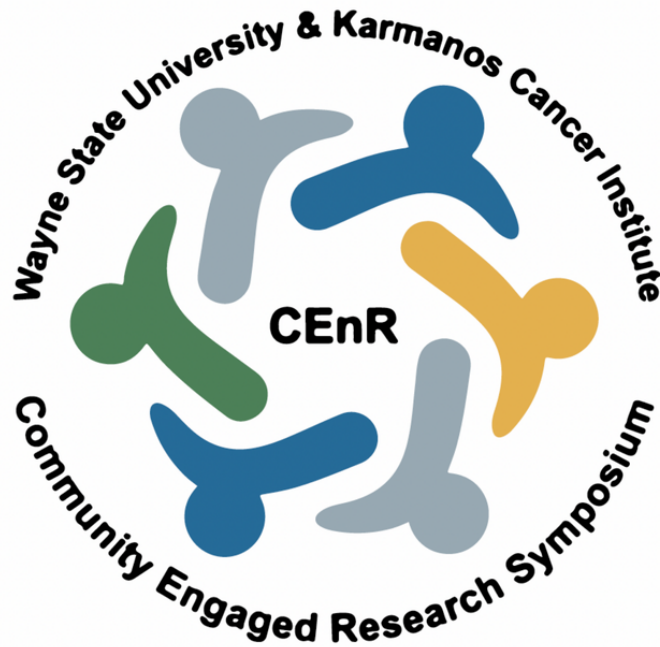


Program Three: MENA, Refugee, & Immigrant Health Equity Report



2022 Community-Engaged Research Symposium Series

November 1 & 2, 2022

5:00pm - 8:00pm

Executive Summary

The Middle Eastern/North African (MENA), Refugee, and Immigrant Health Equity Symposium was held on November 1 & 2, 2022. Over the two nights, 109 university/academic faculty & staff, community organization leaders & representatives, community members, healthcare providers, and students attended. Presentations were given on the state of MENA, Refugee, & Immigrant health, social determinants of health, mental health & wellness, access & equity, and policy. Attendees of the symposium engaged heavily in dialogue with a goal of collaboratively producing action items to address needs in this population.

The following themes evolved from the action items produced at the symposium:

- **Knowledge sharing and collaboration**
 - Disseminating effective, culturally appropriate interventions
 - Connecting between research and practice
 - Collaborating across groups
- **Engage community**
 - Involving community members in research
 - Listening to community concerns
 - Partnering with community organizations
- **Recognize diversity**
 - Understanding each of these populations has different needs
- **Education**
 - Creating educational materials and programming on social determinants of health & other needs
- **Common terminology**
 - Definitions of these populations vary; need common definitions so everyone is on the same page
- **Develop/increase awareness**
 - Activism
 - Media representation
- **Policy**
 - Realistic policy goals
- **Funding**
 - Need for funding to advance work
- **Cultural Competency**
 - Provider training
- **Data Collection**
 - Lack of data for these populations

Members of the MENA, Refugee, & Immigrant Health Equity Symposium planning committee and attendees who expressed interest in working towards solving some of these action items will meet regularly as a Research Network. CHECK-UP will provide pilot funding and support needed for research projects addressing some of these action items.

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Registration & Attendees

Total Registered: 290
Total Attendees: 109
Planning Committee & Staff Attendees: 29
Participation rate: 37.6%
Registration was open for a total of 72 days.

Attendee Background

Demographic information was only available for 74 of the 103 attendees. All attendees resided in Michigan. Here are some of the Michigan cities that were represented by attendees:

- Detroit
- Dearborn
- Canton
- Grosse Pointe Woods
- Royal Oak
- Rochester Hills
- Warren
- Troy
- Romulus
- Lansing
- Westland
- Southfield
- Southgate
- Ferndale
- Ann Arbor
- Hamtramck
- Brownstown
- Saginaw
- Sterling Heights
- Grand Rapids
- Woodhaven

Attendees came from both academic and community backgrounds:

Job/Work Role	Total Attendees
University/academic faculty	11
University/academic staff	5
Community member/resident	2
Student	32
Community organization leader or representative	6
Other	8

Registration & Attendees

Attendees were affiliated with a variety of organizations:

Affiliation	Total Attendees
Wayne State University	45
Karmanos Cancer Institute	2
Community organization	5
Other	12

Those affiliated with WSU/KCI came from these departments:

- School of Medicine
- Psychology
- Psychiatry & Behavioral Neuroscience
- College of Liberal Arts & Sciences- Public Health
- College of Nursing
- Oncology
- School of Social Work

Those affiliated with community organizations or "other" represented some of these organizations:

- Wayne County Healthy Communities
- ACCESS
- Corktown Clinic
- St. Patrick Senior Center
- Michigan Department of Health and Human Services
- St. Clair County Health Department
- Madonna University
- Macomb Community College
- University of Michigan
- Michigan State University
- University of California, Los Angeles

Registration & Attendees

Attendees research interests:

Research Interests	Total Attendees
Social Determinants of Health	41
Public Health	40
Health Disparities	36
Women's Health	33
Community Engagement	30
Behavioral Health	28
Middle Eastern, Refugee, & Immigrant Health	28
Black Health	26
Environmental Health	24
Immigrant Health	23
Basic Social Needs	20
Cancer	20
Refugee Health	20
Chronic Disease	18
LGBTQ Health	16
Children's Health	13
Physical Activity & Nutrition	12
Rural Health	10
Basic Science	8
HIV and AIDS	8
Other	1

Other research interests include:

- Quality Improvement & Care Coordination

Symposium Overview

Over the past few years, WSU has held a Community-Engaged Research (CEnR) Symposium and moving forward, the symposium will be planned and organized by the Center for Health Equity and Community Knowledge in Urban Populations (CHECK-UP). In 2018, 2019, and 2020, the CEnR Symposium convened hundreds of community members, community-based organizations, as well as WSU faculty, staff, and students to highlight existing community-academic research partnerships, develop new partnerships, and provide opportunities to discuss the benefits and challenges of CEnR and strategies for conducting this work.

For 2022, the CEnR Symposium was conceptualized as a series of three separate programs with the overarching goal of network building. The programs are formatted to achieve this by bringing together academic and community experts to share space, engage in dialogue, and set an agenda and next steps that will ultimately drive efforts toward LGBTQ health equity, Black health and racial equity, and MENA, Refugee, and Immigrant health equity.

The CHECK-UP Steering Committee convened for their monthly meeting in May 2022. At this meeting, Steering Committee members and contacts from Hayley Thompson's (CHECK-UP Director) network who are interested in health equity work in these three populations, were introduced and began initial planning. Planning committees were formed through personal networks and ensuring population representation with academic researchers and community leaders.

The Black Health & Racial Equity Planning Committee was chaired by Madiha Tariq (ACCESS) and Maha Albdour (WSU College of Nursing). Planning Committee members included Mouhanad Hammami (Global Health Consultants), Helen McGuirk (Office of Global Michigan, State of Michigan), Yolanda Hill-Ashford (City of Detroit Health Department), Babar Qadri (HUDA Clinic), Zena Hamden (1795 Group), Dalia Khalil (WSU College of Nursing), Asfar Azmi (WSU School of Medicine & Karmanos Cancer Institute), Arash Javanbakht (WSU School of Medicine).

The MENA, Refugee, and Immigrant Health Equity Planning Committee began meeting in early June and continued to meet bi-weekly up to the date of the symposium. The planning committee decided to address four overarching topics over two nights: social determinants of health, mental health and wellness, access & equity, and policy. In order to educate attendees on these overarching topics, the planning committee decided to invite academic speakers and community representatives to educate attendees on each of these topics from multiple perspectives.

It was important to the planning committee to include engaging conversations with symposium attendees. The committee decided that breakout rooms would allow the space for this conversation. In order to effectively use the breakout room space, it was decided to staff each room with a paid

Symposium Overview

facilitator and volunteer notetaker. The facilitators guided conversations with a focus of setting action items that a workgroup could work towards after the symposium. Notetakers were vital in capturing the main themes of breakout room discussion and any action items that arose.

The planning committee decided that these breakout room discussions would be best shared out with the larger group. An agenda setting time was set to end the symposium each night. During this time, breakout room facilitators and notetakers shared what their breakout rooms had discussed and decided were the top one to two action items from all of their discussions throughout the day. After the agenda setting portion, the symposium concluded.

The symposium attendees were invited to share their contact information with CHECK-UP to continue receiving communications about next steps with the MENA, Refugee, and Immigrant Health Equity Research Network.

The symposium was marketed using a "Save the Date" flier with all three symposia information included and a MENA, Refugee, and Immigrant Health Equity Symposium specific flier. These fliers were marketed via Academia, the Office of the Vice President for Research, and through professional networks of the planning committee, CHECK-UP team and Steering Committee, and all Karmanos Office of Cancer Health Equity and Community Engagement channels.

Agenda

**Wayne State University & Karmanos Cancer Institute
Fourth Annual Community-Engaged Research (CEnR) Symposium:
“Strengthening Community-Academic Research Relationships”
Program 2: MENA, Refugee, & Immigrant Health Equity**

TUESDAY, November 1

***underlined sections are linked to YouTube recordings**

- 5:00 PM** **Radical Welcome**
Hayley S. Thompson, PhD
- Showing Up**
Carrie Leach, PhD
- Symposium Overview**
MENA, Refugee, & Immigrant Health Equity Symposium Planning Committee Chairs:
Madiha Tariq & Maha Albdour
- 5:20 PM** **The State of MENA, Refugee, & Immigrant Health Equity**
Dr. Mouhanad Hammami, President & CEO, Global Health Consultants
- 5:35 PM** Breakout Rooms
- 5:50 PM** **Social Determinants of MENA, Refugee, & Immigrant Health**
Maha Albdour, PhD, RN, College of Nursing, WSU
Linda Jaber, PharmD, College of Pharmacy & Health Sciences, WSU
Babar Qadri, PA, HUDA Clinic
- 6:20 PM** Breakout Rooms
- 6:35 PM** Break
- 6:40 PM** **MENA, Refugee, & Immigrant Mental Health & Wellness**
Dalia Khalil, PhD, RN, College of Nursing, WSU
Arash Javanbakht, MD, School of Medicine, WSU
Naghham Dabaja, MA, Supervisor of Survivors of Violence Empowerment Programs,
ACCESS
- 7:00 PM** Breakout Rooms
- 7:25 PM** **Agenda Setting**
- 7:55 PM** **Evaluation & Wrap-Up**
Madiha Tariq, Maha Albdour, & Carrie Leach

Agenda

**Wayne State University & Karmanos Cancer Institute
Fourth Annual Community-Engaged Research (CEnR) Symposium:
“Strengthening Community-Academic Research Relationships”
Program 2: MENA, Refugee, & Immigrant Health Equity**

WEDNESDAY, November 2

***underlined sections are linked to YouTube recordings**

- 5:00 PM** **Welcome, Summary of Day 1, & Day 2 Overview**
MENA, Refugee, & Immigrant Health Equity Symposium Planning Committee Chairs:
Madiha Tariq & Maha Albdour
- 5:15 PM** **Access & Equity**
Madiha Tariq, MPH, Deputy Director, ACCESS
Florence Dallo, PhD, MPH, School of Health Sciences, Oakland University
- 5:30 PM** Breakout Rooms
- 5:45 PM** **Policy**
Helen McGuirk, MPH, State Refugee Health Coordinator, Office of Global Michigan, Department of Labor and Economic Opportunity
Ali Abazeed, MPH, Director of Public Health, City of Dearborn
Rose Khalifa, RN, BSN, Executive Director, National Arab American Nurses Association
- 6:10 PM** Breakout Rooms
- 6:30 PM** **Agenda Setting**
- 6:55 PM** Break
- 7:00 PM** **Open Forum: Methodological Challenges Conducting MENARI Research**
Maha Albdour & Madiha Tariq
- 7:30 PM** **Evaluation, Wrap-up, & Future Directions**
Hayley S. Thompson

Breakout Session Notes: Main Themes

Night 1: The State of MENA, Refugee, & Immigrant Health

Need for Data

"Surprising: data from 2001-2013: Older data, need for newer data, are there reliable, updated data sources"

"Work of former WSU's Kendra Schwartz: use of surname algorithm; is this still in use? How widely is it used?"

"On Michigan state level: Awareness of importance of assessing MENA background"

"In settings serving youth, individuals must default to white or Asian in identifying themselves on forms"

Need for Research

"Health research is needed to help health outcomes of MENA American population"

"Not aware of any work being done in relation to this MENA, Refugee, Immigrant health disparities"

"Past experience having worked on stressors of cancer and sleep deprivation - wants to see more research on refugees and immigrants from the Middle East in this area"

"How different are their experiences with cancer compared to non-immigrants?"

Disparities

"Did not know Michigan Arab Americans are some of the poorest in the country. Why is that?"

"Excellent connections between different countries to health outcomes in US, helps to understand what contributes to health disparities based on country of origin"

"Missing literature and stats on health disparities"

"It was eye-opening to see the data and to learn that immigrants are faced with health issues - we don't talk about them enough"

Geographic Location & Disparities

"The health of ME/NA & Refugees in MI are worse - although there is a strong sense of community here with a large Arab American population and organization. What does this mean? What's the reason? Is it political climate?"

"This is because many are displaced, and it goes back to ways of immigration"

"Acculturation is low among AA in Dearborn according to Linda Jaber. Majority came from rural areas -- they did not assimilate as well, a lot of myths on folk medicine."

Night 1: The State of MENA, Refugee, & Immigrant Health

Community Outreach

"Community outreach and talking with the community is vital to help move this work forward"

Policy

"Policy needs to change but these changes should come from the ground up"

Healthcare Responsibilities

"What roles do physicians/health care providers play in health equity? Every part of the healthcare community is responsible. Provider communication is also vital."

Refugees

"Refugee camps - was unaware of the number of them"
"Was not previously exposed to camps - was around folks who were 'wealthy'"

Need for Action

"We often have too many conversations and less action --- so many expertise, passion, we come together to meet and identify areas but never followed by action"

Barriers

"Barriers to getting care include transportation, lack of information, need to expand care that is culturally sensitized, SDOH are overlooked in care; Symptoms are related to SHOH and not considered in care"

Breakout Session Notes: Main Themes

Night 1: Social Determinants of Health

Funding

"It's a two-edged sword: funding needed to get data; data needed to get funding."

"Foundations that would focus on the targeted community."

"Creative sources of funding to get at the nuances of the issues . CHECK-UP idea -- creating a funding source other than our normal mechanism."

"Detroit-ROCKS -- how did the pilot start?"

"Turn to Dr. Thompson for a potential model to seek out funding for a similar model that would fund a larger scale evaluation."

Engagement

"HUDA clinic engaging and educating the community with the community gardens."

"What does the community need to address these health outcomes?"

"You have to tailor intervention to the culture "

"Hold a community conversation to learn more about how to proceed."

"Community outreach"

"Education and dissemination of knowledge in culturally relevant ways."

Nutrition

"Food as medicine - important but not easy given that people live in food deserts, work multiple jobs, affordability of fresh food. - low SES not as easy to follow."

"Nutrition should be adjunct to recommended medications."

"Food, nutrition as "health" - prevention - not just as treatment."

"Dr. Q knowledgeable about benefits of different foods; is knowledge present in other communities?"

"Food knowledge as cultural asset"

"Need education about how to support your patients/clients in making healthy dietary changes by using culturally sensitive topics. "

Accessibility

"For someone on a tight budget, are there ways you've found that can help people access the foods you mentioned , that help with things such as inflammation?"

"Barriers to getting care include transportation, lack of information, need to expand care that is culturally sensitized, SDOH are overlooked in care."

"Symptoms are related to SDOH and not considered in care."

Night 1: Mental Health & Wellness

Difficulties/Barriers to Care

"Refugee health: Patients presenting older than stated age; inaccurate medical histories? premature/accelerated aging?

Weathering? There may be difficulty determining actual age - has implications for screening, preventive care - patients at disadvantage - uncertainty about what screening to recommend"

"Social work and case management connections to support patients - difficult with this more "migratory" or transient populations (no set address)"

"In some clinical encounters, female patients accompanied by male family members - can be a barrier to disclosure"

"Interpreters are critical but there are still challenges in patient-provider communication"

"Lack of translated COVID material for Arab community, led to delay in response"

"Financial, education, transportation barriers to receiving or accessing care"

"More support needed particularly for mental health"

"The social stressors that are associated with mental health are important to bring awareness to - just as important as physical health"

Engaging Community

"There is a disconnect between research and community"

"Bridging the gap and helping to create a space for collaboration"

"Realizing where the prob/gap is and the best ways to reach the population you are trying to serve - we need to be more mindful with how we conduct research so people can appreciate and trust your intentions"

Resources for Refugees

"How can we help refugees?"

"ACCESS as a hub for immigrant and refugees"

"Was glad to see all of the services that were available through ACCESS"

Increasing Awareness

Was surprised to see one of the speakers has access to CNN and NPR - having access to national media is imperative for awareness

Knowledge Sharing & Collaboration

"Dissemination and implementation of effective interventions - what is happening now with diabetes intervention? How can this be extended to other clinics, other settings?"

"Put people in groups that have similar interest and research tendencies and have them report back to a set organization (CHECK-UP for example). 1) See who else is working in this field, 2) Repository for the work that just builds and builds and becomes the place to be and consult, 3) Network of group of people, 4) Transparency and figuring out how we hold people responsible for when we have meetings like this, 5) Needs to be a task force of advocates that keep things moving asking where do we go from here"

"Cultural adaptations - are there lessons learned that can be widely disseminated?"

"Connection between research and practice translated - what are the safety net clinics and organizations - can there be greater collaboration between these groups? Do we have collaboration towards research translation to practice...Do different refugee agencies work with others so we're not re-inventing the wheel."

"Listserv that talks about new findings that come out and fosters collaboration"

"Education and dissemination of knowledge in culturally relevant ways"

"Can possibly be addressed by checking experiences of other clinicians working with refugee populations, refugees who may be more settled in US (community perspective)"

"Aggregating best practices, curricula that support refugee care - making resources available online and through other channels for local providers"

"Utilize media to promotion of resources, interdisciplinary collaboration, working as a change agent, create more awareness"

Night 1: Action Items

Engage Community

"Community members should be involved with research to help shape and sensitize protocols; more research literacy needed and skills building among MENA, R&I. Need to compensate for involvement; acknowledge all involved is important"

"Hold a community conversation to learn more about how to proceed"

"Community outreach"

"Forming a community school; cultural center"

"Utilize cultural centers as a space for education, places for community conversations"

"Partner with community partners to assist with existing programs"

Education

"Educational material and awareness of refugee camps to alleviate this"

"More access to education and awareness for SDOH"

"Need for curriculum in refugee/immigrant health for physicians, other healthcare providers, medical students - these populations are increasing locally"

Developing Awareness

"Communication and activism"

"Representation in media, speaking on these issues"

Recognizing Diversity

"Understanding history is key; "benefits" of being adjacent to "whiteness" - intersectionality needs to be considered as well."

"The presentation reminded that disparities work is not just one specific race."

"Every group wants to be acknowledged for who they are, what else needs to happen to bring about change?"

"How do we take account Muslims that are not ME/NA?"

"Difference between Chaldean and the Arab community"

Common Terminology

"Definitions are helpful, need to spend more time clarifying and increasing awareness"

"Clearly defining populations and groups; normalizing everyone to share their cultural identity. This assist in the defining of communities and groups to bring forward their specific needs and begin to break stereotypes and misinformation."

Policy

"Communication and political involvement with a realistic plan"

Funding

"Funding to help, especially immigrant and refugees"

Breakout Session Notes: Main Themes

Night 2: Access & Equity

Barriers

"Language barriers to receiving adequate health care services."

"Have seen MENA represented sometimes, but not enough. Surveys are rarely translated to Arabic - we need funding for proper translators."

"Literature review to find data is time consuming."

"SEAR database -- not every state has one."

Reporting Results to Community

"How to translate information, how to ensure information is readable, when you do translation that is not your native language it is like 'walking in the dark' so it's important to do dual language. Translation can't just be the way of now, needs to be consistent and continuous."

"Implementation science - how to go from discovery to delivery - takes 17 years for basic science discovery to reach bedside to patient. Translating research to the public: what do we mean when we say 'hard to reach', tends to come from a place of racism

Dearborn 1/3 population is foreign born
Dearborn did not have a formal translation policy - Dept. of Public Health was the first to have this official policy to have everything they do translated to Arabic."

Policy

"Had there been time for community partnership, there may have been more political pressure to collect MENA data - could have also helped with education."

Census

"MENA category - why was it rejected earlier by US Census, government? Are there strategies, advocacy to move this along? How long for changes in categories to have impact?"

"Was not previously aware of the lack of MENA category on census."

"Dr. Dallo's research: We continue to do this research to prove to the census that we have enough information and people to have our own category. This also affects other groups not just ME/NA -- wants to translate to other groups who are also considered invisible."

"Didn't realize the MENA population was classified as 'White.'"

Provider Education

"Discussion on term 'cultural competency': the term cultural competency has a history of being used to pass along and reinforce cultural stereotypes in nursing. that's why I'm not a fan of that specific term."

"Shared experience of presenter delivering son, nurse assuming she didn't speak english - really speaks to the stereotypes, need better trainings or more opportunities to expose people to programs like this to learn more about the groups they are servicing."

Breakout Session Notes: Main Themes

Night 2: Access & Equity

Lack of Data

"Tracking measures, inability to mark down identity."

"COVID tracking results did not reflect MENA groups, overlooked."

"Shocking: MENA has the most positive COVID test in Michigan but we don't talk about that"

"Zip code mapping was a proxy for ethnicity when state wasn't collecting MENA data related to COVID."

"Biggest thing - absence of data and the underreporting."

"There are more individuals who are "multi-ethnic"

"Lack of data required Dr. Albdour to do research before she could do the research she actually was planning to do."

"History of why there is a lack of data; Designating a new ethnicity comes with political resistance because this comes with funding and affirmative action, etc.; Zero-sum mindset from policy makers."

"Henry Ford Health Systems has AA as a category on some of its forms."

"Chicken & Egg: need data to get funding but need funding to get data."

"Hard to find data even at WSU, showing that there is a large population of MENA students."

"How do we get pharmaceuticals to include this data collection? Start internally, hope it moves to the companies."

Data Collection & Research

"More research needed"

"Wayne Health Mobile Unit can use the information to guide work in who they target; could collect data as well"

"Collect data to ensure representative research"

"Need best practices in getting information from new patients from diverse populations"

"MENA category should be included in all intake forms for care; need more data"

Breakout Session Notes: Main Themes

Night 2: Policy

Barriers

"Need for interpreters. How do we build that?
What about other hard to reach populations
Medical personnel work quickly and half asking
people and not really understanding. How do we
make that a priority that people are looking into
to find that support?"

"Interpretation resources need improvement! It
shouldn't be on solely on family members."

"Health literacy, language barrier, and language
assistance is important in health care settings
and improving outcomes."

"Refugee agencies don't have the capacity to do
in depth health and mental health assessments."

"Do immigrants and refugees go through mental
health screening?"

"Refugees have a 90-day period to assimilate."

"Resources for immigrants and refugees lacking
outside of Metro Detroit area."

"Health systems have barriers within themselves,
example of translation taking up to 3 months,
need to ensure patients have advocates."

Education

"Thinking about education around learning a second language, and promoting this could enforce
awareness and having people who can communicate and correlate with different groups.
Furthermore classes around different cultures and faiths could help shape our societies future and
avoid assumptions. "

"Intergroup dialogue classes focus on communicating with people that are different from you.
Learning how to dialogue with different groups can help bring mindsets together to solve a
problem, because this is the reality in the real world setting. "

Policy

"Challenges in linking research findings to policy."

"Important to have ongoing dialogue between
researchers and policy makers - researcher
purpose is to link research to policy."

"Dearborn community-based organizations have
history of research/policy maker relationships."

"Changes in administration are frustrating."

Lessons Learned

"It expanded understanding of health disparities
and access to resources. "

"National Health Interviews are systems that are
currently used to gather data, and understanding
that the MENA group is underrepresented in this
population. "

"These disparities brought to light how we can
further act on these issues within our profession."

"Multi-layers of adversities that the MENA
population make each person unique- person-
centered healthcare."

Reporting Results to Community

"Gap between research and public relevance -
knowledge translation."

Night 2: Action Items

Cultural Competency

"Promote cultural and structural competency to reduce harms in healthcare - remove burden from patients - look to upstream factors"

"Training more interpreters for refugees and providing more incentives to interpreters"

"Don't be afraid of cultural competence, embrace it! "

"Center cultural humility in interactions (i.e. with community health workers)"

Increase Awareness

"Put health promotion resources at health promoting institutions: Advertise the current resources to the major hospitals i.e. advertising patient support groups for individuals who identify as MENA"

"Resources on training (all professions: clinicians, researchers) and how to get services for translation. Resources on cultural humility, competency, context, local communities. Initially creating documents for the target MENA populations"

Policy

"Identifying and expanding resources to support link between research and policy - the "how to" - how do we do this with lay communities"

"Trying to elect more MENA politicians to make legislation that would be more favorable to the community. More policy advancements."

Data Collection

"Different ways of data collection - treating data with dignity"

"These presentations were eye-openers about the underrepresentation of the MENA population in health statistics and research. Furthering this realization to include this population in research and census can help implement resources for their community."

"Standardizing MENA data collection at WSU"

"Need strategies for ensuring diversity and heterogeneity in those enrolled in programs and research"

"Translators should be trained in motivational interviewing for anyone performing intakes"

Collaboration

"Promoting diverse learning opportunities could impact our societies future and create a climate that promotes dialogue and communicating to better solve future problems. It can be pivotal for education systems to implement this in their curriculum in order to change the culture."

"Establish and coordinate more alignment of the current efforts"

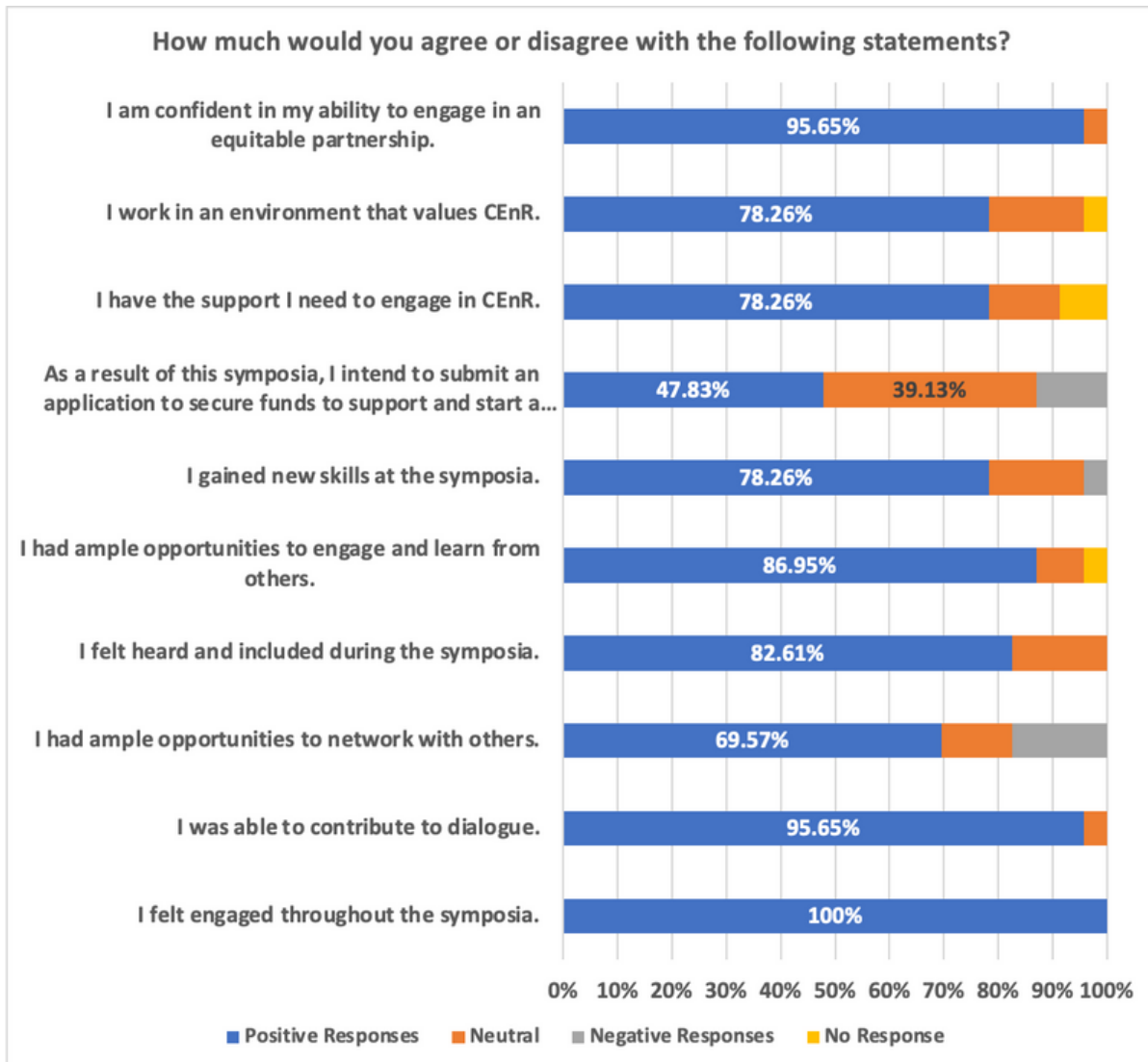
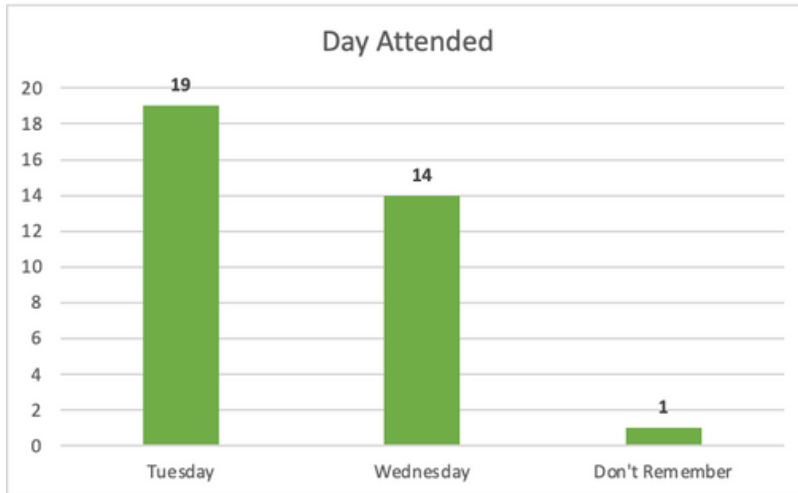
"Continuous conversations on these topics/issues, we have exposure to these communities but not a deep understanding."

Funding

Paying and trying to get funding for interpreters

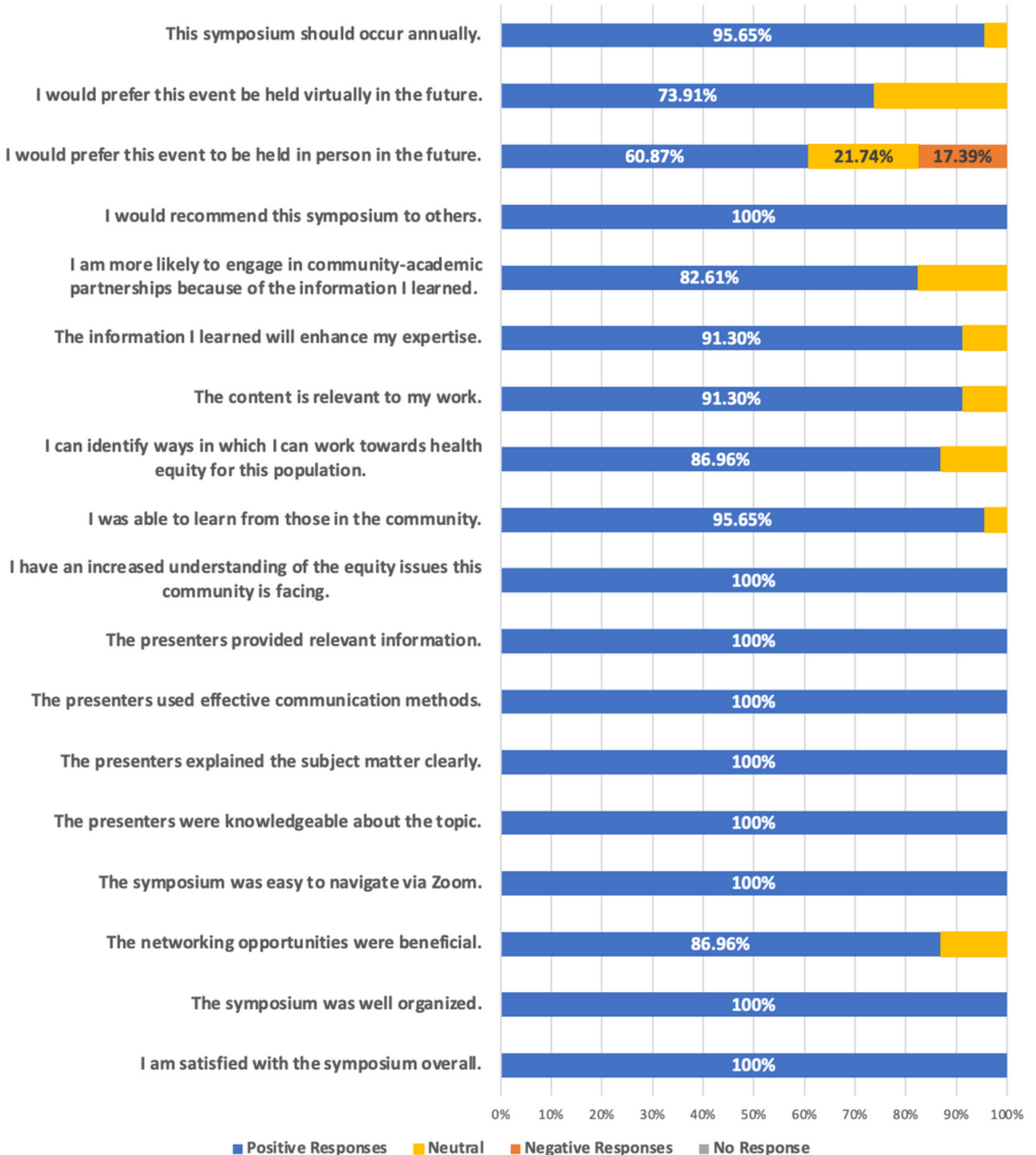
Evaluation

The evaluation link was given to attendees as the symposium was wrapping up and sent out multiple times prior. A total of 23 people completed the evaluation.

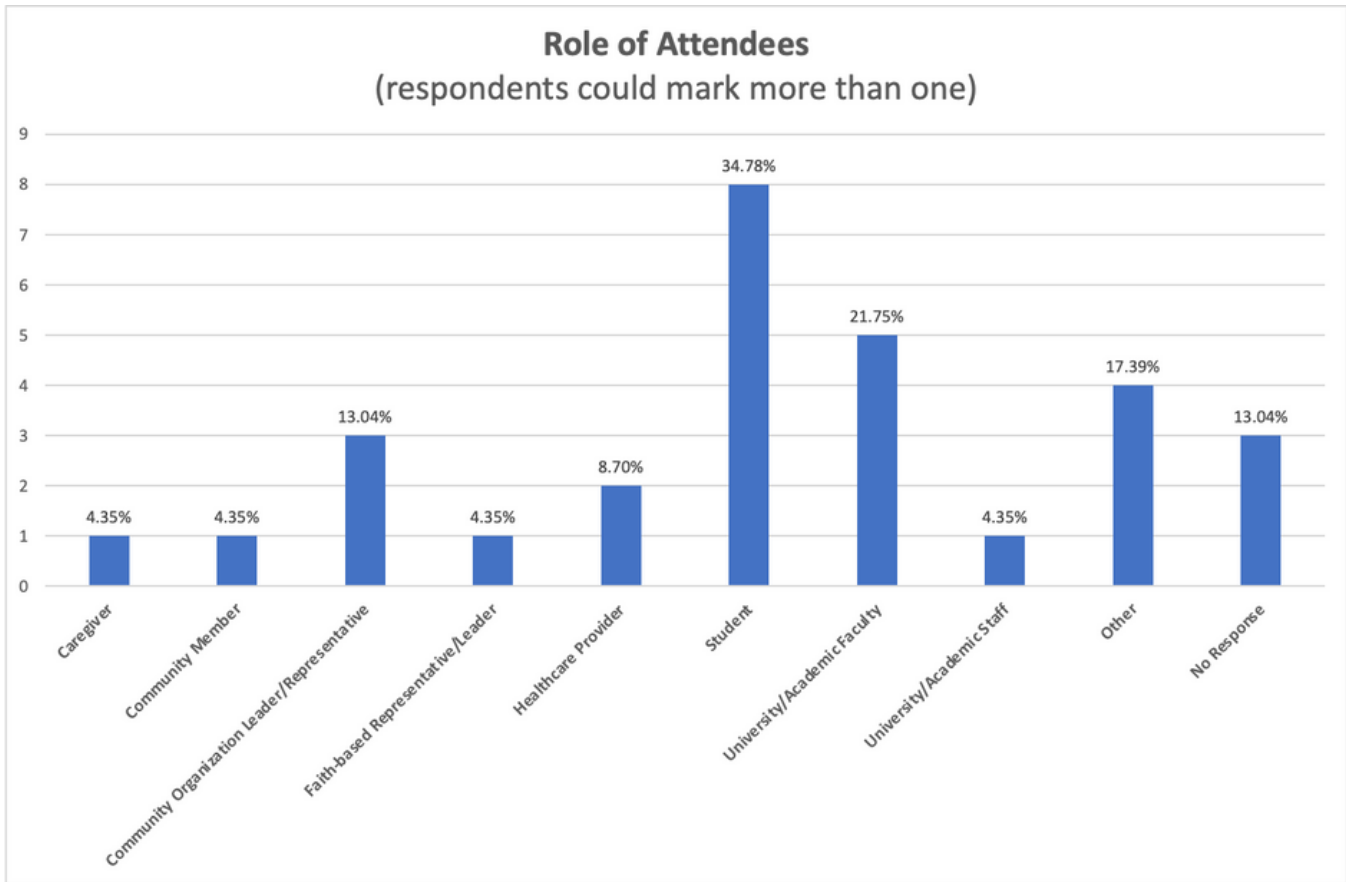


Evaluation

Based on my experience attending the CEnR symposia...



What best describes your role?



Community Organization Leader or Representative

- Wayne County Healthy Communities
- Native Circle of Newaygo County

Student

- Nursing
- Public Health

Other

- State-level public health consultant
- Community health worker
- Public Health Administrator/Government

Evaluation

How will you use the information you used at the symposium?

"Try to tailor more materials specifically to the MENA population."

"To inform policies and program activities aimed at serving the MENA population."

"It might inform future projects."

"As a leader in public health I will look to enhance workforce development activities to include training CHW's from the MENA region/community with focus on increasing community navigation. I am also interested in joining networks to enhance the efforts to gain data...and include specific demographics to identify the MENA community on forms where data is already being collected."

"By sharing it with family, friends, classmates, co-workers, parishioners of my home parish, and with any person seeking help, support, and knowledge. "

What specific challenges need to be addressed to foster and improve community involvement with research at Wayne State University?

"CEnR needs to be promoted and internally funded more at WSU"

"Focusing on research on maternal and child health and male involvement, community-based as well as family-based research are both important. "

"Offer trainings for communities to understand research; i.e. community researchers, community data collectors, human subjects certification, community organizing etc. or on any of the topics listed below"

Based on your experience at the symposia, what actionable steps will you (and/or your organization) start working toward or contribute to?

"Explore funding opportunities; collaboration among individual with similar research track; More practical steps to being engaged in MENA"

"Being involved with working with others after the symposium"

"I am not certain. I have to take what I've learned to our partners to decide how best we can support."

"I will begin attending the weekly workgroups"

"I am a researcher, and I can contribute to do statistical data analysis if need. "

"Workforce development"

How can we improve this symposium in the future?

Breakout rooms:

"Have moderators ask more questions to lead the discussion"

"Change participants in the breakout sessions to meet others"

Length/Time of Day:

"Break it up over three days."

"Maybe earlier in the day."

"Reduce the length -- 3 hours per night was too much, especially with little/no break. Presenters also need to be mindful of time."

"3 hours it too long for that time of day. If you keep it at 3 hours it should start before noon"

Topics of Interest for Future Events

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