

Toolkit

Establishing and Maintaining Partnerships and Engagement Efforts with Refugee, Immigrant, and Migrant (RIM) Communities



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Purpose of This Toolkit

This toolkit will provide an overview of established approaches to creating and sustaining partnerships with RIM communities and RIM-led/serving organizations. Issues such as engaging, relating to one another, determining a common agenda, assessing needs, sharing work, and planning for and sustaining relationships are covered. The toolkit also addresses strategies to address challenges and create a mutually beneficial engagement.

Who Should Use This Toolkit

This toolkit is intended for local health department (LHD) and non-profit organization (NPO) administrators, program managers, and staff delivering direct services to RIM communities interested in learning about and identifying tools and resources to support the facilitation of health and wraparound services for RIM populations.



Background

The number of refugees, immigrants, and migrants (RIM) has more than doubled over the past decade, to 108 million people worldwide,^{1,2} due to increases in geopolitical conflict, climate change, and economic inequities.^{3,4,5,6} RIM populations have shown immense resilience in their adopted homelands, with leaders emerging to identify resources and supports for their communities. [Tapping into RIM leadership and strengths](#) can help health departments, NPOs, faith- and community-based organizations, [universities and schools](#), and other RIM-serving institutions promote health programs and engage diverse groups within these communities, including women and girls, LGBTQ persons, and others.⁷

These efforts, however, demand the establishment of [mutually beneficial, sustained partnerships with RIM communities and institutions](#). RIM communities and institutions must be treated as full partners and collaborators in the planning, design, implementation, evaluation, and financial management of interventions and programs intended to serve them. In addition to engendering trust and facilitating the sharing of mutually beneficial resources and reach into the community, the approach results in the implementation of socio-culturally relevant interventions and programs that address the lived context of the RIM-communities of focus and ensures their uptake, sustainability, and scalability over time.

Developing Equitable and Sustainable Partnerships Phases

Equitable, mutually beneficial, and sustainable partnerships between LHDs, NPOs, and RIM communities are characterized by a collective exchange of strengths, resources, perspective, knowledge, networks, and reach. This approach can help create and drive the uptake of culturally and linguistically responsive interventions and solutions that address the social determinants driving public health concerns, such as vaccination uptake, in RIM communities. The partnership development process, however, involves more than making a simple phone call; it consists of identifying, vetting, launching, and managing a mutually beneficial engagement through the following phases:

Phase 1: Understand the Community You Want to Serve

- Develop an understanding of the RIM community/communities you wish to serve, including their sociocultural, historical, and linguistic backgrounds through formative research, e.g., qualitative key informant interviews and focus groups, surveys, record reviews, etc. This type of engagement can provide insight into the lived contexts of RIM communities and potentially shed light on how culture, gender dynamics, socioeconomic status, and other factors inform community decision-making processes. It also can help initiative partnerships with community leaders.
- Map the RIM communities you wish to reach, noting disproportionately impacted subgroups, such as single caregivers, speakers of specific dialects, uninsured persons, etc. RIM community can vary greatly across and within communities depending on the length of their time in the United States and the circumstances under which they immigrated. With this information, you can identify community members best to engage regarding different programmatic concerns. For instance, you may direct community-health workers (CHWs) to direct most of their time in areas with the highest concentration of recent immigrants, as well as engage the organizations working in those neighborhoods.

Phase 2: Identifying Partners

- Scan current relationships within your RIM communities of interest, and make connections by leveraging contacts within your organization and those of current and past partners and stakeholders. Consider partnering with RIM-serving media outlets to promote your search for community partners and collaborators.
- Identify leaders of aligned organizations within the RIM community/communities of focus by conducting online searches that combine the geographic area with the community you wish to reach and the words “organization,” “coalition,” or “association” (e.g., search “Detroit Somali organization.”)
- Consider connecting with other LHDs, NPOs, or other organizations (state and local entities, faith-based organizations, health systems and federally qualified health centers (FHQCs), educational institutions/schools, grassroots organizations, refugee resettlement agencies and coalitions, and immigration agencies, embassies, and consulates) hoping to serve RIM communities in a similar/aligned capacity. Engage diverse staff at these organizations, including leadership, providers, and frontline employees who facilitate established community programs and services, such as vaccine clinics and maternal and child health provision. Community health workers (CHWs) and peer navigators offer a unique opportunity for engagement, since they often are mirror the cultural, linguistic, and lived experience of the RIM communities they serve.

- Think outside the box: Consider working with [schools](#) and ESL and [translation](#) service providers (including their [teachers](#)), [social media influences](#), and [local businesses that employ](#), patronize, and/or owned by RIM community members, including worker/trade unions (such as trades, construction, janitorial), grocery stores/bodegas, restaurants, salons and beauty supply stores, coffee shops, and international money wire service locations. These locations often serve as social hubs.



Phase 3: Facilitate Equitable Partnerships

- Define the parameters of the partnership, centering the community partner’s expertise and potential contributions.
 1. Stress that partnerships with RIM communities should be mutually beneficial.
 2. What role will the RIM community members/group serve? Will they [serve](#) as a [community advisory board](#)?
 3. What other existing partnerships in these RIM communities can be leveraged to bolster intended services delivery/intervention implementation? (For example: the RIM community of focus may have partnerships with colleges and universities that can augment the development and evaluation of an outreach program.)
 4. What language will you work in? Ideally, recruit staff in your organization who speak the community’s language to participate in the partnership.
- Ensure that [community members have a voice](#) in all decision-making processes.
- Openly address and outline engagement parameters to ensure [equity and reduce barriers to participation](#). Examine proposed engagements through the lenses of racial, ethnic, and gender equity.
 1. Openly address financial management. Decide who will pay for each aspect of a program and how.
 2. Identify potential joint grant opportunities, including RIM communities as equal partners
 3. Ascertain whether RIM community partners will be paid for their time and how. (Individual versus organizational support, etc.) Include options for organizations with limited budgets; perhaps they can provide in-kind support/services as compensation.
- Technical Assistance: Determine if you must provide technical assistance/capacity building to your RIM partner.
 1. Will you be able to help advance their community goals outside the parameters of the partnership?
 2. What types of technical assistance can you glean from the expertise of RIM communities?



Phase 4: Engage in Transparent Partnership Development

- Be clear about your intentions for this partnership.
- Establish a memorandum of agreement or other agreement that outlines mutual expectations and activities within the partnership and who leads which aspects of the partnership, including communications.
- Detail mechanisms to build and maintain trust through transparent planning, working, and resource/idea sharing.
- Delineate failsafe plans to work out possible missteps and misunderstandings.



Phase 5: Establish Mechanisms to Evaluate Partnerships

- The following should be established in a collaborative manner with RIM communities.
 1. Determine key performance indicators for the partnership that align with your goals.
 2. Establish methods to collect and analyze data related to partnership activities.
 3. Determine a calendar to facilitate data sharing and updates.



Phase 6: Sustainability

- Ensure that evaluation is conducted iteratively to identify gaps early.
- Establish mechanisms to address issues in the partnership early on and together.
- Continue to invest in the relationship even after a specific project has ended.

Self-Reflection Checklist: Questions to Consider When Identifying Partners

Convene an internal working group to delineate your motivations for selecting a particular RIM community/ community with whom you want to partner.

- Why do you believe your organization is best suited to deliver services in this community? What makes you an ideal partner? Are you filling a perceived gap in services in the community? If so, what are those gaps? What benefit will you bring?
- Do you have relationships with organizations or people in or around the community/communities you want to serve?
- Do you have contacts within your community of interest? Do you have relationships with community partners who can vouch for you and encourage partnerships with your organization?
- Are you able to identify leaders from different levels of power in the community who can work with you on your project?
- How are your potential partners situated in the community? Who do they serve? Who do they not serve? What interests do they represent? How do your interests align / not align?
- Do you have time and resources to support local community organizations with their internal priorities (conduct literature reviews, map community trends and issues, identify and write funding proposals, provide technical assistance, etc.)?

Case Study

Shared Understanding Between RIM-Serving Organization and Local County Health Departments

United Community Action Partnership (UCAP) built ongoing relationships with their local county public health departments. These relationships were made possible by the strong relationships they developed through concerted efforts to build trust and engagement with the RIM communities they served clinically. To this end, they integrated a trauma-informed and culturally appropriate approach into their service delivery, which began with hiring public health and clinical staff who mirrored their clients both culturally and linguistically. Local county public health departments recognized UCAP's reach into the local RIM communities during the pandemic, partnering with them to deliver tailored messaging about COVID-19 and flu vaccines. RIM community members frequently attended their educational clinics during the COVID-19 pandemic, with staff administering vaccines and flu shots to as many as 15 S'gaw/Karen families in one session. Local health departments continue to partner with UCAP, a recognition of their position as a cultural/community "go-between" who understands the needs of the RIM community being served and the system requirements and procedures of their partners.

Building Trust Through Shared Resources

International Rescue Committee (IRC) – Tucson, Arizona, established new and bolstered existing partnerships to create trust and increase vaccine awareness in the historically disenfranchised RIM communities they serve. IRC's community health workers and COVID outreach coordinator systematically built trust during the pandemic by delivering culturally and linguistically appropriate COVID-19 education and resources. These included Ramadan calendars with COVID health information in Turkish and Arabic, which were provided to local community-based organizations. The Sema Foundation has remained a close partner with the IRC. Sema leaders remarked that the calendars marked the first time the Foundation could provide health resources in Turkish, the primary language they use to communicate with their constituents.

Refugee Women's Network Partnerships with Clarkston Health Equity Coalition (CHEC)

Refugee Women's Network (RWN) co-facilitates the Clarkston Health Equity Coalition (CHEC), a task force of NPO, public, corporate, and academic partners, formed in June 2021 to plan vaccination and health services events in DeKalb County, in Georgia. The collective work focuses on refugees, immigrants, and other hard-to-reach communities. The coalition meets weekly and consists of 35 members from the local community. These include grassroots organizations, nongovernmental organizations, government agencies, and academic stakeholders such as Clarkston Community Health Center (CCHC), International Rescue Committee (IRC), Cultural Orientation Resource Exchange (CORE), Ethne Clinic, Georgia State University's (GSU) Prevention Research Center (PRC), DeKalb County Board of Health, DeKalb County Commissioners, Emory University, and the City of Clarkston.

Initially, there were struggles with attendance and engagement with the collaborative as the pandemic waned since some partners felt it no longer served their needs. However, RWN learned that while the collaborations officially occur between organizations, it is the decision-makers who make these engagements a reality. RWN identified these decision-makers and their organization's needs, leveraging RWN's ability to support their mission to generate engagement. This helped RWN identify the initial partner, laying the foundation for richer, sustainable partnerships.

For example, RWN’s vaccine equity activities enabled them to maintain and create new partnerships, notably through engagement with the Clarkston Period+ Collaborative, a coalition of Clarkston-based organizations, which includes Harriet Tubman Women's Clinic at the Clarkston Community Health Center, that provides community members free menstrual cycle and maternity products and gynecological health information.

Resources

Understanding Partnership Development

NCR RIM. Partnerships.

<https://nrccrim.org/toolkits/partnerships>

Partnerships: Frameworks for Working Together.

<https://communityactionpartnership.com/wp-content/uploads/2019/03/Partnerships-Framework-Resource.pdf>

What Is Partnership Development?

<https://www.resonanceglobal.com/blog/what-is-partnership-development>

Building Productive Community Partnerships

Advocating for Language Equity: A Community-Public Health Partnership.

<https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2023.1245849/full>

Amplifying Community Voices.

<https://nrccrim.org/covid-19/campaigns/honest-conversations>

“Beyond Just the Four Walls of the Clinic”: The Roles of Health Systems Caring for Refugee, Immigrant, and Migrant Communities in the United States.

<https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2023.1078980/full>

Community Engagement Toolkit.

<https://nrccrim.org/toolkits/community-engagement-toolkit>

Community Engagement Toolkit Version 2.2.

<https://www.collectiveimpactforum.org/sites/default/files/Community%20Engagement%20Toolkit.pdf>

Fostering Partnerships for Community Engagement.

https://www.urban.org/sites/default/files/publication/104935/fostering-partnerships-for-community-engagement_0.pdf

Principles of Authentic Community Engagement.

<https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/authenticprinciples.html>

Principles of Community Engagement (2nd ed.).

<https://crs.od.nih.gov/CRSPublic/View.aspx?Id=1139>

Supporting Health Equity Through Community Engagement.

<https://www.health.state.mn.us/communities/practice/equityengage/community/advancingequity.html#engages>

Toolkit for Developing Community Partnership.

https://sc-ctsi.org/uploads/resources/DevelopingCommunityPartnerships_Toolkit.pdf

Community Advisory Boards

Community Advisory Boards in Community-Based Participatory Research: A Synthesis of Best Processes.

<https://pubmed.ncbi.nlm.nih.gov/21477510/>

Supporting and Co-Creating Meaningful Community Advisory Boards.

https://nrcrim.umn.edu/sites/nrcrim.umn.edu/files/2021-02/Supporting%20and%20Co-Creating%20Meaningful%20Community%20Advisory%20Boards%20_01292021.pdf

Schools

Toolkit for Schools and School Partners.

<https://nrcrim.org/toolkits/toolkit-schools-and-school-partners>

How Schools Can Support Immigrant Students and Families: How to Build Relationships with Immigrant Families.

<https://www.colorincolorado.org/article/how-build-relationships-immigrant-families>

A Model for Building School-Family-Community Partnerships: Principles and Process.

https://www.researchgate.net/publication/278847845_A_Model_for_Building_School-Family-Community_Partnerships_Principles_and_Process#pf6

Promising Practices in Partnerships

Promising Practice: Outreach to Faith-Based Organizations.

https://nrcrim.org/sites/nrcrim.umn.edu/files/2023-08/FaithBasedOrganizationOutreachTips_08182023.pdf

Promising Practice: Partnerships with Refugee Resettlement Agencies.

<https://nrcrim.org/partnerships-refugee-resettlement-agencies>

Promising Practice: Partnering with Social Media Influencers.

<https://nrcrim.org/partnering-social-media-influencers>

Promising Practice: Partnerships with State Refugee Health Coordinators.

<https://nrcrim.org/partnerships-state-refugee-health-coordinators>

Promising Practice: Partnerships with Federally Qualified Health Centers (FQHCs).

<https://nrcrim.org/partnerships-federally-qualified-health-centers-serving-rim-communities>

Promising Practice: Partnerships with Employer.

<https://nrcrim.org/partnerships-employers>

Promising Practice: Community Health Workers.
<https://nrcrim.org/community-health-workers>

Promising Practice: Partnerships with K-12 Schools Serving RIM Communities.
<https://nrcrim.org/partnerships-k-12-schools-serving-rim-communities>

Promising Practice: Partnerships with Youth Groups.
<https://nrcrim.org/partnerships-youth-groups>

Promising Practice: Partnerships with Consulates.
<https://nrcrim.org/partnerships-consulates>

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- ⁴ Saadi A, Williams J, Parvez A, Alegría M, Vranceanu A-MM. Head trauma in refugees and asylum seekers. *Neurology*. 2023;100(21):e21155-e21169. doi: 10.1212/WNL.0000000000207261
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- ⁶ Morris M, Popper S, Rodwell T et al. Healthcare barriers of refugees' post-resettlement. *J Comm Health*. 2009; 34:529–38.
- ⁷ Dhalimi A, Wright AM, Yamin J et al. Perception of discrimination in employment and health in refugees and immigrants. *Stigma Health*. 2018; 3:325–9.