

Partnership in the Time of Pandemics: Community-Based Participatory Research and COVID-19

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APHA 2021 Annual Meeting and Expo

Abstract

Leveraging CBPR partnerships for crisis and emergency risk communication with populations at risk for COVID-19 disparities

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Background: Crisis and emergency risk communication (CERC) frameworks encourage public participation in pandemic containment, but voices from communities disproportionately impacted by COVID-19 have not been well represented in CERC development or implementation, leading to reduced agency of communities to address mitigation strategies, thereby contributing to health disparities.

Methods: A 15-year CBPR partnership adopted a CERC framework in March 2020 to address COVID-19 prevention, testing, and socioeconomic impacts by health disparity groups in Southeastern Minnesota. Bidirectional communication between Communication Leaders (CL) and their social networks were used by the partnership to refine messages, leverage resources, and advise policy makers. Rapid evaluation and assessment methods were conducted with tracking platforms, transcribed notes from teleconferences, semi-structured interviews and focus groups with CLs and community partners.

Results: Over a 14-day interval, COVID-19 messages were delivered by 24 CLs in 6 languages across 9 electronic communication platforms to 9,882 individuals within their social networks. CLs curated questions and concerns about COVID-19 from community members that were addressed in real time by community and academic partners. CL feedback resulted in changes to regional policies that simplified testing logistics and improved provision of essential services (e.g., food, housing). CLs judged the intervention to be feasible, relevant and responsive to community needs. Sustainability was facilitated by commitment to shared values and partnership history.

Conclusion: Community-engaged CERC has the potential to reduce COVID-19 disparities through shared creation and dissemination of public health messages, enhanced connection to existing resources, and incorporation of community voices in regional pandemic mitigation policies.

Implementation of health education strategies, interventions and programs Planning of health education strategies, interventions, and programs Public health or related research

Abstract

Community-based public health submission a chief public health strategist's response to COVID-19 in greater nashua, New Hampshire

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Issues: The first case of COVID-19 occurred in New Hampshire (NH) on March 2nd, 2020 and in Nashua, NH on March 13th, 2020. In order to effectively respond to a rapidly evolving situation, developing community-based mitigation and control strategies were essential to a successful response.

Description: As the Chief Public Health Strategist for Greater Nashua, NH, the City of Nashua Division of Public Health and Community Services convened multi-disciplinary community organizations to respond collaboratively to the COVID-19 crisis. As the public health leaders in our community, we worked to convene the right group of stakeholders to assess COVID-19 status and needs, agree on response strategies, track impact, and conduct data surveillance as a community-wide effort. We strategically collaborated with our city-wide departments, regional hospitals, long-term care facilities, private and public schools and universities, local businesses, restaurants, housing and shelter programs, and other community-based organizations.

Lessons Learned: A year into our COVID-19 response, we have spent a significant amount of time communicating changes to both our partners and our community members. We have struggled with public distrust and misinformation, but have learned that branding and open lines of communication are key to building and maintaining trust.

Recommendations: Continue to foster relationships with community organizations and community members as well as distribute accurate and timely information.

Communication and informatics Public health or related education Public health or related laws, regulations, standards, or guidelines Public health or related organizational policy, standards, or other guidelines Public health or related public policy

Abstract

Using agents of change in a community-based participatory approach for increasing COVID-19 vaccination among environmental service workers

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Background: Vaccine hesitancy remains a barrier to community immunity against SARS-CoV-2 infection. Health care workers (HCW) are at risk both of becoming infected and for nosocomial transmission. This project sought to improve the mRNA COVID-19 vaccine uptake among environmental services health care workers (EHCW) at a large academic regional medical center.

Methods: The project was a community based participatory approach (CBPA) to engage EHCW within their workplace over two months. Public health researchers and EHCW community leaders partnered together to develop a one-hour training for peer lay health educators (N=29), referred to here as Agents of Change (AOC). AOC were trained through lectures and role-playing to discuss COVID-19 infection, the benefits of mRNA COVID-19 vaccination, and how to address misinformation about mRNA COVID-19 vaccines among their peers. After the program, semi-structured interviews were conducted with AOC.

Results: mRNA COVID-19 vaccination coverage among the EHCW increased by 21% (N=126 to N=189). Semi-structure interviews were completed, analysis is ongoing. Preliminary analysis shows that 89.6% of participants (N=26) felt the training was informative; 100% of the participants (N=29) engaged and lead discussions about vaccination with their peers. In addition, analysis suggest that 79.3% of participants (N=23) used their personal experiences to engage in discussions about vaccination with their peers. The majority of participants (N=26, 89.6%) discussed conversations about vaccination outside of the workplace.

Conclusion: Our intervention demonstrated an increase in mRNA COVID-19 vaccine uptake by using an Agents of Change model. Large scale research is needed to further develop and validate this approach.

Implementation of health education strategies, interventions and programs Occupational health and safety
Planning of health education strategies, interventions, and programs Program planning Public health or
related education Public health or related research

Abstract

Sustaining a school district-university CBPR partnership dedicated to exploring restorative practice school-based implementation during a pandemic

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Issues: Our community based participatory research (CBPR) project involving university faculty and school district partners, dedicated to examining district implementation and effectiveness of restorative practices (RP) was presented with challenges related to 1) planned annual RP data collection activities and 2) capacity to sustain our CBPR partnership as a result of the COVID-19 pandemic.

Description: Our CBPR RP evaluation team had to reimagine our routinized ways of collaborating and planned work for RP data collection and dissemination activities due to unprecedented professional and personal challenges during the early months of the COVID-19 pandemic. Leaning into our strong relationships developed as a result of engagement with RP circles and principles, our team centered caring and supporting each other, re-evaluating planned school-based data activities and allowing space for individuals to engage or disengage based on family-work life needs.

Lessons Learned: Moving into the 2020-2021 academic year, our CBPR team adopted new working strategies that built upon our existing structure and relationships including: 1) monthly virtual meetings, 2) centering the needs of our school partners as a decision making lens for planned data collection activities and 3) maintaining our commitment to cultivating a caring culture for our CBPR team.

Recommendations: Investment in authentic relationships among CBPR members provided a compassionate platform for sustaining our collective work during the early phases of the COVID-19 plan. Prioritizing community decision making for RP school-based data collection on RP was critical to ensure that we are not further stressing school communities and providing critical data for action.

Public health or related research Social and behavioral sciences

Abstract

Building connectedness from a distance: Adapting a national weeklong in-person CBPR course during a pandemic

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Issues: Developing strong relationships is essential for effective CBPR partnerships. The CBPR Partnership Academy is a successful national training program that annually engages 12 new community-academic pairs in building partnership capacity and fostering new relationships. The cornerstone of the yearlong program is a weeklong in-person course in which teams get to know each other and their instructors in and out of the classroom, and witness CBPR in practice in Detroit. Past evaluations cited the relational aspects of learning in-person among the most beneficial aspects of the course; however, COVID-related public health guidelines required the course be held remotely in 2021.

Description: The community-academic instructor team and staff collaboratively redesigned course structure, content, and process to retain a socially connected, real-time course. Challenges included time zones, personal and family circumstances (e.g., workspace, caretaking), Zoom fatigue, and lack of informal social interaction spaces. To address these challenges, course structure was modified to include 2 pre-course sessions, reduce class-time blocks, and add a longer mid-day break. Written and recorded materials sent in advance reduced didactic teaching, allowing for more in-class engagement. Group processes and activities used remote engagement tools, and creative media replaced the Detroit visit.

Lessons Learned: Instructor training, technical support, and establishing group expectations fostered participation. Course evaluation results will be presented.

Recommendations: While remote learning cannot replicate the in-person experience, careful attention to processes and structures can foster new relationships. Evaluating impact of changes can inform future program improvements to build CBPR capacity and social connectedness from a distance.

Diversity and culture Implementation of health education strategies, interventions and programs Planning of health education strategies, interventions, and programs Program planning Public health or related research

Abstract

Seed funding to support innovative partnerships

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Background: Seed funding can support the development of community-campus partnerships, as partners often need some time to build rapport and strengthen their relationship. Traditionally this co-learning and innovation happens in person, however due to COVID-19, a seed funding initiative was implemented virtually.

Objective: The goal was to provide a small amount of funding up to \$2000, to support 17 community-campus partnerships with co-developing innovative health projects. Partners receive matchmaking services, and virtual capacity building opportunities were provided.

Methods: Individuals from diverse backgrounds and areas of expertise are connected using forms housed in a CRM database. Virtual information sessions and matchmaking services were offered to support the formation of partnerships. Once co-developed applications were submitted, reviewed, and selected, all capacity building and technical assistance sessions were also delivered virtually.

Results: The 17 projects that have been recommended for funding thus far, have been related to health promotion, education, new interventions, and evaluations of existing projects. Preliminary data suggest that the majority of partners have benefited from the virtual engagements, however others have experienced challenges related to rapport building and trust due to the virtual setting.

Conclusion: The seed funding initiative provides a pathway for individuals to connect and innovate, however

COVID-19 has impacted how we engage. A strong organizational infrastructure is needed to mitigate these new challenges and support CBPR efforts virtually. We anticipate increased success once hybrid (virtual and in-person) engagement is possible.

Administration, management, leadership Conduct evaluation related to programs, research, and other areas of practice Implementation of health education strategies, interventions and programs Public health or related research

Abstract

Project grace: The importance of adapting and nurturing community-academic partnerships in time of pandemic

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Issues: In rural North Carolina communities, the COVID-19 pandemic brought new fears and challenges, but also exacerbated existing resource constraints. Project GRACE, an academic-community partnership, adapted and continued project activities that address challenges brought on by the pandemic, demonstrating resilience and trust with community partners.

Description: Project GRACE (Growing Reaching Advocating for Change and Empowerment) is a 16-year-old community-academic partnership centered in community-based participatory research principles. Throughout the pandemic, Project GRACE strengthened social connections and continued to work on studies to address the needs of rural Eastern North Carolina communities. Partners provided recommendations to safely adapt programs to a virtual setting and determine the framework for youth-led research projects on community resiliency. Through meeting discussions and results from the youth's projects, community members expressed that existing community challenges were worsened by the pandemic such as inequitable access and availability of health-related resources and limited transportation options.

Lessons Learned:

1. Utilizing existing partnership infrastructure is vital for to understand structural inequities in rural communities and to address solutions to those challenges.
2. Soliciting input from all members of partnership must be made in order into make adaptations and accommodations for all community and academic partners to continue engagement.

Recommendations:

1. Provide a platform during meetings to connect community members with existing community assets to meet emerging needs.
2. Obtain recommendations from community partners to make adaptations to existing programs that are culturally appropriate and align with public health recommendations in order to continue to address structural challenges during the pandemic.

Diversity and culture

Abstract

Leveraging community-based participatory research to overcome COVID-19 related data collection challenges in two rural communities

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Issues: The COVID-19 pandemic significantly altered the data collection plans for a teen pregnancy project in two rural Midwest counties. This posed challenges, yet also offered opportunity to further leverage our CBPR approach.

Description: Academic and community partnerships to address teen pregnancy were underway in two rural communities when COVID-19 took hold in the United States. Coalition buy-in and relationships had been established, but data collection had not yet begun. Restrictions on travel, in-person gatherings, and the broader disruptions in potential participants lives required us to reimagine how to proceed with our planned in-person focus groups, interviews, and survey administration.

Lessons Learned: COVID-19 restrictions had the potential to halt data collection, but the successful utilization of community-engaged strategies demonstrate the uniqueness and effectiveness of leveraging CBPR to overcome barriers with intentionality. By remaining steadfast in our collaborative research approach, we were able to engage community partners and study participants such that three school boards approved administration of our youth survey and we completed nearly 100 qualitative interviews with youth, parents, and community members.

Recommendations: Do not give up! While enacting CBPR is not easy and challenges, such as achieving community acceptance of researchers as partners existed pre-pandemic, the benefits of the collaborative approach are worth the concerted effort. The success of implementing the adapted data collection plan illustrates the pillars of CBPR and our ability to pivot was due to our established co-learning environment, mutually respected partnerships, and involvement of partners in all aspects of the project.

Conduct evaluation related to programs, research, and other areas of practice Other professions or practice related to public health

Abstract

The role of academic-community partnerships in response to COVID-19: Experiences from the Arkansas delta

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As the COVID-19 pandemic has unfolded over time, communities have identified many concerns, including economic impact, healthcare infrastructure, testing capacity, volunteer safety, caring for vulnerable populations, unemployment, small business retention, virtual education, food insecurity and broadband speed to name a few. During this pandemic, our academic institution has assumed a leadership role in helping communities understand the interplay of health factors and economic factors, often referred to as the Social Determinants of Health. Specifically, we have produced webinars, toolkits, fact sheets, and infographics as a result of listening to community leaders' and community members' concerns. Health and financial literacy have been major challenges for communities during COVID-19 and our institution has worked diligently to translate highly technical information into easily understandable and actionable

messages. We have assisted several affinity groups including a minority mayors association, a professional association of minority doctors, dentists and pharmacists, and a professional association for community health workers. In addition, we have partnered with the state departments of Health, Education, and Higher Education to launch an extensive COVID-19 contact tracing program and deployed our Mobile Medical Unit to underserved areas for mass COVID-19 testing and vaccine work. Lastly, we have partnered with communities to conduct scientific research and qualitative impact studies to better understand the complexities of COVID-19. The purpose of this presentation will be to share experiences, research findings, and best-practices documented during our response to the COVID-19 pandemic. Strategies to reduce disparity and strengthen academic-community partnerships during this crisis will also be discussed.

Administer health education strategies, interventions and programs
Advocacy for health and health education
Assessment of individual and community needs for health education
Clinical medicine applied in public health
Planning of health education strategies, interventions, and programs
Systems thinking models (conceptual and theoretical models), applications related to public health

Abstract

Impacts to a randomized study of blood pressure coaching during California's shelter-in-place for COVID-19

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Issues: Although early in study recruitment efforts, given established relationships with funders, IRB, and research staff we were able to quickly pivot to remotely perform our follow-up survey components. Key retention best practices included: directly connecting to participants through health coaches, modifying survey delivery mode and data collection (allowing participants to submit self-measured BP), and updating student training (increasing use of personal protective equipment). Most early participants completed the study remotely.

Description: Through comprehensive partnerships with local medical and community organizations, our study aims to recruit 150 participants with uncontrolled blood pressure (BP), living in Alameda and Contra Costa counties in California. Participants are randomized into two arms of lifestyle intervention, one with coaching, with the goal of reducing BP. Recruitment began in October 2019. We had to pause recruitment in March 2020, stopping in-person contact during California's shelter-in-place orders for the COVID-19 pandemic.

Lessons Learned: Adaptive strategies involved expanding acceptable sources of data and examining the analysis plan for possible biases that could be introduced "at peak of pandemic and post-pandemic." By continuing to develop and maintain all lines of communication we were able to restart research activities when allowed in October 2020. We welcome learning from others whose research also has been impacted during this time.

Administer health education strategies, interventions and programs

