

Article

Methodological reflections on research with racialized communities and stigmatized topics: Towards a model of transformative engagement

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Abstract

Through our participation as the Calgary site for the Strength in Unity (SIU) project, a pan-Canadian randomized controlled trial, our team anticipated learning much about the seldom researched area of racialized men's experiences with mental health stigma and their responses to novel interventions. Distinct from the study's formal objectives and research queries, we encountered significant recruitment challenges, which engendered unanticipated but welcomed learnings concerning culturally sensitive recruitment practices. To help build the capacity of researchers to meaningfully and respectfully engage ethnoculturally diverse populations, this article discusses five major approaches to participant recruitment and engagement used by the Calgary-based SIU team, as well as the strengths and limitations of each identified approach. In this critical commentary we examine conventional recruitment processes employed in Calgary during early stages of the broader SIU study, thereby illuminating unanticipated barriers to the success of these accepted recruitment practices, as well as report lessons learned that may benefit projects endeavoring to use community-based recruitment strategies to engage participants from diverse cultural groups, particularly for projects considering matters stigmatizing (real or potential) to the community or communities of interest. From our serendipitous learnings we proffer the terminology, "transformative engagement" to characterize a novel process for social work researchers (and/or allied health professionals) to engage with communities and peoples in meaningful, respectful, lasting, and transformative processes, that move beyond traditional and even culturally-sensitive research recruitment practices.

Keywords

transformative engagement, transformative recruitment strategies, mental health stigma, Asian males, research methods.

Résumé

Grâce à notre participation en tant que site de Calgary au projet Strength in Unity (SIU), un essai contrôlé randomisé pancanadien, notre équipe espérait en apprendre beaucoup sur le domaine rarement étudié des expériences des hommes racialisés en matière de stigmatisation liée à la

santé mentale et de leurs réponses aux nouvelles interventions. À la différence des objectifs formels de l'étude et des questions de recherche, nous avons rencontré d'importants défis de recrutement, qui ont engendré des enseignements imprévus mais bienvenus concernant les pratiques de recrutement culturellement sensibles. Pour aider à renforcer la capacité des chercheurs à impliquer de manière significative et respectueuse des populations ethnoculturelles diverses, cet article traite de cinq approches principales de recrutement et d'engagement des participants utilisées par l'équipe du SIU de Calgary, ainsi que des forces et des limites de chaque approche identifiée. Dans ce commentaire critique, nous examinons les processus de recrutement conventionnels employés à Calgary au cours des premières étapes de l'étude plus large de l'SIU, mettant ainsi en lumière les obstacles imprévus au succès de ces pratiques de recrutement acceptées, et rapportons les leçons apprises qui pourraient profiter aux projets s'efforçant d'utiliser les méthodes de recrutement communautaires. Des stratégies de recrutement pour impliquer des participants issus de divers groupes culturels, en particulier pour les projets portant sur des sujets stigmatisants (réels ou potentiels) pour la communauté ou les communautés d'intérêt. À partir de nos apprentissages fortuits, nous proposons la terminologie "engagement transformateur" pour caractériser un nouveau processus permettant aux chercheurs en travail sociaux (et/ou aux professionnels paramédicaux) de s'engager avec les communautés et les peuples dans des processus significatifs, respectueux, durables et transformateurs, qui vont au-delà pratiques de recrutement de chercheurs traditionnelles et même sensibles à la culture.

Mots clés

engagement transformateur, stratégies de recrutement transformatrices, stigmatisation liée à la santé mentale, hommes asiatiques, méthodes de recherche.

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Introduction

Through our participation as the Calgary site for the Strength in Unity (SIU) project (Fung et al., 2022; Fung et al., 2021; Livingston et al., 2018; Morrow et al., 2020), a pan-Canadian randomized-controlled trial (RCT), we anticipated learning much about the seldom researched area of racialized men's experiences with mental health stigma and their responses to novel interventions. Distinct from SIU's formal objectives and research queries, our team encountered a significant challenge with recruitment, which engendered unanticipated but welcomed learnings concerning culturally sensitive recruiting practices. Cultural sensitivity is defined as,

“employing one’s knowledge, consideration, understanding, respect, and tailoring after realizing awareness of self and others and encountering a diverse group or individual” (Foronda, 2008, p. 210). Identifying culturally sensitive recruitment strategies was not originally included as a formal research question within the broader SIU study. However, by necessity our team endeavoured to identify and implement a range of strategies considered best practices for research recruitment among racialized groups in order to mitigate the initially poor recruitment numbers jeopardizing the sample size/power requirements for the RCT methodology. The decision to disseminate the lessons learned was to positively contribute to the seldom examined knowledgebase on this important topic. This decision is supported by other researchers (Blanchet et al., 2017; Rugkåsa & Canvin, 2011) who have engaged ethnoculturally diverse samples and underline the importance of reporting successful culturally sensitive recruitment strategies that arise as fortuitous secondary outcomes of research.

To help build the capacity of researchers to meaningfully and respectfully engage ethnoculturally diverse populations, this paper discusses five major approaches to participant recruitment and engagement used by the Calgary-based SIU team, as well as the strengths and limitations of each identified approach. In this critical commentary we examine conventional recruitment processes employed in Calgary during early stages of the broader SIU study, thereby illuminating unanticipated barriers to the success of these accepted recruitment practices, as well as report lessons learned that may benefit projects endeavoring to use community-based recruitment strategies to engage participants from diverse cultural groups, particularly for projects considering matters stigmatizing (real or potential) to the community or communities of interest. From our serendipitous learnings we proffer the terminology, “transformative engagement” to characterize a novel process for social work researchers (and/or allied health professionals) to engage with communities and peoples in meaningful, respectful, lasting, and transformative processes that move beyond traditional and even culturally-sensitive research recruitment practices. In our discourse regarding transformative engagement, we share generative ideas and approaches about community engagement generated in collaboration with our partner communities that extend the works of previous community-based scholars who have laid the foundations of culturally sensitive practices for research which informs research recruitment methods.

We share our humbling learning process and critically analyze our unchallenged assumptions. Doing so, helped our project move from a position of having non-viable recruitment numbers, well below *a priori* sample size calculations, to our final enrollment of over 500 participants to an intervention study (i.e., RCT). We especially highlight insights pertaining to a highly stigmatized subject area, with respectable retention/attrition rates, and importantly meaningful ongoing relationships between researchers, mental health professionals, community agencies, and diverse culture groups/peoples that are seldom engaged as service users/participants, and even less so as key stakeholders/collaborators. Though we surpassed our recruitment goal, it is without doubt that this high level of participant engagement was thanks to

the support of community members and agencies that our research team members have a strong connection with.

Literature review

Historically, the mental health field and its affiliate professions (e.g., medicine, nursing, psychology, social work) have languished in their duties to solemnly collaborate with Black, Indigenous, and People of Colour (BIPOC) communities vis-à-vis research to illuminate in a culturally safe manner their unique needs, experiences and outcomes (Ananthanarayanan, 1994; Ben et al., 2017; Cruikshank & Beevers, 1989; Feagin & Bennefield, 2014; Fiscella & Sanders, 2016; Krieger, 2014; McKenzie, 2004; Paradies et al., 2015; Phillips-Beck et al., 2020; Ramraj et al., 2016; Schouler-Ocak & Moran, 2023; Shavers et al., 2012; Siddiqi et al., 2017; Smith et al., 2016; Stuber et al., 2008; Veenstra & Patterson, 2016; Warren, 2013; Williams et al., 2019; Williams & Rucker, 2000; Williams et al., 2022). There is a burgeoning awareness within the field of mental health that culturally-sensitive/culturally-safe health and mental health care is essential to best practice, and realizing such practices are inextricably linked with commensurate research practices (Arzubiaga et al., 2008; Beach et al., 2005; Brach & Fraser, 2000; Campinha-Bacote & Padgett, 1995; Calderón et al., 2006; Corbie-Smith et al., 2007; Dune et al., 2018; Edge & Lemetyinen, 2019; Fisher et al., 2002; Ford et al., 2008; Gallagher & Polanini, 2015; Gil & Bob, 1999; Israel et al., 2008; Gopalkrishnan & Babacan, 2015; Oscós-Sánchez et al., 2008; Papadopoulos & Lees, 2002; Robinson & Trochim, 2007; Shiu-Thornton, 2003; Soto et al., 2018; Truong et al., 2014; Wilson & Neville, 2009).

Due to a myriad of historical and contemporaneous structural/systemic factors becoming ever more lucid within the field, lamentably BIPOC communities are underrepresented in health research, generally, and specifically are underprivileged in intervention studies (Durant et al., 2007; Eylem et al., 2020; Fouad et al., 2001; Scharff et al., 2010; Sheikh et al., 2009; Wendler et al., 2006). For example, the disquieting practice of disenfranchising BIPOC peoples' participation from clinical trials (Harris et al., 2003; Hussain-Gambles et al., 2004; Hussain-Gambles et al., 2006; Kennedy & Brunett, 2007; Oh et al., 2015; Powell et al., 2008; Powell et al., 2016; Shavers et al., 2002) may be particularly egregious as the outcomes of clinical trials form the very foundation on which health/mental health care decisions are based (Haynes et al., 2002). Rothwell (2005) resoundingly censured aberrant methods common among clinical trials that routinely sacrifice external validity rather than finding redress for non-representative samples, which have become ubiquitous in health/mental health research. Rothwell (2005) further warns that the clinical sequela of non-representative samples are profound and antithetical to evidence-based medicine, whereby a paucity of empirical evidence of effectiveness for health/mental health interventions (i.e., pharmacotherapy, psychosocial interventions), often defaults the health care decision making process to a retrogressive appeal to the clinician's authority (i.e., authority-based practice). Such authority-based practices place BIPOC peoples at risk to experience health/mental health services rife with clinician bias (Dehon

et al., 2017; Fitzgerald & Hurst, 2017; Hall et al., 2015), including the provision of interventions proclaimed to be evidence-based, effective and safe, but are unlikely to have been empirically validated with BIPOC samples.

In a pan-Canadian context, mental health is an established human right (MHCC, 2012), which has been inextricably linked to access to evidence-based care and/or interventions (Kutcher & McLuckie, 2010). An important and often misunderstood construct, with origins in the Canadian health care context (Sackett et al., 1996), evidence-based medicine, later applied to allied professions including social work (Gambrill, 1999) and psychology (APA, 2006), was a foil to authority-based practice. More specifically, a requisite of evidence-based practice (EBP), is for practitioners to move beyond appealing to the authority of a clinician, or simply shifting this appeal to the faceless authority of research-evidence. EBP, salient to mental health care, requires that best-research evidence account for the client's context, including clinical state, circumstances and preferences (Haynes et al., 2002; Sackett et al., 1996; Sackett et al., 2000). Context, for BIPOC peoples, cannot, and should not be distilled in a reductionist manner. In other words, context is not tantamount to ethnocultural factors, variables or phenomena. As such, totalizing or universal views of BIPOC peoples or communities should be discarded. Context is clearly understood as a central tenet of EBP (Haynes et al., 2002) and to culturally-safe/culturally informed practice with diverse communities (Their et al., 2020). When working from a EBP paradigm/health-care philosophy, particularly with diverse groups, BIPOC peoples, and those commonly marginalized and/or underrepresented in health/mental health research, policies, best practice reports, it is imperative to move beyond whether an intervention is considered evidence-based. As noted by Pawson et al. (2005), such myopic queries about effectiveness (i.e., does this intervention work for a specified health outcome?), demands a conscientious adjudication of these evidence-based interventions/protocols to determine for whom they are considered effective and in what contexts.

The strength in unity project: Study context

Since inception over a century ago, social work has been a profession distinguished by its attention to and value of context (Fook et al., 2000; Forenza & Eckert, 2018; Gould, 2022; McCoyd et al., 2023; Payne, 2021; Thompson, 2022). Social work and social work researchers may be uniquely positioned to meet the growing call for culturally competent research (Altpeter et al., 1999; Casado et al., 2012; Higginbottom & Liamputtong, 2015; Mason, 2005; Minkler & Wallerstein, 2003; Potocky & Rodgers, 1998; Shankar, 2012). Heeding this call, our site for the SIU project committed throughout the design, implementation, and evaluation of an intervention study (i.e., RCT) to explicate the lessons learned about the barriers and facilitators to engaging with members of a BIPOC community. Recruitment of BIPOC peoples, or lack thereof to intervention studies are often considered the proverbial Achilles heel of such endeavors, (Andrasik et al., 2021; Borschmann, et al., 2014; O'Brien, et al., 2006; Howard et al., 2009; Paskett et al., 2008; Reohr et al., 2022; Robinson & Trochim, 2007; Williams & Corbie-Smith,

2006). From a transformative engagement perspective, which is strength-based, we have elected to forgo the use of the term recruitment, in favour of the concept of engagement, which we considered metaphorically akin to a key stone that sits at the apex of the bridge's arch locking in all stones allowing them to collectively bear a much greater weight. Brown et al (2006) describe a transformative engagement process as "an interactive process in which all partners apply critical thinking skills to complex community problems" (p. 9). For us, engagement is the unifying and fortifying force that stabilizes the bridge between researcher(s) and community.

Thus, despite Canada's growing ethnocultural diversity and increasing attention to mental health, the extant research offers scant insight into the mental health of BIPOC peoples in Canada. The SIU study focused specifically on Asian-Canadians as this segment of the population represents the largest and fastest growing visible minority group in Canada with over 6 million individuals, representing 18 percent of the population (Statistics Canada, 2017). Our decision to focus specifically on males, was due to the mandate of *Movember* (see www.ca.movember.com) the community-based funding body (i.e., charitable organization), focused on men's mental health, and for the reason that *Movember's* work is of such importance; men's mental health is underserved (Chatmon, 2020).

Due to the paucity of intervention research with Asian males in Canada, and even less insight into the best practices for engagement of these communities, our team faced a daunting task. However, we came to quickly understand and appreciate that the Asian-Canadian community, and more specifically our site, the Asian-Calgary community is expansive, vibrant and diverse and certainly not a static monolith of peoples. At the time of the study, the population for SIU Calgary, included South, East, and Southeast Asian men to reflect the Calgary context where South Asians, Chinese and Filipinos respectively represented 27, 19, and 15 percent of the total visible minority population. The Philippine immigrant population is also rapidly expanding and is Calgary's and Alberta's leading source of immigration, respectively accounting for 24 and 29 percent of recent immigrants (Statistics Canada, 2017). While we recognize the unique differences among these groups, we initially defined the community in a broader inclusive manner in order to identify the shared commonalities of these communities.

Given the diversity within the Asian-Calgary communities, through ongoing reflexive team meetings throughout the duration of the study, we grew to understand that barriers in accessing mental health services existed, some of which were common across the communities we worked with, while others were unique to specific segments within the Asian-Calgary communities. And yet, most of the barriers in mental health access were unique from those experienced by dominant social groups (i.e., White Canadians). Barriers included, but are not limited to, limited knowledge regarding mental health services and/or cultural understandings on mental disorders; perceived stigma around mental illness; and more reliance, relative to non-racialized counterparts, on informal supports, such as social networks and family support (Tiwari & Wang, 2008). In parallel to barriers to mental health services access, our team identified a number of common experiences affecting, and potentially posing barriers to recruitment and participation in research. For instance, immigrants from these Asian countries encounter similar barriers to

mental wellness including reduced access to income, employment, health and social resources. Asian immigrant men also experience heightened stigma within their cultural communities combined with hegemonic masculine expectations deterring help seeking to mental health services (Guruge et al., 2018). To date, anti-stigma interventions have been largely unavailable to Asian communities in Canada (Guruge et al., 2018) and Asian men are seldom represented in mental health research, leading the extant literature to offer little understanding of their unique needs.

Due to the nature of the research questions posed within the SIU study, our team recognized the need to identify and overcome potential barriers to engaging Asian men for our study. This point is emphasized in the research literature that highlights the existence of several barriers to recruiting underrepresented ethnocultural groups to participate in research (Bonevski et al., 2014; Rugkåsa & Canvin, 2011). These barriers occur at the individual, institutional and societal levels (Katigbak et al., 2016; Lu & Gatua, 2014; Ogilvie et al., 2008; Park & Mandy, 2014). Park and Mandy (2014) categorized the barriers to engagement from ethnic minority groups into three distinct classes:

- 1) simple logistical barriers, such as transportation, childcare or eldercare, and scheduling;
- 2) complex logistical barriers, such as a participant's fear of institutional settings, research staff and/or research materials lacking cultural diversity or sensitivity; and
- 3) complex barriers pertaining to knowledge, beliefs, and attitudes held within the communities (e.g., general distrust of research studies). (p. 336)

Katigbak et al. (2016) agreed with these categorizations, noting that institutionalized racism and discrimination, lack of ethnically diverse researchers, and research designs misaligned with ethnocultural community values, are all system-level barriers to recruitment. Further studies noted salient issues influencing recruitment efforts with ethnic minority groups such as limited familiarity with research processes, and prior experiences of deception and/or exploitation by researchers (Lu & Gatua, 2014; Ogilvie et al., 2008; Park & Mandy, 2014). Engagement challenges have been found to apply more specifically to Asian communities (Katigbak et al., 2016; Lu & Gatua, 2014; Park & Mandy, 2014). For example, monetary incentives or honorariums for participation in research may be negatively interpreted or experienced as degrading due to their incongruence with Asian values (Chen et al., 2005; Katigbak et al., 2016; Lu & Gatua, 2014).

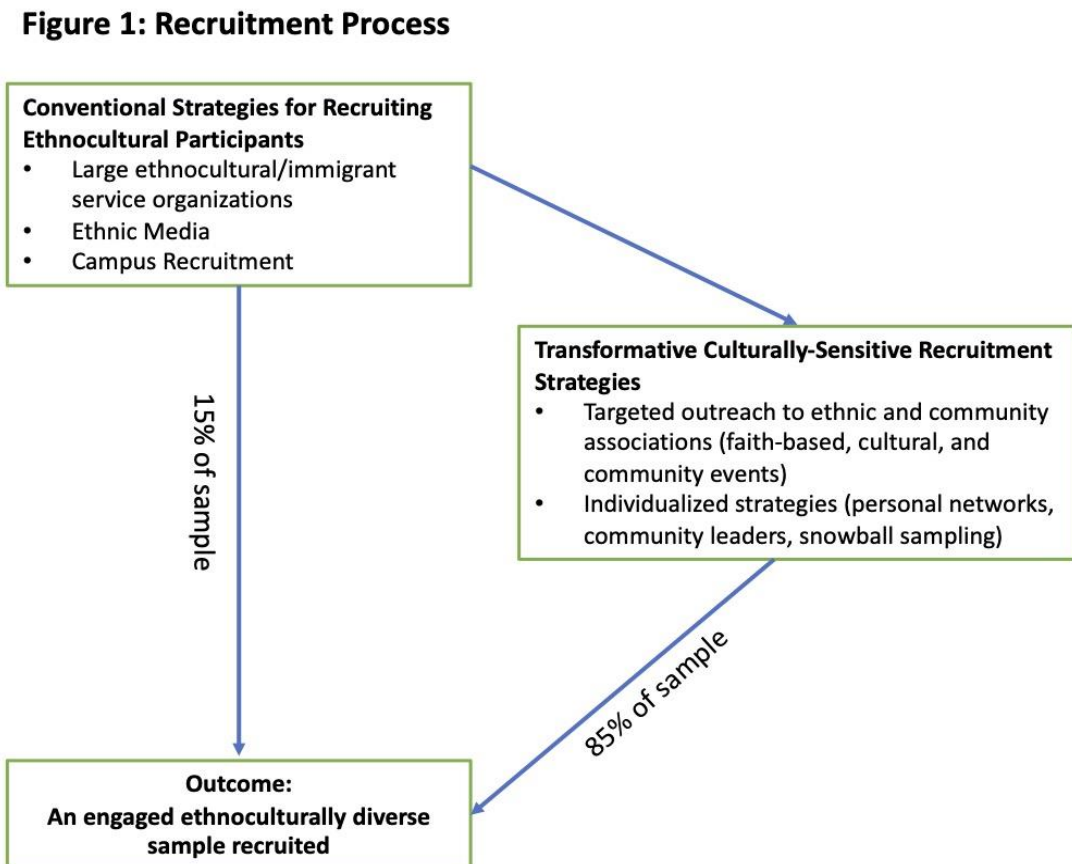
Conventional recruitment process: Our best practices are not good enough

As part of the engagement process, Research Assistants (RAs) completed an initial screening of participants, by phone, or in person, to determine their eligibility. Among the screening questions, potential participants were asked how they became aware of the SIU project. Responses to this question illuminated patterns of participant engagement within our project that could inform our engagement efforts for groups of potential participants. Screening materials

also revealed that some potential participants were directed to our study via multiple sources, which helped our team streamline our engagement initiatives.

Of note, we do not consider all described engagement strategies to be culturally-sensitive, *per se*. For instance, from the outset we relied on several conventional recruitment strategies (Table 1) but quickly encountered their limitations as these resulted in relatively modest rates of engagement. In reflecting on the limitations of initial recruitment strategies, we shifted our efforts towards employing a transformative engagement approach that was culturally-informed and community-led. This approach emerged through our experiences that is also validated through a small body of literature involving strategies such as building relationships with specific ethnocultural organizations or associations, researcher participation in ethnocultural community forums and events, partnering with community leaders or gatekeepers, and forming community-based advisory committees or councils (Brown et al., 2006; Chen et al., 2005; Hanza et al., 2016; Katigbak, 2014; Lu & Gatua, 2014; Yancey et al., 2006). As we incorporated transformative engagement practices into our study, we found these to be more effective for securing study participants relative to conventional recruitment strategies (Figure 1; Table 1). We proffer that transformative engagement practices were instrumental in our success as we managed to engage 483 individuals (approximately 85% of our sample) following our change to transformative engagement processes (Figure 1).

Figure 1: Engagement Process



Engaged large ethnocultural and immigrant-serving organizations

Consistent with research findings on best-practices for culturally sensitive recruiting practices (Chang et al., 2013; Katigbak et al., 2016), our initial recruiting strategy weighted heavily towards identifying and engaging key ethnocultural and immigrant serving organizations that served clients potentially meeting our study's inclusion criteria. Our efforts were consistent with findings from Waheed et al. (2015) who suggested establishing an advisory board to help researchers understand cultural barriers and develop strategies to recruit ethnocultural communities into mental health research. Similarly, in a community-based participatory research (CBPR) study addressing the mental health needs of immigrants and refugees from Chinese, South Asian and Vietnamese communities, Hanza et al. (2016) noted how recruitment was positively impacted by creating a partnership between academics and community partners to develop and disseminate socio-culturally appropriate communications related to the study, including recruitment efforts. Effective community-academic partnerships identified via research (Chen et al., 2005) include creative examples such as advisory groups forging ties between mental health consumers, pastors of Chinese churches, caregivers of mental health patients, and home attendants who helped advise researchers on "how to effectively recruit and retain elderly Chinese patients' participation in the study" (Chen et al., 2005, p. 112).

To engage with community agencies, the lead researcher accompanied by RAs, met with key individuals within the organizations to review and discuss information packages pertaining to the study. The strength of this approach resides in its conscientious, ethical and mutually beneficial leveraging of pre-existing trusting relationships between the research team and Calgary-based Asian communities. Establishing and engaging genuine, trusting relationships is considered one of the most effective methods for researchers to meaningfully engage populations of interest in future research and is considered particularly crucial for researchers seeking to engage ethnocultural communities (Chang et al., 2013; Hanza et al., 2016; Katigbak et al., 2016; Lu & Gatua, 2014; Park & Mandy, 2014; van der Velde et al., 2009).

The perceived primary benefit of connecting with large organizations was their ability to act as conduits between the project team and community leaders and/or key informants, proving instrumental once recruitment began. A secondary benefit was the ability of these organizations to provide the project team with critical insight. For example, large organizations shared stories from their community members' experiences with mental health and stigma, which validated the importance of our study. Importantly, they also shared their experiences working with Asian males, providing cultural contexts specific to each targeted ethnocultural community and suggesting ways to approach these communities about stigmatized concepts such as mental health/illness. Guided by the expertise of the agency staff, their feedback served as a catalyst for our research team to reflect on our current engagement practices through an ongoing and evolving process that led us to consider transformative engagement strategies.

Although we assumed the former strategy would be most effective, partnering with these organizations did not translate into meaningful participant engagement accounting for only approximately 4% of our sample. A central concern of this strategy was our considerable

investment of human resources (HR) into partnering with these organizations. Specific HR challenges centred around the substantial number of hours required by research staff to build and sustain the capacity of partner organizations to directly assist with engagement. At the outset of the project, much time was spent addressing partner organizations' concerns that recruitment targets were unrealistic and that study protocols were too demanding on participants' time. Despite this investment of our HR and the genuine interest of partner agencies to support the SIU project, many organizations struggled to commit staff time for recruitment efforts, ultimately requiring our team to seek alternate engagement strategies.

Promotion via ethnic media advertisements

Our second recruitment process employed ethnocultural advertisements across various local ethnocultural media venues. These efforts, consistent with research on the benefits of culturally relevant media, such as Korean and Chinese language newspapers (Park & Mandy, 2014) resulted in the recruitment of approximately 10% of study participants. Our belief was that popular ethnocultural media services would provide a medium to allow SIU recruiters to efficiently reach large portions of Calgary's targeted ethnocultural populations because many from these communities rely on ethnocultural media to stay connected to their respective communities.

Specifically, our ethnocultural media recruitment strategies included public service announcements in newspapers and radio broadcasting, as well as engaging hosts of culturally relevant radio programs to make personalized promotions for SIU. These efforts resulted in a local Chinese radio station hosting an hour-long on-air program promoting our project, due to their expressed belief that the study's aims were of importance to the community. Secondly, SIU purchased regular and ongoing radio advertisements, which was matched by the radio station's in-kind donation of additional advertising in recognition of the virtue of the project to the community. To effectively reach the targeted ethnic communities, multilingual RAs translated engagement material in potential participants' first languages including traditional and simplified Chinese, Malayalam, Tamil, Punjabi, and Tagalog.

When the project was promoted on the local Chinese radio station, there was an initial surge of interest from the community that declined precipitously following the original broadcast. A second barrier was that advertisements and radio broadcastings through ethnocultural media were considered "one-sided" since there was no recruiter interaction with the audience. Thus, RAs were unable to respond to questions from potential participants. Finally, for the Chinese community, the use of ethnocultural media was not cost-effective considering the small number of participants (3.5%) recruited through this strategy. Comparatively, for the South Asian community we experienced more success in using ethnocultural media for recruitment, attracting more members from this community as participants (6.5%).

Recruited on campus

We engaged the University of Calgary (UCalgary) community as a strategy to recruit individuals and/or their family members. Meetings with various student clubs and mental health services on campus were organized to discuss opportunities for collaboration. We promoted the study by posting recruitment posters across campus, participated in a panel discussion on the campus radio station, and had two articles featured in the University's electronic newsletter. However, these approaches were not culturally-sensitive resulting in only 1% of our sample being recruited.

The assumed advantages of recruiting on campus was the ability to tap into campus networks through various mental health and ethnocultural clubs and services that we could potentially collaborate with to facilitate recruitment. The UCalgary Faculty of Social Work provided in-kind support to host information sessions that raised awareness about the cultural barriers and stigma facing Asian boys and men with respect to mental health. Difficulties with this recruitment strategy were: 1) coordination with clubs/organizations as they had their own initiatives and planned events; 2) the time commitment of the study (4–8 weeks) for students was cumbersome and participation in the study had to be organized around the university's peak times (e.g., exams); and 3) limited staff resources to commit to campus recruitment. In the final analysis, this recruitment strategy was not successful.

Transformative engagement: Best practices for culturally-sensitive recruitment

Targeted community outreach to smaller, ethnic specific associations

Since the first three recruitment strategies proved sub-optimal, we elected to engage directly with grassroots ethnocultural community associations, as well as attending community events organized by these entities. Grassroots agencies differ from large ethnocultural and immigrant serving agencies. The larger ethnocultural and immigrant serving organizations understandably prioritized daily activities related to their funded mandates, deprioritizing activities associated with our study. Larger organizations were also susceptible to research fatigue due to being approached often for various research studies. Furthermore, our \$1000 honorarium for partnering agencies was insignificant to operating budgets of larger organizations, making it unlikely to incentivize the prioritization of our study over regular agency activities. Conversely, the smaller grassroots ethnocultural organizations had more flexibility than the larger organizations to shift their programming or service efforts, as they were less bureaucratic. In our experience, we perceived these men to have a greater affinity with their local, ethno-specific associations as opposed to the larger immigrant and ethnocultural serving agencies. Further, these associations are typically volunteer-run by members of the community with few, if any, paid staff, as the majority of their operating funds are made up of membership fees and/or donations. Juxtaposed to the larger agencies, the research honorarium were non-trivial in respect to their budgets, which when combined by the genuine investment in the nature of the study for their constituents

resulted in these agencies being more willing to commit additional time to the success of the research study (e.g., recruitment). Contrary to the research fatigue of larger agencies, few, if any of our partner grassroots organizations were engaged in prior research. Once a trusting relationship was solidified with these organizations, the community leaders were excited to partner with UCalgary researchers as a secondary gain was the increase the profile of their organizations, ultimately strengthening their reputation in their respective communities.

Faith-based groups, community organizations, and cultural/community events acted as major entities in supporting our engagement process. Engaging faith-based groups was a central facet of our strategy, as they represented primary locations where our targeted populations gathered. However, these groups proved to have limited influence on our engagement endeavours. We approached Sikh gurdwaras, Muslim mosques, Hindu temples, and Christian churches to engage community leaders acting as gatekeepers or natural conduits to their community, as has been shown effective in research (Hanza et al., 2016; Katigbak et al., 2016; Ogilvie et al., 2008; Rugkåsa & Canvin, 2011; Yancey et al., 2006). Members of the research team also acted in outreach roles at various community settings (e.g., libraries and community recreation facilities). Although engagement efforts involved mainstream community resources, these facilities are frequently used by members of our targeted communities. Due to their locations these community-based settings were well attended by members of the Asian communities thereby providing an opportunity for researchers and partners (i.e., engagement champions) to bring awareness of the study to the community members and directly facilitate recruitment. Finally, researchers and engagement champions informally canvassed at various cultural and community events as a means of heightening project awareness and catalyzing engagement.

Collectively these strategies appear to have enhanced our engagement success, helping us procure 45% of the total sample. Our shift to adopting transformative engagement processes allowed us to disseminate more information about the project to a broader community audience. We identified and partnered with grassroot associations and groups in ethnocultural communities (e.g., Malayalee Cultural Association of Calgary, Indian Ex-Servicemen Immigrant Association) whose meeting spaces were in close geographic proximity to many members of the targeted populations. An unintended benefit of this approach was the opportunity to engage with women from Asian communities, who, although not eligible for formal study inclusion, affirmed the importance of the study to their husbands, brothers, sons, and/or fathers. As an artifact of meaningfully engaging with Asian women, these women encouraged their male family members to consider enrolling in the SIU study, as evidenced by a significant number of study participants acknowledging that a female family member informed them of, or influenced their decision to participate in the study. Limitations associated with engagement via specific ethnocultural, faith-based, community organizations, and community leaders include the likelihood that this contributed to a homogenous groups of participants (i.e., there was limited heterogeneity among Punjabi, Chinese, and Filipino men); individuals who initially expressed interest in participation either denied availability to participate when contacted following the community event, or failed

to respond to engagement champion's follow-up efforts; and lastly this process was a significant HR burden on the project.

Individualized strategies

Individualized strategies represented the fifth key engagement process responsible for nearly 40% of the study's participants. Specifically, we relied on personal networks, community leaders, and snowball sampling. As a consequence of the principal researcher's hiring practices/strategy, the majority of our research team, belonged to at least one of the ethnocultural communities targeted in the study. This strategy is congruent with research (Park & Mandy, 2014) showing that strong ethnocultural ties between engagement champions and Asian communities positively influences engagement and that that employing RAs from specific ethnocultural communities may help engagement efforts (Ogilvie et al., 2008; Rugkåsa & Canvin, 2011). This further aligns with the principle of researchers relying on personal networks and having engagement champions with similar language and culture as potential participants (Chen et al., 2005; Lu & Gatua, 2014). Insiders who share the same country of origin and/or ethnocultural identity as the communities being studied may more readily understand and empathize with participants' cultural values and experiences, which may result in using more culturally relevant research protocols ultimately translating into higher engagement and retention for ethnoculturally diverse participants (Ogilvie et al., 2008).

Consistent with this strategy, and a noted exemplar for culturally sensitive research methods (Reohr et al., 2022) our team purposely employed RAs who used personal, community, and professional relationships to advertise SIU and solicited help from their friends/acquaintances to promote/champion the project. Key community leaders were also instrumental, as they acted as gatekeepers between SIU engagement champions and the community, helping us enter each community. RAs educated the community leaders (both formally and informally) about the project and its relevance for men in their community. Community leaders organized meetings, invited RAs to give presentations, and referred potential participants.

Finally, since the design of the study involved engaging in waves, snowball sampling proved an effective strategy for all communities. A salient example that served as a major engagement facilitator was hiring a member from the South Asian community, who was passionate about promoting positive change for her community and motivated many community members to participate in the study. Further, she continued to be involved throughout the project by attending and co-facilitating sessions in collaboration with the SIU team.

As part of the intervention, participants were expected to engage in anti-stigma activities within their respective communities. As a result, participants voluntarily shared their experiences regarding their involvement in the study and encouraged others within their networks to join the study. This was an unintended consequence that significantly increased the number of individuals engaged with the study. Ethically, the researchers felt individuals who facilitated engagement should be compensated for their work in helping facilitate engagement and thus were given a small honorarium following the completion of the interventions. Since participants

had no prior knowledge of this compensation, there were no ethical concerns regarding coercive recruiting practices of these volunteer-recruiters/engagement champions.

Three primary benefits of using individualized strategies for engagement were: the use of personal networks represented one of the most consistent and dependable methods to engage; the team had a diverse array of networks, which allowed us to tap into different communities.

Individualized strategies created opportunities to personalize engagement in ways that were particularly relevant to Asian men. For example, community leaders and stakeholders who worked specifically with the Punjabi community informed researchers that language was a major barrier that impeded individuals from this specific South Asian community from participating in the study. As a result, the research team discussed ways to adapt the interventions to better meet this group's unique needs. Although the project did not budget for formal translation services, the research team and community leaders collaboratively came up with a strategy where separate waves would be facilitated with the Punjabi community to incorporate informal translation through volunteers who would work closely with the researchers in order to accommodate language barriers and be more inclusive of Punjabi participants who would otherwise be excluded from the study. Individualized strategies also provided opportunities for those who had insider knowledge to contextualize discussions about mental health, mental illness, and stigma in ways that were relevant to the experiences of Asian men. It is a relational process that puts emphasis on relationships. In building trust with community leaders, we were able to enhance our credibility within the respective Asian communities by working collaboratively with gatekeepers. This enabled us access to the community that otherwise would have been difficult had we attempted to engage through large ethnocultural and immigrant-serving agencies or ethnic media where it is more challenging to develop personal relationships with gatekeepers.

On the other hand, challenges included: participants obtained from RA's personal networks limited heterogeneity in intervention groups and waves; engagement via personal network could possibly lead to a selection bias. For example, one of the RAs who had strong connections to the Kerala community, engaged peers within his personal network, many of whom knew each other. As more participants from this community were engaged, others joined because they knew their friends/acquaintances were involved in SIU. As a result of using this engagement process, the first Kerala wave included a close-knit group of Asian males from the same community and networks, which may have altered the group dynamics. This impact was to an extent mitigated by the addition of a second RA who was not from that community.

In summary, the key engagement processes employed by the SIU team and its associated strengths and limitations are illustrated in Table 1.

Table 1: Transformative engagement processes

Conventional strategies	Facilitators	Barriers
<p>1. Engaged large ethnocultural & immigrant-serving organizations</p>	<ul style="list-style-type: none"> ● Strong trust & respect building on research team’s pre-existing relationships with the communities ● Agencies served as consultants sharing knowledge on strategies to approach/engage their communities regarding mental health 	<ul style="list-style-type: none"> ● Considerable human resources needed to recruit the desired 800 Calgary participants ● Navigating the competing demands of partner organizations (e.g., prioritizing their funders’ requirements)
<p>2. Promoted through ethnic media</p>	<ul style="list-style-type: none"> ● Efficiently reached large portions of the targeted ethnic populations within a short timeframe ● Ethnic media supported the project by providing reduced rates to advertise or did not charge 	<ul style="list-style-type: none"> ● Advertisements and radio broadcastings were considered “one-sided,” limiting interaction between recruiters & potential participants
<p>3. Recruited on campus</p>	<ul style="list-style-type: none"> ● Easy access to campus clubs & services ● University partners promoted the study through articles & social media ● Co-hosted a panel on cultural barriers in mental health among Asian men 	<ul style="list-style-type: none"> ● Challenge coordinating as clubs/organizations were involved in their own initiatives ● The study’s time commitment (4–8 weeks) was not convenient for students ● Limited staff resources to commit to campus recruitment
Transformative culturally-sensitive strategies	Facilitators	Barriers
<p>4. Targeted outreach to ethnic & community associations</p> <ul style="list-style-type: none"> a. Faith-based groups b. Community organizations c. Cultural & community events 	<ul style="list-style-type: none"> ● Collective strategies resulted in the ability to recruit more study participants through local organizations within respective communities ● Disseminated more information about the project to a broader community audience (e.g., engaging women who conveyed the study’s value to male family members) 	<ul style="list-style-type: none"> ● By using this strategy, we may have limited the diversity within the groups we recruited ● Some participants who initially expressed interest did not follow through on their commitment to participate in the study
<p>5. Individualized strategies</p> <ul style="list-style-type: none"> a. Personal networks b. Community leaders c. Snowball sampling 	<ul style="list-style-type: none"> ● The use of personal networks represented one of the most consistent & dependable methods to recruit ● The team had a diverse array of networks, which allowed us to tap into different communities ● Using the knowledge & skills acquired from the training provided past participants with the opportunity to actively recruit members within their respective communities 	<ul style="list-style-type: none"> ● Participants obtained from RA’s personal networks limited heterogeneity in intervention groups & waves ● Recruiting through personal network could lead to a selection bias (e.g., RA deciding which friend/ acquaintance to approach about the project) ● Participants may have felt coerced or obligated to join due to the personalized nature of this approach

Lessons learned

We identified a number of novel, culturally informed engagement strategies that may be uniquely suited to effectively engage Asian men from the Indian and Pakistani communities (i.e., South Asian), Chinese communities (i.e., East Asian) and Filipino communities (i.e., Southeast Asian) in relation to mental health programming. Given that the topic of mental health/illness is highly stigmatized within Asian cultures and that members of ethnocultural communities are often distrustful of researchers and research processes (Katigbak et al., 2016; Park & Mandy, 2014), we conclude that adopting transformative engagement processes was paramount to the success of our project. We proffer six key lessons learned from our process of engaging Asian men in Calgary for the SIU study:

1. **Conventional recruitment strategies may be ineffective:** Our team augmented recruitment procedures typically employed in research and initially utilized conventional recruiting procedures often considered effective to engage vulnerable segments of the community. However, as Katigbak et al. (2016) note, such procedures incorrectly assume that community agencies serving ethnocultural communities do not necessarily service all community members and creative strategies are required to reach isolated sub-groups within culturally diverse populations. Our team recognized the greater effectiveness of unconventional, transformative engagement processes, including the use of targeted ethnocultural outreach to be more effective in the field, especially considering Asian males seldom access existing community agencies, due to barriers including stigma.
2. **Importance of working with credible community leaders who share common goals and visions:** Credible community leaders in various ethnocultural communities were the catalysts of engagement because they were well-known, respected, and trusted by community members. Working together to develop common goals and a vision about how this study could benefit their respective communities was an efficient and effective strategy, as the leaders willingly communicated and engaged community members on our behalf. Such findings are consistent with previous recruitment findings for Asian American populations (Chen et al., 2005; Katigbak et al., 2016).
3. **Clearly articulating the purpose of the study and its associated benefits at the individual and community level:** Consistent with methods employed by Bonevski et al. (2014) we clearly described the purpose of the study to potential participants and emphasized benefits that addressed specific community needs such as unemployment. First, we explained how unemployment could impact the mental health of individuals and their families, and then highlighted the benefits of learning skills to cope with related stresses. Once community leaders understood the relevance of the study to their communities, they were better able to communicate the nature of the project to their respective communities in a culturally-sensitive manner that resonated with potential participants, thereby increasing motivation to participate. By highlighting the association between unemployment/under-employment and mental health difficulties (Sakamoto et al., 2010), community members were able to see the potential benefit of programming, such as that offered by SIU. It is important to note that

although there may be an association between unemployment and mental health difficulties, this relationship is complex and our team clearly informed participants that our anti-stigma program should not be considered a means of directly ameliorating the issue of unemployment at the individual or community levels.

4. **Ensuring that mental health concepts are presented in a manner that is understood by the participating ethnocultural communities:** Mental health/illness, and stigma carried different meanings depending on the ethnocultural community. For example, in the Filipino community, mental illness is a highly stigmatized term, which would likely act as a barrier to participation due to fears of being associated with madness, which is affirmed in literature that address cross-cultural concepts of mental health in ethnocultural communities (see for example, Fernando, 2010; Kanani, 2011; Moodley & Ocampo, 2014; Tam, 2013). We learned from the community that English words such as “stress” would offer a more accurate translation for mental health difficulties and would not pose a barrier to engagement. Engaging community insiders, highly knowledgeable of their community’s traditions and practices proved to be a key means for our team to establish and build trust with communities. Once we adapted our mental health language and ways of approaching community members about the study in culturally-sensitive ways, we noticed a major increase in engagement.
5. **Building and fostering relationships:** Developing and sustaining meaningful relationships with key stakeholders (e.g., participants, community leaders/engagement champions) was critical and consistent with the findings of Bonevski et al. (2014). Throughout our project, it became increasingly evident that forging and maintaining genuine collaborations with community members enhance project credibility, increased outreach in communities and accelerated engagement. We applied this learning to our approach, whereby peer translators, key community members and past participants were increasingly involved. Furthermore, we demonstrated our appreciation by providing participants with honorariums, food, certificates, and reference letters, when requested.

As suggested in the literature, accepting monetary incentives may be considered a degrading act due to incongruence with Asian values (Chen et al., 2005; Katigbak et al., 2016; Lu & Gatua, 2014). Some participants in our study expressed reluctance to receive honorariums opting instead to donate theirs to charity. Our team navigated these concerns in a non-stigmatizing way by first acknowledging their altruism and then invited them to do so as part of their committed action to the community. By doing so, we respected participants’ cultural preferences while linking it to their roles as Mental Health Ambassadors (MHAs). If participants were saying this because of fear of being negatively perceived but wanted to keep the money, it also ensured that they could “save face” in a culturally-sensitive manner without judgement from the RAs.

6. **Reflective team meeting discussions focused on engagement:** Ongoing, regular team dialogues about the engagement process were effective in identifying what strategies were working for each community and the challenges encountered. Similar to Lu and Gatua

(2014), our study's protocol and engagement efforts needed to be continuously examined and then modified to fit the cultural needs and context of our sample of Asian men. Engagement strategies such as researcher participation in ethnocultural community forums and events and building partnerships with community leaders and potential gatekeepers resulted in higher recruitment rates. The effectiveness of the latter transformative engagement processes resulted in the recruitment of most of our sample (85%). The success of our recruitment strategies are consistent with previous research demonstrating that engagement via stakeholders with strong community ties (Park & Mandy, 2014), the use of RAs from specific ethnocultural communities (Chen et al., 2005; Ogilvie et al., 2008; Rugkåsa & Canvin, 2011), and the use of snowball sampling (Lu & Gatua, 2014) are effective.

Conclusion

It is important for those intending to conduct research with Asian communities in relation to mental health to refrain from underestimating the time and resources required for participant engagement, particularly for large-scale RCT studies of this nature that contribute to ethnic and health disparities due to the underrepresentation of this demographic. Further, it is important for researchers to continually tailor engagement approaches for each ethnocultural community. The lack of knowledge about mental illness/mental health along with the stigma associated with mental illness represent two major challenges to the engagement process. Hence, there is a need to collaborate with these communities to optimize learnings surrounding these critical concepts pertaining to mental health, illness, and stigma as well the nature of the study and the various ways in which communities may assist members of the research team. Researchers must also clearly identify the benefits of the study for individuals and their communities. Based on our experience, the need for flexibility is an important attribute that is required by researchers. As we have clearly illustrated, one cannot assume that the proposed engagement process that were developed and implemented at the beginning of the study will be effective. Having regular team meetings to discuss the effectiveness of engagement strategies in consultation with community members may help foster evolving processes to evaluate, and when necessary revise engagement practices to be more efficient and effective. Finally, it is imperative that researchers establish, nurture, and sustain positive and meaningful relationships with key community members as well as study participants. Collectively, these two parties from our vantage point represented the most important entities in engaging potential participants from their respective communities that was transformative in nature.

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