

Title **0018**  
by **Kevin Pottie** in **Inclusive Health Research 2022**

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**Original Submission**

12/22/2022

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1. The Entry n/a

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1.1. Lead organisation or Institution chiefly responsible for submitting this entry **The University of Western University**

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Registered Address **Western University; 1151 Richmond Street  
London  
Ontario  
N6A 3K7  
CA**

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Type of Organisation **Academic/research institution**

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Website URL **<https://www.uwo.ca/>**

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1.2 Chief Contact Person **Kevin Pottie**

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1.3 Name of project or programme **Canadian Collaboration for Immigrant and Refugee Health Power of Sharing Newcomer Stories Program**

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1.4 Date that the project or programme began **2017; countries -summer institute participants (Lebanon, Syria, US, Ireland, Can) and CIHR research grant KT partners for our programme**

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1.5 Countries in which research / implementation was undertaken

**Canada**  
**Lebanon**  
**Ireland**  
**United States**  
**Brazil**  
**Cameroon**  
**China**  
**Colombia**  
**Germany**  
**Italy**  
**Chile**  
**Czech Republic**  
**United Kingdom**  
**Australia**  
**India**  
**Poland**  
**Slovakia**  
**South Africa**  
**Spain**  
**Switzerland**  
**Syrian Arab Republic**  
**Rwanda**

1.6 About partners and collaborators

**Here you should name up to three collaborating organisations and provide a contact email address for each one that you name. We will then send a request for a supporting statement, which will be taken into account in the scoring of this application.**

Partner organisation/institution #1

**WHO Collaborating Centre on Knowledge Translation and Health Technology Assessment in Health Equity**

Website URL

**<https://theoche.ca/who>**

Partner organisation/institution #2

**American University of Beirut**

Website URL

**<https://www.aub.edu.lb/>**

Partner organisation/institution #3

**Pegasus Institute**

Website URL

**<https://pegasusinstitute.ca/pegasus-board/>**

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The Case Study      n/a

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1.8 The Title of Your Case Study      **Canadian Collaboration for Immigrant and Refugee Health - The Power of Sharing Newcomer Stories Program Case Study**

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1.9 Simple Summary      **Our Canadian Collaboration for Immigrant and Refugee Health (CCIRH) network formed with the CMAJ publication of our highly cited evidence based guideline series on refugee and migrant health. This evidence based network would provide a foundation for students for our international CCIRH refugee health service learning programs to address unmet refugee health needs that has expanded to support students in 19 universities in Canada, Ireland and Lebanon (2017-2022).**

**We now call our CCIRH hybrid education and research program the Power of Sharing Newcomer Stories program. This immersive and inclusive sharing and learning program provides inspiring refugee leadership resources and opportunities for emerging young leaders. We have built a program that allows medical communities to start-up refugee health outreach programs. Our program offers open access e-Learning, community outreach, international summer institutes and gives students publication opportunities. Our unique programs offer a transformative space for culturally linguistically diverse emerging young leaders.**

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## 1.10 Introduction

**Our CCIRH Power of Sharing Newcomer Stories Case Study shows our transformative digital start up for new leaders for unmet Refugee and Global Health Research and Practice. With MSF/WHOCC/CIHR/HealthCanada support we have built a novel and internationally relevant emerging leader program and website (<https://www.ccirhken.ca>) complete with e-Learning, student outreach activities built on a student led Global Health Passport 2015 Alex Trebec Health Innovations Award. This program has led to an Instagram and International publications.**

**The field of refugee health first emerged as tropical medicine infectious disease screening focused on developing countries along with the International Organization for Migration medical screening. As the Campbell and Cochrane Equity Methods Group, we launched new evidence based methods initiative to bring evidence based principles, methods, and guidelines into the field of Refugee and Global Health.**

**Our program offers open access e-Learning modules, community outreach activities, international summer institutes and academic publications that support the development of health equity research for new leaders for the field of Refugee and Global Health. Our recent students have become leaders of international refugees health organizations, and students have published a remarkable series of over 50 peer reviewed health equity oriented papers in the last 5 years, see below.**

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## 1.11 Key Words

**health equity, refugee, global health, migration, narratives, mental health, community service learning, eLearning, summer institutes**

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Which category best fits this project or programme?

**Building a better research ecosystem**

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## 3. Better Research Ecosystem Case Study

**The case study structure below is provided for those applications which relate to the introduction of a new or modified policy, working practice or process that supports a more inclusive research ecosystem. The ultimate beneficiaries should still be those with current or future unmet health needs. We are seeking case studies that can be published as a piece of writing, so please write your entry as a summary, rather than a series of statements addressing the questions. You do not need to repeat information across sections. We do not expect everyone to be able to address all of the questions, as not all will be relevant.**

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### 3. 1. The Context

**As complex immigrant/refugee migration increases worldwide, so too, do the number of health professional students coming from immigrant/refugee families. We have responded to a genuine student desire to contribute to supporting newly arriving refugee families, often based on students lived experiences. And students not coming from immigrant families also find themselves inspired in the health equity work as well. Many of these students are exceptional, but face barriers to health equity learning opportunities. Migrant unmet needs is our global mandate for inclusion and immersion programs/mentorship to support this emerging culturally and linguistically diverse health workforce.**

**Building on community service learning principles we have sought to provide students with the training necessary to have a positive impact for refugee communities, meaningfully service experiences and reflective experiences. We have built a digital first first start up training that leads to in-person workshop training and community outreach and ultimately leads to leadership institutes and over the subsequent years, and even health equity peer reviewed publications. Our central role is thus to enable meaningful engagement and we do this with intention using our selected student leaders and our refugee community settlement partners. This ensures the students themselves learn from the process and are never placed in a passive position in our programs and constantly reflect on their experiences. Such responsibility does require competent supervision and strong communication skills. Dr Gruner and Pottie with their Red Cross and MSF field experiences provide ideal mentors for the overall program.**

**The CCIRH is also pleased to have also been recently selected to join a series of technical WHO consultations between February and April 2023 as part of the process of defining global research priorities in health and migration in line with WHO's Triple Billion Targets – Addressing Health Emergencies, Promoting Healthier Populations, Achieving Universal Health Coverage – as they relate to migration.**

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### 3.2. The Initiative

**We created a service learning program where students were nominated and selected for community leadership positions to work toward refugee health equity. Our program targets junior medical and health professional students where listening to stories and being in the community with refugee families was the mandate, not making medical diagnoses. We focused on stories and immersive engagement without a clinical mandate.**

**Our program attracts highly motivated students, many of them coming from immigrant and refugee families. It prepares and engages student leaders to work with newly arriving refugees, then puts them in the community in pairs to work with refugee families and then reflect on the challenges and successes overcoming obstacles. The program benefits both the young students and the refugee families, and when scaled as we have done, it ultimately creates a new ecosystem of health equity researchers and practitioners. Our motivation came from our students asking to help resettle newly arriving refugee families in community shelters. Giving junior medical and health professional students leadership roles for refugee health has created diverse ethical, emotional, cultural, and community challenges. We have handled each of these many challenges in deliberate dialogue together with our groups of student leaders and they have therefore genuinely learned equity and leadership skills. And as supervisors, we also learn. Newly arriving refugees love our program and students have helped identify hidden teen pregnancies and mental health issues and we link all such health cases to our existing network of medical clinics for professional diagnoses and care. Having responsible and committed student leaders is key for our program and so we have learned to follow a rigorous selection and training process.**

**We adapted our program from a Winnipeg, Canada program that had students work on their own in refugee shelters. This program collapsed as students attempted to provide clinical services without professional support, creating many unprofessional boundary issues. Our program evolved with a clear insight that our student must focus on newcomer stories and community activities to engage refugee families and not to get involved in clinical decision making. Our students are instructed not to attempt to operate outside their training level and they trained to contact our clinics in case of any medical concerns. When possible junior student may accompany families to clinics as support workers, but our program remains preclinical. We have scaled our program across our network with these principles.**

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### 3.3. Engagement

**Our international academic research team led the high impact evidence based guideline for refugees and other migrants (Pottie CMAJ 2011, Pottie (Syrian) CMAJ 2016, Greenaway (Ukrainian) CMAJ 2022 and also Pottie and Greenaway led the ECDC guidelines for recent migrants to EU/EEA 2018. We engaged leaders from our Cochrane Equity Methods (Tugwell) and our WHO Collaborating Centre on Health Equity (Hatcher-Roberts) and MSF Association (Pottie) and Red Cross (Gruner). These partners provided an international foundation that has helped us inspire community service learning programs across 19 universities and counting. For immersion and inclusion at the local municipal levels, each program (student leaders and medical advisors) engage and partner with resettlement services, NGOs, interpreters, and local refugee physicians.**

**Perhaps the key to our scaling success is that our CCIHR Power of Sharing Newcomer Stories team provides open access eLearning and outreach program resources and runs international summer institutes to inspire emerging leaders in refugee and global health. Our resources include prototype international medical graduate community interpreter training programs that support student engagement. Over the past 5 years, our network has trained and inspired over 500 students in community outreach programs with resettlement and NGO services. Our model relies on supporting student leaders who then train and support student participants in a train-the-trainers experiential service learning model.**

**Our program includes many students who come from migrant families (some are refugees themselves) and we also include newly arriving international medical graduates to support advocacy, interpretation services and research. Our health literacy programs work together with refugee resettlement staff who represent refugee communities themselves and also with community NGOs representatives. All of our program have medical advisors who are refugee health physicians. Success stems from the fact that most local medical leaders do not have the time to train and organize junior students and so our open access resources ([www.ccirhenken.ca](http://www.ccirhenken.ca)) and mentorship help support local student leaders to work with medical advisors to overcome health care barriers for refugee populations. We have also found great success in conducting international summer institutes for 2 leaders per program and Doctors Without Borders helped us bring leaders from LMIC (i.e. Lebanon and Syria (500 students applied for 2 positions). These institutes have become the global scaling foundation for our program, but were halted due to COVID restrictions in 2020. We look forward to relaunching our international students with the help of this Award.**

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### 3.4. The Impact

**Students that accept the challenge as health equity leaders give and gain the most. Health equity is a complex field and our approach has been locally transformative to hundreds, globally-thousands, of students, see metrics below. WHO has now taken on research priorities for refugees and other migrants and we hope to work with them and their summer institutes to globally grow our network model.**

**Resettlement amidst language and cultural barriers is a major challenge for refugees, many of whom arrive without any local family members or even any recent access to health or education services. Our student hosts welcome and work with families to address the many obstacles and both parties gain transformative learning from the experience. Refugees report loving the students and the program has helped them prepare proactively to link to community doctors and programs, learn about healthcare and begin to make new friends.**

**Google analytics reveals that thousands of students from around the world have completed our open access Refugee e-Learning modules-many have sent thank you messages stating that the eLearning has advanced their research and clinical positions in diverse countries from Rwanda to Kenya to USA. Our network of universities has directly supported service learning for over 500 students, building student leaders for the emerging field of global health equity research and practice. Many of our students have gone on to led more than 50 peer reviewed publications and countless conference presentations over the past five years. Many students have won awards, scholarships and gone on to take leadership positions with refugee organizations, i.e. the North American Refugee Health Network.**

**Yes, we have successfully scaled our program to 19 universities and we have several others in US, Germany, France are interested to start programs. We have also published two student-led curricular frameworks to support scaling  
<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-022-03413-8> and DOI:10.1186/s12909-020-02143-z.PMID: 32693793; PMCID: PMC7372848. Our digital first model combined with our international summer institutes has provided us with an effective advocacy and scaling process. Over the last two years we also began to apply our community service learning model to help support the development of similar programs for homeless and vulnerably housed and frail elderly.**

**We have successfully scaled our refugee community service learning program and are in the process of using our model to scale service learning for other vulnerable populations. Next step, is to work with WHO to globally scale our refugee health training programs.**

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### 3.5. The Future

**We recognize that recruiting 'true' innovator leaders is very difficult, especially when working with limited time and resources. So, we will continue to focus on attracting promising and committed young students, many culturally diverse children of immigrants, and providing an inspirational environment to help them become innovative health equity research leaders.**

**We are in the process of launching a new beta version of our Power of Sharing Newcomer Stories eLearning. This eLearning celebrates and inspires the sharing of newcomer stories as a core skill in health equity leadership. We are also in the middle of conducting a community participatory research project with Montfort where newcomers from the Middle East and Africa work with our team of student leaders to share stories that will be analysed and ultimately inform our eLearning Modules. We are looking forward to a full launch in Summer 2023 at the North American Refugee Health Conference in Calgary, Canada.**

**We see the future in particular in our ethnically and linguistically diverse students and other emerging young health equity research leaders. Our success has come from attracting exceptional and multicultural students beginning in undergraduate programs and mentoring them through digital first learning and engaging them in challenge projects to develop their leadership and health equity skills. So, our main objective will continue to attract the most committed and exceptional students and help mentor them to become career long leaders.**

**To achieve this objective we will continue to work with our students to create novel equity, inclusion and immersion and diversity focused eLearning as well as to host international summer institutes where we train and network the brightest young leaders.**

**We will continue to work with our 19 medical school partners and refugee settlement partners and have early plans to expand to medical schools in Europe. We will also seek more LMIC partner medical schools, possibly working with Ugandan and Kenyan medical schools within the Aga Khan Foundation African network.**

**We will also continue to work with our WHO Collaborating Centre on health equity, our Doctors Without Borders partners, and we will now work with the new emerging WHO Research Priority initiative for Refugees and other Migrants. We anticipate that our work will continue to globalize with increased WHO collaboration, NGO and summer institute partnerships. Indeed many of our earliest students are now practicing global health and working within our partnerships.**

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4. The Prize Fund

**Prize Fund: 20,000**

**CCIRH would use the award money to fund ongoing student-led digital CCIRH learning resources, support international summer institutes for emerging leaders in refugee health with scholarships for students from LMIC, and support student-led open access publications that shine a light on immersive and inclusive health equity research.**

**Specifically, funds would support translating and updating our eLearning and online resources (5000), planning and financing supporting CCIRH Power of Sharing Newcomer stories summer institutes for refugees (12,000), and supporting students-led health equity article with open access publication fees for our student lead qualitative project on Sharing Newcomer Stories (3000).**

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5. Your advice to others

**1. If you are an elder you must look for someone younger to pass on your knowledge and power.**

**2. Action precedes motivation which precedes understanding and so an action-oriented model is necessary to learn about health equity. Our program builds on engaging and sharing stories and challenges and students become leaders for refugee and global health. We recommend, as we have successfully done, the integration of digital-first learning tools to help prepare student leaders for health equity and community participatory research. Our model attracts exceptional emerging leaders and has them learn by leading community outreach activities involving refugee populations.**

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6. Supporting Evidence

n/a

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## 6.1. Funders

**1. Funder: Canadian Institutes of Health Research (CIHR)**  
**Grant Title: Knowledge mobilization activities to support decision-making by public citizens using a systematic and living map of evidence and recommendations on COVID-19. Refugees and other Migrants as priority group.**  
**Award Period: 2022/7 - 2023/7**  
**Value in GBP equivalents: Total Funding - 993,919 (Canadian dollar) 596,351 GBP**  
**Funding Competitive: Yes**  
**Principal Applicants: Pottie, K (Canada), Akl E (Lebanon); Butcher N; Falavigna M (Brazil); Hartling LA; Kredon T (South Africa); Mathew JL (India); Offringa M (Canada); Schunemann H (Canada/Italy)**

**Co-applicant on Knowledge Mobilization Grant (Canada, Lebanon, Czech Republic, Slovenia, India, Brazil, Chile, Colombia, Spain, Germany, Italy, Switzerland, US )**  
**Alhazzani W; Alonso P; Avey M; Brignardello Petersen R; Brozek J; Chagla Z; Chu D; Davoli M; Elliott S; Florez I; Goetghebeur M; Hayes A; Iorio A; Iorio A; Klugar M; Langendam M; Loeb M; Lotfi T; Mbuagbaw L; Meerpohl J; Mertz D; Mittmann N; Moja P; Munn Z; Mustafa R; Neumann I; Nieuwlaat R; Okwen P; Persaud N; Piggott T; Qaseem A; Reveiz L; Rodin R; Santesso N; Scott S; Soares-Weiser K; Stevens A; Tugwell P; Turgeon A; Welch V; Wiercioch W; Wright J;**

**2. Funder: Health Canada**  
**Grant Title: Virtual Mental Health Care Platform for Francophone Minorities in Canada**  
**Award Period: 2019/7 - 2024/8**  
**Value in GBP equivalents: Total Funding - 993,919 (Canadian dollar). 596,351 GBP**  
**Funding Competitive: Yes**  
**National Team led by Ottawa's Montfort Hospital, including Kevin Pottie as investigator**

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6. 2. **Two academic publications related to this application. student Academic/Professional Publications leaders starred \***

**1. \*Merritt K, Pottie K. (2020). Caring for refugees and asylum seekers in Canada: Early experiences and comprehensive global health training for medical students. Canadian Medical Education Journal. 11(6): e138-e140.**

**<https://journalhosting.ucalgary.ca/index.php/cmej/article/view/69677>**

**2. \*Magwood O, \*Kassam A, \*Mavedatnia D, \*Mendonca O, \*Saad A, Hasan H, \*Madana M, \*Ranger D, \*Tan Y, Pottie K. (2022). Mental health screening approaches for resettling refugees and asylum seekers: A scoping review. IJERPH 19(6): 3549 1-41.**  
**<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8953108/>**

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6.3. Other publications

**Two recent education and screening health equity publications, student leaders starred\*:**

- 1. Gruner, D, \*Feinberg, Y, Venables, M.J. \*Hashmi SS, \*Saad A, Archibald D & Pottie K. An undergraduate medical education framework for refugee and migrant health: Curriculum development and conceptual approaches. BMC Med Educ 22, 374 (2022).  
<https://doi.org/10.1186/s12909-022-03413-8>  
<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-022-03413-8>**
- 2. \*Moledina A, \*Magwood O, \*Agbata E, \*Hung J-H, \*Saad A, Pottie K. (2022). A comprehensive review of prioritized interventions to improve the health and wellbeing of persons with homelessness. Campbell Systematic Reviews. 17(2): 1-136 e1154.  
<https://onlinelibrary.wiley.com/doi/10.1002/cl2.1154>**

6.4. Other forms of communication, including conferences

**Student led open access Instagram 'Global Health Passport', training students in global equity health journalism. See links on <https://www.ccirhken.ca>  
Selected National or International Health Equity Emerging Leader Related Presentations participating students leaders starred\* :**

**2021 Pottie, K, \*Magwood O, \*Saad A, \*Ranger D, \*Haridas R, \*Tan Y, \*Alexander J, Sayfi S, \*Volpini K. Family Medicine Forum, Virtual Conference (150+ participants), Canada. Your Tube Link:  
[https://www.youtube.com/watch?v=fdC\\_axQ5Nbk](https://www.youtube.com/watch?v=fdC_axQ5Nbk)**

**2021 WEBINAR Migrants and Homeless Health. \*Canadian Federation of Medical Students National Speakers Series, Montreal (Virtual, 200 participants), Canada**

**2021 Webinar \*Canadian Federation for Medical Students Advocacy Leadership. Amnesty International. Neglected and Marginalized Populations (Virtual, 150 participants), Canada**

**2020 \*Magwood, Pottie. Global Mental Health Communication. North American Refugee Health Conference, Cleveland (Virtual, 200 participants), United States**

**2021 Pottie, Coakley, Agyemand. WEBINAR COVID-19 Vaccination Uptake among Migrants & Ethnic Minorities. Global Society for Migration Equity and Refugee Health, Amsterdam, (800 participants) Netherlands**

**2017 \*Kaur H, et al (2017). Poster Presentation: Experiences of Refugees, University of Ottawa, Ottawa, Canada**

**2017 Pottie Panelist Vulnerable populations Canadian Medical Association Health Summit, Winnipeg, Manitoba Canada**

**(2017). Pottie, \*Magwood. Keynote Refugees and Public Health Strategies. Public Health Ontario, Toronto, Canada**

**2017 Pottie Chair. Consolidating elements for the research agenda. WHO, IOM 2nd Global Consultation on Migrant Health, Colombo, Sri Lanka**

**2017 Welch V, Pottie K, Norris S, \*Magwood O, Thomas R. (2017). World Health Organization Workshop, Geneva, Switzerland: Incorporating equity, human rights, gender and other social**

**2017 Pottie conference keynote, Evidence Based Platforms for Refugee Health and Emerging Leaders. Refugee Health Summit, Buffalo, United States**

**2017. Pottie conference keynote. Stories from the Field - trying to understand Global Health for students. RIO DAY, Ottawa, Canada**

**2017 Pottie Plenary keynote: Syrian refugee crisis: evidence based guidance and advocacy. Global Health Summit, Cape Town, South Africa**

**2016 Pottie Plenary keynote Speech on Refugee Health, North American Primary Care Research Group, Keystone, Colorado, United States, North American Primary Care Research Group Honor**

**2016 Pottie keynote Migrant and Global Health, 21st WONCA World Conference of Family Doctors, Rio de Janeiro, Brazil WONCA World Organisation of Family Doctors**

**2015 Student led CSL Global Health Passport project - Alex Trebec Innovation and Challenge Fund. Refugee Health Community Service Learning, University of Ottawa (Pottie, Faculty lead) University of Ottawa**

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## 6.5 Other Evidence

**An additional 500 students follow our global.health.passport student-led Instagram, our students have led more-than-50 peer review publications (see [www.ccirhken.ca](http://www.ccirhken.ca) Global-Mental-Health bibliography). Sample of student-led\* publications:**

**\*Sayfi S\*Alayche\*Magwood.Pottie(2022). Identifying Health Equity Factors during COVID.IJERPH.19(19): 12073 1-21.**

**Aubry...\*Saad..\*Magwood.Pottie(2020).Effectiveness of housing, a SR. Lancet Public Health. 5: e342–60.**

**\*Ratnayake\*Sayfi(2022)..How Are Non-Medical Settlement Service Organizations Supporting Access to Healthcare for Immigrants.... IJERPH. 19(6):3616.**

**\*Benjamin\*Girard(2021) Access to Refugee Mental Health Care during COVID...: IJERPH.18(10): 5266 1-11.**

**\*Kaur (2021).Pottie Understanding the health and housing experiences of refugees: a systematic review. CMAJOpen 9(2):E681-E692.**

**\*Lu\*Jamani (2020) Global Mental Health and Services for Migrants: A Scoping Review. IJERPH17(22)(8627):1-28**

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