



PRESIDENT'S COLUMN

PARTNERING FOR HEALTH EQUITY

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Since 2004, I've collaborated with Community partners in eastern North Carolina on Project GRACE (Growing, Reaching, and Advocating for Change and Empowerment). This community-based participatory research (CBPR) partnership started at a point

in my research when I wanted to move beyond describing minority participation in research to finding ways to engage communities of color in research that was responsive to community needs and interests. Project GRACE has been one of the most rewarding experiences of my research career. I have had the opportunity to work shoulder-to-shoulder with community- and faith-based organizations, healthcare organizations, and private citizens, all with the same goal of eliminating health disparities and achieving health equity in rural eastern North Carolina.

This focus on engagement and working collaboratively with nonacademic partners is part of a growing interest in patient, family, and community engagement in clinical care and research settings. Today, bringing multiple and varied perspectives together to solve complex problems in health and healthcare is a well-established and evidence-based approach. Partnering with community entities, similar to inter-professional collaboration or working with multidisciplinary research teams, brings its own challenges and rewards. Bridging disciplinary differences can be time-consuming and extremely challenging as can partnering with community entities. The success of both approaches depends on building an authentic partnership and integrating diverse viewpoints which may be complementary, or at times may seem to be at odds. The team members *must* value diversity, commit to the mission rather than individual positions when perspectives differ, and actively manage conflict. Despite these challenges, cross-disciplinary collaboration and engagement of non-academic partners are key factors in initiatives to increase the effectiveness of health services.

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Community-Campus Partnerships for Health (CCPH), an organization whose mission is "...to promote health equity and social justice through partnerships between communities and academic institutions," provides a framework for thinking about what constitutes authentic partnerships. The framework includes four components—guiding principles of partnership, quality processes, meaningful outcomes, and transformative experiences:¹

1. *Guiding Principles of Partnership:* CCPH principles focus on building relationships, developing a structure and processes to do the work, and ensuring fair distribution of power. Critical elements that characterize an authentic work relationship include: 1) having mutual trust, respect, genuineness, and commitment by all parties involved; 2) valuing multiple kinds of knowledge and life experiences; 3) building on identified strengths and assets; 4) working to address jointly agreed-upon needs; and 5) increasing the capacity of all partners.

To be effective, partnerships should: 1) focus on establishing structure and processes to support the work of collaboration; 2) have a clearly defined purpose that can make allowances for taking on new goals as circumstances change; 3) agree on the mission, values, and goals of the partnership; 4) establish measurable outcomes and processes for accountability; 5) with the input and agreement of all partners, develop and use systems and processes for decision-making and conflict resolution.

Finally, a successful partnership must attend to the distribution of power so that it strikes a balance among partners, enables resources to be shared, and ensures that all partners share the benefits of the

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partnership's accomplishments. Clear and open communication must be an ongoing priority; partners should strive to understand each other's needs and self-interests and develop a common language to avoid misunderstandings and potential conflict.

2. *Quality Processes:* Quality processes are designed to support the continued success of the partnership and include conducting internal assessments and assessments by people outside the partnership to determine: Are we adhering to the guiding principles of an authentic partnership? Are we upholding the key values critical to an authentic partnership: openness, honesty, respect, trust and integrity? Issues and conflict will inevitably arise; jointly-developed processes provide the mechanism for members to address these as they surface.
3. *Meaningful Outcomes:* Outcomes of partnerships should be tangible, measurable, and relevant to all stakeholders. Authentic partnerships are formed to achieve results, not merely to exist. In defining relevant outcomes, the partnership must take into consideration elements important to both the community and the professional disciplines (often academic researchers) involved in the project. The outcomes define what success looks like for the partnership. For researchers and often for community collaborators, publications, marketing materials, and manuscripts can be examples of tangible outcomes. Other tangible outcomes may include organized efforts directed at policy changes, changes in delivery of direct services within the community, and an increased visibility of local health

care resources. Each partner may value particular outcomes differently, based on his or her set of priorities. Recognizing and appreciating the differing values will take some intentional efforts on the part of all engaged in the partnership.

4. *Transformative Experiences:* Transformative experiences are another form of outcomes, albeit less tangible than publications or marketing materials, and may be one of the most important results of successful partnerships. Transformative outcomes result from participation in the partnership process and represent a change in the thinking and/or behavior of each partner individually and collectively. Examples of transformative experiences include: increased personal understanding and commitment; expanded personal, community, or institutional capacity; increased or expanded funding sources, and/or; more knowledgeable and engaged communities that can be leveraged for other projects.

In my experience with Project GRACE, the focus on our mission, an organizational structure to do the work, and an intentional focus on process are the elements that have led us to such a long-standing and productive collaboration. In its early days, we developed a set of bylaws in which we were explicit about our mission, how we would be organized to do the work, and the ways in which equity was built into the organization of our steering committee and our decision-making process. My community partners insisted that we engage outside consultation to ensure we were addressing “isms” (e.g., racism, sexism, elitism) that might be occurring in our partnership in the same way that those “isms” were affecting the health of communities we were hoping to serve with our work.

We worked to build the capacity of each member of our partnership, not only in terms of research skills and community expertise, but also by building the collective capacity of how we work together as a partnership. One of my community collaborators called transformative experiences the “unintended consequences” of CBPR. In Project GRACE, these unintended consequences include community partners going back to school to start and complete college then go on to master's degree, trainees completing fellowship and remaining independently connected to community experts through their own grants despite moving to another state, community partners starting their own spin off companies that provide community consultation to researchers across the country, and I have been left with a richer understanding of the lived experience of social determinants of health and deep commitment to health equity in rural communities.

In my experience, authentic engagement with patients, community members, and other stakeholders will lead to transformation of partners, communities and organizations; this transformation is essential to achieve health equity.

As we prepare for SGIM19, I'm excited to learn more about how you have partnered with learners, patients, community members and other stakeholders to ensure that all have the opportunity for optimal health.

References

1. Community-Campus Partnerships for Health. Achieving the promise of authentic Community-Higher Education Partnerships: Community partners speak out! https://depts.washington.edu/ccph/pdf_files/CPSReport_final1.15.08.pdf. Published 2007. Accessed June 30, 2018.