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# Advancing COVID-19 Response through Community Participation: Lessons Learned from Community–Academic Research Partnerships for Health

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This special issue of *Progress in Community Health Partnerships (PCHP)*, *Advancing COVID-19 Response through Community Participation: Lessons Learned from Community–Academic Research Partnerships for Health*, examines the ways in which community partnerships advanced public health efforts in the context of the coronavirus disease 2019 (COVID-19) pandemic. COVID-19 disrupted everyday life around the globe. It overwhelmed health care as well as public health systems and immobilized economies. Moreover, and not by chance, COVID-19 amplified long-standing and pervasive racial and class inequities. Indeed, COVID-19 has had devastating impacts worldwide.

We also saw communities across the country coalesce to ensure access to information and resources, provide mutual aid, and advocate for representation in local public health decision-making. Community partnerships are critical to public health preparedness, prevention, and intervention. Yet engaging in equitable partnership continues to pose challenges for many. The collection of articles presented in this issue contributes valuable lessons learned and best practices for engaging in meaningful community–academic partnerships designed to advance equitable pandemic response efforts. These practices include novel approaches for remote community engagement, as community–academic and community–public health department partnerships transitioned to virtual outreach and engagement efforts. Meanwhile, partnerships used both critical and asset-based frameworks, focusing work on advancing racial equity. As a result, the collection presents nuanced findings from populations that are all too often overlooked but bore the brunt of COVID-19's harms.

Unlike past *PCHP* special issues, this “online-only,” Open Access supplement does not have a foundation or government agency as a sponsor, but rather our editorial board agreed to gather all the accepted COVID-19 manuscripts that have been submitted since the beginning of the pandemic and invest the modest income we generate from the Johns Hopkins University Press from subscriptions and downloads into eliminating the paywall for access to what we have learned from COVID-19. Like other publications regarding COVID-19, we want access to these lessons to be freely available to the public. Providing Open Access is relatively expensive with printing hard copies, especially as the business model even for nonprofit academic publishers has shifted from library subscription income to paid downloads for individual articles.

This issue features an even dozen articles that center on the lived experiences of people in communities impacted by COVID-19 and other pressing public health issues. The articles report on outcomes and lessons learned, presenting new frameworks associated with the establishment of community-academic partnerships. Given partnership development is highly relational and predicated on the building of trusting mutual relationships, COVID-19 has meant adaptation. Social distancing, fear, and uncertainty for lay people, scientists, and health professionals alike, posed real challenges, but also amplified the need for a collective approach. Building and maintaining trust and trustworthiness were discussed at all levels of the public health and health care systems, throughout the scientific community, and among families, friends, and neighbors.

Partnerships featured in this issue explore listening sessions, town halls, and webinars to engage the broader community in decision-making, as opposed to relying on just one community leader or stakeholder, as well as strategies for advancing participatory analysis and online data collection.

The pandemic revealed special vulnerabilities associated with food and housing security across many communities. As an opening to the special issue, we learn from experience in four Works-in-Progress articles that present valuable lessons learned from community-academic partnerships with Black and Latinx communities, which, not by chance, have been disproportionately impacted by COVID-19. Horton et al.<sup>1</sup> in their article, “Lessons from Rapid Community Needs Assessment in the African American Community During the COVID-19 Pandemic,” describe a community-based participatory research approach used to implement a COVID-19 needs assessment with African American church members. The assessment was conducted by lay health workers who provided follow-up prayer support for members feeling isolated. In addition, the team met weekly to process finding and determine strategies to address unmet needs identified among church members. Here prayer was the most appropriate prescription for the COVID-19 precaution-induced social isolation when cautious congregations could no longer gather for worship and fellowship.

In “Lessons Learned through Implementing Sars-Cov-2 Testing and Isolation for People Experiencing Homelessness in Congregate Shelters,” Scott et al.<sup>2</sup> describe how community-based organizations and city agencies, including clinical, public health, shelter, and municipal partners, in Denver collaborated to form the Denver COVID-19 Joint Task Force. At the onset of the pandemic this task force rapidly (over 2 weeks), jointly, and virtually (through daily videoconferencing) developed and implemented a pilot pandemic response for people experiencing homelessness living in congregate shelters, among the most high-risk of populations. The resulting response included, but was not limited to, offering voluntary COVID testing and isolation in noncongregate motels or hotels—called “Activated Respite”—for people experiencing homelessness in one congregate shelter. Through surveys and key informant interviews with people experiencing homelessness after their pilot, Scott et al.<sup>2</sup> were able to offer us several important lessons learned and recommendations. They highlight barriers to COVID-19 testing among people experiencing homelessness, including testing hesitancy around the discomfort of the swab, distrust, stigma, and fears of potential loss of shelter if a test was positive. Recommendations to address these barriers include collaborating with trusted community members to enhance knowledge around COVID-19 testing and outcomes, particularly focusing on dissemination via word-of-mouth and community message boards, and development of less invasive, rapid tests.

Ragavan et al.<sup>3</sup> report on a community survey in Pittsburg. Their article, “COVID-19 Information Sources for Black and Latine Communities: A Community Co-Created Survey,” describes the iterative process the partnership used to co-create and implement a survey exploring access to information, most trusted sources of information, and intent to secure vaccination. A coalition in North Carolina worked to alter how COVID-19 affected the Latinx community. Maradiaga Panyotti et al.<sup>4</sup> describe the process of building the Latinx Advocacy Team and Interdisciplinary Network for COVID-19 (LATIN-19) and the coalition’s impact in “LATIN-19: A Grass-Roots Coalition to Mitigate the Effect of Covid-19 on the Latinx Community in North Carolina.” LATIN-19 has been critical in connecting its partners to information and facilitated information sharing across organizations. The coalition also served in increasing their participation in decision-making.

Dailey et al.<sup>5</sup> provide a much-needed, boots-on-the-ground perspective of rural partnerships to address the heightened food insecurity resulting from increased poverty and food prices during the pandemic. In their Community Perspective article, “Responding to Food Insecurity and Community Crises through Food Policy Council Partnerships in a Rural Setting,” they describe their successes over the past decade, describing in detail key factors in their approach that have aided in their pandemic response. The authors identify the following essential elements: having a common agenda, collaboration, maintaining independent but mutually supporting member organizational goals, valuing those who are most impacted, and continuous communication. Our fellow Associate Editor Karen Calhoun and her colleagues<sup>6</sup> also provide another community perspective on the work of community-academic partnerships during the pandemic. Their article, “A Community–Academic Approach to Preventing Substance Use Disorders,” details the Detroit Area Mental Health Leadership Team’s efforts to adapt

to the pandemic while co-developing recommendations to address substance use disorders in marginalized communities. The partnership identified the impact of COVID-19 on substance use disorder as a priority and obtained funding to host a collection of conversations to both catalyze learning and elicit a response to the opioid crisis in Detroit. Their article presents a series of lessons learned for advancing equity, among them are the real-time access to epidemiological data and the timely dissemination of scientific findings.

In Education and Training, Kratochvil et al.<sup>7</sup> describe a model for engaging students in disaster scenarios. Their article, “Asset Based Community Response: A Model Promoting Effective Student–Community Engagement in Disaster Scenarios,” revisits a seminal article by Kretzmann and McKnight<sup>8</sup> on asset-based community development. The authors detail response efforts by medical students in partnership with communities that use asset-mapping techniques and argue for training to be implemented in medical education.

Five articles focus on Theory and Methods and provide us with thoughtful approaches and frameworks to consider in light of a global pandemic. In their study on “Participatory Action Research (PAR) in Times of COVID-19: Adapting Approaches with Refugee-Led Community-Based Organizations,” Pimental Walker et al.<sup>9</sup> adapted their approach, launching a virtual participatory action research study to examine organizational efforts in the context of COVID-19 and to engage in organizational capacity building. The partnership used online ethnographic methods, ethnography, coupled with online surveys and interviews to better understand the different types of online activities organizations were engaging in, as well as how they were able to transition to the online environment. The article presents important recommendations and best practices for participatory researchers working in virtual spaces.

In “Reconsidering Community-Engaged Research through a Syndemic Theoretical Framework: Lessons from COVID-19,” authors Boutin-Foster et al.<sup>10</sup> describe a novel way to conceptualize community-engaged research during a time of heightened threats to health and well-being. The authors, members of a community-engaged working group, use a syndemic framework to explore lessons learned related to community engagement during COVID-19. Their work elevates the importance of examining multiple dimensions and assets, using an intersectional lens, acknowledging historical trauma and its influence on current traumatic events, and recognizing community-engaged researchers from minoritized groups may be experiencing similar trauma and need for support.

Tuitt et al.<sup>11</sup> also explored the ramifications of shifting to a virtual space during COVID-19 in their article on “Virtual Research with Urban Native Young Women: Cautionary Tales in the Time of a Pandemic.” Their article details multiple virtual strategies for engaging American Indian and Alaska Native young women in intervention research.

Meanwhile, Kay et al.<sup>12</sup> help us find ways to re-engage our research in “Community-Engaged Processes for Restarting Federally-Funded Research in a Community-Based Organization during the Covid-19 Pandemic.” Addressing the loss of funding and momentum in community-engaged research, Kay et al. discuss adaptations to a National Institute of Health-funded randomized controlled trial evaluating a financial management interventional for people living with HIV who experience housing instability. As all nonessential research activities ground to a halt in the early months of the pandemic, the University of Pittsburgh Graduate School of Public Health and the Birmingham AIDS Outreach collaborated to devise strategies to maintain the financial stability of project enrollees while ensuring enrollee and staff safety. Centering their processes and procedures around eight critical elements of community engagement, they provide concrete steps and actions for ethically pivoting research activities to minimize risks and optimize safety.

This leads us to the article by Jackson et al.,<sup>13</sup> which provides a practical roadmap for analyzing community-based research data in “A Realist Approach to Analysis in a Participatory Research Project.” The authors examine the relationship between neighborhood conditions and COVID-19 response in Ontario, Canada. They apply a critical realist analysis to examine interviews with grassroots leaders to understand “what works for whom under what circumstances.” In doing so, they detail their partnership’s strategy for using a critical realist analytic approach, noting that all too often the community is excluded from complex analyses. Indeed, this article provides a roadmap for participatory analysis.

COVID-19 has cast a spotlight on the essential need for meaningful community participation in the public health response to a pandemic. In the midst of the global pandemic, community-academic and community-public health partnerships quickly pivoted and expanded their reach to ensure response efforts that reflected community health priorities. The publications in this special issue are instructive reporting on some of the lessons learned and best practices for community health partnerships. They detail online strategies for building cross-sector, multicultural collaborations and for including community members in all aspects of the public health and social services response and in the research and evaluation process.

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