Engaging Immigrant and Racialized Communities in Community-Based Participatory Research During the COVID-19 Pandemic: Challenges and Opportunities

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Abstract
Community-based participatory research (CBPR) approaches have been important avenues for addressing community vulnerability during pandemics and times of crises. There has been little guidance, however, on how to approach CBPR within the context of the COVID-19 pandemic where physical distancing and closure of essential community organizations became the norm. This study discusses challenges and possibilities of using CBPR during a pandemic to address the needs of immigrant and racialized older adults in Alberta, Canada. Two case studies of active research projects that aim to engage immigrant and racialized older adults are presented. Three key challenges are identified related to research activities during the pandemic: (a) pivoting as new foci emerge, (b) recognizing inequity in research participation, and (c) reflecting on well-being in the research team. Approaches to addressing these challenges are highlighted with recommendations for future considerations in CBPR research within vulnerable communities.

Keywords
community-based research, photo elicitation, participatory action research, critical feminist theory, narrative

Introduction
The COVID-19 pandemic has disproportionate health, social, and economic impacts on immigrants and racialized communities (Guttmann et al., 2020; Price-Haywood et al., 2020). Older adults within these communities are particularly vulnerable (Garcia et al., 2020) as they are more likely to have declining health, experience social isolation and loneliness, and report greater unmet health needs than the general population (Degelman & Herman, 2016; De Jong Gierveld et al., 2015; Koehn et al., 2013; Salma & Salami, 2020). Targeted and tailored strategies are required to support immigrant and racialized older adults impacted by the pandemic.

One successful approach to identifying and addressing the needs of this population continues to be community-based participatory research (CBPR). Community-based participatory research is a power-equalizing approach that sees community members as partners in the research process and experts on issues of concern in their lives (Minkler & Wallerstein, 2008). Participatory approaches that adopt immigrants and older adults as equal collaborators result in enhanced agency, empowerment, and uptake of research findings by the community (Blair & Minkler, 2009; Chang et al., 2016; Ganann, 2013; Littlechild et al., 2015). Community-based participatory research approaches have, also, become important avenues for addressing community vulnerability during pandemics and times of crises (Wells et al., 2020). Engaging older adults in CBPR requires specific

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attention to power dynamics, representation, and risk to achieve the goal of meaningful participation (Corrado et al., 2020). There has been little guidance, however, on how to approach CBPR with older adults during the pandemic. Physical distancing, closure of essential community organizations and services, and restrictions on in-person research activities complicate an already challenging approach to doing research.

The objective is to discuss the challenges and possibilities of using CBPR with older adults during times of crises such as pandemics. We will first provide an overview of CBPR (definition, historical roots, and ethical principles). We will then describe the two CBPR research projects with immigrant older adults in Alberta, Canada from which we draw our experiences. Finally, we will highlight the ongoing challenges our work presents, mitigation approaches, and recommendations for best practices.

**What is CBPR?**

Hacker (2013) defines CBPR as a collaborative research approach that is designed in partnership with the community, stakeholders, and researchers. The partnership continues throughout the research lifecycle, from identification of the problem to dissemination of research findings. In CBPR, research is not done “on” people but rather “with” people to access their viewpoints on how best to improve their lives (Minkler & Wallerstein, 2008). The term CBPR is not universal. Some key terms frequently used in the literature are “community-based research” (used in Canada); “action research” (used in the United Kingdom, Australia, and New Zealand); and “participatory research and/or participatory action research” (used in the Global South). Other commonly used terms are “mutual inquiry,” “feminist participatory research,” “community-partnered participatory research,” and “street science” (Hacker, 2013; Minkler & Wallerstein, 2008).

**Historical Roots of CBPR**

A brief discussion of the historical development of CBPR is presented below, but for a detailed discussion please refer to Israel (2005). The first person to use the term action research within the Northern tradition was Kurt Lewin. In the 1940s, Lewin challenged the gap between theory and practice and attempted to solve practical problems through a process of research. Lewin rejected the positivist approach of striving for objectivity without considering participants’ perceptions and understanding of the world (Israel, 2005). Since the early 1970s, a second tradition of participatory research called the Southern tradition started within Latin America, Africa, and Asia. This was influenced by Marxist critiques of social science and the search for new emancipating research and education practices such as was demonstrated in the works of Latin American philosopher Paulo Freire, (1970) and sociologist Orlando Fals-Borda (1987).

**Aims of CBPR**

The aim of CBPR is to maximize the participation of community and partners in research. Israel (2005) identified nine guiding principles for CBPR; however, no one principle is applicable to all partnerships. Research partners decide on the given principles and develop additional standards as appropriate to the core values of the participatory project. The nine principles can be condensed under three different themes:

**Relevance and feasibility.** Community-based participatory research focuses on locally relevant issues while being sensitive to cultural, linguistic, and political realities (Balazs & Morello-Frosch, 2013; Burke et al., 2013). Community-based participatory research engages communities in identifying priorities and locating existing strengths and opportunities to achieve a common goal (Israel, 2005; Minkler & Wallerstein, 2008). This approach adopts a cyclical and iterative process that begins with defining a problem to translating the findings in meaningful ways within communities.

**Trust, engagement, and empowerment.** Community-based participatory research begins with building trust with the community (Chang et al., 2016; Hacker, 2013; Israel, 2005; Minkler & Wallerstein, 2008) where a humble exchange of knowledge strengthens the trust among community partners, researchers, and study participants. Partners recognize that inequalities exist between themselves and those with power to make key political and social decisions, and an effort is made to challenge these power inequities (Israel, 2005; Wilson et al., 2018).

**Knowledge and sustainability.** Community-based participatory research incorporates strategies to share knowledge with the community in meaningful ways that enhance agency (Burke et al., 2013; Israel, 2005). This entails engagement with community partners in the dissemination of knowledge and in advocating for the needs of the community past the end date of the research project (Balazs & Morello-Frosch, 2013; Israel, 2005). Partnerships do not necessarily end with the completion of the research project and can result in long-term commitments to the community (Burke et al., 2013).

**Ethical Principles and Considerations in using CBPR**

Research involving human participants adheres to basic ethical principles which include respect for persons, beneficence, and justice (The Belmont Report, 1979). While all ethical principles that govern research apply in the context of CBPR, there are some unique dimensions of ethics (Fouché & Chubb, 2017).

**Community informed consent.** Community-based participatory research engages groups of people within particular communities who have diverse backgrounds, perspectives, and
values. It can become challenging to obtain consent from the group or the community as a whole. Who participates when project outcomes impact the community is an ethical concern in any CBPR initiative (Fouché & Chubb, 2017; Lake & Wendland, 2018). Ensuring older adults with disabilities or chronic health conditions have equal opportunities in CBPR requires special attention (Corrado et al., 2020). Advisory committees can play crucial roles as mediators and cultural brokers for building acceptance within the community and ensuring representation of more marginalized community subgroups (Chang et al., 2016).

**Risks and benefits.** Protection of participants is a key priority with research using a participatory approach (Wilson et al., 2018). Researchers in CBPR must navigate the risks and benefits to the individuals who participate as well as the entire community. An important initial question is what the community will gain or lose by choosing to engage in the study. Older adults might worry that the benefits will not be achieved in their life time, requiring balancing short- and long-term gains in CBPR with this population (Blair & Minkler, 2009). Ageist assumptions about older adults’ abilities can prevent meaningful participation in research which limits opportunities for empowerment (Littlechild et al., 2015; Martinson & Minkler, 2006). Benefits can include building connections, learning new skills, learning about research, resource identification and flow, capacity building, and empowering participants to advocate for their needs (Burke et al., 2013; Israel, 2005).

**Academic-community partnerships.** Academic-community partnerships are core to CBPR carried out by academic researchers (Chang et al., 2016). Partnerships with community-based organizations in particular can help build trusting and sustainable relationships that result in tangible impacts within the community (Chang et al., 2016; Lake & Wendland, 2018; Wilson et al., 2018). Principles such as agency, inclusion, shared decision-making, and empowerment are central to successful partnerships and require specific attention in the development of partnership structures and processes (Ortiz et al., 2020).

**CBPR Case Studies with Immigrant Older Adults**

The case studies presented below are centered on research questions developed in collaboration with older adults and with community-based organizations that support them.

**Case Study 1: Women-CONNECT Study**

Social connectedness is critical for healthy aging (Kohli et al., 2009; O’Rourke & Sidani, 2017; Yiengprugsawad et al., 2018), and Muslim immigrant women from diverse ethnocultural communities have reported social disconnected in older age (Diaz et al., 2019; Senzai & Bazian, 2013). This three-year CBPR project aims to: (a) identify the ways social connectedness influences the lives of Muslim older women; and (b) determine the risks and drivers of disconnectedness. Research ethics approval has been obtained from the University of Alberta Research Ethics Board (Pro00100343). The research questions were identified as relevant to the Muslim community in Alberta in prior consultations and research interactions. The pandemic has increased community concerns about social isolation and loneliness. An advisory committee of 12 Muslim women from South Asian, Arab, and African immigrant communities was formed to co-lead the project. Advisory committee meetings began in July 2020 and continue once per month via a ZOOM digital platform. Committee members and two hired community liaisons who are Muslim women help identify, recruit, and retain participants. Data collection approaches include multi-series individual interviews and photo elicitation techniques which have commenced virtually during the pandemic.

**Case Study 2: The Arabic Digital Literacy Project**

Older immigrants increasingly use information and communication technologies (ICTs) to connect locally and transnationally to family and others in their social networks (Salma & Salami, 2020). This study will explore the extent, quality, and implications of ICT use in Arabic-speaking immigrant older adults. This is a two-year CBPR project approved by the University of Alberta Research Ethics Board (Pro00103587). The research questions were identified as relevant to our community partner, a local Mosque with a social program for older adults from the Arabic-speaking community, and the relevance was amplified with the move to virtual seniors’ programs during the pandemic. Research activities include identifying learning needs via individual interviews with older community members and follow-up workshops over 6 months to enhance digital competence in identified priority learning areas. Pandemic adjustments include conducting in-home visits to provide initial digital learning with follow-up group workshops using ZOOM and WhatsApp digital platforms.

**Challenges of Planning and Implementing CBPR During a Pandemic**

In the process of obtaining institutional approvals for the above two projects and beginning data collection for the “Women-CONNECT” study, we have identified some key emerging challenges. These challenges present both ethical and methodological questions that impact the implementation of CBPR activities. The goal is to sensitize other researchers and community partners to the demands of conducting CBPR during times of crises and to foster ongoing discussion on potential solutions. The discussion below stems from advisory
committee meeting notes (seven advisory committee meetings held monthly from August 2020 to April 2021), research team meetings (monthly), informal communications with community partner organizations, interactions with 13 research participants, and reflexive memos of the research team. Reflexive memos incorporate input from community liaisons helping with recruitment and graduate students supporting data collection.

**Pivoting as Urgent Foci Emerge**

Our community partners in the CBPR projects are religious and ethnocultural organizations that play a central role in meeting the day-to-day needs of immigrant communities (Salami et al., 2019). A major avenue to enhance community resilience during pandemics is via grassroots community organizations (Endale et al., 2020; Truman et al., 2009). During the pandemic, these organizations report pressure to meet increasing demands for support from the community. Our community partner for the Arabic Digital Literacy Project is a local Mosque that provides social and spiritual services to its congregation, including a large percentage of Arabic-speaking immigrant older adults. The Mosque requested the CBPR project pivot from exploring the experiences of older adults who use technology on a regular basis to supporting digitally illiterate older adults. This would allow the Mosque to address social isolation and lack of digital access of the most vulnerable community members during the pandemic. Pivoting, however, would necessitate in-person visits to participants’ homes to support digital learning, contradicting, at the time, public health recommendations and academic policies that limit in-person research activities. There was some debate on the best way to proceed to balance community needs, to be met by the research project, and the risks of COVID-19 transmission due to in-person research activities. While some in the research team questioned our academic obligation to support community needs when the risk to researchers, students, and community research assistants would be high. Others argued that the ethical principles of CBPR necessitate responding to emerging needs and that the principles of “reciprocity” and “trust” were at stake. The directive to avoid all but “essential” in-person research was a point of contention, and “essential research” was seen as determined by those with the power to make decisions around priorities, needs, and resource allocation. Researchers at our institution underwent the process of receiving approval by the Research Ethics Board; and, then Dean and Public Health Response Team Approvals (2 additional levels of approvals) for field research where the evaluation of whether the proposed research was “essential” was a key determining factor.

The University Ethics Board and the Public Health Response Team approved our modifications to the Digital Literacy Project that included in-person data collection with a reviewer stating: “This is a very good application. I recognize the challenges that COVID has on your research, especially with your sample, where a certain competence with technology might be needed to collect information (October 2020).” Approval was facilitated by providing a community-driven rationale for in-person visits and outlining a clear risk mitigation approach. Mitigation strategies to prevent COVID-19 transmission during research activities were outlined in the participant information letter (Table 1). Additionally, we built flexibility into research activities to account for changing public health recommendations:

“Data collection due to COVID-19 will be modified for this study until it is safe to hold focus groups at our partner organizations... We will conduct in-person interviews and education sessions with seniors in their homes... Most importantly, this project focuses on digital literacy in seniors and we expect that many seniors will not have the digital literacy to access ZOOM or other virtual tools to participate in the interviews. Part of the project will be helping seniors to use digital hardware (tablets, phones) to increase their digital connectivity and enhance digital literacy. Meeting in-person, at least once, to set up the required digital tools with the senior will be essential. Our community partner, has emphasized the need for digital support for isolated community members during the pandemic. Our research aligns well with community-driven needs...” Excerpt from ethics application: Digital Literacy Project.

Finally, we created Muslim Seniors Research Committee (MSRC), an advisory committee delegated with the responsibility of vetting ongoing research projects within the community, prioritizing these goals, and identifying community concerns around research participation. The committee was composed of Muslim community members from diverse ethnocultural and linguistic communities. The committee helped ensure timely responses to community needs that could be met via research such as sharing of pandemic-related information with the community and creating a community liaison position in the Mosque to connect with and address the needs of older adult members.

**Recommendations.** Timely and effective response to community needs is a hallmark of good CBPR practices (Fouché & Chubb, 2017; Wilson et al., 2018). Older adults have experienced increasing isolation and loneliness during the pandemic but, also, demonstrated resilience and creativity (Gonçalves et al., 2021). During the pandemic and the immediate recovery phase, CBPR researchers need to clearly articulate emerging community needs, while building appropriate mitigation strategies into research designs (Townsend et al., 2020). Community-based participatory research at its core aims to prioritize benefits to the community while risk assessments require flexible adjustments based on the evaluation of contextual benefits versus risks (Lake & Wendland, 2018). Including older adults’ perceptions of risk during times of crises, via advisory committees and consultations, will ensure adherence to CBPR principles of relevance.
Recognizing Inequity in Research Participation

Pre-pandemic strategies to build trust within communities and recruit research participants have included working with community liaisons, attending community events, and visiting more isolated older adults at their homes. In-person connections centered on sharing meals, exchanging personal histories and pleasantries, and making oneself available (volunteering and attending social events) have been critical to our success in building community-oriented knowledge in immigrant and racialized communities (Salma et al., 2017). During the pandemic, we have had to explore new ways of building connections with variable levels of success. Having introductory meetings with stakeholders and research participants, via ZOOM or WhatsApp video calls, has been helpful where the visual interface allows for connections on a more personal level. Other researchers have noted the need to shift to digital platforms to collect data from older adults during the pandemic (Nicol et al., 2020) and in qualitative research overall via digital applications (Averett, 2020; Teti et al., 2020) as a way to ensure ongoing participation and mitigate logistical barriers to research participation. Despite this, we have struggled connecting with those with low digital literacy and those more isolated community members; a finding mirrored in other contexts during the pandemic (Campbell, 2021; Van Deursen, 2020). Our motto from the discussions in advisory group meetings for the Women-CONNECT study became “Meet participants where they are at!” This involved allowing older adults to determine their desired level of participation and the tools they needed to participate. Older adults preferred WhatsApp, which is a common social media platform used by immigrants to connect with their families outside of Canada, or ZOOM, which is a platform they had learned to use during the pandemic. Visual technologies also facilitated communication by enhancing intimacy where non-verbal cues were more apparent and a sense of familiarity between interviewer and interviewee was cultivated:

“...I never hear that stupid phone ring. [Laughter] I would rather go on Zoom. Then I know I can see the person, and the person can see me, and then we can talk and everything. So that’s why I opted for this.” (76-year-old South Asian woman)

We also began to deliver information packages to door steps at a time when the older adult was home. A research team member would then wait at a distance from the front door and introduce themselves to the older adult. Further rapport was developed via weekly phone calls to participants to ask about their life outside of the research study and check-in on the progress with photo selection. Three research assistants helped with this process: Two were Urdu-speaking women and one was an Arabic-speaking woman. One of these individuals was a graduate student, another was a recent university graduate, and one was an older adult on the advisory committee. All research assistants and the lead researcher had pre-existing community ties and identified along religious and cultural lines with participants. Shared identities helped facilitate recruitment and data collection during the pandemic when establishing new connections would be more challenging:

“I realized that this project provided an opportunity to the seniors to have their voice heard and express themselves. For example, sometimes they would love to talk about their personal lives, which was not related to the project at all rather it gave them a platform to share their feelings with us. Sometimes, their personal stories were full of pain and it made me realize that seniors need a lot of emotional support as a coping mechanism.” (Research assistant, reflexive memo, December 2020)

Similar to Averett (2020) and Liegghio and Caragata (2021), we saw data collection as a form of “care work” where the interviews were an opportunity for participants to connect during a time of isolation from family and friends.

Table 1. Information Letter: Risk Identification & Mitigation.

| Possible Risks: You might prefer to have us visit in-person to conduct the interview. Due to the COVID-19 pandemic, we cannot eliminate the risk of you getting sick due to an in-person interaction. We will take all precautions to minimize this risk by doing the following |
| --- |
| (1) You and the interviewer will complete a symptom checklist before the meeting |
| (2) You and the interviewer will wear a mask and face shield during the meeting |
| (3) You and the interviewer will maintain 2-m physical distancing when possible, and |
| (4) All surfaces touched by the interviewer will be disinfected |
| (5) If symptoms of COVID-19 appear or you are confirmed positive for COVID-19 within 14 days of our interview, we suggest you |
| • Take the online self-assessment and book an appointment for testing. You can call 811 for questions or concerns related to COVID-19 |
| • Contact the research team to inform them of your symptoms and/or positive results |

and feasibility (Corrado et al., 2020). Finally, although we attempted to create a multiple-scenario research protocol to account for the changing public health situation, the need for research ethics amendments and the administrative approvals required for field research created both confusion and delays. Advocating ethics review boards and universities for rapid approval of research can ensure timely adaptation to changing community concerns and needs in the field (Patel et al., 2020) and has relevance for future crises and emergency situations.
One quote by a team member points to the level of intimacy participants and research assistants developed during their interactions that continued past the data collection event:

“Due to confidentiality and privacy, I delete their numbers and names after interviews from the cell phone, but participants send me text messages of greetings and best wishes every day. Therefore, I have to refer back to the computer and see whom I am interacting with.” (Research assistant, reflexive memo, December 2020)

Despite the research team reporting positive interactions with older adults in the research project, many participants reported an increased sense of isolation due to the pandemic and other simultaneous life stressors which could not be remedied via one or two interviews:

Participant 11: No, no good. No good. No good. I don’t feel good. I don’t…. So really depressing. Very depressing.

Interviewer: So, do you feel like your life changed a lot after COVID?

Participant 11: Yes, life changed a lot. Life changed a lot. Because I’m a very outgoing person... (72-year-old South Asian woman)

Participant 5: I feel lonely, you know, sometimes I don’t just feel lonely; I feel... a little scared of the future, if something happens to my husband, or if something will happen to me too...so that is one scare that’s just now started to sort of creep into my life.

Interviewer: Why do you think it started to creep into your life now?

Participant 5: I think due to some medical issues that we are facing now. (67-year-old South Asian woman)

Similar to the findings of other researchers (Campbell, 2021; Davies et al., 2020) engaged in virtual qualitative data collection, the research team struggled to support participants emotionally at a distance which challenged our notions of “caring” as an implicit process in qualitative interviewing. A reflection from a graduate student interviewing a participant highlighted how the absence of in-person presence could enhance participant vulnerability during and after the interview:

“One question I was left with was, when dealing with emotional issues what are the resources we are giving the participants in order to deal with their emotions. For example, while sharing about her late husband, a participant started crying and we were watching her cry. I felt that maybe if we could have someone they could reach out to, if they really break down emotionally. We never know and situations like that might come up. I learnt that we need to be prepared for that as well.” (Research assistant, reflexive memo, October 2020)

While we worried about the well-being of those participating in the research and our ability to provide needed support, we also worried about those left out of the research project entirely. We found, similarly to other researchers (Spagnolo et al., 2020), that the pandemic has exacerbated the divide between those who can and those who cannot participate in research. We continued to recruit highly educated, affluent, and digital savvy older women. While their stories and perspectives are invaluable, it is the stories left untold that concern us and the further marginalization of already vulnerable groups. We have, thus, recruited two community members as research assistants who have strong volunteer backgrounds in the community prior and during the pandemic and who shared linguistic and cultural roots with the target communities which has increased notably our access to more isolated and vulnerable participants.

**Recommendations.** The pandemic has exacerbated the digital divide (Mwambari et al., 2021; Roberts et al., 2021) and resulted in collective fatigue (Call-Cummings et al., 2020) with ethical implications for fairness in research participation. Researchers conducting CBPR must reflect on sub-groups in the community left out of research activities due to lack of digital connectivity, especially with regards to potential differences in experiences, perceptions, and needs during and immediately after the pandemic. One successful approach to targeting this group has been using community members who already have strong community connections built prior to the pandemic and shared religious, linguistic, and cultural identities with potential participants. Supporting communities during the pandemic is an ethical responsibility (Henry Akintobi et al., 2020) but, also, increases communities’ willingness to reciprocate and engage in research. Additional financial resources are needed to hire and train community members, and funders must consider the costs of these activities. Second, “meeting participants where they are at” requires a flexible and evolving approach to data collection but can ultimately increase willingness of older adults to participate. As we move forward with our research, we aim to continue to incorporate opportunities for telephone interviews, interviewing outdoors while maintaining social distancing, and using snowball sampling to identify hard-to-reach community members.

**Reflecting on Well-being in the Research Team**

While the focus in CBPR is often on the risks and benefits to participants, the impacts on the research team must be noted as well. Based on our experiences, CBPR in immigrant
Communities is often undertaken by researchers who themselves are racialized and/or immigrants. The centrality of a researcher’s identity and social positioning in a CBPR project and the resulting impacts on meeting research objectives are well documented (Denzongpa et al., 2020; Drame & Irby, 2015; Sánchez, 2009). Our research interactions bring together racialized and minoritized women from academia, racialized women from the community, and marginalized immigrant communities, including many early career researchers. The pandemic has disproportionately impacted the lives of women and minorities (Beland et al., 2020; Desjardins et al., 2020; Gabster et al., 2020) and early career researchers (Spagnolo et al., 2020; Nasri et al., 2021). As research team members composed of women, this has meant juggling personal and professional stressors brought on by the pandemic such as precarious employment and child care responsibilities while trying to “do the research”. The lead author of this article juggled writing this manuscript while home schooling three elementary-aged children. Many of our research team members and community partners have transnational dimensions to their lives. A global pandemic means that families and friends outside of Canada, often in the Global South, are experiencing significant turmoil without the social and economic safety nets seen in our local contexts. This in turn results in considerable psychological stressors related to “caring” and the need to both financially and emotionally support those at a distance. Some of our students on the team have looked for additional employment to support themselves and their families, while research work dried up with the scaling down of research projects. Many of these students have taken on high-risk employment during the pandemic such as health care aide positions in continuing care settings. For those students who are new graduates and transitioning from a student visa to a work permit, the search for employment to remain in Canada has been an additional stressor. Some of our research participants and advisory committee members are engaged in transnational and local volunteer networks which limits their availability for research activities. Finally, the lack of in-person contact between students and supervisors has impacted the quality and quantity of research mentorship experiences. Debriefing, practicing interviewing skills, community engagement opportunities, and data analysis sessions can occur via digital platforms but lack the intimacy provided by in-person contact within a shared research space.

Recommendations. One of the key principles of CBPR relates to developing community capacity (Vaughn et al., 2017). Community-based participatory research researchers will need to budget for the additional resources required to sustain research activities and the academic-community partnership. Providing technology infrastructure to students and research assistants working from home is needed more often as working from home continues to be the norm. Additionally, adequate financial compensation for community advisory members, flexibility in meeting research timelines, attending to community volunteer opportunities outside the confines of the research project, and “checking in” on team members in recognition of the mental and emotional toll of the pandemic in their personal lives are all strategies we have implemented in our work. Building rapid qualitative methods (Beebe, 2014; Vindrola-Padros & Johnson, 2020) into CBPR protocols might help increase the timeliness of research activities, decrease the burden on participants and the research team, and enhance the uptake of findings. Rapid qualitative methods incorporate rigorous, pragmatic, and outcome-oriented research strategies with the potential to reduce time and costs, enhance transparency and responsiveness, and produce more robust data sets during times of crises (Patel et al., 2020). Rapid qualitative methods include short targeted qualitative interviews, coding and analyzing directly from interview notes or recorded interviews (forgoing the delays of transcription), and cyclic spurts of data collection and analysis. Finally, sensitizing academic leadership to the consequences for academics who are women or from racialized communities is essential (Oleschuk, 2020). Future discussions around tenure, productivity, and equity in distribution of academic resources will be part of the ongoing conversation on mitigation of pandemic impacts in academia.

Conclusion and Recommendations

The need to accommodate flexible, timely, and collaborative approaches to doing research with communities is amplified during times of crises such as a pandemic. During our work over the past year and a half, we noted three key barriers that continue to hinder engagement of older adults in our CBPR projects. The first relates to different conceptualizations of risk; the risk of contracting COVID-19 versus the risk of not receiving essential goods and services (need for food, shelter, healthcare services, and social connectedness). While the academic focus seems to be on decreasing the risk of COVID-19 transmission, the focus of communities is on meeting the basic needs of vulnerable members. This risk perception is complicated when participants are older adults, a high-risk group for contracting and experiencing complications from COVID-19.

The second barrier identified relates to time. While community agencies are more able to swiftly mobilize funding to meet emerging demands, researchers must engage in a lengthy process of obtaining required approvals. This might impact community trust and willingness to participate, especially since the lead researcher on the projects is an emerging academic engaged in their first few years of establishing academic-community research partnerships.

The third barrier is the additional resources and commitment required of a CBPR approach which is hindered during the pandemic by competing personal demands of the research team. Additionally, inequities in research participation are exacerbated as potential participants might not have the digital resources and knowledge to participate. In conclusion, CBPR
offers many opportunities to support racialized and immigrant older adults. To capitalize on these opportunities, CBPR researchers need to continue to share their experiences and identify creative approaches to engaging with communities.

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References
Averett, K. H. (2020). A feminist public sociology of the pandemic: Interviewing about a crisis, during a crisis. *Gender, Work & Organization, 28*, 321–329. https://doi.org/10.1111/gwao.12616

Balazs, C. L., & Morello-Frosch, R. (2013). The three R’s: How community-based participatory research strengthens the rigor, relevance, and reach of science. *Environmental Justice, 6*(1), 9–16. https://doi.org/10.1089/env.2012.0017

Beebe, J. (2014). *Rapid qualitative inquiry: A field guide to team-based assessment* (2nd ed.). Rowman & Littlefield Publishers.

Beland, L.-P., Fakorede, O., & Mikola, D. (2020). Short-term effect of COVID-19 on self-employed workers in Canada. *Canadian Public Policy, 46*(S1), S66–S81. https://doi.org/10.3138/cpp.2020-076

Blair, T., & Minkler, M. (2009). Participatory action research with older adults: Key principles in practice. *The Gerontologist, 49*(5), 651–662. https://doi.org/10.1093/geront/gnp049

Burke, J. G., Hess, S., Hoffmann, K., Guizzetti, L., Loy, E., Gielen, A., Bailey, M., Walnoua, A., Barbee, G., & Yonas, M. (2013). Translating community-based participatory research principles into practice. *Progress in Community Health Partnerships: Research, Education, and Action, 7*(2), 115–122. https://doi.org/10.1353/cpr.2013.0020

Call-Cummings, M., Hauber-Özer, M., Rowell, L., & Ross, K. (2020). The roles and responsibilities of action research networks in times of crisis: Lessons from the action research network of the Americas. *The Canadian Journal of Action Research, 20*(3), 19–35. https://doi.org/10.33524/cjar.v203.486

Campbell, L. R. (2021). Doctoral research amidst the Covid-19 pandemic: Researcher reflections on practice, relationships, and unexpected intimacy. *Qualitative Social Work, 20*(1/2), 570–578. https://doi.org/10.1177/1473325020981090

Chang, E.-S., Simon, M. A., & Dong, X. (2016). Using community-based participatory research to address Chinese older women’s health needs: Toward sustainability. *Journal of Women & Aging, 28*(4), 276–284. https://doi.org/10.1080/08952841.2014.950511

Corrado, A. M., Benjamin-Thomas, T. E., McGrath, C., Hand, C., & Laliberté Rudman, D. (2020). Participatory action research with older adults: A critical interpretive synthesis. *The Gerontologist, 60*(5), e413-e427. https://doi.org/10.1093/geront/gnzo80

Davies, L., LeClair, K. L., Bagley, P., Blunt, H., Hinton, L., Ryan, S., & Ziebland, S. (2020). Face-to-face compared with online collected accounts of health and illness experiences: A scoping review. *Qualitative Health Research, 30*(13), 2092-2102. https://doi.org/10.1177/1049732320935835

De Jong Gierveld, J., Van der Pas, S., & Keating, N. (2015). Loneliness of older immigrant groups in Canada: Effects of ethnic-cultural background. *Journal of Cross-Cultural Gerontology, 30*(3), 251–268. https://doi.org/10.1007/s10823-015-9265-x

Degelman, M. L., & Herman, K. M. (2016). Immigrant status and having a regular medical doctor among Canadian adults. *Canadian Journal of Public Health, 107*(1), e75-e80. https://doi.org/10.17269/cjph.107.5205

Denzongpa, K., Nichols, T., & Morrison, S. D. (2020). Situating positionality and power in CBPR conducted with a refugee community: benefits of a co-learning reflective model. *Reflective Practice, 21*(2), 237–250. https://doi.org/10.1080/14623943.2020.1733955

Desjardins, D., Freestone, C., & Powell, N. (2020). RBC economics: Pandemic threatens decades of women’s labour force gains. Retrieved 30 July, 2021 from rbc.com/economics.

Drame, E. R., & Irby, D. (2015). Positionality and racialization in a PAR project: Reflections and insights from a school reform collaboration. *Qualitative Report, 20*(8), 1164–1181. Retrieved from https://nsuworks.nova.edu/tqr/vol20/iss8/2/

Endale, T., Jean, N. St., & Birman, D. (2020). COVID-19 and refugee and immigrant youth: A community-based mental health perspective. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(S1), S225-S227. https://doi.org/10.1007/s10823-015-9812-x

Fals-Borda, O. (1987). The application of participatory action-research in Latin America. *International Sociology, 2*(4), 329-347. https://doi.org/10.1177/026858098700200401

Fouché, C. B., & Chubb, L. A. (2017). Action researchers encountering ethical review: A literature synthesis on challenges and strategies. *Educational Action Research, 25*(1), 23-34. https://doi.org/10.1080/09650792.2015.1128956

Freire, P. (1970). *Pedagogy of the oppressed*. Bloomsbury.

Gabster, B. P., van Daalen, K., Dhatt, R., & Barry, M. (2020). Challenges for the female academic during the COVID-19 pandemic. *Lancet, 395*(10242), 1968-1970. https://doi.org/10.1016/S0140-6736(20)31412-4

Ganann, R. (2013). Opportunities and challenges associated with engaging immigrant women in participatory action research. *Journal of Immigrant and Minority Health, 15*(2), 341-349. https://doi.org/10.1007/s10903-012-9622-6
Garcia Diaz, L., Savundranayagam, M. Y., Kloseck, M., & Fitzsimmons, D. (2019). The role of cultural and family values on social connectedness and loneliness among ethnic minority elders. *Clinical Gerontologist, 42*(1), 114-126. https://doi.org/10.1080/07317115.2017.1395377

Garcia, M. A., Homan, P. A., Garcia, C., & Brown, T. H. (2020). The color of COVID-19: Structural racism and the pandemic’s disproportionate impact on older racial and ethnic minorities. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences, 76*, e75-e80. https://doi.org/10.1093/geronb/gbaa114

Gonçalves, A. R., Barcelos, J. L. M., Duarte, A. P., Lucchetti, G., Gonçalves, D. R., Silva e Dutra, F. C. M., & Gonçalves, J. R. L. (2021). Perceptions, feelings, and the routine of older adults during the isolation period caused by the COVID-19 pandemic: A qualitative study in four countries. *Aging & Mental Health, 1*, 1-8. https://doi.org/10.1080/13607863.2021.1891198

Guttmann, A., Gandhi, S., Wanigaratne, S., Lu, H., Ferreira-Legere, L. E., Paul, J., Godzyra, P., Campbell, T., Chung, H., Fung, K., Chen, B., Kwong, J. C., Rosella, L., Shah, B. R., Saunders, N., Paterson, J. M., Bronskill, S. E., Azimaei, M., Vermeulen, M. J., & Schull, M. JICES. (2020). COVID-19 in immigrants, Refugees and other newcomers in ontario: Characteristics of those tested and those confirmed positive, as of June 13, 2020. Retrieved on 30 July, 2021 from https://www.iicses.on.ca/Publications/Atlases-and-Reports/2020/COVID-19-in-Immigrants-Refugees-And-Other-Newcomers-in-Ontario.

Hacke, K. (2013). *Community-based participatory research*. SAGE.

Henry Akintobi, T., Jacobs, T., Sabbs, D., Holden, K., Braithwaite, R., Johnson, L. N., Dawes, D., & Hoffman, L. (2020). Community engagement of African Americans in the era of COVID-19: Considerations, challenges, implications, and recommendations for public health. *Preventing Chronic Disease, 17*, 200255. https://doi.org/10.5888/pcd17.200255

Israel, B. A. (2005). *Methods in community-based participatory researh for health* (1st ed.). Jossey-Bass.

Koehn, S., Neysmith, S., Kobayashi, K., & Khamisa, H. (2013). Revealing the shape of knowledge using an intersectionality lens: results of a scoping review on the health and health care of ethnocultural minority older adults. *Ageing and Society, 33*, 437-464. https://doi.org/10.1017/S0144686X12000013

Kohli, M., Hank, K., & Künemund, H. (2009). The social connectedness of older Europeans: Patterns, dynamics and contexts. *Journal of European Social Policy, 19*(4), 327-340. https://doi.org/10.1177/0958510909341514

Lake, D., & Wendland, J. (2018). Practical, epistemological, and ethical challenges of participatory action research: A cross-disciplinary review of the literature. *Journal of Higher Education Outreach & Engagement, 22*(3), 11-42.

Liegghio, M., & Caragata, L. (2021). COVID-19 and youth living in poverty: The ethical considerations of moving from in-person interviews to a photovoice Using remote methods. *Affilia, 36*(2), 149-155. https://doi.org/10.1177/0886109920939051

Littlechild, R., Tanner, D., & Hall, K. (2015). Co-research with older people: Perspectives on impact. *Qualitative Social Work, 14*(1), 18-35. https://doi.org/10.1177/1473325014556791

Martinson, M., & Minkler, M. (2006). Civic engagement and older adults: A critical perspective. *The Gerontologist, 46*(3), 318-324. https://doi.org/10.1093/geront/46.3.318

Minkler, M., & Wallerstein, N. (2008). *Community-based participatory research for health: From process to outcomes* (2nd ed.). Jossey-Bass.

Mwambiri, D., Purdeková, A., & Bisoka, A. N. (2021). Covid-19 and research in conflict-affected contexts: Distanced methods and the digitalisation of suffering. *Qualitative Research, 1*-10. https://doi.org/10.1177/1468794121999014

Nasri, N., Mohd Rahimi, N., Mohamad Nasri, N., & Abd Talib, M. A. (2021). Longitudinal impact of COVID-19 pandemic on university researchers’ psychosocial trajectories. *Journal of Loss and Trauma, 1*-11. https://doi.org/10.1080/15325024.2021.1894790

Nicol, G. E., Piccirillo, J. F., Mulsant, B. H., & Lenze, E. J. (2020). Action at a distance: Geriatric research during a pandemic. *Journal of the American Geriatrics Society, 68*(5), 922-925. https://doi.org/10.1111/jgs.16443

O’Rourke, H. M., & Sidani, S. (2017). Definition, determinants, and outcomes of social connectedness for older adults: A scoping review. *Journal of Gerontological Nursing, 43*(7), 43-52. https://doi.org/10.3928/00989134-20170223-03

Oleschuk, M. (2020). Gender equity considerations for tenure and promotion during COVID-19. *Canadian Review of Sociology, 57*(3), 502-515. https://doi.org/10.1111/crs.12295

Ortiz, K., Nash, J., Shea, L., Oetzelt, J., Garoutte, J., Sanchez-Youngman, S., & Wallerstein, N. (2020). Partnerships, processes, and outcomes: A health equity-focused scoping meta-review of community-engaged scholarship. *Annual Review of Public Health, 41*, 177-199. https://doi.org/10.1146/annurev-publhealth-041119-094220

Patel, S. S., Webster, R. K., Greenberg, N., Weston, D., & Brooks, S. K. (2020). Research fatigue in COVID-19 pandemic and post-disaster research: Causes, consequences and recommendations. *Disaster Prevention and Management: An International Journal, 29*(4), 445-455. https://doi.org/10.1108/DPM-05-2020-0164

Price-Haywood, E. G., Burton, J., Fort, D., & Seoane, L. (2020). Hospitalization and mortality among black patients and white patients with Covid-19. *New England Journal of Medicine, 382*(26), 2534-2543. https://doi.org/10.1056/NEJMsa2011686

Roberts, J. K., Pavlakis, A. E., & Richards, M. P. (2021). It’s more complicated than it seems: Virtual qualitative research in the COVID-19 Era. *International Journal of Qualitative Methods, 20*, 1-13. https://doi.org/10.1177/16094069211002959

Salami, B., Salma, J., & Hegadoren, K. (2019). Access and utilization of mental health services for immigrants and refugees: Perspectives of immigrant service providers. *International Journal of Mental Health Nursing, 28*(1), 152-161. https://doi.org/10.1111/imn.12512
Salma, J., Ogilvie, L., Keating, N., & Hunter, K. F. (2017). A bicultural researcher’s reflections on ethical research practices with Muslim immigrant women: Merging boundaries and challenging binaries. *Advances in Nursing Science, 40*(2), 109-121. https://doi.org/10.1097/ANS.0000000000000170

Salma, J., & Salami, B. (2020). “We are like any other people but we don’t cry much because nobody listens”: The need to strengthen aging policies and service provision for minorities in Canada. *The Gerontologist, 60*(2), 279-290. https://doi.org/10.1093/geront/gnz184

Sánchez, P. (2009). Chicana feminist strategies in a participatory action research project with transnational Latina youth. *New Directions for Youth Development, 123*, 83-97. https://doi.org/10.1002/yd.316

Senzai, F., & Bazian, H. (2013). The bay area Muslim study: Establishing identity and community. Retrieved on 30 July, 2021 from https://www.siliconvalleycf.org/sites/default/files/publications/bay-area-muslim-study-report-ONBA-project-web.pdf.

Spagnolo, J., Gautier, L., Seppey, M., & D’souza, N. A. (2020). Re-thinking global and public health projects during the COVID-19 pandemic context: Considerations and recommendations for early- and not-so-early-career researchers. *Social Sciences & Humanities Open, 2*(1), 100075. doi: 10.1016/j.sshabo.2020.100075.

Teti, M., Schatz, E., & Liebenberg, L. (2020). Methods in the time of COVID-19: The vital role of qualitative inquiries. *International Journal of Qualitative Methods, 19*, 1-5. https://doi.org/10.1177/1609406920920962

The Belmont Report (1979). The Belmont report: Ethical principles and guidelines for the protection of human subjects of research. The national commission for the protection of human subjects of biomedical and behavioral research. June (36).

Townsend, E., Nielsen, E., Allister, R., & Cassidy, S. A. (2020). Key ethical questions for research during the COVID-19 pandemic. *The Lancet Psychiatry, 7*(5), 381-383. https://doi.org/10.1016/S2215-0366(20)30150-4

Truman, B. I., Tinker, T., Vaughan, E., Kapella, B. K., Brenden, M., Woznica, C. V., Rios, E., & Lichtveld, M. (2009). Pandemic influenza preparedness and response among immigrants and Refugees. *American Journal of Public Health, 99*(S2), S278-S286. https://doi.org/10.2105/AJPH.2008.154054

Van Deursen, A. J. (2020). Digital inequality during a pandemic: Quantitative study of differences in COVID-19-related internet uses and outcomes among the general population. *Journal of Medical Internet Research, 22*(8), e20073. https://doi.org/10.2196/20073

Vaughn, L. M., Jacquez, F., Lindquist-Grantz, R., Parsons, A., & Melink, K. (2017). Immigrants as research partners: A review of immigrants in community-based participatory research (CBPR). *Journal of Immigrant and Minority Health, 19*(6), 1457-1468. https://doi.org/10.1007/s10903-016-0474-3

Vindrola-Padros, C., & Johnson, G. A. (2020). Rapid techniques in qualitative research: A critical review of the literature. *Qualitative Health Research, 30*(10), 1596-1604. https://doi.org/10.1177/1049732320921835

Wells, K. B., Jones, F., & Norris, K. C. (2020). Applying community-partnered participatory research approaches to develop COVID-19 solutions. *Ethnicity & Disease, 30*(3), 433-436. https://doi.org/10.18865/ed.30.3.433

Wilson, E., Kenny, A., & Dickson-Swift, V. (2018). Ethical challenges in community-based participatory research: A scoping review. *Qualitative Health Research, 28*(2), 189-199. https://doi.org/10.1177/1049732317690721

Yiengprugsawan, V., Welsh, J., & Kendig, H. (2018). Social capital dynamics and health in mid to later life: Findings from Australia. *Quality of Life Research, 27*(5), 1277-1282. https://doi.org/10.1007/s11136-017-1655-9.