



Academic-Practice Partnership Summary Document

University of Mississippi Medical Center School of Nursing

**Underserved Mississippi Communities: School Of Nursing Coordinated Healthcare
through an Authentic Model of Partnership (UMC SON CHAMP)**

PLAYERS

Selecting Partners

Academic School:

The University of Mississippi Medical Center and
University of Mississippi Medical Center School of Nursing

Julie Sanford, DNS, RN, FAAN

Dean School of Nursing

601-984-6220

Jrsanford@umc.edu

Anne Norwood, Ph.D., FNP-BC

Associate Dean of Practice and Partnerships

Professor, School of Nursing

601-984-6236

anorwood@umc.edu

Lisa A. Haynie, Ph.D., FNP-BC

Professor in School of Nursing

Clinic Director for Mercy Delta Express Project

601-984-6226

lhaynie@umc.edu

Kayla Carr, Ph.D., FNP-BC

Associate Professor of Nursing

Clinic Director for Jackson School Based Health Clinics

601-984-6243

Klcarr2@umc.edu

Practice Setting:

Jackson Public Schools

1. Ms. Guyneisha Johnson, Principal
Johnson Elementary
601-987-3501
gjohnson@jackson.k12.ms.us
2. Galloway Elementary
Dr. Linda Murray, Principal
601-960-5313
lmurray@jackson.k12.ms.us
3. Lanier High School
Dr. Valerie Bradley, Principal
601-9605369
valbradley@jackson.k12.ms.us

South Delta School District

Dr. Waldington, Superintendent
662-873-4302
cgreen@southdelta.k12.ms.us

Preparing for your First Meeting

Date/Time of Meeting:

May, 1998

Meeting was held in the afternoon on this date.

Place of Meeting:

Johnson Elementary

What do you and your partner need to know about you and your organization?

Below is specific information that was shared at the origin of this formalized partnership.

The University of Mississippi Medical Center (UMMC) is the state's only academic medical center where it employs over 5000 people and includes many professional schools, such as a medical, nursing, dental, physical therapy, occupational therapy, and pharmacy. When this partnership was established, the UMMC School of Nursing (UMMC SON) had over 300 students at the BSN, MSN, and Ph.D. levels. Since 1996, the UMMC SON has donated the services of a

nurse practitioner faculty member, several undergraduate faculty, and undergraduate and graduate students to initiate school nurse activities at Johnson Elementary. They dedicated three mornings per week at the school to see children who needed medical care. It was clear to the Johnson community, as well as the SON, that the best way to use our partnership to improve the health status of students was to develop a school-based health center.

Johnson Elementary School is one of 38 elementary schools in the Jackson Public School (JPS) district. During the time this partnership was formed, the enrollment was 601 students, all of whom were African American. Ninety-five percent of students received free and reduced lunches. A Title 1 school, Johnson provided instruction to Pre-K through fifth grade. The average daily attendance rate was 93.9% (district average was 94.7%). The support of the Johnson School by JPS and the willingness of UMMC SON to provide primary care created a unique opportunity to respond to the educational and health needs of the students at Johnson Elementary as well as offer a unique educational site for future nurses.

The original establishment of this clinic focused on these objectives: 1. Provide primary healthcare services to children enrolled in Johnson Elementary School, 2. Collaborate with school personnel to maintain a safe and healthy environment, 3. Initiate a system for coordinated mental health and/or social services, 4. Provide education to faculty/staff about making healthy choices regarding physical activities, eating habits, mental health, safety, and interpersonal problems, 5. Integrate the school and community health promotion activities, 6. Support the activities and goals of the new Fitness through Physical Education program, 7. Support and enhance teacher and staff efforts to educate children and families on healthy eating, 8. Support the goals, activities and outcomes of the Mississippi Comprehensive Health Curriculum, 9. Provide an educational opportunity for the students in the UMMC SON.

Current Partnerships in place between UMMC SON and JPS/South Delta Clinics

Since the beginning of this partnership, the UMMC SON has replicated this partnership, not only within the JPS system but has also expanded to rural towns in the Mississippi Delta. Currently, the UMMC SON has 3 SBHCs in JPS and 3 SBHCs located in South Delta School District. Our partnership has extended to areas where health disparity is ubiquitous. Our partnerships include Mississippi State Department of Health, UMMC School of Medicine, UMMC Hospitals and Clinics, Mississippi Food Network, Mississippi Department of Education, and HRSA. As we continue to do the work that supports the mission of the university, we also continue to remain focused on what the heart of nursing is all about-taking care of others and providing the basic essentials that all humans deserve while educating the future health care professionals from multiple disciplines in an interprofessional, team-based approach to care.

What documents about your organization should you bring to the meeting?

To guarantee all partners understood the organization proposing the partnership, a copy of the UMMC and UMMC SON mission statement, vision statement, and organizational chart was included for participants during this initial meeting. In addition to these documents, a 'Needs Assessment Findings', Comprehensive School Health Program Philosophy, and objectives of the proposed clinic services to be offered was provided for all participants present.

What do you have to offer?

According to the recommendations by Ernest Boyer, former president of the Carnegie Foundation for the Advancement of Teaching, a University Community School Partnership Model is a creative way to apply education resources to improve the learning outcomes of public-school children. Most often these partnerships involve university education departments. Our model of a university medical center offered and continues to offer the promise of sharing resources in both education and health. In addition to providing primary care, the UMMC SON at the Johnson SBHC coordinated in the beginning of this partnership and continues to include health education and health prevention activities primarily focused on students, a teachers/staff, families, and the larger community. Also, having an on-site nurse practitioner, the students could be assessed, diagnosed, treated in the comfort of their own school clinic. This kept students in school and their parents at work which decreased the school absenteeism rate as well as reduced the amount of time a parent had to take off from work to take the child to outside provider for medical attention. Dedicated faculty who are trained and certified as NPs cared for the children at Johnson Elementary. If children needed further assessment or referral, affiliation with the medical center allowed appointments to be made in a timelier fashion.

Currently, we continue to offer the same health care services we did upon inception of the partnership but have increased the health care opportunities for the children we serve. This is not only true for the Jackson, MS SBHCs but also in rural Mississippi where the ratio of patients to a primary care provider is 1831:1 compared to the national benchmark of 631:1. Also, our clinics offer care of doctors from different specialties who travel to the schools to see patients, so the parent does not have to take the child to the doctor. For some, this has been beneficial due to lack of transportation or financial ability to see the doctor on the UMMC campus. Also, we have increased partnerships with outside organizations that meet needs we have identified as crucial for the population we serve. Such partnerships formed and built through the years have been Mississippi Food Network and Mississippi Department of Health.

The clinical experience for students has expanded as well. At one time, the SBHCs were used only by our UMMC SON students; however, with the changes in health care and health care education to a more team-based approach, we expanded our clinical experiences to an

interprofessional clinical experience where at any one time, there are medical students, medical residents, nursing student of all levels, social work students, occupational therapy students, and clinical psychology students working together in a clinical setting. Our educational objective is not just to provide a clinical experience in the clinics but to provide an educational experience where different professions work together to create a more holistic plan of care in a team-based approach while focusing on all dimensions of the child's health.

What is your vision for this partnership and does your partner share this vision?

Our vision began as a way to improve the health and educational conditions of our children in Mississippi and continues to be the vision today for all clinics. Mississippi has one of the highest poverty rates in the country and in 1998 when this partnership was established, 34% of children were below the Federal Poverty Level (FPL). Currently, Mississippi has the lowest per capita and family income in the nation and continues to have high rates of infant death, teenage pregnancy, births to unwed mothers and sexually transmitted diseases. In 1998, the philosophy of the district, 'A Vision for Excellence,' supported a vision of education directed to graduating productive, caring citizens. Johnson Elementary's school motto was 'Children Learning Together' with the mission of the school to 'promotes a positive school environment that provides quality academic training for children, so they can grow and learn together in an atmosphere that offers maximum opportunity for developing individual greatness, respect for others, and preparation for living in a multicultural society.' To support the mission of the district and school, the Johnson Elementary SBHC, supported the intention that a comprehensive school health program could assist all students to achieve and maintain an optimal state of health and well-being, reach their full academic potential, and develop into productive adults who take personal responsibility for their own health. The SBHC was committed to work with children and their parents, as well as teachers and staff, to maximize the health and well-being of students. In addition, the SBHC was committed to strengthen the health education and promotion of activities of parents, teachers, and the community at large.

Currently, our vision continues to align with the Jackson Public School and South Delta School districts but is modified due to current evidenced-based research on health care as well as the acute needs of the school. However, no matter the modifications that are implemented, the community partners and leaders are a part of the decision-making process to assist in the course of action to better serve those we are caring for through this partnership.

Who else needs to be involved in both organizations? Is top leadership involved?

At the time of inception, top leadership was involved in all decision-making processes and had an influence on the creation of the original clinic plans. The Vice Chancellor of UMMC as well as the dean from the UMMC SON were incredibly highly involved in the initial planning and establishment of the first UMMC SON/JPS SBHC. As the clinics have expanded, top leadership

continues to be an integral part of this partnership. Currently, the superintendents of JPS and South Delta School Districts as well as the current vice chancellor of UMMC and UMMC SON dean, and leaders from our community partners are remain abreast of our service in these schools and provide feedback as well as stay informed and active to maximize the relationship between all involved. This partnership would not be successful without the collaboration and input from those who have a vested interest and have supported our clinics for years.

What is the business case for the partnership?

When this partnership began over 21 years ago and still true today, this community was plagued by children who were economically and socially disadvantaged and where health disparities were prevalent. Furthermore, school funding was and continues to be impacted by the daily attendance rate of their students. Having a school clinic in an area of urban Jackson, MS where the majority of students at this school did not have a medical home was a cost-effective means to providing health care in this Georgetown community. We not only provided assistance to keeping students in school, but also keeping students healthy while decreasing the utilization of the Emergency Room as their primary care provider. Today, current literature continues to support the concept that healthy children are better learners and are more successful in school. Therefore, expanding the school-based clinics to other areas that demonstrate the need for these services allows our partnership to reach more students and provide quality, cost-effective health care in a safe and trusting environment. In addition, the expansions of these clinics are located in 'feeder-schools' so students have access to a SBHC from elementary through high school which helps with the continuity of care.

Clinical education in the first SBHC began as an innovative strategy to introduce our students to school-nursing and the reality of health care that is not seen traditionally in the hospital setting. Today, the clinical experience in our SBHCS has transformed into an interprofessional, collaborative approach that is designed to not only expose our students to the reality of health disparities that are prevalent in rural and urban Mississippi, but also to provide an innovative, collaborative team approach where health care professionals are working together to meet the needs of the patient and the family. This has allowed all levels of health care providers to gain important knowledge and understanding of how health care is transforming to provide a continuity of care that better serves our patients. This ultimately improves the quality care by increasing greater outcomes.

Subsequent Meetings

Do you have clarity on goals and vision?

Yes. Since the beginning of this partnership, all involved have maintained communication on the over-arching purpose, goal, and vision of the clinics. All partners believe in the importance

of providing quality health care and education to the students who are enrolled in these schools which will create a healthier student, more acceptable environment for learning, and overall healthier community. Because healthier students make better learners, each school relies on our team of health care providers to furnish ongoing quality health care and health education that meets the needs of the students in their respective schools. Each clinic is focused on these goals:

- Increasing access to quality health care by providing primary and episodic care to children who attend these schools
- Increasing daily average attendance
- Providing health education to children and their families
- Providing health education to faculty/staff who work at schools
- Expanding mental/behavioral health services to students in schools
- Continue to provide an interdisciplinary, interprofessional clinical experience in rural and urban Mississippi to educate future health care providers on the issues related to health disparity and health inequity.

What are the details and timeline of the initiative?

This is an active partnership that has been in existence since 1998 with no end in sight. In fact, we are currently in the process of continuing with the expansion of partnerships by providing services through the use of our mobile clinic into other areas of urban and rural Mississippi to provide COVID-19 education and vaccinations to those who are hesitant to receive the vaccination or do not have access. Our intention is to maintain the SBHCs we currently operate with a focus on sustainability so we can continue to meet the health care needs of the residents in our state.

Whom can we call for expert consultation if needed?

Our partnership is supported by a large, diverse group of individuals and the medical center who is the largest employer in Mississippi with multiple hospitals and clinics throughout the state. Furthermore, all nurse practitioners are required to practice under a collaborating agreement with a physician. Providers in each of our clinics can consult with other team members at UMMC or UMMC SON but each clinic has their own set of partners as well. Being a part of the UMMC and UMMC SON, we have unlimited access to other health care providers and resources to maintain the provision of quality health care.

What are the expected outcomes of the activity?

This partnership has produced multiple outcomes that have been measured throughout the years. Both long-term and short-term goals have been established with analysis of data yearly.

We continue to set goals yearly, which may be different from the previous years. However, we continue to have primary expectations in each clinic that includes:

- Increase the number of well-child (EPSDT) screens from previous year.
- Increase the number of acute/episodic visits from previous year.
- Decrease the number of Emergency Room visits from previous year.
- Increase the number of UMMC students from all disciplines who participate in interprofessional education in our clinics from previous year.
- Increase daily average attendance rate in schools served from previous year.
- Increase the use of telehealth in clinics.
- Increase the number of specialty services in our clinics.
- Increase the number of mental/behavioral health screenings in each clinic with referral if necessary.
- Increase the number of consents received from parents from previous year.
- Decrease the number of teenage pregnancies from the previous year.
- Decrease the number of sexually transmitted infections from the previous year.
- Increase the number of children who receive food from Mississippi Food Network from previous year.
- Increase revenue to reach sustainability each year.
- Increase outside funding for clinic operations.
- Increase the number of health education seminars from previous year.
- Disseminate findings at the local, state, regional, national and/or international levels yearly.

ENVIRONMENT

Time

Is this this right time for the partnership?

Mississippi's children face many unique challenges. They are more likely to be born at a low birth weight and to a teenage mother than their U.S. counterparts. By the time they reach high school graduation, Mississippi children are more likely to be obese, use tobacco, and be sexually active compared to other children in other states in our nation. In addition, health care is more difficult to access for Mississippi children. Also, children in MS are more likely to be born into poverty, be uninsured, or be on public health care assistance. Mississippi exceeds the national rate for underserved populations, health professional shortage areas, teen pregnancy and obesity.

The National Kids Count Program, a division of the Annie E. Casey Foundation, serves as a clearinghouse of data concerning the well-being of children in the United States. In 2015, the

Program assigned an “Overall Child Well-being Score” to each state. This score incorporated factors such as economic wellbeing, education, health, and family and community. The state of Mississippi received a rank of 50, earning the title “The Worst State to Be a Child.” The problems faced by children in Mississippi are compounded in the Mississippi Delta region, the state’s most rural and most medically underserved area. Furthermore, more than half of the children in the state live in rural areas, a circumstance that brings challenges of its own in ensuring adequate access to health care.

In Sharkey and Issaquena Counties where 3 of our clinics are located, which are positioned in the southwest portion of the Mississippi Delta, face some of the most staggering challenges regarding access to healthcare for children. Mississippi has the highest poverty rate in the country with 34% of children living below the Federal Poverty Level (FPL). In Sharkey and Issaquena Counties, those figures are even more staggering with 57.9% and 56.4% below the Federal Poverty Line, respectively. These counties are at the heart of one of the poorest areas in our nation. Poverty dictates a standard of living that diverts all income to the essential needs of food, clothing, and shelter; little resources are left for accessing health care for children. Well-child visits become a low priority, and care is often sought only in emergency situations. With these staggering statistics, the time was right to begin this partnership and continues to be the right time to expand and to be relentless on impacting the health and future of the children in our state.

What are the issues that will facilitate or impede the development of the partnership?

There are always issues that may facilitate or impede a partnership and we have experienced our fair share in the past of both. Through the 21-year history of our clinics, we have seen the good, the bad and the ugly.

Facilitations of development of partnership:

- Commitment of UMMC, UMMC SON, JPS, and SDS.
- Strong partnerships between all involved.
- Communities are engaged and committed to success of clinics.
- Parents, teachers, staff at schools are supportive of clinics.
- Faculty at the UMMC SON provide in-kind services.
- Enormous number of students who rotate through clinics feel the need to contribute to the clinics in future.
- Current funding helps with operations.

Challenges experienced:

- Funding and sustainability
- Never enough time to complete all tasks
- Overwhelming number of students who need further evaluation or treatment.

- The faculty who provides 'in-kind' time have other obligations at the UMMC SON, so gaps in care can occur.
- COVID-19 pandemic

What is the time commitment for the partners?

In the beginning of this partnership when UMMC SON had only one SBHC, the commitment was not as laborious as it is now. Advisory council meetings were held monthly after school which allowed plenty of time for relationships to be established and the clinic was open on a part time basis. However, there are 6 different SBHCs in two different school districts with different School Advisory Boards per school who meet on a monthly to quarterly basis. This can be difficult to manage because of timing and the inability of others to meet on a regular basis. This was especially difficult during the COVID-19 pandemic. The SBHCs are open during the school year and closed when schools are closed. Faculty who provide care 'in-kind' commit to one day a week. Workload units are assigned to clinic directors, so their teaching load is reduced to provide ample attention to the management of the clinics. The drive from Jackson, MS to the SBHCs located in the MS Delta is approximately 1 ½ hours and this is done 3 days a week by the clinic director of the MS Delta SBHCs and NP. Nevertheless, though the commitment is significant, the passion and desire to fulfill the duties is present by those who participate in this partnership.

Whose time will be required?

Time is required by the two clinic directors, NPs who staff the clinics, the support staff at each clinic, and the students who participate in the educational opportunities in this unique setting. Also, the Dean and Associate Dean of Practice and Partnerships at the UMMC SON review clinic budgets, revenue, and help with the human resources aspect of those hired to work in these clinics. Lastly, the physicians who provide care in our clinics spend a lot of time with these patients on and off-site.

When will the meetings be scheduled?

The original meetings began in May, 1998 and continued monthly as the original clinic was established. Currently, we schedule monthly to quarterly meetings, depending on any items that need to be addressed immediately or if any upcoming plans for community outreach or programs need to be organized. During the summer months of June and July, meetings are not held due to school being out and partners on vacation.

ENVIRONMENT

What space is required for the activity?

The original SBHC located at Johnson Elementary was located (and is still there today) in a transformed classroom. Renovations to the classroom occurred and two private examination rooms, combination triage/laboratory room, a storage room, a bathroom, a conference room, an office, and a reception area were constructed. The two other JPS schools had previous clinics

at one time years before the UMMC SON clinics evolved, so space was already available with some minor renovations necessary to create more adequate spacing for our needs. The SDSO clinics required renovations as well to accommodate our needs but clinics were created out of old classrooms as well. Currently, all clinics are fully-functioning with ample space to meet the needs of our patients.

What equipment and supplies are needed?

Our clinics are fully functioning medical homes for the children we serve. Each clinic is outfitted with examination tables, wall-mounted otoscopes/ophthalmoscopes, computers on each desk with telehealth capability, a laptop, scales, point of care testing materials and equipment, gowns, break room with refrigerator for clinic staff and UMMC students, medication refrigerator, AED, vital sign machines, lab supplies, over the counter medications, sample prescription medications, and other supplies that would be necessary to conduct safe and effective business.

What money is needed?

Due to the lack of Medicaid expansion in the state of Mississippi, the reimbursement for our patients is 32% of what is billed by the providers. Therefore, the sustainability of our SBHCs is difficult to achieve and outside funding is necessary for operations. We have a very cost-effective model that we have implemented in all clinics with NPs working during school hours which equates to 30 hours per week. NP faculty practice in-kind for the remaining time. Currently, we have funding from the Sisters of Mercy for our SDSO SBHCs and Mississippi Department of Education funds both elementary Jackson SBHCs and SDSO SBHCs. A 3-year grant from HRSA funds the Lanier Teen Wellness Clinic with some additional funding received from the Mississippi State Department of Health, Women's Foundation, and MS Food Network.

Where are we meeting?

Meetings with School Advisory Board members from Jackson, MS are held either at the school where the clinic is located or in a UMMC SON classroom. The SDSO Advisory Board meets in one of the schools where the clinics are located.

Where will we present outcomes?

Outcomes have and will continue to be presented at the local, state, regional, national, and international levels. Also, our outcomes, accomplishments, and future goals are presented to our partners every year in an open forum. This allows all who have a vested interest in our SBHCs to see the work that has been done and the work that will be done in the future. Our partners have the freedom to provide feedback and ask questions.

ENVIRONMENT

Regulation

What are the policies or regulatory issues that will impede or facilitate development of the partnership on both sides?

- MS State Legislature agrees to fund SBHCs every year.
- SBHCs have demonstrated success in our state which assists in continued funding of these clinics.
- Partners involved are bound to rules and regulations guided by their legal departments.
- Collaborative agreement must be in place before NPs can practice.
- Credentialing must be completed through UMMC before NPs can practice.
- Budget and financial constraints
- Unpredictable parental involvement and engagement in clinic activities
- COVID-19 pandemic
- Time

Context

How will the partnership be funded?

Our partnerships have been funded for the past 21 years through grant and foundation monies. The UMMC has a strong Office of Development with a lot of resources and connections who provide resources to our SBHCs. Patient revenue that is generated is placed back into our SBHC accounts and is used to pay for the salaries of our clinic staff. We continue to look for grant funding and our Associate Dean of Research assists us in identifying potential grants for our clinics.

What are the constraints of both partners?

The SBHCs located in both urban and rural areas of Mississippi, with some of the partnerships being in existence for 21 years, do not experience a lot of constraints. The constraint that does affect our partnership the most is the mandatory testing that all students are required to participate in. Testing can last for a month at some schools. During testing, children are not allowed to be seen in the clinics until after testing which is usually an hour before it is time for the students to go home for the day.

What history do the partners have with each other and each other's institutions?

Our history with JPS began over 21 years ago with the dream of being able to provide quality health care to the children in an elementary school by the establishment of a clinic. The partnership that began so many years ago continues today and has become more and more fruitful as we have expanded. The trust that has been established in these schools is invaluable and as we continue to put the needs of these children in these communities at the forefront, quality health care continues to be provided to all who seek care.

The history with our SDSA partners has been viable, breathing relationship that continues to grow as well. Relationships have been made and are there forever. Here, the history continues as well as we continue to provide what is a right for these children but a privilege for us to be able to serve those who are less fortunate.