uilding Healthy Communities Through AIHA Partnerships

The goal of improving patient outcomes is shared by hospitals and healthcare clinics worldwide. Every day, health professionals work within their facilities to implement better surgical techniques, drug therapies, and preventive health measures to treat the ill. However, health institutions around the world are recognizing that to achieve their objective of promoting the health of individual patients, they must reach outside the walls of their institutions and address the needs of the communities of which they are a part. Thus, empowering their communities to improve collective quality-of-life issues is quickly becoming a priority of many healthcare institutions. However, responsibility for the health of a community does not rest solely with healthcare institutions and professionals. Identifying health needs, articulating their importance, and developing ways to make sustainable changes are the responsibilities of all community members.

Realizing this, physicians, nurses, public health officials, civic leaders, and international, state, and local health organizations are increasingly embracing the concept of the "Healthy Communities" approach to public health—a philosophy based on the importance of eliciting input from community stakeholders, allowing them to identify and work together to solve community health concerns, and making them accountable for their efforts. This method incorporates the participation of a variety of organizations and individuals—from elected officials to professional organizations and citizen action groups.

AIHA's over 20 new community-based primary healthcare partnerships aim to improve the community health of specific areas in the NIS and CEE by emphasizing the broad-based capacities of primary healthcare providers. The last issue of *CommonHealth* highlighted how the CEE, NIS, and US are moving away from the over-specialization of medicine toward a comprehensive model of primary care offered by physicians capable of making a broad array of diagnoses. One of the principal objectives of AIHA partners is to encourage and empower newly trained cadres of primary care physicians in the NIS and CEE to build a community-based foundation of healthcare for specific regions. Physicians will be aided in this task by community stakeholders who will work to implement public health initiatives to change behaviors that pose health risks.

This issue of *CommonHealth* provides both theoretical models for community-based medicine as well as specific examples from both AIHA and other partnerships that have successfully used public health initiatives to improve the health of specific populations. Ken Slenkovich *et al.* describe a basic methodology by which communities can mobilize to implement the Healthy Communities model. Hugh Fulmer discusses a "train-the-trainer" program in which multidisciplinary professionals initiate community health programs of their own. And R. W. Prasaad Steiner *et al.* explain how a Healthy Communities approach was successfully applied within an AIHA partnership.

Further examples of how communities can collectively enhance the health of individuals include Barbara Ruben's article on the outreach efforts of some Women's Wellness Centers, Sandra McCormick and Barbara Pretasky's article on a successful program that combats rising rates of alcohol and drug use among teenagers in Dubna, Russia, and Barbara Gabriel's article on AIHA partners with pre-existing relationships. Additionally, Mark Storey examines the role of communication technologies in creating new connections within and across communities, and Mary Ann Micka and Wendy Wallace highlight successful USAID community-focused initiatives.

Collectively, these articles give a glimpse of the tremendous change that can be accomplished when communities—with the help of structured programs like AIHA partnerships—take ownership of the specific health issues applicable to their own populations.

Illustration: Lina Chesak.