

## Beyond the Manuscript: Lessons Learned from Community Partnership During the COVID-19 Pandemic

Jennifer Frediani and Hal Strelnick

Welcome to *Progress in Community Health Partnerships*' latest episode of our Beyond the Manuscript podcast. In each issue of the Journal, the editors select one article for our Beyond the Manuscript post-study interview with the authors. Beyond the Manuscript provides the authors the opportunity to tell listeners what they would want to know about the project beyond what went into the final manuscript.

In this episode of Beyond the Manuscript, Editor-in-Chief, Hal Strelnick, interviews Jennifer Frediani one of the authors of, "Lessons Learned from Community Partnership During the COVID-19 Pandemic."

*Hal Strelnick:*

Good morning. I'm Hal Strelnick, and I'm the Editor in Chief of *Progress in Community Health Partnerships*, and this morning, we're going to be talking with the lead author of an article on lessons learned from community partnerships during the COVID-19 pandemic, and Jennifer Frediani is going to be representing that manuscript, but we also have three other manuscripts that are being published as well in this issue. I just wanted to call your attention to them before we speak with Jennifer.

One manuscript comes from Baltimore. The lead author is Terri Powell, and the title is, "The Voices on Vax Campaign: Lessons Learned from Engaging Youth to Promote COVID Vaccination." The second manuscript comes from New Hampshire. The lead author is Christine Gunn. It's entitled, "Stronger Together: A Successful Model of Health System Community Collective Action During the COVID-19 Pandemic." That health system is the Dartmouth Hitchcock Health Center in Lebanon, New Hampshire. The third comes from Perth, Western Australia. The lead author is Lisa Hartley. The title is, "COVID-19 Vaccination Program for Migrant and Refugee Women in Western Australia: A Community Led Approach and Decolonizing Practice Reflection."

So, I'm going to ask Jennifer to introduce herself, and then to describe the project that the manuscript draws its lessons from.

*Jennifer Frediani:*

Thank you. My name is Jennifer Frediani. I'm an assistant professor in the School of Nursing at Emory University, and I wear a few different hats. Obviously, I teach nutrition. My background is in dietetics and exercise physiology. With this particular project, I run two different projects, and I'm the liaison between the two, and the overarching funding mechanism is through RADx. So RADx is the Rapid Acceleration of Diagnostics. It is an NIH, National Institute of Health, initiative during the early stages of the pandemic and has carried through the last—four to five years now where we have evaluated diagnostics for COVID—so the rapid tests that everybody had to take over and over, and probably still takes. We evaluated and made sure that the ones that went to market were working properly. That was my main clinical hat, and I ran all of those clinical trials.

What this particular project stemmed from was a RADx-UP project, which was a Rapid Acceleration Diagnostics for the Underserved Populations. Our main focus in this particular study was to evaluate

testing—COVID-19 testing processes and attitudes and beliefs around testing. We then had to pivot because of the timing of our funding to also include vaccine hesitancy. So, this was a large online survey where we had a little over 5,000 survey participants that were asked questions about how often they tested, how often they had COVID. This was particularly directed to people that were either caring for, or at risk for, or actually had diabetes and were adults in Georgia, and asking because COVID-19 was such a high comorbidity with diabetes and tended to be a little worse infection. We were targeting this population to see why they were or why they weren't testing for COVID, why they did or didn't get vaccinated, and just attitudes and beliefs around that whole situation.

This was conducted in 2021, and we had a team of community partners. We had a very strong advisory board in the community. We worked with Morehouse School of Medicine primarily to get into the population, the community a little bit. So, it was a big project with lots of different moving parts and people both at Emory University and at Morehouse, and my role on this particular project was to inform the questions that went into the survey, and to work with some of the community partners. So how we developed this particular paper was we interviewed all of our community partners that were willing to be interviewed.

It was a team of several of the authors on the academic side interviewing our community partners and how they thought the project went. Most of it was lessons learned and how the pandemic affected the partnership between the academic side and the community side. So it was really interesting talking with all of the different community partners individually, because a lot of our meetings throughout the project were big group meetings. So, getting their individual impressions and interpretations of how the project went and what their role was.

*Hal Strelnick:*

I was curious in reading the manuscript about how the partners were invited to be part of the partnership, and to join the advisory group that helped guide your survey.

*Jennifer Frediani:*

Yeah, we were really strategic in being able to choose different community partners that played a different role in the pandemic in the broader community. So, a lot of these community partners had relationships with investigators at Morehouse School of Medicine already, but we had any group from—a group of pharmacists that were really engaged with the community and trying to promote testing and promote vaccines and then they were located over on the southwest side of Atlanta near Morehouse. Then we had physicians that had private practices, some of our community PIs were in that group, then churches. We had faith-based organizations. Really looking for groups that were able to disseminate information and to work against the miscommunication that was happening in underserved populations in Atlanta. So, we were really strategic in who we chose to partner with to be able to reach the broader Georgia area, because we even had a hospital organization in Augusta, which is probably two and a half hours from Atlanta. So, we were trying to get people, both rural and urban, to really capture the entire state.

*Hal Strelnick:*

How was the experience of putting together these local and statewide organizations in the process since some relationships were built face to face, and others to try to capture the representativeness of the different populations you were trying to reach?

*Jennifer Frediani:*

Like I said, some of our community partners had relationships with Morehouse School of Medicine for other projects before the pandemic. So, we reached out to them both rural and urban sites. I think as far as challenges, it was mainly a scheduling issue because some of these, especially the clinics, and

hospital base, we had some federally qualified health centers that were—you can imagine how busy they were, especially when vaccines started to roll out. We actually lost communication with a couple of them just because they were so busy and overwhelmed with both testing and vaccine rollout at that point. So that was a big challenge—keeping the community partners engaged and flexible because they were so busy during the height of the vaccine rollout. We had started the relationship building of this project probably with our new contacts probably early—around I would say late 2020/early 2021.

So, there was a long process in choosing the different sites that we wanted to be involved, but then keeping them involved and keeping them engaged. We actually went from big group meetings to more individualized, like lots of little different meetings, mainly because we weren't hearing from a lot of them. They would check in and they would be on the call, but they wouldn't really speak, and we weren't getting everybody's opinion on certain things. So, we decided to break up the different meetings and meet with everybody individually a few times throughout the project, just to make sure that everybody was being heard. So that was some of the challenges was engaging—truly community engagement with all of the different sites with what they were going through. We were busy too. And trying to make sure that everybody's voice was heard.

*Hal Strelnick:* Why did you distinguish between your community investigators and your community partners as two categories of collaborators?

*Jennifer Frediani:* That was a decision that's done in a lot of community engagement projects with Morehouse School of Medicine. It's how they operate a lot of these bigger programmatic projects that they get funded for. I think—I wasn't involved in those decisions, but I can speculate it was to have some leaders to go to for the writing process and to actually contribute to the grant writing and the objectives and goals of the project whereas the community partners were really out there to help us with recruitment and dissemination. So, I think that was the main difference between differentiating those two groups.

*Hal Strelnick:* You alluded to the challenges of the changing roles during the course of the pandemic, and how you adapted. How did you help facilitate that process of understanding if someone was just not in touch, it's hard sometimes to know what the causes are and what you need to do to respond?

*Jennifer Frediani:* A lot of it was patience and giving them more time to respond to us. Sometimes we made scheduled times that they could spend on our project and tried to hold them to that a little bit. We had certain tasks that we asked them all to do, and if we saw that things weren't getting met as far as deadlines, we'd check in with them. If they were busy, we'd just give them more time. They did get funding for being a community partner, so we leaned on that a little bit as it was an incentive to get the information that we needed from them, but a lot of it was patience. We did lose a couple that—especially the federally qualified health centers, because they were just slammed.

When we wrote the grant and got funded, everything was pushed a little bit, and—it didn't really make sense to focus just on testing anymore because the vaccines were rolling out. So that pushed our objectives a little bit to span both testing and vaccine hesitancy. Because of that, a lot of our partners were involved in this dissemination of the vaccines. We had no idea how busy they would get. We couldn't have anticipated. Everybody was winging it when it came to the pandemic. We were building the plane as we were flying it type situation.

*Hal Strelnick:* So, given where we are today, what are the lessons learned that you want to highlight from the article?

*Jennifer Frediani:*

I think really being strategic in who we choose to be part of our community engagement project, and really understanding and taking the time to understand where they're coming from and what their responsibilities are outside of our project is really helpful. I think that communication and making sure that we are not expecting too much of them, and we're communicating clearly. That was some of the feedback that we got from the community partners was that we really had to be careful, giving information almost in soundbites and not giving too much at once. We're dealing with people that aren't academically trained, and some of the language that we use around grants and papers and all of this was not the same language that they're used to. So, making sure that we take the time to communicate clearly was a big thing.

Then being flexible. We most likely will have another pandemic, and I think that we've learned a lot about the flow of it. I think things will be a little tighter in timeline and we'll be able to do things a little bit more quickly, although we're moving at a faster pace than the FDA or NIH has ever moved before. Being able to streamline things and knowing exactly what points we have to hit to make things go smoother. I think that boils down to communication as well.

*Hal Strelnick:*

I'm going to shift my questions a little bit in terms of preparing the manuscript itself. You have 18 authors, and I wonder what the process was after you've completed the project to then try to write it up in a way that would convey a diversity of perspectives that your collaboration involved.

*Jennifer Frediani:*

There was a group of three of us that were on the academic side that really put together the questions that we wanted to ask, and went through contacting all the different community partners and investigators and going through the interview process. So, we asked everybody if they wanted to participate in either being interviewed, part of the writing process, part of the editing process to really get them involved in the whole manuscript preparation, but we left it up to them how much they wanted to be involved. By the time we got to the paper planning and writing, things had calmed down in a lot of different places, so they weren't quite as busy. But still some chose not to. A lot of them were not confident in their writing abilities, and we said, "That's okay. We can do the verbal interview and then we'll write it up and have you read it to make sure that we took good notes and conveyed what your message really was." Then we just systematically interviewed all the authors, the community partners that wanted to be involved. I think they were probably 15–20 minutes interviews. They didn't take long, but we had a series of questions that we asked every single person and got their input on what the challenges were of working with us, what went well, what their role was, because sometimes we met with individuals that were part of the same organization, but they all had different roles. So, we made sure we differentiated between that.

Then once all of the interviews were complete, we looked for themes, especially with the challenges, and what-went-right to summarize those. Once the academic team wrote pretty much all of it, we asked for the community partners that wanted to be a part of the writing to write short paragraphs on basically what they said in their interview, and then we used those paragraphs and integrated it into the paper, and then sent it out to all the authors and everybody read it. They were happy to be involved. I think it was a really good way to make sure that you are engaging with your community advisory board. I think a lot of times academics say they're doing community engagement, and they have people in the community that help them get the participants they need on whatever their project is about, and then the relationship stops there until you get the next project that you want to do in that community, and they're not really part of the dissemination process.

Paula Moreland, who was going to be here with me today, we actually did a poster for the RADx-UP project, so we had an internal symposium of all the different funded projects. She was instrumental in putting together the poster. She presented it. She's part of one of the Morehouse School of Medicine's other projects. She's worked with that group for a while, so I think she felt comfortable. That was really the process. We just wanted them to be engaged in every step of the way. As much as they had time for, or as much as they wanted to be, there was no pressure in writing anything if they didn't want to write anything. It was a long process to get through all of that mainly with people's schedules and scheduling all the interviews, but then also getting feedback. "Guys, we want to turn this in. We want to submit this soon. Can you please give us your feedback?" There was a lot of that back and forth. Eventually, we got there, and was able to submit it, and get it accepted. I think they were all excited about it. Seeing their name in print is exciting for the first time.

*Hal Strelnick:*

And doing this project, what was surprising to you that you didn't expect that did happen?

*Jennifer Frediani:*

I think personally—my coauthors may have different opinions on this—but I think personally, they were very forthright with their challenges and how things worked with us, which I think was really helpful. This was probably the first major community engagement project that I've worked on. I do a lot of interventions in the community, but never having the community as part of the building of the research project. They're more there for recruitment or whatever. So, this was the first project that I've gone start to finish with community partners being part of every step. I guess the surprising part to me was the fact that they were like, "Okay, this worked. This did not work. If we work with you again, we would like to do this." They knew exactly what they wanted to do and what they didn't want to do. I think that was probably the most surprising thing to me is that they were so engaged in the research process. They knew their programs and whatever role they played in the community very, very well, but they also learned enough throughout the couple years of this project to know exactly what they want to do next time, or not want to do.

We had several community partners that want to keep working with us if we do other projects in diabetes. They had solid ideas on what they're seeing in their space, and what needs to happen in the future. They want to engage with academic partners, because we're the ones that can maybe help get more funding to help their community members.

*Hal Strelnick:*

Well, you found some good academic collaborators as well as community-based collaborators. We'd like to congratulate you on finishing it and getting it published, because that can take a long time, and we appreciate the time you've taken this morning with us.

*Jennifer Frediani:*

Thank you for having me.

*Hal Strelnick:*

Thank you.