

## EACH and ICA Partnership Report

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### **Report on the formal partnership between EACH and the International Communication Association (ICA): Description of the first two years and request for five-year commitment to build stable grounding**

#### **History of the EACH / ICA Partnership**

Beginning in December 2020, researchers who have been members of EACH: International Association for Communication in Healthcare but whose primary affiliation is the International Communication Association (ICA) and who are part of the Health Communication Division of ICA worked with leaders of EACH to create a formal partnership between the two organizations. This report addresses the foundations of the partnership and invites leaders of both organizations to consider committing to a 5-year pilot and maps out what we envision as outcomes if we invest in the partnership long-term.

This new partnership should be of interest to EACH and ICA members for a number of reasons including offering opportunities for to be involved in both EACH and ICA and to become involved in the discussion and potential collaboration opportunities through networking and mentoring and public forums at conferences and online webinars. This partnership has potential to bring organizational structure for people who want advance their own research. At the collective level, the partnership expands our international networks to do research across country and disciplinary boundaries. The robust, theoretically-based work that is a foundation of ICA members, and the expertise in healthcare communication of EACH members, provides a cornerstone for the future. Beyond the next few years of conference connections and conversations, we hope to see shared writing and fruitful partnerships over time.

**First Two Years of Partnership: December 2020 to Present.** In the first two years of this partnership, our goal was to build foundations and opportunities to support collaborative research and conversation. Our goal in the partnership is to recognize and demonstrate added value of multimethod and/or multilevel research within and across countries and professional disciplines that is enhanced by the partnership. Our primary question in the first two years of this partnership focused on *how we can learn from each other*.

The initial partnership working group included members from the Health Communication Division of ICA and members of EACH who are listed as co-authors on the October 2021 PEC Pages and included Ashley P. Duggan (Boston College and Tufts University School of Medicine, USA), Marcy Rosenbaum (University of Iowa Carver College of Medicine, USA), Evelyn Y. Ho (University of California San Francisco, USA), Matthew Matsaganis (Rutgers University, USA), Julia C.M. van Weert (University of Amsterdam, Netherlands), Arwen H. Pieterse (Leiden University Medical Center, Netherlands), Nadine Bol (Tilburg University, Netherlands), Sara Rubinelli (University of Lucerne, Switzerland), Marleah Dean (University of South Florida, USA), Carma Bylund (University of Florida, USA).

In spring 2021, the working group presented symposia at both virtual EACH and virtual ICA conferences (all virtual because of COVID-19). EACH has chosen to become an affiliate organization to ICA to leverage commonalities and unique perspectives and make connections across the expertise of members in each of these organizations, further advancing best practices in communication in healthcare. Our subsequent conference submissions invited additional participants to get involved. The working group has since expanded and is committed to building opportunities for relationships that extend beyond formal membership benefits as well as building a sustainable organizational structure to work together over time.

**Learning from each other.** To begin, our partnership conversations started dis-entangling some fundamental assumptions, strengths, and limitations of communication theory and methods as understood by members from the Health Communication Division of ICA and to connect those strengths to EACH. From a practical perspective, ICA members are Communication scholars and students who most often work in departments of Communication or Media, within Colleges of Arts, Humanities, and Social Sciences. In contrast, while some EACH members work in these same settings and come from a Communication background, many EACH members work primarily in healthcare practice and research settings and healthcare professional educational institutions and represent a broad variety of social science and health professional disciplines. While many ICA members do applied work through partnerships or joint appointments with health professional organizations and educational programs, there is interest in expanding work with others in communication in healthcare related to research, education, and practice. ICA-based individuals are trained in a wide range of theories and quantitative and qualitative methods. Often the expertise of an ICA-based scholar is reflected in their ability to *apply and develop theory* that helps explain what occurs in healthcare interactions, as well as *advance theory-driven research design* and measures to capture and analyze those interactions. This dialogue between ICA and EACH is intended to broaden our understanding and application of the intersection between *theory, measurement, and practice* in the study of communication in healthcare.

Spring 2021 symposia examined the EACH and ICA missions, organizational structures, membership, and experience working with other organizations. The different perspectives represented among our EACH and ICA members regarding the definition of health communication, the range of theoretical and methodological approaches employed, as well as the variety of modes of conducting fieldwork can allow for potentially fruitful partnerships over time. Partnerships can inform health communication in everyday healthcare practice as well as policy. In the symposia, we shared examples of current pairings and dialogues between ICA and EACH members to show how different approaches give insight into important health communication topics. Initial topics included *shared decision-making, communication skills training, misinformation and COVID-19, and methods and data sharing*. These topics serve as cornerstones for areas that are identified as content areas for this partnership moving forward.

Summer 2022 symposia offered opportunities for face-to-face interaction at both the ICA Paris conference in May 2022 and the EACH Glasgow conference in September 2022. At the ICA Paris

conference, we built on the initial topics described above and were able to integrate multiple new ICA members into our working group including three ICA members who would like to serve as officers of a new interest group at EACH. At the EACH Glasgow conference we focused on the role of theory including theory and practice considerations. Our session on theory considered how to think of theory in four different approaches: **framing** by starting with a practical question (inductive) or with a particular theory (deductive), **application** by integrating or translating a communication theory into this grant or project, **development** by identifying concepts or building explanatory frameworks as to how and why things happen, and **types of theories** such as theoretical paradigms.

#### **Future Considerations and Request for Five-Year Commitment.**

In addition to the sessions at conferences, our initial working group has met monthly to build an organizational structure for the future. In this final section of this report, I describe advantages and opportunities. In considering these advantages and opportunities, the working group requests a five-year commitment that would allow us the stability to build and implement a well piloted organizational model that we see as mutually beneficial. We request a five-year commitment because we believe that the partnership is helpful beyond numbers of people who join or attend a conference. We believe that this partnership can have impact for individuals in our research, teaching, and advocacy and for both EACH and ICA well beyond quantitative measures.

**Overall Goals:** The goal of this working group is to **invite EACH and ICA members to discuss opportunities to build collaborative research, teaching, and advocacy.** Our initial two years working together and symposia and other activities are designed to build formal structures and processes for sharing between the organizations and among scholars, clinicians, and practitioners for years to come. At every turn, we invite EACH members and ICA members who would like to join the conversation by participating in a conference session to be included at EACH and ICA conferences. We invite participants as we submit the conference sessions, and we build on the conference sessions.

**Pairings Development for Research, Teaching, and Advocacy.** We are developing a model of pairings that is developed from and extends the junior/senior scholar pairings at EACH and ICA but that builds opportunities to connect in research, teaching, and / or advocacy. The ICA Health Communication Division has adopted EACH's Pairing with Colleagues Mentoring Program and we hope this partnership will strengthen opportunities for graduate students and early career scholars with research networking and entrée into healthcare settings while providing potential collaborators to assist with EACH member research and vice versa. As we extend the model of this pairings program, we envision connecting people for particular projects. This organizational model will take some time to develop and implement because we would like for the connections to be consistent with expectations of authorship in a multi-authored project. If EACH and ICA supports our request for a five-year commitment to working together across organizations, we will be able to develop and pilot multiple iterations for opportunities.

**Relational benefits of the partnership.** Overall, we think the partnership between EACH and ICA will be beneficial to members of both organizations. EACH is a global organization dedicated to exploring and improving the ways in which healthcare professionals, patients, and family members communicate with one another. And while EACH focuses on many of the health communication issues that people in ICA examine, including public health communication, patients' experiences with illness, shared decision-making, personalized health communication technologies, and other topics, a primary focus for many EACH members is grounded in the interaction between health care providers or clinicians and patients and families. EACH focus tends to be very applied, although we build ideas relevant to core communication research. Our EACH membership is made up of representatives from more than 40 different countries and includes social scientists, clinicians, and policy makers all focused on the aim of exploring and enhancing healthcare communication. The way that we work together within EACH is by sharing expertise and evidence related to communication and health care. We also share resources related to research, teaching, and policy and encourage networking among our members so we can all move forward together. The members of EACH often have access to health care settings and work in health care settings that may be less available to some ICA members. Equally, ICA can bring different core competencies to EACH members, especially with the emphasis on communication theory-building, which could help move forward the theoretical grounding of EACH members' work.

**Organizational benefits of the partnership.** As mentioned, EACH has chosen to become an affiliate organization to ICA to leverage common interests, perspectives, and expertise in communication in healthcare. At this point, formalizing the relationship translates into *panel presentations at annual meetings shared across the organizations*. Yet, we are working on how this formal relationship can be institutionalized in additional ways such that members benefit from membership in both organizations. Moreover, we are in conversation about benefits such as discounted memberships and conference registration to conferences for ICA and EACH including offering a 20% membership discount to ICA members wanting to join EACH <https://each.international/membership/>. We are also working on access to members' areas of the websites and online resources, networking and mentoring opportunities. **Although we do not track ICA members who registered and attended EACH, we believe that we have at least ten NEW EACH members directly resulting from this partnership.** That said, the working group strongly believes that the impact exceeds quantitative measures, as indicated in the rest of this document.

**Next Steps in Organizational Structures.** With support from EACH and ICA, our next steps will build upon systems in place for both ICA and will build additional opportunities and stabilize our foundation. We have ICA members who are very interested in serving as officers of an interest group for EACH. These ICA members are all new to EACH and thus provide evidence for impact of the partnership. **We would like to ask EACH to consider whether conference registration fees could be reduced for individuals serving as EACH interest group officers.** (Note that registration for ICA is approximately \$250 and registration for EACH is significantly higher; EACH registration does include many more meals than ICA registration) In addition to the EACH interest group, our

initial working group is developing workshops and sessions that are consistent with both the organizational structures and interests of EACH and ICA members.

In short, we would like five-year support this ongoing relationship and partnership so that we operate from a point of stability and we would like for EACH leaders to consider whether interest group officers can either have reduced registration or can work at the conference to reduce registration costs. We expect significant value gained for both ICA Health Communication Division members and EACH in continued formalization of this relationship.