The Refugee Integration Survey and Evaluation (RISE) Year Five: Final Report

A study of refugee integration in Colorado

Colorado Department of Human Services
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About This Report

This is the fifth and final annual report (October 2014-September 2015) concerning refugee integration in Colorado, conducted by Quality Evaluation Designs (QED) for the Colorado Refugee Services Program (CRSP) through a grant (PO IHA CRSP1123064) utilizing a portion of Wilson-Fish program of the federal Office of Refugee Resettlement (ORR).

The views expressed in the report do not necessarily reflect those of the U.S. Department of Health and Human Services, Colorado Department of Human Services or the federal or state government.

The purpose of this work was to create a framework for understanding refugee integration in Colorado, and then evaluating refugee integration through a survey administered once each year to a cohort of refugees who were re-surveyed for four consecutive years (2011-12 through 2014-15). The survey is called the Refugee Integration Survey and Evaluation (RISE). The purpose of the project was *not* to evaluate of any of the programs, services, or funding sources that assist the resettlement and integration of refugees. A summary of RISE can be found on the QED website: www.QualityEvaluationDesigns.com. Data were collected under the Solutions IRB protocol #1212316.

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Executive Summary

This report summarizes activities and findings from the Refugee Integration Survey & Evaluation (RISE) project. The purpose of the project was to assess refugee integration into U.S. society in the early years of resettlement by focusing on a single cohort of refugees during the first 3-4 years of resettlement. Quality Evaluation Designs' (QED) RISE research team developed and piloted a survey instrument that effectively assesses refugee integration, as well as conducted interviews and focus groups to understand the range of refugees' experiences during integration. The survey and study were expressly *not* an evaluation of any of the programs, services, or funding sources that assist the resettlement and integration of refugees.

The RISE survey was first administered to nearly all adult refugees who arrived in Denver from Bhutan, Burma, Somalia, and Iraq during 2011-12. Fiscal Year 2014-15 was the fourth consecutive year of data collection and fifth and final year of the grant. In that year the RISE survey was completed by 327 refugees of the original 467 who took it at Baseline. This reflects 70% retention from Baseline.

Section II summarizes the framework of the RISE survey, which is based on Ager & Strang's integration model. Unique features of the study are highlighted, including the fact that the study was longitudinal, mixed-methods, and Community-Based. *Section II* also provides an overview of RISE survey administration, qualitative interviews, and professional and community presentation activities during 2014-15.

Data collection depended on a network of Community Connectors, most of whom arrived in the U.S. as refugees years earlier, who were embedded in the communities within which refugees in the study lived. Project success is due to Community Connectors' commitment to the evaluation study and their extraordinary efforts tracking down respondents. Administrative oversight depended on a hybrid of a professional and a community-based model, which was effective, although not necessarily efficient. *Section III* reviews lessons learned during implementation of the Community Connector model, success of which is attributed to: 1) respecting the expertise of the Community Connectors and being flexible to their ever-changing schedules due to their holding multiple jobs, attending school, and raising children; 2) keeping warm, personal relationships with each Community Connector while maintaining a professional relationship that did not compromise the Project Manager's supervisory role; and 3), supporting Community Connectors' sense of ownership and investment in the project.

Qualitative data were collected each year of survey administration. During the first 2-3 years, interview data sought to strengthen the survey by getting feedback on how respondents understood certain questions, as well as elaborating on survey-related integration issues. Beginning year 3, the focus shifted to gaining deeper understanding of refugees' experiences. During 2014-15 (Year 4) interviews focused on challenges faced by refugees with low integration, how those challenges impacted *Employment & Economic Sufficiency*, *Social Bridging & Bonding*, *Language & Cultural Knowledge*, as well as other integration pathways (see

Section IV). Thirteen refugees who scored in the low integration range during the Year 4 survey administration were selected based on age (55+), gender, and whether they were not employed in order to care for children. Common themes across the sample included a high degree of social isolation, inability to speak English, and lack of agency to alter their integration level. Although respondents themselves evidenced low integration, their support of the family by providing child care, housework, and monthly Supplemental Security Income (SSI) checks facilitated family members along their integration pathways.

Survey data are reviewed in *Section V*. Although retention of the same refugees taking the survey across the four years of data collection was high overall (70%), poor retention from Somali and Iraqi respondents forced RISE researchers to discontinue sampling from those communities beginning in 2013-14. *Section V* includes a brief analysis of findings related to each of the 10 pathways assessed.

Analyses of *Overall Integration* are particularly revealing. The cohort as a whole steadily progressed from low integration at Baseline, to medium integration at Baseline +1, to high integration at Baseline +2 and Baseline +3. At Baseline +3 (Year 4), 5.4% of respondents experienced *low integration*, 18.4% experience *medium integration*, and 76.2% experience *high integration*. Ninety-eight percent (98%) of respondents increased from *low* to *high* or *medium* to *high* integration*, but 2% slipped back a category. Men and women progressed at the same rate, but at Baseline +3 years, the means for both were both in the high integration range. In past years, those from Bhutan progressed towards integration at higher rates than those from Burma, but at B+3, both groups average in the high integration range. Age is a distinguishing factor, with those who are 55 and older progressing at significantly slower rates than younger refugees. Mean scores of 17-34 year-olds and 34-54 year-olds fall into the high integration range, while scores of those 55 and older fall into the medium range. Although as a group those 55 and older have progressed along integration pathways, they do so at a significantly lower rate, and those with low integration tend to be older.

Cluster analysis reveals common characteristics among those who display *Above Average Integration* and those who display *Below Average Integration*. Profiles of each group are nearly mirror images of one another, suggesting similar underlying factors affecting whether a refugee travels on an *Average* or *Below Average pathway*. Those with *Above Average Integration* score much higher on *Employment and Economic Sufficiency, Social Bridging,* and *Language & Cultural Knowledge* than those with *Below Average Integration*. This analysis reveals patterns of results that may be of particular interest to refugee service professionals.

Section VI reviews the due diligence of the survey instrument, which has included analysis of inter-correlations among variables, cognitive interviews to assess item validity, interview and focus group validation of questionable items, and analyses of survey trends over time. QED has confidence that the survey reliably and validly assesses what it purports to.

Section VII summarizes quantitative and qualitative findings. The cohort as a whole has progressed steadily towards *High Integration*. At Baseline +3 years (Year 4), 92% of the cohort

was employed over 30 hrs/week. Median family income increased from $700-$999 at Baseline to $1,300-$1,599 at B+3. Seventy-six percent (76%) were covered by medical insurance, the highest proportion since the first year of arrival, when all refugees had Medicaid coverage. English language proficiency steadily improved, with 58% reporting they are fluent or able to speak English in social and work situations. Refugees report feeling safe within their homes (98%) and outside the home (97%). Nearly all state that they wish to become U.S. citizens (99%) and all (100%) have applied for a green card.

In spite of overwhelming successes, challenges remain. Those with disabilities and who are over 55 years-old struggled with language and adjustment issues. Those who were older and who did not work often helped others in their family with childcare, cooking, and cleaning, but many were socially isolated. Sixty-one percent (61%) of refugees reported that family income is too low to cover necessary expenses. Few (2.5%) were enrolled in degree programs. Fewer than half (48%) regularly spoke with people whose first language is English, a proportion that did not change much since Baseline.

Employment & Economic Sufficiency, *Social Bridging*, and *Language and Cultural Knowledge* are critical indicators of integration. *Low scores on Housing and Social Bonding,* and/or high scores on *Health and Physical Well-Being* may be indicators of integration distress. *Civic Engagement* might be a long-term proxy for integration. *Safety and Stability* had a consistently moderate correlation with critical integration variables. More study would be required to tease out the factors that influence that pathway.

Age is strongly tied to level of integration. Those who were 55 years and older had significantly lower *Overall Integration* scores than those in other age groups, and progressed at significantly slower rates. Many part-time workers and unemployed elders we interviewed were often primary care givers, which enabled other family members to work full- or part-time.

Section VIII outlines implications and suggestions for the future of the RISE instrument. Some questions raised that RISE could be used to answer include:

- *At what point do refugees' answers to the questions in the survey instrument begin to resemble those of other immigrants and individuals who were not foreign born?*
- *What does longitudinal integration look like, both quantitatively and qualitatively, for individuals in the host society (also known as the receiving community)?*
- *What does longitudinal integration look like, both quantitatively and qualitatively, for different refugee populations in a community different from Denver, Colorado?*
- *What program designs or modifications are informed by the findings and analysis of RISE?*

Possible follow up studies include:

- *Literacy Validation Study*. Using a valid, standardized English language proficiency exam, compare self-report items on RISE with actual proficiency of RISE respondents as well as newly arrived refugees.
- *Refugee Address Geo-Mapping Study*. By plugging (non-identifying) refugee addresses into a geo-mapping program, examine the patterns of mobility of refugees from B to B1 to B2 to B3. Look for correlations between neighborhood and the *Safety & Stability* pathway scores, as well as *Overall Integration* scores.
- *Safety and Stability Pathway Study*. Explore factors that influence refugees' feelings of safety and stability and how those feelings affect other integration pathways.
- *Self-Efficacy Study*. Explore how refugees' perceptions of their ability to influence their environment affects their integration success. To what extent is sense of self-efficacy influenced by location, conditions, and length of stay before resettlement?
- *Family Integration Study*. To what extent is integration a family-level variable? How does interdependence among family members affect integration outcomes?
- *Critical Pathways Study*. Based on quantitative data collected over four years, are there key variables that best reflect overall integration? If so, can a shortened version of the RISE instrument be created, which could increase the capacity of refugee services agencies to administer it?

QED was charged with creating and administering a survey that assesses refugee integration from arrival through the first few years of resettlement. QED successfully created this instrument, which has the ability to track integration success of groups and individuals during the first few years of resettlement. We believe that the instrument can be a tool for policy, support services, and resource management. The survey confirms the multi-faceted nature of integration. Study findings confirm that the policy and academic agenda to broaden the focus on refugee resettlement using an integration framework was forward thinking and right-headed. It is our hope that the RISE survey will be used by researchers and refugee service professionals to improve understanding and effectiveness of refugee integration through research, policy, and practice.

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I.   Can a Dream Have a Footprint?

When I tell people about the Refugee Integration Survey & Evaluation (RISE) project, I explain that refugees are persecuted individuals and families from countries around the world that the U.S. government supports to come and rebuild their lives in a society based upon economic, political, and religious freedom. I am proud that our country upholds ideals of freedom and democracy in this way, giving hope for a better life to millions who suffer throughout the world—regardless whether they ever will have the opportunity to come to America. For those who do come, the plaque affixed to the Statue of Liberty speaks directly to their circumstances:

> "Give me your tired, your poor,
> Your huddled masses, yearning to breathe free,
> The wretched refuse of your teeming shore,
> Send these, the homeless, tempest tossed to me,
> I lift my lamp beside the golden door."
> —*Emma Lazarus*

This is only part of Lazarus' now famous poem, and I did not know until Quality Evaluation Designs (QED) began the RISE evaluation in 2010 that in the poem the Statue of Liberty is referred to as *Mother of Exiles*. Before RISE, I did not understand how apt and inspiring this phrase is for newly arrived refugees, whose greatest loss, sometimes, is their identity. Compounding the loss of family and friends through war, torture, and disease, as well as the loss of home and property is leaving one's home country without ID, passport, or official documents. I did not understand the facelessness and hopelessness of those exiled from their homelands without papers. Refugees have no home and no political identity.

I also did not know that refugees are required to repay their airfare and a portion of the costs of their resettlement. These expenses can range from $1,000-$5,000 or more depending on the size of one's family. All refugees are required to sign documents agreeing to repay their airfare (interest free). Loan repayment (or not) may be considered when they apply for citizenship.

In major U.S. cities, I typically encounter refugees as taxi drivers and hotel staff. Until I began talking with them, I didn't understand the tremendous suffering most have endured before coming to the U.S., and the tremendous challenges they face during resettlement in learning English, negotiating transportation, finding jobs, understanding American culture and values, and keeping their families intact in the face of extraordinary pressures. And yet, the refugees with whom I've spoken—related to RISE or elsewhere—carry their burdens with patience, grace, and gratitude. RISE data show that no matter how much they struggle to transition into their new lives, 96% feel safe in the U.S. Free from the dangers and restrictions of refugee camps, refugees who come to the United States feel free and filled with hope. They do not worry about being beaten or tortured by police and they are not targeted because of their religion or ethnicity. This is as true for those well-educated in their home countries who

practiced law and medicine who now may be cleaning bedpans in nursing homes, as it is for illiterate farmers trying to adapt to life in an urban center.

A cab driver from Somalia told me,

> *For us, U.S.A. stand for 'You Start Again.' This is good life, I have opportunity here. My children can be safe and they can have a better life.*

A Denver refugee said,

> *I really appreciate the U.S. government and the people who work with us, and our kids being able to go to school. In our country we do not have school or have the chance to go to school.*

I asked a RISE Community Connector who arrived from Nepal whether he would ever return to his home country. He said,

> *There is nothing for me there. I will never go back. My country didn't want me. They sent me away without papers. In the camps, I still had no country. We were people of nowhere. The United States brought [my family] here. Soon I will have citizenship and then I will have a passport. Now I'll have an identity. The United States will always be my home.*

The American Dream was articulated in 1931 by James Truslow Adams, in his book, *The Epic of America*. Adams writes:

> It is not a dream of motor cars and high wages merely, but a dream of social order in which each man and each woman shall be able to attain to the fullest stature of which they are innately capable, and be recognized by others for what they are, regardless of the fortuitous circumstances of birth or position" (p. 214-215).

Written during the depths of the Great Depression, these words helped renew a spirit of determination and hope for a discouraged people, and refreshed the vision of America as "the land of opportunity" that has from the beginning been a defining quality of the American ethos.

People differ about what, exactly, the American Dream is, but many agree that a major element is the hope (or expectation) that younger generations will have better lives than their parents. Recent articles and reports question the viability of the American Dream. In a 2014 Forbes online post on, Neil Howe documents trends since the early 1880's showing that, since 2012—for the first time since the U.S. Census—those 50 years and younger are earning lower median incomes than same-age cohorts born in earlier years. In another (2015) post, Howe cites data showing that 40-49 year olds have more debt and $25,000 fewer assets than did their same-

aged peers 30 years ago.[1] A 2012 Gallup poll showed that 58 percent of adults nationally were *unsatisfied* with the opportunity of the next generation to live better than their parents.[2]

Yet for refugees, the American Dream remains not only an ideal, but a goal. Those supported to rebuild their lives in the United States in order to escape persecution and the ravages of war have experienced misery, death and living conditions impossible for most of us born in the United States to imagine. Here in America, they work hard to earn money, learn English, keep their families together, and help their children thrive. They move from crowded apartments to modest homes. They seek navigators from within and outside their communities to guide them through confusing legal, social, and cultural systems. Slowly, with extraordinary determination, their circumstances improve.

Can a dream leave a footprint? Only if it's more than just a dream. RISE data, which show a steady increase over four years in the integration of 95% of our Denver cohort, is the footprint of refugees' path towards the American Dream.

And yet, some refugees and groups of refugees struggle to overcome obstacles, including finding sufficient and meaningful work, learning English, navigating health care, and accessing education and training. RISE data show that those aged 50 and over face especially stressful challenges.

Working with Community Connectors from within refugee communities to administer the survey over four consecutive years resulted in enduring relationships between refugees and the RISE evaluation team. Perspectives from refugee participants and Community Connectors informed and enhanced our findings. Refugees in our study carved time from extensive work and child-rearing schedules and braved horrible weather to take the RISE survey and participate in our interviews and focus groups. Community Connectors helped refugees move, provided rides, and assisted them with helpful information to encourage their continued participation. Community Connectors and respondents—all of whom were former refugees—recognized the unique contribution their participation could make to the lives of refugees in Denver and throughout the United States. They were eager to share their stories, which remain invisible and untold to most Americans.

We on the evaluation team have been inspired by the perseverance and resilience of the refugees in our study and the commitment of our Community Connectors to making RISE a

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[1] Neil Howe, (2014). Are you born to be better off than your parents? (Part 1 of Generations in Pursuit of the American Dream). *Forbes.com*. July 16, 2014. Available at: http://www.forbes.com/sites/neilhowe/2014/07/16/part-1-generations-in-pursuit-of-the-american-dream/. Also see: Neil Howe (2015). Another day younger and deeper in debt. Available at: http://www.forbes.com/sites/neilhowe/2015/09/16/another-day-younger-and-deeper-in-debt/. Both articles last accessed January 4, 2016.

[2] Lysia Saad (June 4, 2012). Majority in U.S. dissatisfied with next generations' prospects. Available at: http://www.gallup.com/poll/155021/Majority-Dissatisfied-Next-Generation-Prospects.aspx. Last accessed January 4, 2016.

success. We strived to justify the hope and trust they placed in us by representing their stories with integrity as we map the pathways they travel towards integration into U.S. economy, society, and culture. We think our work can illuminate gaps in the trail, where strategic deployment of resources could provide bridges to facilitate the journey. Ultimately, the evaluation team hopes that RISE will improve the pathways refugees travel toward better lives. We have met them along these paths, and our own lives are enriched as a result.

Dr. Gary Lichtenstein, Principal Investigator
Quality Evaluation Designs

II.   Summary of Year 5 (2014-15) Activities

The Refugee Integration Survey & Evaluation (RISE) project sought to operationalize *refugee integration* by creating a survey that could be administered longitudinally or cross-sectionally that would assess refugees' progress towards integration in U.S. society. The RISE survey was developed in 2010-11 and administered longitudinally four consecutive years (2011-2015) to a cohort of 467 newly arrived refugees (70% retention rate), who constituted nearly all adult refugees arriving in Denver in 2011 from the target study groups.

Since the study was originally funded, the field of integration has grown, with increasing focus on the interaction between refugees and their receiving communities. This study focuses only on integration from the perspective of refugee experiences. Other studies that have also looked at this phenomenon commonly use U.S. Census data, which limits exploration of integration to pre-existing variables that can be mapped onto integration domains or pathways, and tend to be annual, cross-sectional data. The Migration Policy Institute recently released an excellent study that identifies this limitation:

> *ACS [American Community Survey] data are not longitudinal, and therefore do not enable us to track individual refugees to see if they have made education gains since their arrival. However, it is possible to compare attainment over time among similar groups of refugees by comparing data from the 2000 U.S. Census and the 2009-11 ACS* (p. 21).[3]

Another excellent study, published by the National Academies Press, emphasized the need for longitudinal data related to immigrant integration:

> *The panel was handicapped in its work by the dearth of available longitudinal data to measure immigrant integration. This is a long-standing problem that has become increasingly critical as immigration to the United States has increased and as immigrants have become dispersed throughout the country* (ExecSum p. 10)[4]

Because the RISE survey is based on a well-researched survey framework, data can be analyzed both within and across integration variables, discerning highlights of and patterns in refugees' integration experiences. One important feature of the RISE study is that data are reported

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[3] Capps, Randy & Kathleen Newland with Susan Fratzke, Susanna Groves, Gregory Auclair, Michael Fix, and Margie McHugh, (2015). *The Integration Outcomes of U.S. Refugees: Successes and Challenges. Washington, D.C.*, Migration Policy Institute.

[4] National Academies of Sciences, Engineering, and Medicine. (2015). *The Integration of Immigrants into American Society.* Panel on the Integration of Immigrants into American Society, M. C. Waters and M. G. Pineau, eds. Committee on Population. Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

directly by refugees themselves, in their home language, to trained, reliable, community-based data collectors, rather than by unidentifiable data that might be transformed to fit pre-established categories. RISE qualitative data, including one-on-one interviews and focus groups, supplement survey data, enabling refugees to tell their own stories.

2014-15 was the fifth year of Quality Evaluation Designs' (QED) implementation of the RISE project, and the fourth year of administering the RISE survey instrument. The data consisted of nearly all adult Burmese, Bhutanese, Somali, and Iraqi adult refugees who arrived in Denver from January 2011 through March 2012. Data collection involved administering the RISE survey annually to each refugee, and collecting interviews and conducting focus groups with a subset of respondents. During Year 1, the QED Research Team researched integration and created the survey; there was no data collection. Year 2 of the project was the first year of data collection. Figure 2.1 clarifies the timing and nomenclature of the project.

2.1. RISE Survey Administration Years

Year	Project Year	Activity	RISE Survey Administration
2010-11	Year 1	Study & Survey Design	N/A
2011-12	Year 2	1st Year Data Collection (June-May)	Baseline (B)
2012-13	Year 3	2nd Year Data Collection (June-May)	B+1
2013-14	Year 4	3rd Year Data Collection (June-May)	B+2
2014-15	Year 5	4th Year Data Collection (June-May)	B+3

The RISE survey is based on Ager & Strang's conceptual framework of refugee integration, which has been accepted as a model of integration worldwide. Ager and Strang developed "The Indicators of Integration Framework" (2004, 2008)[5] after years of exploring the construct of "integration" through an exhaustive literature review, fieldwork in refugee settlement communities, and rigorous qualitative data analysis and verification. Rather than attempt to define integration, they delineated its principal components. The framework identifies ten dimensions of integration, which, individually and collectively, are pathways to successful integration. Ager and Strang grouped these ten "core domains" of integration into four themes, as seen in Figure 2.2 below; and any number or combination of pathways might lead to success. Although this depiction may insinuate a hierarchy of progress, Ager and Strang's research suggests no such evidence. In fact, the use of both *Markers and Means* demonstrates how domains can be indicators of integration as well as a pathway to integration.

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[5] Ager, A., & Strang, A. (2008). Understanding integration: A conceptual framework. *Journal of Refugee Studies, v1, n2,* pp. 166-191. UK: Oxford University Press. And Ager, A. and Strang, A. (2004) Indicators of Integration: Final Report. Home Office Development and Practice Report #28, London: Home Office.

*2.2. Ager & Strang's Conceptual Framework Defining Core Domains of Integration**

A Conceptual Framework Defining Core Domains of Integration

Markers and Means: Employment, Housing, Education, Health

Social Connection: Social Bridges, Social Bonds, Social Links

Facilitators: Language and Cultural Knowledge, Safety and Stability

Foundation: Rights and Citizenship
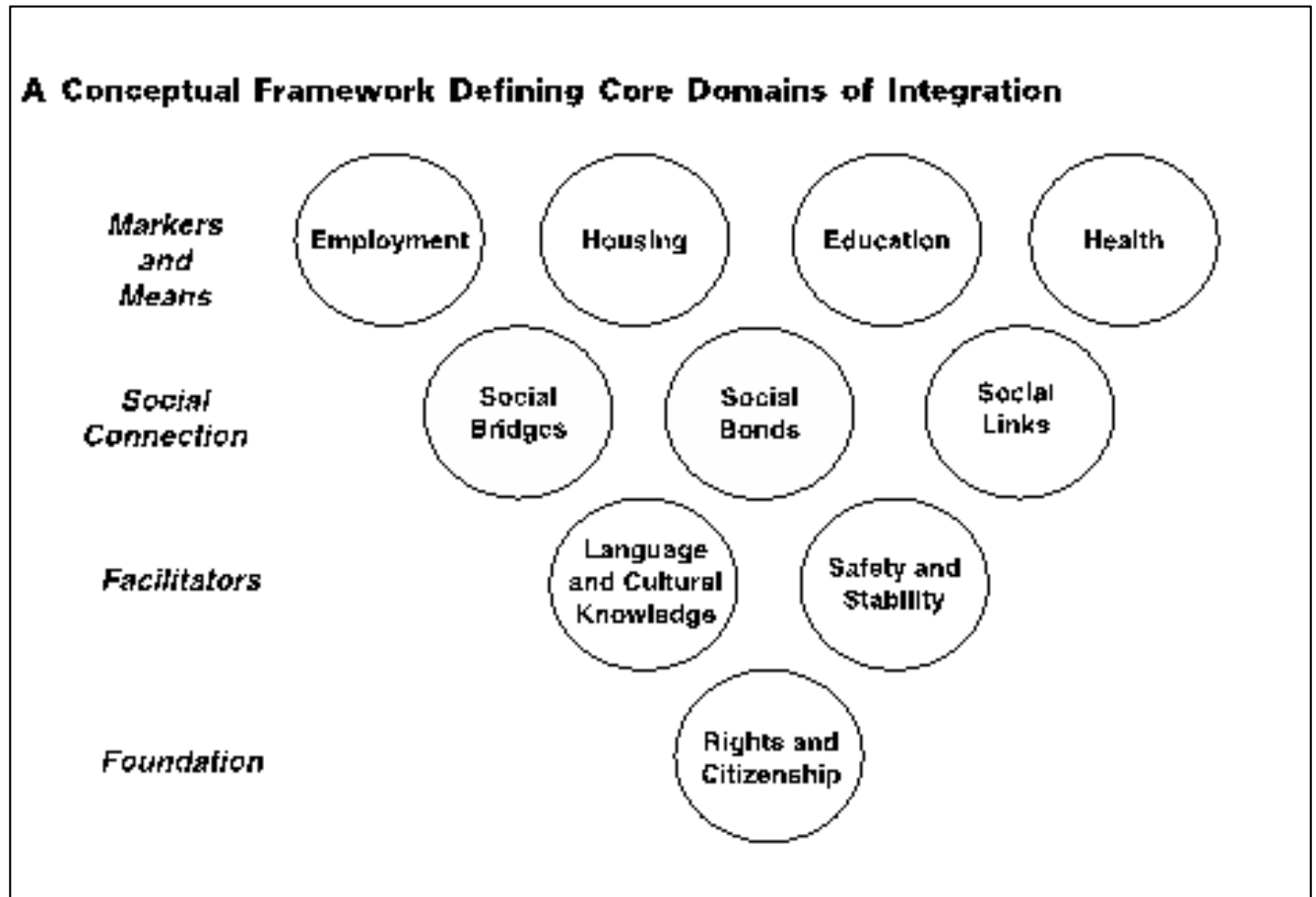
*From: Ager, A. and Strang, A. (2004) Indicators of Integration: Final Report. Home Office Development and Practice Report #28, London: Home Office.

In the 11 years since this framework was proposed, it has served as a heuristic for facilitating discussion and integration policy in several countries, including the United States (Ager & Strang, 2008). The framework has influenced national and regional policy formulation (Home Office, 2008)[6], and its critique (ICAR, 2004)[7] served as a structure for commissioning and/or developing services aimed at supporting refugee integration (Smyth et al, 2010)[8], and formed the basis of multiple qualitative studies on aspects of refugee resettlement.

Agar and Strang's integration framework is currently the only model of integration consistently referred to in published policy articles and documents. Yet, in spite of the influence the model has had on integration policy worldwide, QED found no evidence that the model has been

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[6] Home Office (2008). *Path to Citizenship*, U.K. Green Paper, London: HMSO.
[7] ICAR (2004) *Response to Integration Matters: A National Strategy for Refugee Integration*. London: Information Center on Asylum and Refugees in the U.K.
[8] Smyth, G., Stewart, E., and Da Lomba, S. (2010). Introduction: Critical Reflections on Refugee Integration: Lessons from Integration Perspectives, *Journal of Refugee Studies*, 23 (4), 411-414.

operationalized with any valid and reliable metrics, nor have we found any longitudinal survey study of integration.

The RISE survey assesses integration across 10 pathways, 9 of which align with Ager & Strang's framework (see Figure 2.3).[9]

2.3. The 10 Pathways that RISE Assesses

1. Employment & Economic Sufficiency	6. Social Bonding
2. Education & Training	7. Social Bridging
3. Children's Education	8. Language & Cultural Knowledge
4. Health & Physical Well-Being	9. Safety & Stability
5. Housing	10. Civic Engagement
+
Overall Integration Score

The RISE team included:

- Dr. Gary Lichtenstein, QED Principal, who was primarily responsible for study design and execution, as well as contracting, project communication, and dissemination.
- Ms. Maggie Miller was the RISE Project Manager, responsible for day-to-day operations, Community Connector selection and oversight, and data collection.
- Dr. Jini Puma, faculty at the University of Colorado, Denver, was the lead on database management and statistical analyses.
- Dr. Martin L. Tombari, University of Texas, Austin, advised on survey development, statistical analyses, and research.
- Dr. Laurie Bennett, an independent consultant, was the lead on qualitative study design, implementation, and analysis.
- Dr. Amy Engelman was an independent consultant who conducted the qualitative study during 2014-15.
- Ms. Nicole DuFour, also an independent consultant, was responsible for survey data entry, transcription, and assisting with qualitative data collection.

The design and implementation of the RISE project has been grounded in principles of Community-based Research (CBR). CBR is collaborative, change-oriented research that engages community members, organizational representatives, and researchers in a project that

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[9] QED uses the term "pathways," instead of "domains" to better reflect a dynamic means towards progress along the integration continuum. Also, QED modified and collapsed two of Ager & Strang's domains (Social Links and Social Bridges) into one and added the *Children's Education* pathway.

addresses community-identified needs.[10] CBR aims to increase knowledge and understanding of a given phenomenon and integrate the knowledge gained with interventions, policy, and social change to improve the health and quality of life of community members.[11] The RISE project aligns with the following CBR principles (outlined by Israel): *(1) recognizes community as a unit of identity; (2) builds on strengths and resources within the community; (3) facilitates collaborative partnerships in all phases of the research; (4) integrates knowledge and action for mutual benefits of all partners; (5) promotes a co-learning and empowering process that attends to social inequalities;* and *(6) involves a cyclical and iterative process*. The application of these principles in the RISE project is illustrated in *Section III*.

Over the past year, the QED team continued the elaborate process of administering the RISE survey. We refer to this administration as Baseline +3, indicating that we have now collected three years' of respondent data since the initial, Baseline administration in 2011-12. During the current year, the survey was administered to 327 respondents, reflecting 96% of those who took it the prior year, and 70% of respondents who took the survey at Baseline (see *Section V* for survey analyses).

The RISE team conducted several interviews and focus groups during each year of data collection. In 2014-15 (Year 4), we interviewed a subset of 13 respondents who had low integration scores. The purpose of the qualitative inquiry was to assess how those with low integration scores are supported and/or impeded along critical integration pathways (see *Section IV*).

Through the second year of data collection (B through B+1), QED focused on the effectiveness of the RISE survey itself. We did not want to misguide refugee service professionals with results based on findings from a faulty survey. We conducted several validation studies (both quantitative and qualitative) to ensure the validity and reliability of survey items, the integrity of pathway data, and the effectiveness of summed pathway scores[12] that yield an *Overall Integration* variable. Having performed extensive due diligence on the survey instrument, we are confident that the survey does assess what it purports to, and that the results are reliable and valid reflections of refugee experiences (see *Section VI*). We are still tinkering with some items in some pathway areas. The survey may continue to evolve. But, fundamentally, we believe that the structure of the survey, its scope, and its depth of coverage, provide a sound

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[10] Strand, K., Marullo, S., Cutforth, N., Stoecker, R., & Donohue, P. (2003). *Community-based research and higher education: Principles and practices*. San Francisco: Jossey-Bass.

[11] Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. Annual Review of Public Health, 19, 173-202. And Israel, B. A., Schulz, A. J., Parker, E. A., Becker, A. B., Allen, A., & Guzman, J. R. (2008). Critical issues in developing and following CBPR principles. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health: From process to outcomes* (2nd ed., pp. 47–66). San Francisco: Jossey-Bass.

[12] Throughout this report, "pathway analyses" refers to analysis of the 10 integration pathways that the RISE survey assesses, not to be confused with the statistical method, *pathway analysis*. No pathway analysis methods have been employed.

basis for evaluating refugees' integration within the first 4 years of arrival (probably the survey will be effective for the first 4 or 5 years; after that, we expect ceiling effects; that is, the cohort would have progressed to the point where nearly everyone receives a high score and the survey no longer distinguishes different integration levels.

We began reporting survey results and their implications in 2014. We elaborate on those results in this final report (see *Section V*). Cluster analyses are a major deliverable of the project. They show patterns of challenges and successes for those with low vs. high integration.

It has been important to the QED Research Team to disseminate RISE findings to refugee communities and refugee service professionals. For the past two years (once we had confidence in the survey results), we have met with RISE Community Connectors to thank them for their service and review survey results. We have helped prepare PowerPoint slides that have been presented by the Colorado Refugee Services Program staff at national conferences. We have spoken to officials visiting from other countries who have expressed an interest in the project.

In November 2014 (FY5), QED reviewed RISE findings first with CRSP leadership and then with the Colorado Alliance for Refugee Empowerment and Success (CARES), a council of refugee service professionals, including Resettlement Agencies. In April 2015, we reviewed findings with the African Community Center. In March and April (2015), QED presented to the CARES Employment Consortium, a committee focused on refugee employment.

In the following sections, we report on lessons learned from the unique and adventurous data collection methods on which RISE depended (*Section III*), methods and results from qualitative and quantitative data collection (*Sections IV* and *V*, respectively), lessons learned about the RISE survey and about the refugee population we surveyed (*Sections VI* and *VII*). Finally, we summarize the implications of this work and suggested next steps as the five-year RISE study comes to a close (*Section VIII*).

III.   Lessons from Data Collection

Four Years of Data Collection

There have been few longitudinal studies of refugees in the United States and none that we have found using a quantitative methodology involving hundreds of respondents. One reason for the absence of longitudinal studies has to do with the huge challenges involved in tracking a very mobile population over time. Refugees don't speak English, their cell numbers change, they move. The RISE study achieved 70% retention of the original 467 respondents over four years of data collection, 93% retention from B+1 to B+2, and 96% retention from B+2 to B+3. We are unaware of this sort of success in a longitudinal study of refugees anywhere in the world.

The high retention rate resulted from an unusual approach to data collection that is a hybrid of *community-based* and *professional models* of data collection, which we refer to as the *Community Connector* model. The Community Connector model is characterized by a collaborative relationship between professionals (specifically, the RISE Project Manager) and embedded members of target communities (the Community Connectors). In this section, we review RISE data collection procedures and reflect upon lessons learned from the effort.

An Evolving Model of Data Collection

Baseline Year: Working With the Resettlement Agencies
One of the significant challenges of administering the survey in the first year was determining the most effective way to work with refugees as they arrived in their new community. Since Resettlement Agencies provide initial resettlement services, they were natural partners. Resettlement Agencies are either affiliates or sub-offices of the nine national Resettlement Agencies that have cooperative agreements with the U.S. Department of State. In Colorado, the Resettlement Agencies are contracted by the Colorado Refugee Services Program (CRSP) office to provide a variety of resettlement services. Because Resettlement Agency staff establishes the initial relationships with refugees, it made sense that they administer the survey during the last of three, regularly scheduled meetings, which takes place approximately 90 days after an adult refugee first arrives in this country. For Resettlement Agencies, orally administering the 40-minute RISE survey became just one more task among many for which the extraordinarily busy case workers were responsible.

In order to ensure that the surveys were administered to everyone in the cohort at the designated times, and to maintain quality assurance in administering the survey, the RISE team conducted a number of formal training sessions with the case workers and their supervisors. In addition, the RISE Project Manager made frequent visits to refugee service agencies to catch the busy case workers and their supervisors between tasks, in order to collect completed surveys, answer questions, give reassurances, and address problems of timeliness and completeness as they arose. In so doing, the Project Manager began building trust with the Resettlement Agencies and/or interpreters, who had direct connections with the newly arrived refugees.

Originally QED planned on collecting a sample of 1200 surveys from the total number of adult refugees who arrived in Denver during the 2011-12 year. However, due to restricted flow of refugee arrivals, a total of only about 500-600 refugees arrived from the target populations. In order for the study to be credible, we needed nearly every adult refugee from these groups to participate. Creating and maintaining good relationships with the Resettlement Agencies became critical to successful data collection during the first year.

During this first, Baseline year, Resettlement Agencies provided essential information that the RISE team needed in order to collect surveys in subsequent years, such as:

- How do Bhutanese names work?
- How do the Karenni differ from the Karen?
- Which names in Karenni are men's names, and which are women's name?
- How is *Ahmed* pronounced differently between the Iraqis and the Somalis?
- How is "z" pronounced in Karen?
- What do these acronyms stand for: ERIS, LFS, ACC, CAO, GBCC?

These learnings occurred through conversations with Resettlement Agency case workers and with the interpreters who administered many of the surveys—some of whom later became RISE Community Connectors.

The Community Connector Model
Beginning 2012-13 (Baseline +1—the second year of data collection), QED became responsible for administering the survey to those who took the survey in the first year, as well as conducting interviews and focus groups with a subset of respondents. To facilitate these critical facets of the RISE study, QED implemented the *Community Connector* model.

The premise of the Community Connector model is that refugee communities are opaque to outsiders, but tightly knit from an insider's perspective. Many refugees come to Denver because they have family and friends here already, and these social networks create familiarity and safety in a new and ambiguous environment. Community Connectors were embedded members of refugee communities. They had lived in the U.S. for at least two years after having arrived in the United States as refugees themselves. They had broad and deep knowledge of individuals, family, and social networks, and were bilingual in the languages of the target populations and in English. Often, the Community Connectors were social connectors within their own communities. Community Connectors were hired to contact survey respondents every three months, track new addresses and phone numbers, and administer the RISE survey once each year.

To do this work, Community Connectors often relied on respondents' networks of extended family and friends, so if a refugee moved or got a new mobile phone number the Community Connector could locate him or her through these networks. Community Connectors' exceptional ability to find refugees through a deep understanding of respondents' social

networks enabled them to make contact in unexpected ways. We have amusing and revealing stories that illustrate the vagaries of community-based data collection: finding the whereabouts of one refugee at an uncle's wedding; administering a survey while helping a client pack boxes to move.

Collecting surveys using a professional model—scheduling appointments, for example, simply wouldn't have worked. The fluidity and mild to extreme chaos of refugees' lives would quickly frustrate the schedules of 9-5 professionals. Furthermore, it would have been impossible for researchers outside of these communities to identify these networks and follow the movements of individuals and families on a week-to-week and month-to-month basis.

And yet, the study did take place in a professional context with QED under contract to the Colorado Refugee Services Program (CRSP). The work had to get done and time and expenses needed to be budgeted and accounted for. Administering the survey and qualitative data collection involved many logistics.

To strategize these tasks, QED contracted with Ms. Maggie Miller, an independent consultant based in Denver, to be Project Manager. While research staff created the study design, survey, and interview protocols, Ms. Miller was responsible for survey implementation and accountability. Managing data collection meant working closely with Community Connectors, whose lives were often fragmented by working several jobs, child rearing, and transportation obstacles.

Communicating with Community Connectors presented challenges. They do not all use email and phone access is variable, but they text. Meeting times and places vary. Planning meetings with all four, five or six Community Connectors a month or week in advance was impossible. Most meetings took place one-on-one, often spontaneously, a few days prior or at the last minute. Setting meetings in a centralized location did not work. Meetings took place in Subway restaurants, libraries, and Starbucks—wherever Community Connectors found themselves when they found time to meet.

Electronic record keeping did not work for Community Connectors—but verbal reporting of handwritten notes did. Through trial and error, and a lot of listening, observing, and not giving up, effective systems of communications were established between the Project Manager and the Community Connectors.

The bottom line is that managing the logistics related to working with Community Connectors was not efficient, but it was effective. It should be noted that the Project Manager was not a full-time employee for an agency that required her to sit at a desk 40 hours each week next to a land-line telephone. In fact, it would have been impossible for someone tethered to this traditional type of job to be as nimble as the Project Manager needed to be. In this model, it was critical that the Project Manager was available to come to the Community Connectors on any day and at any time of week, usually on short notice. In the case of the RISE survey, the Project Manager was an independent consultant who lived within 20 minutes of all of the

Community Connectors. The flexibility of her work life and her geographical proximity to the Community Connectors were significant factors in the success of the Community Connector model.

Over four years of data collection, it became difficult to retain Community Connectors. Work and school commitments, lack of transportation, and family responsibilities caused some attrition. And, as their own integration progressed, it became increasingly challenging to keep Community Connectors with the RISE project. Whereas at the beginning of the project, they pieced together their small earnings from RISE with other odd jobs to make ends meet, several came to have full-time, professional jobs in fields like education and health care. In spite of continuous raises for tracking respondents and administering surveys, the amount of money these Community Connectors earned from RISE was a shrinking percentage of their overall income. For many, RISE was the last part-time job they kept.

Despite these challenges, the Program Manager was able to retain Community Connectors in their roles over much of the longitudinal study. In fact, one Community Connector who began as an interpreter in the Baseline year stayed with the project until the end, and two others remained on the project for most of the time.

The longer a Community Connector stayed with RISE, the more valuable he or she became to the project. Not only did these Community Connectors hold extremely elaborate local knowledge of family and social networks, but they increasingly understood the study and provided insider knowledge that influenced survey and interview design and data collection methods. Community Connectors became partners with the RISE team in several facets of the study.

The results of collaboration with Community Connectors were:

1) 79% retention from Baseline +1 year, 93% retention in Baseline +2, and 96% retention at Baseline +3;
2) Improved survey items;
3) Excellent recruitment of participants for interviews and focus groups; and
4) Valuable insider perspectives that often influenced research staff interpretation of survey and interview results.

Respect, Professionalism, and Ownership
Because Community Connectors were critical to the project's success, it is worth looking more deeply into why they remained committed to this project, especially when they had better options in terms of the money they could make and the time they could spend doing other important things. From the perspective of the Project Manager and RISE Researchers, it all boils down to relationships.

First, the RISE Project Manager strove throughout to treat the Community Connectors and their contribution to this project with the utmost respect. Flexing to all the limitations of technology

and scheduling built trust and warm working relationships. Community Connectors knew that the Project Manager understood and respected the stresses on their time. Adjusting RISE processes to meet their needs and habits, as well as showing appreciation for their knowledge and efforts, fostered respect, which engendered loyalty to the project.

Second, the relationship with the Community Connectors, while warm and personal, was primarily a professional one. Community Connectors sought advice of the Project Manager and the Project Manager provided advice and mentored Community Connectors, when asked, in their own integration challenges. Yet the personal element of the relationship did not compromise the supervisory demands of the manager role, nor the high standards of performance. No one tried to be the Community Connectors' best friends, or to intrude into their private lives, or to patronize them. As a result, everyone grew professionally in their roles, while at the same time learned much from one another.

Third, the Community Connectors came to feel a sense of ownership for the RISE study. Community Connectors believed that this project could and would help refugees in the future. They had a stake in its success and they wanted to learn all that the study might yield. This sense of ownership reinforced their already strong feeling of responsibility for and commitment to the future of their communities in the U.S. It became clear as early as the first year that the Community Connectors saw their role as a form of service, of giving back to their communities. Often, after administering a survey, respondents asked Community Connectors questions about resources, cultural, or social practices. Community Connectors discovered that they had expertise to share. Community Connectors' perception that this study would be serving their communities generated a fervent commitment to the project.

There is evidence in the Community-Based Research literature of other studies that have used embedded community members for data collection. The Community Connector model evolved from a research project in which a similar method was used, although it was not a longitudinal study. Implementing such a model raises unique challenges, the meeting of which requires creativity, flexibility, and a commitment to fostering interpersonal relationships with community members that are not common in work undertaken by universities or research firms. The RISE Project Manager and Research Team attest that the efforts to develop and maintain this model are worth it, yielding personal and professional benefits that extend far beyond data collection. The RISE project could not have been successful without this deep collaboration between professional staff and the Community Connectors.

IV.   Interviews & Focus Groups: Exploring Experiences of Low Integrators

During each year of data collection, QED conducted qualitative studies of refugees. At Baseline, B+1, and B+2, these studies focused on identifying confusing or misleading survey items and explaining and elaborating survey results. Findings improved survey items, the pathways/domains assessed, and the scoring heuristic.

During B+2 (the third year of data collection and FY4 of the study) seventeen of the refugee/participants (5% of the current total) were interviewed, some singly, some in small focus groups of 2-3 individuals. The interviewees were selected primarily based upon their cumulative integration scores on the prior year's RISE survey (Baseline +1). QED sought to interview the highest scorers and the lowest scorers, in order to see whether differences in integration levels captured by the RISE survey manifested in refugees' qualitative responses to probing questions in the different pathway areas.

Looking pathway by pathway, stark differences did not emerge between high and low scorers in the qualitative interviews, except at the extremes. We found examples of low scorers sharing the experience of high scorers on a particular pathway and high scorers sharing the experience of low scorers. This pattern is consistent with Ager and Strang's theory of integration, which hypothesizes that integration is a multi-faceted phenomenon, and that individuals may travel at different rates along different pathways.[13]

Yet trends did emerge when we examined experiences of high and low integration across pathways. These trends were confirmed in cluster analyses, which show distinct patterns between low and high integration across integration variables (see *Section V*). A low integrator and high integrator might both experience challenges related to *Health & Physical Well-Being*, for example, but the high integrator will demonstrate success on several other pathways, while the low integrator would not. The pattern of results that emerged across the qualitative data argue for the value of using multiple pathways in order to assess refugees' overall resettlement success, and not focusing on a single pathway, such as *Employment & Economic Sufficiency*.

In the current year (B+3), we interviewed low integrators only, exploring their patterns of integration in order to discern supports and challenges they and their families face in adjusting to U.S. culture and society.

Experiences of "Low" Integration

Quantitative analyses over the first three years identified three distinct groups of integration: *high, medium,* and *low*. At B+3, 17 members of the cohort (5.4%) scored in the low integration

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[13] Ager, A., & Strang, S. (2008). Understanding integration: A conceptual framework. *Journal of Refugee Studies, v1, n2,* pp. 166-191. UK: Oxford University Press

range. While the entire cohort's integration scores increased over time, the low integration group seemed stuck. Deeper examination of this subset revealed three distinct subpopulations:

1) Stay-at-home mothers
2) Women 55 years or older without work
3) Men 55 years or older with or without work

Questions emerged regarding the experiences, challenges, and opportunities that these subpopulations encounter along the various pathways to integration. Specifically, why were these subpopulations of refugees not moving along the integration pathways like the rest of their cohort? Correlation and cluster analyses (see *Section V*) identified pathways that were particularly challenging for those in the low integration group. Based on our questions and early clues, QED developed a qualitative research design that explored:

- What are the experiences of low integration related to *Economic Sufficiency, Social Bridging, Language & Cultural Knowledge,* and *Safety & Stability*?
- Do other pathways, not represented in the current survey, exist that illuminate additional facilitators or hindrances to integration in the low integration group?
- In what ways(s) do those experiencing low integration facilitate or hinder integration of other family members?

Methodology

In order to understand these refugees' unique experiences, one-on-one interviews were conducted (see *Appendix A* for Interview Protocol). QED identified those with low integration scores from the current year (B+3) *Overall Integration* scores. From each of the three subpopulations, four low integration refugees were chosen randomly for one-hour, individual interviews. Older participants were asked to come with a younger relative, in order to increase participants' comfort and also provide perspective on how those with low integration facilitate or hinder integration of other family members. In two cases, a spouse accompanied an older refugee and the two were interviewed as a couple. Therefore, a total of eleven, one-hour interviews were completed with a total of thirteen, low integration refugees (see Figure 3.1). [14]

3.1. Low Integration Interview Sample

	Bhutanese	Burmese (Karen-speaking)	Total
Stay-at-home mothers	3	1	4
Women 55 years+	3	1	4
Men 55 years+	3	2	5
Total	9	4	13

[14] Survey data identified distinct characteristics among refugees with low integration who were aged 55 and over. In this section, we refer to everyone in this age group as "elders" or "elderly." Three of those considered "older" were actually 52 or 53 years old. Although they fell slightly below the age threshold, we recruited them to assure a fuller sample. Their responses were indistinguishable from other elders, who ranged from age 52-78; median age=65.

Within this sample, a number of participants demonstrated significant disabilities. Two of the Burmese stay-at-home mothers revealed that their reason for staying at home was due to their significant physical and mental disabilities as opposed to caring for their school-age children; therefore, their interviews were removed from the analysis. Issues expressed by women compared to men did not vary; therefore, data for all 55+ respondents were combined.

RISE Community Connectors from the Bhutanese and Burmese (Karen-speaking) communities were given lists of potential participants to recruit, although they were not told the basis upon which participants were selected. RISE Community Connectors conducted outreach to participants (e.g. phone calls and home visits), often provided transportation to the interview site, and were translators during interviews. In one instance, a son interpreted for his elderly father. This interview was conducted primarily in English directly with the son, with some translation into his primary language for clarification. Otherwise, all interviews were conducted in the participants' language of origin.

RISE Community Connectors were also interviewed to further clarify any questions about themes or perspectives on the interviews. Often, RISE Community Connectors provided cultural context that helped explain certain answers.

Interviews were recorded and the English segments were transcribed. Quotations in this section reflect verbal translation by the Community Connectors during the meetings. They have been only mildly edited for ease of understanding. Interviews were analyzed for key themes.

Although the sampling design was aimed to include mothers of young children, this subpopulation was difficult to obtain within the Bhutanese community. The Bhutanese Community Connector explained that young, Bhutanese women would hesitate leaving their home unaccompanied and without permission of their husbands.

Findings

Elderlies Evidencing Low Integration Experienced Significant Barriers Along Their Individual Integration Pathways, Yet Contribute Significantly to Their Family's Integration
All elderly participants cited their not being able to speak English as their most significant challenge.

> *55+ Woman: ... I don't speak the language, like English, I don't speak the language... I just go to the school, but I cannot remember what I've learned after that. When I come back home, I just forget everything.*

> *55+ Man: I would like to [go to classes to learn English], but because I work I do not have time to. Also, I don't know where to go if I did had the time.*

> *55+ Woman: I've never been to school. I cannot speak English.*

> *55+ Husband: The only problem we have is language. Other than that, we are really happy.*

> *Son of 55+ Man: He doesn't really know how to get places, since he cannot read the name on the street, or the sign. It's a problem, a challenge.*

> *55+ Woman: My challenge is that I cannot read and write; I cannot go to school and learn.*

Inability to speak English relates directly to the *Language & Cultural Knowledge* pathway, which survey analyses revealed as critical for successful integration. Elderly participants expressed the most concern about how not knowing English would impede their ability to gain citizenship, since passing a test administered in English is part of the process. However, those we interviewed did not know where to find English classes or how to find out where they were offered. These elders, who relied exclusively on others to navigate U.S. culture, struggled to find help in this area:

> *55+ Husband: We want to get citizenship, but because we have no language, we won't be able to get citizenship. ... We know nothing and we don't know where to go because we don't have language…Because I don't speak English, I have English problem. I cannot speak. What I speak may not be understood by others or what they speak will not be understood by me. Without English, it is difficult to get citizenship, so it would be very helpful if someone who knows can tell someone to help us get the citizenship.*

This same elderly couple with health issues shared that they are working with their doctors and healthcare providers to fill out the necessary forms to get a waiver from the test:

> *55+ Husband: The only concern I have is of the citizenship because we don't have language. Not this year but next year, on October we will start because we came in 2011, so next year we'll start the process. I have already told my doctor; but because he's been posted to another place, I'll have to talk to the new doctor again because I have been taking medications all the time. So I'll tell the doctor when the new doctor comes. The doctor said that he will fill up the form for me.*

Although obtaining citizenship was a foremost concern, inability to speak English impedes several integration pathways. For example, inability to speak English obviously impedes *Social Bridging.* Also, scores on the *Safety & Stability* pathway will drop if a respondent cannot dial 9-1-1. One respondent said:

> *55+ Woman: …Supposing if someone is sick in our room, because we don't know how to call 9-1-1, we don't know where to get help from. We try to seek help from [neighbors of the same ethnic background who have been in the U.S. longer].*

Language barriers are exacerbated by lack of cultural knowledge. Many of those we interviewed could not articulate questions to ask in their native language and/or didn't know who to direct questions to. Persistent confusion and disorientation related to school, government, and medical systems limited integration progress along the *Language & Cultural Knowledge* pathway. One older mother described her difficulty asking questions in general, seemingly due to cultural differences rather than mere language difficulty. She described an example that relates to the *Child's Education* pathway:

> *55+Woman: [At teacher-student meetings], I can ask anything, any question [with the translator present], but the only thing is I have to ask the question. I have to know how to ask the question. Because a lot of parents, we don't really ask questions. We don't really know how to ask the question. I can only ask about my children, like how do they do school, the school stuff. I can't really ask for any other thing.*

Even with a translator mitigating the impacts of language barriers, limited cultural knowledge hindered this respondent's ability to assist her child in school. Elderly participants shared examples of passively attending meetings or appointments. Most didn't seem to be able to understand and apply practical knowledge of how to get things done. When elderly participants were asked what advice they would have for new refugees coming to the U.S., some of them could not provide a response.

> *55+ Woman: I don't really know how to help a friend. But if they come here, if we do have food, maybe we can provide them food, like a rice and meat and other things for a few days.*

> *55+ Woman: I don't know how to advise them.*

This lack of agency and comfort negotiating foreign systems and a foreign environment in general kept these elderly participants isolated and curtailed their integration. While all elderly participants we interviewed reportedly felt safe in their homes, they all rarely left their homes, except to go to work (two elderly participants), medical appointments, adult daycare, a family member or neighbor's home, or church (three elderly participants). For all of these excursions, people with whom they felt safe accompany them (i.e. family members or daycare providers).

> *55+ Woman: I do not know anything; I cannot go on my own. This will make me unhappy.*

> *55+ Husband: We cannot go by ourselves though. If we go, we will get lost. If someone comes to take us, then we will go.*

> *55+ Woman: I haven't met [people outside of the apartment] because I do not go out of my apartment. Some friends [of my children's] do visit the house sometimes but not very often because they all go to work.*

55+ Woman: Sometimes I do feel scared when I see [people outside the ethnic community] in the road, or when I see some other people coming to the apartment. I don't understand the language, so I don't know what kind of people they are, what they are thinking. Usually when I come out of the apartment and then if I see any Nepali I would stay there and talk, if not … If I see other people, then I come back to my room.

55+ Husband: When we go to daycare we spend time with other people. Other than that, no, we haven't spent time with non-family member.

Opportunities to connect with others were extremely limited among those we interviewed. Respondents rarely spoke of interactions with others outside of their families. None of the low integration respondents we interviewed could provide an example of *Social Bridging*—friendships with people outside their family or ethnic community. Several participants appreciated the support they had received from the African Community Center, Emily Griffith Technical College, Asian Pacific Development Center, Lutheran Family Services, hospitals, and clinics. These agencies helped them find places to live, furniture, jobs, English classes, and have helped them navigate the healthcare system. Yet these interactions did not seem to have generated friendships with those not from their own ethnic group. Even the two men with jobs explained that they were unable to communicate with anyone other than their ethnic friends or family on the job.

Several interviewees could, however, cite examples, albeit limited, of *Social Bonding*—interactions with members of their same ethnic or language group. In many cases, like most newly arrived refugees, those 55+ found "navigators" among those who had been in the U.S. longer*:*

55+Woman: When I came here, I didn't really know how to get help, but I met a friend and she helped me find the person, the doctor.

55+ Woman: These people came before us. They knew more things so we used to go there for help. Yeah, we used to visit them for help. Now, we also invite them.

Son of 55+ Man: When we came in the beginning, the people from my community in Nepal, we used to be connected with them, through fellowship together. We got the chance to know him. From that time, we're connected with [the pastor] continually. Whatever the situation we face, if we need to get help from somebody, we'll tell him. In the beginning, the people who came before us, they used to go to church over there, so when we came later, we got chance to be introduced with them. Because we are from the same camp, when we see these Nepali people, we think, "These is Nepali people," means, "We like to talk with them."

Two elderly participants were involved with their ethnic community through church, which provides them with regular connection and support. They went to church weekly on Sunday; and one's family also participated in home services on Saturdays.

> *55+ Man: When I go to church, when they share gospel and they encourage us, it helps me.*

> *55+ Woman: I don't really spend time with others. I don't really like to visit people, take people to the house. I go to church, though, every week and see people there.*

While half of those we interviewed stayed at home due to their health issues, three of the Bhutanese participants who were elderly with limited facility spent time with their peers through adult daycare, where a home health care service provider was available to take them to medical appointments and sightseeing once or twice each week. They conversed with others in the van; however, they did not see one another outside of daycare events.

> *55+ Husband: They take us for sightseeing. We enjoy and we are happy because it goes to the mountain where there's a river, there's a temple. We just hang out with the other people, talking, "How are you, how's everything?", things like that…People from the daycare came to our house and then they said…there's a homecare, daycare center where we would like to invite you to visit. There are facilities for old people like us…The good thing about daycare is that they celebrate our birthday—a lot of fruits, lunch in daycare. [Nepali food] They bring cake and they also give gifts and also, sometimes they distribute clothes. The celebration is good. They celebrate happy birthday in a nice way, which is good.*

> *Son of 55+ Man: There are people working at daycare from our own community. My father goes to daycare twice a week; so if there's no one to take him to the doctor's appointment, then I would call people out there, and then they will come and take him…[Sometimes] they take him for sightseeing, outside of the town; but if it's too far, I won't allow, because my father has poor vision and he might slip and fall. If it is easy and near, we can allow him to go, but if it is very far away and difficult, we don't allow him to go. Because we're from the Christian society, so the people in the daycare, they are different religion [Hindu]. They perform other religion activity, so we not be so much happy over there. Language will be same, so it is religion that's incompatible.*

Despite the sense of isolation and constraint associated with limited ability to connect with people and understand social systems, such as schools and medical facilities, 55+ participants expressed contentment with and appreciation for their resettlement in the U.S. Except for the concern about not achieving citizenship (which is required in order to continue receiving monthly Supplemental Security Income checks (SSI) and frustration not being able to speak English, respondents reported that the quality of their lives was generally good; certainly an improvement over where they came from:

> *55+ Man: There are some reasons why I'm satisfied living here in America. Number one is cleanliness, it's very clean. Number two, there's no fear of anyone else.*

55+ Husband: Because there were no facilities for older people in the camp and because we have no sufficient food, no sufficient facilities and because life was terrible, very bad in the camp and then because the government of America told us that we'll have better facilities, we'll be taken care of in a better way even for the older people and we'll have better facilities here. Because we were told that so that's why we came here.

55+ Woman: I'm just happy that I come here and that I have a good life. I have freedom. I have everything I need, so it's good thing,

55+ Husband: When we moved here, we felt that our life would be much better; and then we'll have much opportunity to move around. Yes, after we moved to America, whatever we had hoped before moving here, we have realized that. We have no worries now. We can move around openly without any fear…nobody asks you who you are or where you are going so very open. We go to the market, we buy things, come home, eat. Our sons help us shop when they're off. When they're off, they take us to the store to buy things or when we want to go somewhere else, the son will take us. They help us in translation. They speak English and when we go to hospital or anywhere else, they're the ones who translate. They studied in the camp so they learned English in the camp.

Contributing to a sense of well-being is the knowledge that their sons and daughters will have good lives. This knowledge seemed to make the challenges they face bearable:

55+ Man (employed): First of all, my goal and my dream is for my children to come to this country to learn and to get education. The second is to get a job to work in this country because back in the refugee camp it's hard to find a job.

55+ Woman: My goal and dream is for my children to get education, to finish school, and then to help our people and then to go back there and help people. To help the current people back home. There are a lot of needs back home, like teaching, like other stuff, a lot of stuff there, so if they can go back and help [in the camp and Burma].

55+ Woman: I am happy because we were in the refugee camp, we could do nothing there. Now we are here, and there is freedom and my son and daughters are working. They have stood on their own, they have become self-sufficient. That's why I'm here.

Son of 55+ Man: When we were trying to go in the process of our resettlement, Father was refusing, "I don't go to America." I convinced him that we have so many problems in [Nepal], we don't have citizen, we don't have right to do the work, we don't have the sufficient right to exist or live in Nepal. When we go to America, we'll get citizen, we'll have the right to stay there, and we'll have more better life over there. All the people, they started to come to America this way.

55+ Woman: I wanted to come here because the kids, when they were in Thailand, they heard that people were moving to the United States, to the America, and that they really

wanted to come here. They really wanted to come here that they couldn't sleep. At first I didn't want to come here, but because the kids really, really wanted to come here and see the place, the situation and everything in America, I just came.

While those we interviewed had not progressed much on integration pathways, their comments and those of those who accompanied them to the interview suggested that they provide critical integration support for others in their family, especially in the area of *Employment & Economic Sufficiency.* These refugee families were comprised of multiple generations and extended family members—husbands, wives, parents, children, grandchildren, aunts, uncles, cousins, daughters-in-law, and sons-in-law. Those who were not working contributed financially through SSI or food stamps. Or, they provided daycare, which would have been costly otherwise. Often they cleaned the house, did laundry, and/or prepared meals for the adults, as well as the children. Most families of those we interviewed lived in the same home or apartment and/or they had family members that lived nearby. Monthly SSI checks helped with *Housing* and other needs. Daily, weekly, and monthly responsibilities were distributed across all family members, as illustrated in the following quotes:

> *55+ Husband: My son and my son and daughter-in-law they cook food, they give it to us. We don't even clean plates; they do everything for us…we don't because we cannot…we are unable to do that [cook and clean]. We pay the rent [from SSI]. We have our own part; they [their children] have their own part.*

> *Son of 55+ Man: He [father] is helping a lot financially, because he has SSI. With the help of his finance, we are able to pay the home rent, and pay for the bills.*

The three elderly female participants who stayed at home maintain their own and their children's homes. These women looked after young children, family members who were sick, disabled, or elderly; and they also cooked for their family and extended family so that those who were able could work.

> *55+ Woman: I have a little granddaughter. I take care of the granddaughter and I will also make food for them [children and grandchild].*

> *55+Woman: I just help by cook for them in the morning, send them to school in the morning, and then clean the house and then take care of them…I also take care of the 7-month old grandkid five days a week.*

> *55+ Husband: We have a disabled child, a daughter, so she [his wife] takes care of everybody [disabled daughter and 3 grandkids]. She has to look after her grandkids because her son and daughters, daughter-in-law, they go out [to work] and they leave the children at home so she has to look [after them]. She takes her [oldest] grandson to the bus stop and the bus takes him to the school. [The younger two stay home with her and she spends her day] looking after kids, cleaning house, making food, cooking. When [their other children who do not live with them] need help, they will leave the*

grandchildren and then they'll go and then we take over. Whenever she's doing something in the apartment like cleaning or cooking food, I look after the grandkids until she's done. She also takes care of one of our sons who is currently sick and unable to work, though this is temporary.

One younger family member accompanied his 55+ father to the interview. The son emphasized that the father provided a moral compass to the family. He believed that his father's wisdom provided stability and comfort in the fast-moving, ever-changing, and confusing new culture:

Son of 55+ Man: Father helps by giving advice. Suppose we need to save money, and we need to discipline, like that. He wants to teach all the family, how we can live successfully in America. By saving money, by [being] conscious, meaning we need to know the idea, how we can live better in America. We need to be secure ourselves. We need to be ... what to say ... very good with each other, we need to be polite with each other, and to have respect for each other.

These elderly participants were assets to their families in a variety of ways—providing income through work or benefits, cooking, cleaning, and providing child and eldercare in addition to guidance and wisdom.

Two Young Mothers & Two Different Integration Profiles
This study of low integration recruited four young mothers who stayed home to care for children. But we learned that two of the four stayed home primarily due to health/disability issues. In this section, we focus on the experiences of the two young mothers without disabilities. The experiences of each mother were quite different. At the time they were surveyed, both were unemployed and stayed at home with their children. However, at the time of the interviews a few months later, one had begun working full-time, and we wondered whether she would still score in the low integrator range. In the quotes below, they are distinguished as *Working Mother* and *Stay-at-Home Mother*.

Unlike the 55+ elders, these young mothers did not directly express English as their biggest challenge. Both were learning the language and aimed to improve. The working mother said her biggest challenges involved trying to save for a home and raising a young child.

Working Mother: Saving [for a house] is hard… In America, we have to work and work and work, and I miss taking my child to the hospital and to the school and things… [My daughter] had surgery ... she has to be taken to the hospital quite often. [I didn't work during the surgery.] After she was recovered, then I started working. Her father takes her to the doctor [for check-ups. The daughter attends preschool.]

The stay-at-home mother noted the use of drugs and alcohol by people in and around her apartment complex as her biggest challenge.

> *Stay-at-Home Mother: At the apartment complex, there are people who are drinking and are drunk. They fight and yell at each other. It bothers me. The apartments are sometimes good but sometimes not, it's bad. There's some people who knock on people door and they sleep in the building. They knock on other people's who live there doors…I never call the police. I've never called before. I don't know how. Since I've got here I have never called the police. Both of us [she and her husband] don't really know. [And] I don't really know anybody [in the building.]*

The stay-at-home mother was still negotiating her family's *Safety & Stability* as she did not feel safe in her apartment complex, whereas the working mother expressed feeling safe and satisfied with the family's apartment, even though they are actively saving to buy a house. Moreover, the stay-at-home mother's family's safety was impaired by the family's inability to call the police. Further compounding her sense of safety was her limited *Social Bonds* and *Bridges,* as she did not know anyone in the building to ask for help in emergency situations*.*

The stay-at-home mother repeatedly explained that she did not have friends and does not like crowds and does not leave her house much. She came to our interview with questions and important paperwork because she did not know who else to ask. At the end of the interview, when we asked if she had any questions for us, she shared about her husband's challenges in not getting his Green Card.

> *Stay-at-Home Mother: I have a question about my husband. He doesn't get Green Card yet. Can you guys help with the Green Card problem? He applied, but it's not coming yet. [Case manager] is not working there anymore. That was one year ago we applied. I got it, but my husband has not gotten it yet. [Have not gone to speak to new case manager because] that person speaks [a different language]. We don't have anybody else. Before, they said they sent it to him, but they got the wrong address; so they renew it and we had to pay $500. We have not received the new one yet. I don't remember when I went there. They told me to call the lawyer but the lawyer never picked up the phone. I have the lawyer's phone number and name.*

This mother also brought to the interview a letter from the Colorado Department of Revenue. She and her husband knew enough to know it was important; however, she could not understand its contents. From reading the letter and asking her questions, it appeared that she had received payment for providing homecare to her elderly father who lived in a separate apartment. This small payment was enough to disqualify her and her family from receiving Medicaid benefits. Despite the gains she made along the *Employment & Economic Sufficiency* pathway with the additional income, her inability to understand, or know to inquire, about the nuances of how benefits do and do not work, threatened her family's *Health & Physical Well-Being*, due to loss of medical insurance.

The stay-at-home mother's lack of *Social Bonds* and *Social Bridges* prevented her from asking others for help in negotiating various *Language & Cultural Knowledge* barriers. Interestingly, while she shared repeatedly how she prefers to stay home, she also shared and demonstrated

many skills that could promote integration. She negotiated her own transportation to the interview (she was the only participant to do so); she was observed checking out movies from the library where the interview was held; she reported that she has attended classes at Emily Griffith, is currently attending classes at the Asian Pacific Development Center (APDC—because it's closer and offers childcare), and she has met with her child's teacher.

The stay-at-home mother also reported that she was currently applying for jobs and looking for childcare for her one-year-old child. While she did have some family nearby—her parents—they could not provide childcare, as her mother works and her father is unable, requiring care himself.

> *Stay-at-Home Mother: I am looking for work, applied at cloth factory…I'm looking for people to take care of them [children] and haven't found one yet. I'm looking at [people I know] on [in the neighborhood]. Maybe they can take care of them.*

This young mother's integration along multiple pathways appeared to be challenged by her isolation and lack of family and community support.

Conversely, the working mother's integration seemed to be progressing because of her strong family and community support. She had a great number of extended family members, some of whom resettled in Denver before her and her immediate family. She got her job at the meat factory because she has family and friends who also work there. She was able to work outside the home because her uncle, who lived with her, was able to care for her daughter before and after school and her husband did not work on Fridays and was able to take the child to doctor appointments. Additionally, her mother, who lived with her father and siblings in an apartment building nearby, cooked for her and her family every day. She also visited aunts, uncles, grandparents, and cousins at least weekly.

Her familial support system was further supplemented by the *Social Bonds* and *Social Bridges* she cultivated through relationships with Nepali and Burmese people in her past and current apartment buildings. They introduced her to the multi-ethnic church she belonged to, which furthered her integration along the *Social Bridges* pathway and, through citizenship classes, the *Civic Engagement* pathway.

> *Working Mother: We go every Sunday to sing, pray. A Nepali lady, she used to live close to the apartment, and she told us ... she took us to the church and that's how it started. Also we have a home service, a Christian home service. We get together and pray [every Saturday at each other's homes]…There are Nepali, Indian, and Americans…When there is preaching, and the apostle preaches, it will be in English, but there's a translator who translates into Nepali…[At the home service, there] will be in English as well, the pastor is Indian, but there is always a translator, [who is also a member of the church].*

> *Working Mother: One of the Nepalese from my town got his citizenship around here. He has assured us that he would teach us how to apply for citizenship…He is from our*

church… Starting tomorrow, he will start helping us with that…Anyone who is interested, he will be helping them out.

This working mother had not made any friends through her daughter's school; however, she had met with teachers and attended school meetings. Her daughter's health issue forced her to speak with the school staff about how to care for her daughter's special medical needs:

Working Mother: I have talked to her teacher and told the teacher about being busy and not able to accompany my child to the school. I also told the teacher that she will need to change my child's diaper. I have also talked to one of the professionals who is actually a translator at the school. [When I have asked,] the teachers have told me that she is doing very well at school.

As mentioned earlier, the working mother's circumstances changed between the time she took the B+3 survey and was interviewed. In spite of being identified based on a low integration score on her survey, the working mother evidenced progress along multiple integration pathways. She was both exposed to and supported by her English language skills and regular interactions with those from within and outside her language and ethnic group. The stay-at-home mother lacked good English skills, a strong family support network, and navigators who could guide her through school, medical and governmental systems.

Conclusions

This section began with three research questions that guided the study. We return to those now to see how respondents' comments shed light on issues of low integration.

1) What are the experiences of low integration related to Economic Sufficiency, Social Bridging, Language & Cultural Knowledge, and Safety & Stability?

These four pathways figure prominently in successful integration. Not only do they correlate highly with *Overall Integration* scores, but as we see in cluster analyses in *Section V*, those with low integration commonly score low in these areas.

Although those we interviewed who were 55+ years scored low on *Employment & Economic Sufficiency*, they provided important financial contributions to their families in the form of child care, household chores, and, significantly, through their monthly SSI checks. In order to continue receiving those checks, they were required to earn citizenship within 5 years of arrival. This sparked substantial concern among the elderly respondents as well as their family members, because the citizenship test requires English skills and those we interviewed, even those who have jobs, made minimal progress on the *Language & Cultural Knowledge* pathway.

Inability to speak English is a barrier along several paths of integration, and it is a very real barrier in passing the test for U.S. citizenship. Yet, language is not the only factor within *Language & Cultural Knowledge* that hinders those with low integration scores. The 55+

respondents as well as the stay-at-home mother seemed at sea oftentimes when it came to navigating both simple and complex social, governmental, and medical systems. Elderlies were almost completely reliant on younger family members (adults from younger generations) to guide them through these systems. They allowed themselves to be led, passive and confused by the environments they to which they were exposed.

The stay-at-home mother, on the other hand, seemed not to have even a family member who could help her navigate U.S. society. In fact, her husband, who had less skill than she did, relied on her. Lack of English ability was certainly a challenge. But fear within her home environment made the world threatening to her, and may have contributed to her inability to make friends and find navigators from within or outside her language and ethnic group. Although the stay-at-home mother was seeking work, lack of *Social Bonding* and *Social Bridging* would hamper her ability to find child care, which in turn would impede her *Employment & Economic Sufficiency,* if she cannot find child care.

Elderlies as well as the stay-at-home mother related some, but relatively few, experiences of *Social Bonding*, and virtually no experiences related to *Social Bridging*. Although nearly all elderlies reported feeling safe at home, we wondered whether a strong underlying concern about safety due to experience prior to arrival kept them tethered at home. Were they fearful to be in unfamiliar places with unfamiliar people? If so, lack of English skill would only heighten the fear. We wondered whether low integrators scored relatively high on *Safety & Stability* because safety is such a high priority for them? If so, does a preoccupation with safety become a barrier that prevents them from venturing onto other integration pathways?

The working mother we interviewed provided a stark contrast to other respondents. Her concerns about saving money to buy a home and supporting her child through surgery and at school were higher order concerns compared to others we interviewed. This mother, who had already advocated for her daughter at school, displayed a sense of agency not present in our other respondents. She worked, she continued to learn English, and she had friends from within and outside her language and cultural group. She demonstrated efficacy on several integration pathways, including *Employment & Economic Stability*, *Language & Cultural Knowledge, Social Bonding*, and *Social Bridging*.

2) Do other pathways, not represented in the current survey, exist that illuminate additional facilitators or hindrances to refugees with low integration scores?

We wondered whether factors not accounted for on the RISE survey might have hindered integration progress among our respondents. Yet nearly all the challenges and concerns voiced in the interviews aligned with those currently assessed in the RISE survey. Common themes included English language ability, appreciation of opportunities to interact with members of one's own ethnic, language, and religious group, aversion to interacting with those from outside one's own group, and extreme dependence on others to navigate social, legal, and medical environments. Each of these concerns is addressed by integration pathways currently assessed on the RISE survey. The addition of some *Social Bridging* items in the B+3 RISE

administration address the issue of navigation and support from those outside one's cultural, language, and/or ethnic group. Cluster analyses confirm common challenges of those with low integration scores across integration pathways (see *Section V*).

However, the current version of the survey does not address the critical role of family members to integration. The RISE survey (and public policy as well), tends to look at integration through the lens of the individual. Yet QED researchers are convinced that integration is best understood as a family-level phenomenon. The RISE survey does not include items that assess individuals' perceptions of family support that might be critical to successful integration.

3) In what ways(s) do those experiencing low integration facilitate or hinder integration of other family members?

Because we believe that the working mother evidences behaviors indicative of medium and high integration, to address this question we omit her responses from this analysis.

Support from a broad range of family members was essential among those we interviewed. Although our respondents evidenced low integration scores, their contributions to their families promoted integration among younger generations. Elderlies reported financial contributions through SSI, child care and care of adults who became ill or disabled, cleaning, cooking and other household chores, while others in the family attended school or worked. An adult son spoke of the wisdom and stability his father contributes to the home.

Low integrators did not always have the support of others in the family, either because family members were too busy or they were unable themselves to assist. It is not clear whether family members are aware of the isolation, helplessness, and sometimes the sense of fear that constrain the lives of their loved ones who were low integrators. No one we interviewed spoke as if caring for low integrators was a burden, although some elderlies we have interviewed worried about becoming a burden if/when they could not contribute. In a prior year, we learned of one elderly woman's serious concern about losing her SSI check due to her inability to pass the citizenship test. She said that if the check stops coming, she'll feel like a piece of furniture in the home.

Implications
Three themes ran throughout our findings. First, those with low integration repeatedly related experiences of isolation. Most felt safe at home, but they resisted venturing outside the home, where the world felt unfamiliar and unsafe. Although older respondents seemed to brighten when discussing excursions they took through church or adult daycare, these experiences were limited to once or twice a week. The 55+ year-old participants in this sample were totally dependent on caregivers (family and/or agency workers) to manage these excursions.

Second, lack of English ability was pervasive among those with low integration. Inability to speak the language hindered their ability to progress on several integration pathways, including *Safety & Stability*, *Language & Cultural Knowledge*, *Social Bonding,* and *Social Bridging*. Lack of

English kept many with low integration isolated. As a result, American culture confounded them. Specifically, they had little direct experience or support from others in understanding and negotiating educational, social, medical, and government systems.

Third, those with low integration displayed a striking lack of personal agency, or efficacy. Whether this is the cause or the result of their low integration, we can't say. Perhaps it's both. Those we interviewed seemed unable to initiate actions to overcome barriers or navigate through their environment.

As a result of this study, QED would consider integrating a "network of support" dimension into the RISE survey, either by augmenting existing pathways or adding a new one. Currently we have a survey that effectively identifies low, medium, and high integration, which was the goal. However, over the past five years, the research team has come to understand integration as an interaction between the individual and his or her social and physical environments. Those who progress along the integration pathways do not do it alone. They rely on family and friends to pool financial resources, housing, child care, food, and information, and they rely on informants and navigators from within and outside their ethnic and language groups. This support and these networks seem critical to integration success.[15]

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[15] See Bronfrenbrenner, U. (1986). Ecology of *the family as a context for human development: Research perspectives. Developmental Psychology*, v22, n6, pp723-742.

V. Summary of Survey Analyses

In 2014-15, QED Community Connectors administered 327 RISE surveys, which reflected 70% retention from Baseline administration (B) and 96% retention from the prior year (Baseline +2, or B+2—see Figure 5.1). Because surveys are administered orally in respondents' native language, nearly all surveys are 100% complete with very few *Don't Know/Refused to Answer* responses. (See *Appendix B* for B+3 Survey.)

Readers should keep in mind that the 327 surveys administered at B+3 is not a sample of a larger population. <u>The 327 surveys reflect 70% of the entire population of eligible, consenting adult refugees in the ethnic groups targeted for the study</u>. In academic research, an 80% response rate from a sample of a larger population is usually considered an acceptable threshold for generalizability. In evaluation research, 60% is generally considered acceptable, although often response rates are much lower. RISE survey were completed by 327/467 of eligible participants, which is a highly credible response. RISE retained 91% of Bhutanese respondents and 45% of Burmese respondents.

5.1. RISE retention from Baseline through B+3
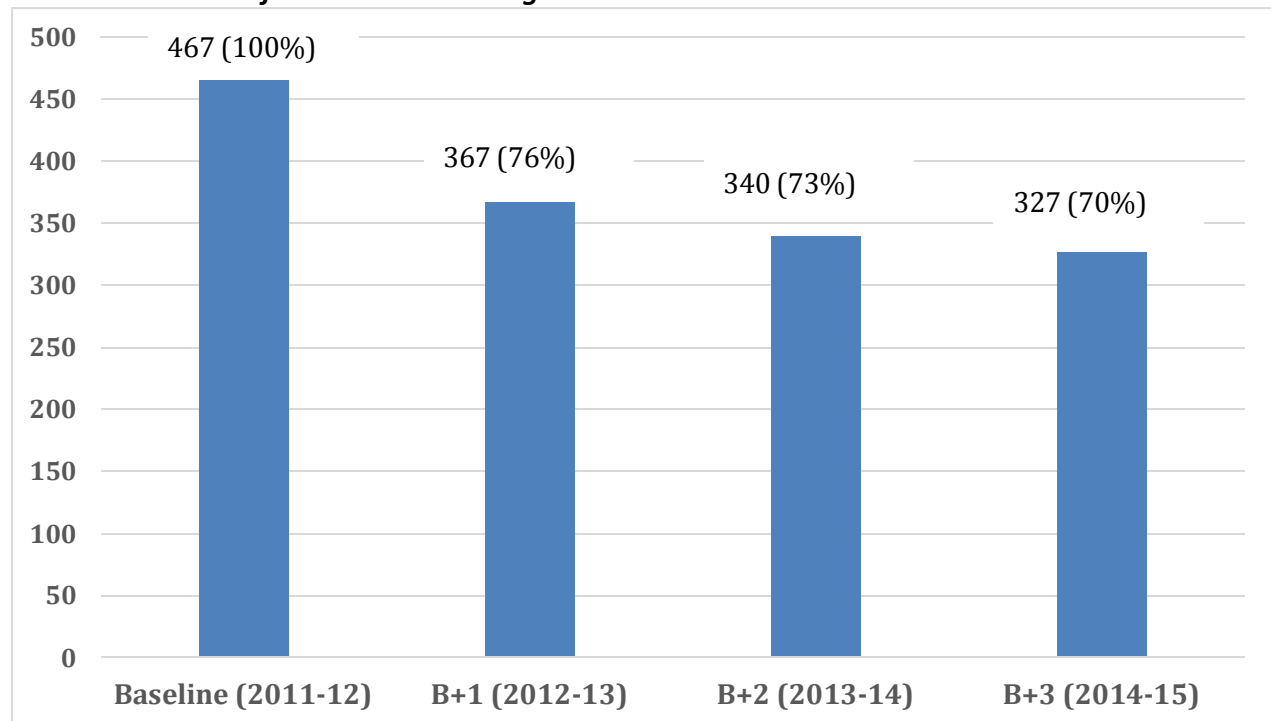
5.2. Demographic Characteristics of the RISE Cohort Over Time

Demographic Variable	Baseline % (n =467)	B+1 % (n =367)	B+2 % (n =340)	B+3 % (n =327)
Country of Origin				
Bhutan	57.9	68.8	73.2	77.9
Burma	33.4	24.7	23.8	22.1
Iraq	3.9	3.4	0.6	0.0
Somalia	4.8	3.1	2.4	0.0
Gender				
Male	49.2	48.8	47.6	49.8
Female	50.8	51.2	52.4	50.2
Marital Status				
Married	61.1	68.7	71.1	79.0
Divorced	1.3	0.5	0.9	1.0
Separated	2.4	1.4	1.5	1.0
Widowed	3.9	4.1	4.8	4.5
Single, never married	30.9	25.0	21.1	14.6
Other	0.4	0.3	0.6	0.0
Age (in years) Mean (SD)	33.5 (12.8)	34.16 (13.1)	34.9 (13.70)	38.9 (14.0)

In B+3, Bhutan remained the largest country of origin among respondents, comprising 78% of the cohort, followed by Burma at 22%. Due to the low number of survey respondents from Iraq and Somalia in the B+2 data collection year, as well as challenges recruiting Community Connectors, QED discontinued data collection efforts with those two groups of refugees.

Demographic data across the cohort remained fairly stable in terms of gender, marital status, and age, as shown in the figure above. Not surprisingly, perhaps, the proportion of single respondents dropped while the proportion of married respondents rose. Age rose in exact correspondence to the number of years of the study. Respondents' average age at Baseline is four years younger than their average age at the end of the four-year study.

Assessing Pathway Variables Over Time[16]

Four Years of Pathway Data

The RISE survey assesses 10 pathways (formerly referred to as domains), including:

1. Employment & Economic Sufficiency
2. Education & Training
3. Children's Education
4. Health & Physical Well-Being
5. Housing

6. Social Bonding
7. Social Bridging
8. Language & Culture
9. Safety & Stability
10. Civic Engagement

A summary of data on each pathway is provided below.

1. Employment & Economic Sufficiency[17]

Figure 5.3 showed an increase from Baseline to B+2 in the proportion of refugees employed, from 17% at Baseline to 64% at B+3; however, the rate of increase slowed over time. The rate of employment for B+2 and B+3 was comparable. Number of refugees employed 30-39 hours each week evidenced a large jump in B+1 (from 53.8% to 74.9%) and a modest increase in B+2 (77%) and B+3 (78%). Only 8% were under-employed, working less than 30 hours per week, which was an improvement over the previous year. That being said, the percentage of refugees employed for 30 or more hours increased from 60% at Baseline to 92% at B+3.

We saw an increase in the proportion receiving retirement benefits through their job. After a dip in the proportion of refugees who received retirement benefits from their jobs (12.0% at B+1 to 10.5% at B+2), we saw a big jump to 20.7% at B+3. This jump might be partially explained by a 9% increase in full-time employment from B+2 to B+3, which could have been due, at least in part, to an improved economy.

Figure 5.3 also shows a significant decrease in the number of refugees reporting part-time jobs in B+3 (14%) compared to B+2 (33%), and a slight increase in the number of refugees who reported holding 2-3 jobs in the last year (27% in B+3). Our data cannot determine whether these jobs are held simultaneously or serially; we suspect that that this varies by individual at

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[16] Throughout this report, "pathway analyses" refers to analysis of the 10 integration pathways that the RISE survey assesses, not to be confused with the statistical method, *pathway analysis.* No pathway analysis methods have been employed.

[17] QED renamed this pathway *Employment & Economic Sufficiency* (rather than the initial title of *Employment & Economic Self-Sufficiency*) due to our recognition of the diverse ways that family members contribute to economic sufficiency (see, for example, *Section IV*).

different times. However, 14% at B+3 reported working over 40 hours each week, an increase from Baseline (9%).[18]

5.3. *Frequencies for Employment Variables*

Employment Variable	Baseline %	B+1 %	B+2 %	B+3 %
Currently Employed? (Yes)	17.0	54.2	62.8	63.5
Hours per Week Employed				
1-9	3.8	2.5	2.3	1.5
10-19	7.7	2.5	4.7	0.0
20-29	25.6	12.3	9.8	6.3
30-39	53.8	74.9	77.2	78.0
40-49	6.4	6.9	5.1	12.2
> 50	2.6	1.0	.9	2.0
Receive Retirement Benefits w/Job? (Yes)	4.7	12.0	10.5	20.7
# of Part-Time Jobs in the last year				
0	93.6	78.7	67.3	86.4
1	6.4	20.8	32.0	13.6
2	0.0	0.5	0.7	0.0
Total # of Jobs in the U.S. in Past Year				
0	85.8	38.8	28.0	26.6
1	14.0	53.3	46.3	46.1
2 or 3	0.2	7.9	25.4	27.0
4 or more	0.0	0.0	0.3	0.3

Figure 5.4 (below) shows an increase in the extent to which refugees' jobs matched their education levels. At B+3, 69% of refugees reported that they were employed at their education level, a 6% increase over the previous year, which corresponded to a 6% decrease in the proportion of those who reported being employed below their education level.

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[18] We might have an item problem, since the cut point for the range is 40-49 hours. Someone working a 40-hour work week would report they work in the 40-49 hour range. We recommend altering the range to be 31-40 hours, and adjusting prior ranges accordingly. (See *Appendix B* for Recommended Survey).

5.4. *Employment Relative to Education Level*

Considering all your jobs, are you employed	Baseline %	B+1 %	B+2 %	B+3 %
Below your education level	50.0	58.6	36.2	30.2
At your education level	47.2	40.8	63.3	68.8
Above your education level	2.8	0.5	0.5	1.0

Barriers to Employment

The number of unemployed refugees in the RISE study decreased over time—from 83% at B, to 46% at B+1, to 37% at B2, to 36% at B+3—which is encouraging. These figures included elderly and those unable to work due to health and disability issues (approximately 20%) and those who stayed home to care for children (approximately 11%).

It is interesting to examine the changes in barriers to employment over time (see Figure 5.5). Although it is not reflected in Figure 5.5, the biggest barrier to employment in the earlier years of the study was transportation, which was an obstacle in combination with other factors. Over a third of all respondents (employed and unemployed) in B+2 (36%) indicated that transportation was a barrier to finding and keeping a job. In B+3, that figure dropped to 6%. In B+3, 93% of respondents indicated that they had access to a car to go to work (or for other things).[19] At B+3, the largest barrier is health/disability (20%). By B+3, the proportion of those who are unemployed dropped, and fewer barriers prevented refugees from working.

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[19] This item changed from B+2 to B+3. At B+2 (the first year it was asked) the item was phrased as *Do you own a car or have access to someone else's?* Based on interviews, we changed the item to: *Do you have access to a car to go to work or other things?* The dramatic change in the percentage of those who report access to a car from B+2 to B+3 could be attributed to a shift in wording of the item. However, we also found a large decrease in the proportion of refugees who reported transportation being a barrier to taking English classes. So the decrease in transportation being a barrier for employment is not likely to be due entirely to item wording.
[19] At Baseline 17.5% reported earning a license or certificate; however, interviews with refugees revealed that some counted a driver's license as a work-related license. The question was clarified beginning in B+1.

5.5. Barriers to Employment
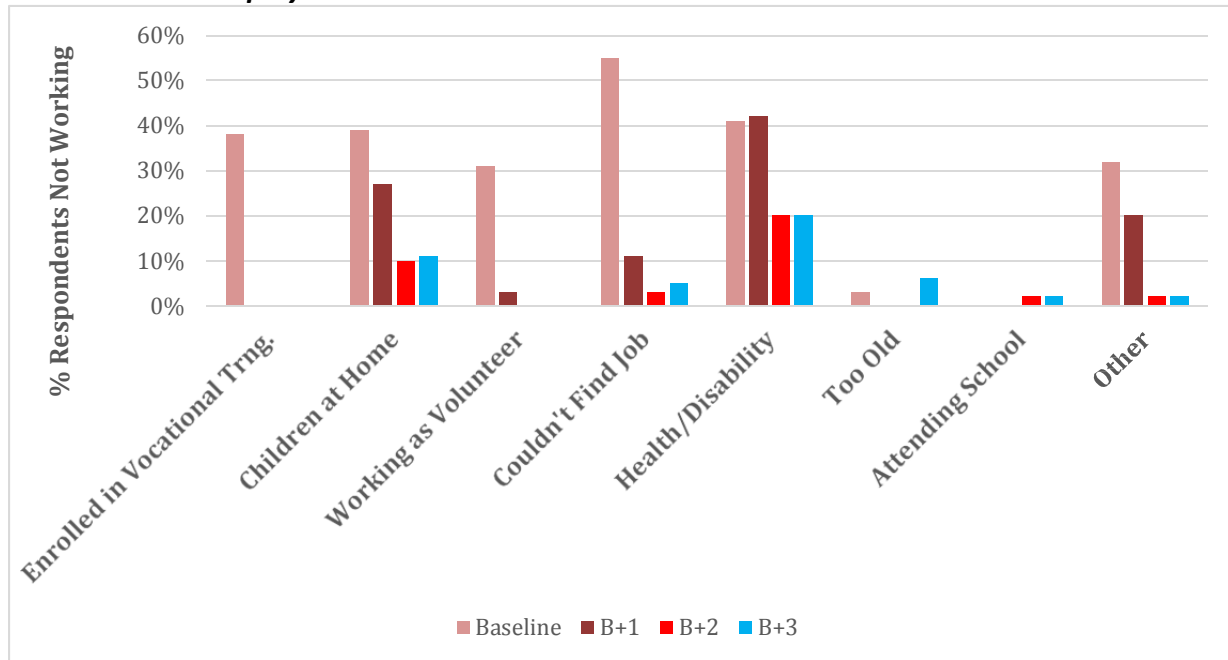
Refugees showed a steady increase in monthly family net income (see Figure 5.6). Whereas median reported family income was reported at $700-$999 at Baseline and B+1, monthly family net income rose to $1,000-$1,299 at B+2 and $1,300-$1,599 at B+3. In B+3, nine respondents reported family monthly net income greater than $2,500—the first survey administration to show monthly income at this level. The inference here is that, overall, refugees were getting jobs that paid better than the ones they had in previous years. Nevertheless, the self-reported median income per family was still low, and 60.7% reported that their family income was too low to cover necessary expenses (e.g. food, rent). This figure was lower than the 65.2% figure reported the prior year.

5.6. Frequencies for Family Income Categories

Family's Average Monthly Net Income	Baseline %	B+1 %	B+2 %	B+3 %
$0	10.4	27.8	10.4	9.5
$1 - 399	6.3	1.9	4.6	1.6
$400 - 699	15.3	10.5	5.2	0.9
$700 - 999	22.6	13.5	18.0	14.8
$1,000 - 1,299	21.5	18.7	18.3	10.1
$1,300 - 1,599	11.4	12.9	25.6	24.6
$1,600 - 1,899	7.1	9.9	11.6	18.3
$1,900 - 2,199	1.9	3.0	4.3	14.2
$2,200 - 2,4 99	3.5	1.1	2.1	6.0

2. Education & Training

The education and training pathway showed varied results across the cohort (see Figure 5.7). At B+2, few (5.0%) had obtained a license or certificate. This more than doubled at B+3 (to 13%).[20] Across the four years, at least 159 work-related licenses and certificates were reported (we can't know whether an individual earned more than two in one year).

A little less than a third (27%) continued to take job-readiness courses. The rate of those taking English language classes declined from 67% at Baseline to 39% in B+3. In B+2, nearly 15% reported that transportation problems posed barriers in their ability to take English classes, but in B+3 the percentage dropped to 4%. There are several reasons why refugees might not be taking English classes at the rate they had in previous years, including lack of time due to full-time employment, increased English proficiency, and informal opportunities through employment and other social bridging opportunities to practice and improve their English. However, because learning English is so critical to integration, English language learning is an issue worthy of further study.

At Baseline, 1.3% (n=7) of refugees were enrolled in a degree program. This slightly increased at B+3 to 3% (n=8). The degree programs at B+3 included high school diploma/GED (4 refugees), Associate's (3 refugees) and Master's level or higher degrees (1 refugee).

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[20] At Baseline 17.5% reported earning a license or certificate; however, interviews with refugees revealed that some counted a driver's license as a work-related license. The question was clarified beginning in B+1.

5.7. Frequencies for Education & Training Variables

Variable	Baseline %	B+1 %	B+2 %	B+3 %
Within the past year, have you obtained a work-related license or certificate?	17.5	4.6	5.0	13.2
Taken job-training/job-readiness classes/programs	28.3	53.4	44.9	27.3
Taken an English language class	66.8	62.7	58.0	39.2
Within the past year, have transportation problems been a barrier in taking English language classes?	-	-	14.8	4.3
Taken other kinds of classes[a]	13.3	4.1	6.7	--
Is currently enrolled in a degree program[†]	1.3	5.4	--	2.5
Level of degree program	*Data below are from those enrolled in a degree program*			
High School Dip/GED	100.0	85.0	--	50.0
Associates degree	0.0	10.0	--	37.5
Bachelor's degree	0.0	5.0	--	0.0
Master's or above	0.0	0.0	--	12.5

[a]This question was removed from the survey in B+3.

[†]This question changed in B+2 to "Are you currently enrolled in a community college or a college?" However, there was a large percentage of missing data for this variable so that results are not comparable to prior years.

3. Children's Education

At the beginning of the RISE study, QED surmised that having school-aged children could be a pathway towards integration for caregivers, if supporting the child's education resulted in interactions with teachers and attendance at school events (which reflects social bridging).[21] During interviews, mothers talked about interacting with people from within and outside their home culture when they took their children to the park. As Figure 5.8 shows, there was evidence at B+3 of increased interaction among caregivers in terms of visiting with a child's teacher (83% compared to 65% at B+2) and attending school events (69% compared to 42% at B+2). Caregivers who volunteered at their child(ren)'s school (4%) and attended an event outside their child(ren)'s school (10%) remained low. More caregivers report that their child had a good friend at school who was not from his or her own country or culture (44% compared to 35% at B+2).

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[21] The RISE survey focused on school-aged children only, and not on early childhood education at home or in childcare for young children.

5.8. Frequencies for Children's Education Variables

Variable	Baseline % (n=223)*	B+1 % (n=147)*	B+2 % (n=158)*	B+3 % (n=145)*
Has visited with at least one of your children's teachers about his/her performance or progress in school	29.1	59.2	65.2	82.8
Has volunteered time at children's school	1.6	2.7	5.1	4.1
Has attended a social, sporting, cultural, educational activity or event at children's school	7.2	26.5	41.5	69.2
Has attended a social, sporting, cultural, educational activity or event outside children's school	4.4	21.2	7.0	9.5
At least one child has at least one good friend at school who is not from home country or culture	31.1	39.3	34.9	43.9

*Number of respondents who report having children living with them. QED cannot explain the drop in the number from Baseline to B+1.

4. Health & Physical Well-Being

5.9. Frequencies for Health & Physical Well-Being Variables

Variable	Baseline %	B+1 %	B+2 %	B+3 %
Has visited a doctor for a routine physical exam w/in the past year	71.6	87.5	86.4	74.2
Knows to how to make an appointment to see a doctor	32.4	55.3	51.6	63.8
Has any kind of health care coverage, including health insurance, prepaid plans such as HMOs (like Kaiser), or government plans such as Medicaid	96.9	49.7	58.4	75.7
Has visited a dentist or dental clinic for a routine exam within the past year	17.8	11.4	2.9	13.2

At B+1, QED found unexpected results related to *Health & Physical Well-Being.* It was the only pathway that showed a dramatic reduction in overall pathway scores, and evidenced a negative correlation with the other pathways. Further analyses, followed by interviews, revealed that this pathway is negatively correlated with integration among younger, healthier respondents.

Scored items reflected familiarity with the health care system, and therefore those who score high were typically older adults and those with disabilities. At B+3, more respondents knew how to make a doctor's appointment (64%, compared to 52% at B+2), although fewer reported having seen a doctor for a routine exam in the prior year (74% at B+3 vs. 86% at B+2). A notably higher percentage of respondents reported having health insurance—76% compared to 58% in B+2. This increase may have been a reflection of the Affordable Care Act as well as the fact that more refugees had full-time employment. At B+3, QED asked a new question about whether or not respondents receive SSI and/or Open Access Plan (OAP) benefits and a total of 13.6% responded "yes" to this question. A much larger percentage of respondents reported having visited a dentist or dental clinic for a routine exam within the past year (13% compared to 3% in B+2).

5. Housing
Housing is one pathway that showed uniformly high results, even from Baseline (see Figure 5.10). Exceptions to living in a home or apartment were so rare that the item identifies refugees with serious adaptation challenges. At B+2, we divided the item, *I live in my own home*, into two items, one for those who rent and another for those who own. At B+3, 93% reported renting, but there was an increase in home/condo ownership (6% vs. 3% in B+2). This could be a long-range proxy for integration. Number of bedrooms where refugees live might be an intermediate proxy. At B+3, we saw a decrease in the proportion of those who reported living in places with one bedroom, with increased percentages of those living in places with two, three, or more than three bedrooms, which could be a proxy for upward mobility. Finally, the sharp decline continued of those receiving government assistance for housing, from 79.0% at Baseline, to 13.3% at B+1, to 5.3% at B+2, down to 2.2% at B+3.

5.10. Frequencies for Housing Variables

Variable	Baseline %	B+1 %	B+2 %	B+3 %
What is your housing situation?				
I am currently homeless	0.2	0.3	0.0	-
I live in a homeless shelter/transitional housing	0.4	0.0	0.0	-
I rotate between homes of friends/family	0.7	3.5	0.0	0.6
I live in my own home (i.e. rooms, apt, condo)	98.7	96.2	-	-
I rent house/apt	-	-	97.1	92.9
I own house/condo	-	-	2.9	6.4
How many bedrooms are in the place where you live?				
1	44.1	38.6	33.9	26.7
2	48.6	51.9	49.0	54.6
3	6.8	6.2	13.0	13.2
4+	--	3.2	4.1	5.5
Do you get help from the government to pay your rent or housing costs? (Yes)	79.0	13.3	5.3	2.2

6. Social Bonding

Social Bonding pathway items all reflected steady increases from Baseline to B+3 (see Figure 5.11). We knew of at least one anomalous case in which a high integrator expressly avoided affiliating with members of his own culture in order to improve his English and accelerate his integration. On the whole, however, *Social Bonding* seems to be a correlate of successful integration.

5.11. Frequencies for Social Bonding Variables

Variable	Baseline %	B+1 %	B+2 %	B+3%
Do you spend time with people who share your culture, ethnic group, language, or religion? (Yes)	78.7	90.3	96.1	97.5
Do you access information about your culture, ethnic group, language, or religion? (Yes)	57.8	76.6	81.2	89.0
Since coming to Denver, have you attended a celebration or event of your culture, ethnic group, language, or religion (i.e., march, parade, or festival)? (Yes)	30.8	86.4	90.3	96.3

7. Social Bridging

Social Bridging is an important pathway towards integration, reflecting a strong correlation with all other pathways, and a nearly linear correlation ($r^2 = .76$, $p<.01$) with *Language & Cultural Knowledge*. Because of the importance of *Social Bridging* to integration, QED piloted several new items in the B+3 administration to give it more weight in the calculation of overall Integration scores. Although we reported results of those items in this section, we did not include those items in the B+3 *Social Bridging* results or use them to calculate the B+3 *Overall Integration* scores or the cluster analyses (below). Doing so would have caused us to be unable to compare B+3 results to those of prior years. However, based on the results, which showed variation and no ceiling effect for any one variables, we recommend including each of these items in future administrations.

Responses on items related to the *Social Bridging* pathway were not as uniformly high as with *Social Bonding*, yielding "yes" responses from between 65% and 75% of refugees (see Figure 5.12). At B+3, we saw a steady increase in *Social Bridging* variables.

5.12. Frequencies for Social Bridging Variables

Variable	Baseline %	B+1 %	B+2 %	B+3 %
Do you spend time with people of a culture, ethnic group, language, or religion different from your own? (Yes)	48.0	60.0	54.8	64.6
Do you access information about cultures, ethnic groups, languages, or religions different from your own? (Yes)	29.5	55.7	59.3	67.6
Since coming to Denver, have you attended a celebration or event of a culture, ethnic group, language, or religion different than your own (i.e., march, parade, festival)? (Yes)	13.1	61.4	63.3	75.2
ITEMS PILOTED B+3				
Do you have a person of a culture, ethnic group, language or religion different from your own who you can talk to if you are emotionally upset? (Yes)	--	--	--	29.3
Do you have a person of a culture, ethnic group, language or religion different from your own who advises you about jobs and financial matters? (Yes)	--	--	--	22.1
Do you have a person of a culture, ethnic group, language or religion different from your own who advises you about how to get things done in the U.S.? (Yes)	--	--	--	14.6
Has a friend from a culture, ethnic group, language, or religion different from your own visited your house or have you visited theirs? (Yes)	--	--	--	25.1

8. Language & Cultural Knowledge

This pathway had higher correlations with other pathways than did any other. It was certainly a marker for, if not predictor of, overall integration. *Language & Cultural Knowledge* had more scored items than any other pathway, giving it more weight in the overall integration score than other pathways, which we feel is appropriate. At B+3, QED collapsed two response options to clarify English-speaking skills. The new response option, "I speak a little English when shopping or doing other daily activities" performed well (see Figure 5.13).

5.13. Frequencies for Language & Cultural Knowledge Variables

Variable	Baseline %	B+1 %	B+2 %	B+3 %
Which of the following best describes your English skills?				
I cannot speak English.	32.1	22.7	25.4	21.2
I speak a little English.	-	-	22.7	-
I can speak English when shopping or doing other types of business.	54.8	36.0	3.5	21.2
I can speak English in most social and work situations.	6.3	35.9	43.1	50.9
I am fluent in English.	6.7	5.4	5.0	6.7
Do you regularly speak with people whose first language is English? (Yes)	43.6	56.8	47.5	47.7
Do you celebrate any American holidays? (Yes)	34.8	65.2	66.1	81.3
Correctly identified location of the White House & Congress	33.3	51.4	57.6	75.5

Figure 5.13 shows a slight decrease in the proportion of those who "cannot speak English." The proportion of those who "can speak English in most social and work situations" increased from 43% to 51%. Approximately 7% of respondents (similar to Baseline) report that they are fluent. We observed a notable increase in the percentage of respondents who could correctly identify the location of the White House and Congress (76% compared to 57% in B+2). A similar increase is seen in the proportion of respondents who report celebrating an American holiday (81% compared to 66% at B+2).

9. Safety & Stability

Safety & Stability is one of the most intriguing pathways. Across the data set, there is little variability—between 96%-99% of refugees feel safe in Denver. This figure didn't change much since B+2. Yet, feeling a lack of safety was strongly associated with low integration. Last year (B+2), *Safety & Stability* figured prominently in the cluster analyses, with very low integrators showing dramatically low scores on *Safety & Stability*. This year (B+3), *Safety & Stability* was still implicated in low vs. high integration. *Safety & Stability* emerged as a critical variable in the cluster analyses summarized below.

Overall, over 95% of refugees rated *Safety & Stability* highly (see Figure 5.14). Proportions of refugees who felt safe in their homes have steadily risen from Baseline (90%) to B+2 (99%). In B+3, it dipped just a bit to 98%. There was a large jump in the rate of those who felt comfortable outside the home, 44% at B+1 to 97% at B+3. At B+3, almost all respondents (99.7%) would call the fire department to report a fire, and the same proportion (99%) would call the police if attacked by a stranger (item is not included in Figure 5.14). At B+3, 4 report having been victims of assault, robbery, and/or vandalism, and 7 report racial, ethnic, or religious discrimination (the same percentage as at Baseline)—98% report never having experienced these things.

Safety & Stability has a low correlation with most other pathways, but a moderate correlation with *Social Bonding* (r^2=.39, p<.01), *Social Bridging* (r^2=.33, p<.001) and *Language & Cultural Knowledge* (r^2=.23, p<.01). This pathway could possibly be a precursor to success in other pathways that are strongly linked to *Overall Integration* scores. Certainly *Safety & Stability* is apt to be a significant issue among a population that has lived with war and brutality before arriving in the U.S. Although over 95% of refugees rated *Safety & Stability* highly, low ratings may be a proxy for continued fear and possibly trauma that affect one's ability to integrate.

Beginning in B+2, QED researchers noticed distinct differences in how refugees described their experiences. Some spoke as if life events happened to them. Others talked about how they caused events to unfold. Self-efficacy literature documents how one's belief about one's perception of one's agency influences whether one will initiate actions to cause or prevent something in their lives. Further research in this area could be revealing.

5.14. Frequencies for Safety & Stability Variables

Variable	Baseline %	B+1 %	B+2 %	B+3 %
Do you feel safe when you are at home? (Yes)	90.3	95.1	98.9	97.8
Do you feel safe when you are outside the home?	56.3	44.3	92.8	96.8
Would you call the fire department to report a fire?	86.7	91.7	94.4	99.7
Since coming to Denver, have you been the victim of a crime, such as assault, robbery, or vandalism?	1.3	3.8	3.3	1.2
Since coming to Denver, have you experienced racial, cultural, or religious discrimination?				
Never	98.2	98.1	99.1	97.8
Sometimes	1.6	1.6	0.9	2.2
Regularly	0.2	0.3	0.0	0.0
Don't Know/Refused to Answer	0.0	0.0	8.0	0.0

10. Civic Engagement

Civic Engagement was not a pathway taken by many refugees during the study (see Figure 5.15). It might be a long-range pathway that follows success in other pathways, such as *Employment & Economic Sufficiency* and increased English skills. The percentage of respondents who reported advocating for themselves and others in a variety of contexts increased steadily, with a sharp rise to 7.6% in B+3. The proportion of refugees who indicated that they participated in community meetings and volunteered their time at community organizations both nearly doubled (9% and 7%, respectively). Refugees expressed a strong desire, both in interviews and on the survey, to become U.S. citizens. At B+3, 98% of refugees reported that they wish to become U.S. citizens, and all (100%) had applied for their green cards.

5.15. Frequencies for Civic Engagement Variables

Variable	Baseline %	B+1 %	B+2 %	B+3 %
Have you participated in meetings of community organizations, clubs, or governmental agencies in the past year? (Yes)	3.7	8.5	5.0	9.3
Have you volunteered your time for community organizations, clubs, or governmental agencies since in the past year? (Yes)	2.3	5.5	3.6	7.4
Have you advocated or spoken up for your own or your family's rights in public and/or before a government agency, body, or office in the past year? (Yes)	1.1	1.4	2.1	7.6
Have you applied for a green card? (Yes)	0.9	93.2	97.6	100.0
Do you wish to become a citizen of the United States? (Yes)	98.6	99.4	98.8	97.8

Changes in Pathway Scores Across Years

As might be expected, group scores on specific pathways change over time. QED analyzed changes in specific pathways from Baseline to B+1, from B+1 to B+2, and from B+2 to B+3 (see Figure 5.16). This analysis helped us understand issues that might commonly affect all refugees during a given year, and spot changes in specific pathways that affect low and high integrators alike.

5.16. Changes in Pathway Scores Over Time

Pathway Variables	Change from B to B+1	Change from B+1 to B+2	Change from B+2 to B+3
Employment & Econ. Sufficiency	***	**	NS
Education & Training	*	NS	**†
Child's Educ.	NS	***	***
Health & Phys. Well-Being	***†	NS	***
Social Bonding	***	NS	***
Social Bridging	***	NS	***
Language & Cultural Knowledge	***	*	NS
Safety & Stability	***	***	***
Civic Engagement	***	***	***

Note: NS = Not significant change *=Significant change (p<.05); **=Highly significant change (p<.01), ***=Highly, highly significant change (p<.001).

† Showed a decrease from one year to the next. All other changes are increases.

This analysis reveals the multi-dimensional nature of refugee integration. Figure 5.16 shows significant changes from Baseline to Baseline +1 with all but one pathway (*Child's Education*), which reflects highly significant change. From Baseline +1 to Baseline +2, overall increases were not significant for several pathways (those that show NS change). Significant change did occur, however, in the areas of *Employment & Economic Sufficiency* and *Language & Cultural Knowledge*, but at a lesser rate than in the prior year. All but two pathways, *Employment & Economic Sufficiency* and *Language & Cultural Knowledge* significantly changed from B+2 to B+3. *Education & Training* significantly decreased during this time, which likely reflected the fact that most refugees had higher job readiness skills, greater English proficiency, and therefore were less likely to take advantage of education and training opportunities than when they first arrived in the U.S. The lack of a statistically significant change in *Employment & Economic Sufficiency* and *Language & Cultural Knowledge* was consistent with the plateau in employment that we see in Figure 5.3 and in language skills in Figure 5.13. Despite the relatively stagnant growth in these two domains, the mean *Overall Integration* scores for refugees continued to rise from B+2 to B+3, which indicates that other pathways likely become more significant to the integration process after refugees have been in the county several years.

Correlations between Pathways at B+3

QED has performed analyses to identify relationships between pathways. Correlation is one such analysis. Correlation is a measure of the relationship between two variables. Correlations range from -1 to +1. The closer a correlation is to 1 (positive or negative) the stronger the relationship. Figure 5.17 shows the relationships between different pathways. Correlations between 0.0 and 0.2 (positive or negative) suggest no relationship at all. Relationships between 0.2 and 0.5 (positive or negative) are moderate. Relationships greater than 0.5 (positive or negative) are strong. Relationships are not assumed to be causal. For example *Language & Cultural Knowledge* has a strong relationship with *Employment & Economic Sufficiency*

(r^2=.56, p<.01). But we cannot say that employment *causes* high scores on *Language & Cultural Knowledge* or vice-versa.

Employment & Economic Sufficiency, *Social Bridging,* and *Language & Cultural Knowledge* all showed moderate to strong relationships with other variables, making them important contributors to overall integration. *Education & Training*, *Social Bonding* and *Safety & Stability* had moderate relationships with other variables, which suggested that they also play an important role in overall integration.

When a correlation is negative but moderate or strong, it suggests that when one variable is high, the other is low. For example, *Health & Physical Well-Being* had a low, negative relationship to *Employment & Economic Sufficiency* (r^2=-.19, p<.01). This means that if a refugee scored high on *Employment & Economic Sufficiency*, he or she would probably score low on *Health & Physical Well-Being*. Conversely, if a refugee scored low on *Employment & Economic Sufficiency* (for example, a 70 year-old female), she would likely score high on *Health & Physical Well-Being*. Items on *Health & Well-Being* probe for how effective one is in interfacing with the medical establishment. Someone who is healthy and has no cause to visit doctors or undergo medical tests may score low on this item. But the 70 year-old female, who would probably score low on *Employment & Economic Sufficiency*, might have accessed health services several times. For her, interfacing with the medical establishment might be a pathway towards integration.

5.17. Correlations Between Pathways at B+3

|	Employment & Econ. Sufficiency	Education & Training	Child's Educ.	Health & Physical Well-Being	Social Bonding	Social Bridging	Language & Cultural Knowledge	Safety & Stability	Civic Engagement
Employment & Econ. Sufficiency	1	.21**	-.06	-.19**	.18**	.59**	.56**	.02	.41**
Education & Training		1	.01	.00	.06	.16**	.23**	-.02	.15**
Child's Educ.			1	.10	-.12*	-.13*	-.16**	-.13*	.11
Health & Physical Well-Being				1	.14*	.11*	.15**	.22**	.04
Social Bonding					1	.45**	.37**	.39**	.04
Social Bridging						1	.76**	.33**	.35**
Language & Cultural Knowledge							1	.23**	.47**
Safety & Stability								1	.06
Civic Engagement									1

*Relationship is significant at p<.05
**Relationship is significant at p<.01.

Assessing Overall Integration Over Time

Examining changes in specific pathways and relationships between pathways offers some insights into the integration process. Yet looking at overall scores across all pathways provides a more vivid understanding of the successes and challenges refugees face as a whole and by specific demographic groups in their adjustment to U.S. society and culture. By summing scored items related to each pathway, QED derives an *Overall Integration* score. Using the profile of *Overall Integration* scores at Baseline +1 year, QED applied cut-points for *low, medium,* and *high* integration. Note that integration levels are not the result of psychological inferences; rather they are based on self-reported behaviors and circumstances. Integration scores are not reflections of traits, they are markers of a journey. In this section, we summarize our analyses of these scores.

Looking at *Overall Integration* among all refugees as a group, we see that the group average has increased steadily from Baseline through B+3 (see Figure 5.18). This is what we would hope for and expect, so this is an encouraging finding. In fact, at B+1, 30% of *Low Integrators* shifted to *Medium* or *High Integration*. At B+2, another 11% shifted from *Low Integrators* to *Medium or High*, leaving 21% of the population as *Low Integrators* at B+2, compared to 63% *Low* at Baseline. At B+3, only 5% of refugees were categorized as *Low Integrators*.

5.18. Mean Integration Scores by RISE Administration
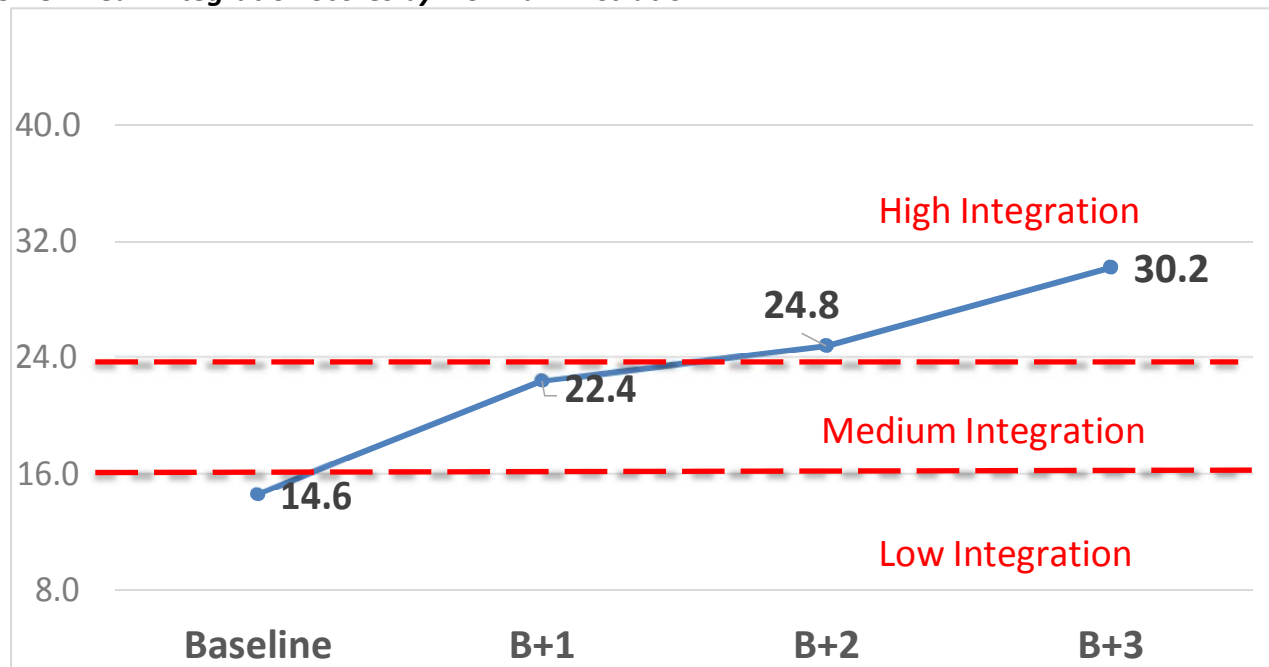
- Low Integration = 0-16
- Medium Integration = 17-24
- High Integration = 25-44

Figure 5.19 sums up the overall story of refugee integration across the four survey years. The thick red line shows the profile of *Overall Integration* scores for the entire cohort at B+3. The graph shows that refugee scores have shifted toward higher ranges each successive year, with most refugees now falling into the *High Integration* category. Comparing the red line to the fainter lines (cohort scores from prior years) shows how integration has steadily moved from *Low* towards High integration across the four survey administrations.

5.19. Frequency and Distribution of Integration Scores at each RISE Administration
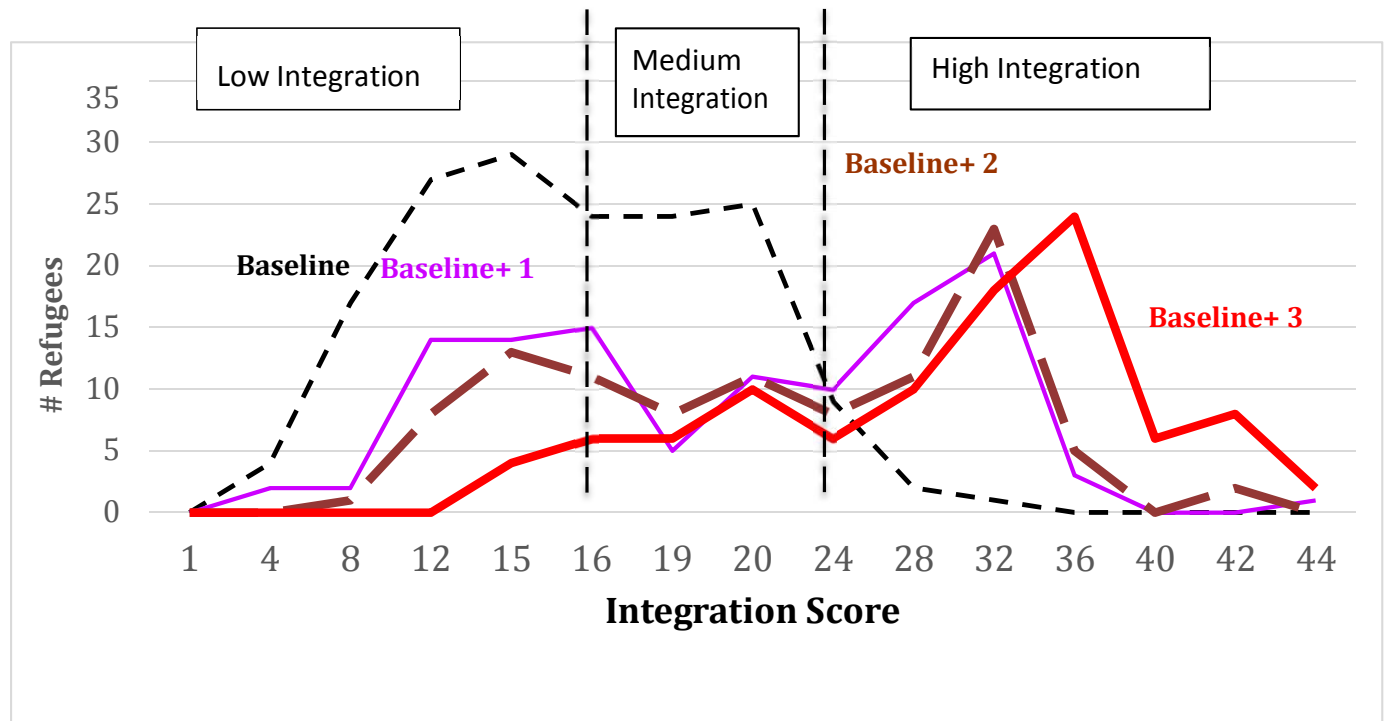

Figure 5.20 shows the shifts in integration groups from B+2 to B+3. At B+3, only 5% of refugees were categorized as *Low Integrators*, 18% were categorized as *Medium Integrators*, and the vast majority (76%) were categorized as *High Integrators*.

Although during B+3 most refugees stayed in the same integration category or moved up, some moved down. Figure 5.20 shows percentages of refugees in each of the three integration categories at B+2 compared to the percent of refugees in each integration category at B+3. Here is how to read this table: Looking at the upper left box, we see that 25.4% of refugees who scored *Low* at B+2 also scored *Low* at B+2. Moving one box to the right, we see that 42.9% of refugees who scored *Low* at B+2 scored *Medium* at B+3. Looking at the second row, we see that 1.4% of refugees (one refugee) who scored *Medium* at B+2 scored *Low* at B+3. Looking at the third row, 3.3% of those that scored *High* at Baseline +2 scored *Medium* at Baseline +3, thus evidencing slippage. Anecdotal evidence suggests that slippage can be caused by illness, pregnancy, or some other event that affects a refugee directly or indirectly (e.g., a spouse, parent, or child).

5.20. Shifts in Integration Groups from Baseline +2 to Baseline +3

B+2 (n=338)*	B+3* (n=315)			
	% Low	% Medium	% High	
Low	25.4	49.2	25.4	(100% B+2 Lows)
Medium	1.4 (n=1)	30.4	68.1	(100% B+2 Meds)
High	0.0	3.3 (n=6)	96.7	(100% B+2 Highs)
Total B+3	5.4% (B+3 Low)	18.4% (B+3 Med)	76.2% (B+3 High)	100%

Total n's for each year are slightly less than total respondents, since Overall Integration could not be calculated for all participants due to missing data.

Integration by Demographic Group

QED analyzed differences in refugees' integration by demographic group. Figure 5.21 shows *Overall Integration* by gender. This graph shows that men's means on *Overall Integration* started out a bit higher than women's, but that the two trend lines increased and tracked one another closely. In B+3, men still evidenced a higher mean overall; however, the difference is not statistically significant and both were in the *High Integration* range. This means that men and women increased towards integration at the same rate.

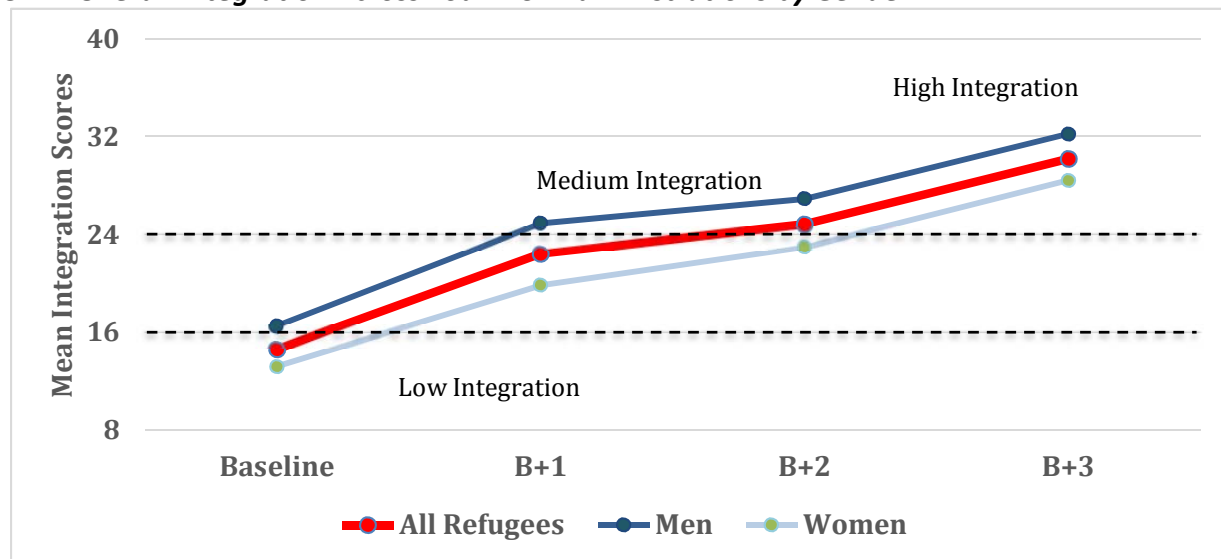### 5.21. Overall Integration Across Four RISE Administrations by Gender

Figure 5.22 shows differences in integration levels by country of origin. At B+2, we saw a statistical difference between overall integration levels of those from Bhutan compared to those from Burma (p<.001). The Burmese progressed towards integration at slower rates, until B+3, when that population showed a slightly steeper increase, resulting in comparable means between the two groups (no statistical differences), both in the *High Integration* range.

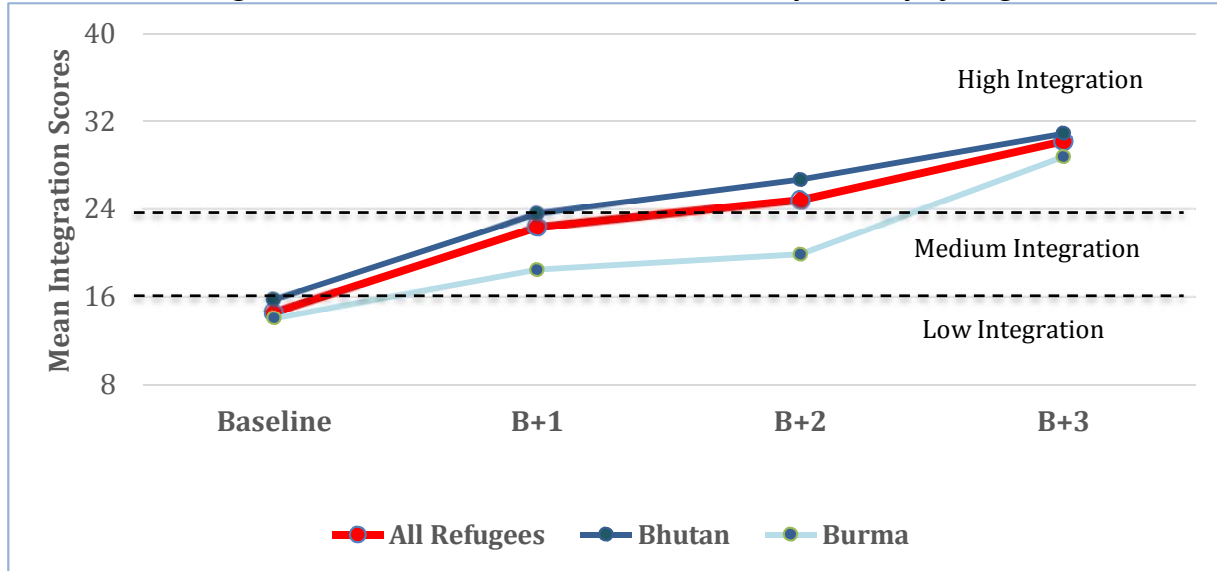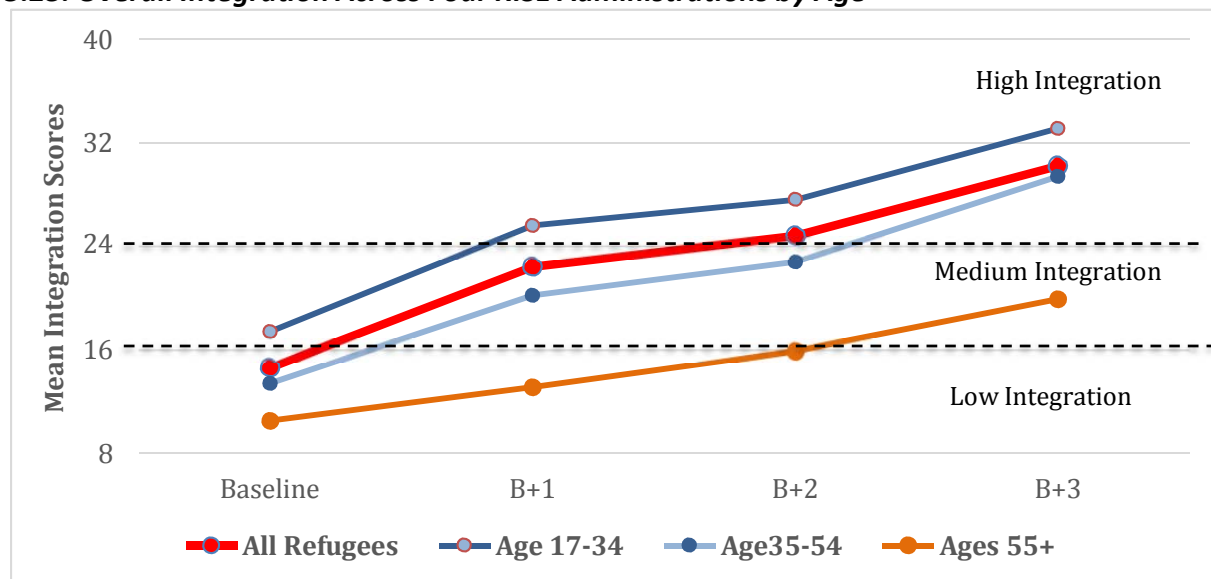**5.22. Overall Integration Across Four RISE Administrations by Country of Origin**

Figure 5.23 shows how age influences *Overall Integration*. RISE researchers plotted all ages in the cohort, then noted natural breaks in the data. Three age groups were identified: Age 17-34 (62%), 35-54 (28%), and 55 and over (11%).

5.23. Overall Integration Across Four RISE Administrations by Age

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We see very distinct mean age differences between the integration groups. Mean differences in ages at each level are highly, highly statistically significant (p<.000), indicating that age is a predictor of integration level. More specifically, we see a relatively flat trend line for those 55 and older. Although increases in the other two groups are steady, all reaching *High Integration* in the fourth year, the mean age for the 55+ category just crosses into *Medium Integration*. The older a refugee is upon arrival, the more challenges he or she faces. Although 55 and older comprise only 11% of the refugee population, as a group they face greater challenges, as suggested by the different profile of the trend line in Figure 5.23. Qualitative data suggest that older refugees provide valuable support to younger generation refugees (child care and SSI income), yet also they struggle more with language, health, and other resettlement issues.

Cluster Analyses: Groups of Refugees Travel Similar Routes Through Integration Pathways
QED first presented cluster analyses in last year's (Year 4) report. We believe that this analysis may be the single most important deliverable of the study. Although the analyses look complicated, we attempt to explain them simply and clearly, because embedded in the results are strong implications for refugee service professionals.

Looking at an individual's score on a single pathway, or even the correlation between two pathways, is like taking a snapshot of integration. But integration is, of course, multi-faceted, like a movie, with several themes (pathways) interacting at the same time. Cluster analyses reveal this dynamic story.

For the cluster analyses, we transformed all pathway scores from the B+3 year onto the same scale, so all pathways have equal weight (z-scores). On this scale, all pathways have a mean of 0 and a standard deviation of 1. In Figure 5.24, the 0 line reflects the average score of all refugees for any particular pathway. Any point above the 0 line indicates a group of refugees whose mean score on a pathway was collectively higher than the rest of the group. Any point below the 0 line indicates a group of refugees whose mean score was lower than the rest of the group. Looking at Figure 5.24, we see a group at +0.5 related to the *Employment & Economic Sufficiency.* This is a group that scored above the average compared to all other refugees. Similarly, there is a point at -1 for the same pathway. This group scored lower than the average of all refugees. For these analyses, a point at or above +0.5 is notably high, and a point at or below -0.5 is notably low. For example, -1.0 is a significantly low score.

The cluster analyses identify groups of people who all have similar profiles of scores across all pathways. Figure 5.24 shows that members of the entire cohort of 327 refugees followed one of two predictable profiles of scores: the orange line (205 refugees) or the blue line (122 refugees).

5.24. Cluster Analyses: Two Patterns Through Integration Pathways*
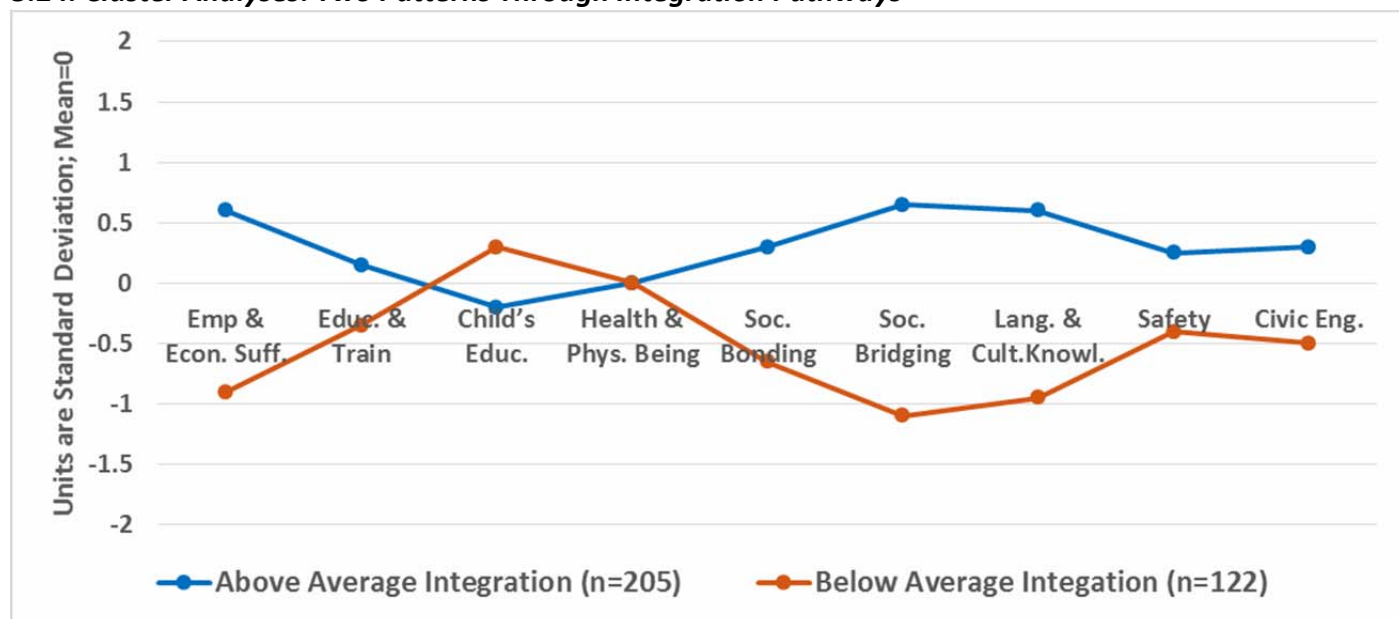
* With only one scored item, *Housing* cannot be included in these analyses. However, nearly 100% of respondents all score the same on that pathway, so the mean for each group on this graph would be 0.

We call the blue line the *Above Average Integration* track. Refugees who travel the blue line scored high on *Employment & Economic Sufficiency, Social Bridging*, and *Language & Cultural Knowledge*. They were less likely than those on the orange line to be living with children, they had higher *Social Bonding, Safety & Stability*, and *Civic Engagement* than those on the orange line.

We call the orange line the *Below Average Integration* track. Refugees who travel the orange line had low scores on *Employment & Economic Sufficiency, Social Bonding, Social Bridging, Language & Cultural Knowledge*, and *Civic Engagement*. They were more likely to be living with children than those on the *High Integration* track and they felt less safe.

In last year's cluster analysis (B+2), four, rather than two tracks emerged. In addition to the two observed at B+3, there were two others. One of the others was a high integration track that included 58 refugees. Those evidencing high integration had children. This track did not appear at B+3. The dramatic differences seen at B+2 between those who have children and those who don't become more moderate in B+3. They existed, but not so dramatically. The other track in B+2 not appearing in B+3 was a very low integration track that included 30 refugees, all of whom showed low scores on all pathways. At B+3, it seemed that refugees on that track merged into either the orange track (more likely) or the blue track.

The cluster analyses provide critical information to refugee service professionals. By identifying common patterns of integration, these analyses cluster refugees by their circumstances and needs. It is notable that the *Above Average* and *Below Average Integration* tracks in Figure 5.24 are mirror images of one another. This was not expected. One implication of this is that the

same factor(s) influence whether one has low vs. high or low integration. Further research can help determine what those factors are, although we know that ability to speak English is one of them.

The other vital data we get from cluster analyses is which pathways were most challenging for different cluster groups. For example, those on the orange line struggled with *Employment & Economic Sufficiency*, *Social Bridging*, and *Language & Cultural Knowledge*. During B+2, we observed dramatic differences in the extent to which those with high and low integration accessed health care. During B+3, no such differences emerged. Integration is an evolving process, and the challenges in the first year of arrival differ from those in the fifth year after arrival. Cluster analyses capture such evolution.

Summary

RISE researchers conducted the following statistical analyses on the RISE survey data, which were summarized in this section:

- Frequencies by demographic group
- Summary scores on selected items for each pathway for all three survey administrations
- Changes over time of each pathway for Baseline to B+1, B+1 to B+2, and B+2 to B+3
- Correlations between pathways for the Baseline +3 administration
- *Overall Integration* score means for the entire cohort
- *Overall Integration* curve for all respondents each of the three administrations
- Proportions of refugees who fall into each integration category at B+3 compared to B+2
- *Overall Integration* means by gender, country of origin, and age groups
- Cluster analyses, including demographics that define low and high integration

Taken together, these data show footprints along refugee integration pathways as well as critical factors that influence successful resettlement. In Section VII, we summarize our major findings and insights.

VI.   How Effective is the RISE Survey?

In the first three years of data collection (2011-12, 2012-13, and part of 2013-14), QED focused our analyses on the RISE survey itself, probing the integrity of each of the pathway items using both quantitative and qualitative methods. Quantitatively, we examined item frequencies, inter- and intra-pathway statistics, and correlations to identify items and pathways that were behaving poorly, statistically speaking. Qualitatively, we conducted focus groups and one-on-one cognitive interviews to explore how refugees thought about different pathways as well as how they interpreted specific survey items. We consulted our Community Connectors about items that seemed problematic and/or yielded anomalous results. We also conducted a translation study with an independent, third-party firm to check the validity of key survey items.

The Survey Validation Process

This process of continual refinement strengthened the survey to the point where RISE researchers feel confident that results reflect the experiences of Denver refugees and are not artifacts of a faulty survey. Our confidence springs from a pattern of evidence over time, including the following:

- Correlations between pathway scores were mostly in expected directions. Co-efficients were mostly mild to moderate, suggesting that pathways are relatively independent but assessing different aspects of an underlying phenomenon. Negative and positive correlations co-varied in similar ways across years. Unexpected correlations (i.e., *Health & Physical Well-Being*) were consistent with findings from qualitative data.
- Cognitive interviews showed that most items we studied were understood as we intended them to be, and when this wasn't the case we altered or removed items.
- Qualitative data identified items (e.g. transportation) that were important to include in the survey.
- *Overall Integration* means shifted in expected ways over time. Baseline did capture some variation at the very beginning, and the instrument seemed to effectively discriminate among refugees as they fanned out along the integration continuum. The instrument also captures movement of those who slid backwards from a higher to a lower integration level.
- Cluster analyses presented compelling evidence of consistency of results across pathways within different sub-groups of respondents. Results of z-score analyses mirrored results from weighted pathway scores. We believe that this is a strong indicator of both the reliability and validity of the instrument.

In short, QED is confident that the RISE survey effectively quantifies refugees' experiences according to Ager and Strang's integration framework.[22]

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[22] Ager, A., & Strang, S. (2008). Understanding integration: A conceptual framework. *Journal of Refugee Studies, v1, n2,* pp. 166-191. UK: Oxford University Press

What About Pathway/Domain Reliability and Validity?

As mentioned earlier, the integration framework underlying the survey was adopted from Ager and Strang. In operationalizing the framework, we collapsed or omitted some domains, but strived to preserve the underlying intent. Survey items were invented by trying to identify behavioral correlates to pathway/domain titles. In other words, we avoided opinion-based items, such as *Do you like where you live?* Instead we asked, *How many times have you moved in the past year?* Or *How many bedrooms are in the place where you live?* Having said that, we have used some opinion items, such as *Do you feel safe in your home?* Some items are intentionally general and some are intentionally specific. Most scored items are behaviorally-oriented in order to minimize variation due to interpretation, bias, or emotion.

The survey is highly valid, in the sense that items align with the Ager and Strang framework and they were found to relate to refugees' experiences in relevant and meaningful ways. Cognitive and group interviews, as well as Community Connector feedback, ensured that refugees understand the items as intended.

The scoring system we used seems effective. Each pathway section contains two types of items: scored items and auxiliary items. Auxiliary items are not scored; they provide supporting information that extends and/or deepens information we get from scored items. Pathways vary in terms of the number of scored items in each, ranging from a low of 1 (*Housing*) to a high of 9 (*Language & Cultural Knowledge*). Scored items are always Yes/No, with one point for Yes, zero for no (see *Appendix C* for Codebook with Scoring Rubric).

The survey is reliable in the sense that frequencies were not erratic, respondents scored similarly across years, unless their circumstances changed, and correlations across years were fairly stable. Changes in pathway scores seemed to reflect changes in respondents' lives, and vice versa.

Initially, QED explored statistical reliability using Cronbach alpha calculations. Although domain scores seemed effective, reliabilities across pathways varied considerably. Upon closer inspection, we realized that pathways items do not cluster in the same way that items do that probe psychological constructs, such as *self-efficacy* or *happiness*. RISE items are not construct assessments. They work like a checklist. Imagine you are assessing *level of patriotism*. One approach would be to ask a series of questions about people's opinions and attitudes about their country, then score responses as *low, medium,* or *high*. This is how psychological constructs are created. On the other hand, you can list a series of actions or experiences that are reflective of patriotism, and simply tally the score. For patriotism variable, we might ask questions such as:

- *Do you put your hand over your heart or salute when you hear the Pledge of Allegiance?*
- *Do you display the American flag at least two times each year?*
- *Have you served in the U.S. military?*

Using this approach, "Yes" responses are tallied and summed. Such questions essentialize the target variable into a set of behaviors, as opposed to opinions or attitudes. The RISE team believed this was a more authentic approach to take in building a survey that assesses integration. Using this approach, responses to individual items would not be expected to correlate and therefore reliability calculations were not deemed to be appropriate.

It is essential, of course, that the questions included in the list are carefully selected so that they are indeed reflective of the target variable (e.g., *patriotism* or *integration*), and that they are not biased so that segments of the population are not systematically included or excluded. In the case of patriotism, for example, you can ask whether the respondent stands when the Star Spangled Banner is sung at sporting events. But the question will not work for people who do not attend sporting events or who do attend but are physically unable to stand. Among those who do attend sporting events, standing may not be a reflection of patriotism. Each scored pathway item on the pathway list had to be 1) distilled to an effective and meaningful yes/no response, 2) understood as intended by the respondent, and 3) critical to the list. Working out item effectiveness was an important focus of RISE team survey development.

Are responses affected by social desirability? Success in keeping track of refugee respondents depended on personal relationships between the Community Connectors and refugees. Did refugees intentionally give answers that were more likely to impress the Community Connector administering the survey? We can't know for sure. Community Connectors did not report this as an issue. Response options on most items were not read to respondents. Respondents answered and Community Connectors checked the correct response option. For questions about income, for example, income ranges were not provided. Because most items were based on behaviors (e.g., *Have you volunteered in your child's school?)* or facts (i.e., monthly family income) rather than opinions, there was some protection against "gaming" the survey, unless a respondent deliberately gave a response that he or she knew was different from his/her actual behavior. It is possible this happened. We do not believe that, if it happened, such responses were pervasive across the survey population. In-depth validation studies would have to be conducted to know for sure.

<div align="center">

Overall Integration

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The *Overall Integration* score seems to effectively summarize refugees' progress along pathways that result in *low*, *medium*, and *high* integration. Further administrations, as well as more comprehensive qualitative research, would deepen understanding of what, exactly, *low, medium*, and *high* integration experiences look like. In the meantime, the RISE survey does effectively place respondents along the continuum and it does seem from our studies that those with *medium integration* scores have better integration overall than those with *low integration* scores, and those with *high integration* scores have integrated more effectively than those with *low* and *medium* scores.

Overall Integration is the sum of all points on all scored pathways items. This means that pathways with more items have the potential of carrying more weight than those with fewer

items. We believe that this is warranted by our cluster analyses and correlation studies, which identified some pathways as more important than others for successful integration. An alternative approach would be to summarize all pathway items and standardize the scale, by calculating z-scores, for example, and weighting each pathway equally. Although we used this approach for cluster analyses, we feel that results obtained from raw (weighted) pathway scores effectively reflect refugees' experiences overall. For the B+3 administration we added four items to *Social Bridging*, as we discovered that this pathway ranks close to *Language & Cultural Knowledge* for successful integration. This being said, these additional items were <u>not</u> included in the *Overall Integration* score for B+3 because that would have altered the scale for the last year of data collection and made comparing to previous years' scores difficult. While pathway scores are pretty good at discriminating between respondents, the *Overall Integration* score is a stronger measure than individual pathway scores.

Overall Integration falls on a range of 0-44. At Baseline, no refugee reached the maximum score (one refugee scored 38). At Baseline +1 and Baseline +2, one refugee scored 44, and respondents were distributed across the continuum. In B+3, 76% of respondents scored in the *High Integration* range. Looking back, we would now consider shifting the *Medium Integration* range from 17-24 to 17-28, to set a higher standard for *High Integration* and extend the value of the survey to five years. After five year, however, a ceiling effect will likely limit the effectiveness of the instrument, meaning that nearly all respondents will likely score in the high integration range, so that the instrument no longer distinguishes different levels of integration.

Survey Administration

The survey is designed to be administered orally in respondents' home language. We see this as a necessary requirement to assure both reliability and validity. Many refugees come to the U.S. with little or no literacy in their home language. A written version of RISE, no matter how simplified, would not be well understood by a good proportion of refugees. Administering the survey orally enables refugees to ask questions, which ensures that responses align with the intention underlying each question.

In addition, after the Baseline administration, RISE researchers learned that the survey had been translated in a formal register more commonly used in business, education, and politics. We chose to maintain that register in future administrations to preserve consistency across years. Although most items are purposefully simple, administering the survey orally enabled respondents to clarify the intention of certain items.

There are several technical features we could go into about survey properties and items. QED will gladly entertain such discussions with interested audiences. The RISE survey was modified slightly each year, based on new information from Community Connectors, survey data, and qualitative studies. However, we are confident that, in its current form, the RISE survey is an effective tool for assessing refugee integration from arrival through the first four or five years of resettlement.

VII.   What Are We Learning About Refugees?

In *Section V*, we reviewed the quantitative findings from analyses of each pathway and all pathways together (*Overall Integration* scores). Taken together, these analyses revealed a profile of refugee integration in terms of the 10 pathways assessed on the RISE survey. In *Section IV*, we explored these pathways by asking low integrating refugees to relate their experiences in interviews. Their stories provided color and shading to the broader outlines revealed by the survey data. Taken together, a vivid and multi-faceted picture emerged showing systematic progress, supports, and challenges refugees faced during their first four years integrating into Denver's economy, society, and culture. The purpose of the project was to create a survey to assess refugee integration, *not* to create an evaluation about any of the programs, services, or funding sources that assist the resettlement and integration of refugees. Therefore, we offer no programmatic recommendations.

The cohort as a whole progressed steadily towards *High Integration*. Men, women, Bhutanese and Burmese, and 17-54 year olds as a group, were in the *High Integration* range at B+3. At B+3, 83% of the cohort was employed over 30 hrs/week. Sixty-nine percent reported that they were employed at or above their education level, and 20% reported receiving retirement benefits from their jobs. Median family income increased from $700-$999 at Baseline to $1,300-$1,599 at B+3. Transportation problems, which affected employment of 15% of respondents at B+2 dropped to 4% by B+3. Also at B+3, 76% were covered by medical insurance, the highest since the first year of arrival, when all refugees had Medicaid coverage. At B+3, the rate of *Social Bonding* was 98%. *Social Bridging* was 65%, up from 48% at Baseline. English language proficiency steadily improved, so that 58% reported being fluent or able to speak English in social and work situations, up from 13% at Baseline and 47% at B+2. Refugees reported feeling safe within their homes (98%) and outside the home (97%). At B+3, nearly all state that they wished to become U.S. citizens (99%) and all (100%) have applied for citizenship.

In spite of overwhelming successes, challenges remained. Those with disabilities and who were over 55 years old struggled with language and adjustment issues. Those who were older and did not work often helped others in their family with child care, cooking, and cleaning, but many were socially isolated. Sixty-one percent (61%) of refugees reported that family income was too low to cover necessary expenses. Few (2.5%) were enrolled in educational programs. Fewer than half (48%) regularly speak with people whose first language is English, a proportion that did not change much since Baseline.

Cluster analyses show the group fell into two distinct patterns, one was predominately high integrating (63%) and another was predominately low integrating (37%). Low integrators were more likely to have children, and had low scores on *Employment & Economic Sufficiency*, *Social Bridging*, and *Language & Cultural Knowledge*.

Every respondent with whom we spoke commented on the importance of learning English. Ease of learning the language and access to classes that met travel and work constraints varied. But all refugees recognized the connection between being able to speak English and experiencing

success in the U.S. Getting jobs, accessing health care, and understanding social and cultural norms were obviously much easier for those who understood and/or spoke English. Older respondents, who often had little formal education in their home countries, struggled more than others to learn the language, which might be why age was such a defining factor in the survey results.

The RISE survey shows that nearly all respondents had adequate housing. In fact, if a refugee reported that he or she lived in a shelter or some transitional facility, that was likely a signal that an intervention was needed. (During B+3, 93% reported renting an apartment or house, and 6% reported owning a house or condo—up from 3% last year.) Even though many refugees lived with multiple families or large extended families in crowded apartments when they first arrived, by B+3 they had begun moving into apartments with more rooms and some had moved into houses. At Baseline, 6.8% of refugees lived in places with three or more bedrooms, which at B+3 was 13%. Those receiving government assistance to pay rent or housing decreased from 79% at Baseline to 13% at B+1, 5% at B+2, and 2% at B+3.

Social Bonding and *Social Bridging* were important indicators of integration. It is through connections with others that refugees learned to navigate resettlement. *Social Bridging* was a strong correlate of *Overall Integration*. *Social Bonding* might be a precursor, or at least an indicator of healthy socialization. During interviews and focus groups, respondents often commented about how friends from within and outside the culture helped them.

Although the underlying factors of integration cannot be known from our data, pathway data gave clues about where underlying factors might be found. *Employment & Economic Sufficiency*, *Social Bridging*, and *Language & Cultural Knowledge* were critical indicators of integration throughout the study. *Housing* and *Health & Physical Well-Being* and low *Social Bonding* were not indicators of high integration, but might be indicators of integration distress. *Number of bedrooms* where refugees live might be an intermediate proxy for integration, while *home ownership* might be a long-term proxy. *Civic Engagement* might be a long-term proxy for integration. *Safety & Stability* is deceptively complex. Although over 97% of refugees reported feeling safe in and outside their homes, *Safety & Stability* had a consistently moderate correlation with critical integration variables and for two years figured prominently in cluster analyses. More study would be required to tease out the factors that influence that pathway.

Age was strongly tied to level of integration. Those aged 55 years and older had significantly lower *Overall Integration* scores than those in other age groups, and progressed at significantly slower rates. However, this finding must take into account the larger context. In many refugee families, one or more members might have been wage earners, with others supporting the wage earners by running a household and/or raising children. Women may work only part-time or not at all, and an elderly mother or father might not work at all, but assist with child care and bringing in several hundred dollars each month in Supplemental Security Income (SSI). Many part-time workers and unemployed elders we interviewed were often primary care givers, which enabled one or both parents and possibly others to work full- or part-time.

Although our unit of analysis for the survey was the individual, we believe that integration might be best understood in the context of the family unit, however that is defined by each family's circumstances. In fact, we renamed *Employment & Economic Self-Sufficiency* to *Employment & Economic Sufficiency*, to better capture the family dynamics that underlie effective integration. In light of this, "economic *self*-sufficiency" is a misnomer, because primary wage earners are dependent on other family members in order to hold jobs and earn income, just as dependents who support the wage earners rely on wage earners' income to manage the household and raise the children. Researchers might consider incorporating a family network dimension into RISE, either by augmenting existing pathways or adding a new one.

A key take-away from our data is that integration among the overall cohort steadily increased (see Figure 5.18). Mean *Overall Integration* scores moved from *low* at Baseline (2011-12) to *medium* at Baseline +1 (2012-13) and *high* at Baseline +2 (2013-14) and +3 (2014-15). Our quantitative and qualitative data suggest that no one is more concerned about successful integration than refugees themselves. As they describe the challenges they face overcoming obstacles along several pathways, they also expressed hope and gratitude for the opportunity to make new lives in this strange country.

Many of these findings echo results from other studies.[23] These data extend and deepen those findings because they are derived from an instrument specifically targeting refugee integration based on an established framework, are longitudinal, and involve both quantitative and qualitative data.

Ager & Strang (2004, 2008)[24] emphasize the interdependence among pathways. We have found in the survey and interview data that refugees progress unevenly towards integration. Looking at an individual refugee or individual pathway, one may find similar levels of integration among refugees with high integration scores and low integration scores. Along much of the integration continuum, some with evidence of low integration and some with evidence of high integration can report similar experiences related to particular pathways. On the surface, their progress may seem indistinguishable. However, by looking across pathways, we see that individuals begin to separate into low and high groups. Across pathways, trends emerge for those who are

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[23] Capps, Randy & Kathleen Newland with Susan Fratzke, Susanna Groves, Gregory Auclair, Michael Fix, and Margie McHugh, (2015). *The Integration Outcomes of U.S. Refugees: Successes and Challenges. Washington, D.C.*, Migration Policy Institute. Also see: National Academies of Sciences, Engineering, and Medicine. (2015). *The Integration of Immigrants into American Society.* Panel on the Integration of Immigrants into American Society, M. C. Waters and M. G. Pineau, eds. Committee on Population. Division of Behavioral and Social Sciences and Education. Washington, DC:The National Academies Press.

[24] Ager, A. and Strang, A. (2004) Indicators of Integration: Final Report. Home Office Development and Practice Report #28, London: Home Office; Ager, A., & Strang, S. (2008). Understanding integration: A conceptual framework. *Journal of Refugee Studies, v1, n2,* pp. 166-191. UK: Oxford University Press.

predominately low and those who are predominately high scoring. This is one reason why *Overall Integration* is a stronger indicator of progress than scores in specific pathways.

These findings stand out in our data. Some of these insights will be intuitive to those familiar with refugee issues. However, no data were available previously to document suspected relationships, nor was there a means by which to look at integration patterns by different groupings of refugees. The RISE survey gives us many opportunities to explore relationships between variables that affect successful resettlement. One thing is clear: the policy and academic agenda to broaden the focus on refugees resettlement using an integration framework was forward thinking and right-headed. A singular focus on employment and economic self-sufficiency can neither capture nor explain the complex interactions between employment, health, housing, education, safety, civic engagement, social bonding, social bridging, and other variables that result in refugees' successful integration into the U.S. economy and society.

VIII.   The Future of RISE

With this report, the RISE Project in Denver comes to a close. Originally funded for four years, the project was extended to a fifth year to accommodate an extra year of data collection. QED has found no instance in the world of such a study having been conducted previously; namely, a mixed-methods, longitudinal study, involving over 350 newly arrived refugees surveyed annually for four consecutive years, with a validated survey instrument that operationalizes a research-based conceptual framework.

QED has worked hard to distill patterns of results from a rich dataset. We have focused on findings related to 10 pathways incorporated into the RISE survey. As is often the case, information and insights beget more questions. There remain many questions to be asked and answered. Some questions that might yield insights on broad, longstanding issues, include:

- *At what point do refugees' answers to the questions in the survey instrument begin to resemble those of other immigrants and individuals who were not foreign born?* One definition of integration is "the process by which members of immigrant groups and host societies come to resemble each other" (p.3)[25]. At what point are the experiences of refugees, other immigrants, and U.S. born citizens similar? When does an integration framework lose its power for explaining the refugees' narratives?
- *What does longitudinal integration look like, both quantitatively and qualitatively, for individuals in the host society (also known as the receiving community)?* Could a new longitudinal RISE project posit integration pathways for a receiving community (such as the pathway of *Networks of Support* that was suggested in *Section IV*), then conduct yet another ground breaking survey and evaluation to measure integration from its perspective? As much as there have been no longitudinal studies of refugee integration, there equally have been no longitudinal studies of receiving community integration. The very concept is generally treated as an oxymoron. (i.e., aren't receiving communities already integrated?).
- *What does longitudinal integration look like, both quantitatively and qualitatively, for different refugee populations in different communities?* For example, would the pathway and cluster analyses reveal patterns of integration that are similar to or different from those that emerged in Denver?
- *How can RISE results benefit program delivery and allocation of resources?*   As stated previously, the RISE project was not an evaluation of existing programs, services, or funding sources. Yet RISE results bear implications for development of and investment in refugee resettlement programs. For example, given the very high correlation of *Social Bridging* with other integration pathways and the *Overall Integration* score, could RISE findings be used to support an increased focus on programs that help build refugees' social networks? Since transportation in the early years of resettlement was for many a

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[25] Brown, S. K., & Bean, F. D. (2006). Assimilation models, old and new: Explaining a long-term process. *Migration information source*, 3-41.

significant barrier to employment and taking English language classes, might resources be deployed to alleviate that obstacle? Could services be provided that address issues of Safety & Stability and/or self-efficacy among those with low integration?

QED has outlined several possible follow-up studies, based on findings to date. Some of these include:

- *Cluster Analysis Exploration Study*. Using our cluster analyses findings, interview members of various cluster groups to better understand supports and obstacles they face related to integration.
- *Elderly Integration Study*. Using a sample of RISE respondents over age 55 and their families, take a deeper look at the challenges elderly refugees face, the resources on which they depend, and the ways, if any, that they support the integration of younger generations.
- *RISE Integration Slippage Study*. A quantitative and qualitative look at the refugees whose *Overall Integration* slipped to a lower category. What causes such slippage, and do refugees recover?
- *Literacy Validation Study*. By plugging (non-identifying) refugee addresses into a geo-mapping program, examine the patterns of mobility of refugees from B to B1 to B2 to B3. Look for correlations between neighborhood and the *Safety & Stability* pathway scores, as well as *Overall Integration* scores.
- *Safety & Stability Pathway Study*. *Safety & Stability* seems to be an important correlate of *Social Bridging, Social Bonding*, and *Language & Culture*. Although 96% of respondents report feeling safe in their homes and away from them, cluster analyses show that low scores on *Safety & Stability* was a defining characteristic of refugees who haven't affiliated with any integration pathway. This qualitative study would explore factors that influence refugees' feelings of safety and stability and how those feelings affect other integration pathways.
- *Critical Pathways Study.* Looking at the RISE dataset, which pathways are seem most salient at different time periods? Are there some variables that best reflect overall integration success within the first years of resettlement? If so, the RISE instrument might be able to be shortened to include only the most critical pathways, making replication or implementation of the survey more feasible for a greater number of refugee service agencies.

Across interview and focus group transcripts, RISE researchers discerned qualitative differences in the extent to which refugees described their situations. Some talked about circumstances and challenges happening *to* them. Others spoke with more agency, as if they believed that they could alter these circumstances on their own. Lack of agency characterized the low integrators we interviewed this year (see *Section IV*). Our limited sample doesn't enable us to draw conclusions about whether this is even a phenomenon, or whether it is a distinguishing factor between low and high integrators. However, an extensive self-efficacy literature in psychology has shown over and over that one's beliefs about one's ability to alter one's circumstance is a strong predictor of whether one takes action to do so. RISE researchers are

curious about the extent to which one's circumstances before arrival might influence refugees' perceptions of their ability to alter their own circumstances, and therefore their ability to integrate in the U.S.

Qualitative interviews summarized in this report highlighted the interdependence within families. Those who are elderly or disabled may not themselves progress towards integration, but may support others in the family unit in doing so. The elderly we interviewed contributed child care and adult care to disabled family members as well as cooked, cleaned, and supplied monthly SSI checks. One respondent spoke of the wisdom and stability his aging father provides to the family. On the other hand, several of those we interviewed remain completely disoriented in their new surroundings, even four years after arrival. They depended on navigators almost entirely for any venture outside the home, but it seemed that some of those we interviewed had no such help. Were family members aware of the isolation and debilitating circumstances in which their elder family members lived? Were other family members also low integrators, unable to provide such guidance? Much remains to be learned about how families combine resources, or not, to succeed in the United States.

The QED team has strong confidence in the RISE survey. The Ager and Strang framework was operationalized using mostly behavior-oriented or objective/fact-based items administered orally in respondents' home language. This approach was effective for collecting data, and the data were complete, descriptive and robust. The survey can and should continue to evolve, carefully and thoughtfully. Special care must be taken when tinkering with scored items, since doing so risks upsetting the validated scoring scales. Having said that, it would be worth scrutinizing the *Overall Integration* scale and questioning cut points. The ones for this study were set in the second year of data collection. Qualitative and quantitative studies could be employed to validate the low, medium, and high ranges.

One thing that is absolutely clear to us from this work is that the integration approach is critical for gaining a full understanding of the complex, multi-faceted experience of refugee resettlement. It is our hope that the RISE survey will be used by researchers and refugee service professionals to improve understanding and effectiveness of refugee integration through research, policy, and practice.