Original Research

Community Engagement at Academic Health Centers: An Introduction to this Special Issue

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Abstract

Academic health centers are essential in many communities, providing health professions education and patient-focused services. These institutions often serve as anchor institutions for community-engaged efforts to serve underserved populations. During the COVID-19 pandemic, the central nature of academic health centers, and the well-being of communities, were on full display. This special issue aims to contribute to and expand our understanding and inform empirically the evidence-based programming, interventions, and policies that strengthen community engagement at academic health centers.

Keywords: community engagement, academic health centers, anchor institutions

Introduction

Academic health centers, including hospitals, have become anchor institutions for community-engaged work (Birch et al, 2013). For example, health professions students (e.g., nursing, medicine, pharmacy, OT/PT, dentistry, etc.) often engage with and support communities, state and local health departments, and nonprofits on mutually beneficial projects that help develop knowledge and skills essential for professional practice while supporting the community partner's mission. In general, academic health centers tend to include all universities' health-oriented components. This includes educating the healthcare workforce, providing patient care, serving many underserved populations, and engaging in research (Association of Academic Health Centers, 2022). Academic health centers also have significant influence as anchor institutions geographically set in local and nearby communities. As anchors, they influence economies and communities through hiring, purchasing, sponsorships, and partnerships. Academic health centers also play pivotal roles in addressing health equity and access, social determinants of health, and injustices (as seen in the last three articles of this volume). Additionally, academic health centers are positioned to extend their reach through telementoring services (e.g., Project ECHO discussed in this volume) and telehealth. Academic health centers engage with communities in various ways ranging from patient education provided by clinicians and staff to community-based participatory research conducted by students and faculty, and everything in between. Finally, academic health centers are continually changing with financing and care models that address community benefits and social risk factors.

There are 120 academic health centers in the United States, and the vast majority of them are located in urban and metropolitan communities (Advisory Board, 2015). In the last couple of years, these academic health centers have responded to unprecedented conditions precipitated by the COVID-19 pandemic (DeVoe et al., 2020; Kishore & Hayden, 2020). However, before, during, and after COVID-19, these centers have continued their community engagement efforts in various ways.

These community-engaged efforts may be led by single health professions (e.g. nurses) as well as by interprofessional groups. For example, nurses engage in various community-engaged practices as part of their professional development and training. Whether they are helping in rural communities, dealing with issues surrounding substance use disorders, or assisting with managing large scale disasters, nurses are often at the forefront of the interface with community members and leaders (Kulig et al., 2018; Schoch-Spana et al., 2007; Maina et al., 2017). But other healthcare professions, such as physicians and pharmacists, also engage in community-partnered activities (Shalowitz et al., 2009). Further advancing these efforts, academic-community partnerships also occur in interprofessional education when health professions students learn with and about each other while gaining skills necessary for effective teams and collaborative practice (Meurer et al., 2011). These forms of health professions education can

contribute to professional growth while enhancing community capacity to improve outcomes. Although these and many other initiatives continue to occur within and around academic health centers, minimal research and dissemination efforts make it difficult to know the best approaches to academic-community partnerships and community engagement in these settings.

This special issue aims to contribute to and expand our understanding and knowledge base, informing empirically the evidence-based programming, interventions, and policies that strengthen community engagement at academic health centers. The contributions contained in this volume help define and operationalize community-engaged efforts in many areas of healthcare. This issue provides a better understanding of the potential for healthcare institutions to serve as anchor institutions. Further, some articles identify services offered before, during, and after COVID-19 that use academic-community partnership models for community engagement. We are pleased to provide this issue with several compelling cases and studies that embrace the challenges of the COVID-19 pandemic and share new insights into a variety of healthcare to community partnerships.

Articles in this Volume

The current special issue addresses a wide range of community-engaged efforts initiated between academic health care groups and their communities. The first two articles explore how partnerships between academic health centers and their communities maintained collaboration and engagement during the COVID-19 pandemic. Chin and co-authors explore learning from their partners not only within the partnership but also during the pandemic, as many people with intellectual and developmental disabilities saw increased social isolation and inequities. The article outlines processes and approaches taken with partners to move in-person meetings and activities to virtual platforms. Meanwhile, Line, Kohlmeier, and Mount focused on how community engagement was essential to the success or failure of contact tracing during the COVID-19 pandemic. Their comprehensive review of the efforts made to initiate and maintain contact tracing by working closely with community partners in a true community-engaged manner provides a template for similar efforts in the future.

The next set of articles in this volume discuss the potential of academic health centers to be anchor institutions by initiating and supporting education and research that is of immediate interest to communities. For example, Castro and colleagues highlight the effort of an academic health center-based National Institutes for Occupational Safety and Health (NIOSH) Education and Research Centers (ERC) to increase worker safety and well-being through community engagement. They demonstrate that the community engagement continuum is a meaningful framework to identify what an academic health center is doing as well as where their efforts may be lacking. Kuttner and colleagues then take a comprehensive look at the case of the Community Research Collaborative and their efforts to establish and publish guidelines for community-based

research. They found that storytelling is essential for identifying challenges in the community that need attention, and the work of this Community Research Collaborative can serve as a mechanism for beginning to address those challenges.

The last three articles in this special issue focus on the issues of health inequities and how community-engaged efforts between academic health centers and their communities are one important way to address these inequities. For example, Vetrovec and fellow authors reflect on the racist practices of academic health centers and the impact these practices have had on marginalized communities and health inequities. They then highlight how they address their own institution's past through equity, diversity, and inclusion work. Larson and Medved discuss one method for increasing equitable access and outcomes through a telementoring program. This program offers providers, ranging geographically from rural health settings to urban safety-net clinics, an interactive, real-time experience to problem-solve, innovate, and learn about interventions, treatments, and processes that support patients in their local communities. In other words, mentoring bridges the gaps between what providers know and what they need to know to work with and eliminate health inequities in rural and urban communities.

An area of significant inequity that emerged during COVID-19 was vaccinations. Garmong and colleagues share the story of activating community-academic partnership and interprofessional education to address vaccine equity. By working closely with the local health department, the academic health center could use a local church to provide vaccines and health screenings to traditionally marginalized members of their community. In other words, the community-engaged effort between the institution and the local community provided an immediate impact on health inequities that emerged during the pandemic. The volume offers a meaningful identification of how academic health centers, as anchor institutions, can serve as a hub for engagement with communities to address health inequity and improve educational opportunities in urban and metropolitan areas and beyond.

The Future of Community Engagement in Academic Health Centers

The various manuscripts in this special issue illustrate a meaningful point; there's much to be learned from the engagement efforts and partnerships between academic health centers and communities. Further, we discovered that much is happening across the board, but little is known about the success or failure of these efforts. For community engagement between communities and academic health centers to improve, more reporting on current efforts is needed, as are well-designed scientific studies of these efforts. In other words, more needs to be done. What we share here are just a few ideas for consideration.

First, many higher education institutions with a healthcare component, large or small, are probably already working with their communities. These efforts may be as simple as practicum

projects for students in various educational programs or as complex as a full-on partnership between a network of nonprofit organizations and the entire healthcare system. So, the first future direction is to dig into these initiatives and report on them—activate rigorous measurement and assessment practices to paint a picture of the successes and challenges of doing these activities and share them with the broader academic community. In general, we cannot expand these efforts effectively without knowing more about what's happening, what works, and what does not.

Second, we know academic healthcare centers are anchored in communities. There is growing research on how academic health centers can affect social determinants of health, health equity, access, and injustices. Additionally, more academic health centers are embedding equity, diversity, and inclusion work within curricula, staff training, patient care, and hiring and career pathways. As anchors, these institutions should embrace and expand opportunities for impacting community concerns while addressing determinants and equity both in local communities and with partners further afield through telementoring, telehealth, and other expansive partnerships.

Third, academic health centers have unique opportunities to magnify current and future benefits of community engagement through models of interprofessional education. Pedagogical, curricular, and co-curricular practices designed to advance the involvement of health professions students in community engagement may benefit from the use of interprofessional frameworks. When academic-community partnerships include interprofessional education and health professions, students learn with and about each other. Still, they also learn valuable skills for cross-sector collaboration and coordination of care for both health and social needs. A final future direction is to seek models and evidence for effective interprofessional academic health centers partnering with communities and multi-sector stakeholders to address social determinants of health. This might include partnerships that aim to integrate an assessment of social needs (housing, transportation, etc.) into healthcare services or ways in which partnerships have produced upstream projects to address social needs led by or supported by the academic health sciences institutions.

Given all these opportunities and future directions, it's important to reflect on one truism of academic healthcare and community partnerships. The community enables the academic health center. They provide the students and the patients. In many cases, they also provide the tax dollar appropriations to subsidize the workforce. These academic health centers should also enable the community to be healthier and safer. And doing these things together appears to be the most mutually effective option.

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