

Expanding Academia Partnerships to Address Health Disparities: Competency in Population Health

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Topic: Leading & Advancing Improvements in Health, Health Care, & Higher Education

Category: Quality Improvement/Evidence-Based Practice Project

Abstract

Background/Introduction

The Future of Nursing Committee encouraged faculty to create academic/practice partnerships as a mechanism to advance nursing practice and shape the nation's health systems³. While academic/practice partnerships have provided the foundation for inpatient clinical training, little focus has been given to the shift to healthcare provided outside the hospital². The lack of partnerships with community entities is a missed opportunity to provide high-impact experiential learning involving population health¹. The same principles should be applied to non-traditional community partnerships to advance nursing education and promote healthier communities¹.

Purpose

The goal of this initiative was to create an innovative partnership between academia and urban housing (UH) to expand healthcare access to vulnerable older adults, improve health, while providing nursing students authentic experiential learning to address population health competencies.

Methods or Processes/Procedures

The partnership between academic and UH allowed for onsite primary-care services in two subsidized housing buildings provided by academia nurse practitioners and nursing students. The transformation of office space to onsite clinics eliminated healthcare access issues and expanded real-life experiential learning for nursing students.

Results

AACN Essentials² Domain^{#3} competencies are achieved. Students' projects demonstrated statistical significance ($p=.05$) for improved hypertension management, improved depression screening, low readiness for telehealth, and improved screening of substance-use disorders. Undergraduate students provided direct care, vaccine clinics, and health education. Patient health outcomes included: fewer missed appointments, higher vaccination rates, decreased emergency visits. Descriptive statistics noted higher prevalence of depression and declined recommendations in this population ($n=30$)⁴.

Limitations

The primary-care model accommodates low volume of students.

Conclusions/Implications for Practice

Non-traditional community partnerships can expand high-impact experiential learning to attain population health competencies in Domain^{#3}: 1) Manage Population Health, 2) Engage in effective partnerships². Community partnerships are mutually beneficial with expanded access to care and improved health outcomes for a vulnerable population.

Biography

Introducing Dr. Della Hughes-Carter, a Geriatric Nurse Practitioner who holds a Tenured Associate Professor position at Grand Valley State University in West Michigan. Her practice is based in Hastings, Michigan, and focuses on integrated behavioral health, chronic conditions, health disparities, and substance use disorders. Dr. Hughes is also involved in various community project initiatives and has secured multiple grants for applied research.

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