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Establishing a Community-Academic Partnership to Investigate the Sociopolitical Context of Oral Care Among Refugees Resettled in Richmond, Virginia

Tatiana Brown

Ashley Koo

Matthew Tessama

Jay Lawson

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Tatiana Brown, Ashley Koo, Matthew Tessama, Jay Lawson, BA, Dina T. Garcia, MPH, PhD

Purpose

Investigate the sociopolitical context of oral health needs among refugees resettling in Richmond, Virginia

- Create a community-academic partnership with key players in the resettlement process
- Build a holistic representation of the Richmond refugee community

Methods

Initiate a partnership [1]:

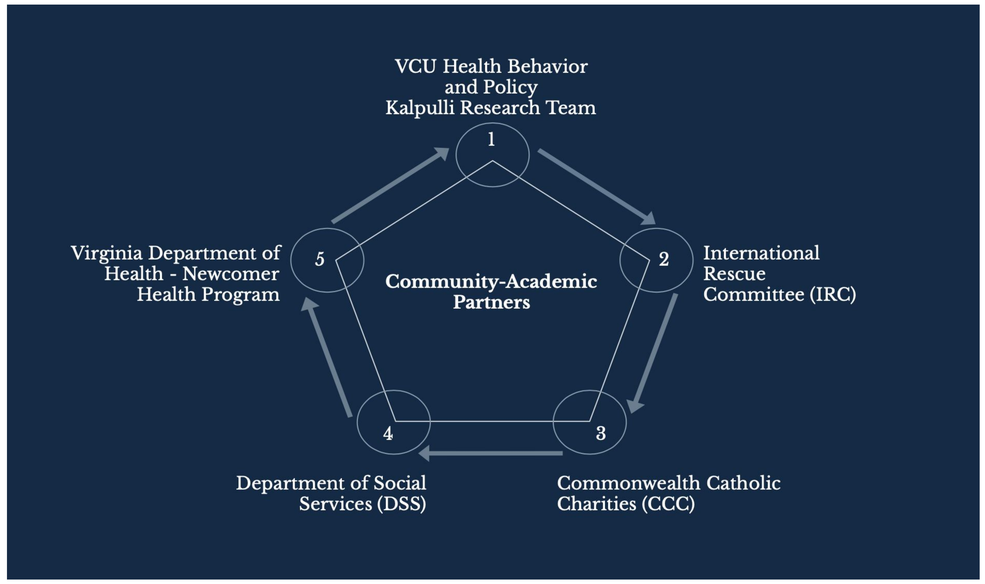
- Determine which organizations serve refugee populations in the Richmond/Henrico County area
- Host a preliminary meeting with VDH, refugee serving agencies and VCU Health Behavior and Policy's Kalpulli Research Team to discuss oral health and access to dental care and to discuss community-academic partnership formation

Foster partnership development through monthly meetings

- Host meetings at community sites and Refugee Resettlement Agencies
- Create and solidify priority areas of research, goals, who should be represented in the oral health workgroup, and methods to achieve aims
- Workshop research ideas, diversify perspectives, and discuss research progress
- Create a google drive folder with all partners to increase accessibility and speed of feedback between monthly meetings

Acknowledgments

- Thank you to our community partners (Richmond IRC, CCC, VCU School of Social Work, VDH, DSS, and VCU School of Dentistry) who helped us establish something with the community, for the community
- Thank you to my research mentor and PI, Dina Garcia for making this project possible and supporting me
- Thank you to my group mates, Ashley and Matt, and to Jay for bringing this idea into fruition



Partner-Identified Oral Health Needs

"More than 200 families have come into Virginia through SIVs. All of them only really have dental issues. They are also making a switch from a country with dental coverage (Afghanistan) to a country with very limited and expensive coverage."
- CCC

"Native born, English speaking Americans have increased privileges when it comes to oral care. They are more likely to have carries filled or teeth pulled."
- IRC

"95% of CCC's clientele are in Henrico. IRC has more clients in RIchmond City. The RVA and Henrico areas are where majority of the refugee populations live. The other areas [in Richmond] are mostly populated by immigrants, not refugees."
- CCC

Conclusions

- Through community-academic partnership meetings, the group:
  - Identified priority areas of oral health needs to target (e.g., navigation of and increased access to existing resources)
  - Decided to develop a process map and oral care cards as interventions
- Community involvement throughout the process is imperative for building trust between partnership members, increasing engagement, developing a holistic perception of needs, and creating an effective/ sustainable intervention [2]

Future Implications

- Practice reflexivity to maintain equitable roles as we increase the number of partners
- Create pathways to recruit individuals within the refugee communities that do not have organizational ties
- Expand partnership to include more community-headed and faith-based organizations (i.e., ReEstablish Richmond, Sacred Heart Catholic Church, etc.)

References

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