

Community-Campus Partnerships for Health (CCPH)

in partnership with the RADx-UP Coordination and Data Collection Center (CDCC) presents:



Equitable Partnerships

Presentation Summary

April 12, 2022
CDCC All-Hands Meeting

Participants:

RADx-UP CDCC Staff (n=66)

CCPH Presenters:

Fatima Guerrab, MPH, CHES
Charisse S. Iglesias, PhD
Alan L. Wells, PhD, MPH
Brooke Danielle Worthey

Objectives:

- Recognize equitable power/resource structures
- Identify mutually beneficial relationships and community-centered approaches
- Explore methods to reduce silos

Key Takeaways

Equitable partnerships must have **mutual participation, trust, respect, benefit,** and **value** placed on each partner's contribution at all stages of the research process.

Intersectionality, engaging discomfort, and grassroots advocacy can help identify and establish equitable power structures.

Mutually beneficial relationships are based on reciprocity, which is characterized by exchange of benefits and resources, bi-directional influence, and generativity of new ideas, approaches, and actions.

Experience, participation, and assets interconnect to aid in **silos reduction**. Community-campus partnerships are inherently collaborative.

Highlights from the Panel

Ella Greene-Moton on equitable partnerships:

An example of a good partnership is one that you can equally give and take within that partnership. It's coming to the table and having a willingness to meet each other's needs where you are. Oftentimes, we come into a community and we're so willing to take, we forget to leave that deposit.

Dr. John Meurer on maintaining partnerships:

Maintaining partnerships is about meeting and interacting often, reflecting on accomplishments and celebrating simple achievements, thinking about how to overcome barriers and challenges together, and then planning what are the next steps in collaboration.

Dr. Dessie Levy on training the next generation:

[Institutions] lead our students to believe that a semester or a few weeks or a few days is actually service learning. When it comes to community engagement, it is a lifelong embedded process...If you want that work to continue on, you have to be critically conscious of the next generation.

Priscilla Wallace on community-engaged planning:

I recommend...bringing the community into the planning process. Prior to submitting any proposals, when you have the good idea and you've made the outline, bring that community rep into that process because they're going to be able to [identify] what will work in the community and what won't work. They'll help you to identify those disparities that the community is faced with.

Meet our Panelists



Ella Greene-Moton
Community Director,
Methodology Core,
Flint Center for Health Equity
Solutions



**Dessie Levy, Ph.D., RN,
APNP, MSH**
Assistant Director of Community
Engagement Initiatives, Medical
College of Wisconsin,
Co-Investigator, RADx-UP Project 61



Priscilla Wallace, MSOD
Project Director,
RADx-UP Project 61



John Meurer, MD, MBA
Professor of Community Health
and General Pediatrics, Medical
College of Wisconsin, Co-Principal
Investigator, RADx-UP Project 61