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Background

- Critical gaps remain in providing refugee-centred specialized services.
- Refugee voices are often underrepresented in research.

Objective

- 1. Understand refugees' health needs, experiences, and priorities.
- 2. Have refugees develop and prioritize research topics for RHYYC team.

EDI Considerations

- ➤ Diverse research team to enhance relatability, trust and rapport.
- > Ethnoculturally diverse patient advisory group with lived experience.
- Collected sociodemographic data (i.e., age, sex, gender, ethnicity).

Methods

We assembled a diverse Patient Advisory Committee (PAC) and used: Nominal Group Technique (NGT) to inclusively develop and rank healthcare and research priorities

4-step NGT Process:

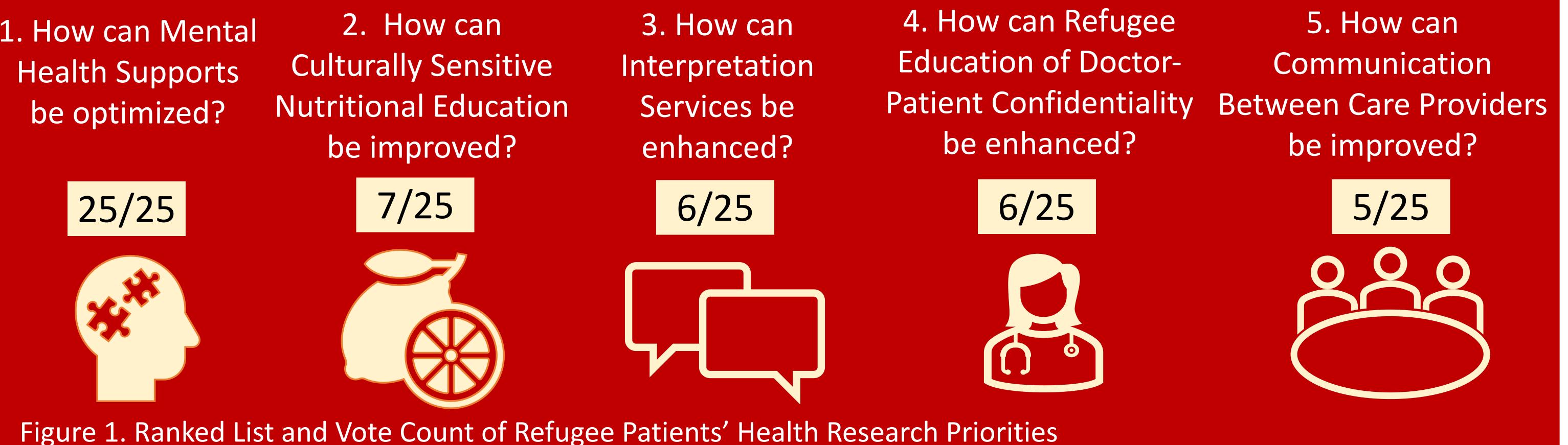
- Idea generation
- Recording of ideas
 - Ideas Discussion
- Voting

Using Nominal Group Technique with a Diverse Refugee Patient Advisory Committee (PAC) to Identify Health and Research Priorities

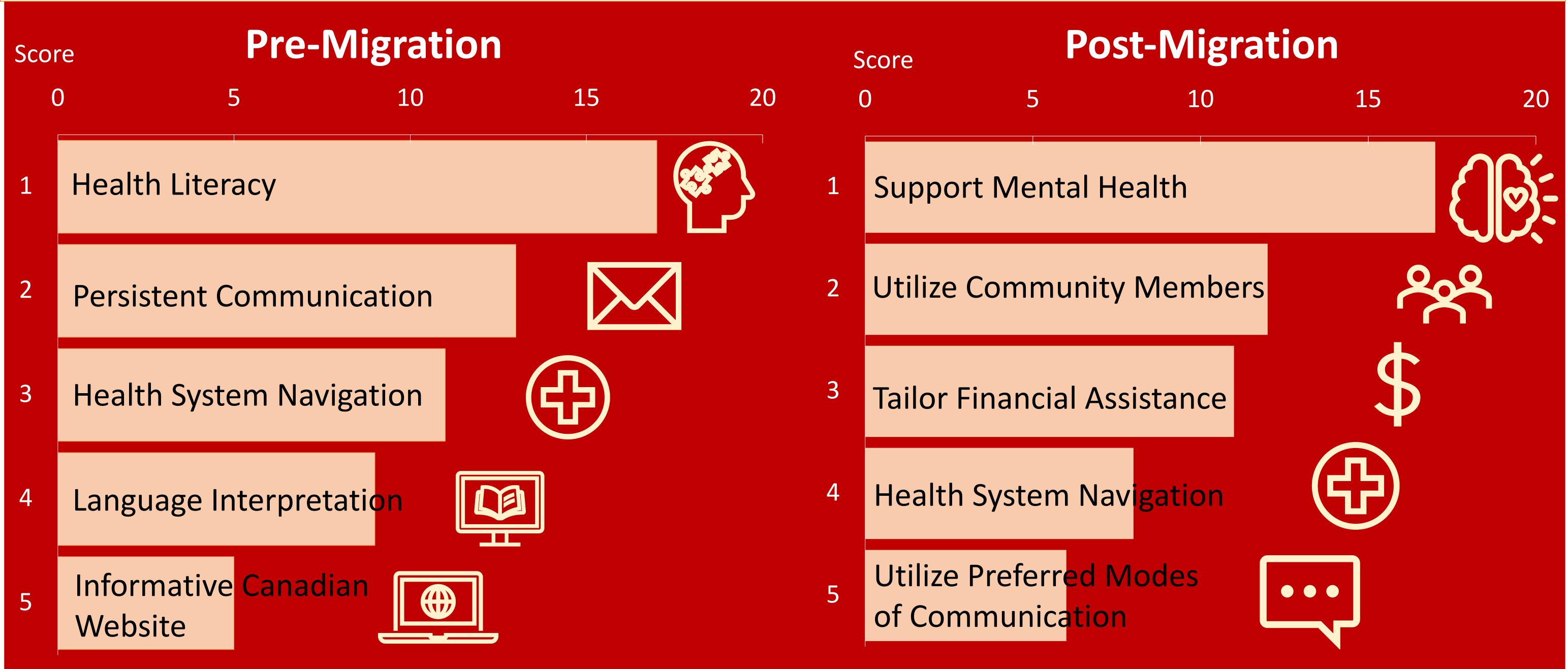
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Results

Refugees' Health Research Priorities



Pre and Post Migration Healthcare Priorities

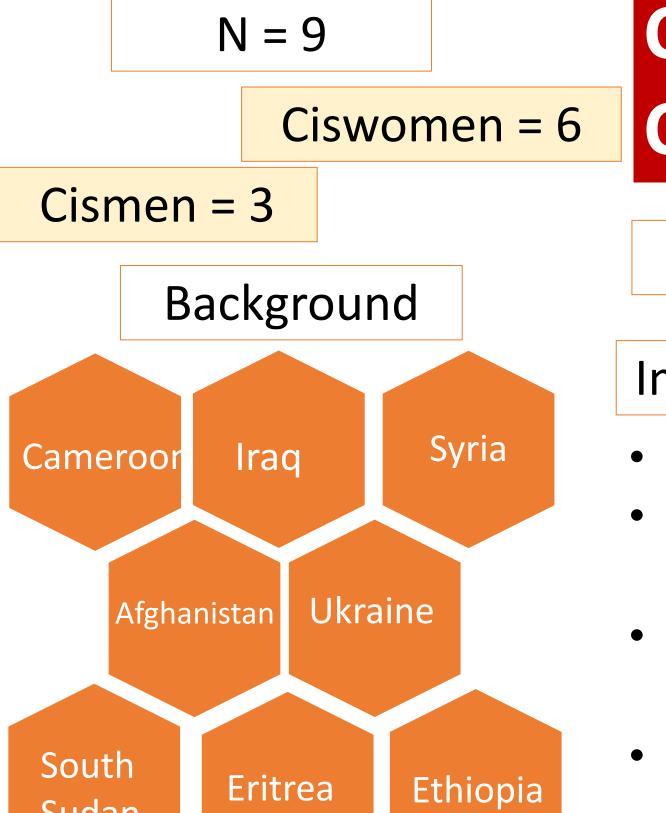






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Cohort Characteristics

Median Age 34

Immigration Status

- Canadian Citizen: 3
- Landed immigrant/ permanent resident: 2
- Temporary Foreign worker: 1
- **Government assisted** refugees: 3

Discussion

- Inclusive refugee Patient Advisory Committee can guide research program topics and priorities
- 2. Mental health services identified high priority among refugees
- Centering refugees' healthcare perspectives critical for trust, partnerships, health, and reducing systemic barriers

Limitations

Limited cohort hinders generalization; however, represents successful proof of concept towards cultivating more inclusive refugee health research

Implications

With forced displacement soaring globally, prioritizing refugee inclusion in healthcare and health research is imperative to address their needs

Acknowledgments

AbSP RU

Alberta SPOR SUPPORT Unit





