

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

Leading and Advancing Improvements in Health, Health Care, & Higher Education

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Purpose

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

Introduction

The Future of Nursing Committee encouraged faculty to create academic/practice partnerships to advance nursing practice and shape the nation's health systems¹. Academic/practice partnerships have provided the foundation for inpatient clinical training, but little focus has been given to the shift in healthcare provided outside the hospital². The lack of partnerships with community entities is a missed opportunity to provide high-impact experiential learning involving population health². The same principles should be applied to non-traditional community partnerships to advance nursing education and promote healthier communities².

Methods

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

Conclusion

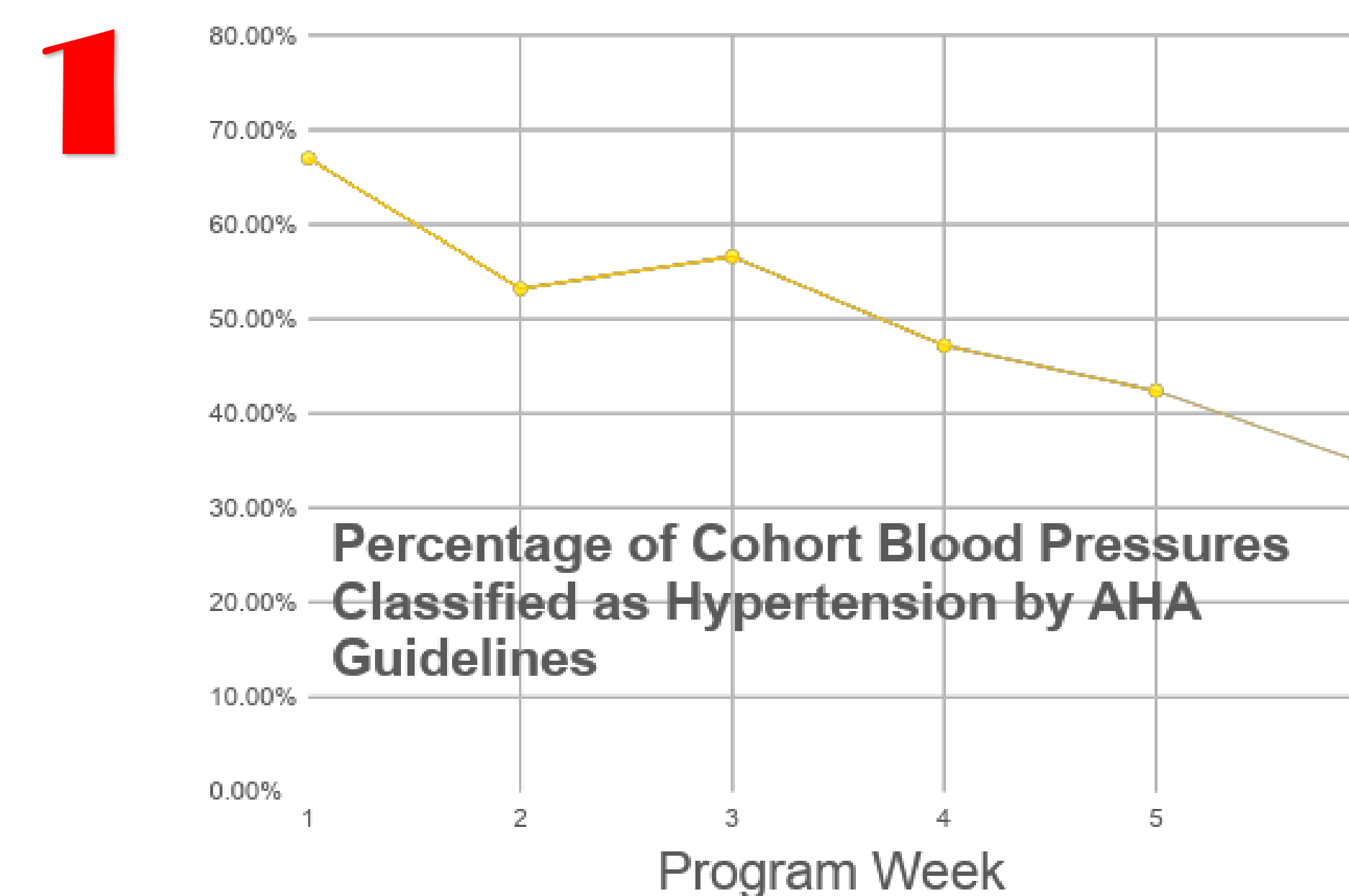
Non-traditional community partnerships can expand high-impact experiential learning to attain population health competencies in Domain #3: 1) Manage Population Health, 2) Engage in effective partnerships³. Community partnerships are mutually beneficial with expanded access to care and improved health outcomes for a vulnerable population.



References

Results

The American Academy of Colleges of Nursing Essentials Domain #3 competencies are achieved. Students' projects demonstrated statistical significance ($p=0.05$) for improved hypertension management, improved depression screening, low readiness for telehealth, and improved screening of substance-use disorders. Undergraduate students provided direct care, a vaccine clinic, and health education. Patient health outcomes included: fewer missed appointments, higher vaccination rates, and decreased emergency visits. Descriptive statistics noted a higher prevalence of depression and declined recommendations in this population ($n=30$)⁴.



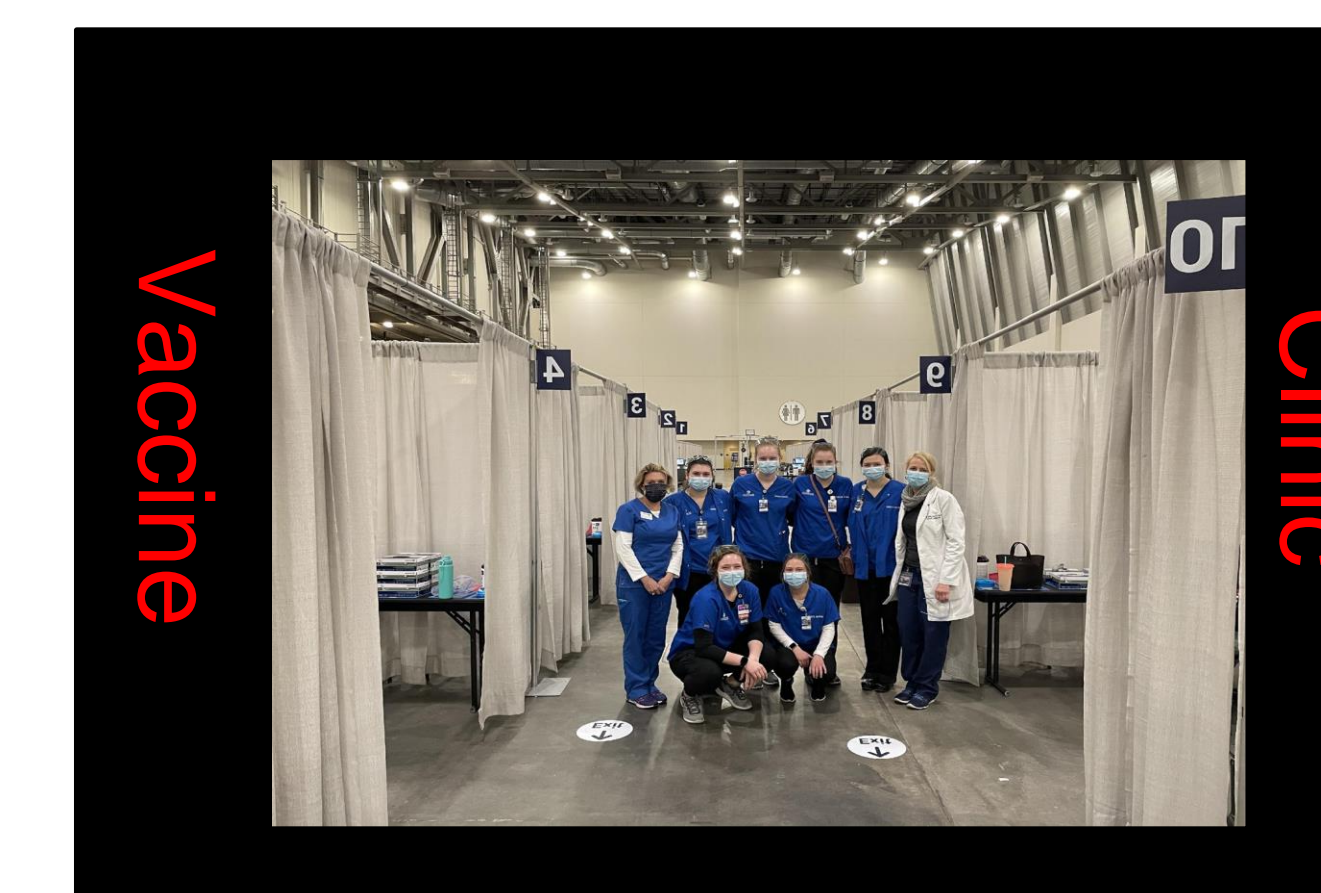
Morning systolic blood pressure decreased an average of 2.97 mmHg per week of the program (p -value = .0019)

2 The Effect of the Screening, Brief Intervention, Referral to Treatment (SBIRT) Model on Adult Depression in an Outpatient Setting

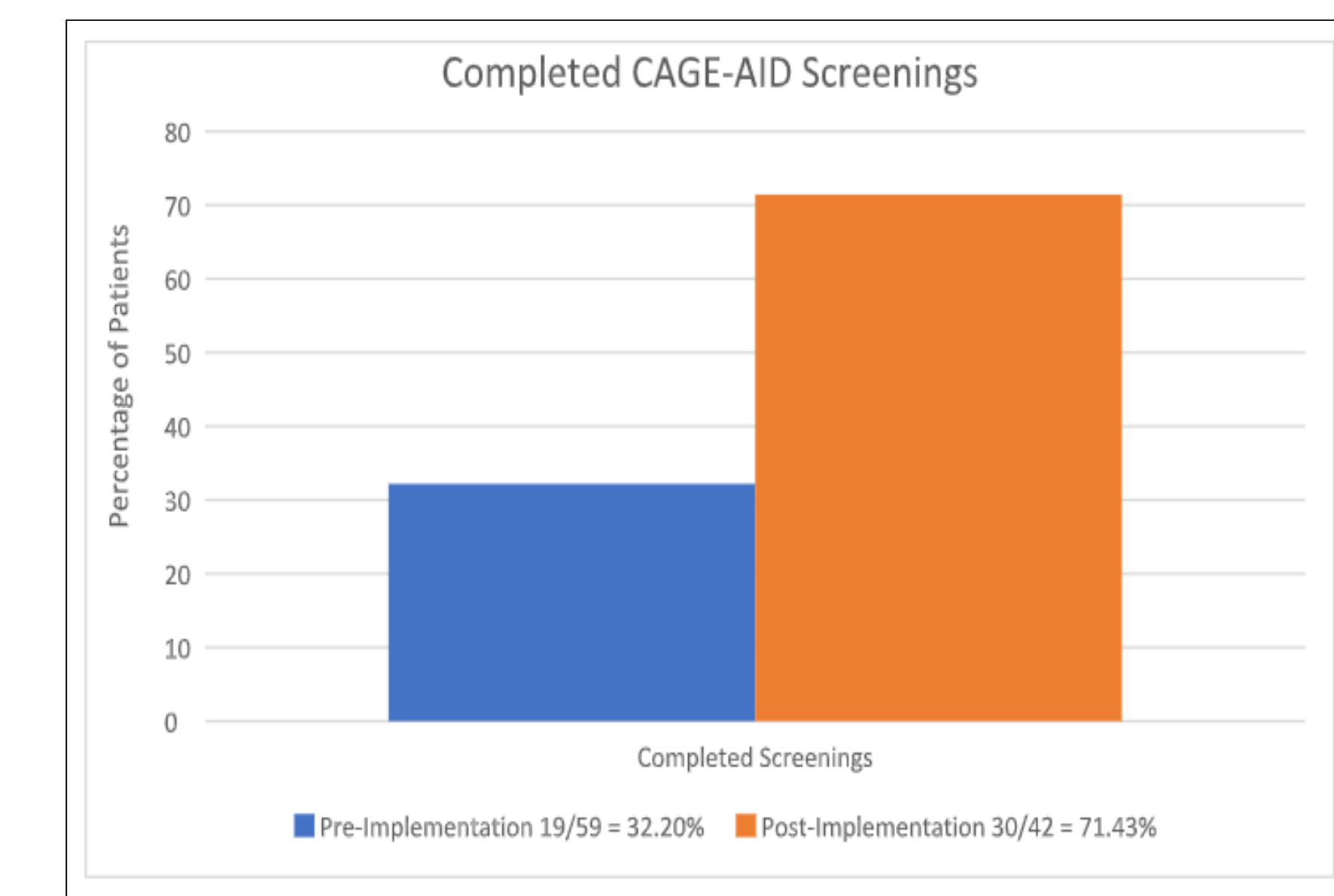
The mean PHQ-9 score improved by 5.471 points (p -value = 0.001, 95% CI [3.426, 7.512])

Less depression $N=7$

5

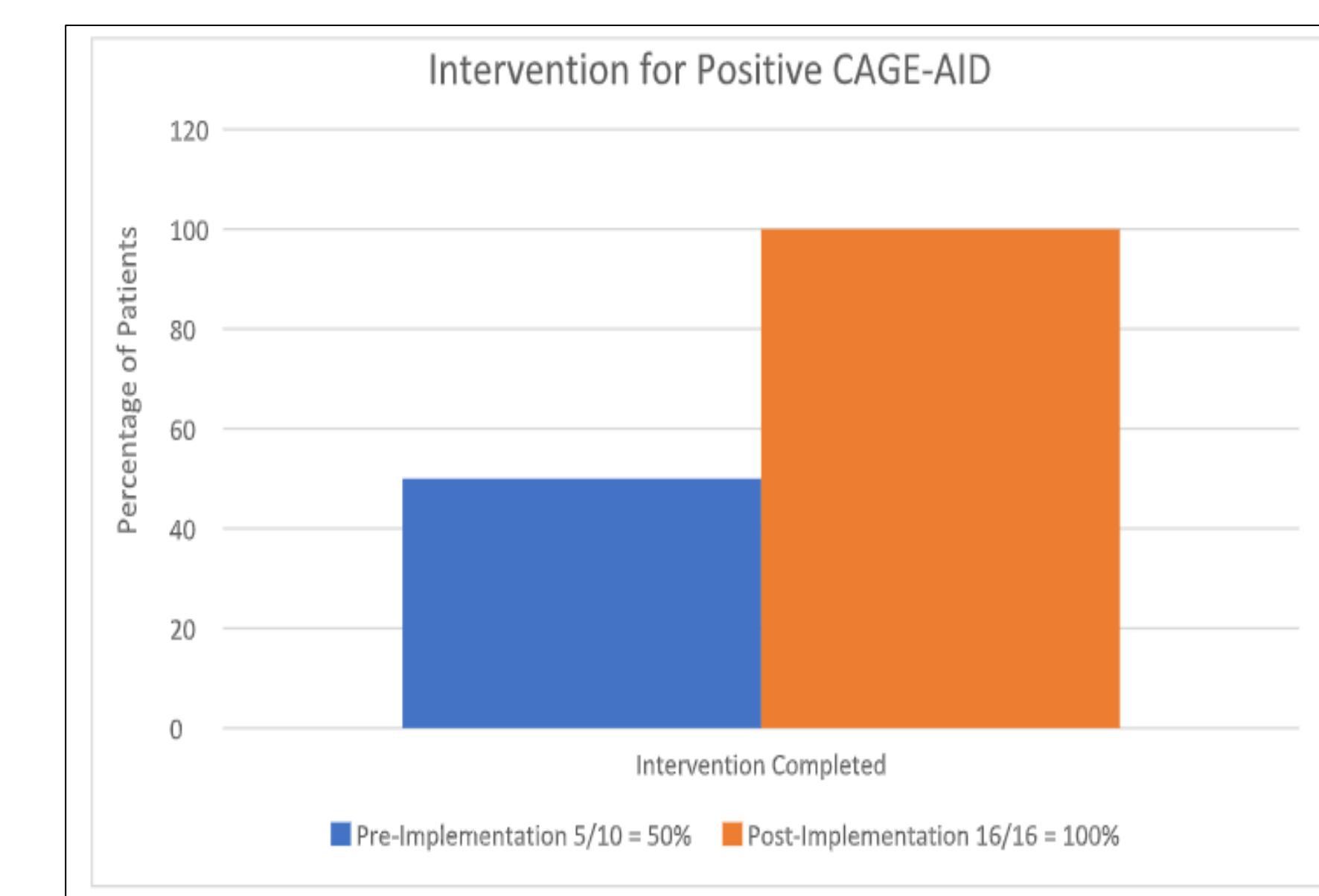
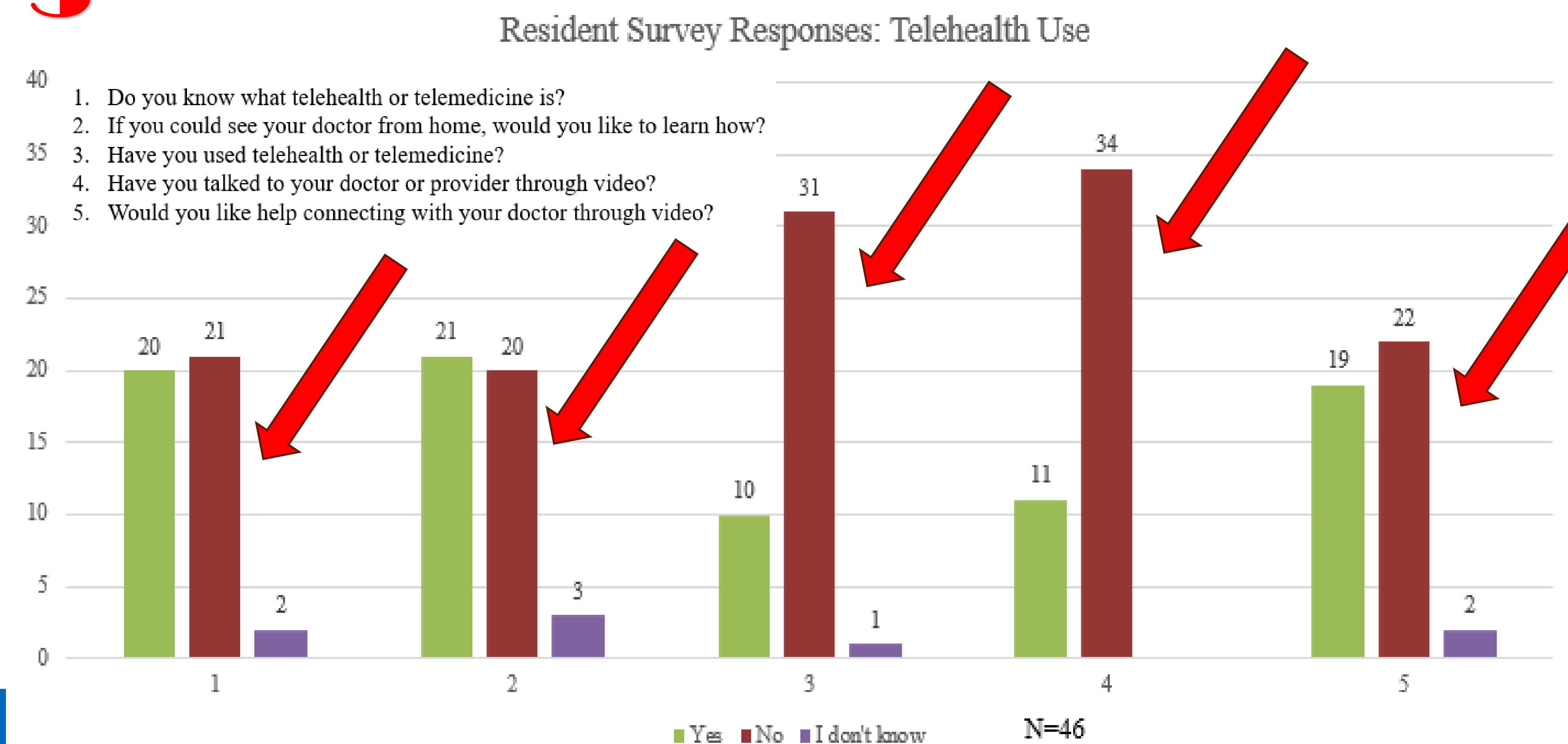


4 Improved Screening and Interventions for Substance Use Disorders



Fisher's Exact Test: P value = <0.0001 (0.05 level of significance)
Odd's Ratio: 0.19 (95% CI 0.08-0.45)
Relative percentage change: 75.7%

3 Telehealth Readiness Opportunity for High-Risk Older Adults $N = 46$



Fisher's Exact Test: P value = 0.0038 (0.05 level of significance)