility is defined as the ease with which individuals access timely appropriate services to achieve optimal well-being. Thinking about the **immigrant/refugee population** that you serve, do you think the services provided by your organization are accessible to them?

Yes
No

36. What support would your organization require to make your services more accessible to the primary population you are serving? (List all that apply)

37. Thinking about the **immigrant/refugee population** that you serve, what strengths do they have that will help them successfully adapt into the Central Ohio region?

Section IV. Substance use and misuse

38. Have any of the immigrant/refugee populations you serve reported issues with any of the following non-prescribed substances.

	Yes	No
Opiate-type prescription drugs (codeine, morphine, Demerol, Percodan, Percocet, Vicodin, Darvon, Darvocet)		
Prescription stimulants (Ritalin, Dexedrine, or Adderall)		
Cigarettes, cigarillos, or cigars		
E-cigarettes or vapes		
Marijuana		

Ecstasy		
Heroin		
Other illicit drug (cocaine, etc.)		
Alcohol		

39. Does your agency have the infrastructure (network referrals, staff expertise, etc) to address the above issues?

Yes

No

Other (specify): _____

40. What major barriers is your agency likely to face while providing services to immigrant/refugee clients who report use of any of the above non-prescribed substances?

V. Organization Cultural Competence We are now going to ask some questions about the internal infrastructure of your organization.

41. How confident are you with the ability of your staff to:

	Not at all Confident	Not Confident	Neither confident nor Unconfident	Confident	Very Confident
Meet the <u>language interpretation</u> needs of your client population					
Meet the <u>language translation</u> needs of your client population					
Provide culturally appropriate services of your client population					

42. What percentage of your staff shares similar cultural background with your immigrant/refugee clients?

43. Have your staff attended diversity training?

Yes

No

44. If yes, who provided the training?

My organization

Outside organization (specify) _____

45. How frequently does your organization provide these trainings?

- At least once in 6 months
- At least once a year
- At least once in 2 years
- Other (specify)_____

46. If No, why don't your staff attend diversity trainings (check all that apply)

- Limited organization resources
- Limited time
- Limited organization capacity
- No known trainer
- Other_____

47. How confident are you in your organization's ability to provide the following accommodations:

	Not at all Confident	Not Confident	Neither Confident nor Unconfident	Confident	Very Confident
Meet the transportation needs of your client population					
Flexible office hours (beyond 9am to 5pm) to meet the needs of your client population					
Provide home based services to your client population					

48. Thinking about transportation, what is the primary means of transportation employed by your clients to access your services?

- Agency transportation
- Walk
- Drive own vehicle
- Ride from friend/family
- Public transport
- Taxi and ride share (uber, lyft)
- Cycling
- Other (specify)_____

VI. ORGANIZATIONAL CAPACITY, COLLABORATION AND COORDINATION OF SERVICES. Collaboration is defined as a type of inter-organizational relationship where partners work together towards a common goal. This section will focus on both administrative and service collaboration.

49. What is the major source/s of funding for your organization? (Check all that apply)

Fee for Services

Federal funds

State funds

Local/Public funds

Community Foundations

Private Foundations

Corporate funding

Other (specify) _____

50. Has your organization undergone any funding cuts in the last 12 months?

Yes

No

51. Does your organization have the infrastructure to write competitive grants?

Yes

No

52. If no, what challenges does your organization encounter in writing competitive grants?

53. Does your organization collect data from the immigrant/refugee clients you serve?

Yes

No

I don't know

54. If yes, what kind of data do you collect from your immigrant/refugee clients? (check all that apply)

Demographic information

Migration history

Cultural information

Community needs

Access and Utilization of services

Service satisfaction

All of the above

None of the above

Other (specify) _____

55. Does your organization evaluate the data you collect from immigrant/refugee populations you serve to inform your programs and services?

Yes

No

I don't know

56. If no, what support do you need to evaluate the data you collect?

57. How many full time employees in the agency are involved with fund development and evaluation? Please provide the number: _____

58. Does your agency collaborate with the immigrant/refugee community to inform service provision?

Yes
No

59. How do you collaborate with the immigrant/refugee communities? (check all that apply)

Solicit information and/or experiences from clients

Meet with key informants to learn about community characteristics

Invite community members to take advisory roles on the Organization board

Invite community members to participant on the organization Board of Directors

Hire community members on staff

Other: _____

60. Please nominate the top three (3) agencies you turn to (or would turn to), *in the order that you would contact them* for advice, information, and resources with regard to immigrant/refugee populations that you serve.

1. Organization name: _____

2. Organization name: _____

3. Organization name: _____

First, list five agencies in Column A. Second, respond to the questions about them in Column B-H

61.

		In the past 6 months, how frequently have you communicated or been in contact with this organization via in-person contact, telephone, or email? (Circle the most accurate number from the answer scale below for each person.)						
		Not Once	1-2 times	About once/ month	About every 2 weeks	About once/ week	About daily	Many times daily
1.	Organization Name:	1	2	3	4	5	6	7
2.	Name: Organization Name:	1	2	3	4	5	6	7
3.	Organization Name:	1	2	3	4	5	6	7

62.

		In the past 6 months, how frequently have you communicated or been in contact with this organization about space sharing? (Circle the most accurate number from the answer scale below for each person.)						
		Not Once	1-2 times	About once/ month	About every 2 weeks	About once/ week	About daily	Many times daily
1.	Organization Name:	1	2	3	4	5	6	7
2.	Organization Name:	1	2	3	4	5	6	7
3.	Organization Name:	1	2	3	4	5	6	7

63.

		In the past 6 months, how frequently have you communicated or been in contact with this organization about shared staff training? (Circle the most accurate number from the answer scale below for each person.)						
		Not Once	1-2 times	About once/ month	About every 2 weeks	About once/ week	About daily	Many times daily
1.	Organization Name:	1	2	3	4	5	6	7
2.	Organization Name:	1	2	3	4	5	6	7
3.	Organization Name:	1	2	3	4	5	6	7

64.

		In the past 6 months, how frequently have you communicated or been in contact with this organization about sharing grants information? <i>(Circle the most accurate number from the answer scale below for each person.)</i>						
		Not Once	1-2 times	About once/ month	About every 2 weeks	About once/ week	About daily	Many times daily
1.	Organization Name:	1	2	3	4	5	6	7
2.	Organization Name:	1	2	3	4	5	6	7
3.	Organization Name:	1	2	3	4	5	6	7

65.

		In the past 6 months, how frequently have you written a collaborative grant proposal? <i>(Circle the most accurate number from the answer scale below for each person.)</i>						
		Not Once	1-2 times	About once/ month	About every 2 weeks	About once/ week	About daily	Many times daily
1.	Organization Name:	1	2	3	4	5	6	7
2.	Organization Name:	1	2	3	4	5	6	7
3.	Organization Name:	1	2	3	4	5	6	7

66.

		In the past 6 months, how frequently have you communicated or been in contact with this organization about data and/or data sharing? (Circle the most accurate number from the answer scale below for each person.)						
		Not Once	1-2 times	About once/ month	About every 2 weeks	About once/ week	About daily	Many times daily
1.	Organization Name:	1	2	3	4	5	6	7
2.	Organization Name:	1	2	3	4	5	6	7
3.	Organization Name:	1	2	3	4	5	6	7

67.

		In the past 6 months, how frequently have you communicated or been in contact with this organization on client referrals? (Circle the most accurate number from the answer scale below for each person.)						
		Not Once	1-2 times	About once/ month	About every 2 weeks	About once/ week	About daily	Many times daily
1.	Organization Name:	1	2	3	4	5	6	7
2.	Organization Name:	1	2	3	4	5	6	7
3.	Organization Name:	1	2	3	4	5	6	7

68.

		In the past 6 months, how frequently have you communicated or been in contact with this organization on joint service delivery? (Circle the most accurate number from the answer scale below for each person.)						
		Not Once	1-2 times	About once/ month	About every 2 weeks	About once/ week	About daily	Many times daily
1.	Organization Name:	1	2	3	4	5	6	7
2.	Organization Name:	1	2	3	4	5	6	7
3.	Organization Name:	1	2	3	4	5	6	7

69. Thinking about these three collaborative relationships please answer the following questions about:

Organization #1

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
This collaboration has been helpful in meeting the needs of the population you serve					
This partner organization takes your organization opinion seriously when decisions are made about the collaboration					
This partner organization agrees with the goals of the collaboration					
As a representative of your organization in the collaboration, you understand your organization's role and responsibilities in the collaboration					
This partner organization and yourself work through differences to arrive at win/win solutions					
People who represent the partner organization in this collaboration are trustworthy.					

My organization can count on this partner to fulfill their roles/responsibilities					
---	--	--	--	--	--

70. Thinking about these three collaborative relationships please answer the following questions about: **Organization #2**

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
This collaboration has been helpful in meeting the needs of the population you serve					
This partner organization takes your organization opinion seriously when decisions are made about the collaboration					
This partner organization agrees with the goals of the collaboration					
As a representative of your organization in the collaboration, you understand your organization's role and responsibilities in the collaboration					
This partner organization and yourself work through differences to arrive at win/win solutions					
People who represent the partner organization in this collaboration are trustworthy.					
My organization can count on this partner to fulfill their roles/responsibilities					

71. Thinking about these three collaborative relationships please answer the following questions about: **Organization #3**

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
This collaboration has been helpful in meeting the needs of the population you serve					
This partner organization takes your organization opinion seriously when decisions are made about the collaboration					
This partner organization agrees with the goals of the collaboration					
As a representative of your organization in the collaboration, you understand your organization's role and responsibilities in the collaboration					

This partner organization and yourself work through differences to arrive at win/win solutions					
People who represent the partner organization in this collaboration are trustworthy.					
My organization can count on this partner to fulfill their roles/responsibilities					

72. Does your organization compete with peer organizations serving immigrant/refugee populations (organizations providing similar services)?

Yes

No

Don't Know

73. Why do you think competition between peer organizations that serve immigrant/refugee populations exist? (Check all that apply)

	Yes	No	Don't Know
Threat of new entrants (new peer organizations providing similar services)			
Bargaining power of clients (clients have many choices for services)			
Bargaining power of funders and other resource holders			
Trying to maintain organizational position and status			
Demand for technology in human services			
Overwhelming demand for clients			
Overwhelming demand for services			
Tailored services for immigrant/refugee populations			
Other (specify):			

74. In your opinion, does this apply to the current human service sector in Central Ohio?

	Yes	No	Don't Know
There is a broad consensus as to what the problems immigrant/refugee populations encounter			
There is a broad consensus on the solutions for problems for immigrant/refugee populations			
There is a broad consensus on the problem, but not solutions for immigrant/refugee populations			
There is no agreement on the problems or solutions			
Organizations are in competition to encourage other similar organizations to adopt their solutions			
There is pressure for competition between human service organizations			
There is pressure for co-operation between organizations			
There are incentives for co-operation			
There are incentives for competition			
There is a good balance between incentives for co-operation and competition			
There is an overwhelming number of immigrant/refugee clients that need services			

75. Please share any other information that has not been covered in this survey (optional).

76. We thank you for your time spent taking the survey. Your responses have been recorded. You will receive a \$10 Amazon e-gift card in your email shortly.

Will you be interested in participating in an in-depth interview?

Yes

No

APPENDIX C: INTERVIEW GUIDE

Part I: Demographic Information

1. What is your job title: _____

2. How long have you worked in your current position at this organization (Check one)

- 1 – Less than 1 year
- 2 – Between 1 and 3 years
- 3 – Between 3 and 5 years
- 4 – Between 5 and 7 years
- 5 – Between 7 and 9 years
- 6 – 10 years or more

3. What is your highest degree status: (Check one)

- _____ No high school
- _____ High school diploma or equivalent
- _____ diploma or equivalent
- _____ Some college, but no degree
- _____ Associate's degree
- _____ Bachelor's degree
- _____ Master's degree
- _____ Doctoral degree or equivalent

4. Gender _____

5. Race/Ethnicity _____

Part II. Agency information and your experience: First, we are going to ask some questions about you, your background, and experience in the field:

6. Organization: _____

7. Organization Address: _____

8. Is this your primary location?

Δ List agency branch address 1 _____

Δ List agency branch address 2 _____

Δ List agency branch address 3 _____

9. How would you classify your organization (Check one)

Public agency _____

Non-profit organization [501(c)3] _____

Non-profit organization (non-tax exempt, other)

For profit _____

Other _____

10. How long has your organization been in existence in Central Ohio (select one)

1 – We have no previous working history

2 – Less than 1 year

3 – Between 1 and 3 years

4 – Between 3 and 5 years

5 – Between 5 and 7 years

6 – Between 7 and 9 years

7 – 10 years or more

11. How many employees work in your organization

Δ Full time _____

Δ Part time _____

Δ Volunteers _____ (please estimate)

12. Can you describe how many staff members have professional degrees vs. para-professionals etc.

13. Approximately, how many clients does your organization serve in a year?

14. What social issues are addressed by your agency?

Probes:

Health/medical

HIV/AIDS

Mental health

Alcohol/substance use and misuse

Nutrition/food

Child welfare

Disabilities

Education

Legal

Criminal justice

Juvenile justice

Economic strengthening/supports
Intimate partner violence and domestic violence
Human trafficking
Housing
Social and cultural adaptation
Transportation
Workforce development/Employment
Language/Translation/ interpretation
Advocacy
Other _____

15. Which population(s) does your agency serve (Check all that apply)

Children
Youth
Older adults
Families
Women
Military/veterans
Persons with disabilities
LGBTQI
Homeless individuals
Immigrants
Refugees
Other _____

Part III: Community Assessment

Needs

14. What do you think is the difference between the needs of immigrants and needs of refugees, needs of undocumented immigrants?

Services

15. Thinking about the populations that you said you serve, can you describe the kinds of services available to immigrants and refugees within your organization?

Probe:

- Do the services match the needs stated above
- Difference between services for immigrants vs. refugees
- Describe services for refugees
- Describe services for undocumented immigrants
- Describe services for immigrants in general

16. Thinking about the populations that you said you serve, do the services provided by you, meet the needs that you just mentioned?

Probe : What are the gaps (if any) in the services that your provide?

17. Thinking about the gaps you identified, what improvements can be made to strengthen the services you provide to the **immigrant/refugee populations** you are serving?

18. Does your organization use any specific service framework or service delivery models for immigrant/refugee populations?

- Probes:
- Specific theory/model
- Trauma informed care
- Integrated health care
- Culturally specific models

Now we are going to talk about client experiences:

19. Can you describe the experiences of your immigrant and refugee clients in accessing services?

For example: Do you think the clients are satisfied, receptive with the services that you provide?

Probes: Talk about their experiences? How do you know they are satisfied? Does your organization conduct annual satisfaction survey? Is there an evaluation? How do you use this evaluation data? How do you make improvements in services?

Finally, we are going to talk about services provided by similar organization.

20. Are you aware of organizations that provide similar services as yours?

21. Thinking about organizations that do similar work, can you describe the similarities and differences in their work and yours?

22. How do you collaborate with other agencies in providing services? (Any services- don't have to be similar)

Probe:

- Share info
- Data
- Client info

23. How do you collaborate with the community to provide services?

Such as:

Share information

Community participation

Use experiences to inform services etc.

What are the challenges in collaboration with the community?

24. Given all we have discussed today, what are your aspirations to make Columbus a welcoming city?

25. Is there anything you want to say with regards to programs and services for immigrant/refugee populations in central Ohio?

Thank you for your time!

APPENDIX D: FOCUS GROUP DISCUSSION GUIDE

THE OHIO STATE UNIVERSITY FOCUS GROUP GUIDE

TITLE OF STUDY: The New Americans in Central Ohio

INVESTIGATORS: Drs. Arati Maleku, Sharvari Karandikar, Njeri Kagotho, Cecilia Mengo, Bridget Freisthler.

SPONSOR: City of Columbus

Part I: Provide a description of Human Service Organization and purpose of the FGD Consent

Part II: Demographic Information

- Country of origin?
- Tell me about your journey to the US
- No of years in USA
- No of years in Columbus
- Do you work/ Type of work
- Which organization and or immigrant group do you represent? If any?
- How long have been involved in work with immigrant/refugees before and after USA

Part III. Focus Group Questions

- What are the most significant problems in your community? Who are affected?
- Are there resources available in community to address these issues?
- What kind of resources are available in your community to address these issues? (speak of formal and informal resources)
- What are the barriers to accessing these resources?
- What solutions will help reduce barriers that you just talked about?
- Can you talk about support within your network (informal network) how does not help with the barriers that your community faces?
- Thinking about the needs and barriers that your community is facing, how do you address these problems in its own way?
- What are your perceptions of Human service Organizations in Central Ohio?
- What are your experiences with Human service organizations in Central Ohio?
- What changes in services and programs do you recommend to immigrant serving agencies?
- What support services and programs could enhance immigrant refugee lives?
- What do you think about the resettlement policies? What could be improved?