Overview of Community Engagement and the Effect of COVID-19 as it Relates to Writing a COVID Context Statement

The December 4, 2020, the Provost and Executive Vice Chancellor sent an email to the UNCG academic community that began, "The purpose of this memo is to provide additional guidance to the campus community on how I hope that the campus values of compassion, empathy, and flexibility are built into the performance review process for UNCG faculty members." The memo noted that COVID has affected people differently, and "emphasized that women and underrepresented minority faculty members are more likely to have shouldered the burden for many of the challenges such as those around child care or the care of other family members."

This resource is provided as a result of the Director of ICEE bringing together community-engaged faculty to discuss the issues they have faced during COVID. It is intended to help community-engaged faculty reflect on their own experiences and consider how they would like to represent their work to their colleagues in professional portfolios, CVs, and annual reports. This document may be updated as more information becomes available.

In times of sudden change and crisis (personal, professional, community, societal), disruptions to usual workflows and agendas can be complex and difficult to navigate as well as to articulate. This document is intended to help community-engaged scholars to reflect, and those who review their work plans to understand, the changes necessitated by COVID across their work roles, responsibilities, and activities.

Writing a COVID context statement can, itself, be emotionally laborious. What do I disclose? What do I keep private? Who will see what I write? What will my future supervisor learn about me and how might it affect how they see me? How might this affect future timelines for going up for reappointment, promotion, or tenure? This overview is intended to introduce faculty and administrators to the complex, varied, and nuanced issues of conducting community-engaged scholarship during the time of a global pandemic. This overview also addresses the other pandemic: systemic racism and structural inequity. Community engagement scholars are disproportionately, either faculty of color, or working with communities that experience sustained structural oppression - or both.

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Definitions

Community Engagement is the “collaboration (among) institutions of higher education and their larger communities (local, regional/state, national, global) for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity.” (Carnegie Foundation, Community Engagement Elective Classification)

Mutual benefit and reciprocity are two key principles and practices of this form of work. Whereas mutual benefit describes outputs and outcomes, reciprocity describes processes and relationships, as described below:

- **Mutual benefit** is the expectation for and achievement for outputs and outcomes that align with the priorities of the partner. In organizational contexts, benefits are often aligned to the mission of the organization. In grassroots or community contexts, benefits are often aligned to the priorities of the group.
- **Reciprocity** requires a continuous and intentional practice of valuing and drawing on the various forms of knowledge, resources and other assets that each person contributes to the shared activity and outcomes to a degree that the experience is felt by all to be equitable.

Additional terms and definitions can be found online: https://communityengagement.uncg.edu/definitions/

Investment in Partnerships

Community engagement partners are thought partners and collaborators who help decide what questions are asked, choose what methods are used, discover what knowledge is gained, and determine how knowledge is shared among disciplinary, professional, and community stakeholders. Partnerships are the basis for knowledge generation and the platform upon which scholarship relies.

Developing expectations, trust, and communication norms are key aspects of any collaborative relationship. Collaborations and partnerships across organizational contexts are particularly difficult and time consuming - even under the best of circumstances. In situations where the UNCG scholar is collaborating with communities that have been historically marginalized, disenfranchised, and even exploited, establishing and maintaining trust is hard-earned and time consuming, and precious. Partnerships are also essential to current and future work that addresses scholarly and community priorities.

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In times of crisis, the work of partnerships may pivot rapidly and radically - to the extent that the dimensions of the relationship may be disrupted and changed. For example, students may no longer be able to complete in-person activities, and remote options are not available or feasible given personal and situational circumstances. Community partners may not be able to contribute to co-education or co-research roles as they turn to pressing needs or are limited due to other restrictions, such as access to technology or their own personal time as they address their own needs and the needs of their families and communities. As faculty navigate these shifts, their investment of time and activity may be in nurturing the partnership. That is, the priority changes from earlier negotiated expectations of mutual benefit to new and/or temporary efforts to support the emergent/urgent priorities and needs of the partners.

Examples of Areas of Impact
The following examples are intended to help faculty and administrators to gain a sense of the ways that partners’ priorities have shifted and partnerships have had to pivot. In many cases, community partners have pivoted in their agendas and priorities, skirting their usual processes, and, in many cases, becoming overwhelmed due to limited time and resources. The following areas are just some of the ways in which faculty have had to be facile and flexible.

- Protocols
  - Determining protocols, if in person is approved, such as requirements, accountability, and costs associated with safety plans and measures
- Resources and Funding
  - Reallocating or seeking new funds to aid community partner mission
  - Reallocating or seeking new funds to provide PPE or technology required to provide services, performance, exhibit, class, or offering remotely
- Time and Timelines
  - Shifting expectations for when, if at all, activities will be accomplished
  - Establishing plans for how to decide when, if at all, to resume activities
  - Diminished time and attention to give towards efforts
- Space and Venues
  - Finding alternative spaces that allow for safe provision of resources and service
  - Because of smaller capacity for programs (concerts, dance performances, etc.), restructurcting performance models to do multiple events per evening, or spreading them across multiple days.

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○ Focusing on public art initiatives that are self-directed
○ Mental shift to thinking about safety within art institutions - shifting priorities

● Mental Health Services and Emotional Labor
○ Helping students, colleagues, community partners to navigate the emotional labor and mental health challenges by listening and referring to services, where appropriate

● Technology, Internet and Remote Interactions
○ Gathering information about how to help address issues of moving activities online (such as teaching, mentoring, services)
  ■ Access to internet and technology to connect remotely
  ■ Privacy when connected remotely
  ■ Confidentiality
  ■ Consent
  ■ Safety and supervision
  ■ Fidelity of intervention

● Education, Awareness, Advocacy
○ Finding and/or providing information about issues
○ Raising awareness about issues that are emerging, shifting, or urgent
○ Advocating for attention and resources to address pressing issues

COVID-19 and the Ongoing Racial Inequity Pandemic
In the prior section, we describe the issues related to COVID, and particularly the ways in which time, attention and resources necessarily shifted within the context of community-academic partnerships. In this section, we describe some of the ways that sustained structural racial inequities and racial trauma.

The level and type of emotional labor and mental health stresses rose in 2020 over previous years. Faculty reported the need to devote extra attention to the mental and emotional health and wellness of their family, students, colleagues, community partners, community members, and themselves. Many faculty shared that they spent more time than ever before listening to students and colleagues who had lost loved ones, were ill themselves, were worried for their safety given political and social circumstances, and who struggled with their own mental and emotional health. They connected with and checked in on their colleagues, listened to and supported them as they processed and navigated through their own experiences, and the trauma they experienced or listened to as teachers and...
colleagues. One faculty member shared, "you can't just get back to work after you've
listened to a student tell you their family members have died and are sick. There is trauma
involved with that." A study of early career faculty and doctoral students released by the
Spencer Foundation and American Education Research Association shared: “In the wake of
the second pandemic, these participants shared that scholars of color had been asked to do
even more professional work. Such expectations included supporting students of color in a
department where the participant was the only Black female faculty member, teaching
courses about race, or being the “go-to” person when racism and police brutality became
more visible.” (See report: https://www.spencer.org/learning/voices-from-the-field)

While many, if not all, faculty have experienced increased higher levels of emotional labor
due to the circumstances of COVID and/or racial inequities, some faculty are statistically
and meaningfully more likely to experience greater burdens. The Center for Disease Control
(CDC) reports that "Long-standing systemic health and social inequities have put many
people from racial and ethnic minority groups at increased risk of getting sick and dying
from COVID-19." Due to underlying social determinants of health, faculty of color are more
likely to be members of families and communities with a higher proportion of people who
become sick and die from the coronavirus than their white colleagues.

Attention to systemic and institutionalized racism (and other forms of oppression, such as
sexism) has drawn attention to the presence - and the problem, of what has been alternately
called “white dominance standards,” “white supremacy,” or “white workplace culture”. Racial
equity trainer (and UNCG alumna) Tema Okun, Ph.D. suggests that the characteristics of
white dominant culture can be harmful not in and of themselves but “when they are used as
norms and standards without being pro-actively named or chosen by the group. These
attitudes and behaviors can show up in any group or organization, whether it is white-led or
predominantly white or people of color-led or predominantly people of color.” These
standards show up as “professionalism” - or coded language for white favoritism in the
workplace. For more information, read “Bias of Professionalism Standards” in the Stanford
Social Innovations Review (https://ssir.org/articles/entry/the_bias_of_professionalism_standards) or see this

Research shows that faculty of color are more likely to be sought by other faculty of color,
as well as students of color to serve mentoring and support roles. This means that in their
personal, as well as professional life, the time, attention, and resources devoted to
COVID-related illnesses is likely high. The question is: How does one quantify or qualify this obligation to help to support and sustain oneself as well as one’s community, broadly defined? One issue pertains to what it means to “be a professional.” White dominant standards of professionalism suggest that a faculty member establish limits to the amount of time they have for listening and helping students who are experiencing distress. One might be advised to limit the time to certain office hours, or to refer the student to other help via Starfish or the Dean’s office. This culture of individualism and separateness goes against a different culture that values community and collectivism. Listening to and supporting students is not just one’s job, but are commitments that come with belonging in and to community. In these subtle but significant ways, white dominant culture can devalue the work of faculty of color who are both more likely to experience COVID-related crises through their own experience or that of their family and community, and also more likely to view their role in supporting others as a personal commitment, and not as a professional role primarily. This means that more realistic time frames must be given for faculty for this type of effort, not only during times of crisis, but also for those who are disproportionately sought out for care and support by students, colleagues, community members and partners, and family members. For more information on equitable faculty workload practices and policies, see the “Equity-minded Faculty Workloads: What We Can and Should Do Now” report published by the American Council on Education (https://www.acenet.edu/Documents/Equity-Minded-Faculty-Workloads.pdf).

**Personal Context of COVID**

White dominant standards endorse the separation of personal and professional lives and posits the ideal worker as one where the personal life does not infringe upon professional obligations. While this is an impossible and unhealthy ideal under “normal” circumstances, it is an especially dangerous expectation under our current conditions. As described above, the ways in which personal and professional stressors have merged has disproportionately affected faculty of color as well as faculty members who are caregivers to young children, elderly parents and family members with disabilities. Sharing the details in a work document of how these stressors have both increased and intersect may not only be uncomfortable but could have serious repercussions for faculty of color in particular. The bullet points below (informed from preliminary findings of a mixed-method study being conducted at Indiana University as well as discussions among UNCG faculty) is meant to serve as a proxy for a personal context statement. It provides concrete details of ways in which the personal lives of faculty of color and/or caregivers have been affected.

BIPOC, and/or women, and/or care-giving faculty:

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● have greater exposure to secondary trauma from listening to and supporting family, friends, and students who have experienced traumatic events in the past year
● are more likely to be sacrificing sleep, mental health, and relationships to complete work tasks
● often need to conduct work-related tasks at odd hours and/or with more distractions as they need to attend to the needs of children and/or dependent family members
● are less likely to have the financial resources to “purchase” external supports (child care, housework, food delivery, therapy, massage) that can relieve personal and professional stressors
● have less time available to conduct research than they did previously and then other faculty currently have under COVID conditions
● Are more likely to experience decreases in their ability to focus due to increased trauma and stress. This makes tasks that require deep thinking, such as research and scholarship, more difficult to conduct.

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About ICEE
The Institute studies and promotes community engagement within UNCG and beyond as a distinctive and transformative approach to teaching, research, creative activity, and service, which requires collaborative and reciprocal partnerships. We achieve this through pursuing

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active research and scholarship, supporting institutional strategic initiatives, and providing professional development opportunities. We promote community engagement as a strategy to positively and sustainably transform communities, including academic ones, in ways that matter.