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# Case Studies of Place-Based Education as Action to Address Health Inequities: The Health Commons

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## Abstract

Place-based education, grounded in collaborative learning opportunities with minoritized communities, is vitally needed to change the health crises that impact our communities. Many current learning models focus on engaging in communities by centering on the deficits of particular populations or naming issues that affect individuals' health. This approach falls short of teaching students to be inclusive of those impacted by injustices such as health inequities. Many times, these learning experiences are one-time activities that are not sustainable over time. Thus, as anchor institutions, universities are responsible for using innovative learning strategies to allow students to develop skills to take action on these issues while partnering with other organizations. This paper will present a case study using the Health Commons model as an example of how institutions of higher education work with the community to implement an anchor institution framework. Stories and lessons learned from engaging in this work over the last three decades will highlight how anchor institutions in higher education can create change at the community level through place-based education. This case study highlights the significance of place-based learning for students, educators, and community partners. The essential concepts include: (1) knowledge is dynamic, (2) humility is crucial, (3) comfort with ambiguity is necessary, (4) health is interconnected with community, (5) continuous learning is

vital, (6) withholding judgment is important, and (7) making time for critical self-reflection is imperative.

**Keywords:** health inequities, higher education, anchor institution, place-based education, health commons

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## Introduction

Place-based, experiential learning can activate students and lead change to improve health inequities in community-centered ways. As the gap between those with affluence and those without widens, the health impacts of those disproportionately impacted by deep structural inequities and health disparities worsen (National Academies of Sciences, Engineering, & Medicine, 2017; Qureshi, 2023). Thus, an urgent and collective response that includes individuals, communities, and institutions is needed. Universities have a responsibility to develop mission-centric actions to address health equities that allow administrators, faculty, staff, and students to improve the health of those in a shared community (Hassmiller & Wakefield, 2022; Landry, 2021). When universities understand this imperative responsibility to work with communities rather than for or to communities, they begin to fulfill their role as anchor institutions (Harkavy, 2016; Koh et al., 2020).

Augsburg University is home to the most ethnically diverse campus in the Midwest and resides in the Cedar-Riverside neighborhood of Minneapolis, Minnesota (U.S. News & World Report, 2023). This small, private university has demonstrated a longstanding, deep-rooted commitment to its neighbors by supporting Augsburg administrators, faculty, staff, and students to be involved in addressing challenges in the local context. This paper will present an example of Augsburg University's work as an anchor institution by describing the history and development of a place-based, hyperlocal learning initiative called the Health Commons using a case study approach.

The Health Commons are health-focused drop-in centers in marginalized communities organized by faculty and students. Student experiential learning environments like the Health Commons have become signatures of Augsburg University's educational experience.

This paper will share insights about how these experiences impact students' learning, lessons learned from the Health Commons experiences, and how an institution of higher education can work with community members to implement an anchor framework.

## Historical Context of Augsburg's Role as an Anchor Institution

Universities have a long history of being viewed as anchor institutions, defined by a recent publication editorial in the Metropolitan Universities journal as "important place-based engines that play key roles in local economies" (Sladek, 2019, p. 3). In this role, universities provide opportunities for communities often socially or economically disadvantaged in urban settings. Universities often connect their mission-centric learning and institutional commitments to their role as anchor institutions. This extends beyond simply providing resources or problem-solving for specific communities; instead, it connects community members and institutions to

 

collaboratively address the challenges of our times (del Rio & Loggins, 2019). Furthermore, this supports the public purpose of higher education and its vital importance in teaching students the habits of engaging in a healthy democracy, as proclaimed by John Dewey, Jane Addams, Franklin D. Roosevelt, and others (Kebea, 2019; Association of Governing Boards, 2018). In theory, anchor institutions can create positive changes for the communities in which they reside and partner, yet more information is needed to understand the contributions of the university to the communities in which they reside.

## Augsburg University: An Anchor Institution in Action

One such anchor institution, Augsburg University, has uniquely explored its contributions to the local community, especially concerning health inequities. Founded in 1869, Augsburg has a deep commitment to mission-driven education grounded in its location and place (Chrislock, 1969). Furthermore, a central academic commitment of the university is to lead efforts to teach students to engage in a democratic way of life that creates meaning in the world, both as students and as future professionals (Bouzard et al., 2023). People engaging in this work must first also understand their positionality in the spaces they reside and how to work to reconcile the harms caused by the displacement of Indigenous peoples from their homelands or by contributing to urban gentrification when establishing our urban-based campus. It is vital to start at this point before beginning to develop trusting relationships with communities, especially mutually beneficial ones.

Augsburg University's robust focus on educating students through community-centered, immersive experiences became a core part of its identity in the 1960s (Pribbenow, 2014). A recent book, "Radical Roots: How One Professor Transformed a University," tells the story of how a sociology professor, Dr. Joel Tortenson, shifted the focus to Augsburg's hallmark experiential learning initiatives, becoming a signature piece of an Augsburg education (Bouzard et al., 2023). During the 1960s, Torstenson inspired the Augsburg community to embrace its location and mission. For example, a co-learning model of education started in the 1960s when courses were taught at Stillwater Prison, where students, inmates, and correctional officers all took a shared course (Bouzard et al., 2023). The urban settlement housing movement of Jane Addams also influenced this curriculum design, which in turn inspired the Health Commons model (Addams, 1990). Torstenson's influence has impacted the university in lasting ways that have advanced the public purpose and mission of Augsburg up to the present day.

As the greater university embraced this new, robust way of learning, it fostered an environment that allowed students and faculty to learn through collectives, allowing students to be prepared to respond to the changes of our times. For example, in the late 1980s, nurses, especially those working in public health, saw firsthand the downfalls of the lack of planning and established infrastructures to respond to the deinstitutionalization of mental health facilities, as well as the

 

cuts to social services and affordable housing. The lack of adequate planning and support structures left many individuals with mental health disorders without proper care and resources, contributing to a rise in homelessness and untreated mental health issues. The "War on Drugs" and the associated crack epidemic in the late 1980s and early 1990s had a profound impact on communities, and the AIDS epidemic further cast a shadow over Minneapolis, leaving an indelible mark on the community and compelling concerted efforts in healthcare, activism, and education (Bailey et al., 2017).

As a result of the social environment, in the early 1990s, the chair of the Department of Nursing at Augsburg University began to explore ways that she could respond on a human scale to the suffering that people were forced to endure due to what we now call modern-day homelessness. She began working with her local church, Central Lutheran Church, in downtown Minneapolis, which had established a Monday meal and a free clothing store for people experiencing homelessness (PEH). She decided to take action and began checking blood pressure and offering basic nursing care to the PEH, or "guests," while they were accessing the services at the church. The Department of Nursing chair first thought that this could be a site for students to complete their required clinical hours, especially in public health, and that this space could also allow faculty to complete their requirements for scholarship through research, community education, and health promotion. As she reflected on her experiences, she soon realized, along with her fellow colleagues and students, that to respond in a way that was needed to meet the needs of the guests, she would need to rethink how nurses (and educational institutions) could engage in community-centered ways. Their approach allowed students and faculty to connect with community members, especially marginalized ones, on a human scale. It became clear that building relationships based on mutuality would be crucial to connect in this way, requiring an innovative shift in practice.

## An Anchor Institution Framework: The Health Commons Model of Practice

While the first Health Commons location opened in 1992, the care practice model continued to grow and develop until 2009, when a group of faculty and graduate nursing students formalized the Health Commons Model of Care. The Health Commons themselves are not clinics, nor are they intended to be. They are meant to be health-focused drop-in centers led by faculty within marginalized communities to respond to the expressed, felt needs of the community members they serve (Enestvedt et al., 2018). On the surface level, these expressed needs can be as simple as providing basic hygiene products or new socks. Still, these needs often represent deeper issues, such as structural inequities and oppression. As time has progressed and needs continue to grow, the number of students and faculty who participate in these spaces extends beyond the discipline of nursing. An interdisciplinary collaboration from the departments of nursing, physician assistant studies, social work, and health-focused undergraduate programs enables students to complete internships, required immersion hours, and volunteer with the Health

 

Commons community. This place-based learning approach is fundamental to understanding and living the Health Commons model in daily vocational practice. The Health Common's Model of Practice centers around the concept of hospitality and four stages of care: acknowledge the need, attend to the struggle, affirm strength, and accompaniment.

## Hospitality

Hospitality is the foundation of care practice at the Health Commons. This often requires nurses to re-think how we engage to create a free, open space that fosters belonging and welcomes individuals without conditions (Enestvedt et al., 2018). There are no hidden agendas, billing for services, identification requirements, or other proof of need. In this way, hospitality promotes and fosters diversity, allowing those in this space to understand the deep complexities and interdependence we have as we find common ground in a shared humanity. The president of Augsburg, Dr. Paul Pribbenow (2012), often refers to hospitality in his reflections and how it calls us to challenge unfair and unjust systems and practices.

### Stage 1: Acknowledge the Need

The first stage of the care model is when students acknowledge the need. This often occurs when students provide free basic hygiene products or other supplies, such as socks, underwear, or diapers, to the guests who enter the space (Enestvedt et al., 2018). As their compassion for those coming to the Health Commons is ignited in these moments, they are encouraged to focus on the agency of the guests in taking risks in asking for help, which takes courage, especially if the students have yet to begin to develop a relationship with the guests themselves. In this stage, students are often focused on their self-awareness and the biases they may have. Often, students begin to see social injustices or processes that may contribute to systems that perpetuate oppression or harm to others. Lastly, students often begin to understand how care needs to move beyond a service-based, commodified transaction but must be relational.

### Stage 2: Attend to the Struggle

As students continue to participate in the experiences at the Health Commons, they respond to the guests' concerns in real time as they attend to the struggle. This might be checking someone's blood pressure or answering a question someone might have about a basic health concern. It is important to name here that the settings of the Health Commons themselves are non-medical (Enestvedt et al., 2018). There are comfortable chairs, and no time constraints exist. In these moments, students are taught to authentically listen and have organic conversations that are not interviews or assessments. Faculty often tell students to try to refrain from asking questions if possible as it can shift the power dynamic in the conversation from one where control is shared to one where the student has more control than the guest, which can create further feelings of

 

otherness to those seeking to be heard in these moments. Also, asking questions such as "why" can make someone feel judged or blamed for their choices (Enestvedt et al., 2018). In this stage, students should avoid trying to "fix" the problem of those asking for help, as they are encouraged to participate without intervention. This is a moment to learn of the deep, complex circumstances one must endure due to social injustices and structural violence.

### Stage 3: Affirm Strength

In the third stage, affirming strength, students are encouraged to name and affirm the strengths they witness or hear in the stories guests share with them as this deepens the relationships. Viewing people or their issues through a deficit model should be avoided in this stage. Students support the guests in developing their agency and naming their desired health goals or priorities and what they want to do to address the identified concerns (Enestvedt et al., 2018). The guests control what they want to do as they feel a sense of affirmation. Students often begin to identify the creative maneuvers and problem-solving abilities individuals have in surviving while experiencing marginalization. At the same time, students are taught to think of the problems identified as collective issues that warrant action, as they are often problems that are not individual but result from long-standing policies or structures that limit our abilities to create a more just and equitable society. Ultimately, students acknowledge their positionality in social and political systems or structures, especially health care. Trust and mutuality are often developed at this stage.

### Stage 4: Accompaniment

The final stage is accompaniment, where students and guests forge a shared journey forward together. Farmer and Gutiérrez describe this as "walking with - not behind or in front - but beside a real person on his or her own particular journey in his or her own particular time, at his or her own particular pace" (Griffin & Weiss Block, 2013, p. 6). Students engaging in this stage move beyond acting as advocates but collectively co-create means to solve problems with those with whom they have developed a relationship (Enestvedt et al., 2018). It also requires taking shared risks to act in solidarity where power is leveled and epistemological humility centered in the journey ahead, where all forms of knowledge are equally valued and considered when deciding what steps are required on the path ahead.

## Leveraging Place-Based Hyperlocal Partnerships: Case Studies

### Caring for the Unsheltered: Augsburg Central Health Commons

The first Health Commons location, the Augsburg Central Health Commons (ACHC), still resides at Central Lutheran Church and continues to provide care for individuals living on the

 

streets of Minneapolis. Over the last thirty years, over 85,000 pairs of socks have been distributed to the community, over 35,000 nurse visits have been recorded, and over 2,300 students have engaged at this one site. During the pandemic, this location remained open. The faculty worked with their community partners, local organizations, health departments, and volunteers to ensure that health safety procedures could be followed while addressing the health needs that required action as the building closed. People were forced to live outdoors in the cold conditions of Minnesota in March. The executive director worked with others to ensure the distribution of food, water, and other supplies outside the church during the Health Commons' normal hours, in local homeless encampments, and at hotels where many elderly PEH were housed to ensure social distancing recommendations could be followed (Clark, 2021). Outrage ensued after the murder of George Floyd on May 25th, 2020, sending the city of Minneapolis into a state of chaos. However, the Health Commons faculty remained committed to helping individuals on the streets find safety and shelter as curfews were enforced, and they mourned the loss of their fellow community members. Faculty, students, and staff have continued to distribute food to the local homeless encampments when there is enough food left from the community meal at Central Lutheran Church and enough people to do so. It has become part of the new norm for the ACHC (Clark, 2021).

One student involved with the Augsburg Central Health Commons during this time shared his reflections on what learning during these moments meant to him as an undergraduate student. Here are a few of Isaac Tadé's reflections:

1. Making assumptions is dangerous. For example, I heard the story of a woman on a subway who was being sexually harassed. A bystander asked the woman why she didn't leave this man and stop the domestic abuse. She responded with, "It's better to be raped by one man than by 12." Never judge a person's situation or assume to know the dynamics behind their decision-making.
2. I learned to use the term "mental injury" rather than mental illness because an injury is a scar that someone is healing from and does not define their perpetual state like an illness diagnosis.
3. Everyone at ACHC works out of mutual benefit. There is no room for savior complexes. We are all constantly learning and growing from each other, regardless of socioeconomic status and who is providing or receiving services. No condescending attitudes are prosperous in the space.
4. The houseless are under the eyelids of society, just close enough that their presence is felt. Nearly recognized, but certainly not seen. I recall a homeless encampment experience, where across the street from an encampment, Katie and I brought food and supplies to what was an entire pocket of a neighborhood. I thought about what it might be like to face rain, wind, and snow in a flimsy plastic tent while your neighbors slept comfortably in heated houses next door.

 

During this same period, after receiving IRB approval, an electronic survey was sent out to students to attempt to understand their experiences at this Health Commons location. Fifty students completed the consent and the survey where 96% reported they found the experience brought meaning to them on a personal level, 98% reported it allowed them to apply what they were learning in coursework, especially as it related to understanding health inequities and deeper cultural awareness, and 70% reported that it influenced their practice or future career path. Six oral histories were also collected from students. The themes found from those interviews were that students felt the learning opportunities at the Augsburg Central Health Commons allowed them to connect to one another on a human scale, engage in self-reflection, build relationships with marginalized individuals, and develop skills to make needed change, especially those involved with civic agency (Clark, 2022). While these findings were positive and supported the ongoing teaching and learning environment at the ACHC, faculty were hoping to revisit the evaluation process to dig deeper. They felt it lacked exploring the depth of understanding they gained related to health inequities, racism, and deep-rooted otherness in communities and care settings resulting from structural inequities, cultural norms, and policies that prevent equal opportunities for health-seekers (Clark, 2022).

## Addressing Immigrant Health Disparities: Health Commons in Cedar-Riverside

The second Health Commons location was created in 2011 in response to a participatory action research study conducted in the Cedar-Riverside neighborhood, home to the largest population of Somali immigrants worldwide (Pavlish et al., 2010). The research team focused on learning why elderly Somali women's health was rapidly deteriorating within the first five years of their moving to the Twin Cities. The women shared many issues with their healthcare system, and many cultural barriers were identified. These included (1) discordant health beliefs, (2) divergent expectations, and (3) silent worries (Pavlish et al., 2010). For example, the women explained that they viewed health through a holistic framework, where religious beliefs were central to health, something they felt was lacking in the biomedically focused model of medicine in the U.S. These findings fell far outside expected gaps in language or cultural understanding but exposed deep clash of health care norms. Ultimately, the women shared that they would like to have a place in their neighborhood with healthcare providers they could consult without the constraints of time or appointments.

Thus, one of the researchers, a Somali nurse working for a nearby hospital system, asked the executive director of the ACHC to meet for coffee to explore what would happen if the model of the Health Commons was replicated in a new space with a new community. So, the two nurses, along with a retired physician who had served as the Director of Community Health in Somalia, began to explore a space to open the Health Commons in Cedar-Riverside (HCCR).

 

Over thirteen years later, this Health Commons location continues to thrive and grow, as there are two HCCR spaces in the area's public housing units. Community members come to participate in the exercise, engage in health education courses, receive vaccines, and meet one-on-one with healthcare providers. In addition, programs that address food insecurities, such as food distribution and gardening, have been established. Somali women can participate in a swimming program in a space that ensures that it is culturally appropriate. Bilingual community liaisons (BCLs) are the heart of the work, and they are individuals hired from the community to help with language translation, networking, and recruitment. The focus for individuals who want to help is to ensure a train-the-trainer model is used to make the work sustainable through the BCLs.

The HCCR represents a community-academic partnership with Augsburg University, a local healthcare system, a Somali-led non-profit, and a federally qualified health center. Each partner plays a role in providing care at the HCCR but also engages in decisions and leadership for the program. This community-academic structure functions much differently than that of the partnership at the ACHC, as each partner has their priorities, data requirements, vision, and purpose for being part of the HCCR. Thus, it takes time, requires trusting relationships, and demands honesty. The community is the central focus for all those who lead this effort, but sometimes, the path to implementing care can be murky at best, especially through the care model. However, when confusion occurs or tensions rise, the team gets together to find common ground by focusing on direct communication, remaining open, and seeking clarity on each other’s priorities and roles to build consensus. Most challenges typically revolve around data collection and how to demonstrate outcomes within the model of hospitality.

## Funding Place-Based, Hyperlocal Learning

In 2022, the Health Commons received a grant to focus on health equity and addressing racism in health care, which allowed the faculty from Augsburg University to get involved with this work to address health inequities in new ways. First, it provided the opportunity to pilot the interdisciplinary and physical expansion of the programs’ locations. The ACHC and HCCR locations added student-run basic foot care in response to the community’s request, led in partnership between the nursing and physician assistant (PA) departments. Additionally, a PA faculty member represented the university to pilot the re-launch of a third Health Commons in North Minneapolis, and a nursing faculty member oversaw the launch of a fourth Health Commons in East Saint Paul, both in a collaborative effort with the communities and Fairview Health Services.

The students' involvement was at the core of this expansion and ongoing work. Six student internships were created, where nursing students were required to complete 62.5 hours at the Health Commons in a given semester. Students could also begin to explore teaching in the

 

discipline. Students who represented diverse backgrounds and demonstrated economic need were given priority for the internship positions. The interns were also provided the opportunity to present at international conferences, assist with ongoing health equity research, and prepare manuscripts.

## Partnering with Neighbors: Health Commons in North Minneapolis

Located in the Northside of Minneapolis, in the Harrison Neighborhood, the Health Commons at the Living Room was first opened through the collective work of Redeemer Lutheran Church's Health Ministry Team, a Community Health Intern named Jemartae Taylor, and Harrison Neighborhood community members in 2011. The Harrison Neighborhood has a long history of racial and cultural trauma. The neighborhood's health outcomes are predictably lower than surrounding areas, violent crime rates are significantly higher, and many in the community live in poverty. Using a "train-the-trainer" model, The Living Room was created to teach and promote healthy cooking and eating, form strategies that young people of color could use to identify- and not internalize- racism, and co-create methods of reducing stress, like yoga, Zumba, and community connection.

The COVID-19 pandemic took a devastating toll on many communities of color, and the Harrison neighborhood was not immune. After a shift to online programming, in October of 2022, the Living Room re-opened through the support of the grant and collaboration with Augsburg University, Fairview Health Services, and Redeemer Lutheran Church. The foundational team comprises two community liaisons, a faculty member from the Augsburg University PA program, and a dedicated social worker. The outreach initiatives promote a supportive environment that prioritizes community health, achieved through health consultations and comprehensive wellness programming. The PA faculty member quickly made deep connections with the community members and fell in love with engaging in providing care in this space. Students provide blood pressure checks and educational programming, raise awareness of the healthcare fields to K-12 kids, and learn with the community members about how to be hospitable to this community.

## Expanding Beyond the Local Neighborhood: Health Commons in East ST. Paul

A fourth community in St. Paul was exploring the potential of a Health Commons in its community, and its development was supported by the 2022 Health Commons grant. In the summer of 2023, the Health Commons East launched, located in a community recreation center, representing a new community-academic partnership. Here, around 100 members of this diverse community have access to the Health Commons weekly when food donations are distributed and during programming time for seniors.

 

## Action to Address Health Inequity

Two important research projects have also started in relation to funding. The first is in partnership with Street Voices of Change (SVOC), and the second is with a community "Wet House."

### Street Voices of Change

Augsburg University faculty members have developed long standing relationships with people experiencing homelessness or who are precariously housed, thus the executive director met with a local advocacy group called Street Voices of Change (SVOC) before applying for these funds. The ask was to determine what they would want the funding to be used for if the Health Commons received the grant. This group is for people with current or past lived experiences of homelessness to discuss what issues and challenges they would like to take action on. SVOC members said they would want healthcare providers to understand the structural barriers they encounter when accessing the healthcare system. Upon IRB approval, the faculty members and student interns created surveys and interviews to explore the lived experiences of these structural inequities. Within six months, 17 interviews and 24 surveys were completed with SVOC members. All the participants had experienced homelessness or were currently unhoused.

Thus far, the data preliminary has been analyzed, and the main finding is shocking. Of the recommendations, both the surveys and the interviews revealed the overwhelming amount of trauma they endured in their lives that posed a barrier for them to seek care. This was alarming also since the participants were never asked about trauma in the interviews. People shared stories of family and friends dying, experiencing violence as a child or while living on the streets, and lacking the ability to get the care they needed for mental health or substance use disorders (SUD). The other unexpected finding was that only a rare few felt their wishes would be upheld when they were at the end of life. This was also important as the Minnesota Department of Health released a report in 2023 stating that PEH were three times more likely to die than the general population and that 20-year-old PEH were dying at the same rate as 50-year-olds from the general population (Minnesota Department of Health Infectious Disease Epidemiology, Prevention and Control Center of Excellence on Public Health and Homelessness, 2023).

This was particularly meaningful for the executive director of the Health Commons, who had recently found herself attending end-of-life conferences for community members who had no family or next of kin listed when they were hospitalized. The executive director helped make end-of-life decisions for an individual who had multiple complexities that surfaced throughout the dying process. This community member had been in and out of homelessness for well over a decade; she was a chronic alcoholic, engaged in survival sex, and had been estranged from her family members. Despite her struggles, she was frequently a source of joy in the community as

 

she used her humor to make others feel at ease, especially as she engaged at the ACHC. She was young, in her early forties, and had developed a massive infection from an infected wound. Ultimately, she did not survive, and the community at Central Lutheran Church and the ACHC hosted a funeral in her memory. It was an insult to her dignity that her wishes were not understood and written down before her ultimate death. It is an inequity that emphasis on collecting information on end-of-life wishes is not central to larger discussions when caring for this population. Students involved in experiences like this will carry the learnings forward as they care for people in similar circumstances.

Learning is most rich through experiences that allow the learner to integrate their own lived experiences into the learning process (Hooks, 1994; Sanchez et al., 2019). To revisit the evaluation of student learning, funding has been provided to conduct pre-and post-surveys focused on understanding the depth of what is learned at the Health Commons, especially related to health inequities and systems of oppression. This evaluation data includes reflections that the student interns write on their experiences working at the Health Commons. This will help faculty better understand the overall learning experience once the survey research is complete.

## Exploring Another Health Commons at a "Wet House"

Over the last few months, faculty and students have been working to co-create an additional Health Commons space. Recently, the rise of opioid and substance use has skyrocketed in Minneapolis, which has endless health implications, especially for those living without a home. Many of the individuals who are actively using or in recovery have expressed the endless barriers they encounter when seeking housing with their substance use history. Many healthcare providers have attempted to intervene using a model focused on Western ideals of medicine, which usually focuses on sobriety. This model falls short of having a lasting impact on many individuals encountering these realities and lacks the focus of hospitality required through the Health Commons framework. Therefore, faculty and students have started working more closely with a local wet house, a long-term housing program for people suffering from chronic alcoholism where they can continue to drink alcohol, whose residents are primarily Native American. Since the Wet House program started in 1996, two additional programs have been created on the Wet House's campus that are focused on providing supportive housing for people in active recovery and those using opioids. The housing program is focused on a harm-reduction model of care to support the improvement of the health of residents. One of the directors of the program, a Native American man, shared with faculty at the Health Commons the need for more one-on-one care available for the residents, especially in relation to medication management. He stressed the importance of having healthcare providers who were consistently onsite and aware of the cultural practices of those who live in the buildings and who could welcome their residents without conditions such as maintaining sobriety. He and the nursing faculty members have been working together to care for people experiencing homelessness for over a decade. He asked the

 

faculty members if they would be open to starting a Health Commons at the housing program. In response to this ask, faculty and students have begun asking the residents, individuals living in local encampments, and others on the streets what they would like to have available at the housing program in terms of health services if a Health Commons were to open. Much of the focus has been on having resources and education on specific drug regimens, such as those related to suboxone. Many of the individuals who have SUD have expressed fears and misconceptions they have encountered specifically related to medication management or that they will be judged by nurses and doctors for their chemical dependencies.

Additionally, a clear gap in provider preparation and education on prescribing such drugs has been identified throughout the literature. Primary care providers with a Drug Enforcement Agency (DEA) number now have fewer barriers to prescribing medications to treat opioid use disorder. Yet, many providers still do not prescribe them due to a lack of confidence in managing these medications (United States FDA, 2024). In response, this endeavor is focused on providing future healthcare providers with experiences they will need to understand the deep complexities that exist when living with SUD and extreme poverty. The future for this partnership and learning is in its early stages; however, meaningful and important relationships are being fostered with community members, students, and faculty while the path of accompaniment unfolds.

### Practice Tips: Lessons Learned

Over the last thirty years, there have been many key learnings while teaching students at the Health Commons and offering care in marginalized communities. Lessons learned in the context of place-based learning as a demonstration of an anchor institution grounded in community partnerships include: (a) knowledge is fluid, not fixed, (b) humility is required, (c) get comfortable with being ambiguous (especially if you want it to be community-centered), (d) health is membership, (e) there is always more to it, (f) suspend judgment, and (g) making time for self-reflection is key.

## Conclusion

Augsburg University faculty and students have learned and grown alongside our community through the Health Commons Model of hospitality. By centering a hyper-local, social justice-focused-anchor institution with a community collaborative model of care, experiences that acknowledge need, attend to struggle, affirm strength, and accompany in the journey show us all how to make change toward greater health equity. Mission-driven, place-based teaching, especially when centered on the community voice and partnered with various organizations within the university's neighborhood, can be a powerful means to tackle the multi-faceted real-life challenges of our time. We can be anchor institutions that redefine the role of the university and engage students in becoming the leaders of tomorrow.

 

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