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EVIDENCE SUMMARY
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How can participatory research methods be used to improve research with refugees?

Participatory research methods have been successfully implemented with multiple refugee communities and have covered various topics.

- General principles of participatory research include viewing community members as co-researchers, creating advisory boards, involving community members in all steps of the research project, and highlighting community expertise
- Community empowerment and skill building should also be central themes to participatory research: Researchers should encourage community members to share their strengths and build new skills that could lead to better understanding of community needs and potential solutions to address community-identified issues

Refugee service providers can use the elements of participatory research in programmatic development.

- Participatory research methods are adaptable by nature, allowing providers and researchers to change the project direction as needs are identified
- Partnerships should involve an iterative process that allows community members to provide feedback and guidance in programmatic development
- Participation for community members need to be closely watched and controlled for through open communication and mitigation of any potential negative impacts

Purpose of this summary

This document summarizes the state of available evidence regarding the impacts of different participatory research methods and frameworks on the inclusion of refugee and immigrant voices in research. There are two main frameworks covered, and they share many similarities. “Participatory action

research" (PAR) is the more general term for the participatory framework and was developed in the late 1960s. This term is used widely and is more common outside of the United States. Within the United States, researchers are more likely to break down PAR into more specific categories depending on subject and type of participants. "Community-based participatory research" (CBPR) was developed in the late 1990s and can be classified as a type of participatory action research with a specific focus on health issues.

What is meant by "participatory action research"?

Participatory action research (PAR) is based on the work of Paulo Freire and is a research framework that includes "establishing reciprocity and trust with co-researchers; collaborative development of a research project that is valuable and beneficial to participants; fostering co-learning and collaboration; acknowledging, valuing and emphasizing local perceptions, experiences and strengths; building local skills and knowledge; ensuring data interpretation and representation resonate with co-researchers; and dialectical reflexivity."[1] In this context, co-researchers are the community members who have been identified as key stakeholders in the project.

What is meant by "community-based participatory research"?

Community-based participatory research (CBPR) is a research approach predicated on the involvement of community members, practitioners, and academic researchers in each aspect of the research process. This allows all members to share expertise and ownership of the project. The overall goal of CBPR is to enhance understanding and integrate knowledge into improving the health of the community. There are several core principles of CBPR, and among them are "commitment[s] to build on community strengths and resources, to foster co-learning and capacity building, and to balance research and action for mutual benefit of all partners."[2] While this research orientation has been almost exclusively utilized in health-related fields, there is general applicability to almost any topic.

What does the evidence show?

Participatory action research (PAR) is a research framework that fosters collaborative partnerships between formal researchers and newcomer communities.

- Ganann looked specifically at studies that have engaged immigrant women in PAR projects targeted at women's health. She asserts that **there is a lack of consensus as to whether a research project that established research questions without input from community members could truly be considered PAR.** Including community immigrant women as co-researchers in the project while creating advisory groups that include "decision-makers, advocates for immigrant women, and representatives of organizations that serve their community," in addition to immigrant women, can help strengthen research projects (p. 344). Researchers also need to be aware of potential negative impacts such as vulnerability in participation and potential increases in othering. **Recruiting and maintaining community participation is a commonly reported challenge that may be alleviated through utilizing community co-researchers in recruitment and by providing flexible scheduling, child care, and transportation.** Findings from the studies

[1] Ganann, R. (2013). Opportunities and challenges associated with engaging immigrant women in participatory action research. *Journal of Immigrant Minority Health, 15*(2), 341–349.
[2] Israel, B. A., Coombe, C. M., Cheezum, R. R., Schulz, A. J., McGranaghan, R. J., Lichtenstein, R., Reyes, A. G., Clement, J., & Burris, A. (2010). Community-based participatory research: A capacity-building approach for policy advocacy aimed at eliminating health disparities. *American Journal of Public Health*, *100*(11), 2094–2102. https://doi.org/10.2105/AJPH.2009.170506

highlighted three main characteristics of research projects that contributed to women wanting to participate: (1) researchers identified unmet health needs; (2) participants were provided an opportunity to talk to and help other women in similar circumstances; and (3) participants felt like they had the opportunity to have their input heard. This finding highlights the importance of creating welcoming and collaborative spaces in research, as well as the need for researchers to listen to the community to identify potential research questions and concerns. Higher rates of community participation have been linked to a longer legacy and sustainability of a project, as these projects generally focus on building upon skills and capacity within the community, creating structural change through policy, and providing practical and relevant recommendations.

Numerous studies provide strong evidence that community-based participatory research (CBPR) is associated with improved health outcomes for refugees and other newcomers.

- Vaughn et al. reviewed 161 articles about CBPR with immigrant populations and found that there were **several benefits of integrating the target immigrant populations into the research process** that went beyond improved health and well-being of the population. Examples of these benefits are improved quality of research through generation of more reliable data and enhanced understanding, contextually relevant research measures, **increased access to services, identification and prioritization of needs, policy changes, capacity building, and partnership building.** They did note that only 83 of the 161 articles that claimed a CBPR approach actually described involvement of immigrant communities at all stages of the research process. This highlights the potential issue of research that is merely conducted in the community (or is community-placed) applying the CBPR label without utilizing the partnership process that is its central tenet.

- Filler et al. conducted a scoping review of refugee participation in CBPR in healthcare and found fairly consistent levels of engagement for each research stage across the different studies analyzed. The research stages with the highest participation were design of the research study and engaging community/recruitment. There were several stages with relatively low participation, however, which included obtaining funding, data analysis, knowledge translation/dissemination, and scale-up. **A highlight of the study was the importance of building and addressing trust during all stages of the research.** Several studies reported concerns of skepticism and mistrust by participants with refugee backgrounds due to histories of trauma and negative experiences with authority figures. Building and maintaining trusting relationships throughout the project was linked with higher levels of engagement and participation by the refugee community. A key adaptation that was noted from one of the included articles was a suggestion by the refugee partners to hold a public showing of the study's random assignment protocol so that the community members could directly observe that it was truly randomized.

What are the implications for practice and research?

Involving refugee communities at all levels of the program process is critically important for overall success when true participatory research is the goal.

- While interventions that only incorporate refugee community members at specific stages have shown success, interventions that make the effort to engage the community throughout the process generally have increased community buy-in and long-term sustainability

- Adequate training and preparation of community members can increase their self-efficacy when it comes to participation and genuine engagement
- Making every effort to increase accessibility for community member participation increases overall satisfaction and engagement. This includes holding meetings in convenient locations and at convenient times, transferring language accommodations from the participants to the English-only speakers, and clear communication about the incorporation of community ideas and suggestions.

Building trust and encouraging agency is key to creating positive participatory research relationships.

- Community engagement should be an iterative and reciprocal process that allows the community and providers to reflect on and change existing processes
- Researchers and providers should be aware of interpersonal dynamics and structures and how that might affect the ability of community members to feel comfortable engaging
- Both PAR and CBPR highlight the importance of skill building and empowerment for the community; it is therefore important for researchers to not focus on potential deficits within the community and instead highlight their strengths and abilities

Participatory research methods are highly adaptable by nature, which allows for the development of programming that addresses needs as they are identified.

- Enriched community partnerships can allow providers to collaboratively discover clients' most pressing barriers and needs and work together to develop programming to address them
- It is important for researchers and providers to approach a project with an open mind to allow them to adapt and pivot from any preconceived notions based on feedback from the community

How did we identify evidence for this summary?

Included Studies

The Switchboard evidence database includes the following types of studies, categorized by the strength of their evidence:

Strong Evidence

Meta-analyses: systematic analyses of sets of existing evaluations of similar programs

Systematic reviews: syntheses of the best available evidence on specific research questions that use narrative synthesis focused on evaluations of the impacts of at least one specific policy, program, or intervention

Moderate Evidence

Published individual **impact evaluations** using randomized controlled trials (RCTs/C-RCTs), natural experiments, quasi-experimental techniques such as difference-in-difference (DID), instrumental variables (IV), regression discontinuity design (RDD), and propensity score matching (PSM) or other forms of synthetic matching, as well as fixed effects techniques with interaction terms

Suggestive Evidence

Published studies using methods including non-systematic literature review, uncontrolled before-and-after tests, post-test only, interrupted time series (ITS), cross-sectional regressions, longitudinal panels, cohort and case-controls, and purely qualitative techniques

Excluded Studies

The Switchboard evidence database excludes case studies, unpublished suggestive research, opinion papers, descriptive studies, and unpublished literature reviews.

Search Protocol

Studies included in the database focused on high-income or upper middle-income countries, including but not limited to the United States. Studies included must have been published since 2012. To identify evidence, we searched the following websites and databases using the following population, methodology, and target outcome terms:

Websites and Databases	Population Terms	Methodology Terms	Target Outcome Terms
ProQuest EBSCO Host JSTOR PsycInfo	refugee OR immigrant OR “unaccompanied minor” OR asylee OR “temporary protected status” OR “victims of traffick*” OR “traffick* victims” OR T-Visa OR U-Visa OR Cuban OR Haitian OR Amerasian	evaluation OR impact OR program OR intervention OR policy OR project OR train* OR therapy OR treatment OR counseling OR workshop OR review OR meta-analysis OR synthesis	"participatory action research" OR “community based participatory research” OR "participatory research" OR "cooperative inquiry" OR "collaborative inquiry" OR "community engaged research" OR "community placed research" OR "photovoice"

For databases or websites that permitted only basic searches, free-text terms and limited term combinations were selected out of the lists above, and all resultant studies were reviewed for relevance. Conversely, for databases or websites with advanced search capability, we made use of relevant available filters. All search terms were searched in the title and abstract fields only in order to exclude studies that

made only passing mention of the topic under consideration.

After initial screening, Switchboard evidence mapping is prioritized as follows: First priority is given to meta-analyses and systematic reviews, followed by individual impact evaluations when no meta-analyses or systematic reviews are available. Evaluations that are rated as impact evidence are considered before those rated as suggestive, with the latter only being included for outcomes where no evidence is available from the former.

Studies Included

Database and website searching identified 823 studies. After removing duplicates, 503 studies were then screened. Of these, 272 were determined to be irrelevant to this search. Two hundred thirty-one full-text articles were assessed for eligibility. Two hundred twenty-four full-text articles were excluded due to not meeting one or more of the inclusion criteria pertaining to resettlement country, year of publication, population, methodology, or target problem. Three studies were eligible for inclusion. They are listed below, with hyperlinks to the abstracts or full text (when available).

Meta-Analyses and Systematic Reviews

Filler, T., Benipal, P. K., Torabi, N., & Minhas, R. S. (2021). A chair at the table: A scoping review of the participation of refugees in community-based participatory research in healthcare. *Globalization and Health, 17*(203). Full Text.

Ganann, R. (2013). Opportunities and challenges associated with engaging immigrant women in participatory action research. *Journal of Immigrant Minority Health, 15*(2), 341–349. Abstract.

Vaughn, L. M., Jacquez, F., Lindquist-Grantz, R., Parsons, A., & Melink, K. (2017). Immigrants as research partners: A review of immigrants in community-based participatory research (CBPR). *Journal of Immigrant Minority Health, 19,* 1457–1468. Full Text.

Impact Evaluations

None

Suggestive Studies

None

Supplemental Resources

The following studies did not meet the criteria to be included in the evidence summary but may provide additional context, guidance, or understanding of the topic.

Kaukko, M. (2016). The p, a and r of participatory action research with unaccompanied girls. *Educational Action Research, 24*(2), 177–193. Abstract.

Ochocka, J. & Janzen, R. (2014). Breathing life into theory: Illustrations of community-based research: Hallmarks, functions and phases. *Gateways: International Journal of Community Research and Engagement, 7*(1), 18–33. Full Text.