

Lessons Learned from Community Partnership During the COVID-19 Pandemic

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ABSTRACT:

Underserved communities have been disproportionately affected by the COVID-19 pandemic. The Project PEACH study was designed to understand the attitudes, beliefs, and infrastructure associated with COVID-19 risk, testing, and prevention behaviors in people living with, caring for, or at risk for type 2 diabetes. The purpose of this joint community/academic partnered manuscript is to share lessons learned for maintaining community partnerships through the challenging times of a pandemic. New and existing community partners were invited to share their perceptions about the facilitators and barriers of partnering with academia during the COVID-19 public health crisis. Key facilitators included those partners felt heard and their input valued. And the changing nature and demands in response to the pandemic on the partners' responsibilities were among the key challenges. Successful maintenance of the partnerships required flexibility, creativity, and a willingness to adapt engagement as community partners responded to the needs of their communities.

KEYWORDS: Community health research, Community-Based Participatory Research, COVID-19, Community health partnerships, Pandemic, Facilitators, Barriers, Type-2 diabetes.

Introduction

Poor metabolic health and social vulnerability are major risk factors for poor COVID-19-related outcomes.¹⁻¹⁰ Those with diabetes, prediabetes, and obesity are 3.5-times, 2.6-times, and 3-times more likely to suffer in-hospital complications, respectively.¹¹⁻¹³ Diabetes and obesity are disproportionately concentrated in the Southeastern US.¹⁴⁻¹⁶ Georgia, specifically, experienced higher burdens of COVID-19 and its complications. Among confirmed COVID-19 cases in metropolitan Atlanta, those with diabetes and obesity had roughly 3- and 2- times the odds of hospitalization, respectively.¹⁷ Socioeconomically disadvantaged people and racial/ethnic minorities have higher diabetes and obesity rates and higher risk of severe COVID-19 outcomes compared with Whites.^{4-6,18,19} Strategies to mitigate pandemic related health outcomes involve partnering with community organizations to address local needs. Additionally, developing new and maintaining existing community/academic partnerships require time to develop rapport and nurture trust.

The Georgia Center for Diabetes Translation Research, a coalition between Emory University, the Georgia Institute of Technology (GT), and Morehouse School of Medicine (MSM), collaborated on the Rapid Acceleration of Diagnostics in Underserved Populations (RADx-UP) Initiative to conduct, Project PEACH (Promoting Engagement and COVID-19 Testing for Health). The goal of this study was to understand attitudes, beliefs, and infrastructure associated with COVID-19 risk, testing, and prevention in people living with, caring for, or at risk for type 2 diabetes. Using a community-driven approach, we built on existing relationships of trust, expertise, and community collaborations to expand our community networks. The research team was intentional and strategic in choosing Community Investigators (CI) and Community Partners

(CP) for this statewide research study. Invited CI were leaders of local and/or statewide organizations. The team also sought community partnerships with federally qualified health centers (FQHCs) that served in counties with a high proportion of residents that identified as Black and/or Latinx, had diabetes and/or obesity, and had high COVID-19 positivity rates early in the pandemic. Lastly, the team partnered with faith-based organizations (FBOs) that were active in their communities and community-based organizations (CBOs) that provided mobile COVID-19 testing across Georgia. A Community and Scientific Advisory Board was created for the project that consisted of the CIs, CPs, and academic investigators not affiliated with the research team. The board was created to ensure that research processes and findings were translated with, co-created by, and relevant to communities to improve COVID-19 testing uptake, outcomes, and sustainability. This model was employed to overcome historical barriers to research translation when research, community, and agency experts have not normally worked together as equal partners with established rules guiding roles and functions. The purpose of this joint community/academic partnered manuscript is to share lessons learned for maintaining community partnerships through the difficult and challenging times of a pandemic.

METHODS

Community Partnerships

For this manuscript, interviews with the CIs and willing CPs already involved in Project PEACH were conducted to ask why they chose to partner with our academic institutions, learn of barriers and facilitators of the partnership, and identify lessons learned from their experiences. A summary of their perspectives is presented.

Community Investigators (CI)

Leveraging the existing community partnerships of the Georgia Clinical and Translational Science Alliance (GA CTSA) and MSM's Prevention Research Center (PRC), we invited three leaders of community boards and/or organizations to serve as the CIs for the project. In addition, each CI was actively engaged in the community as direct service providers and/or programmatic consultants with over 10 years of experience working on community engagement research with MSM. CI #1 serves as CEO of a CBO that provides access to healthcare services for disenfranchised communities and is Chair of a statewide community steering board. CI #2 serves as managing partner of a consultant agency focused on community building and civic engagement, and influential non-profit management. CI #2 has also served as the chair of a local Community Coalition Board for the past 10 years. CI #3 serves as Clinical Director of an organization whose mission is to ensure accessible quality healthcare services for underserved Georgians and has participated in various statewide community initiatives to educate communities about health. All three CIs worked alongside the academic PIs to provide insights and understanding of the needs of the community and how best to increase educational awareness, COVID-19 testing, and recruitment of participants. All CIs received funding to compensate them for their time and shared expertise. During interviews, CIs noted that compensation did not impact their decision to participate. They believed in the mission of the institutions and wanted to help engage and impact their communities. The CIs felt very involved during the early planning of the project. However, after the project launched, they were less clear of their roles and stated this as an area of improvement for future projects.

Community Partners

All CPs were also funded for their time, partnership, and assistance with input on study implementation and recruitment. In addition, organization representatives that participated in monthly Board meetings received an additional incentive (i.e., gift card) for their time, separate from the funding given to the organization. The CPs represented in this manuscript include three FQHCs, one CBO and two FBOs.

Federally Qualified Health Centers (FQHCs)

Initially, the academic team partnered with a total of five FQHCs across the state of Georgia. Two served rural counties and three served urban counties. Although three of the FQHCs had previously partnered with one of the academic institutions, two were new partnerships. Unfortunately, prior to completing the first year, one rural FQHC chose not to continue due to competing priorities of delivering COVID-19 testing and vaccinations with limited staff. The remaining FQHCs completed the study. Combined, the four FQHCs covered 12 counties with 48 sites. Their role with the Project PEACH study was to provide insight about the needs of the communities and suggestions on how the research study could accomplish study goals. The perceptions of three of the FQHCs were captured and included within this manuscript. When asked about why they chose to partner with Project PEACH, all FQHCs said they shared a similar mission with the academic partners. One FQHC stated “We ‘mesh’ really well in our partnerships by serving the same purpose and that is to provide services to anybody and everybody. We both focus on ways to ‘move the needle’ regarding health disparities.” Other comments involved the opportunity to participate in academic research and the possibility of new collaborations. Some barriers to the partnership included challenges to achieving goals for the research project due to time constraints and other commitments like vaccine rollout. Facilitators

to partnership included strategic planning together, instead of the academic partner making all decisions and leading with their “expertise.”

Faith-Based Organizations (FBOs)

The two FBOs engaged have been partnering with MSM investigators for at least four years on different projects prior to Project PEACH and both FBOs have a long history in the Atlanta community having been established in the early 1900s. Both FBOs are Baptist churches with primarily Black congregations and similar missions to help their communities. For Project PEACH both FBOs were most interested in providing up-to-date, reliable and accurate information about COVID-19. Some barriers for the FBOs included meeting frequency and ensuring the correct people from their organization were available. When asked about partnership facilitators, one FBO stated, “It was also believed the benefits of partnering with the [academic institutions] would provide recognition, rapport, and minimal financial support for the [FBO’s] food distribution program.”

Community-Based Organizations (CBOs)

Two CBOs were initially engaged because of their ability to provide mobile COVID-19 testing across the state. However, after one of the CBOs was contracted by several counties to provide COVID-19 testing (and eventually COVID-19 vaccines) they were no longer able to continue their partnership with the project as originally planned. However, they continued to provide the team with COVID-19 testing event information and allowed the team to participate in those events. The second CBO represented was an organization that was newly established during the pandemic. This CBO focused on testing, education, and COVID-19 vaccinations in underserved

neighborhoods across the state. This CBO was pivotal in expanding community engagement with their connections and had a shared mission of widespread education and mass testing; and stated this as a facilitator. A barrier for this CBO was the novelty of grant funding and the nuances with payment.

Data Collection and Analysis

Each community partner was interviewed once individually using a structured interview guide. Each interview was primarily conducted by one author (RQ) and responses were recorded by each author in the interview (RQ, JF, TS). Responses were summarized and themes were determined manually by three people (RQ, JF, TS).

Lessons Learned

Successes

Overall, the CPs identified four important factors that contributed to the success of our community/academic partnerships: 1) trust and rapport with the academic team members; 2) trustworthiness of the academic institution; 3) acknowledgement and recognition of the CP's value; and 4) funding provided by Project PEACH to the CPs. Trust and rapport relate to the relationships developed between the academic/community partners staff members. Some of these relationships were developed before Project PEACH began and had been fostered through previous projects. Developing and maintaining trust through community engagement occurs with authentic communication and reciprocity between partners.²⁰ For example, group CP meetings were held to share information and updates on the study. CPs were also asked to meet in small

groups for better discussion. Trustworthiness in the academic partner was needed for the initiation of the partnership and rapport between the community-academic teams and thus, determined the level of engagement. Mutual trust and clear communication are required for successful partnerships.²¹ Our CPs felt they had a voice during the research process and felt valued during interactions with academic partners. Of note, providing funding to partners was not always the driving factor in their participation. The community/academic partnerships also facilitated cross collaborations and the development of new relationships across CPs. For example, our FBOs connected with our CBO and FQHC partners to provide COVID-19 testing for church/community events. Additionally, some partnerships were able to expand through receipt of additional community-based participatory research grant funding.

Challenges

As the pandemic continued to change so did the nature of the partnerships. Our project was funded to primarily focus on COVID-19 testing, including working with CPs, especially FQHCs, to increase community acceptability and rates of COVID-19 testing. Shortly after the project launched our FQHC and CBO partners were pulled to lead the charge and assist with vaccine rollout in Georgia. The push for testing was put on hold to focus efforts on ensuring everyone had access to the COVID-19 vaccine. Staff were overburdened with work responsibilities and struggled to find time to engage with our project. It was at this time we lost some CPs due to competing priorities. Recognizing the emerging challenges, the academic and CPs brainstormed ways to help ease the burden. The academic team and CIs offered to host and/or lead seminars, panel discussions, and social media videos to educate community members served by the CPs on the vaccine in hopes of improving vaccine confidence. Additionally, the Board meeting schedule

was adjusted to make meetings more efficient so that partners could attend without feeling like they were missing out on work responsibilities. Instead of 1-hour monthly meetings with all partners, we held 15-minute power meetings with each partner bimonthly. Additionally, the larger group met for 1-hour on the off months to check-in on project implementation and discuss ways we could support CP efforts. Competing priorities within the FQHCs and CBOs required flexibility and willingness to adapt engagement as they responded to the needs of their communities.

Conclusion

Community engagement in research is now emerging as a priority for several funding agencies, including the U.S. federal government. Although not new, community engagement in research is gaining wider respect as a tool for overcoming disparities. During the COVID-19 pandemic, when disparate communities were even more disproportionately affected by poor health outcomes, strategies for overcoming these disparities often came from CBOs, FBOs, FQHCs that have a history of community engagement. Our findings support previous studies that demonstrated the benefits of continued community engagement in research partnerships.²² CP engagement during challenging times is best when based on an existing trusted relationship and requires the ability to be flexible and creative to maintain the connections between groups. Community partnerships and engagement throughout the research process is critical to achieving health equity.

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