Submission for poster presentation.

Abstract:
Background/Significance
This team research project is an evaluation of health outcomes for vulnerable populations. Funded in part by the UWM Office of Undergraduate Research (OUR), the study was done at an urban academic nurse managed health center with 4.0 FTEs professional and non-professional staff who provided primary health care and health promotion services to individuals, families, groups, and the community.

Purpose of the study/project
Objectives for this research are to describe the vulnerable populations served by this community nursing center (CNC) in individual client visits and to report on health outcomes for CNC clients for the 2012-2013 fiscal year.

Conceptual framework
The Lundeen Nursing Center Model, a nurse managed practice model with services that are comprehensive, collaborative, coordinated, culturally competent, continuous, community-based, and caring.

Sample Description/Population
Vulnerable populations including uninsured and under-insured adults, low-income African Americans, and adults with multiple chronic diseases with the mean age of 34.41 years old.

Setting
The Silver Spring Community Nursing Center, an urban academic nurse managed health center serving vulnerable populations in Milwaukee.

Method/Design & Procedure
Individual participant services were documented in an electronic health record, the Automated Community Health Information System (ACHIS), developed by the IUHP. The descriptive and outcome data were analyzed.

Results/Outcomes
- Clients’ knowledge showed statistically significant improvement even with an average of 6 visits, clients’ behavior reflect no change, and clients’ status showed a slight trend toward improvement after utilization of the CNC.
- Females were almost 3 times more likely to utilize this CNC for individual services than males.
- 4 of the top 5 problems identified during nurse visits included concerns related to HTN and DM – two major health disparities among African Americans, who are the primary race of the participants served.
- Participants were lacking health care; they were under (29.1%) or un-insured (36.3%).

Conclusions/Implications
- CNCs provide effective care as portrayed by the results and outcomes.
- CNCs are hard to sustain. Nursing interventions were mostly (94%) health teaching, guidance, counseling, case management, and surveillance, which are not third party reimbursable in our current health care system. Only 6% were treatment and procedures which are reimbursable by third party payers.
- Public policy recommendation: health care system reform needs to include reimbursement for nurse managed health center services.