

Community Engagement and Learning at an Academic Medical Center: Maintaining Community-Academic Partnerships During the COVID-19 Pandemic

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Abstract

In light of the ongoing COVID-19 pandemic, the health disparities plaguing our communities are highlighted more than ever. Community-based learning (CBL) and community-based participatory research (CBPR) provide a highly relevant framework in addressing health problems, especially those related to the Social Determinants of Health (AHRQ, 2020). Throughout the COVID-19 pandemic, the team at the Community Health Division (CHD) within the Family Medicine Department of Georgetown University School of Medicine (GUSOM) maintained and deepened relationships with community partners through engagement activities, which not only actively addressed community needs but also acted as an educational tool for a growing number of interdisciplinary students. This paper explores the effectiveness of CBL and CBPR as a framework, even when presented with challenges of the COVID-19 pandemic. It further underscores how students at Georgetown University have become more intimately involved in community health engagement during the pandemic. This serves as an encouraging model for establishing a student-based research learning community.

Keywords: community-based participatory research, community-based learning, health disparities, health literacy, health promotion, intellectual and developmental disabilities

Introduction

Community engagement and awareness as part of investigative theory through community-based learning (CBL) and subsequent community-based participatory research (CBPR) have become critical to learning and research within healthcare. The faculty at Georgetown University School of Medicine (GUSOM) exposed students to the importance of community through service-learning. As a result, they evolved into an intentional pedagogy, including reciprocal community-campus engagement or community-based learning. Traditionally, CBL directly utilizes community engagement as a teaching and learning strategy for students at all levels of education, often partnering with local non-profit and advocacy organizations to facilitate community interaction and applied learning (Beckman & Long, 2016). CBL relies on the principle that impact and “profound learning often comes from experience supported by guidance, context-providing, foundational knowledge, and intellectual analysis” (Marshall University, 2021). This pedagogical approach allows students and educators to apply theoretical and conceptual classroom models to the community directly. Theoretical and didactic grounding provides a dialogical tool for student reflection as they engage with community participants. Ideally, participation in CBL also addresses a community-identified need leading to transformative change. Other positive outcomes include increasing community agency through knowledge sharing, academic community understanding, and recognition of community assets through consistent interactions. Students acquire the necessary skills to address real-life problems or formulate a relevant research question on community partnerships.

The CBL course, delivered as a required experience for all first-year medical students at GUSOM, directs students to partner with communities in the District of Columbia (D.C.), often acting as a lever for multi-year engagement on a specific topic area or within a particular service setting. Community partnerships are carefully selected based on their values and how they serve the D.C. community, allowing medical students to enhance established programs and create new relationships as welcomed by community members. These efforts can range from teaching school-based health education to innovative nutrition programs that encourage family strengthening for families with children with disabilities. By working directly with communities, students build upon their cultural competencies, understanding inequity and social justice, and community relationships, setting the foundation necessary for effective CBPR.

In its current model, CBL at the medical school is nested within the Georgetown Family Medicine Community Health Division (CHD), which fosters community engagement and undertakes advocacy and policy efforts. In working within the community, the collaboration is targeted as a mutual gain for the partner, the population they serve, and the medical students. Engagement through respect creates a foundation for discovery, idea formulation, and project

development. This process becomes a bridge to research deliberations that are democratic with shared investigatory interests. From this curricular experience, students at Georgetown developed a desire to further engage with and learn from their communities, especially as the COVID-19 pandemic highlights existing health disparities and calls for racial justice to permeate our culture. The relationships fostered through this course have segued into diverse forms of community engagement and CBPR partnerships within the CHD, serving as a necessary crux for improving health equity within D.C.

Novel Community-Based Learning Education During the Pandemic

In light of the COVID-19 pandemic, Dr. Kim Bullock and her team at the CHD sought to expand health-centered community engagement beyond the confines of medical school. In the summer of 2020, a five-week pilot course entitled *Addressing the Health Status and Health Inequities Among Individuals with Intellectual and Developmental Disabilities Across the Life Span* was offered for undergraduate and graduate students in all disciplines through Georgetown University's Disability Studies program in collaboration with GUSOM. The course incorporated CBL principles in an all-virtual learning environment and introduced students to tenants of CBPR. Consequently, students connected with experts in the field of Intellectual and Developmental Disabilities (IDD), including clinicians, service coordinators, and individuals with lived experience of IDD (also known as self-advocates). Meetings with self-advocates focused on exploring their life experiences, learning about their advocacy efforts, and identifying the effects of the COVID-19 pandemic on their wellbeing and access to healthcare. These conversations contributed to students' understanding of IDD as an identity, serving as a core foundation of future CBPR undertakings. Virtual classes allowed for increased accessibility for all parties and connected students with community members that otherwise would not have been able to meet in person, offering a more varied and enriching experience. Experiencing CBL carried out virtually allowed students to rethink how to increase the accessibility of CBPR through virtual platforms. Candid, semester-long conversations bolstered trust amongst constituents, allowing for collaborative efforts and mutual empowerment in future CBPR efforts. By connecting directly with community members, students identified community needs and saw how those might differ from what experts and policymakers assumed, establishing a starting point for subsequent CBPR.

Beyond the classroom, students were invited to join D.C. community group meetings, including Project ACTION!, a DC-based advocacy organization, and a DMV Disability/Senior Community online gathering. Students were also encouraged to join weekly executive and community meetings sponsored by D.C.'s Department on Disability Services (DDS). These extracurricular opportunities allowed students to further engage in the course material and see first-hand how disability-focused community stakeholders build community, promote resilience, and advocate for themselves. Students submitted weekly reflections to demonstrate their learning, process new material, and create connections between different guest speakers. Additionally, the course

culminated in a group concept paper identifying key research areas, such as social support and primary care, needed to better support D.C.'s IDD community based on interviews the students had with community partners throughout the course. This collective paper served as a foundation for the central CBPR activities that have defined the success of the CHD during the COVID-19 pandemic.

Seeing and appreciating the value of undergraduate and graduate students as contributors to perspectives within the CHD led to the recruitment of the Division's first Junior Research Coordinator as well as several research assistants to bolster the CHD's CBPR efforts. With a wide variety of community and academic partnerships within and outside the District of Columbia, the CHD student research group comprises approximately 15 undergraduate and graduate interdisciplinary students and medical students.

Community-Based Participatory Research as Pedagogy

CBL serves as a key vehicle for learning about and conducting CBPR at Georgetown. CBPR is a “strength-based approach to research that involves collective, reflective and systematic inquiry in which researchers and community stakeholders engage as equal partners in all steps of the research process with the goals of educating, improving practice or bringing about social change” (Tremblay, 2018, p. 2). CBPR finds pedagogical grounding by teaching students the value of community knowledge and the importance of building synergy in addressing methodological and goal-directed concerns in both qualitative and quantitative research. Researchers and community members develop longitudinal relationships that ensure research findings lead to instant community benefits and build capacity amongst partners. This includes immediate dissemination of results and conclusions and cogent, actionable items that researchers and community partners can pursue collectively. Benefits of CBPR include but are not limited to establishing a learning community and utilizing research questions relevant to both researchers and communities. Areas of inquiry include identifying culturally appropriate study instruments, a deeper understanding of each community's unique challenges, the growth of reflective observation and empathy, with real-life knowledge for engaged researchers/students. An important area of interest involves community health literacy leading to action and trust in the health care system for underrepresented populations (AHRQ, 2020). CBPR faces challenges and limitations, often related to a limited number of funding sources and concerns regarding research quality and the extent to which all community members benefit from a project's outputs and action steps (AHRQ, 2020).

As a research and educational tool, CBPR shows a large potential for reaching groups and communities that have been marginalized and historically ignored. A recent study by Rink et al. (2020, p. 5) evaluated the implementation of randomized clinical trials (RCTs) in American Indian (A.I.) communities and determined that long-term CBPR “can mitigate the epistemological, methodologic and analytic complexities of conducting RCTs with A.I.

communities.” These researchers found three main factors: “long-standing community-researcher relationships, establishing context-based validity and overcoming the limit of social desirability through improving participant recruitment and retention”—that allowed for successful RCT implementation while also “decolonizing” research techniques (Rink et al., 2020, p. 4). Inherent in CBPR is an intentionality to give at least equal weight to the lived experience and voices of study subjects as to the acquired expertise of academia. As such, biases and assumed power differentials that may infiltrate the academic community is called into question by interjecting the perspective of community members. Through this process, university-community connectivity and legitimacy can lead to informed action and authentic, lasting social change.

Community Health Division Engagement in CBPR

After recognizing the interest and dedication of students engaged with the piloted CBL course, educators in the Family Medicine Department developed multiple student-directed CBPR and advocacy groups within the CHD to create collaborative, long-term partnerships that improve health equity and the wellbeing of respective local communities. These topic-focused groups are paired with specific community sites and are supervised by the Division’s director, Dr. Kim Bullock. Utilizing community partnerships developed through academic and professional networks and the CBL course, the groups at the CHD, engage in bidirectional educational and research experiences that address the social determinants of health and promote positive health behaviors in medically underserved communities. Research findings are shared and discussed with community members and stakeholders to accomplish recognized goals or system change.

Unique to the CHD is the interdisciplinary diversity of students engaged in the work. The CHD expanded its on-campus partnerships and student recruitment through Georgetown community groups, including GUSOM’s Office of Diversity, Equity, and Inclusion, a pilot Disability Studies course, the CBL course at the GUSOM, and the Georgetown Disability Alliance. Each student brings a unique viewpoint to the work based on their backgrounds and experiences. Students studying medicine, public health, neuroscience, health policy, economics, and government are currently involved in developing and executing community projects.

Members of the CHD meet weekly to discuss the implementation of community projects, explore new areas for collaboration, and promote further scholarship. Working groups for community partnerships discuss current engagement, meet with community partners, evaluate current projects, and plan upcoming events. Each month, students develop “mini-lectures” on topics relevant to research, public health, and current events in the IDD community to present to their peers. These lectures are recorded and saved as future onboarding materials for incoming students to learn more about the communities they will be engaging with. A student-led grant writing workshop provides opportunities and resources for students to apply for their funding for individual and collaborative research. On average, students spend approximately five to ten

hours per week on CHD projects and have completed research fellowships with our group as part of their coursework.

The CHD has a longstanding history of working with marginalized communities and vulnerable populations. Partnership building is critical to mutually beneficial inquiry and research, especially regarding educating students about CBPR. Implicit bias, privilege, power, and oppression, both dyadic and group, are foundational learning topics. Students engaging in community research must recognize and grapple with institutional power and privilege systems. They must be ready to actively listen and learn from those voices often ignored and missing from the research discussion. Historically, the community's unequal relationship dynamics and the institution have led to faulty research questions and analysis. To develop methodologies that reflect mutual community/campus input, one must identify and acknowledge structural bias and actively create a safe space where community participants can be valued. Researchers must listen reflectively and recognize the interconnectivity that drives every aspect of the research process. A core tenant of the Division is the commitment to positively impacting local communities by translating scholarship to action. Most notably, students actively participate in CBL and CBPR with two partner organizations in the IDD community: Project ACTION! and the National Children's Center. These projects seek to address health at the intersection of social determinants of health, health education, disability studies, and advocacy, acting as a resource for members of the IDD community in promoting both individual and systemic change.

Community Engagement in Action: CHD Academic-Community Partnerships

Project ACTION!

Since its creation, the CHD has been passionately focused on cultivating community partnerships within the District of Columbia IDD population. One such partnership developed over the past decade is with Project ACTION!, a regional coalition of self-advocates in the Metro D.C. area. These self-advocates are people with disabilities passionate about Advocacy, Change, Training, Information, Organizing, and Networking (ACTION). They organize around their collective experiences and concerns related to health care, transportation, housing, safety, and other issues. Through sharing these lived experiences, members have created a community in which they learn about local issues in the DMV area, how to exercise their civil rights, and discuss ways to spread disability awareness in the local community. As one of the most influential IDD advocacy groups in the Washington, D.C. area, the self-advocates have a strong grasp on justice issues in the disability community and have honed ways in which they can affect change.

A community-academic partnership between lay advocates of Project ACTION! and GUSOM was a natural progression from the relationship between Dr. Kim Bullock and the D.C. IDD community. As expressed by self-advocates, individuals with IDD face undue barriers to healthcare in communication, transportation, and equitable treatment. Future healthcare

professionals must learn about the diverse patient populations they will serve, and the IDD community is one that many medical school curricula overlook. Iezzoni et al. (2021) determined that only 40.7% of physicians surveyed felt confident in providing competent care to patients with an IDD, and 58.6% of physicians actively welcomed patients with IDD into their practice. When receiving healthcare services, much of the patient experience is rooted in the physician's actions, and there are many subtle yet impactful ways to alter care for the individual. For students, the strength of community-based partnerships at the professional training level lies in hearing the lived experiences from community members themselves. Self-advocates from Project ACTION! participate in several activities with medical students throughout the school year to educate on best practices in providing equitable care. Such activities include community listening sessions, focus groups, informative videos relating to the COVID-19 vaccine, and inclusion in the CBL course as panelists.

Throughout the pandemic, the partnership between Project ACTION! and the Georgetown University CHD took shape primarily through community listening sessions and the subsequent development of a mixed-methods research study. This partnership mutually benefited the contributing individuals within the IDD community as well as students of the CHD. Listening sessions began in August of 2020 and have continued during the progression of the pandemic. Each session ranged from one to two hours, with anywhere from 10 to 40 self-advocate participants. During these listening sessions, students from the CHD asked self-advocates about their relationships, experiences, and access to healthcare throughout the pandemic, gaining valuable insight into the shortcomings of the medical system and how the pandemic disproportionately affects the IDD community. For those within the IDD community, these listening sessions offered an opportunity to voice concerns and frustrations that many felt would otherwise go unheard. These sessions were also an opportunity for those within the IDD community to receive answers to questions and concerns they have had throughout the pandemic from the CHD director, a trusted medical professional.

Many self-advocates voiced concerns about the safety of the COVID-19 vaccine, how to interact with others throughout the pandemic safely, and the timeline of vaccine eligibility in Washington, D.C. Also expressed during listening sessions were the widespread feelings of isolation due to the restrictions imposed during the pandemic. IDD self-advocates and students would connect in breakout rooms and share ideas and stories in a more intimate setting. The virtual listening sessions fostered a sense of community that many had not experienced in over a year. These listening sessions became increasingly valuable due to COVID-19 data provided by Washington, D.C. DDS. Throughout the early months of the pandemic, individuals within the IDD community were contracting COVID-19 and facing serious health complications due to the virus at significantly higher rates than the general public. Through these listening sessions and subsequent study, the CHD hopes to provide information to this disproportionately affected

population regarding preventative public health measures and gain insight into the failings of the healthcare system that put this population at increased risk of contracting COVID-19.

From the valuable information shared during the listening sessions, the CHD has worked to develop an IRB-approved research study centered around the experiences of individuals within the IDD community during the pandemic in relation to the healthcare field. Citing listening sessions as preliminary data, this research study was proposed based on i) determining the barriers to healthcare faced by individuals within the IDD community throughout the COVID-19 pandemic and ii) identifying interventions that may be utilized in future public health crises to better care for this marginalized community. This study uses a mixed-methods methodology, capitalizing on long-term partnerships with community-based organizations, the health care community, and self-advocacy groups to query experiences related to the COVID-19 pandemic. Self-advocates are asked to complete an online survey detailing their lived experience during the COVID-19 pandemic. Facilitated interviews with lay advocates highlight their unique strengths and resiliencies along with the community assets that facilitate needed support. All survey instruments and recruitment documents that target self-advocates are administered in plain language to ensure accessibility.

Self-advocates were integral members of study development and were consulted frequently during the design process. Areas of concern during the pandemic highlighted by advocates during the listening sessions acted as a basis for qualitative and quantitative data collection. These topics include: feeling left out of the decision-making process, increased barriers to healthcare access, utilization of technology, adherence to public health guidance, and maintaining relationships. When presented with these topics as areas of study focus, advocates agreed they were representative of challenges faced during the pandemic. Data collection instruments were assessed through meetings with self-advocates to ensure clarity and proper plain language usage. This active study hopes to accomplish these goals by analyzing quantitative data obtained through surveys and qualitative data obtained through facilitated interviews.

National Children's Center

While the partnership with Project ACTION! focuses mainly on adults with IDD; it is also important to recognize that it is not just individuals with IDD that may experience undue hardship but also family members and loved ones. Family members of adults and children with IDD face unique challenges such as increased time demands, disruption of family routines, and increased financial burden while reporting higher levels of stress (Luijckx et al., 2017). Identifying this need for greater levels of support, the CHD partnered with the National Children's Center's (NCC) Early Learning and Early Intervention Center. This multidisciplinary program focuses on childhood education for children with and without disabilities in the birth to five-year period. The Early Learning and Early Intervention Center is part of a lifespan of

services provided by NCC and tailored to those with intellectual and developmental disabilities in Washington, D.C. This partnership has developed into meaningful community engagement through increasing community agency, educational, and outreach efforts.

Over the past several years, one particular area of focus for the Center has been increasing access to healthful, fresh foods for children and families of the local community. In 2020, Washington D.C.'s overall projected food insecurity rate was 16%, with the greatest rates occurring in Wards 7 and 8 (D.C. Office of Planning, 2020). Food insecurity is strongly related to economic and social factors that contribute to systems of oppression, including unemployment, poverty, disability, and race and ethnicity (Odoms-Young & Bruce, 2018). Children with disabilities, such as those NCC serves, are also more likely to experience low or very low food security than children without disabilities (Karpur et al., 2021). With the partnership of staff and community members at NCC, our team developed the Health and Nutrition Initiative to educate families of young children about the link between nutrition and health, featuring increased attention on IDD in an inclusive setting. Thus, this partnership between NCC and the Georgetown CHD represents an empowerment strategy for families of children with IDD and the local community to develop the skills and resources necessary to maintain healthy eating habits in an accessible manner. Using this program as a model, students at the Georgetown CHD aim to recognize and challenge the inequities across the District while directly supporting those affected by these food access challenges.

Development of the Curriculum

The Health and Nutrition Initiative was developed in January of 2021 in partnership with NCC's family engagement and culinary staff. A pre-survey was virtually administered to families receiving services from NCC to understand the participating families' backgrounds, current behaviors, and interests. Families identified areas of interest in the intersections between nutrition and body systems and provided valuable information relating to their current health and eating behaviors. Based on these interests, students developed an organic curriculum focusing on how nutrition plays a role in the development and functioning of specific body systems.

Each month, the Health and Nutrition Initiative holds two sessions. The first session covers background information about a given body system or topic, such as the gut, brain, or living with allergies. Students give a general overview of the system, how the system develops throughout childhood, and how nutrition can affect the functioning of that system. The second session provides specific nutrition advice and features a 30-minute video of a recipe demonstration from the Center's chef that families can replicate at home. Created recipes feature key ingredients discussed from that month's theme and incorporate flavors representing the community's preferences. Many of the fresh fruits, vegetables, and herbs used are grown and harvested from NCC's urban garden, an outdoor learning site for the young children of the families in attendance. Sessions are interactive and conducted virtually over Zoom. Students help facilitate

avenues for family engagement, including wellness check-ins, strategies for maintaining healthy eating habits, and, most importantly, encouragement from families to share their experiences and build community.

Students drive the implementation of this project by developing and presenting session content, assisting in recipe demonstration led by NCC's chefs, and incorporating input from the family engagement team in relation to parent needs and requests. Each month a student lead is identified and acts as a liaison between the staff members at NCC and the CHD for communication regarding planning and implementation of the sessions. The students also direct the content of the sessions by meeting with and interviewing healthcare experts as well as facilitating regular planning meetings with their peers.

As the sessions progressed, the CHD and NCC's family engagement team solicited feedback from parents about the appropriateness of content and encouraged parents to participate in presenting by sharing their personal best practices and experiences. A unique aspect of the curriculum is that the sessions are flexible in nature, with content adjusted between sessions based on the community's questions and feedback. This allows families to tailor their learning and have an active role in curriculum development. For instance, in a session about gastrointestinal health and the microbiome, parents shared that their children were "picky eaters" and that it was often a struggle to create nutritious meals that they would eat. NCC's chef & culinary staff took this information and created recipes to share with families to help disguise fruits and vegetables in familiar child-friendly foods to promote microbiome health and digestion.

Additionally, to further promote community engagement, a family member representative was identified to assist in developing the nutrition curriculum. Drawing on their personal experiences caring for a child with IDD, family members provide invaluable feedback on session materials, ensuring that content is relevant for parents and family members attending the sessions. Each session is attended by the CHD director and board-certified family medicine physician to assist students in answering questions related to children's health and nutritional needs, increasing engagement and ensuring educational relevancy.

Future plans include creating a Facebook page, where students and family members can actively come together to share content related to the sessions and post ideas for future content while fostering a continuous sense of virtual community.

Partnerships in Action: Adapting to COVID-19

The COVID-19 pandemic disrupted academic institutions' programming, including didactic and experiential learning, along with many other systems. Seeing as community-based research and learning is grounded in direct contact with the community, our partnerships had to be creative in how they adapted to this challenging environment. Before the pandemic, students worked closely

with community members in-person, attending meetings and events at their community partner site. Given the nature of the partnerships with Project ACTION! and the National Children's Center, our research team had to make significant adjustments to how we engaged with community members.

As of the Spring of 2020, all Community Health Division programming moved to an online format from weekly student meetings to community partnerships. Students communicated with the leadership teams of community partners to develop a new workflow utilizing online platforms while maintaining the richness of in-person interactions. Members of Project ACTION! moved their meetings online, and began contributing to virtual discussions with medical, graduate, and undergraduate students at the CHD. Transitioning programming at NCC proved more challenging as much of the material relied on in-person activities, such as access to the on-site garden and kitchen. Together with NCC staff members, our group devised a virtual health and nutrition curriculum that would allow didactic and experiential learning for families. Families would first attend a didactic videoconferencing session led by students that explores the relationship between the body and nutrition. This session would then be followed by a modified experiential learning session where the Center's chef would provide a virtual cooking demonstration based on previously highlighted ingredients.

These changes to content distribution brought challenges in implementation. Integrating an experiential learning component into an online format required flexibility from all parties. The cooking demonstrations needed to be accessible to families, providing a simple, nutritious meal that could be made in under 20 minutes. Initially, the cooking sessions were done live, with families watching and interacting with the chef in real-time over video conferencing. This provided an interactive component that allowed families to learn directly from the experts and have their questions and comments addressed immediately. However, over the course of several sessions, it came to our attention that the feasibility of the live sessions was not always realistic. Sessions were scheduled in the evenings, typically after many NCC employees finished their work for the day, limiting kitchen access. If a technological issue arose, families would be unable to view the demonstration in its entirety.

Additionally, many self-advocates at Project ACTION! and NCC family members did not always have reliable access to the technology required to conduct online meetings. Those who could access appropriate technology had difficulty navigating the videoconferencing software needed for meetings. Some members of the IDD community relied on family members or support staff to assist with getting onto the virtual platform, and utilizing functions such as camera and microphone proved difficult. Family members would often attend nutrition sessions on their phones, with limited access to software features such as polling and chat.

Despite the challenges of transitioning to a virtual environment, IDD self-advocates and families demonstrated resilience in how they have adapted to these changes and were committed to

regular participation. With the support of community members, the self-advocates were flexible and adapted quickly to the new realities of online interactions—as the frequency of virtual meetings increased, so did the technical savviness of the advocates. Self-advocates could speak with CHD members from the comfort of their own homes, allowing for increased outreach. While the virtual nature of meetings imposed communication challenges, it also allowed self-advocates to meet with us with greater frequency, as there were no concerns about transportation or accessibility of meeting spaces.

For the Health and Nutrition Initiative, we found that video conferencing software has effectively delivered a health literacy program. The accessibility of an online session has reduced the burden on families to participate and allows multiple family members to attend sessions and learn together. Parents can attend sessions wherever they are and learn without the obligation to travel to and from NCC. Many parents work until later in the evening or do not have childcare available during session times and have expressed gratitude for the increased flexibility. Given the nature of virtual conferencing, sessions were recorded, increasing content reach to family members who may not have been able to join the meeting. Additionally, the online setting has allowed multiple students and members of the CHD to attend conveniently. Students spanning different institutions and time zones have been able to participate simultaneously, adding value to the sessions while also enriching their learning.

Conclusion

Our experiences deepening academic-community partnerships during the COVID-19 pandemic demonstrate the practicality and utility of community-based engagement and participatory research, even if mostly conducted virtually. Throughout the COVID-19 pandemic, communities - including those at Project ACTION! And the National Children’s Center - have suffered under the social isolation of lockdowns and restrictions, as well as worries about health decision-making. The work of the CHD helped to address such concerns, enrich their lives, and strengthen agency. Even during times of crisis, community members are eager and willing to take the initiative and act as agents of change in their communities. Partnerships with academic institutions allow members of underrepresented communities to educate future leaders on the healthcare disparities they experience, problem-solve, and develop networks and resources to enact change. The evidence-based publications that will follow from our research will impact community change at organizational and policy levels. We continue to learn from our community partners about the best way to engage in novel in-person and virtual engagement. Our community connections at Project ACTION! And the National Children’s Center continue to be a source of mutual learning and service between Georgetown University affiliates and communities experiencing vulnerability. We will continue in this meaningful work because of the authentic partnerships that have been built. These have been modeled from principles of CBPR to promote human flourishing in our local communities.

References

- Agency for Healthcare Research and Quality. (2020). AHRQ activities using community-based participatory research to address healthcare disparities. Retrieved from <https://www.ahrq.gov/research/findings/factsheets/minority/cbprbrief/index.html>
- Beckman, M., & Long, J. F. (2016). *Community-based research: Teaching for community impact*. Stylus Publishing, LLC.
- D.C. Office of Planning, Government of the District of Columbia. (2020). (rep.). Food access and food security in the district of columbia: Responding to the covid-19 public health emergency. Retrieved from <https://dcfoodpolicycouncilorg.files.wordpress.com/2020/09/food-security-report-9-24-20.pdf>
- Iezzoni, L. I., Rao, S. R., Ressalam, J., Bolcic-Jankovic, D., Agaronnik, N. D., Donelan, K., Lagu, T., & Campbell, E. G. (2021). Physicians' perceptions of people with disability and their health care. *Health Affairs*, *40*(2), 297–306. <https://doi.org/10.1377/hlthaff.2020.01452>
- Karpur, A., Vasudevan, V., Lello, A., Frazier, T. W., & Shih, A. (2021). Food insecurity in the households of children with autism spectrum disorders and intellectual disabilities in the U.S.: Analysis of the National Survey of Children's Health Data 2016 - 2018. *Autism*, *25*(8). <https://doi.org/10.1101/2021.03.29.21254546>
- Luijckx, J., van der Putten, A. A., & Vlaskamp, C. (2017). A valuable burden? The impact of children with profound intellectual and multiple disabilities on Family life. *Journal of Intellectual & Developmental Disability*, *44*(2), 184–189. <https://doi.org/10.3109/13668250.2017.1326588>
- Marshall University. (2021). What is community-based learning? Retrieved from <https://www.marshall.edu/ctl/community-engagement/what-is-service-learning>
- Odoms-Young, A., & Bruce, M. A. (2018). Examining the impact of structural racism on food insecurity: Implications for addressing racial/ethnic disparities. *Family & community health*, *41* Suppl 2 Suppl, Food Insecurity and Obesity (Suppl 2 FOOD INSECURITY AND OBESITY), S3–S6. <https://doi.org/10.1097/FCH.0000000000000183>
- Rink, E., Knight, K., Ellis, C., McCormick, A., FireMoon, P., Held, S., Webber, E., & Adams, A. (2020). Using community-based participatory research to design, conduct, and evaluate randomized controlled trials with American Indian Communities. *Preventing Chronic Disease*, *17*. <https://doi.org/10.5888/pcd17.200099>
- Tremblay, M.-C., Martin, D. H., McComber, A. M., McGregor, A., & Macaulay, A. C. (2018). Understanding community-based participatory research through a social movement framework: A case study of the kahnawake schools diabetes prevention project. *BMC Public Health*, *18*(1). <https://doi.org/10.1186/s12889-018-5412-y>