Building Sustainable Community Partnerships Into the Structure of New Academic Public Health Schools and Programs

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We describe and assess how the College of Public Health at the University of Georgia, established in 2005, has developed formal institutional mechanisms to facilitate community-university partnerships that serve the needs of communities and the university. The College developed these partnerships as part of its founding; therefore, the University of Georgia model may serve as an important model for other new public health programs. One important lesson is the need to develop financial and organizational mechanisms that ensure stability over time. Equally important is attention to how community needs can be addressed by faculty and students in academically appropriate ways. The integration of these 2 lessons ensures that the academic mission is fulfilled at the same time that community needs are addressed. Together, these lessons suggest that multiple formal strategies are warranted in the development of academically appropriate and sustainable university-community partnerships.

KEY WORDS: community-based needs assessment, leadership, public service professional, university-community partnership

For university-community teaching/research/service partnerships to be sustainable over the long-term, the interests of both the university and the community must be met. It is crucial for the community to engage in its own identification, assessment, and prioritization of needs and problems to ensure community support and resources.1-3 Communities can often use the technical expertise of academic partners in the various steps required to enhance the health of the community. At the same time, the academic mission of the university partner requires that students and faculty are engaged on an academic level, and with the full support of university administrators.4 The complex needs of populations are not easily met in the compressed time frame of an academic semester or quarter. The academic calendar and the need by both students and faculty to generate credit hours require pedagogical creativity.

In this work, we describe and assess how the College of Public Health at the University of Georgia, established in 2005, has developed formal mechanisms to facilitate community-university partnerships that serve the needs of communities and the university. The concept for public health partnerships grew from the land-grant mission of the University of Georgia. Land-grant institutions traditionally engage in agricultural and technical extension. Public health partnerships as the College has developed them thus constitute an extension of the land-grant concept: linking the public health expertise of the university with the identified needs of the state it serves. The University has faculty and offices throughout the state, serving the State’s communities for hundreds of years. The public health partnerships utilize and build on these longstanding organizational and community relationships to facilitate their work.

The College engages in university-community partnerships through 2 formal programs headed by full-time public health service professionals working closely with members of the communities served and with the university. The “Archway Partnership: Health” is located in Washington County, a rural...
community about 2 hours from the university. The full-time public service assistant resides in the Washington County community and also holds an academic appointment in the department of Health Promotion and Behavior. In the Athens community, a full-time public service associate is appointed in the Health Policy and Management department. These 2 service faculty members are primary links between the communities they serve and the students and academic faculty of the College. The positions were filled in 2007 and 2008 by search committees formed explicitly to fill these 2 positions. The Athens partnership is a natural outgrowth of the university’s participation in a community-wide effort to combat poverty. Washington County is the first of 5 planned public health partnership sites that have been chosen to serve the 4 corners and the center of the state (Washington County is in the center of the state).

• **Community-Based Needs Assessment**

One of the factors that threatens the success of university-community partnerships is a failure to engage in community-driven needs assessment. The first, and ongoing, challenge for the public service faculty is to engage with community members and stakeholders in an ongoing process of needs assessment to ensure that the resources of the University are being deployed to solve problems that the community has identified and prioritized as targets. Each partnership employs similar strategies for conducting needs assessments, including town hall meetings, focus groups, surveys, and interviews. In the design of all of these, the public service faculty partner with students supervised by full-time academic faculty to develop, collect, analyze, and report community-level data in a valid and reliable way. Public service associates teach classes, supervise internships on-site, meet with students in the community, and facilitate linkages between community institutions and the university. In this way, the academic side of the partnership provides students with high-quality learning experiences while meeting the needs assessment challenges of communities.

• **Focus on the Archway Partnership: Health**

In initial assessment of the Washington County community, older adults and Medicare recipients were identified as the major population priority in the community. These older and disabled individuals (and their families) face the daily challenges of aging, poor health, and poverty in a rural environment with limited health and social support infrastructure. The needs assessment indicated that older and disabled Medicare recipients needed help in navigating the complexities of poor health and health management in a complex financing environment. Students and faculty from the Colleges of Public Health and Pharmacy were matched through internships, workshops, and formal academic classes to implement and evaluate interventions based on this needs assessment. For example, students and faculty from the College of Pharmacy staffed events to assist individual older and disabled Medicare recipients in understanding and managing their complex medication treatment plans. The Archway Partnership: Health project also facilitates “Medicare Made Easy” and “Medicare Advantage Social Marketing Fraud” events at which individuals can get unbiased assistance in understanding and choosing appropriate insurance products for their needs. Most recently, a graduate student completed a study in Washington County that outlines a community-based sustainability plan to ensure that the outreach to the Medicare population continues, as Archway Partnership: Health expands to address new community-identified public health needs.

• **Focus on One Athens Initiative Partnership**

Whereas Washington County is a rural area with limited health infrastructure, Athens is a highly stratified medium-size city with an abundance of health institutions. This outstanding system of care is available to most Athenians; however, with an astonishing 34% poverty rate, and no federal Community Health Center, there are significant unmet public health needs in the population. The University joined the Athens Health Network (which is itself the culmination of a 4-year long process) to lend health policy and management expertise to improve health and reduce health care disparities of the uninsured and underinsured of Athens-Clarke County through the creation of a seamless, user-friendly health safety net. In addition to the University, the Network includes all of the major health, government, and business institutions of Athens-Clarke County. The University of Georgia (UGA) component of the Athens Health Network will establish medical homes for low-income residents using the substantial public health resources already present in the community. Using clinical, behavioral, community, and student health navigators, clients will be assisted in enrolling in health insurance programs and accessing and using health services. The first such student health navigators were trained and deployed.

*The University of Georgia Institutional Review Board reviews and approves research protocols involving human subjects each semester.*
in fall 2010. The complexity of the Athens Health Network results in the need for expertise in developing health policy, organizational design, management analysis, and program evaluation.

● Academic Mechanisms

One of the limitations of sustained engagement between universities and communities are the distinct rhythms of the academic year and succession of student cohorts. Although this is an essential feature of educational trajectories, the academic year and its progression do not necessarily lend themselves to sustained engagement by any one group of students or faculty. By employing two full-time service faculty members with appointments on the academic faculty, there is continuous professional interaction regarding both community-based needs and academic demands. The faculty members have developed a variety of short, medium, and long-term academic mechanisms to facilitate the participation of students in the projects (and the supervision of those projects by academic faculty). For example, courses have fully incorporated the partnership into their course requirements, including Public Health Leadership, Health Policy and Management Service Learning, Health Promotion and Behavior Social Marketing Service Learning, and the upcoming Heath Policy and Management Capstone Culminating Experience. In addition to designated service learning courses, students have also been actively engaged in and receiving academic credit for independent studies, internships, capstone culminating experiences, and master’s theses whose foci are the issues identified by the partnerships. Since 2007, 44 students have earned academic credit at partnership sites: 26 in course-based projects, 4 in public health internships of 300 contact hours or more, 6 completing capstone projects, and 8 students in 3-credit independent study projects. The majority of these are graduate students (37), two-thirds are women (32), and three-fifths are white (26).

● Challenges

There are challenges that face an effort of this scope and ambition, and no doubt more will emerge as the process continues. Both community partnerships work continually to establish financial sustainability through a combination of public and private funds. Current financing for the Archway Partnership: Health comes from a combination of University of Georgia funds, the University System of Georgia Board of Regents, and community-funding partners. The Athens Community Health Network is currently funded by the community’s 2 hospitals, the city and the university in recognition of our common interest in serving the health care needs of the local population. In these endeavors, the support of University administrators is essential, as are the efforts of academic faculty colleagues. The Patient Protection and Affordable Care Act of 2010 includes funding to assist states and communities with the implementation of health care reform; therefore, the expertise of the faculty in Health Policy and Management is being utilized to evaluate the partnership communities’ eligibility for such funds, and to assist in the application process.

A second lesson of the UGA model is that the partnerships provide opportunities for the university to meet its teaching obligations to its students. The key to this facet is to hire full-time public health professionals to serve as the liaisons between the communities and the university. Community problems and health projects are conceptualized holistically, with discrete parts identified to enable students and faculty to accommodate the timetables and reward structures of the university. Each partnership framework makes it possible for faculty and students to use a variety of academic mechanisms—course-based service learning projects, internships, thesis research, and independent study—to address discrete parts of community-identified need. The full-time attention of dedicated professionals ensures continuity at the community and project levels and minimizes disruption from students and faculty members moving in and out of the partnerships as they progress through their academic programs. Traditional academic faculty volunteer to work with the partnerships; as the partnerships develop, involved faculty need to be supported in their community-based educational efforts, which are time-consuming and may require special peer expertise to assess. At UGA, selection of one of the public service associate faculty as a 2010-2011 UGA Office of Service Learning Fellow lends institutional credibility and support to such endeavors. The academic aspects of the partnerships continue to be evaluated through traditional means: internship assessments, supervisor evaluation, and mid-term and end-of-semester course evaluations.

● Conclusion and Discussion

Our new College of Public Health integrated community-based service and learning into its academic fabric. Through the early and ongoing leadership, the College successfully developed, financed, and filled 2 full-time service learning faculty with academic appointments. These 2 service faculty have been...
assisted by dozens of students, and several academic faculty, as well as by members of the communities they serve. Given the youth of the partnerships, we are prepared to declare promising results. Ultimately, the success of these initiatives will be assessed through their sustained engagement with the communities they serve, formative and summative evaluation, and, ultimately, through better health outcomes in the populations they serve.

REFERENCES