
Providing Health Care in a School Setting: University of Hawaii's Nexus Team

A Case Study for the Accelerating
Interprofessional Community-
based Education and Practice
Program

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About This Nexus Project

The University of Hawaii at Mānoa (UHM) and the Sanford Dole Middle School applied the Nexus approach to reduce health-related student absenteeism while providing health professions students community-based, interprofessional, primary care practice experience. This collaboration, known as the Hawaii Interprofessional Education and Collaborative (HIPEC) Alliance, builds on the Keiki Healthy and Ready to Learn (Keiki) Program that provides school-based health clinics in schools across the state. The Keiki Program is a partnership that was established in 2014 between the UHM School of Nursing and Dental Hygiene and the Hawaii Department of Education (DOE - Hawaii's statewide public school system) to increase access to advanced practice nursing services to achieve student, school and system success by providing school-based health services.

Through the University of Hawaii, academic partners include the School of Nursing and Dental Hygiene, the Daniel K. Inouye College of pharmacy, and the John A. Burns School of Medicine. These institutions worked with their community partners at the Sanford Dole Middle School (see Exhibit 1). The goals of the HIPEC Alliance include:

1. Integration of IPEC Competencies and clinical experience with a highly disadvantaged urban population as essential components of the curricula for health professional graduate students;
2. Increasing community engagement with health care through middle school student involvement, greater parental oversight, and modeling health professions through participation in the Keiki Program's School Based Health Clinic IPECP; and
3. Improving the mental, oral, and nutritional health of children and decreasing chronic absenteeism by increasing the Keiki Program's SBHC services using an IPECP approach.

Exhibit 1. HIPEC Alliance Partners

| Partner | | Role |
|----------|---|---|
| Academic | University of Hawaii School of Nursing and Dental Hygiene | <ul style="list-style-type: none">• Nursing faculty provide clinical expertise; co-develop IPE curriculum.• Doctoral students and fellows engage in interprofessional learning and practice, including providing care to students at Sanford Dole Middle School. Dental hygiene post BS pediatric expanded function certificate and BS students joined the team in September 2018.• Graduate dietitian students joined the team in December 2018. |
| | University of Hawaii Daniel K. Inouye College of Pharmacy | <ul style="list-style-type: none">• Faculty provide clinical expertise; co-develop IPE curriculum.• Pharmacy students in their fourth and final year of rotation engage in interprofessional learning and practice, including providing care to students at Sanford Dole Middle School. |
| | University of Hawaii John A. Burns School of Medicine | <ul style="list-style-type: none">• Faculty provide clinical expertise; co-develop IPE curriculum.• Child/adolescent psychiatric fellows engage in interprofessional learning and practice, including providing care to students at Sanford Dole Middle School. |

Sanford Dole Middle School

- DOE funds the on-site APRN to operate the school based clinic and function as the preceptor for the University of Hawaii students
- School provides the school health assistant and physical facility (portable unit), equipment and supplies, utilities, and custodial services
- Teachers and counselors are members of the team, participate in team huddles, and communicate with the school APRN

The Hawaii Accelerating Initiative (HIPEC) implements an IPE practice model at a school-based health center at Sanford Dole Middle School to provide comprehensive services to students with complex health issues. The school is located in urban Honolulu and enrolls 800 students in grades 5 through 8. The student population includes a large percent of students from Native Hawaiian and Pacific Islander cultures including recent immigrants who come from medically underserved areas of the Pacific. Further, as a designated Title I school, all of the students are eligible for free breakfast and lunch, and 20% are English as a second language (ESL) students.

The majority of students live in housing projects and face extreme economic disadvantage which can negatively impact their health. The HIPEC program seeks to improve students' mental health, oral health, and nutrition to increase school attendance and learning. The Nexus team has clinic once per week except for the child-adolescent psychiatry fellows who attend the HIPEC clinic every other week. Both during and outside of the clinic sessions, the team works to develop strategies to improve access to care for the student at the school.

Students in the DNP Family Nurse Practitioner, Doctor of Clinical Pharmacy, post-BS pediatric certificate and undergraduate dental hygiene, and Child and Adolescent Psychiatry Fellows are fully integrated as part of the healthcare team with the school-based APRN. The HIPEC students evaluate the Dole student/patient under the supervision of the school's nurse practitioner. The HIPEC team huddles prior to beginning the clinical day and debrief after the clinic day has ended. The end result is recommendations that are made by the HIPEC team to the school nurse practitioner that can be incorporated into students' individual health plans, and are shared with the school faculty, students' families and students' health care providers. The HIPEC team uses a liaison model for facilitating access to resources recommended by the team members by working with the school staff, existing DOE programs, and community health services.

In addition to improving patient health outcomes, the Hawaii Nexus team is ensuring the education of the current and future health workforce by enhancing education of clinical preceptors in the IPEC Core Competencies. A preceptor orientation module was developed and tested in Fall 2018 that includes content on IPE practice competencies so this can be reinforced. IPEC Core Competencies are being integrated into the APRN nursing graduate education and throughout all levels of health professionals' education at the University of Hawaii.

Implementation Experiences

The HIPEC Alliance initiative yields insights relevant to Nexus projects broadly.

The Hawaii Nexus Team capitalized on an existing successful initiative by proving the value of IPE in a high-needs environment.

While the partnership with the Sanford Dole Middle School and UHM evolved out of the Accelerating Initiative grant, it built upon an existing state model of healthcare provision called the Hawaii Keiki: Healthy and Ready to Learn Program (Keiki

“Having this opportunity, with an interdisciplinary team, allows us to meet the kids' needs. And it's not just academic, because their primary needs have to be fulfilled before they're able to focus on academics.”

Program). This high priority DOE and UHM School of Nursing program was enhanced by the services provided at a school-based health center. The HIPEC team is demonstrating the benefits of the model to the State, the University health professions leadership, students and faculty, and to the Dole Middle School students, principal, and teachers.

In order to most effectively show how their work could benefit student patients, a middle school partner was specifically selected that had a high need for the intervention. As one UH academic partner described, "This community is fairly underserved and underprivileged community. So you have issues of kids sleeping on the floor, coming in with sores on their skin. Unless you ask the questions: how often is your family doing laundry? Where do you sleep? Are you on a bed? Are you on the floor? Are you sleeping outside? Unless you ask the questions, you can't figure out these issues." Similarly, a partner at the middle school spoke to how the IP team helped them problem solve issues of high-needs students:

"So for us, when we start to look at a child, it's almost like we're finding out the root cause [of issues] by having the opportunity to be able to have them introduced to their team of individuals. It helps us to really identify where we need to focus. Sometimes it's relative. What comes first, the chicken or the egg, right? Because healthcare does impact attendance."

Importantly, in addition to intervening in an educational space characterized by economic deprivation and high health needs, the Nexus Team also had to demonstrate a responsiveness to the *specific needs* that challenged their community partners. A nexus team member explained, "We respond to the needs of the population. Our team may not need the full group going to each complex [i.e., school]. We try to be sensitive to the needs of the students as we have been there and support the health team. The other people are a health assistant and medical assistant. They identify needs. We have evolved in terms of dental hygiene inclusion."

In particular, the Dole Middle School students struggle with issues related to mental health, oral health, and nutrition. For example, with over 50% of students experiencing obesity or being overweight, nutrition was addressed through a program called "Rethink Your Drink" designed to encourage students to drink water instead of sodas and juice. Similarly, UH partners expressed gratitude that dental hygiene students could benefit from this pediatric expertise and NPs and dental hygiene students "are getting well versed on integrating nutrition education." Finally, with respect to mental health, a Nexus Team member described how psychiatrists worked with the Dole Middle School students to address mental health issues as they arose by "teaching them about self-care" and linking behavioral health to future success.

In sum, the Hawaii Nexus Team coupled the Accelerating Initiative grant with an existing opportunity for community partnership through the Hawaii Keiki Program. They were then able to identify a high-needs community for an intervention and tailor their approach to clearly demonstrate the benefits for both middle school student patient health and the university students' learning.

Strong, innovative leadership allowed the initiative to overcome challenges and remain oriented towards the future.

The University of Hawaii initiative benefited from leadership at all levels who demonstrated a commitment to IPE and a willingness to take risks to advance the project. This was especially true of the Dole Middle School principal - a key community partner. One university representative spoke plainly on her approach:

"This is the first pilot in the community that is really solid. This is community based. And it's been so successful for the team and the school leadership and the DOE. It was an acceleration, I got to tell you. We weren't expecting to do this until a year or two later."

"The Principal is very committed to students and faculty in the community. She is a force to be reckoned with but doesn't interfere with us. She is supportive of the NP and other students. I've never heard a critical thing. As a leader she is among the students - not sitting in [her] office."

"This particular middle school though, this principal is very progressive. Not just in healthcare. I mean you look around the campus, you can see signs of building culture, of building camaraderie, of building responsibility that you may not necessarily see at another public school. She's very attentive and she's very invested."

It seems that in addition to partnering with a school characterized by a high degree of economic and healthcare needs, the middle school is led by a committed administrator. Speaking about the beginning of the initiative, one partner said, "the first challenge was finding a site with a principal who was *adventurous* and wanted to try it... If you want to try something she says – ok what do you need from me?" The principal was crucial for troubleshooting initial challenges. For instance, she found existing funds to renovate a space to allow for the examination of student patients.

However, while an adventurous community partner paves the way for smoother interprofessional collaboration, nothing would be possible without academic buy-in. On this front, one team member stated, "Interprofessional collaboration goes all the way to the top. The deans work really well together to benefit community. The project is a product of their collaborative relationship."

In particular, the school based health center resulted from one dean's existing relationship with the DOE. "She is the one who saw this and went to me to see how it could get done. She is very excited and looking at moving the model to other schools." Another dean was instrumental in securing funds for her department to pay for students' clinical work at the school:

"Without her support, I wouldn't be here. We got the grant and are talking about sustainability and she carved out a budget to allow me to continue to provide the services we're providing here. But a verbal and mental commitment that is manifesting here is very supportive. The horizon is so far away that I feel that I can solve some problems."

Academic community leaders can provide both social and financial support which aid problem solving and allow Nexus Team members to concentrate on expanding efforts without impending fear over an initiative's sustainability.

The Hawai'i team models successful collaboration by putting partnerships above the personal.

All members of the Hawai'i Hawaii Nexus team described their approach as open and enthusiastic. This positive stance allows them to be flexible and take problems in stride because they know they can rely on one another.

The defining feature of such a team is the ability to set aside ego to focus on partnership. To summarize the benefits of their approach, one team member described, "We work well as a team. We communicate very well. We are very good at assessing the needs of the patients we serve and are receptive to feedback with the goal of improving services and health outcomes." This skillful relationship building is possible due to the communal and creative focus of the team. For instance:

"No one on this team has a big ego. Especially with the attention we get. We laugh a lot and we model relaxation and humor for our students. That's the ambience and excitement we see: even down-times are creative. Students are working on a health video right now and are going to do

"This is really very close to my heart because I was raised professionally like this and I work professionally like this. The opportunity to expand it as a dean is very important to me."

"We did it because we're competent and interprofessional as well. We could start a clinic on the moon!"

these every few weeks. You don't think about that with a clinic, but that's the kind of innovation and energy the team has!"

Setting aside egos also means going beyond the insular focus on developing a single, siloed health profession. In fact, many team members pointed to breaking down professional barriers as a pathway to problem solving. "It was really cool for me personally, and for the students, to come in where there is no model or template available. You know what you're supposed to do in your discipline, but we could work together and create something when there was nothing." Additionally, as health professionals work outside of their traditional scopes, they gain knowledge and a vocabulary from the other fields:

"Each profession has their own areas of expertise, but what I think is very successful when you do work in teams is you start to gain some skill level in someone else's field. Not enough to do the job, but certainly to have an appreciation of the skill set and what that person can do, so when you do see a problem, you know how to refer it. Pharmacists may not have a lot of training in say, adolescent psychiatric issues. They may understand medications that are given in adolescence but they may not actually see it in life because they're just dealing with the medications."

Finally, the Hawaii Nexus Team credited the unique nature of the clients (middle school children) with their successful orientation to the HIPEC work. "They [health professions pharmacy students] can't get this elsewhere because other sites are hospital based. They're my kids! We want to make sure they have a viable clinical [option]. We partner with other professionals – educational colleagues, behavioral health, and teachers. They have access to kids and eyes on the ground and in the trenches. They do a wonderful job selling us to the kids." Working with children was a positive experience for the team members which increased their dedication. This dedication in turn benefited the school. One community partner noted how the APRN was widely appreciated and had become an important part of the school culture.

IPEC work in a novel setting (middle school) demonstrates additional community benefits beyond health, such as professional development.

As was described in the last section, the University of Hawaii partnering with Sanford Dole Middle school created unique benefits due to characteristics of the young patients. Child patients present a unique opportunity to turn around existing health disparities before they deepen over time. For instance, one team member described, "What I think is important is a lot of the data these days about how you affect wellness in an adult really has to start in the childhood years, in the formative years." The key intervention then becomes that youth are learning along with the university students:

"If you educate them and get them on the right track, then they're more successful as they advance through adolescence and early adult years and into adulthood. I think that's it been a hallmark example of where we might want to shift our resources and our attention."

In addition to the added health benefits of early intervention, the unique learning environment offered unforeseen non-health benefits. This sentiment was well-captured by the nurse practitioner who stated:

"The thing that is most important to me is when one of our middle schoolers walks in and says 'Where are your people at?' they have come to thoroughly enjoy all these healthcare role models – young students who are successful but look like them and sound like them. We concentrate a lot on what college students are gaining, but to me it's about what middle

"If I show a student how to do blood pressure, the middle schooler is enthralled and wants to learn along with us. They miss [the UH students] when they're not here. 'Is college expensive?' is a big question. It's been wonderful."

schoolers are gaining. Every interaction has been positive.”

For this initiative, “student learning” captures two distinct sets of learners at different phases of their life courses. The university student role-modeled professional behavior and health expertise to middle school students not unlike their past selves. In fact, some who participated in this clinical rotation came from the community and wanted to give back to it. “I think it gives them confidence that, ‘Hey, I came from this neighborhood and look where I’m at. I can do this!’ And it really inspires them to be a compassionate healthcare professional.”

Modeling career paths for the middle schoolers took many forms during “career days” where students were given an opportunity to practice alongside the health professional students. One day pharmacists brought in trays to let the students count pills. On another occasion the dental hygienist did an informational session on flossing: “They had innovative ways to teach how to floss. Using rope and pretending the students are teeth and flossing between them with the rope.” These innovative approaches capture the energy and the spirit of the Hawaii Nexus Team in addition to showing the promise of using interprofessional care to model health in novel environments.

Emerging Results

At a little over a year since HIPEC started participating at the school based health center, it is too soon to see impact on educational or health-related outcomes. Although complete outcomes will take time to compile, early results regarding UH and middle school student outcomes are encouraging (Exhibit 2).

Exhibit 2. HIPEC Alliance: Emerging results

| Type of Result | Preliminary Change | Description |
|---|---|---|
| University of Hawaii student gains | <ul style="list-style-type: none"> Exposure to interprofessional concepts and exposure to adolescent population Experience with high-needs population and social determinants of health Breaking down professional silos to increase problem-solving | <ul style="list-style-type: none"> The Nexus Team Works alongside school faculty and other students to problem-solve treatment plans. "Interprofessional education is now part of the school system. Students educate each other and faculty just making sure that do everyone is doing the right thing." Testimonial evidence from the students conveys a strong understanding of how social and economic conditions shape health needs: "Some of the stories they tell me of, 'wow, you're not just talking about getting them three meals, they don't have the money to do laundry. You've got a number of multi-generational families living in a small space. Issues of domestic violence, of food safety are very high. And so, it's not a typical pediatric clinic that you're working at. You're dealing with a lot of psychosocial issues that then infringe upon health." There is strong evidence of inter-disciplinary learning and an understanding of the added value of diverse approaches. "Many rotation sites become siloed for a bit, but this is truly collaborative with nursing, psychiatry, pharmacy, school staff, and dental hygiene!" |
| Middle school students | <ul style="list-style-type: none"> Decreased absenteeism Increased access to behavioral health services Exposure to careers in health care | <p>Data from September to December 2017 versus January to April 2018, show an increased percentage of students returning to class, i.e., 84% vs. 91% respectively. A total of 116 students were seen between January 2018 and April 2018 with 105 (91%) of students returning to class and 11 (9%) sent home. "We have a kid who hadn't been to school for two years! And [used our services] a month or two ago, and boom. Now he's there."</p> <ul style="list-style-type: none"> Compared to the academic year 2016-2017, in the short time since the implementation there is clear evidence of access to behavioral health and clinical pharmacy consultations during the academic year 2017-2018 as a result of the new practice model with 9 mental health consults and 40 pharmacy consults providing access to services previously unavailable. Career Days allow health professional students to showcase their skills and develop activities to engage middle schoolers in the work. Middle Schoolers learn about the health professions and aspire to follow in their footsteps. A new class called Service Learning will expand upon this model. "Hopefully, if this partnership will still be coming to the classroom, they can come in and talk to our kids about future careers, and the types of education that they need to be able to accomplish that." |

Sustainability

The future of the University of Hawaii's Nexus project demonstrates strong commitment from leadership at DOE and the health professions schools; plans for expanding services to additional schools; and the pursuit of alternative funding following the completion of the funded project. In general, most nexus team members were confident the project would be sustainable, but they indicated these were three areas to watch in determining whether the model could be expanded.

Strong commitment from leadership will support sustainability.

While much uncertainty remains around *how* the Hawaii Nexus project will be sustained and what new forms it might take, one of the essential ingredients for sustainability is present: a firm commitment from leadership on both the community and academic sides. As one Nexus team member noted, "There has been buy-in from the University deans of nursing and dental hygiene, pharmacy, medicine, and state Department of Education. I see this continuing. Not just visits, but shifting how people feel about themselves that they feel that they're cared for. Sustainability is a challenge, but there is commitment from the Department of Education." Importantly, this comment notes both strong leadership support for the initiative and shifting community perceptions, which indicate how valuable the intervention has become.

There is no stronger evidence of how much the community values this work than the voices of community leadership:

"If at any point in time that we did lose the money, or our funding, then we would try to find alternative funding. Because I believe that this has really helped our kids in our community to get the necessary healthcare that they need. Not just healthcare, dental, vision, all of that. I believe strongly in it. So strongly that if it came to that point, that we couldn't have it, then I would look for other grants that would help us to continue the program."

Similarly, culture and policy changes within the University of Hawaii are responding to the success of interprofessional education and collaboration. One member of the College of Pharmacy explained:

"There is a movement to create interprofessional curriculum among the healthcare colleges. So, the deans have gotten together and created ...a designated a work force, a task force that really is meant to create and implement didactic interprofessional training as well as clinical site experiential training."

In a related development, their College also named a director of interprofessional education in the same year the middle school project began. Although these advances are not attributable to the Accelerating Initiative grant work alone, they are part of a pattern of indicators that show the academic system is ready to continue supporting this kind of work.

Plans are underway to expand to new schools, include more health disciplines, and add more services.

Policy changes are also evident among community partners. The HIPEC program will be expanded to include a local high school this fall. The principal at the neighboring high school is funding an APRN out of his own budget to implement the program and the partnership. To quote one Nexus team member, "We have become the thing that everyone is jealous of! Principals visited and said, 'how can we get this at our school?' We're the feeder school for this high school where we might expand. There is an NP there. So, the kids will have same resources available at high school."

In addition to expanding to new schools, there are plans underway to expand the types of services provided within the middle school:

"I would see it expanded to include staff, but there's a lot of interest in school health centers available in after hours and having billable services. That's a dean level [issue] – it won't happen tomorrow, but I want it to be

part of the growth of particular pilot. Include staff, counselors, and parents. [We'll] also need involvement of the Department of Health."

As the above quotation illustrates, achieving these innovations requires collaboration from multiple players across levels of state and university partnerships. Some of the other future plans the UH Nexus Team mentioned include: Expansion of the model to other school based health centers in Hawai'i, working with the medical school HOME Project to provide care to the homeless, expanding oral health services in school-based health centers to include the application of dental sealants (to prevent caries), and exploring telehealth/teledentistry to further expand services to more school-based health centers. These initiatives require coordination and funding from community partners and stakeholders, but are also recognized as being urgently needed due to a lack of providers in the State.

Additional resources will be an ongoing issue despite recent HIPEC grants and Keiki program support.

The Hawaii Nexus Team has secured and leveraged additional resources to support their work with the program and build upon it. A Department of Labor grant obtained by a faculty from the School of Nursing and Dental Hygiene enabled the team to participate in a developing a preceptor training program that is being used with SON faculty and will be rolled out broadly to all APRN primary care preceptors in the future. A five-year HRSA grant awarded to another SONDH faculty has enabled the team to bring in dental hygiene students and, in the future, pediatric dental residents to the team. Currently in the second year of the five-year grant, part of the grant enabled the team to purchase a mobile dental unit that is now being used onsite at Dole Middle School's health center. Importantly, the team feels trends in grant-making are in their favor:

"We certainly always seek any type of innovation and scholarship, really try to always include one or two other professions in any of our grant submissions now. And that's what extramural funders want to see. They want to see interprofessional collaboration. The individual funding of a sole researcher is getting very quickly outdated. So, some of our faculty are very aware of that and willing to participate in team efforts."

The team has worked with other University of Hawaii faculty and some professional organizations to obtain equipment and access to some medication delivery services to improve care for Dole Middle School patients. Moving forward, the knowledge and support of HIPEC Alliance Model by the University's health professions leadership (i.e., SONDH Dean and Deans of other health professions colleges and departments) can help to increase funding by the state through partnerships with DOE and DOH as well as others. In addition, the Hawaii Action Coalition can continue to support the initiatives for IPE education and models of care by disseminating results of the HIPEC Alliance Model to nursing professionals and educators, which can possibly lead to funding from foundations and other stakeholders. The success of the HIPEC Alliance pilot has been critical to demonstrate the benefits of an interprofessional collaborative practice approach to providing services to extremely vulnerable children with complex health, social and economic challenges.

What the HIPEC Alliance Teaches Us

Takeaways and partners' advice from the University of Hawaii initiative are instructive for other interprofessional efforts.

Bold leadership is an essential component of Nexus Team success.

One of the defining features of the HIPEC Alliance is the strong commitment from leadership among both academic and community partners. Beyond this initial buy-in to the program mission however, leaders on the Hawaii Nexus Team were willing to take risks for the sake of the project work. Their bold approach was appreciated by team members and strengthened the chance of project success. As one team member put it, "You know, it truly makes a difference - the person that is here and is running, working with all of the people. I really believe strongly in the collaboration."

The impressive work of the Sanford Dole Middle School principal was highlighted earlier as a prime example of strong leadership, and this characterization is also true of the project NP. "It is the people that make the program. And [the NP] has done a fabulous job with collaboration and working with the school. Our teachers love her. Our kids love her. It's just been a blessing for us to even have this opportunity." It was the NP's dedication and the ease with which she put herself fully on the line to serve the local community that built strong team relationships. This model of a bold, committed approach to leadership should inform future interprofessional work.

Open, collaborative teams create both learning opportunities and solutions to overcoming work challenges.

Although leaders play an important role in shaping morale, each team member contributes to defining Nexus culture. For the HIPEC Alliance, it was evident that not all team members undertook the work with substantial experience in interprofessional practice. For example, one team member explained:

"Much of the model we have is inpatient based, but there the concept of IPE wasn't taught as a major goal. It's consultative or delegation to other disciplines. I didn't realize that so much. That we were lacking that exposure and training... it was eye opening for me. It broadened our professional perspectives to see opportunities for reaching kids and expanding services and getting out there to delivery services to a broader population. Working with the team has been a complete shift in how we get things done. We have partners to collaborate with and don't have to run the show ourselves."

This evolution in the understanding of interprofessional work as a more collaborative and less top-down process is common for newcomers to the approach. Importantly, beyond just providing a teachable moment on how team dynamics could be different, interprofessional collaboration with a truly open style helps in solving challenges that come up in the work. Another team member noted, "I think we evolved from working together and playing off each other to seeing new problems and moving together as a team to solve them. From the pharmacy perspective, access to medication is difficult to tackle, but we can find a means as a team to provide meds to students."

Non-traditional healthcare settings could be a model for future healthcare innovation.

Perhaps one of the most unique features of the HIPEC Alliance site is related to their program placement rather than their personnel: undertaking healthcare work

in an educational setting with young patients provides distinct benefits to both university and middle school students. For the university students, they gain experience with a population facing unique challenges to hone their healthcare delivery prowess. For the middle school students, they gain knowledge of potential career pathways in health care and see how “people like them” could lead successful, service-based lives.

When asked about the main goals this program had for students, collaborators often spoke of both of these groups in a single breath. One academic partner said, “The final thing I would like to see them [the university students] do is to be role models for these middle school children.” By role-modeling, healthcare workers learn to act professionally and pass on their interest in the field. The partner continued:

“On the side of the middle school kids, obviously they're getting some great healthcare. But I think they see this model and I think for some of them, it might intrigue them to consider, ‘Well maybe I can do this. Maybe I'd like to be a nurse or a pharmacist or go into medicine. This is how I was treated and I liked it because it helped me.’”

Just as the Hawaii Nexus team observes the life changing potential of their work, the benefits of interprofessional collaboration in non-traditional settings can also serve as a model for other programs to pursue new avenues for bringing healthcare workers together to address high need populations.



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