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Project Overview

- Immigrants and newcomers may experience challenges in health care access and specific health care needs.^{1,2}
- BC Centre of Disease Control and immigrant service organization S.U.C.C.E.S.S. co-designed a Partnership Engagement Framework for building academic-community research partnerships involving immigrant communities.³
- We held two community engagement events with immigrants from the Chinese-speaking community in the Lower Mainland of British Columbia, which helped to:
 - Pilot the Partnership Engagement Framework, and
 - Provide data on experiences of healthcare access, liver disease & hepatitis B.

Findings

Table 1. Partnership Engagement Framework

1 Establish shared interests and goals	Before agreeing to collaborate: - Identify interests and goals, in common and specific to each group - Assess capacity to contribute (e.g., expertise, strengths, time)
2 Building foundations and partnership	- Establish guiding values for partnership and consider how to apply - Consider capacity to achieve shared goals - Respect self-determination of clients, community organizations, and communities - Each organization sets own goals, makes decisions, self-advocates
3 Supporting the partnership	- Set out goals and each member's roles and responsibilities - Discuss appropriate compensation - Plan capacity building opportunities and apply for funding as needed - Process evaluation activities, such as ongoing group check-ins
4 Planning and coordination	- Involve community organizations and members affected in planning and conduct of research - Discuss project logistics (timeline, budget, meetings) - Outline roles and responsibilities, leveraging each organization's strengths and aligning interests and abilities with roles
5 Research design and implementation	- Clarify relevant group(s) for community engagement - Consider conducting needs assessment - Establish project goals and research questions - Establish research methods and process - Ensure project reflects guiding values and seek ethics approval
6 End-of-project activities	- Disseminate findings (e.g., presentations, reports, articles) - Share findings with research participants and community members - Take action to improve policy, services and health outcomes - Debrief the research project and discuss continuing the partnership

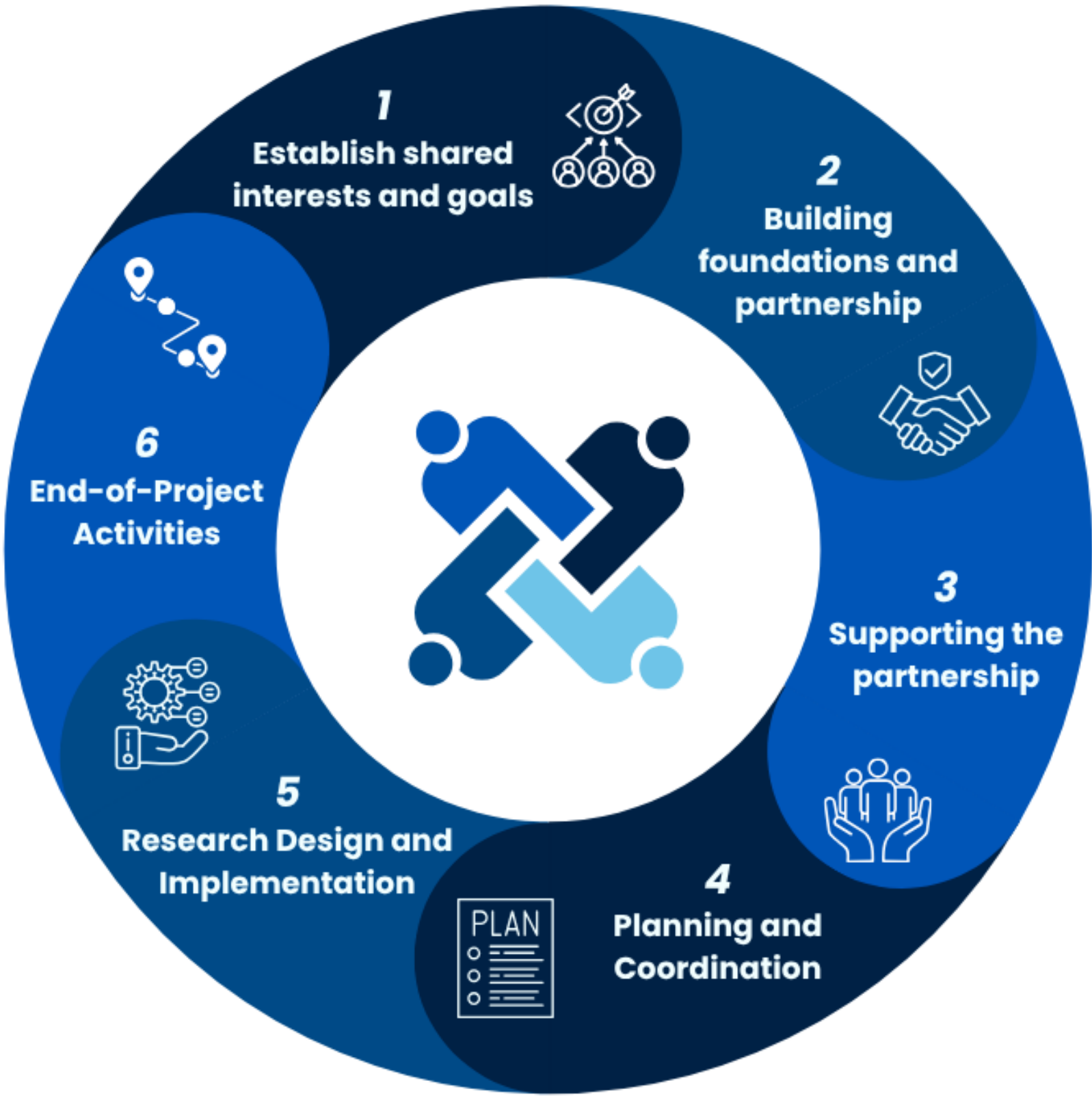
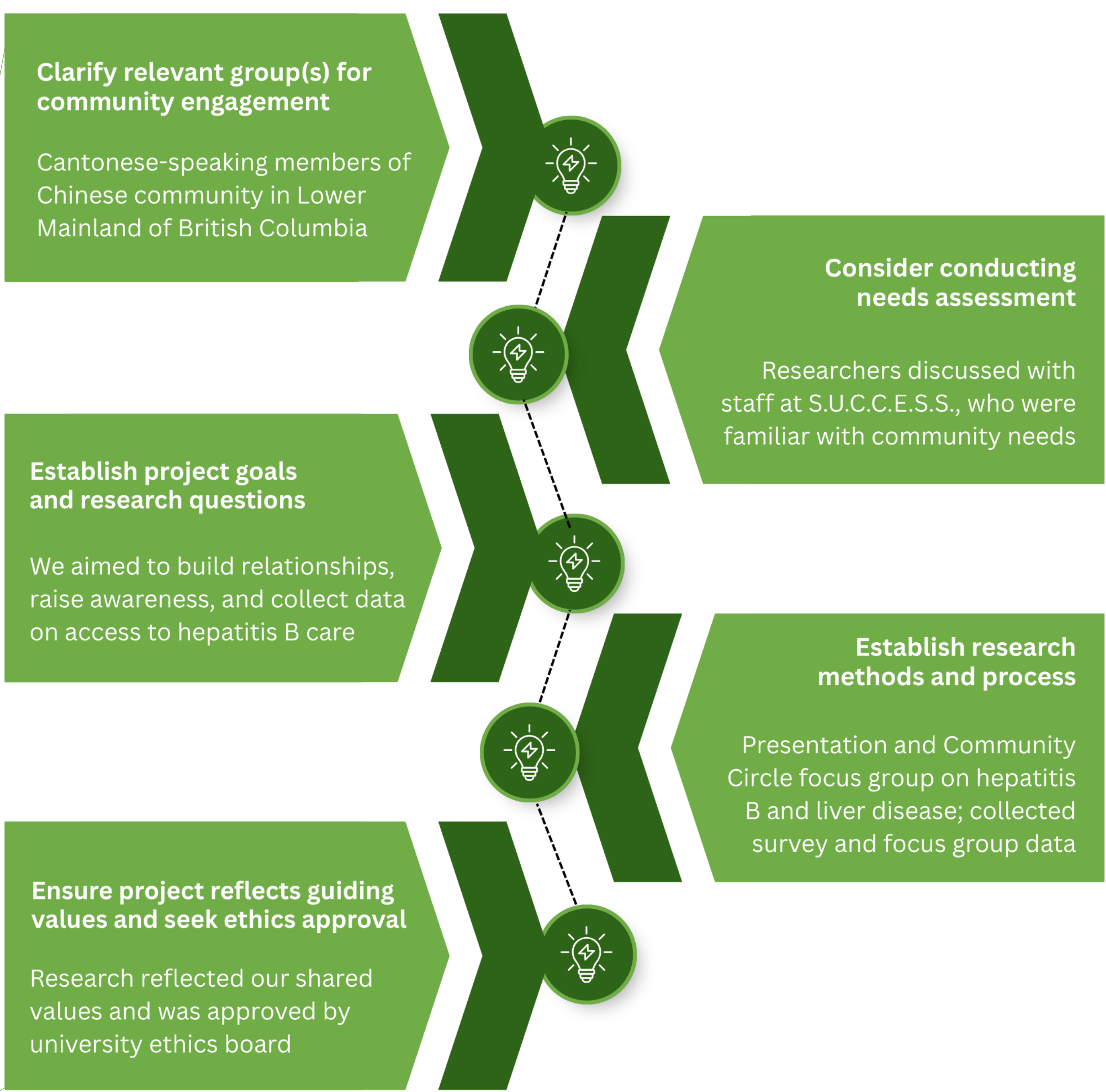


Figure 1. Overview of Partnership Engagement Framework

Figure 2. Application of Partnership Engagement Framework – Research Design & Implementation



Conclusions

The Partnership Engagement Framework co-developed in this project:

- Helped build capacity for community engagement with immigrants and newcomers
- Contributed to a successful Canadian Institutes of Health Research grant on public health and to additional health-related grant applications that are pending or in development.
- Provides researchers and community organizations with a resource for partnering on community-based research, especially with immigrants and newcomers.

References

1. Wong WW, Woo G, Heathcote EJ, Krahn M. Disease burden of chronic hepatitis B among immigrants in Canada. Can J Gastroenterol. 2013;27(3):137-47.

2. Greenaway C, Hargreaves S, Barkati S, Coyle CM, Gobbi F, Veizis A, et al. COVID-19: Exposing and addressing health disparities among ethnic minorities and migrants. Journal of Travel Medicine. 2020;27(7).

3. Carleton University. A project development checklist for community-based research. [Available from: <https://carleton.ca/cspsc/wp-content/uploads/Community-based-research-toolkit-FINAL-.pdf>.]

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