
Community-Campus Partnerships for Health: An Overview

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“Our greatest opportunities for reducing health disparities are in empowering individuals to make informed health care decisions and in providing the skills, education, and care necessary to improve health. The underlying premise of the Healthy People 2010 objectives for the nation is that the health of the individual is inseparable from the health of the larger community.”

~ David Satcher, U.S. Surgeon General,
January 2000

January 2000 marked the launch of the Healthy People 2010 Objectives for the Nation, which set the nation’s public health goals for the next decade: 1) to increase quality and years of healthy life, and 2) to eliminate health disparities that are associated with race, ethnicity and socioeconomic status. Achieving these goals will require community partnerships that involve ordinary citizens, grass roots organizations, community agencies, hospitals and health systems, higher educational institutions and other partners. U.S. Surgeon General David Satcher has specifically called upon health professional schools to be essential partners in achieving the Healthy People 2010 objectives. Indeed, higher educational institutions as a whole can make significant contributions to advancing the health of the nation. The articles in this theme issue demonstrate the many ways in which metropolitan colleges and universities are building healthier campuses and communities. Each article is based on a peer-reviewed presentation given at Community-Campus Partnerships for Health’s 4th annual conference, “A Policy Agenda for Health in the 21st Century,” held April 29-May 2, 2000 in Arlington, Virginia. Many are jointly authored by academic and community colleagues. We have identified at least nine ways in which colleges and universities can contribute to improved health at the community level. Nearly all of these approaches are represented in this collection of articles:

1. **Through Access to Education**—in their article, Lewis et al. describe how the Hartford Public Schools and the University of Connecticut Health Center have worked together to improve the recruitment of urban African American and Latino youth into health careers as part of a broad strategy to improve the health of the residents of Hartford.
2. **Through Teaching and Learning**—Elmer Freeman of the Center for Community Health Education, Research and Service (CCHERS) describes how the CCHERS partnership contributed to Northeastern University’s nationally recognized model of community-based nursing education and is now engaging students from disciplines across the university in service learning at community health centers throughout Boston.
3. **Through Research**—Rothman and her colleagues in Philadelphia demonstrate how community-based participatory research can apply rigorous research methods to solving real-world public health concerns, in this case lead poisoning.

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4. **Through Broad-Based Community Partnerships**—Beck and her colleagues relate how the Medical College of Wisconsin was invited to participate and help form the Marion Area Coalition for Healthy Communities, a community-wide effort to understand and improve the public's health.
 5. **Through Clinical and Community Service**—Lewis' article demonstrates how a university, through student and faculty volunteers, can provide needed community health education and health care services to children and their families.
 6. **Through Community and Economic Development**—Blecke and Hadden describe a philosophy and process that higher educational institutions can adopt to identify and strengthen community assets, thereby building a community's social capital and capacity for health.
 7. **Through the Institution's Role as a Campus**—In their article, Major and Workman at the University of Nebraska-Lincoln document the powerful impact a campus-led coalition has had on student awareness and the use of alcohol.
 8. **Through the Institution's Role as an Employer**—although not directly addressed in any of the articles, one can imagine how a university might develop a wellness program for its employees or offer health insurance for part-time workers and domestic partners, for example.
 9. **Promoting Health for All as a Political Force for Change**—i.e., advocating for expanded access to health care for the poor and disadvantaged; convening community leaders and elected officials for roundtable discussions on contemporary health policy topics.

The importance of developing mutually beneficial relationships with communities is a theme that runs throughout many of these articles. Beck and her colleagues relate their experiences to the Community-Campus Partnerships for Health's "principles of partnership" and have formally adopted these as guiding principles for their own community partnerships:

- Partners have agreed upon mission, values, goals, and measurable outcomes for the partnership.
- The relationship between partners is characterized by mutual trust, respect, genuineness, and commitment.
- The partnership builds upon identified strengths and assets, but also addresses areas that need improvement.
- The partnership balances power among partners and enables resources among partners to be shared.
- There is clear, open and accessible communication between partners, making it an ongoing priority to listen to each need, develop a common language, and validate/clarify the meaning of terms.
- Roles, norms, and processes for the partnership are established with the input and agreement of all partners.
- There is feedback to, among, and from all stakeholders in the partnership, with the goal of continuously improving the partnership and its outcomes.
- Partners share the credit for the partnership's accomplishments.
- Partnerships take time to develop and evolve over time.

Similarly, the need to ask “are we making a difference?” and to continuously assess and improve partnerships is shared by many authors. In her article, Sherril Gelmon draws on her experience as an evaluator for several national and local community-campus partnership programs (some health-focused) to offer practical suggestions for measuring program impact.

We urge readers to reflect on the CCPH principles of partnership and the ways in which their institutions can contribute to improving health through each of the nine strategies presented above. Colleges and universities—in partnership with their communities—have much to contribute to respond to the Surgeon General’s challenge of improving the nation’s health.

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