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## FEATURES

### Nursing: For the People

Nurse-run clinics offer hope to nation's tired, poor and uninsured.

By Joan Fox Rose, MA, RN

Posted on: August 5, 2009

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A small woman recently arrived in the U.S. from Vietnam enters a North Carolina clinic accompanied by her young daughter and approaches the client sign-in desk.

"My Mom doesn't feel good, but she can't tell you because she doesn't speak English," the girl tells an admissions clerk. "She needs to get better."

After patiently waiting their turn, an admissions nurse escorts the pair into a small cubicle, assisting Mom onto a stretcher and bringing in a chair for her daughter.

Consulting an admissions checklist, the nurse began to question Mom about her health problems as the girl translated her answers. When the health history was completed and vital signs recorded, the nurse turned toward the girl.

"You've come to right place," she said with a smile.

#### National Impact

Nationally, nurse-managed centers have cut down on emergency department visits and hospital admissions and reducing healthcare costs, according to the [National Nursing Centers Consortium](#), says about 250 nurse-managed health centers are located throughout the U.S.

A 2006-2007 survey conducted by the [Institute for Nursing Centers National Data Warehouse](#) found 37 percent of nurse-managed health centers are in the South and 79 percent are university owned.

Nurse-practitioners, primarily employed by university schools of nursing, manage these centers while working collaboratively with physicians, dentists, clinical nurse specialists and other healthcare providers and community agencies. Funded by federal and state funds and corporate grants, these centers provide primary, nonemergent-care services that vary according to the healthcare needs of the communities served.

Among those treated are people of low income who cannot afford health insurance costs, the underinsured, homeless people, and those who've emigrated to the U.S. without financial resources or English skills. The promotion of disease prevention and wellness are universal clinic goals, health teaching being central to care delivery systems.

#### In the Public Interest

In addition to university-sponsored, community-based nurse-managed centers, are others run by public health nurses (PHN). They operate under the direction of state and local health departments and are funded through state/federal and county government grants.

PHNs assess individual's health problems to determine how these issues might impact on families and communities. They evaluate causes and effects and determine what interventions need to be taken to minimize them.

PHNs also provide care services at community recreation and senior centers, churches and other locally approved community sites where they keep the public informed about disease prevention, control of communicable diseases and environmental health hazards.

Staff at PHN-managed centers interact with clients who come from different cultures, new émigrés with language barriers, and people with behavioral problems. Some are drug abusers, others are alcoholics. They interact with people who have entitlement issues, and others who may need attitude adjustments.

#### Tale of Two Centers

Two University of Wisconsin-Milwaukee affiliated nurse-managed centers, [Silver Spring Community Nursing Center](#) and the [House of Peace Community Nursing Center](#), are located in urban Milwaukee and provide care

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for culturally diverse communities, young families and mature adults. Together these centers provide care to 10,000 people per year.

Silver Spring is located at the largest subsidized housing center in the state, which includes a daycare, an elementary and middle-school, plus a large youth recreation program. Services are geared to young families. Immunization programs, wellness care for infants, children, and teens and prevention of teen pregnancy counseling are some services provided.

House of Peace, located within Milwaukee's city center, focuses on chronic diseases like cancer, hypertension or diabetes, which may affect mature people of African-American and Laotian descent. Those at risk are identified and counseled through individual and group teaching sessions where issues like medication management and enrollment in prescription programs designed to cut costs for medications may be discussed. Telephone consultations are implemented for those unable to self-manage their health conditions and nurse callers counsel patients by pointing out better personal management strategies.

"Some people with hypertension are noncompliant, because when their blood pressure is lowered and they are feeling better, they think it's OK to discontinue taking medications," said Jean Bell-Calvin, MS, PHCNS-BC, a public health clinical nurse specialist and director at Silver Spring. "Through telephone consultations, we emphasize the cause and effects of hypertension and reinforce information to show people why continuing to take their medications is important for them."

#### Nursing: For the People

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