



Refugee Health Promotion Program Assessment Local Provider Focus Group Guide

Facilitator(s):	City, State:	Date:
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Introduction Script

Thank you for agreeing to join this meeting. I'm [NAME] and this is my colleague [NAME], and we work in the Office of Refugee Resettlement (ORR). ORR is conducting an assessment of the Refugee Support Services (RSS) Refugee Health Promotion (RHP) Set-Aside Program. We understand in [name state], you call this program, [program name]. With this assessment, ORR seeks to understand program implementation and funding, with the goal of using this information to make recommendations for how ORR might improve program design and data collection processes for the RHP Program.

We will ask some questions to better understand how your agency implements (i.e., provides services through) the Refugee Health Promotion Program. There are no right or wrong answers to any of our questions. Our goal is to gather information that can be used to make changes and improvements to ORR's programs and services. Please know that your name and other identifying information will not be included in any notes or reports. The reports are for internal planning and programmatic purposes and not for any kind of public dissemination, even if deidentified.

Our meeting will last up to 60 minutes. Please know that your participation in this meeting is voluntary. You may choose to not answer any question and may stop participating in the meeting at any time.

I have one final point to make. We value the time and information you will share with us today and want to make sure we accurately include all the details. With your permission, we will take notes (written and/or on a laptop computer). Those notes will not include your name. During the discussion, if you would like to stop the notetaking while you make a particular comment, please let us know and we will do so.

Internal only - Facilitator Tips:

- This focus group is semi-structured and therefore the sequence of the questions might vary as well as the level of probing for information by the facilitator.
- The goal is to collect data on each topic area. Keep in mind that participant responses may cover multiple categories/data points. You may skip a question if you feel the data collection on that topic is sufficient and asking the question would be repetitive.
- Optional questions should be asked only if there is enough time to do so.
- **ORR learning questions:**



- o How do recipients and subrecipients design and implement their RHP Programs?
- o How are recipients and subrecipients utilizing RHP Program funds?

Focus Group Questions:

1. Introductions

- a. To start, would you please tell me your name, name of your agency, and your position at your agency? [*Facilitator note: please use initials only in notes.*]

2. Program Activities and Services

- a. Please describe the services and activities you provide through RHP funding. For example, services might be health education classes, targeted outreach to individuals, mental health capacity building, and/or medical or mental health navigation and support services to individuals.
 - i. Were you able to select and design your RHP services, or did your funder or agency direct a particular service delivery model for you to implement?
 - ii. [If offering health education classes:] How did you determine what health education classes to provide?
 - iii. [If conducting mental health capacity building:] How did you determine what sorts of outreach and/or training to provide for building mental health service capacity?
 - iv. [If providing navigation and support services:] How did you determine which clients are most in need of navigation and support services? How do you form a Plan of Care for these clients?
- b. [If providing health education classes and/or targeted outreach to individuals:] How do you assess any change in knowledge for clients participating in health education classes or receiving targeted outreach?
- c. What challenges do you face implementing the RHP Program?

3. Ongoing Needs

- a. To what extent are the Refugee Health Promotion service delivery strategies and approaches used by your agency effectively meeting the needs of refugees?
- b. What refugee medical and/or mental health needs are not consistently being met by your RHP project in this locale, if any?
 - i. *Optional/if time: Why are these needs not being met? Probe service gaps, policy gaps, etc.*
- c. Do you have any final thoughts or recommendations for ORR about the Refugee Health Promotion Program?



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An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0970 – 0531. The control number expires on 9/30/2025.