

Establishing a College of Nursing Mobile Health Program to Address Health Inequities in Rural and Underserved Communities by Leveraging Community Partnerships

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Problem

- Socioeconomic disparities disproportionately affect rural communities, increasing morbidity and mortality.
- Siloed community organizations slow efficiency and negatively impact the population's health.
- Low health literacy rates and lack of individual resources present barriers to achieving optimal health.
- Fewer nurses are seeking employment in rural areas.

Background

- Data have revealed higher rates of uninsured and underinsured individuals in rural areas.
- Nationally, healthcare workforce shortages are more significant in rural areas.
- Specialty healthcare services are especially limited in rural areas.
- Rural areas offer limited access to public health services.
- Lack of transportation remains a barrier in access to care in rural areas.

Methods

- A team was formed to create a plan of action and improve access to healthcare, with the long-term goal being to improve health outcomes for rural communities in West TN.
- A community advisory council was formed for each county to determine the most common needs for each area.
- Rural clinical partnerships were developed to further understand the healthcare needs of rural residents.
- Specialty partnerships were assembled to address additional community needs.
- Clinical and social services were adjusted based on community needs.
- A rural mobile health education program was established to inform and prepare undergraduate and graduate nursing students to learn more about rural practice and healthcare services in a rural context.

Conceptual Framework

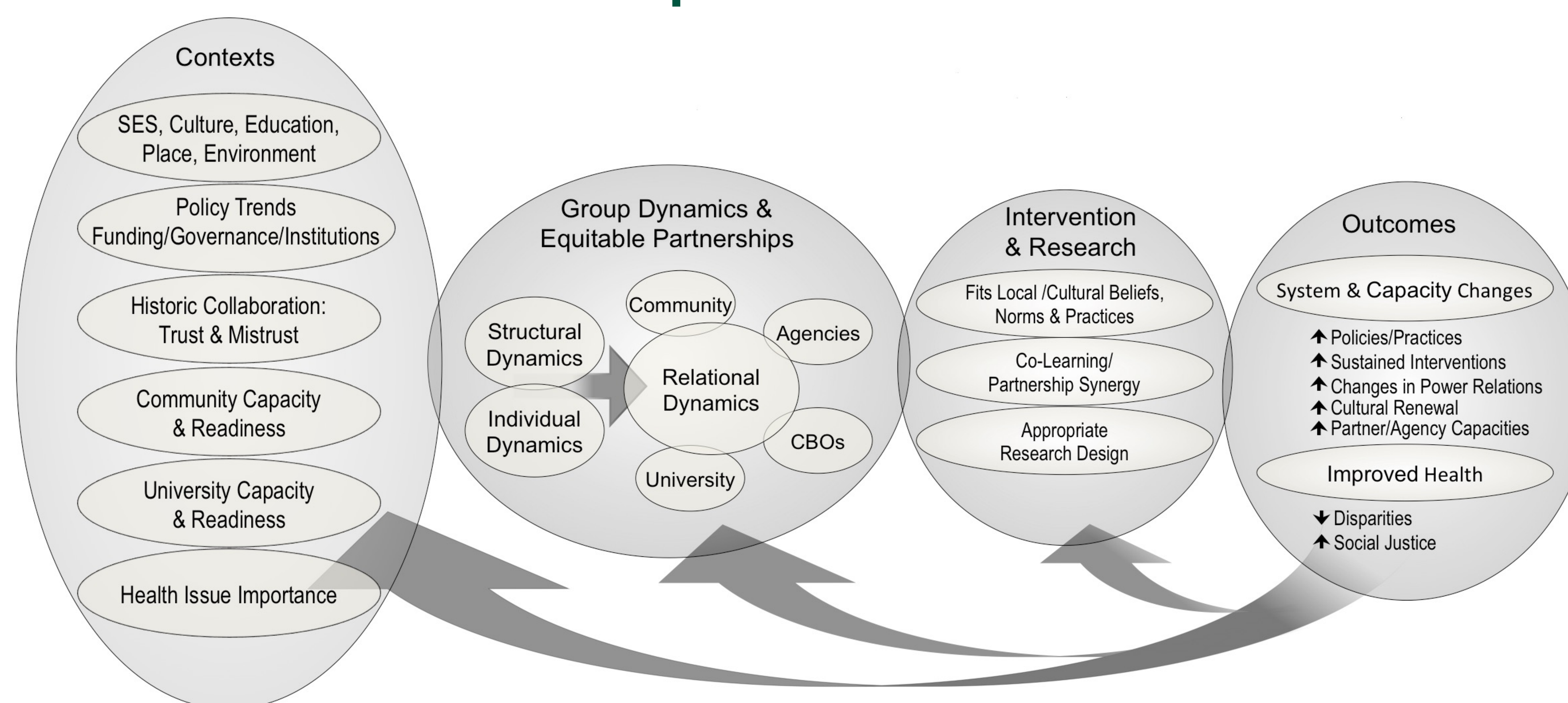


Figure 1. Community-Based Participatory Research Conceptual Model

Note. This model was adapted from: Wallerstein, Oetzel, Duran, Tafoya, Belone, Rae, "What Predicts Outcomes in CBPR," in *CBPR for Health from Process to Outcomes*, Minkler & Wallerstein (eds.) San Francisco: Jossey-Bass, 2008; and Wallerstein & Duran, CBPR contributions to intervention research: The intersection of science and practice to improve health equity, *Am. J. Public Health*; S1, 2010: 100, S40-S46.

Results & Conclusions

- Clinic and hospital partnerships were developed and created a plan to improve access to care.
- Local and community advocates successfully engaged in collaborative partnerships to develop trust.
- BSN and DNP nursing students were effectively deployed in the community, increasing their contact with and care of rural populations.

Implications for Improvement

- Improving access to healthcare in rural areas must be made a priority.
- Community trust can be improved through thoughtful, targeted partnerships.
- Power dynamics for current and future collaborations must shift to ensure genuine change.
- Introducing nursing students to opportunities for employment in rural areas will potentially increase the rural nursing workforce, creating greater access to care.
- Improving rural health outcomes across the lifespan will result in larger, farther-reaching benefits.

References

- Andermann, A. (2016). Taking action on the social determinants of health in clinical practice: A framework for health professionals. *Canadian Medical Association Journal*, 188(17-18). <https://doi.org/10.1503/cmaj.160177>
- National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on the Future of Nursing 2020–2030, Flaubert, J. L., Le Menestrel, S., Williams, D. R., & Wakefield, M. K. (Eds.). (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity*. National Academies Press (US). <https://doi.org/10.17226/25982>
- Saha, S. (2006). Improving literacy as a means to reducing health disparities. *Journal of General Internal Medicine*, 21(8), 893–895. <https://doi.org/10.1111/j.1525-1497.2006.00546.x>
- Wallerstein, N., Oetzel, J., Duran, B., Tafoya, G., Belone, L., Rae, R. CBPR: What predicts outcomes? In: Minkler M, Wallerstein N, eds. *Community-based participatory research for health*. 2nd. San Francisco, CA: Jossey Bass; 2008. pp. 371-92.

