

# Guiding the Future of Academic–Community-Based Organization Engagement

## A Framework for Health Equity in Nursing Education and Practice

The dynamic evolution of nursing education and practice necessitates the development of stronger, more intentional partnerships between and among academic institutions and community-based organizations (CBOs). Traditional academic–practice partnerships, such as those championed by the American Association of Colleges of Nursing (AACN), have historically focused on clinical learning environments and collaborations within health systems (AACN, 2016). Similarly, academic service-learning models across the Americas have demonstrated the benefits of such collaborations, notably in enhancing student development and fostering community empowerment (Markaki et al., 2021). However, a significant gap persists: the absence of a nationally recognized framework that captures the unique contributions and structural dynamics of academic partnerships with CBOs, entities that embody the lived experiences, needs, and assets of the communities they serve and that operate beyond the confines of traditional clinical care.

Although the AACN's evolving definition of academic–practice partnerships includes a broad spectrum of entities, health systems, interprofessional organizations, corporate partners, government agencies, and philanthropic institutions, there remains a paucity of guidance specific to academic–CBO collaborations (AACN, 2024). This editorial seeks to thoughtfully address principles guiding relationships among academic–CBO partnerships in nursing education and practice and proposes adaptations

to the AACN Guiding Principles for Academic–Practice Partnerships to better incorporate CBO engagement.

### THE IMPERATIVE FOR CBO INTEGRATION: ADVANCING EQUITY, READINESS, AND RELEVANCE

The rationale for integrating CBOs into academic partnerships is grounded in the urgent need to advance health equity across diverse populations. As nursing education shifts toward a greater emphasis on population health and social determinants of health (SDOH), CBOs emerge as indispensable partners. These organizations often serve as the first and most trusted point of contact for marginalized populations, bringing cultural competence, contextual knowledge, and community trust, elements critical to the success of health interventions. When these strengths are coupled with the evidence-based training and resources of academic institutions, the result is a more responsive, equitable, and sustainable approach to care. Without such integration, students are deprived of essential experiential learning opportunities, and community health initiatives risk being misaligned with the populations they intend to serve.

The coronavirus disease 2019 pandemic further highlighted the necessity for flexible and adaptive academic–practice partnerships. Emerging scholarship, including the National Council of State Boards of Nursing's *A New Framework for Practice-Academic Partnerships* (Spector et al., 2021) and research by Zerwic et al. (2021), underscores how disruptions to traditional clinical practice-

ments prompted institutions to explore alternative, community-centered learning models. These developments affirm the need for a broadened and sustainable approach to academic–CBO partnerships, one that strengthens workforce preparedness and enhances care delivery, in times of crisis and routine public health practice.

### Academic–CBO Partnerships in Nursing Education

An example of such academic–CBO partnership exists between MyHealthIowa/MiSaludIowa, the University of Northern Iowa (UNI) Nursing Program, and the Des Moines University Doctor of Osteopathic Medicine Program. This collaboration has led to community health screenings and vaccine education in rural and immigrant communities. Students gain hands-on experience while learning the importance of cultural humility and trust-building, particularly when working with Latinx and refugee populations (Reyes et al., 2024).

Another example is the Iowa Community HUB, which has developed coordinated pathways connecting underserved participants and their families to social services, such as housing support, food assistance, and health referrals. Through these collaborations, students learn to navigate community resource systems and witness firsthand the power of integrated care models in addressing SDOH (Iowa Community HUB, 2024).

These initiatives demonstrate how academic–CBO partnerships serve dual roles: enriching student learning and

expanding the reach of services in marginalized populations. Service-learning frameworks (Voss et al., 2015) further reinforce the pedagogical value of these collaborations by anchoring academic outcomes in community-defined needs.

### Academic–CBO Partnerships in Nursing Practice

CBOs frequently collaborate with nurses and nurse-led organizations to meet community health needs beyond the bedside. These partnerships can support initiatives in chronic disease management, maternal–child health, behavioral health, and social service navigation. Embedding nursing roles in CBO settings creates pipelines for culturally responsive care and increases access to services in underserved communities. Academic–CBO partnerships align well with several of the AACN's guiding principles, particularly those that emphasize mutual respect, shared responsibility, population health focus, and systems integration.

An example of an academic–CBO partnership in nursing practice is the collaboration between Proteus, Inc., a nonprofit organization and federally qualified health center serving migrant and seasonal farm workers, and nursing faculty and students from regional academic institutions. Through this partnership, nurse-led mobile health teams deliver chronic disease management, medication reconciliation, behavioral health screenings, and health education in underserved agricultural communities across Central California.

### Academic–CBO Partnerships in Nursing Research

Community-based participatory research (CBPR) guides many academic–CBO research partnerships, encouraging inclusive, collaborative approaches to health research. These efforts allow nurse scientists to co-develop research agendas, methodologies, and dissemination strategies with community partners.

One such exemplar is at the University of Rochester, where nurse researchers

have worked with cancer-focused community organizations to conduct culturally tailored needs assessments within LGBTQ+ CBOs and evaluate access to care in historically excluded populations (Ghazal et al., 2024).

### TOWARD A FRAMEWORK FOR HEALTH EQUITY IN NURSING EDUCATION AND PRACTICE FOR PARTNERSHIP SUCCESS

To guide these partnerships, national guidelines should address partnership formation, operational agreements, co-leadership models, communication protocols, shared authorship, joint research, and mechanisms for sustainability. These principles should draw from CBPR, which stresses co-learning, mutual respect, and the equitable distribution of power and resources (Israel et al., 2012), while also aligning with the AACN's eight guiding principles for academic–practice partnerships. Specifically, these include: mutual respect and shared values; recognition of the unique contributions of each partner; a commitment to education and practice excellence; and mechanisms for effective communication and decision-making.

Recent work by Gustin et al. (2024) and Spector et al. (2021) further reinforce the timeliness and urgency of revisiting partnership models post-pandemic, offering a renewed mandate to integrate CBOs as foundational stakeholders in the future of nursing education.

Although institutional support is vital, individuals within academia and CBOs can take actionable steps now. Faculty, clinicians, and student leaders can initiate dialogue with CBO leaders, develop joint health screening and education outreach projects, and advocate for compensated community teaching roles. Health science students and early-career nurse scientists can seek mentorship opportunities in community-engaged research.

We call on professional organizations, such as the American Nurses Association, AACN, and National League for Nursing to reimagine a framework

for academic–CBO partnerships, with specific attention to SDOH and health equity. Existing AACN resources should be expanded or adapted to explicitly include guidance for academic–CBO partnerships, filling a critical gap in current practice frameworks.

### CONCLUSION

In reimagining academic–CBO partnerships through a lens of equity, co-leadership, and shared accountability, we have an opportunity to transform nursing education and practice in ways that are deeply responsive to the communities we serve. By formally integrating CBOs into national frameworks, we move beyond episodic engagement toward sustained, reciprocal relationships that prepare future nurses for real-world challenges. The time to act is now—through collective vision, individual commitment, and national coordination, we can build a nursing workforce that not only understands health equity but lives it in partnership with the very communities it is called to serve.

### REFERENCES

- American Association of Colleges of Nursing. (2016). *Advancing healthcare transformation: A new era for academic nursing*. <https://www.aacnnursing.org/Portals/0/PDFs/Publications/AACN-New-Era-Report.pdf>
- American Association of Colleges of Nursing. (2024). *The guiding principles for academic-practice partnerships*. <https://www.aacnnursing.org/our-initiatives/education-practice/academic-practice-partnerships/the-guiding-principles-for-academic-practice-partnerships>
- Ghazal, L. V., Johnston, H., Dodd, E., Ramachandra, Y., Giallourakis, N., Fulginiti, K., & Kamen, C. (2024). A needs assessment approach for adolescent and young adult sexual and gender diverse cancer survivors. *International Journal of Environmental Research and Public Health*, 21(4), 424. <https://doi.org/10.3390/ijerph21040424> PMID:38673335
- Gustin, T., Parrott, J., McCasland, J., & Rutledge, C. (2024). Academic practice partnerships: Improving healthcare access and decreasing system burden utilizing interprofessional competencies. *The Online Journal of Issues in Nursing*, 29(3). <https://ojin.nursingworld.org/table-of-contents/volume-29-2024/number-3-september-2024/articles-on-previously->

- published-topics/academic-practice-partnerships/  
Iowa Community HUB. (2024). *2024 end of year report*. <https://iacommunityhub.org/wp-content/uploads/2024-End-of-Year-Report-for-distribution.pdf>
- Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (2012). *Methods in community-based participatory research for health* (2nd ed.). Jossey-Bass.
- Markaki, A., Prajankett, O.-O., Shorten, A., Shirey, M. R., & Harper, D. C. (2021). Academic service-learning nursing partnerships in the Americas: A scoping review. *BMC Nursing*, 20(1), 179. <https://doi.org/10.1186/s12912-021-00698-w> PMID:34556090
- National Academies of Sciences, Engineering, and Medicine. (2017). *Communities in action: Pathways to health equity*. National Academies Press. <https://doi.org/10.17226/24624>
- Reyes, J. A., Garcia, Z., Ohr, H., Marcu, R., Zelaya, M., Alvarado, J., & Kim-Cho, E. (2024). Empowering health equity: The crucial role of nurses on boards and in nonprofit leadership in Iowa. *Iowa Nurse Reporter*. <https://www.myamericannurse.com/empowering-health-equity-the-crucial-role-of-nurses-on-boards-and-in-nonprofit-leadership-in-iowa/>
- Roussos, S. T., & Fawcett, S. B. (2000). A review of collaborative partnerships as a strategy for improving community health. *Annual Review of Public Health*, 21, 369–402. <https://doi.org/10.1146/annurev.publhealth.21.1.369> PMID:10884958
- Spector, N. M., Buck, M., & Phipps, S. (2021). A new framework for practice-academic partnerships during the pandemic and into the future. *American Journal of Nursing*, 121(12), 39–44. [https://www.ncsbn.org/public-files/A\\_New\\_Framework\\_for\\_Practice\\_Academic\\_Partnerships.pdf](https://www.ncsbn.org/public-files/A_New_Framework_for_Practice_Academic_Partnerships.pdf)
- Voss, H. C., Matthews, L. R., Fossen, T., Scott, G., & Schaefer M. (2015). Community-academic partnerships: Developing a service-learning framework. *Journal of Professional Nursing*, 31(5), 395–401. <https://doi.org/10.1016/j.profnurs.2015.03.008> PMID:26428344
- Zerwic, J. J., Montgomery, L. A., Dawson, C., Dolter, K. J., & Stineman, A. (2021). Planning and implementing a practice/academic partnership during COVID-19. *Journal of Professional Nursing*, 37(1), 24–28. <https://doi.org/10.1016/j.profnurs.2020.11.007> PMID:33674102
- Jimmy A. Reyes, PhD, DNP**  
*MyHealthIowa/MiSaludIowa*  
*Proteus*  
*Iowa Community HUB*  
*Cedar Falls, Iowa*  
*JimmyR@proteusinc.net*
- Lauren V. Ghazal, PhD, FNP-BC**  
*University of Rochester*  
*Rochester, New York*
- Trina Radske-Suchan, PT**  
*Iowa Community HUB*  
*Des Moines, Iowa*
- Allison Moses, MSN, RN**  
*Iowa Community HUB*  
*Iowa Primary Care Association*  
*Des Moines, Iowa*
- Disclosure: The authors have disclosed no potential conflicts of interest, financial or otherwise.*
- doi: 10.3928/02793695-20250811-01*