Practice Notes

Improving the Public's Health Through Sustained, Multidisciplinary Academic and Community Partnerships: The MSM Model

Desiree A. Rivers, PhD[1], Carla Durham Walker, MA[1], Ashley K. Mitchell, DrPH, MSPH[1], Shirleta Lawrence[2], and Carey Roth Bayer, EdD, MEd, BSN, RN, CSE[1]

[1]Morehouse School of Medicine and [2]Sheltering Arms Educare Center

Corresponding Author: Carla Durham Walker • Morehouse School of Medicine • 720 Westview Dr., SW, Atlanta, GA 30310 • Telephone: (404) 752-1852 • Email: cdurham@msm.edu

ABSTRACT

Background: To meet the growing needs of communities with increased chronic conditions, decreased access to health services, and a changing sociocultural environment, there is a critical need for community-oriented physicians equipped with the skills to attend to the health of underserved populations. The Morehouse School of Medicine Community Health Course's (CHC) purpose is to inculcate service-learning and public health techniques to equip community-oriented physicians with empathy and tools to effectively engage diverse communities and provide care that addresses the social determinants of health to achieve health equity. The purpose of this practice note is to discuss CHC multidisciplinary strategies used to sustain community partner relationships and impact public health.

Methods: We work to effectively engage community partners in a number of ways including: a core approach that the partnership is designed to assess, listen to, and meet the communities' needs; that community partners inform the course curriculum through a community advisory board, an introductory course community panel (of advice for effective engagement), and attendance at course meetings and retreats; a continued relationship between the course faculty and the community site over time; community representatives as co-authors on presentations and publications; and, at times, maintained student contact with the community sites for volunteer activities after completion of the course.

Results: The Community Health Course collaborates with its community partners to educate medical students, provide requested services to the communities, and impact the health needs of the communities. The course has developed long-term partnerships varying in lengths from 1 year to over 15 years. The partner organizations over the last ten years have included pre-K-12 schools, independent senior living facilities, youth organizations, community-based organizations, and homeless shelters.

Conclusions: Through long-standing collaborations with partnering organizations, the CHC has participated in the development of several sustainable projects traversing multiple levels of the social ecological model.

Keywords: Undergraduate medical education, community partnerships, community health, public health practice, program sustainability, service-learning

INTRODUCTION

Morehouse School of Medicine (MSM) is a historically minority-serving institution that is highly ranked among U.S. medical schools in training community-oriented physicians and is also nationally recognized for its social mission. Its vision is "leading the creation and advancement of health equity" and this focus is reflected in its Community Health Course (CHC), a service-learning course that uses problem-based learning to train first-year medical students to become community-oriented physicians who are knowledgeable and trained in addressing social determinants of health (SDH) (Healthy People, 2020). To meet the growing needs of communities with increased chronic conditions, decreased access to health services, and a changing sociocultural environment, there is a critical need for community-oriented physicians equipped with the skills to attend to the health of underserved populations. The MSM CHC's purpose is to inculcate service-learning and public health techniques to equip community-oriented physicians with empathy and tools to effectively engage diverse communities and provide care that addresses the social determinants of health to achieve health equity.

Principles of effective community engagement are integrated throughout the CHC experience (Boutin et al., 2008; McNeal, 2011). From the outset, communities are approached and invited to partner with the MSM CHC

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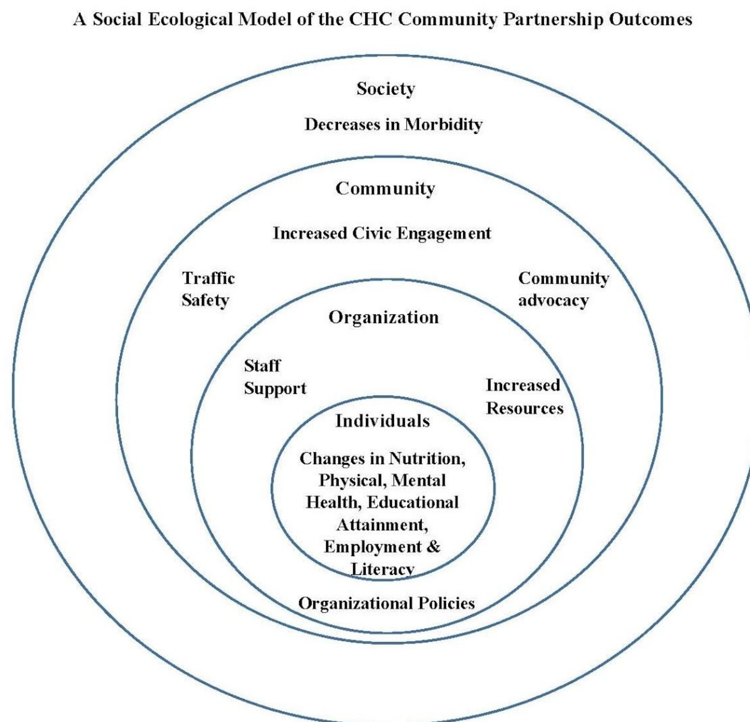
following the establishment of mutually beneficial and respected relationships between multidisciplinary MSM academic and clinical faculty and leaders of community-based organizations. The locations of the community sites are within areas of greatest need and where MSM can provide the greatest benefit. The curricular activities of the CHC, particularly the project interventions are developed, implemented and evaluated with the intention to "do no harm" by prioritizing community input, galvanizing resources to address identified needs, with the ultimate outcome of fostering sustainable relationships with the community.

Consistent with traditional (community) service-learning and progressively more aligned with critical service-learning, the MSM CHC is also concerned with issues of social justice oriented toward social change, redistribution of power through community capacity building; and the development of authentic relationships (Mitchell, 2008). CHC experiences with the community address pressing SDH and health inequities through interventions designed to raise awareness, develop solutions and advocate for sustained improvements. Through long-term, sustained engagement among the MSM faculty, students and community partner organizations, public health is impacted and health inequities are addressed.

McLeroy's (1998) social ecological model (SEM) framework explains the levels upon which the MSM CHC addresses SDH with our partnering communities. Specifically, student interventions address health inequities at the individual or interpersonal, organizational, and community levels. At the policy level, students explore local/organizational, state, and national policies that may impact their community sites. The SEM (Figure 1) depiction below shows the CHC impacts across the model's levels. The purpose of this practice note is to discuss CHC multidisciplinary strategies used to sustain community partner relationships and impact public health.

Figure 1
A Social Ecological Model of the CHC Community Partnership Outcomes



Note. Source: Authors

METHODS

Buckner et al. (2010) detailed the beginnings of the CHC from 1998 through 2009. The main components included 1st year medical student groups engaging in service-learning with select community partners over two semesters. Course elements included large group lectures, small group discussions, service activities, community assessments, health interventions, presentations and short essays.

While many elements have remained in the CHC, the next decade brought course enhancements and further community partner engagement. The changes highlighted in this practice note are focused specifically on the strategies used to deepen the community partner relationships and impact public health across SEM levels.

Settings

The MSM campus remains the location for large group lectures and final presentations. The community sites have grown from 4 participating sites each year to 9 participating sites currently. All of the sites are in close proximity to the MSM and are located 0.5 - 6 miles from the main campus.

Participants

The course faculty continues to represent multiple disciplines (medicine, nursing, public health, psychology, research, religion, education, sexual health, social work, global health), yet have grown in numbers from 8 to 21 in order to accommodate the medical school class size increases. Currently, 100 first-year medical students take the course each year. As the community partner numbers increased to 9, they continue to serve a diversity of groups from children to seniors to homeless populations and more.

Processes

We work to effectively engage community partners in a number of ways including: a core approach that is designed to assess, listen to, and meet the communities' needs; community partners who inform the course curriculum through a community advisory board, an introductory course community panel (which advises students on effective engagement), and attendance at course meetings and retreats; a continued relationship between the course faculty and the community site over time; community representatives who serve as co-authors on presentations and publications; and, at times, students who maintain contact with community sites for volunteer activities after completion of the course. A combination of these intentional approaches, the continuity of course faculty, staff, and community site personnel, as well as impactful student health interventions have been key to deepening the CHC-community relationships and continued partnerships.

Timeline

Continuous engagement with the community sites throughout the year is another key component for relationship depth and public health impact. The timeline below in Figure 2 outlines a typical engagement schedule between course faculty, staff, and community sites.

Figure 2
Timeline of CHC Partnership Engagement

Note. Source: Authors

RESULTS

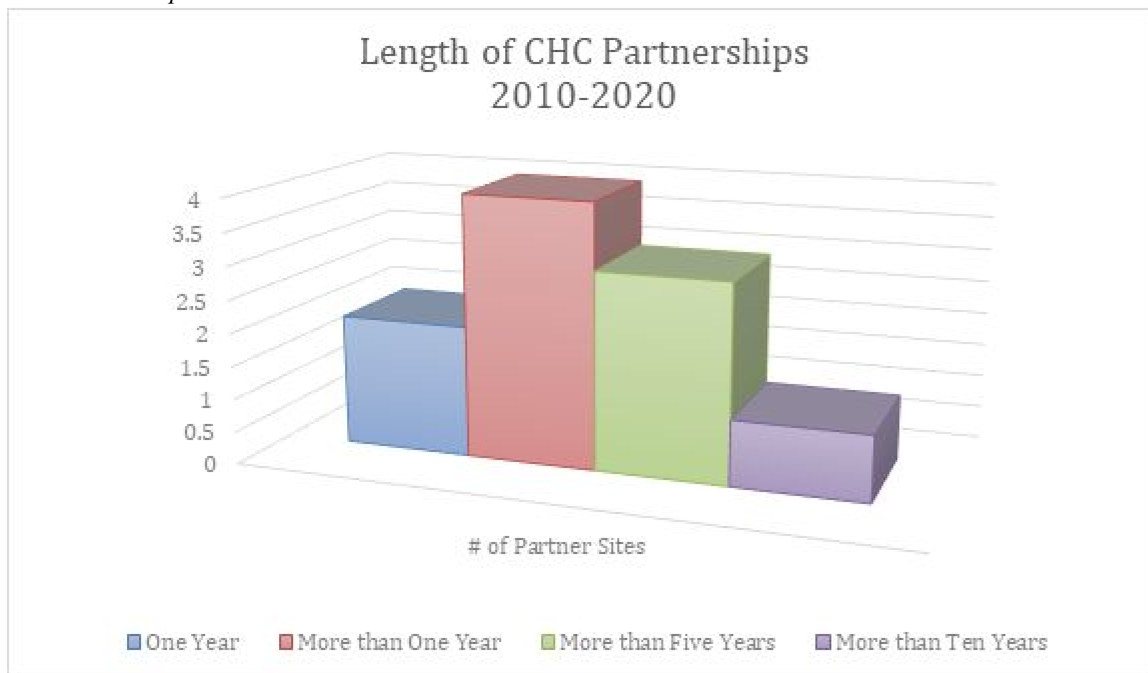
As stated in the previous section, the CHC collaborates with its community partners to educate medical students, provide requested services to the communities, and impact the health needs of the communities. Students also learn the role of SDH as a barrier or facilitator to achieving health equity and understand the importance of engaging community partners in order to address community concerns and improve health outcomes.

The course has developed long-term partnerships varying in lengths from 1 year to over 15 years (Figure 3). The partner organizations over the last ten years have included pre-K-12 schools, independent senior living facilities, youth organizations, community-based organizations, and a homeless shelter. During the 2010-2020 period, pre-K-12 schools and youth organizations made up half of the community partnerships, followed by the senior living facilities, the faith-based organizations, community organizations, and the homeless shelter (Figure 4).

Additionally, through collaborations with these organizations, the course has participated in the development of several sustainable projects. It has always been a priority of the course to develop sustainable projects and activities with community partners in order to effect long-term impact. These projects have included ongoing health education and health promotion activities focused on nutrition and food security, physical activity, traffic safety, mental health, mentoring, literacy, transportation access, advocacy, and career preparation. A detailed table listing community partner categories, course interventions, and outcomes can be found in the Appendix.

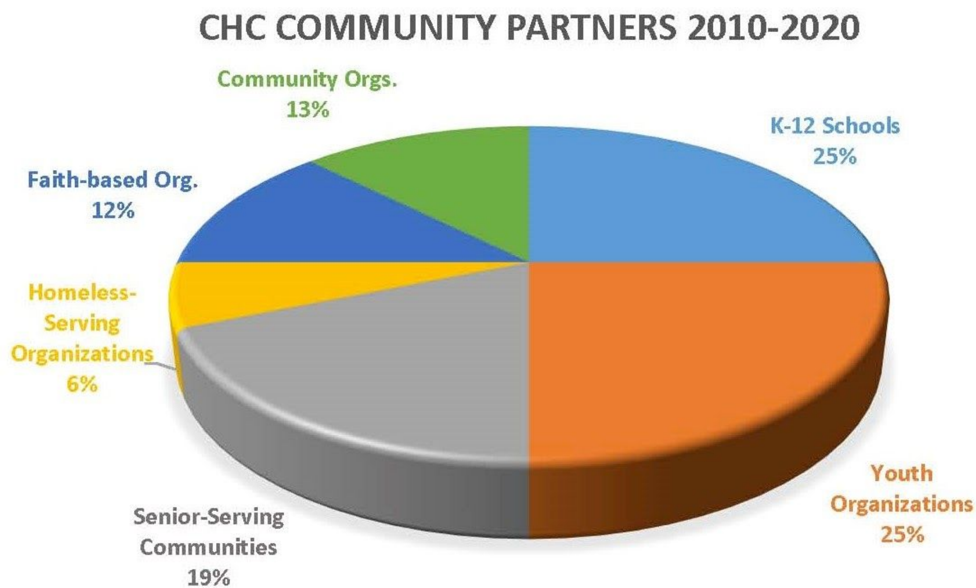
Finally, through institutional and community support, the CHC has grown to accommodate the increased MD class size over the last 10 years. In fact, MSM's student body has grown by 10% almost every year for the last ten years. With each year, the CHC has successfully recruited additional community partners and faculty from various disciplines to participate in the course. The ten-year course expansion is displayed in Table 1.

Figure 3
Length of CHC Partnerships



Note. Source: Authors

Figure 4
Distribution of CHC Community Partners



Note. Source: Authors

Table 1
CHC Participants by Academic Year

Academic Year	# of Students	# of Faculty	# of Sites
2010 –2011	60	8	4
2011-2012	56	8	4
2012-2013	65	12	4
2013-2014	73	19	8
2014-2015	78	18	8
2015-2016	84	16	8
2016-2017	94	19	9
2017-2018	100	18	9
2018-2019	100	19	9
2019-2020	100	18	8

DISCUSSION

As stated by Buckner and colleagues (2010), service-learning is a teaching and learning strategy with a focus on civic responsibility and community partnership

building. In this new decade, the CHC moves forward with a focus on critical service-learning, developing more authentic relationships between MSM faculty, staff, students, and the participating communities. From 2010 to 2020, the CHC has focused on building upon course strengths. We believe the program's success can be categorized into the following actions: building and maintaining a diverse course faculty, educating community-oriented physicians through curriculum and relationship building, and developing and sustaining partnerships that empower the communities we serve.

Building and maintaining a diverse course faculty

The keys to successful community and academic partnerships are often trust, equal communication, and time (Skizim, Harris, Leonardi, & Scribner, 2017). Maintaining a multidisciplinary and dedicated faculty for the CHC is vital. The diversity of faculty members allows for a larger collective knowledge pool. It also gives the CHC leadership more skills and expertise to align with appropriate community sites. When assigned a site, the faculty members serve as liaisons between the institution and the neighborhood partners. Maintaining consistent communication engenders trust and growth in the partnership. This continued connection also allows for faculty group leaders to gain a deeper knowledge of the community site and in turn, that knowledge can assist in teaching the medical students.

Educating community-oriented physicians

The CHC is designed for students to engage in learning experiences in community settings. These service-learning principles can have positive effects on both the learners and communities. The students build relationships and collaborate with the community, assess data and synthesize learning concepts, and develop professional skills through presentation, speaking and writing opportunities. Through these experiences, students develop a positive and community-centered focus in their future studies and careers. The participating communities contribute a significant voice in community changes, gain access to additional resources, and support the development of the future healthcare workforce. The long-term goal is to develop community-oriented physicians with the empathy and tools needed to care for diverse populations, address the social determinants of health, and work to achieve health equity. Communities need community-oriented physicians who have the skills to address health disparities, advocate for increased healthcare access, and watchfulness to eliminate medical mistrust with their patients in a culturally competent way. The CHC addresses the core competencies and skills of teamwork, leadership, professionalism and communication.

Despite a growing need, in 2014-2015, only 29 medical schools reported a service-learning component in their curriculum (AAMC, 2015). Though the theoretics is sound, in practice, higher education may have difficulty in implementation. Academic institutions can struggle to maintain community relationships and assess the reciprocity of these relationships (Hunt, Bonham, & Jones, 2011). The CHC course has 4 partnerships that have lasted more than five years and many others that have the potential for longevity.

Developing and sustaining partnerships that empower communities

This partnership longevity has to be purposeful. To advance health equity, community voices should be meaningfully involved in the planning processes to address their community's health needs (APHA, 2018). This is particularly true for underserved communities and vulnerable populations, characteristics of most of our community sites. CHC leadership developed the Yearly Community Partner Engagement Timeline (Figure 2) to ensure constant communication between the institution, the faculty, and the CHC community partners. This timeline allows for both formative and summative feedback. In addition, it allows for community partners to share their knowledge and ideas with both the faculty and the students.

Limitations & Future Directions

As mentioned in a previous paper on CHC, this course design is faculty-intensive, requiring more than sixteen multi-disciplined faculty to devote a half-day almost every week to the CHC (Buckner et al., 2010). It also requires funding to implement student community interventions and organize the course. This design may not be feasible for institutions with smaller faculty pools and an outside funding source may be required.

Using the SEM approach as a guide, students have produced interventions that touched upon the individual, interpersonal, organizational/ institutional, and the community spheres. Given the time it takes to shift policy versus the time students are in the course, we have not seen the policy sphere addressed in our student interventions. However, the course is designed for students to think deeply about the sustainability of their projects and what policy steps could be taken in theory and potential policy impacts. In the future, the CHC can engage alumni and community stakeholders to make inventions at the policy level more feasible.

Also, at this time, we cannot clearly link participation in the CHC course to post- course student endeavors. Future studies could investigate how participating in the CHC activities affects student internship and specialty selection.

Lastly, the CHC is only required in the medical school curriculum. To address the future of the U.S. healthcare system, an interprofessional approach would be beneficial.

The program could be expanded to include students of other health-related academic disciplines in an effort to simulate a more realistic community healthcare experience.

IMPLICATIONS FOR PUBLIC HEALTH

Community-academic partnerships can be used as a catalyst for addressing community health needs and improving overall health (Carney. Maltby, Mackin & Maksym, 2011). The Morehouse School of Medicine Community Health Course illustrates a course focus on project sustainability and long-term community-faculty partnerships in addition to sound service-learning based curricula. From its inception, the CHC was intentionally designed to meet community needs, not solely as a curriculum requirement. It seeks to add merit and longevity to the course's partnerships by respecting and valuing community viewpoints, providing resources and support, and mobilizing a new generation of healthcare professionals to critically think about and understand the healthcare needs of underserved populations. This foundation has allowed for some of the student interventions to affect meaningful community change. Community partners, students, and faculty have developed interventions that touch upon community safety, nutrition and physical activity, literacy, health promotion and education, and other public health concerns. One highlighted intervention is the improved crosswalk near a senior living center. The residents of the living center had concerns over a hazardous intersection in front of the building. CHC students assisted the residents in reaching out to local politicians, leading to the installation of a safer crosswalk. Other notable interventions include the provision of transportation cards and lockers for a homeless-serving organization and the development of long-term mentoring activities for local K-12 schools.

To advance health equity, community partners and academic institutions are stronger when their vision and values are aligned. This requires long-term collaborations that serve the needs of the community, educate the next generation of healthcare professionals, and create interventions that have lasting impact.

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APPENDIX

Table 2
Community site groupings, the interventions completed, and the interventions' outcomes/impact

Community Site	Population	Interventions	Outcomes
K-12 Schools	Youth, Parents, & Teachers	Nutrition and physical fitness activities and focused mentoring programs	Interventions increased physical activity Increased awareness of best practices for increasing physical activity in the classroom
Youth Organizations	Youth and Parents	STEAM curriculum activities Grady Day Reading Days Sessions on conflict management, meditation, health/fitness/nutrition/ Career development, arts and culture	Interventions increased physical activity Increased awareness of best practices for increasing physical activity in the classroom Voters registered Attendance at civic league meeting Participation in job readiness programs Increased intent, interest, and knowledge about college Youth more likely to read books
Faith-Based Institutions	Families and Church Members	Nutrition and physical fitness activities	Interventions increased physical activity and improved nutrition habits
Senior Living Facilities	Senior Citizens	NPU committee meeting preparation workshop Committee for contact with GDOT Group meditation Low impact exercise Mental health fair (meditation, exercise & food demonstrations, mental health class) healthy aging session; mental & physical health session; mental health & you session Increased knowledge on nutrition label reading, Increased motivation to live a healthier lifestyle Creation of community garden	The interventions improved community engagement with Neighborhood Planning Units (NPUs) Increased community capacity to engage in advocacy Improvement in traffic safety, morbidity and mortality from MVCs
Homeless-Serving Organizations	Homeless women, children, adolescents, and Staff	Provision of MARTA cards Mental health workshops STEM activities Career Day Resource Websites Provision of lockers Professional clothing drive Job interviewing demonstration Cooking demonstration, Basic computer skills classes	Interventions increased privacy for female residents Increased access to transportation to improve job and housing access Increased access to career and homelessness resources

Community Organizations	Adults, children, Adolescents, and the unemployed	Advocacy activities Career assistance Bonding Over Books –reading with children and elderly Inform, Inspire, Invite –college and career counseling	Interventions increased knowledge of techniques for stress management, created formal agreements with colleges to mentor community youth Voters registered Attendance at civic league meeting Participation in job readiness programs Increased intent, interest, and knowledge about college Youth more likely to read books Increased engagement between youth and seniors

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