52 WEEKS IN THE LIFE OF
A COMMUNITY HEALTH CENTER NURSE
The National Association of Community Health Centers (NACHC) was pleased to celebrate the Year of the Nurse 2020 alongside the World Health Organization. According to 2019 Uniform Data System data, there are more than 30,000 Advanced Practice Registered Nurses (APRNs), Registered Nurses (RNs), and Licensed Practical Nurses (LPNs/LVNs) in the community health center workforce.

As one piece of its yearlong celebration of this critical workforce, NACHC committed to telling the stories of 52 nurses—one for each week of the year. NACHC reached out to the community health center field to solicit nominations for nurses to spotlight. And the field responded in abundance—over 150 nominations from 36 states. Some of these were self-nominations and many were from colleagues eager to see their beloved co-worker honored in this special way. Throughout 2020, NACHC interviewed nurses, collected stories, and highlighted individual nurses, groups of nurses, and specific nursing roles to show their contributions to health centers and their communities. NACHC featured these stories on the NACHC web site and promoted them through NACHC social media.

What follows is a compendium of 52 different nursing stories that bring to life an overarching theme of “Nurses Leading with Care” as well as related monthly subthemes. And in keeping with a year that was unique in expected ways, this compilation includes a bonus section devoted to nurses stepping up to meet challenges presented by the COVID-19 pandemic.

NACHC already knew that community health center nurses play a vital role in patient care. But you’ll read here the depth and breadth of what these health center nurses do each day at health centers, Primary Care Associations, and Health Center Controlled Networks. Congratulations to all of the nurses featured and sincere thanks to those who took the time and care to nominate them. And while not possible to share the story of each of the 30,000 nurses in the health center workforce, there is no doubt that their impact on patients and communities around the country is also worth celebrating.
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A Day in the Life of a Nurse Care Manager

A typical day for Nurse Care Manager Charlotte Ficklin starts with an early morning huddle with clinical and front-office staff. “We talk about anything going on that day.” And then Charlotte spends the majority of her day planning for the next. “I take all the specialities at our clinics and make a list of patients and I look into their chart, see if they need any preventative care, any prostate screenings, mammograms, and make a list of that for the providers. For those patients who are visually or hearing impaired, I arrange an interpreter.” Charlotte also coordinates her health center’s quality assurance efforts and oversees any maintenance issues. And if nurses call in sick, she steps in and provides direct care. Charlotte likes that she gets to do more than care management and says that is what makes her role unique. But when it comes to what brings her the most joy about her role, Charlotte is very clear:

“Definitely working with those challenging patients. We have many patients who are diligent about coming in twice a year and being compliant with their medications. But we also have a handful of patients who are more challenging, and when you finally have that one patient get his A1c under control, or stay on top of his diabetes care plan, it is so rewarding.”

Charlotte remembers one patient in particular:

“When I first started working here, I had a 62 year-old female patient, who couldn’t read very well, was very uneducated, and she had never had a mammogram and I knew she was 22 years overdue. She’d come in and say, ‘Oh Ms. Charlotte, I’m too busy,’ and I’d go over every time why she should get one. Finally one day she came in and said, ‘I’m going to get my mammogram for you, Ms. Charlotte. Only because of you.’ And a few months went by and she came back to the clinic to see me and she hugged me, and she told me—and I will never forget this—She said, ‘What you did for me, it saved my life, because I had breast cancer. If I had not listened to all those things you had told me, I would not be alive. Every time you would tell me something, and I thank you for that.’ And that was the first time I really, really felt like I was truly helping someone. It was very impactful and it truly sticks with me for each patient I care for.”

And for anyone interested in doing this kind of nursing, Charlotte passes along this wisdom born of experience:

“Just know that you’re going to have challenges, and just to stick through it, because I’ve never had a more rewarding job. And for those who are currently practicing, I would say, never stop listening to your patients. We learn so much from our patients.”
When you meet Katrina Nguyen, you can immediately tell that caring for others is in her DNA.

“I love being able to get to know people,” says Katrina, a registered nurse at Community Medical Centers’ Vacaville location. “I love being able to understand them. In the clinic setting, nurses are afforded more time than providers are to really be able to sit down and get to what is the concern. Patients open up and say, ‘Well, I didn’t have transportation,’ or, ‘I didn’t have anybody to translate for me,’ or, ‘Can you explain it more for me?’”

When Vacaville center manager Bill Byrnes was looking to fill a nursing vacancy five years ago, Katrina was the first—and only—candidate he interviewed.

“I've known from Day One she was perfect for CMC,” Byrnes says. “I instantly knew she was the right person.”

Katrina knew she wanted to be a doctor or work in the medical profession from the time she was a young child growing up in nearby Fairfield. But there were hurdles along the way.

After a rocky junior year of high school, Katrina thrived in an independent study program, got her diploma early, and enlisted in the United States Army. She was only 17.

“Going into the military provided structure, a source of independence and also a source of education,” she says.

Her Army stint took her to South Carolina, Texas, Washington state, and Virginia. By the time she was 19, she was a licensed vocational nurse.

Katrina was 22 and serving in the National Guard in South Carolina when she received the shattering news that her two younger brothers had been murdered by a gang member who mistook them for members of a rival gang.

Within months, Katrina moved back to California, where she was hired in 2007 to work at a day program for adults with developmental disabilities. Meanwhile, she continued her training, earning her license as a registered nurse in 2011.

Stymied by a tight job market, Katrina took a job as a patient care technician at Kaiser Permanente. She worked for Kaiser for 2½ years before her impressive Vacaville job interview landed her at Community Medical Centers, where she launched her career as a registered nurse.

“Looking back, I wouldn’t change a thing. Now I can see how my path has brought me to CMC,” she said. “I've seen how sometimes things don’t work out how you think they will or how you want them to initially, but then when you look back you can see how it all comes together. It worked out exactly like it should have.”

In the years since her hiring in Vacaville, Katrina “basically developed” CMC’s intensive outpatient case management program, according to Byrnes. She has led the program since 2017.

“In community health, primary care is in one building, specialists are somewhere else, and the lab is elsewhere,”
Katrina says, “It can get very confusing for patients, especially when they have multiple chronic conditions, multiple specialists.

“Sometimes patients are homeless. Sometimes they need transportation, or we have to get them to do prep before a procedure. We walk people through the process.”

Even in her free time, Katrina thinks of others, providing medical aid on mission trips to Mexico, Panama, Uganda and Kenya. In Mexico, Katrina sat for hours beside a woman whose baby was stillborn, even though she speaks little Spanish and the woman spoke no English. “Mi angel,” the woman called Katrina afterward.

This is an especially significant year for Katrina. She will soon complete her training as a nurse practitioner, and she says she is eager to be able to do even more for her patients in her new role.

“I’ll be a stronger part of the treatment plan and I’m excited about being able to do that, being able to partner with the patient in a role that allows for a little more autonomy and shared decision-making,” she says.

“I think given all of my experiences, I will be able to better understand where my patients are coming from, and maybe help them a little bit more.”

Ginger Manss, CMC’s Chief Nursing Officer, says Katrina is ideally suited to work at Community Medical Centers.

“Katrina is one of those nurses who has the heart and the passion for community health care,” Manss says. “She will just go to the ends of the Earth for her patients. She has such a lovely heart. I just feel extremely honored to work with her.”

Submitted by Roger Phillips, Communications Manager, Community Medical Centers

Persistence Pays Off

Erin Raftery credits her current position to her organization’s involvement with NACHC. When her organization participated in the ELEVATE program, convened by NACHC’s Quality Center, they identified a need for a clinical care manager. Erin had been working in a variety of different settings before EIHC—a pediatric ICU, hospital quality department and then as a health coach with a wellness company. When she learned of the care manager position at EIHC, which was newly created, and aligned with her personal and professional mission and values, she states “this is why I went into nursing.” She has held this role for 3 years and developed it throughout that time.

A typical day for Erin includes care managing a panel of patients. This involves troubleshooting medical related logistics—transport, appointments, and follow-up. Erin also has a panel of patients that she health coaches on a variety of topics including weight management, tobacco cessation, and diabetes control. She also works with her team on advanced care planning, which involves anticipating the needs of patients coming into the clinic in the near future and planning for that.

Besides patient care, Erin sits on several committees and attends meetings, including meetings related to quality, diabetes and the social determinants of health, a state-side innovation model group, and the Iowa PCA
Care Management Working Group. She is also involved in a breast and cervical cancer screening navigation program.

One of the distinct contributions that Erin has made to patients in her community is the development of a diabetic logbook. Erin recalls that many of the patients she either care-managed or coached would be released from the hospital with a laborious diabetic logbook that was not easy to use and asked for confusing information. After developing her own tool and iterating on it several times, with patient input, Erin and her team created a streamlined logbook that was part of an educational resource packet for patients at any stage in their diabetic journey. Bright green and simple to use, the notebook has now been adopted outside of the health center. Local area hospitals and other health centers are using it with their patients as well.

Erin shares with her fellow nurses the following advice:

“Have a curious mind and be an innovator and leader (even if not in a “leadership” position). Think outside the box. As there are not always resources available, be resourceful with what you have. Sometimes patients will make only small movements and be OK with that. Take the wins with what they are. Persistence pays off in this role”

We celebrate Erin and her colleagues at EIHC, as she is one of the many “Nurses Leading with Care.”
Women’s Health Hero

Sheila Kennedy of Southside Community Health Services began her contributions to families and communities before she was a midwife. Her desire to help her community and travel led her to volunteering and teaching both locally and in Central America. When she decided to go into medicine, she chose nursing because she saw it as a way to continue that love of teaching, especially in the field of women’s health. Sheila shares that her patients bring her joy when she sees women taking control of their own health and making changes to make themselves feel better both physically and mentally.

Sheila’s advice to someone looking to get into midwifery or community health is to get as much exposure to their community as possible. Tutoring and handing out meals, for example, can lead to remarkable understanding about the community and offers opportunities for building strong ties.

To learn more about how Sheila is “Leading with Care” through her work on preventing cervical cancer, read the NACHC blog below.

Cervical Cancer Awareness Month

As the month of January comes to a close, we’re thinking about women’s health and the value of preventive screenings and vaccinations. Nearly 13,000 women in the United States are diagnosed with cervical cancer each year, but the disease is preventable with vaccination and a Pap smear screening. According to the most recent data available (2018) 1.8 million women received a pap screen at a Community Health Center.

Accessing vaccinations and screenings are typically difficult for impoverished and disenfranchised people, which is why there are places like Southside Community Health Services in Minneapolis, MN. The health center has one of the highest cervical cancer screening rates in the state, despite serving a patient population of largely low-income, uninsured patients, the majority of whom are immigrants and refugees. There are interpreters on staff for patients, but the universal language spoken within the health center’s walls is trust. Every patient is treated with dignity and respect and staff work hard to ensure patients understand why preventive screenings are so vital to their health.

“When most women know they are supposed to get cervical cancer screening, the majority do not know what it is checking for, and even fewer women know what HPV is,” says Sheila Kennedy, a Nurse Midwife at Southside Community Health. “I ask my patients, ‘Would you like me to tell you more about Pap smears?’ They are usually quite engaged. I show patients how a speculum works, I let them feel the brush that will be used during the Pap smear. I love outreach and education, and trust that if women are provided with the knowledge and tools, they will make the best decisions for their health and their bodies.”

To boost cervical cancer screening rates, the health center also pays keen attention to the date of a patient’s last Pap smear, even if they are coming in for some other ailment, such as a sore throat. Staff are especially focused...
on identifying women who have not had a cervical cancer screening in many years. “We look at their chart and ask them to return within two weeks for an annual and Pap,” says Kennedy. “And, since I give them that brief information on what the screening is and the importance of it, nearly everyone returns.”

Kennedy hits on an important point—that women often don't realize how cervical cancer is a serious health risk and a simple Pap smear can save their life. Part of the problem is the sensitive topic of reproductive health.

“One of the challenges I've noticed with the specific patient population at Southside is that many of them are very hesitant to talk about reproductive health. There are a lot of references to 'down there.' I try to normalize talking about one's body, and even put a positive spin on it if I can. Just yesterday I saw a patient who came in to see me because she was worried that she had an ovarian cyst and wanted a Pap smear to find out. Her partner was with her. We had a lovely discussion about women's reproductive organs, and when we would want to do specific tests or images. They asked great questions and were so appreciative. At the end of the visit, the patient said, 'I'm going to send all my friends to talk with you so they can learn about this too!' And I hope they come!”

All women are at risk for cervical cancer but it most often occurs in women over age 30, according to the Centers for Disease Control and Prevention. The risks for cervical cancer include certain types of human papillomavirus (HPV) and now there's a vaccine for it. Kennedy says there is a state program that makes it easier for parents to vaccinate their children against HPV, but it's not easy to come by. “The HPV vaccine is quite expensive and is not covered by any discount for people over the age of 18.”

Cervical cancer is highly preventable in most Western countries because screening tests and a vaccine to prevent HPV infections are available. If cervical cancer is detected early, it can be highly treatable and associated with long survival and good quality of life. The idea that saving a life can be as simple as reminding people there is an affordable place to get screened is what drives the staff at Southside.

“I have never worked with a more dedicated team in my life. We all work together to give high-quality care,” says Kennedy. “Not to meet metrics, but because our patients deserve it. The medical assistant with whom I work on a daily basis asks patients about their last screening, tracks down records, etc. Every single person in our clinic—from the front desk to the nurses to the social workers—works extremely hard every day to make sure every patient that comes to our clinic gets top-notch care. It is truly a team effort to reach outcome goals.”

MARGARITA SOL, RN
Clinical Nurse Manager

SHEILA TANK, FNP

COMMUNITY OF HOPE WASHINGTON, DC

Margarita Sol, Clinical Nurse Manager and Sheila Tank, from Community of Hope in Washington, DC, have been participating in NACHC's Million Hearts initiative since 2018 this year. Recently, they were asked to present on the Million Hearts partner call, which includes participants from all health sectors throughout the entire country.
Margarita and Sheila began with the questions, “How can we impact all hypertension patients, not just the uncontrolled?” and “How can we use our existing resources?” Using the whole care team, they developed five areas of focus:

1. Obtain accurate readings (training/equipment);
2. Activate team-based care approach (patients/behavioral health/patient advocates/nurses);
3. Follow hypertension guidelines for African American patients;
4. Standardize follow-up intervals; and
5. Outreach for common loopholes (change in meds/no-shows).

By activating team-based care using these approaches, the Community of Hope team increased the blood pressure control rates of 350 patients from 64% to 75% in just 1 year!

In the next year of work, Margarita, Sheila, and their teams look forward to taking a deeper dive into blood pressure control using a population health approach and also scaling to other clinic sites and increasing sustainability. This is another great example of nurses Leading with Care!

She’s Always Known Her Calling

From a young age, Cristol Therien-Douglas played the role of nurse by taking care of her mom when she was sick. She would dress up as a nurse, take her mom’s temperature, and bring her food in bed. Little did she know that this passion would lead her to become a Registered Nurse, Nurse Leader, and Clinical Support Services Coordinator (CSSC) at Florida Community Health Centers, Inc. (FCHC). There, she works with FCHC staff to ensure that the over 50,000 patients they serve receive the safest and highest quality care possible.

It is a role she takes very seriously.

Just ask Dr. Alejandro Miquel, CMO at FCHC and Cristol’s supervisor. “To say that Cristol has her hands full would be an understatement of epic proportions.”

He rattles off just some of Cristol’s tasks:

- Provides orientation and manages ongoing training for newly hired clinical support staff
- Monitors Nurse Supervisor’s compliance with periodic assessments to determine potential deficiencies
- Coordinates Department of Health 501 training (HIV counseling) and CPR certification/re-certification as required for support staff
- Performs annual reviews and update of the Clinical Systems Manual and Clinical Support Training Manual
- Leads monthly Nurse Supervisor meetings where she updates the nursing staff on audit findings, presents new policies, and reviews guidelines
Participates in QI, Corporate Staff meetings, Clinical Coordinator meetings and the Infection Control Committee
Assists the Chief Medical Officer in determining clinical support staffing requirements
Performs OSHA education and keeps current with regulations/recommendations
Tracks employee bloodborne pathogen exposure, conducts annual review of sharps/safety devices
Coordinates evaluation of possible new safety devices for use by front line staff
Maintains confidential employee medical records
Provides oversight and updated information about the Vaccine for Children (VFC)/Vaccine for Adults (VFA) programs
Organizes proper storage and transport of vaccines during hurricanes/power outages

While she has her hands full with other responsibilities, Cristol's greatest passion is direct patient care where her true passion and skills shine through. Even though Cristol holds a leadership position in the organization, she will never hesitate to “get her hands dirty.” She does not miss a chance to fill in for a nurse supervisor or a medical assistant when one of their centers is short-staffed. She’s in the field four days a week.

Dr. Miquel is quick to add that Cristol is also one of the organization’s greatest ambassadors. She has established strong relationships with community partners, educational institutions, and health departments. Her outreach efforts have facilitated recruitment efforts at the level of the clinical support staff and made collaboration with other organizations in the communities seamless. She cares about the future workforce and coordinates student placement at FCHC’s 12 sites for those seeking rotations or internship opportunities.

Cristol’s passion doesn’t stop at 5 pm. “I'm always thinking about how we can improve, take care of our staff, patients, and get out in the community more,” she says.

“You Learn So Much From Those You Work With and Those You Serve”

Darlene Valcin, say her colleagues at Florida Community Health Centers, Inc. (FCHC), in St. Lucie, Florida, “is an exceptional nurse practitioner who takes great care of her patients.” Her patients say the same, providing consistent positive feedback about her care and concern for their specific circumstances.

“My appointment with Darlene Valcin was possibly the best medical service I have ever received. Darlene Valcin IMMEDIATELY made me feel welcomed and comfortable with her initial greeting and her overall concern for what I was sharing with her throughout my visit. She made my issues important and offered her knowledgeable expertise to every issue I told her about. A lot of my previous concerns I had before walking in are now resolved… I can’t express enough how much I enjoyed this overall visit and the glow it gave me walking out of the office feeling like I mattered.”

Her patients’ passion for her care is mirrored by Darlene’s own passion to serve. Darlene shares, “As a family nurse practitioner at
a community health center, we have to think outside the box to serve the clients we have here. We serve many migrant workers and others who do not have access to care. Ways that we provide services include a sliding scale fee at the pharmacy and the Susan B. Coleman grant for mammography and other screenings.”

Darlene also addresses misconceptions about the role of nursing in community health centers. “I think there is a misunderstanding about community health that these clinics are only for patients without insurance coverage or that it is an open health care department. In fact, our clinics are open to all and serve a wide range of clients. I believe that there are misconceptions about the nurse practitioner and our role in medication management and prescription, as well as our capabilities in managing critically ill patients.”

What brings Darlene the most joy about working in this role?

“Number one: The people I work with. They are the greatest people to work with because they are passionate about community health and because they hold themselves accountable when mistakes are made or improvements are needed. And number two: our clientele. I love working with those in our community, and it means the world when they come in for our services and then refer others to us.”

Finally, Darlene gives people who are interested in this kind of nursing this heartfelt advice: “I would tell them they would be going into a great field with the opportunity to make a tremendous impact in their communities. You learn so much from those you work with and those you serve.”
Lara Comstock, the Director of Nursing at Callen-Lorde Community Health Center in New York, is used to creating solutions when crises arise.

Several months ago, a car ran into one of Callen-Lorde’s health centers. Lara was part of the team that had to quickly move all patient care services to another site nearby.

With the emergence of the COVID-19 pandemic, Lara’s day-to-day life has changed considerably, as she responds to this current crisis. She shares:

“I have been part of a fantastic team of Callen-Lorde staff, working with Housing Works and Department of Homeless Services staff to open an isolation site for folks experiencing homelessness and who need a safe place to isolate and heal from sub-acute COVID or COVID-like symptoms. This project came together in a week. We are housed in a hotel which has been rented for this purpose and the project will last for about six months. I’ve never in my entire life been involved with something this intense, inspiring, and scary, and it has been an amazing experience to see folks come together and put systems in place to care for up to 173 people in one week. I work at the site 2-3 days per week, as a clinical RN and as an administrator, attempting to codify workflows and resources we’ve come up with since this project began. We feel we’re making an important contribution to containing the pandemic and also attempting to treat people (patients and staff) with the dignity everyone deserves.”

Lara’s nursing role at Callen-Lorde has centered around the importance of personal and professional development. Before nursing, Lara had many different “lives.” She worked with people with developmental disabilities, was an editor, then chef, and worked with a food co-op. After becoming a nurse, she started with hands-on care, eventually moving to leadership and administration. One way that Lara is “Leading with Care” at Callen-Lorde is the development of a mentorship program. She has worked with four other managers who mentor from within to develop leaders who represent the community well in both diversity and equity. There were five in the first cohort, and six in the second cohort.

Lara’s advice to others looking into nursing is to get involved in the administrative aspects of the role, learn the ins and outs of the role, and add to your education if possible. Volunteering for different committees and seeking out mentors who are in the role you want is also important. Finally, taking on small projects or finding opportunities to speak or present can also lead to professional development within nursing.
Norma Quinones, has a long history at Clinica Family Health in Lafayette, Colorado. Applying to work as a medical assistant in 1992, Norma remembers back when Clinica was one clinic site with six exam rooms and a total of about 25 employees. Since then, Norma completed school to become a licensed practical nurse, filled a nurse manager role for several years, and is now the Nursing Services Manager for Clinica.

Norma sums up her role as this: “I get to dedicate my time to staff and students as they deliver medical, dental, and mental health care.”

A typical week in her life includes oversight of NIMAA (National Institute of Medical Assistant Advancement) as a skills coach and program coordinator, managing employee health for 600+ staff, and partnering with Human Resources to welcome new Clinica hires in the New Hire Orientation.

Norma has also dedicated herself to patient care. She recalls one of the most memorable patients she has cared for:

“My 50 year old patient had been diabetic for many years and could no longer control her diabetes with oral meds. Her provider had been trying to switch her to insulin for a couple of years but was unsuccessful. While doing glucometer and insulin teaching, she let me know she had a huge fear of needles and shared with me misinformation about insulin. “During the visit, together, we came up with a plan. She came in to see me every day for four weeks until she was able to demo back how to correctly draw insulin from a vial, safely administer it, and properly dispose of sharps.”

Norma has been Leading with Care at Clinica Family Health for almost 30 years and gives this advice to those interested in working in a similar role: “There is no such thing as a non-compliant patient, it just means we have not figured out what’s going on in their personal life or what best works for the patient.”

Just a month later in April 2020, Norma describes her day-to-day life in the early days of the pandemic:

“My day to day life during the pandemic consists of meetings, trainings and implementation of new workflows/processes and keeping up with CDC recommendations and learning new skill sets.

“To minimize potential COVID exposure, I wear the appropriate PPE and practice low-level disinfection religiously, monitor that other staff do as well, and wipe down our high-touch surfaces every 30 minutes with a bleach/water solution. The only items on my desk are masks, laminated documents, phone, tablet and hand sanitizer.

“During work hours, I practice self-care with my team by participating in a 7 minute workout twice daily and one minute of mindfulness once daily, Monday thru Friday.”

One Career, Many Roles

Judy Taennis has worn many hats since joining The HealthCare Connection (THCC) in Cincinnati, OH, 27 years ago as a Registered Nurse (RN). Judy has worked at all of THCC’s sites through the years. She’s had stints in obstetrics, pediatrics, and adult medicine and has held many roles including Supervisor, Director of Nursing, and now Practice Manager of THCC’s Lincoln Heights Health Center and Forest Park Health Center since being promoted in 2011. In her current role, she manages the day-to-day operations of the practices, collaborating with all locations to ensure patients receive the best quality services. She is the first nurse in the Practice Manager
What hasn’t changed since she joined THCC is Judy’s long history of leading the clinical workforce—whether that be through problem-solving, supporting clinical staff, working with employees on job satisfaction, or directing trainings or meetings to motivate staff. She is also a part of the quality team helping to sustain level 3 National Committee for Quality Assurance accreditation. “It is fulfilling to have the clinical support staff grow,” says Judy.

One hat she never imagined wearing when she started as an RN is leading the electronic health record (EHR) efforts at THCC. Since 2012, Judy has been intimately involved with their EHR vendor during each upgrade, providing EHR trainings to her clinical team. Her goal is to ensure each upgrade helps with the clinical workflow and is user friendly.

“We want to help providers as much as possible, so they are available to see patients. I deal with making sure the billing coding is correct so providers can get their encounters done in a timely manner,” says Judy.

At the end of the day, for Judy it’s not only about her clinical staff but also the patients. She pitches in when they are short-staffed and gets things done. Getting to work in this atmosphere is fulfilling to Judy, and her favorite part is getting to know her patients and them getting to know her.

“You have to be flexible—you start the day with your day in mind, and sometimes you mark off what you have on your white board, sometimes you don’t.”

Margarita Vroman, Director of Ancillary Nursing and Infection Control Officer at Borinquen Medical Centers in Miami, Florida, spoke these words back before the COVID-19 pandemic struck the U.S. Little did she know at the time the meaning these words would take on in just a few months. Margarita’s original story is below, followed by an update.

“The day is long and full of meetings!” Margarita oversees both nursing and ancillary services and also Quality Improvement, referrals, logs, clinical staff training, and employee health. Margarita also acts as the infection control officer. Her work week fluctuates greatly, often including many meetings and urgent matters.

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Margarita has been fortunate to work for Borinquen in a number of new and unique roles. All positions she has held have been created because there was a need. This has brought Margarita a lot of joy, in that it has allowed her “to think big and have the support to be a creator and decision maker who supports both patient and employee needs.”

Margarita is especially passionate about advocacy. She points to the fact that many of Borinquen’s patients have to take three to five buses to get to the health center or have to make decisions about whether to eat or buy medication. Margarita is determined to create policies in her community around how to best serve patients.
When asked what advice she would give to people who are interested in community health nursing, Margarita offers this:

“Don’t do it for the money—do it for the true love of nursing. If it doesn’t give you goosebumps or make your heart leap, it’s not for you. Working at a FQHC is so rewarding in so many ways. Don’t be afraid to take chances and think big. Even for the scariest project—hunker down, get it done and get rewarded.”

In an update about how she is faring in the midst of the COVID-19 pandemic, Margarita shares:

“My days now consist of every day reviewing messages coming in from our communication center and from departments to ensure nurses and department staff are being guided correctly. I am coordinating every day for COVID testing and delegating nursing staff to contact negative employees as well as coordinating telehealth visits with employees to clear them to return to work if they have been out sick with something else or had been formerly positive for COVID.

“I also once a week have to attend a Zoom meeting with clinical managers, once a week with all providers, and twice a week I attend our senior leader meetings to report the latest information as a member and to work with my fellow members on how to improve workflows and address the needs of the different departments to ensure patient and staff safety across the organization.”
The Many Roles of a Community Health Center Nurse

Serving as a public health nurse and keeping local Indian Tribe community members healthy while providing sensitive and culturally appropriate care is no easy job—especially when the job includes visiting two remote reservations (2 to 2 ½ hours away). Just ask Jennifer Burnett, Public Health Nurse Manager at the Sonoma County Indian Health Project (SCIHP).

Jennifer helped form the PHASE (Preventing Heart Attack and Stroke Everyday) team at SCIHP. This clinic is unique in that patients at high risk for cardiovascular events are seen by their entire interdisciplinary care team at one time. This team includes a physician, a registered nurse, a clinical pharmacist, a medical assistant, a registered dietitian, and a scribe. Patients seen in the clinic are able to tell their story once, instead of multiple times, and are seeing results. The PHASE project was first implemented as part of Redwood Community Health Coalition, and now has evolved to meet the needs of the SCIHP patients.

As part of the community health representative program, Jennifer sees patients at the clinic and in their homes, partnering with community health workers. She is also part of the infection control team and sexually transmitted infection surveillance forming community partnerships.

Jennifer says the biggest misconception in her job is that public health is one subject. That couldn’t be further from the truth—the work in public health and community health is such a vast role. For example, during the COVID-19 pandemic, Jennifer has shifted her time to help lead the effort to refocus the daily clinic workflow on patient/staff safety and infection control. Processes have been modified and added to include screening of all people entering the building, universal masking, and curbside pharmacy pickup.

A Day in the Life at STRIDE Community Health Center During COVID-19

Do I need to isolate? How long do I have to isolate? Am I a danger to my mom, my grandpa, my baby? How sick am I going to get?

These are the questions that are currently being asked when patients come see us at STRIDE.

As health care professionals, patients look to us for answers. This is something, as a nurse, I am used to. What we are not used to is having to answer so many questions with, “we don’t know” or “we are not sure yet.”
APRIL

Colorado had its first reported case of COVID-19 on March 5, 2020, and by the end of the month, we had more than 2,900 cases.

My name is Stephanie, and I am the Director of Nursing at STRIDE Community Health Center. We are one of the few sites throughout the state testing patients for COVID-19. Over the last few weeks, we have had patients from all walks of life come to our health centers for testing. Many are coming in because they are scared, they are sick, and they have nowhere else to go. Everyone is coming in because they want answers. Patients want to know if they can go back to work, if they can be around their loved ones, or if this virus is going to make them sicker. Mostly, patients want reassurance that on the other side of this, it is all going to be okay.

My job as a nurse is to serve and protect my patients. My job as a leader is to protect my staff. In this current situation, neither feels entirely possible.

Each morning I wake up at 5 a.m. to prepare for the day. By 7, I am on an Incident Command Team call with an amazing group of leaders from throughout STRIDE. We work tirelessly each morning to ensure things are set for the day, staff are in place, all PPE and testing supplies are accounted for, and that we are able to ensure that all patients will be able to receive the services they need for the day.

After our meeting of the minds and making sure we are aligned for the day, it is “go-time”—true crisis management for each member of the team. When I say “team,” I mean all 450 STRIDE employees. Our staff is anxious—many are on the frontlines, and all of us are adapting to every change. Sometimes these changes happen within the very hour of a process being implemented. Our courageous staff screen patients at the doors for symptoms and continue to identify new processes to make sure we are all doing our best to keep each other and our patients safe.

Yet throughout the day, we have staff members supporting one another in every way we can. Sometimes this looks like driving PPE across town or a clinician stepping in for another who just can’t swab one more patient. Sometimes it is answering phones or registering patients. Behind the scenes, we show up for each other. Not just because we are in a crisis, but because that is what we do as a COMMUNITY.

After our health centers close to patients, STRIDE’s Incident Command Team reconvenes to prepare for the next morning, reassess our PPE and supply use for the day, and discuss the urgent needs that have come up in the health centers. After this, there is still work to be done. Labs need monitoring for positive results, employees need to be notified of exposures, operations for drive-thru testing the next day must be finalized, telehealth infrastructure is continually iterating, and shift work is being implemented to prevent staff burnout.

These are just a few of the things that we couldn’t get to during the day. Many of us at STRIDE continue to work through the night to complete these projects so that we can ensure our patients are getting the best care possible and that our staff is getting the support and answers they deserve.

Since the pandemic began, I would say my average workday ends between 12 a.m. and 1 a.m. every morning. Often, I go to sleep worrying about our patients and staff. But when my alarm goes off a few hours later, I wake up again ready to repeat the day. I wouldn’t change any of it. I am so proud to work for an organization that cares so much for the community, its patients and its staff. As a nurse, this is my calling. Maybe not the lack of sleep, but to care for people and to care for our community.

Reshared with permission.
Compassion, Care, Connection—the Right Equation

Nicole DeGreg spends her days protecting the health and well-being of Cincinnati’s school-aged children. As Family Nurse Practitioner for the Cincinnati Health Department, she leads the Roberts Academy School Based Health Center, a clinic inside a school for grades PK-8. Her school-based health center is one of 25 in Cincinnati.

Not only does she care for the students, but the health center is open to the community as well. The health center provides a safe, efficient, and cost-effective way to deliver health services to the students, their families, teachers, staff, and the community. Afterall, one entrance to the clinic leads to the school cafeteria.

“We meet people where they are at. We have a unique Community Learning Center model where we are a one stop shop for our families. Not only can they get primary health services, but they have access to our community partners located in the school including mental health services, early childhood learning, after school enrichment programming, and a legal clinic with an immigration lawyer on site.” Through the Roberts Welcome Center, families can also receive assistance with housing or rental concerns, English as a Second Language classes, meals, and employment. It’s all right here,” says Nicole.

Nicole’s health center provides primary care services—acute and well visits, mental health, care coordination, and health education. Nicole’s days are never the same. She gives vaccines, does check-ups, handles screenings, and manages chronic conditions such as asthma and obesity. She even helps patients get their prescriptions filled and provides referral coordination to link patients with resources including those to assist with transportation barriers. Nicole does all this with just a small staff. There are four people in the clinic—most of whom are bilingual, which really helps with care delivery of their newly immigrated, mostly Central American patients.

When you talk to Nicole, it’s easy to see why her patients love her. When she speaks about her job, you can hear the enthusiasm in her voice about school based health centers. You can hear the happiness she feels when she talks about some of the families. She rattles off success stories of families she has helped.

Her journey to school-based health centers started when she worked as an AmeriCorps volunteer with immigrants staying in homeless shelters. She was their case worker and interpreter when they went to their medical appointments. She decided she wanted to do more than interpreting and began her nursing studies. And the rest is… history.

Leading with Care for the Whole Person

Syd Ehmke has always been a provider, no matter what administrative role or project she undertook. She explains, “Much of my life’s work has revolved around developing programs that provide better care for my patients and community.” Syd focuses on this mission—one program, workflow, or quality measure at a time. As an administrator, she appreciates her ability to make positive changes that improve the impact of nursing.

Before coming to Aspire Indiana Health, Syd worked as a hospice nurse, and that experience opened her eyes to the intense need for patients to feel appreciated and informed. Venturing into the homes of patients, many
who were poor and often overlooked, showed her that compassion and attention are among the most critical services nurses can provide. Since then, she has been an advocate for the underserved, the underinsured, and the undereducated.

In the five years since working with Aspire Indiana Health, her accomplishments have been tremendous. She has worked to start six medical offices, gained HRSA Federally Qualified Health Center certification for the organization, implemented a Hepatitis C telehealth program, created a comprehensive diabetic initiative, initiated population health protocols to improve overall client health (targeting A1c/ prediabetes identification organization wide), and developed protocols for vivitrol medication assisted treatment, PrEP, and opioid withdrawal treatment. She has improved Aspire Indiana Health’s quality program, enhanced community health worker programming, expanded the Harm Reduction Program with needle exchange services in Madison County, and most recently navigated Aspire Indiana Health’s telehealth response to COVID-19. Throughout her programming efforts, Syd continues to provide nursing to patient populations with serious comorbidities and mental health concerns within a recovery house/group home affiliated with Aspire Indiana Health.

When Syd first started as a provider and operations manager with Aspire Indiana Health, she was dumbfounded by the lack of medical attention given to mentally ill clients and clients with addictions. To start more effective programs for these populations, she explains, “We had to lead with care that involved a focus on whole person care and make that part of a person’s recovery.” This means managing everything from Hepatitis C to blood pressure, cholesterol (a recent triglyceride level of 1700 was discovered), and any other concern that took a back seat to the years of a person’s substance abuse. She remains committed to integrating medical care into behavioral health and vice versa.

“To do this work, you have to believe in the mission, and you can’t forget self-care. The mission will give you the stamina you’ll need to care for mentally-ill, underserved, and undereducated patients.”

**COVID-19 and Year of the Nurse**

The following is an excerpt from Near North Health Service Corporation’s recent newsletter.

**Written by Near North Chief Operating Officer Tanya L. Ford, MBA, MJ**

In February of this year, I had the pleasure of attending the 32nd National Black Nurses Day Celebration in which Near North Health Service Corporation’s Chief Executive Officer Ms. Berneice Mills-Thomas, RN, received an award honoring her as a Legendary Nurse. Nurses attended from all around, young and old, newly minted and well-seasoned, as well as student nurses, teaching nurses, and administrative nurses, dressed in business attire, white nurse uniforms, nursing school uniforms, and others dressed to impress in celebration of Black History Month.

In her acceptance speech Ms. Mills-Thomas passionately spoke of the
nursing profession in relation to community health. Drawing from a movement that began well over 60 years ago and contemplating the current state of community health, her theme, “The More Things Change, the More They Stay the Same,” could not have been more befitting. She spoke of the impact that access to health care has on a person’s physical, social, and mental health, and their quality of life. She discussed the barriers that keep people from being able to access health care services (i.e., cost, inadequate or no health insurance, lack of available services, etc.) that unfortunately still exist despite changes such as Medicaid Managed Care, Medicaid expansion, care management and care coordination services, technology improvements (i.e., telehealth), and many, many others. When Ms. Mills-Thomas explained that even now being able to access health care services varies based on one’s race, ethnicity, socioeconomic status, age, disability status, sexual orientation, gender identity, as well as residential locations, gasps could be heard coming from around the room. It is a proven fact that the lack of access to health care leads to poor health and health outcomes.

Ms. Mills-Thomas went on to discuss the social determinants of health (SDoH), such as issues with food insecurities, housing, transportation, literacy, income, and employment, that are also linked to poor health and health outcomes. She asserted that SDoH were not a new concept among health care leaders and added that community health centers have always worked to help individuals address social issues while working to eliminate health disparities and inequities within the African American, Hispanic, poor, and other vulnerable populations and communities.

With powerful affirmation, Ms. Mills-Thomas articulated that the fight for social justice reaches as far back as Harriet Tubman, and since then Black nurses have combined their nursing duties with the fight to end social injustices. Their goal has always been to improve health equity in disenfranchised populations so that every person can attain their full health potential.

Not only did Ms. Mills-Thomas provide information on current challenges that exist in attaining better health outcomes, but she also provided her audience with insightful knowledge for the future. She spoke of workforce development, technological advancement, expanding educational content, research and policy-making improvements, and community outreach and partnerships as pathways toward attaining health equity.

On March 11, 2020, less than two weeks after the celebration, news began to surface that the coronavirus, also known as COVID-19, had reached pandemic proportions. The numbers of cases and deaths had begun to rapidly increase. Nurses answered the call to action and took their place along with other direct care providers on the front line providing compassionate care at the risk of their own health and well-being.

According to the World Health Organization’s (WHO) first State of the World’s Nursing report, which launched amid the pandemic, “Nurses from around the world are demonstrating their compassion, bravery, and courage as they respond to the COVID-19 pandemic, and never before has their value been more clearly demonstrated.”

Worldwide celebrations will be held throughout the year.

The WHO could not have identified more deserving reasons or a better year to celebrate the nursing profession. The year 2020 has truly turned out to be the YEAR OF THE NURSE!

Read the full newsletter.
Helping the Health of Our Kids...One Student at a Time

School is always in session for Penny Monty-Carbonari, Regional Director of School Based Health Services at Community Health Center, Inc. (CHC).

CHC serves over 17,000 students throughout Connecticut and over 180 school-based locations across the state. Health education and awareness are critical parts of what Penny and her colleagues do for students.

“We are able to meet our patients where they are because they are already here as students. They can see us for anything they want at any point in the day. With my adolescents they can come down for birth control, sexually transmitted diseases testing, or just to ask me questions,” she says.

Penny has a passion for educating people about the dangers of vaping. She has acted as a medical advisor on vaping, participating as a panelist at a variety of events and was interviewed on the local news Station FOX 61. She works with high school health teachers to get involved to help curb vaping through health class. Penny has also run programs for teens providing education on the effects of vaping and provided tools on how to say no under pressure.

In addition to her work around vaping, Penny is a staunch supporter of vaccines. She collaborated with schools to educate families on the need to get flu vaccines, tripling the number of shots administered in 2019, and is currently working with school nurses to advocate for schools and families to require vaccination of all students with no religious exemptions.

She has been a huge advocate of public health within Connecticut school systems. Other commendable actions by Penny have been her spread of awareness and resources to teens about teen dating violence in the month of February as well as her participation on a national level through a school-based health center online learning community called ECHO.

Some have told Penny that community health nursing is easy work, but they don’t know Penny’s day to day. “Some mornings I meet with the leadership team as the regional manager. I’ll have a few appointments during the day, and I’ll perform the classic nursing skills of evaluation, diagnosis and treatment. I’ll make sure vaccinations are up to date, and I’ll have a weekly care coordination task between our behavioral and social workers with ongoing case managements,”

That routine has recently changed during the pandemic. Since school closings in March, Penny has been triaging COVID-19/pediatric calls and doing telehealth visits from home. This allows her to continue providing quality care for her patients despite several physical barriers.

Penny especially enjoys her ability to give back to the neighborhoods where she grew up. “It shows these students that if you work hard you can have a great job. Many of these students have said to me, ‘My mom didn’t graduate, so how will we?’ I like to show them that hard work pays off and that education can take them anywhere. Seeing students with chronic anxiety and depression that were able to be helped here and see where they start from and watch their growth is amazing.”

An A+ for all involved.
Mother Teresa Meets Rambo

Joanne Cochran had a vision. She saw the need for high quality health care for migrant and seasonal farmworkers working in the area and co-founded Keystone Health in Chambersburg, PA, in 1986. What started as a small health center serving around 500 patients is today a thriving health center serving close to 60,000 people across the lifespan and all walks of life. The center delivers nearly all the babies in the county, is a HRSA Advancing HIT for Quality awardee, and is Patient-Centered Medical Home (PCMH) certified. According to Joanne’s colleagues, this is all because of her heart, vision, and leadership.

Joanne’s typical day consists of balancing the day-to-day with leading strategic initiatives. As Joanne puts it, “Nurses want to do hands on AND change the world.” Joanne does a little bit of everything in her role as Chief Executive Officer (CEO): developing staff, hiring and retention, implementing clinical care, maintaining compliance, acting as a main liaison for developing key partners outside the organization, and making sure finances are sound.

What is distinctly unique about her role of CEO is her commitment to be “out there.” Joanne is on many boards, is always trying to develop new processes to improve care and feels that to be a leader at a community health center, you need to be able to position yourself, communicate well, and provide pertinent services to the community. She and other leaders at Keystone are always looking for new populations to serve.

Joanne started her nursing career in a hospital but was always interested in working with poor and underserved populations. She started volunteering at a local doctor’s office that provided care to migrant and seasonal farmworkers, which eventually led to the founding of Keystone Health. Joanne credits the longevity of both her career and service at Keystone to “always recruiting people smarter than myself, especially with the business aspects. Without margin, there is no mission.”

Joanne, who has been characterized as a cross between Mother Teresa and Rambo, shared that she often feels more like a mother than a CEO. Joanne leads with care by doing just that—caring. “Nobody cares about how much you know, until they know how much you care,” she believes.

Joanne leads with a legacy of service and surely makes an indelible impression on her community.
Cec Hardacker, RN, MSN, CNL is committed to improving the health care system’s ability to provide affirming care to the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community. She has worked at Howard Brown Health, an LGBTQ community health center in Chicago, for nine years, serving as the Director of Education since 2015 and developing a curriculum to teach nurses and other health care workers about LGBTQ elders.

Her Howard Brown Health colleagues say that Cec dramatically benefits their community, their agency, and the nursing profession. Cec responds to the needs of the LGBTQ community by developing educational curricula to address gaps in health care providers’ knowledge and skills. In addition to developing the “Health Education About LGBTQ Elders” curriculum, Cec was instrumental in developing Howard Brown Health’s Gender Appropriate Language training. This is an interactive training designed to equip health care professionals with the skills to communicate respectfully with transgender and gender non-binary patients. Cec and other Howard Brown Health staff developed this training because they recognized that being misgendered—being referred to with the wrong gendered language, including greetings, names, and pronouns—can adversely impact transgender and gender non-binary patients’ health outcomes.

While Cec’s passion is to improve the health and well-being of the community, her work also serves to advance the mission of Howard Brown Health. Howard Brown Health exists to eliminate the disparities in health care experienced by LGBTQ people. Cec understands that this mission can only be fully realized by transforming the culture outside of the center’s walls. Cec does this by bringing education to organizations all over the country, with the goal of helping each new organization become safer and more affirming for the LGBTQ community. In her time at Howard Brown Health, Cec has provided education to over 90 agencies in at least 16 different states.

Cec also founded Howard Brown Health’s Midwest LGBTQ Health Symposium, a conference that brings together over 450 researchers, health care, and social services professionals to improve the health of LGBTQ people across the life course. Cec is dedicated to improving the field of nursing by making sure that nurses receive the training and education they need to provide affirming care to the LGBTQ community.

As a nurse herself, Cec understands both the key role nurses play in eliminating health disparities and the lack of nursing education on LGBTQ-specific health issues. Cec is working to address this gap by designing LGBTQ health education curricula for nurses and facilitating these trainings in health centers, nursing homes, home health agencies, and nursing schools. Furthermore, Cec disseminates what she has learned about the benefits of providing LGBTQ cultural competency training to nursing professionals by publishing in nursing journals and speaking at nursing conferences.

Cec was the lead editor of Transgender and Gender Non-Conforming Health and Aging, a textbook for health care and research professionals interested in learning how to better support transgender and gender non-conforming individuals as they age.

Her contributions have had a profound impact and have helped hundreds of health care professionals provide better health care for the LGBTQ patients and communities they serve. “I am most satisfied when the
professionals at the end of the long day of training tell me they never understood what their patients’ lives were like and now are looking at them with compassion and empathy,” Cec says.

*With appreciation to Ray Marie, Kelly Ducheny, Andie Baker, and Diane Pascal.*

**Teamwork Makes the Dream Work**

*MARY'S CENTER, WASHINGTON, DC*

The impact of Mary’s Center, a Washington, DC-based community health center, on its community reflects the leadership and dedication of its staff, which features a robust and effective team of nurse leaders.

**Dara Koppelman**, Chief Nursing Officer, was drawn to the many nurse leadership opportunities available at Mary’s Center, where she joined in 2012 as a Nurse Manager at a clinic site. As a member of senior leadership, Dara participates in meetings with internal leadership and nursing teams, while contributing to practice guidelines, policy implementation, and program development.

“I think people don’t realize all of the awesome things you can do as a community health nurse,” she says. “It is such a dynamic role. I get to be involved in so many different things as a nurse leader in community health. I’m not limited to working with only nurses. I get to help build new sites, create new programs, and inform how operations can work within a clinical setting, among other things.”

Describing the many roles nurses serve at Mary’s Center, Dara shares, “Over the years, as we have grown as an organization, we have been able to expand the nursing team as well. We have phone triage nurses, clinical nurse coordinators, and nurse managers in the health centers. We also have an amazing nursing leadership team of 3 nursing directors who oversee the health centers, nursing programs and education, and care coordination.”

Dara’s colleagues and clients (or participants, as Mary’s Center calls them) bring her the most joy in her role, she says. “It’s such a privilege to work in a place that respects their staff and provides opportunities for growth and development to them, along with increasing access to high-quality care for people who may otherwise find it hard to get any care at all.”
High-quality care delivery is a key component of Mary's Center's mission statement and a day-to-day goal for Director of Care Coordination Leah Shoval. Leah joined Mary's Center to work on the Healthy Start program, a home visiting program supporting families and mothers through pregnancy and the first two years of the child's life. In her current role, Leah works with the health center's telemedicine program, which ensures delivery of high-quality care for clients experiencing challenges, such as mobility and transportation costs.

“One of the real beauties of our telemedicine program is that they get the same kind of care from their own providers over the most innovative of platforms that we have in medicine,” she says. “They’re really getting, in a sense, ‘concierge medicine.’ So to support that and provide access to that—and to see that in the numbers, in terms of health outcomes—is pretty spectacular.”

The Healthy Start and telehealth programs are among many of the nurse-led programs and services offered by Mary’s Center. Director of Nursing Education and Programs Ingrid Andersson develops and implements nurse-related programs and is currently an instructor and advisor to Mary’s Center’s Briya Medical Assistant Training Program.

Ingrid started at Mary’s Center as a Clinical Nurse Coordinator before transitioning into a Nurse Educator. In her current role, Ingrid is “privy to the bigger picture of what we do at Mary’s Center,” while also getting to “provide some direct patient care through telemedicine and triage.” In evaluating the programs and teams she supervises, Ingrid works with the DC Department of Health, the Uniform Data System (UDS), and other external organizations for evaluation measures with program and patient outcomes.

The Social Change Model developed and practiced by Mary’s Center represents an integrated approach to holistic care delivery, and its impact relies on effective community empowerment and collaboration. Siomara Segovia, a nurse manager at Mary’s Center, shares that as a nurse she has always wanted to have a partnership with the clients she serves.

“What drew me to Mary’s Center was the use of the Social Change Model and how we didn’t just look to provide for the medical needs of the patient but also the educational and workforce development needs of the community,” she says. “So as a nurse, I’m grateful to be able to provide care to someone not just in a moment of crisis but over a continuum of time.”

As a nurse manager, Siomara has both clinical and administrative duties. “Typically, my day consists of regularly checking in with staff to ensure everyone is doing okay in their flow, jumping in to help as needed, and seeing patients via nursing visits. As the nurse manager, I also have administrative tasks that I tackle daily such as schedule changes, inventory checks, leadership meetings, and supervision of staff.”

Megan Bailey, also a nurse manager at the health center, adds that she manages “clinical workflow, determining provider assignments, or medication and supply inventory,” while she also “meets with patients who have scheduled nursing visits, responds to rapid responses, and works closely alongside the providers to offer additional nursing support.” Megan says, “Working in a community health center allowed me to combine my nursing experience, while using public health measures to positively affect population outcomes.”

Nurse manager Angelica Centeno shares this passion for public health nursing. She adds, “I think there is a big misconception, especially prevalent in nursing programs, that hospital nursing is the only legitimate way that you can get quality experience. There are so many other spaces that you can practice nursing that are valuable, worthy, and as important as hospital nursing.”

For people interested in community health nursing, Angelica shares the following advice: “Do your research and follow your gut. You have to practice a lot of initiative and drive to seek out those opportunities in settings you are interested in, because they may not be as clear.”
NACHC’s Year of the Nurse initiative celebrates nurses in community health centers who “lead with care.” Katie Williams, a home visiting nurse for the Healthy Start program, shares how the nursing profession at Mary’s Center leads with care by serving as a “liaison between the participants and their prescribed care.”

“In home visiting with Healthy Start, we’ve had the ability to meet people where they are, in a setting where they are comfortable, and ask them, ‘What is your goal?’ or ‘What do you want to do?’ You’re really focusing on what the participant’s needs are.”

Katie started at Mary’s Center in 2015 to work in clinic management and then joined the Home Visiting team, where she visits participating families and provides health education, childhood developmental assessments, and referrals for care.

In describing common misconceptions about her role as a community health nurse, Katie shares, “I think that it’s very easy for the public to think that nurses are in the hospital, and they are wearing scrubs and they are delivering medications and changing dressing. But I don’t wear scrubs at work, and I don’t deliver medication, and just to see the opportunity for that knowledge to be applied in a different setting, and also a setting that is more cost-effective, a setting that addresses people where they are.”

The Next Generation of Nurses in Primary Care

As in all areas of nursing, there is increasing demand for community health nurses, particularly in medically underserved and low-income communities. Therefore, it is essential to recruit and secure a primary care workforce that meets the needs of community health centers and their patients.

NACHC asked a second-year graduate student about why she is interested in community health nursing.

I am Clare and I am a second-year graduate student pursuing my Master’s in Clinical Nurse Leadership at Georgetown University. I became interested in the nursing profession during my time as an undergraduate at Fordham University, where I majored in biology and minored in political science. I felt particularly drawn to nursing because it seemed to combine my interests in health promotion, public advocacy, and policy. During this time, several work experiences as a medical student observer and as a legislative intern helped me better visualize how a career in nursing would allow me to address challenges in health care delivery while helping others live their healthiest and most fulfilling lives.

I’m excited by community and public health nursing for this reason—I can better address system-level barriers and facilitators in improving the lives of communities and individuals. I’m also passionate about the nursing profession serving others in leadership spaces beyond the clinical setting.

Throughout my program of study at Georgetown, my excitement for these nursing opportunities has grown as I’ve been able to work with clients across varying settings in the DC metro region. I’m excited by the work of community health centers in nursing advocacy and policy development, and I look forward to the lasting impact of the Year of the Nurse campaign in promoting connectivity among community health nurses.
“If you Know your Community, It’s Easier to Help your Community”

Firew Endale has seen health disparities both here and abroad. Growing up in Ethiopia, he saw firsthand how difficult it was to access care. There were not enough medical providers and health care was scarce. When Firew moved to the United States 9 years ago, he knew that there were also health disparities in this country, and he wanted to help his community. He enrolled in nursing school and quickly finished his associate degree in nursing.

During nursing school, Firew had the privilege of accessing his own health care at Mary’s Center, a community health center in Washington, DC. He was very impressed with his health care experience and found the triage nurse and providers to be very helpful. “At that moment, I promised myself that I would be like them. Small ways of caring made a difference, and I said that when I become a nurse, I will do the same.”

Today, Firew is doing just that. He works at the Upper Cardozo Health Center, the largest site within the Unity Health Care, Inc. network. The health center patient population is very diverse, including a large East African population that Firew is uniquely equipped to work with.

Before the COVID-19 pandemic, Firew was working with four providers, providing care management to dozens of patients. Phone calls and in-person visits surrounding chronic disease management, lab results, and education have been his focus over the last two years.

In the past few months, he has moved toward mostly telehealth—but he also rotates in the COVID-19 testing tent. There he is responsible for early morning set-up with PPE, supplying patient information, and patient screening. He also triages patients for both sick and well visits.

Firew sees the importance in these roles and is pleased he is able to do both during this challenging time. What is most important to Firew, which informs the way he “leads with care,” is to help patients at the community level. “We have skills to provide help at the community level for both illness and prevention, plus chronic care management. Nurses should look at how the patients are living, working, and socializing. If you know your community, it’s easier to help your community,” he says.
The Road to Recovery: Understanding Patients Mind, Body, and Soul

June is Men’s Health Month, which gives an opportunity to raise awareness of the many health issues men face throughout their lives. But June is also an occasion to honor male nurses who serve as role models for men’s health awareness every day at work. One such nurse is Mervin Guillory, an Ambulatory Detox Nurse in the greater New Orleans metropolitan area.

Mervin works at JeffCare, a program of Jefferson Parish Human Services Authority, which provides fully integrated primary care and behavioral health services for all ages from its community health center sites in Metairie and Marrero. JeffCare Opioid Detox & Recovery provides outpatient, physician-supervised detoxification treatment, one of the many services JeffCare offers.

“Building that relationship is one of the most unique roles—that is something you have to do. If these clients don’t trust you, you will go nowhere. They will walk out on you. Building that relationship and building that trust back. That is the most important thing within my role,” explains Mervin.

To be successful, Mervin must work with patients to address their mental health as well as their physical health. “When you look at nursing, most nurses are pretty much either into physical medicine or in mental health. Nursing is usually one way or the other. It’s usually not balanced. With what I do, you have to use everything in the nursing curriculum. In order to succeed as a nurse in detox, you have to understand all aspects of nursing,” says Mervin.

There is no typical day for Mervin. He takes vital signs every hour, administers medication as needed for the detox symptoms patients may be experiencing, meets with the medical director and other staff, performs drug screenings, gives monthly injections, and remotely monitors patient progress via emocha (a mobile video technology platform that facilitates communication with patients and improves medication adherence).

Mervin enjoys getting the chance to see people as they grow. He tells each and every one of his clients that they will give up on him before he gives up on them. “My biggest joy in all of this is to see an individual transform from a life of depending on a substance to start their day to maintaining a job and engaging in family life back with their families.”

Mervin, along with many other nurses in the field of substance abuse treatment, leads with care by taking a holistic approach. As Mervin summarizes, “I’ve always... believed in taking care of the mind, body, and soul, and I think that is one of the most important things, and I hold fast to that.”

Helping Patients Who Can’t Leave their House

Pam Robinson feels confident that she’s doing what she was meant to do. “It is my calling in life,” she says. Taking care of people and their families, and to be “the person” for her patients, gives her life purpose and meaning. “I have a servant’s heart and I take that responsibility very seriously. It gives me more joy than I could possibly repay,” she explains.
During the past four years of her 21-year career, she's helped Dr. Gregory Peters at Community Care of West Virginia (CCWV) manage the day-to-day functioning of the primary medical practice, coordinate patient care, establish a Hepatitis C clinic for patients in the most rural parts of West Virginia, and drive the development of a home-visit clinic that serves very ill, homebound, and dying patients and their families.

Pam is grateful to provide care and treatment for patients who can't leave their home. When they are understandably stressed and afraid as their health declines, Pam is there for her patients. Her program enables them to see their trusted physician throughout the course of their illness. “I have seen the comfort patients get when they realize we will not leave them. I know personally how important this is for so many families,” she shares. Pam’s own grandmother benefited from the home visits that Dr. Peters provides, so her understanding is personal.

Thankfully, the home visit program has gone smoothly for the CCWV team, even through COVID-19. To keep up with the demanding day-to-day coordination and tracking required for her job, Pam stays organized and prioritizes her time. With excellent organization and care, she and her team have been able to provide: vaccines to patients who would not get them otherwise, small procedures that have helped improve quality of life, care that fills voids of loneliness, a hand to hold for families who lose a loved one, pain control, and many other things she's proud of.

Pam treats people with care that goes beyond typical nursing. “Pam is the person who does more when no one is looking, and I am a much better and more effective doctor with her than I could ever hope to be without her. She is one of the most outstanding people I have ever known,” remarks Dr. Gregory Peters.

In turn, Pam feels affection and fortune for the opportunity to work with Dr. Peters and their uncommonly exceptional team. Together their days are filled with challenge and encouragement.

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**“It’s Like a Family Here”**

Heather White sees her community health center as so much more than a clinic. “It’s like a family here.” Over 30 years ago, Trillium Health began as a center focused on HIV and AIDS care. Since then, it has grown into a full-service, integrated place of care for the community.

Heather has worked at Trillium for 13 years wearing many nursing hats. Her current role is Lead Clinical Nurse. She serves full time as an RN in Trillium Health’s infectious disease and primary care clinics, Center for Transgender Excellence, sexual health services, harm reduction services for people managing addiction, and on a mobile unit that goes to various parts of Rochester. Heather especially appreciates the face to face interaction with patients in all of these settings. As she describes it, “You get to know patients and build relationships. You see the progress, both in their lives and their illness. Teaching people about their health and how to improve their lives in general is the great reward.”
Heather’s coworkers and leaders at Trillium agree and feel that Heather is the heart of that family. They share, “Heather is known as an energetic butterfly who flits between patients, making every one of them feel singularly special and personally cared for. Her infectious laugh balances her fierce advocacy. Her dedication to patients with complex needs and few resources is truly remarkable. One patient commented ‘I would not be here on this earth if it weren’t for Heather. I knew from the beginning she cared about me when no one else did. Nobody. She saved my life.’”

According to Trillium Health Chief Medical Officer Dr. Rob Biernbaum, “Heather is a harm reduction guru. She personified harm reduction before that name ever existed. Through her 13+ years in HIV and Hepatitis C prevention and treatment, her voice continues to echo with ‘What if we could just….’ As a change agent, Heather goes above and beyond for patients in remarkable ways to find what works for each individual. She keeps them engaged in care and treatment. She’s amazing.”

Dr. William Valenti, Trillium Founder, Senior Vice President, and Chief of Innovation, shares, “I have worked with Heather for more than 13 years and admire how she puts patients at ease. She is calm, thoughtful, effective and most of all—she is caring. They trust her deeply.” Standing all of 5 feet 2 inches, Heather has a giant impact. Another patient adds, “I look forward to seeing Heather any time I come in and I miss her when we don’t get to connect. She’s unlike so many other people in this world—her warmth and her novel spirit. She’s an inspiration to so many of us.”

Heather leads with care alongside her team by treating everyone—both her team members and her patients—as family. When asked what brings her the most joy in her work, Heather shares “…knowing that the patients we serve will vary. When you open up that door to the waiting room you get ALL types of people. Together they are all taken care of, not judged, safe, and making progress. I love being a part of that service.”
NURSES LEADING WITH CARE BY SUPPORTING THOSE IN THE FIELD WITH DATA, EVIDENCE AND BEST PRACTICES

Nurses don’t always need to see patients to help. This month we feature stories on nurses who use data, evidence, and best practices to support in the field.

Leadership and QI Drive the Initiative

Jessica Britton started at Roanoke Chowan Community Health Center (RCCHC) in the small town clinic of Murfreesboro Primary Care as a staff nurse, then nurse manager of Colerain Primary Care. She later went on to work in hospital quality, before returning to RCCHC in 2019 as a Quality Improvement Consultant with Eastern Area Health Education Center (AHEC). Her role is to lead and drive Quality Improvement (QI) initiatives while meeting regulatory compliance standards.

When asked what brought her to QI, Jessica responds, “Quality improvement is exactly everything I believe in; it’s the constant need to always improve, and the constant focus on how we can do things better for the organization and our patients. Even if we’re doing really well, we could be always be doing better.”

But how do you work on quality during a pandemic? Jessica admits it has been a unique time for QI. Understandably, the focus is on COVID-19, and everyone is in some degree of “crisis mode” working to meet the needs of an influx of patients in new and ever changing ways. She coordinates with RCCHC leadership to keep a balance between not letting quality initiatives drop, while recognizing the unprecedented workload of the “boots on the ground” staff.

“Leadership and QI drive the initiative,” she says, “but it’s the frontline staff really doing the work.”

With Jessica’s help, RCCHC achieved a clinical quality ranking of #4 in OCHIN’s collaborative of 112 health care organizations in July 2020, as well as Patient Centered Medical Home (PCMH) initial recognition for two new clinics, and annual PCMH reporting for RCCHC’s two largest sites.

Jessica is grateful for the time she worked in a direct patient care role in the community health center setting. It helped her get an understanding of common barriers for health center patients, especially in rural areas, like getting transportation to appointments or paying for medication. Those experiences are ones she always tries to remember in her work, although it’s less about patient interaction now.

“QI in a community health center is big picture, the umbrella is little bit larger. You’re looking at how we can improve the health outcomes of the community, and the people of the community as a whole,” explains Jessica. She quickly adds, “That’s very meaningful to me.”

With appreciation to Erin Storie
Finding Knowledge, Experience, and Passion through Nursing

Originally, I entered my undergraduate education with a plan to eventually go to medical school. I knew at a young age that I wanted to work in the health care field just like my mother, both of my grandmothers, and a few of my older cousins. A month before I relocated for college, I applied for a job at the University Hospital to work as a patient care technician and was assigned to the Critical Care Medicine Unit. I could tell from my first day on the job that I would enjoy the challenge of working in the high paced, high stress environment. As time went on in that first year of employment, I realized the important role that nurses play in the delivery of care, particularly in the intensive care unit! I remember by the end of my first semester of studies going to the academic affairs office and asking about a transfer into the School of Nursing.

What I didn’t understand at the time is the enormous diversity of professional opportunities that would be unlocked by the successful completion of an undergraduate degree in nursing. I did, however, learn to appreciate quickly the academic, social, mental, and physical skills necessary to achieve a degree in nursing. After completing my undergraduate studies in nursing and political science (I didn’t want my liberal arts degree to go to waste), I worked for a year as a registered nurse in the Pediatric ICU. Originally, I had no intention to work in pediatrics as I had worked in the Adult Critical Care Medicine Unit for the duration of my undergraduate studies. However, after completing my degree and passing the Board of Nursing Examination, I was hired by the University Hospital during an incredible nursing shortage and was asked to “float” to the Pediatric ICU and agreed to that despite the more comfortable option of working in the same ICU that I had previously used as a training ground. Looking back, it is still one of the best professional decisions I have made because I gained an enormous amount of clinical experience and expanded my understanding of the importance of health care, public health, and community medicine.

Not long after my first few years of working in the Pediatric ICU, I trained as a flight nurse and also was certified as an ECMO nurse specialist. Both of these areas of nursing are highly technical, and it was in those early days of those experiences that I grew to appreciate the intersection of health care delivery and technology. I also volunteered on an early experimental project that aimed to use patient clinical data to “predict” ICU morbidity and mortality (APACHE). Through these clinical and research experiences I was introduced to the hospital’s leading “nurse informaticist.” Like most others at the time, I had no idea what that meant nor did I understand it to be a formal area of academic study. After spending more time with my colleagues, I applied for the Master in Nursing Administration and Nursing Business with a focus on Nursing Informatics. I consider those two decisions in my early career (to work in Pediatric Nursing and to study Nursing Informatics) two of the best professional decisions I could have made.

I continued working as a Pediatric ICU nurse and my academic work for the next three years and upon completing my degree, I relocated to Chicago. Not long after relocating to Chicago, I was introduced to several local clinical leaders who were working in community health centers. Before my move to Chicago, I had never heard of these organizations and did not understand that I was about to make another life-changing decision. However unaware, I decided to make the leap into community health and not unlike my first job working as a tech in the ICU, I recognized immediately that I had found another passion.

I consider my work in community health to be the full expression of my personal mission, which is to use the best available science and technology to build healthy, economically viable, and equitable communities. I can honestly say...
that my life journey would not and could not have been fulfilled without the knowledge, experience, and passion I have found through the profession of nursing.

I am so grateful for my parents, grandparents, and family members who strongly influenced my decision to pursue a career in the health professions. I am eternally grateful to the nurses I met early on in my undergraduate education as those women (and some, but few men) taught me very valuable clinical skills, but more importantly shaped my understanding of the enormous impact the profession of nursing has on health care delivery and community health and well-being. And of course, nurses were the early pioneers in the discipline of informatics, and I’m honored to have learned from some of the most notable informaticians who paved the way for many of us working in the field today! I can only hope to leave a legacy as important and rich as they have!

With appreciation to Andrew Hamilton.

Not Every Idea Will Work But you Need a Spark to Get you Going

Christina Nunnally started her career at a community health center helping patients with pharmaceutical assistance applications. And 19 years later, she is still in the health center world, noting that no year, no month, no week, no day is ever the same.

As the Chief Quality Officer at North Mississippi Primary Health Care, Inc., Christina collects and reports data but that doesn’t mean she doesn’t see patients. Every Tuesday, she provides women’s health services in the clinic. “There is a need for these services in the area, and some patients are more comfortable talking to a woman,” Christina says.

She administers the quality program at an eight site health center serving almost 15,000 patients. Christina has implemented and overseen several expanded care programs, including telehealth psychiatry, behavioral health counseling, and Hepatitis C treatment. According to her colleagues, her desire to see her health center as a leader, not only locally and state-wide but also on the national stage, has improved the variety of quality services available for patients in the service area.

Christina is a problem solver. When the state reduced funding for the mental health program in her small rural town, she leveraged a telehealth program in partnership with a university so patients who were worried about being stigmatized for seeing a mental health clinician could safely do live video with a psychiatric nurse practitioner in a regular exam room. It was so successful that the center added an in-person licensed clinical social worker. Christina was also able to integrate social determinants of health screening into the triage process. “Health and well-being are made up of more than physiological processes. Social and environmental factors influence health so powerfully and connecting patients with resources to reduce related risks is essential in community health,” explains Christina.

Christina works with Human Resources to make sure nurses are fulfilled and not overworked at the health center. Not only does Christina want to help her fellow colleagues, but she is interested in teaching future nurse leaders. She serves as an adjunct professor at Freed-Hardeman University where she provides instruction to master’s and doctoral candidates in quality and behavioral health informatics.
Elizabeth Sledge has been a nurse since 2001, working in various capacities, including the VA and a community health center. Currently at OSIS, a Health Center Controlled Network, Elizabeth represents a new type of nursing that many are not familiar with. Elizabeth herself recognizes that nurses who work in quality, outside of a health center, are often misunderstood. “Most people think that nurses are ‘hands on.’ I found that I make a difference remotely, working with many different health centers across the US.”

Elizabeth’s role at OSIS is vast. Her portfolio includes: Uniform Data System (UDS) reporting, quality, patient centered medical home (PCMH), and electronic health record (EHR) workflows using NextGen. She holds weekly/biweekly calls with health centers to assist practice support staff to implement quality programs that have a goal of improved patient outcomes and focus on the Quadruple Aim. She is able to relate to the practices on a personal level, having been in the trenches herself.

Elizabeth has advice to give to nurses who want to lead with care in the area of quality: “…take every opportunity to learn. Express interest and take opportunities to learn what you are passionate about and don’t be afraid to learn something new. Branch out and use whatever resources are there. There are so many opportunities to collaborate.”
Hard to Reach Doesn’t Mean Can’t Reach

As the department’s manager, Karen Koenig supervises seven care managers at Alcona Health Centers (AHC). This dedicated team supports hard-to-reach patients living in the upper peninsula of Michigan and the northern lower rural communities there.

For AHC patients, transportation has long been a barrier to receiving recommended health care services. When the COVID-19 pandemic began, Karen and her care management team welcomed the opportunity to quickly transition to new service delivery options including telehealth visits, audio only visits, or parking-lot visits. Telehealth has eliminated the need for their patients to travel to the clinic, and it has allowed hard-to-reach patients to connect with their care managers. For patients who have access to transportation but have no internet service or smart devices, the clinic adopted the use of tablet-based appointments at one of AHC’s parking lot “hot spots.” Karen has appreciated the chance to make care management more accessible for more rural and hard-to-reach patients with these new and more accessible service delivery options.

In spite of unprecedented challenges throughout 2020, Karen and her team have been able to increase Medicare patient engagement in care management services by 11%. With AHC’s 5500+ Medicare patients, this represents quite an accomplishment! “With our large, dispersed Care Management Department, we’ve been committed to drive the Triple Aim at Alcona Health Centers, and we’re pleased to see how much our patients appreciate what we do,” says Karen.

Karen recognizes that it takes a team to provide the excellent patient care that she is being recognized for. Karen says, “My staff deserves recognition for all they do to make our department and organization successful! Health care is a demanding field and delivering quality health care has been even harder with the pandemic. Still, I am so proud of how my staff stood-up to the challenges and work every day to provide top quality care and education to our patients. We all feel rewarded when we can support our patients as they reach their health goals.”

Working with Kids, you are Helping to Protect their Future

Ashley McCoy is a busy Pediatrics Clinical Manager at Tandem Health Center in Sumter, SC. While pediatrics is often looked at as a fun and easy setting to work, Ashley describes it like this: “People think I’m just playing with babies all day. Quite the opposite. There is very little room for error when it comes to kids and you need to be on your game the whole time. Working with kids, you are helping to protect their future. They may be able to lead a healthier life because of you.”

And that’s just what Ashley has done. Between leading daily huddles with the team, addressing obstacles the day before or adjusting workflows for the current day, Ashley has also participated in longer term projects that help
to address the health of her community. One of these examples is her management of the Reach Out and Read Program, a national non-profit organization which promotes daily reading and other language-rich activities, for her patients. Ashley also became a nationally certified Child Passenger Safety Technician so that she could be a resource for not only her patients but for all children in the community to provide education and hands on assistance with the proper use of child restraint systems and seat belts.

A highlight for Ashley and Tandem Health was their participation in an HPV Vaccine learning collaborative. It was through this learning collaborative that Ashley and her team looked carefully at their adolescent HPV vaccine rates, which were 38% at the time. Through innovations alongside her team, including increased communications strategies, a back-to-school event, and clinical team training, Tandem Health raised its HPV immunization rate to 78% and was named as a “HPV Vaccine is Cancer Prevention Award” winner by the Centers for Disease Control and Prevention.

Ashley’s work with the children in her community is a strong example of how a nurse can lead with care to positively affect a child’s future.

Working Upstream to Address the Patient and the System

Seventeen out of every 10,000 people in the United States were experiencing homelessness on a single night in January 2019 during the U.S. Department of Housing and Urban Development’s Annual Point-in-Time Count. These 567,715 people represent a cross-section of America—through every region of the country, family status, gender category, and racial/ethnic group. While Courtney Pladsen can’t help all of these 567,715 people, she tirelessly takes care of Portland, Maine’s homeless population.

As a Nurse Practitioner, Courtney has spent the past eight years working at community health centers. For the past two years she has worked at Greater Portland Health’s Healthcare for the Homeless Clinic, a community health center providing primary, substance use, and mental health care. Courtney recognizes coming into a health care facility can often be overwhelming for some patients. Greater Portland Health partners with the Milestone Recovery outreach team, which goes out in a van to find unhoused patients. Courtney visits encampments, woods, and drives around the streets. “I literally meet them where they are. I want to be sure the walls aren’t a barrier,” she says. Once she locates her patients, she and other medical staff work to build relationships and provide much needed medical care. By decreasing the barriers to care, this develops a trusting relationship and makes it less overwhelming to access care at the health center.

Courtney’s work has been especially challenging these past few months. “COVID-19 has just exacerbated the inequities in our health system,” she points out. Almost half the Black people in Maine are immigrants, the highest share in the nation. She notes that in Maine, where Black individuals represent only 2 percent of the
population, they represent 22 percent of those who have tested positive for COVID-19. The reasons, Courtney explains, are compounded by systemic racism, densely populated shelters, front line jobs with no job security, and limited access to health care. COVID-19 has also increased the existing opioid crisis by fueling social isolation and anxiety. The number of overdose deaths in Maine has increased in the first quarter of 2020 compared to 2019. For Courtney, providing medical, mental health, and substance use treatment with a health equity focus is more important now than ever.

Courtney approaches advocacy as an essential piece of her work. In 2019, she helped advocate for a bill by testifying before the state legislature to pair funding for substance use treatment with housing. This bill became law and Greater Portland Health, in partnership with the social service organization Preble Street, was awarded the grant. “The advocacy of our organizations that you ‘cannot have recovery without housing because housing is health care’ was a powerful message and ultimately we were heard. These partners will launch this program this fall that will provide much needed substance use treatment and housing for our patients,” shares Courtney.

Courtney is ready for her next challenge. She has accepted a position as the Clinical Director at the National Health Care for the Homeless Council. In this role she will be supporting the over 230 Health Care for the Homeless clinics across the country through research, policy/advocacy, technical assistance, and education. As she steps into this national role she will happily keep her roots in Portland, Maine and continue to see patients at Greater Portland Health one day a week. Her ultimate goal is to put herself out of a job. She explains, “I hope that one day that we will see the end of chronic homelessness, and that health care for the homeless will no longer be necessary.” She will continue her advocacy and working towards system change until this is realized.
No Task is Too Small or Too Large

One cold day last year, an older woman hobbled from her home to the little-used but elegant front door of a restored Queen Anne home that opens into the office of the CEO of Yakima Neighborhood Health Services (YNHS).

She knocked and Anita Monoian, opened the door slowly since it’s rarely used. “I’ve come to see Lisa,” was all the woman said.

That would be Lisa Hefner, Nursing Director at YNHS. Someone had told her Lisa would fix her bleeding, wounded feet. And so Lisa dropped whatever she was doing and took care of this patient. No task is too small or too large for Lisa, who started with YNHS in 1994, 26 years ago. From enthusiastic mentor to front-line fighter for infection disease control, she does it all.

Nursing students in Central Washington seek out YNHS for internships because of Lisa’s reputation for providing meaningful primary care clinical experience. They learn to work effectively as an interdisciplinary team member with physicians, nurse practitioners, medical assistants, behavioral health specialists, and pharmacists.

The health center’s mission of “promoting learning opportunities about health professions” is a role Lisa relishes. Every year on spring break, she facilitates a weeklong learning experience for University of Washington students who shadow YNHS providers. This is not easily accomplished. Students must be thoughtfully matched with providers. They need housing and hosts. And of course, Lisa documents their immunization status before they begin their shadowing experience.

Beyond the in-clinic training, Lisa also provides community and home-based supervision (and internships) for public health nurses working with maternal child health populations.

As the YNHS mission expanded to include ending homelessness, Lisa, over the last ten years, has developed expertise supervising street outreach in the Health Care for the Homeless program. She oversees the outreach RN, problem-solving most recently a hepatitis A outbreak that had staff going out in the community to vaccinate the most vulnerable. Lisa partnered with the local Health District to immunize countless homeless and other individuals—an effort that is still ongoing.

LISA HEFNER, RN, BSN
Nursing Director
Yakima Neighborhood Health Services
Yakima, WA
Leading by example—Lisa is an assiduous handwasher—she monitors compliance with the rigorous infection control standards required by the Joint Commission and National Center for Quality Assurance. YNHS has excelled in this area.

In sum, Lisa’s energy, expertise and daily dedication to patients and her staff keeps YNHS firing on all cylinders. To YNHS, she is “Nurse of All Time!”

*With appreciation to Leah Ward*

**Nurses Leading with Care, Informatics, and Excellence to Prevent Clinician Burn-Out**

When the COVID-19 pandemic struck, Cheralyn Johnson, Director of Quality Improvement (QI) for South Boston Community Health Center (SBCHC), recognized that her carefully mapped Continuous QI program was too brittle for staff to engage during a time of such flux and uncertainty. Along with the SBCHC Leadership Team, she needed to quickly adapt workflows and protocols to efficiently address both safety and the rapidly changing needs of COVID-19 patients and staff. Everyone felt whiplash caused by the pandemic. After a few months, fatigue set in. Cheralyn realized she had to mentally shift from running a sprint to running a marathon. “Rather than the pre-pandemic structured, time-bound approach to QI, our QI Team knows it’s important to stay flexible and address the areas in need of impactable and value-added improvements during the pandemic,” Cheralyn says.

Cheralyn’s change ideas are shaped by her love for people and her passion to improve patient lives through the symbiotic relationship between clinical care, quality improvement, and informatics design. She has worked in multiple health centers in Boston as a Family Nurse Practitioner for over 6 years, has formal QI training through the Institute of Healthcare Improvement, and has expertise in informatics as an Epic-certified Provider Builder.

With practical knowledge and empathy to notice when clinical staff are struggling with the volume of work, she strives to apply her clinical, QI, and informatics skills to adjust the pace into something more manageable. She wisely acknowledges the need “to always make meaningful decisions about EHR design informed by the workflow and the people who do the work.” Cheralyn collaborates closely with fellow Epic-certified Provider Builder Dr. TJ Schuch, CIO of SBCHC, and together with the Clinical Informatics and QI Teams, they strive to lead data-driven EHR improvements in partnership with impacted leaders and staff.

Cheralyn accelerates her learning by collaborating with others. She and colleague Allyson Richmond co-founded a special peer-to-peer learning collaborative called the “Boston Health Net QI Learning Collaborative (BHN QI Learning Collaborative)” with a wide range of other community health center QI leaders throughout Boston. This group grew out of a need for QI Directors to have a safe space, free from payer influence, to reframe failure as learning, share wins and best practices, and ways to grow. “I learn something new every time,” Cheralyn says about the monthly calls.

Some of Cheralyn’s innovative EHR efficiencies include:

- A peer-reviewed COVID-19 test result interpretation tool added to the EHR that consolidates
Centers for Disease Control and Prevention, Department of Public Health, and Department of Elementary and Secondary Education guidelines. It serves as both a practical clinical decision support and documentation tool.

- **A nationally recognized best practice workflow** COVID-19 Symptom Tracker Flowsheet which Cheralyn built into the EHR, which has helped nurses prioritize COVID-19 Follow Up so they spend less time calling people who are able to self-monitor while identifying patients with severely worsening illness early on who need hospital-level care.

- **EHR tools to identify patients in need of essential routine services** with flexibility to meet patients’ needs, while working as a team to prevent nursing and provider burnout.

“I play a role in helping to heal our systems in health care. We have a burnout epidemic in primary care. If I find a one click way to do something rather than three clicks, clinicians feel like I’ve saved them time and helped them be more efficient. …. QI brings results and reduces health care worker stress, and that brings me joy,” explains Cheralyn.

### Hope and Support

“My title is Clinical Coordinator’ but I think of myself as a ‘connector’“, observes Tammy Neumann.

Since 1987 Tammy has worked with people affected by substance abuse, and has been a Certified Addictions Registered Nurse (CARN) since 1992. For the Family Health Center of Marshfield, Inc., a member of the Marshfield Clinic Health System, she ensures quality patient resources are available at the three alcohol and drug treatment centers, and for patients she sees at the Marshfield Medical Center-Marshfield who have alcohol or substance use issues.

Throughout the pandemic, Tammy explains that people have “coped the way they have coped”, and that Wisconsin is ranked as 2nd in the country with the highest levels of binge-drinking. Tammy also explains that each treatment center seems to deal with a primary substance abuse issue unique to their area, such as opioids, alcohol, or methamphetamines. Each area is different based on the accessibility or availability of a substance in the communities, but the reasons behind substance use are often the same– as a response to trauma. With COVID-19, it has been even more difficult for patients to stop using because they are more isolated. “Substance use is a disease of secrecy. With so much isolation, there are fewer barriers for use to continue,” she points out.

Tammy feels that she and her nurse colleague, Karen, are fortunate in the way they deliver care because they can see people face-to-face in the hospital. They engage patients in motivational conversations about their alcohol, nicotine, and substance use based on the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model. “We get to address both prevention AND treatment.” No two visits are ever the same. They may also follow up with patients by phone.

What she hopes to see in the future is that substance use is routinely addressed and discussed as an important part of overall health care, especially as cannabis use becomes more common. “We have to normalize these conversations like anything else so people can make educated decisions and be well,” she points out. She would like to see the stigma around substance abuse diffused.
Tammy relays a quote from Paul Brodeur that strikes her as important: “Statistics are human beings with the tears wiped away.” That is how Tammy views her work. When she talks with an individual who is using, and having family troubles or job troubles, their problems are much more real and important to address than population statistics can relay. Tammy understands how important her visits may be as a source of hope and support, so she asks each patient “How can I help?”

Read the blog post from the CHI 2020 Year of the Nurse Session: [Year of the Nurse 2020: A Conversation with Three Nurse Leaders](#)

### Nurses Leading with Care through Valuable Partnerships

In the North Carolina communities she serves, Joy Tilley is a powerful advocate for women and children that are high risk for complications and healthcare issues. She oversees the Care Management for High-Risk Pregnancy and Care Management for At-Risk Children programs. The unique thing about these programs is that they are operated as a joint effort by the local Gaston County Department of Health and Human Services, Community Care of North Carolina, and Kintegra Health where Joy is employed. Because of this collaborative arrangement, Joy has become well known for her exceptional work, and nurses from other counties reach out to her for support and guidance. She is always willing to lend her expertise and knowledge.

Joy, along with her diverse staff of 11 Case Managers and the program coordinator are contracted as the only FQHC to provide case management services otherwise provided by the local health department. “We have a truly symbiotic relationship that best serves the needs of our community... it is the best of both worlds joining our resources.” She recognizes that this gives her team a distinct advantage in meeting the needs of their clients.

“COVID challenged us, and made us better,” she says. She spends more time now on virtual platforms, and much less time in her car. In the virtual setting she’s gained more time to meet with her team, to more actively participate in collaborative meetings, and to feel more efficient overall. Though she misses in-person contact or time in the community, Joy values how technology has allowed her team to “stretch their reach” while learning to serve the families she cares for where they are. “Being able to provide support and connections for these women and families to help them make positive changes in their life really gives me a sense of purpose.”

Joy’s greatest reward is to witness when the families she works with meet their goals, become self-sufficient, and use their experiences to help others. She also enjoys the “monumental experiences” of seeing growth and development in her staff as they learn to engage with a family, stratify their risks, prioritize their needs, and then effectively intervene in an impactful way.

If she were to give one bit of advice, Joy recommends that nurses should renew their passion for nursing by remembering the impact they can have on each patient. “It’s not an easy job, but the impact on people’s lives is invaluable and rewarding.”
NURSES LEADING WITH CARE, DIGNITY, AND RESPECT

This month celebrated nurses who take time to know their patients— their lifestyles, their disease state, and barriers they experience due to social determinants—and then tailor evidence-based care plans to meet patients where they are.

Evidence-based Care for All Patients

Melisa Lamb brings decades of experience in emergency medicine to her role as Family Nurse Practitioner in a rural community health center. She has learned to focus on the patient, not their disease state or condition. She takes time to know each patient and tailor an evidence-based plan to meet their needs at their stage of life with consideration for social determinants that may cause a barrier. When she identifies a barrier, Melissa is quick with a referral and support.

Tracy Smith, a colleague of Melissa’s at Rural Medical Services, shares: “Melissa conducts the highest evidence-based care of any clinician who has ever practiced and does so with grace, dependability, and high ethics. Melissa does all of this and cares for her lovely family. I can’t speak highly enough about the care Melissa provides to her patients or the value she brings to this organization and community. Melissa is dedicated beyond measure.”

Melissa notes that while the scope of a nurse practitioner varies in practice depending on the state, research and evidence consistently support the positive and direct impacts of nurse practitioners. They prove to achieve better access to care, better patient outcomes, reduced health disparities and, generally, a more efficient and cost-effective primary care system. Now, with her Doctorate of Nursing Practice, Melissa is living proof of these benefits for the Tennessee-based center and the rural communities it serves.

The barriers and fears caused by the pandemic have led Melissa and her team to find creative ways to meet patients, identify alternatives to scarce resources, and increase patient visits for primary care (which have dropped by over 1/3 since the pandemic began). Often, her clients don’t have access to Wi-Fi or smartphones so for Melissa to see approximately 25-30 patients each day, she meets them outside the center by their car in the parking lot, offers telephone or virtual visits, or sees them in the center, which has been redesigned to safely manage and separate-out COVID patients. Melissa knows that even a quick, 10-minute follow-up call means the world to her patients.

Though her work is sometimes exhausting, Melissa is touched and rewarded by her team and her community. “Our organization has a diverse care group that works well together on so many levels to provide our patients and community with more than just medical care. We address our patient’s mental health needs, emotional needs, and have been able to support patients in ways that you would not expect a medical center to do. For example, we’ve partnered with other groups to offer a crib for a newborn, food boxes for those in need, financial assistance, community Trunk or Treat, health fairs, just so many things to improve the lives of our patients and community.”

MELISSA LAMB, DNP, FNP-BC
Family Nurse Practitioner
Rural Medical Services
Newport, TN
What this pandemic has shown Melissa is that she appreciates her community more than ever. People go out of their way to help one another. Melissa deeply believes in the mantra, “Be good to people and they’ll be good to you,” which makes her job easier and even joyful. To stay on top of her game, Melissa keeps up with numerous evidence-based journals and resources from nationally recognized organizations. “In this ever changing world of knowledge, you have to continue to learn in order to provide the best, safest, and most up to date care for your patients,” explains Melissa.

Two Nurses’ Journeys to Leading with Care in Alaska

JUDITH LEWALLEN
MSN, MSN ED, BSN, ASN, ANCC, BLS
Clinical Service Coordinator

PATTY LINDUSKA
RN, BS, PCMH CCE, PF
Senior Director of TTA

One passion. Judith Lewallen and Patty Linduska, both nurses with years of experience in community health, currently work together at the Alaska Primary Care Association. They each found their way to serve in Alaska and provide support to communities and community health centers.

Here are their journeys:

JUDY

I knew I wanted to be a nurse from an early age. I think I was 6. My little sister suffered a severe head injury. I remember she had to stay in the ICU for weeks and every day my mother would take me to the hospital, and I would sit outside the ICU while my parents stayed with my sister. This was 1955 and nurses wore white dresses, white hose, white cap, and white shoes. They would walk by me and say what a good girl I was and bring me ice cream. For years I thought this is what nurses did and that is what I wanted to do when I grew up. Later I learned that my mother’s sister and sister-in-law were both nurses during WWI. After the birth of my second child, I decided to go back to school, so I enrolled in a two-year associate degree program in rural East Texas. It was the hardest two years of my life. I graduated in 1977 and getting my nursing degree was the best thing I ever did.

My first nursing job was in a large hospital in Ft. Smith, Arkansas. I worked nights with the rest of the new graduates. Next, I moved back to Texas and worked in a small emergency room. I continued to learn from new experiences and my confidence grew. I was no longer the novice. I continued to work in the emergency room, in the pediatric unit, and medical-surgical units in several different hospitals until 1980.
For the next 13 years I worked in a small rural Catholic hospital in Missouri. Working for the nuns was so different than anything I had ever done. It was like stepping back in time. It was hard work; each nurse averaged about 20 patients. I remember days when I never took a bathroom break or any break at all and always went home knowing that I had left so many little things undone. October 30, 1983 diagnosis-related groups became a reality, and everything changed. Suddenly, our census dropped. The nuns started looking for other sources of revenue. During this time, I went back to school part-time and got my Bachelor of Science in Nursing. The nuns asked me to help start up a home health agency for the hospital, so I did. I loved home health. I loved the one on one with the patients and listening to their stories and feeling like I had done a good job and made a difference in one person’s life.

In 1993, the nuns sold the hospital to a larger hospital, and I decided to enroll in the master’s program at the University of Texas and become a Family Nurse Practitioner. I left Texas and moved back to Missouri in 1999, went to work in a small rural clinic for the only doctor in the county. Dr. Hill had three clinics with a full-time nurse practitioner in each clinic. I worked there for eight years and loved it. My favorite experience was caring for the whole family. Having little kids run into the clinic crying, ‘I want to see Doctor Judy’ and I had provided prenatal care to their mothers and heard their first heartbeats. Also, the hardest and saddest when I could not hear that heartbeat on a mother that I had given prenatal care for eight months and the baby was stillborn with the cord around its neck.

In 2003, I lost my husband, remarried in 2006, and we decided that we needed to make some changes. In 2008 we both took jobs in King Cove, Alaska and lived there for 2 years. When we came back to Missouri, I decided to teach nursing at a local community college and was hired to coordinate a new satellite campus. While teaching, I had summers off, and I would travel back to Alaska to work as a locum provider in numerous clinics around Alaska. I tried to retire, but last fall I accepted the Coordinator of Clinical Services position at the Alaska Primary Care Association in Anchorage. This has been a dream job for me. I am 70 years old but still feel I have a lot to contribute and am not ready to sit at home.

So here we are. I love that I get to use my teaching skills and my years of nursing knowledge and my clinical experiences as a village provider to help our community health centers in Alaska. The Alaska Primary Care Association is a great organization to work for, one of the best I have been associated with in my nursing career.

PATTY

I had at least four nurses as role models in my early life, and I knew I wanted to be a nurse by age four. I used to tell neighbor kids I had a “medical chest” in my room that was white with a red cross (a total lie). Then at age six one of the nurses in my life gave me a nurse’s hat and I was sold.

My family did not have a lot of money, so I opted to go to a three-year nursing program and I received a Diploma in Nursing in 1973. We did a lot of hospital nursing related to didactic topics. It was kind of an apprenticeship model. I also worked as a surgical technician while I was in school. I got a job right away with Everett General Hospital in Washington State in the newborn nursery and delivery room. I delivered over 35 babies during my training. In my delivery rotation, there was a resident who was a local general practitioner who had to deliver patients from his practice. He let me do the deliveries. This worked out well for me in my future work in King Cove, Alaska where I had to deliver a few babies who decided to come early—one breach.

In 1978, I moved to King Cove, Alaska to run their tiny clinic for the city and cannery. I was the only medical person in town; there was no Emergency Medical Services. It was the first year of the Community Health Aid Manual, which I used along with public health nursing standing procedures. I had the resources of the Alaska Native Service hospital at my disposal. I could call doctors for distance help day and night, and often did. Telephones were new to the community and were not completely reliable but better than the radio system they had been using for medical consults.
I lived in King Cove for 19 years moving away in 1997. In that time, I achieved by bachelor’s degree, psych nurse certification, and substance abuse counselor certification. I provided primary care, emergency care, mental health and substance abuse counseling, school nursing, and taught health classes to junior high and high school students. Then I discovered I had a knack for grant writing, program development, and leadership. From 1997 to 2013, I worked for a tribal organization as Director of Program Development, Chief Operating Officer, and Chief Executive Officer. I also worked for a non-tribal organization as their Executive Director. In between I had my own consulting business doing grant writing and strategic planning.

In 2013, I was hired by the Alaska Primary Care Association as the Director of Training and Technical Assistance and continue to do that same work seven years later. When I started, there was a new Executive Director, and the organization was essentially restarting. We now have a robust Quality Improvement Team, Finance and Grants Management staff, and Training & Technical Assistance staff. We have a Health Center Controlled Network with 16 participating health centers.

A typical day/week in my work life looks like a lot of meetings with outside entities as well as my team. My role is one of leadership. I have six staff on my team. I love that my job uses all of the experiences from all my previous work. Instead of working with one health center I can help many. My advice to others interested in this kind of nursing, or any nursing for that matter, is to be open to the possibilities. We measure the work we do through outcome measures. It’s not necessarily nursing, but it may be.


Sister Ruth Neely would never describe her role at The Wright Center for Community Health’s Ryan White Clinic as a mere job.

“It’s a ministry,” she explains.

This sounds like something a Catholic nun would say, although you probably wouldn’t expect her to be saying it in reference to an HIV clinic. However, one only needs to spend a short time in Sister Ruth’s company to understand that she’s right where she’s supposed to be.

A longtime nurse practitioner at the clinic, Sister Ruth delivers expert medical care mixed with profound compassion—precisely what the clinic’s vulnerable patients need in order to achieve long-term success in their treatment.

“They don’t see me as a nun. I think it’s my personality,” shares Sister Ruth. “They trust me, though. They tell me things you wouldn’t believe.”

A member of the Sisters of Mercy order, Sister Ruth first went to work at the clinic in 1997 after spending the previous 25 years “taking care of old nuns” and getting her nurse practitioner certification from Misericordia University at the age of 50.

She was hired by Dr. Stephen Pancoast, an infectious disease specialist who many consider to be the region’s foremost authority on the treatment of HIV/AIDS patients. At the time, The Wright Center was still known as Scranton-Temple Residency, and the clinic was still several years away from attaining the federal Ryan White Part B and C funding that would take its operation to another level.
“When I started, I think there were like 129, 130 patients,” recalls Sister Ruth. “Now, there’s close to 500. Patients are aging with this disease now because it’s become manageable. And people are finding us—we’re the first place that comes up on Google. … Things have evolved.”

Certainly, they have, thanks to monumental breakthroughs in the drug regimens now available to patients. That said, those “meds,” as Sister Ruth refers to them, need to be taken on a daily basis in order for them to work effectively.

“If the meds aren’t taken right, they build up a resistance. Then, you can’t take that medication anymore. So, I need them to come in here and pay attention.” And once they take all of their meds, they need to come back to me before they can get more. After all, they’re $3,000 a month. And I constantly follow up with phone calls. ‘Are you taking your meds?’ I’m on the phone a lot.”

Of course, when patients come to the clinic, they’re getting a lot more than just meds, Sister Ruth points out. They’re getting comprehensive care that also includes case management, mental health, and nutrition services.

In addition, they get ample doses of what Sister Ruth refers to as CPR—Compassion. Presence. Reassurance. Her CPR toolbox includes hugging, hand holding, breaking into song at a moment’s notice, and passing out small plastic hearts that she implores patients to keep near and dear to them.

“When I have to tell someone they have HIV, you can see their head swirling. It’s overwhelming to them. So, they always get a big hug,” she explains. “You need to be an upbeat person and encouraging and give them hope.”

That means refraining from preaching or judging, even when you’re a Catholic nun working with patients who have engaged in high-risk sexual behavior.

“I just see them as a person. When they come here, they’re broken. We need to find their inner strength,” says Sister Ruth. “You’ve got to have that gift to connect with them. You’ve got to understand their lifestyle, and then you can administer the medicine. You relate to them that the head and the heart match. When that head and heart comes together, that’s when the transformation happens.”

To illustrate, Sister Ruth mentioned a female patient who recently came to the clinic with advanced AIDS. Once committed to a daily regimen of meds, the woman saw her viral load reach a level where the disease is now nearly undetectable.

For those fortunate people, Sister Ruth gives them the news with a song, altering the lyrics to Nat King Cole’s “Unforgettable” to, “Undetectable, that’s what you are. Undetectable, I’m so proud of you.”

“The patients, they know they get darned good care here. They leave here smiling,” says Sister Ruth, who gets patient referrals from all over Northeast Pennsylvania and even from out of state.

Of course, not every story has a happy ending. Many of Sister Ruth’s patients have passed away, and for each one, she makes it a point to attend their funeral. There, she can speak on their behalf, extolling “all the good things about them.”

“And we pray for them, and remember them,” adds Sister Ruth, a two-time breast cancer survivor.

With appreciation to Patrice Wilding
NURSES LEADING WITH PATIENT-CENTERED AND CULTURALLY COMPETENT CARE

This month celebrated nurses who use their extensive skills to develop programs that empower and inspire patients in ways that reduce health disparities and significantly improve the lives of the people they serve.

Establishing Deep Roots in the Communities, Offering Care and Dignity No Matter Where their Patients Are

JOY E. BAYNES  
FNP  
Nurse Practitioner  
Women and Adolescent Health

JENNIFER STIVERS  
LPN  
Population Health Manager  
Southwest Pediatrics

BARBARA VERMILLION  
RN, MSN, MBA  
Health Center Manager

EL RIO COMMUNITY HEALTH CENTER, TUCSON, AZ

Three amazing nurses bring their unique experiences to El Rio Community Health Center (El Rio), which serves patients in 16 clinics throughout Arizona.

As Family Nurse Practitioner, Joy E. Baynes operates with a true sense that the young people she works with are not “recipients of services” but rather are “partners.”

Joy had always known that her dream job would be to work with youth leaders on teen parenting and reproductive health. About three years ago she made that dream a reality by writing a grant to start programs in several large cities to reduce barriers to contraception and reproductive health by empowering young people to lead the way. Joy conducted focus groups for El Rio in Tucson and recruited teens who were dealing with issues of homelessness, teen-parenthood, foster homes, substance use, and sexually transmitted infections STIs to help develop a program that would be most helpful.

Joy took the voices and needs of these youth to heart. As a result, the teen clinic is free and confidential with peer-led, walk-in resources for anyone age 14-20. It is open after school and into the evening. The first person a teen sees when they walk into the clinic is another teen. Each teen leader gets 40 hours of training created by Advocates for Youth, which includes a 20 minute presentation by peer educators covering family planning, sexually transmitted infections STIs and other topics.
Teens can text, call, or walk-in to get an appointment for a wide range of reproductive health services and will be seen within 24 hours within their network of 11 providers in 16 clinics. Joy proudly describes the youth clinics as “immensely successful and super chaotic.”

Joy explains, “We piloted telehealth even before COVID since we knew it could improve access and reduce barriers. We use social media for outreach and education and provide transportation vouchers. So many of the things we do came as a result of our partnership with young people.”

Though Joy’s first grant expired in 2019, she’s been able to sustain and even grow the program with new grant funds. The program covers everything from healthy relationships, to trans health (with a “boobs and binders” program), to HIV and STI screenings, to “pizza protection parties” and more. Joy says: “Young people are already leading the way. We, as nurses, just need to step out of the way. When the people directly impacted by a program have a voice, the program can truly address their needs and be quite successful and transformative.”

Barbara Vermillion was hired as Health Center Manager for El Rio just as COVID-19 hit the area. Instead of the job she thought she’d have, she found herself rolling-up her sleeves and heading to the local Travel Lodge motel to manage the quarantined homeless patients who tested positive for COVID-19.

Because decades of Barbara’s nursing experience had been in the hospital setting, she wasn’t sure what to expect. She very quickly learned two things: (1) that there is a huge and hidden homeless population in Tucson, and (2) that this would become one of the most humbling experiences of her life.

When she first arrived at the Travel Lodge, there were 5 COVID-19 homeless patients there. Within one month, her patient population shot up to 97. Most of these people didn’t even believe COVID-19 was a problem. Barbara was the only nurse offering services including tent screening, wound care, COVID-19 prevention, and managing things like hospital or telehealth appointments and meals. She learned, “These are regular people. They too need help. Most are alone with no family contact. They often have many health and mental health issues and are just very underserved. These patients touch you. They touch your heart. They deserve good care.”

By the time she left the Travel Lodge in mid-August to reopen her clinic, 20 patients were still there. It was very difficult for her to leave these patients because they needed her consistent care. Barbara explains, “If I wasn’t knocking at their door, they went looking for me. They felt abandoned when I had to leave for the clinic.” Barbara kindly told the story of one patient who looked forward to seeing her every day with a big “hello.” “They don’t like change. They have no stability. You never know what could set them off into anger.”

Quite a few of her patients let Barbara into their lives. Her nursing experience at the hotel was much more than textbook nursing. The experience touched her deeply. Fortunately, several patients still use services at El Rio so Barbara has seen some of them move from a debilitated position to getting their lives together.

Barbara appreciates El Rio’s broad range of outreach programs for special populations, including their Street Medicine Program for homeless, programs for LGBTQ populations, and so many more. Now, she’d like to see her clinic become more involved with serving the homeless. She has behavioral health, family practice, and dental in her clinic– but believes she can serve special populations too.

Barbara shares: “Nursing offers a huge opportunity. Younger generations should realize how important nursing is. I love what I do—I just love helping people and making sure they are treated appropriately.”

Jennifer Stivers loves working with the babies, and this surprises her!

El Rio was Jennifer’s first job. When she started nursing, she would say, “I’m comfortable with anything but pediatrics,” but that’s where her job took her. “Low and behold, I love pediatrics now. I love the kids and their honesty.” At this point she truly can’t imagine working with adults.
Jennifer is the Population Health Manager at El Rio’s Southwest pediatric clinic, which is one of its smaller sites with seven pediatric providers. While she mainly works as a clinic nurse on the floor—giving vaccines, medication treatments, caring for babies—Jennifer also has another role. She looks at the numbers. She studies population health measures based on recommendations from the American Academy of Pediatrics. “The statistics help us improve the quality of our care,” she observes.

Once per week, Jennifer meets with her team to discuss population health measures and find ways to improve the way they work. “We saw that about 40% of our kids were getting vaccinations. We asked ourselves, ‘Why are we working so hard but the numbers aren’t good enough?’” As a result, they made some changes. The nurses started to track vaccinations better, put “smart screening summaries” in the electronic health record, reviewed their daily patient panels, and made telephone calls. “Because of these things, we’re now up to a 90% vaccination rate! The data pushes us to do better.”

Since Jennifer started in her role as Population Health Manager, her clinic has about 20 new protocols. This has led to improvements with autism screenings, lipid panels, TB tests, chlamydia testing, and more. She explains, “Ideas for improvement are coming from the entire nursing team. We work together to make the numbers work. Our medical director is on board, the providers are on board, and the weekly team meetings really get everyone inspired.” Jennifer’s team is like a family. “We have a shared vision on how we want to care for our patients. It’s a great feeling to have.”

Even with these successes, Jennifer realizes that nurses feel a heavy burden with their jobs, especially during COVID-19. “It’s so hard as a pediatric nurse to deal with babies and see so much sickness. Our faces have to be covered, which scares the kids.” Jennifer would like NACHC to help support nurses with tools for self-care. She points out, “We are last on the list of people we care about, but self-care is really important.”

Melissa Hodge is the Clinical Manager at Ammonoosuc Community Health Services, Inc. (ACHS), a community health center with five care delivery sites in rural New Hampshire serving over 11,000 patients. Nurse Hodge was promoted to this position just weeks prior to the COVID-19 outbreak. She stepped up to the challenge with diligence, organization, and incredible compassion. With her efforts, ACHS was, and continues to be, ready—keeping staff and patients safe and cared for through this pandemic.

Prior to accepting the position of Clinical Manager, Melissa was the organization’s nurse Clinical Care Coordinator where she made tremendous strides and gained national success in affecting the outcomes of patients with chronic care conditions. In her new role, she had a trial by fire when the COVID-19 pandemic took hold. As a Navy Ombudsman who serves as a liaison between Navy command and families, she brought forth her exceptional organizational, people, and communication skills to truly save the day. In fact, her colleagues say Nurse Hodge runs a tight, but kind, ship!

As a nurse, Melissa comes to clinical management with a set of skills that the ACHS team truly appreciates. She knows the ins and outs and understands the agency from a clinical perspective and from the perspective of
patients. As part of the COVID-19 Incident Command Team, she was the link to what was really needed on the frontline at the agency. From managing limited supplies of PPE and COVID-19 testing kits, knowing exactly what was needed and finding it in a dwindling supply chain, to quickly pivoting the clinical support team to tele-health in under 72 hours, to maximizing a limited workforce, Melissa (with her trusty flow charts) was able to keep ACHS ahead of the COVID-19 curve at every step.

With her help, ACHS was the first in the area to set up outside evaluation tents and separate areas to see non-COVID-19 chronic care patients for their ongoing needs, ensuring that the most in-need patients had what was required to keep them cared for. When layoffs and staff illness meant provider support staff numbers were low, Melissa donned her PPE and stepped in to assist. Always first to think of how the crisis would impact her team, she advocated to leadership on their behalf to ensure they had the tools to get the job done—safely.

The COVID-19 pandemic has affected us all. None of us will go through this unscathed, however, the ones that took the time to plan, organize and put the needs of the community above their own are the true heroes. Melissa has made a tremendous difference in this community health center and how it weathered this storm. With her efforts, Ammonoosuc Community Health Services will survive and thrive.

With appreciation to Jill Kimball.

Leading the Way

In Memory of Karla Pope who passed away from COVID-19, shortly after this tribute was written.

Karla Pope is a true leader. In her role as Director of Nursing at CompleteCare Health Network, she oversees the entire nursing staff and all certified medical assistants. Karla works tirelessly as a mentor and educator. She makes everyone she works with better at what they do—even if they don't work as a clinician. She has incredible patience and often spends her day consoling, advising, and comforting staff who call her for help and guidance.

Karla is always upbeat, positive, and smiling. She often stops to check in on others, see how they are feeling, or share a positive story. Despite struggles in her own life, she comes to work happy and ready to take on the day.

Karla is also incredible with patients. When complaints or questions come from patients, she goes above and beyond to ensure that person feels safe, comfortable, and cared for. Even when she delivers test results or coordinates paperwork for a patient, she asks about their well-being and takes time to answer questions and address their concerns.

During the COVID-19 pandemic, Karla has stepped up to stand side by side with the health center’s Chief Medical Officer to lead CompleteCare’s coronavirus testing efforts. From the beginning, this duo created processes and procedures to get as many people in the community tested as possible. Karla went from testing site to testing site as back up for the doctors as they completed their tests. She prepared kits, bagged tests, directed traffic, rallied staff, and did whatever necessary to get patients seen quickly and efficiently. She helped establish multiple drive-thru testing sites and a walk-up site in an area where foot-traffic is common. She’s set-up more
than one-dozen testing sites on migrant/seasonal agricultural worker camps in the area. Karla makes sure plans are clear and focused on the safety of staff. She was instrumental in getting PPE for all staff and helped design the protocol to provide vital patient care. In just the first few months of testing, thousands of people were able to get tested for COVID-19 while maintaining standard operations.

Throughout this period, Karla has continued to oversee staff at CompleteCare and keep them safe. She monitors all sites for Occupational Safety and Health Administration compliance and ensures that CompleteCare meets high infection control standards. She provides clinical expertise to the Executive Team, Rapid Response Team, Business Performance Team, and Performance Improvement Committee.

Karla has worked at CompleteCare since 2009 and has over 34 years of experience as a nurse. She completed her training to become a licensed practical nurse at Vineland Vocational School in 1986. After, she spent over 20 years working as a nurse in medical/surgical, long term, laboratory management and pediatrics. She went on to graduate from Excelsior College with an Associate of Science in Nursing degree and from Wilmington University with a Bachelor of Science in Nursing degree. As a perpetual learner, in 2018 Karla earned a Master of Science in Nursing with a concentration in Leadership and Education, also from Wilmington University. Karla is certified in the practice of Culturally Competent Care by Cine-Med. She was also recently accepted into the Sigma Theta Tau Honor Society.

With appreciation to Kim Tweed.

### Beyond the Needle

When you ask Daniel Serrano what he does, he says: “I’m the Vaccine Coordinator but I do so much more than vaccines.”

Daniel started at Delaware Valley Community Health as a medical assistant, progressed to a clinical education team member, and when he completed his studies to become a licensed practical nurse, he became the organization’s Vaccine Coordinator. He not only maintains vaccine inventory and is always survey-ready, but he looks for ways to deliver an improved patient experience.

Because Daniel truly sees what his community needs and relates as the father of three boys, he understands what would help parents. This compelled him to start new walk-in vaccination clinics at three pediatric sites. His goal was to deliver a patient-centric model that enables patients to get vaccinated at more flexible times so patients don’t have to miss work or school.

Daniel co-wrote standing orders with the chief medical officer for the walk-in clinics. He developed the model, tested it, and made adjustments so any nurse could comfortably serve those clinics. They opened in 2019 before COVID, and within a relatively short time, the clinics served over 500 patients. Even after COVID, when scheduling and pre-screening were required, there were over 81 patients who sought walk-in vaccination services at one clinic during a two-month period. He notes, “There is definitely a need.”

After spending several months focused on COVID testing and other direct services at multiple sites of the health center, Daniel focused on his flu clinics to make sure they operate at full capacity for both adults and children.
In a typical day, Daniel also heads the CPR classes offered to Delaware Valley Community Health’s 150+ staff members. He and his team of four trainers deploy a blended model to get providers certified with an online program plus a hands-on training portion. As the “go to” person, Daniel has trained over 300 people in CPR throughout this clinic system.

Overall, Daniel enjoys helping families and parents, especially when he can help them in ways that fit into their busy lifestyles. “If you like to help people, community health centers are the best place to be. As a nurse you’re really helping the community and you can easily use your skills to your full potential.”

See the news story featuring two semi-retired nurse practitioners from Shasta Community Health Center who volunteered for the COVID-19 vaccine trials.
NURSES LEADING WITH CARE TO PROMOTE HEALTH JUSTICE, EQUITY, AND ACCESS TO QUALITY CARE

This month honored nurses who use their knowledge of evidence-based practices to break down stigma and barriers that prevent people from getting the holistic health care they need and deserve.

It Takes a Team

“There are too many misconceptions around medication-assisted treatment (MAT) and its effectiveness. There is also skepticism around Community Court. I know, from my experience, that both programs are evidence-based and truly do improve people’s lives,” says Tiffanie Correia.

As Care Coordinator at Sweet Home Health Center in Oregon, Tiffanie Correia works tirelessly alongside her co-workers to advocate for their patients, and they do what they can to reduce the stigma that surrounds substance use disorder. Tiffanie grew up in a family that had various degrees of mental health and substance use disorders. Her life experiences provide her with a deep level of compassion and a strong sense of purpose for the care she gives.

Typically, Tiffanie meets with patients in the clinic, at a patient’s home, or if they’re homeless, she’ll go wherever they may be. Though her primary goal is to help patients adhere to the treatment plan created by the care team, she’s very careful to assess their additional needs.

She explains, “We live and work in a rural community. Often our older adults are facing multiple issues at a time and they’re not sure what to do. When visiting a patient, the Health Navigator and I will assess and assist them with more than their medical concerns. We consider things like their social determinants of health, insurance status, etc. — things that are essential for their daily wellbeing. Our patients are very appreciative of the holistic approach we take, which not only helps our patients succeed in life, but it also brings us joy.”

Tiffanie feels fortunate to have the support of a strong team at Sweet Home Health Center, with client service representatives, health navigators, population health coordinators, behaviorists, doctors, nurse practitioners, referral coordinators, nurse care coordinators, and medical assistants. She is especially grateful to have the partnership of health navigators for her work.

As Care Coordinator, Tiffanie is actively involved in the MAT program at Sweet Home. She was part of the original team chosen to create the program, which began in 2018 when Benton County Health Services identified the need for these services. The program is based on the Harm Reduction Model, and it includes medication management, counseling sessions, and support from medical staff. “We meet patients when they are at a very low point in their lives. We do not judge them for their past. Instead, we help them to heal and plan for the future,” shares Tiffanie.

Tiffanie also partners with several local organizations, including the Community Court. Community Court was created as an alternative to sending people with minor violations to jail. The goal of Community Court is to identify people who face a variety of issues (e.g., homelessness, substance use disorder, mental health disorders)
and connect them with available resources. If a person charged with a minor violation participates in the appointed resources, then their charges will be dropped. If they fail to comply, they will face jail time.

If Tiffanie were to offer one bit of advice to a student interested in her line of work, she would say: “You should always keep yourself educated with new trainings and opportunities to guide your work and always focus on providing holistic, evidence-based care.” She points out that, “This is even more important when you are working against stigmas that get in the way.”

Finding Your “Why”

Lacy’s position was created just for her. Before she arrived at CCI Health and Wellness Services, there was no leadership role for the prenatal and youth programs and no clinical oversite for OB/GYN services. Aastasshia joined the team excited to lead these programs and help them grow.

When she first began her career, Aastasshia worked as a labor and delivery nurse while studying for her nurse practitioner degree. Even before finishing her degree, she was asked to work in a private OB/GYN office. After that, she worked for Planned Parenthood. With her own experience as a teenage patient, she deeply understood the importance of community clinics. This eventually led her to seek employment with a community health center. She explains, “Though I applied for a different position at CCI, they asked me if I would consider a brand new role as the Maternal and Child Health Director. I agreed, and it turned out to be everything I was looking for.”

While there are many Maternal and Child Health Directors around the country with nursing degrees, Aastasshia brings a unique array of skills and passions to her role. She’s a certified fitness professional, a health and wellness professional, and she has training in aesthetics procedures and beauty. She shares, “I function beyond nursing with the skills I love.”

By incorporating her passions, Aastasshia has made her job more engaging and beneficial for her patients. For example, she teaches fitness classes for the ACT OUT nutrition and fitness program targeting kids age 6-16. She and her team know how to boost the confidence of their young clients and help families learn about good nutrition and exercise without judgement.

Aastasshia also appreciates that CCI hires people who reflect the community so they can more easily connect with the families they serve. She believes this is a powerful reason behind the success of her team’s programs. Also, she credits the evidence-based models she uses for programs like the Centering program for prenatal mothers, which proves to decrease health disparities for their African American and Hispanic patients. She shares a story: “Right before COVID I had a prenatal patient in my Centering group and, unfortunately, I had to tell her she was HIV positive. Because I had bonded with her and her husband from the Centering group, we were able to quickly offer her crisis management services, an HIV care referral, and help her stay on top of her medications. I got to experience what she went through, and it gave me a sense of ‘my why’ I stay in community health. It’s easy to get burned-out in this field, but the relationships we develop are priceless.”

Aastasshia recognizes that most nurses who work in community health centers already have strong values, care for others, and recognize their “why” is for their patients. She points out that community-based care comes with
many obstacles and frustrations that are out of your control. She recommends a big dose of flexibility to new nurses and shares, “When you know your “why” and understand the community you serve, it allows you to not get stressed about things out of your control. Stay passionate, give yourself grace and patience, and use your creativity—because this type of work really makes a difference in people’s lives.”

There is No I in Team

Cherry Health serves over 60,000 patients at more than 20 locations throughout Michigan. None of that would be possible if not for the dedicated nurses on staff working on the frontlines. During this especially challenging year, Cherry Health nurses have worked tirelessly day-after-day to care for patients. Despite the challenges of adapting to a new normal, the Cherry Health nurses never fail to find inspiration around them to keep them going.

Since there were several Cherry Health nurses nominated by their fellow colleagues, we decided to feature all of those nominated.

“At Cherry Health we believe all our patients deserve the best care and utmost respect, and these nurses exemplify those values every day,” said Heather Kehoe, communications manager at Cherry Health. “They have worked incredibly hard to overcome the challenges of providing high-quality care during a pandemic and to support their colleagues and community.” These are just some of the kind words that colleagues had to share about these outstanding nurses:

**Kelsey Butcher**

Kelsey is a team player, not just for her program but for the entire organization. Within her program she has been cross-trained and preforms medical RN duties as well as behavioral health RN duties. Kelsey is a complete team player and never complains. She is a critical thinker and always looks for the solution when identifying a problem. Kelsey has been a huge asset to the organization by offering to be on the frontlines of the pandemic to help test patients for COVID-19. She has stepped up during a time that our community needed it most and I couldn’t ask for anything more in a nurse and team member.

**Jill Ericksson**

Jill knows patients very well, treats them with respect, and can relieve their anxiety. She is always available to help her team at any time. She works well with medical assistants and other care team members and helps with substance use disorder treatment.
continued

LINDA FEDEWA

Linda is the RN Supervisor at our largest family medicine practice site at Cherry Health. Since the pandemic began, she has come into the office earlier than anyone else to screen staff for symptoms of COVID-19 and stays until after the office closes. She has worked tirelessly to support her team members and to keep both patients and staff safe. Linda is also an excellent patient advocate and will spend hours on the phone to make sure that patients get their needs met. Linda thinks outside of the box for solutions to challenging problems and has kept our practice running smoothly during this difficult time. She is a complete rock star!

JULIE GEIB

Julee is a RN Supervisor at Cherry Health’s Westside Health Center. Julee brings both medical and behavioral health experience to her role. She works with staff to ensure patients are receiving the best integrated care possible. Julee can perform all aspects of her employee’s roles to ensure staff receive quality training in order to provide optimum patient care. This past year, along with her normal roles and duties she was a key factor in setting up and running Cherry Health’s COVID-19 call center.

JACQUELYNNE NADEAU

Jacquelynne will always go above and beyond for the patients and any staff in the office that needs her help. She is always willing to help with answering questions or figuring out what is best for the patients and their needs.

JODI PYPER

Jodi is the Director of Health Center Programs and supervises all the managers of our medical sites. Since the onset of the COVID-19 pandemic Jodi has worked tirelessly to keep up with the changing processes and practices and effectively communicates the changes to her team and others. Jodi is a director and she comes in at 6:30 in the morning to screen staff members for COVID-19, filling in wherever there is a gap in coverage within the organization. When Cherry Health was called on to test migrant workers in the county, Jodi personally worked at the testing events multiple evenings, and consecutive 16-hour days. Jodi is the kind of RN and leader you want to work for and work with. Her courage to lead and commitment to our staff and patients are extraordinary. Cherry Health and our community are very fortunate to have Jodi as an RN serving with us. Her dedication inspires us all to do better.
Sharon Randle

Sharon works with all the children that have disabilities and/or growth issues. She coordinates all the visits to specialists for these patients and makes sure the PCP gets all the necessary information. Since the COVID-19 pandemic began the appointments have become more difficult to make, but through it all Sharon has kept a positive outlook. She has been keeping in touch with the parents of her patients more often than normal as they are a high-risk group and the parents are understandably on edge. She is a joy and a pleasure to work with and even comes out on the floor to assist the short-staffed medical assistants when needed.

Jennifer Sanchez

Jennifer is the best RN I’ve ever known. She is extremely knowledgeable, compassionate, and hardworking. She is an inspiration.
Nonstop Data, Grit, and Optimism Lead the Way at Community Health Center, Inc.

Mary speaks with energy and pride as she shares trend data showing flu vaccine uptake in real time. As Chief Nursing Officer at Community Health Center Inc. (CHCI), Mary is a senior leader overseeing more than 100,000 patients spread across 16 sites in Connecticut. Forward looking and positive, Mary has a track record of working collaboratively within and across departments and communities. Notably, the Weitzman Institute partners with CHCI, and Mary clearly enjoys the interplay between research, program design, and health delivery.

Mary isn't interested in just overall rates of flu vaccine coverage. She drills down to find out who is getting those vaccines and where they are administered. How does this year compare to last year? Which patients are left out? Is the organization on track, at this moment in time, to surpass last year’s record? Mary has an answer to all of these questions with a quick glance at her data set.

In partnership with the IT department, CHCI nursing and medical teams track flu vaccine uptake weekly. Graphs show whether vaccine was given as part of an office visit, a nurse visit, or through another mechanism. This year, a drive-through flu vaccine operation became the chief category outside of office or nurse visits. The teams knew from last year’s data that historically, most of flu vaccine was given within the clinic as part of a visit. The pandemic required that model to change in 2020 if coverage were to be sustained.

The center became very proactive. At every opportunity, through social media, center information, and individual encounters, staff provided a coherent message to patients about the importance of flu vaccine and current knowledge about the pandemic. They consistently tied together flu vaccine and any updates about tests, therapies, or vaccines for the novel coronavirus. With approximately 7000 patients/week obtaining COVID-19 tests, the center decided to link that testing with access to a flu shot.

A flu shot while being tested? At first that seems an unlikely choice. But Mary brought creativity, safety, and efficiency to bear upon the idea, and it is having a strong impact on flu vaccine uptake, with the center almost on target with last year’s rates. Patient testing is drive-thru and requires several stops along the way. Screening is first. If afebrile and asymptomatic, patients are offered a flu shot while they continue to wait in line. Consent for testing and vaccine are simultaneous. The flu shot is then given at the next stop while waiting for the test.
Time spent waiting for the test is offset by the time required to wait after receiving a vaccination—a win-win. Personnel are ready for any untoward vaccine reaction, but so far it has been a smooth operation. Vaccinated patients get a card telling them the time it is safe to leave, and they have a designated spot to park and wait, if needed.

Mary includes patient satisfaction as a component of continuous data monitoring. She also envisions collecting information from patients on their hesitancy or acceptance of an eventual COVID-19 vaccine. The drive-thru model can be used for both flu and COVID-19 immunizations. Reaching homeless, school, and other special populations is an equity goal of the organization that requires mobile delivery systems.

As Mary shares their center designs, she matter-of-factly states it is vital to keep up staff morale in this difficult season. Even as she says this, her voice is full of enthusiasm. How does she manage such a task? “It just takes grit and optimism,” she laughs. Grit to stand up to opposition and to speak truthfully and transparently about the task at hand. Optimism armed with data to show that all this work is making a difference and creating the healthy population that they all yearn to see.

Mary is still looking forward. Preparing for COVID-19 vaccine, she readies plans to adapt to multiple vaccine sources and doses, changes in storage requirements, safety and injury concerns related to needles and service delivery sites, and supply or staffing fluctuations.

Nurses, say the pollsters, are the most trusted professionals in health care. Meeting Mary Blankson makes it easy to see why.

Avoiding Staff Burnout While Providing Patient-Centered Trauma Informed Care

The entire world is experiencing new levels of stress and trauma as we navigate pandemics, natural disasters, and politics. But those seeking care at Callen-Lorde Community Health Center often have compounded wellness challenges as they comprise a mostly LGBTQ+ community in New York City. The staff at Callen-Lorde understand what it takes to sustain an environment of trust, quality, and optimism in the face of chronic social and cultural barriers to health care access.

As the Chief Nursing Officer at Callen-Lorde, Anthony attends to training staff, allocating resources, collaborating across departments, and maintaining a clear focus on patient-centered care. For Anthony, fully integrated care means that staff as well as patients have all the resources they need to meet the multi-faceted issues that confront sustaining optimal health. Wellness extends to everyone—avoiding burnout is as important as avoiding COVID-19.

Health literacy is an issue that is often addressed in community health practices, but sometimes it can seem like an additional burden or a special interest. For Anthony, health literacy is a core part of service delivery, reinforced at all stages of care. Every contact with a patient, from appointment setting to exam room, is an opportunity to promote immunization and address barriers to it. Staff are assisted in their expertise by trainings that include role plays and online models for advancing health literacy.
In addition to universal health literacy practices, Anthony describes targeted outreach as a method to improve vaccine coverage rates in some of the more marginalized population. Outreach for Callen-Lorde isn’t just mobile care—it is built on trusted relationships, nurtured over time. After outreach staff show up again and again in the community, it gives them leverage, notes Anthony. They can use their record of being an advocate, listener, and provider to gain a hearing for vaccine delivery and infection control care.

Access is optimized through online scheduling, open access methods such as walk-in vaccine service, and the use of standing orders. Economic barriers have been largely removed—uninsured and underinsured clients are provided with vaccine regardless of inability to pay. Additionally, frequent prompts for vaccine uptake means that a vaccine refusal from one day may be turned into acceptance on a later day. Persistence coupled with patient-centered understanding is a hallmark of Callen-Lorde’s care.

Many health center staff live, work, and participate in the communities they serve. Sometimes mounting challenges coupled with insufficient resources can lead to burnout as it is hard to see an impact for good. This is where leadership really makes a difference between a discouraging place to work and a hopeful one. With the pandemic, staff face childcare challenges, anxiety, illness, safety concerns, and a constantly changing landscape of risk. Anthony shares that center leadership addresses these issues directly and transparently, accommodating workforce needs as they arise. Morale is kept positive despite the ongoing stress.

A trauma informed approach is also a hallmark of Callen-Lorde’s approach to care. Whether it is related to LGBTQ+ status, homelessness, domestic violence, or sudden loss related to the pandemic, the center strives to recognize trauma’s impact by providing a culture of safety, collaboration, choice, and empowerment to its clients. Training in trauma informed care also means that staff have more resources to manage their own boundaries and to strengthen their own resilience. Anthony and his team are well positioned to model for others how health centers can aptly respond and recover from this global crisis and remain poised for any challenges ahead.

Raising Immunization Rates, Lowering Costs, and Expanding Access in Southwest Chicago

Esperanza Health Centers offers a medical home to over 35,000 patients at four locations in the southwest area of Chicago. Primarily serving a Latinx population, staff at Esperanza are both bilingual and bicultural, aware of the nuances in health beliefs, health access, and health barriers that impact influenza flu immunization coverage in their community. Nate is a care manager at the center who leads efforts to overcome traditional barriers to care through collaboration and innovation.

Unlike many centers whose uninsured population has been dramatically reduced by the Affordable Care Act, Esperanza’s population still struggles with coverage—approximately 30% of the users are uninsured. Immigration status is largely responsible for this gap in coverage, but the center doesn’t let the gap extend to health care delivery. After noting that 47% of their insured population received flu vaccine last year as compared to 39% of their uninsured, Esperanza set out to improve equity.
Nate notes that people often assume that vaccine hesitancy—lack of vaccine acceptance—is to blame when minority or cross cultural patients have lower rates than others. What Esperanza found though was that cost was the real barrier. Collaborating with Chicago’s Department of Health, the center was able to obtain free vaccine supply for the uninsured. In response, Esperanza saw an increase in demand for vaccine this year as compared to last, particularly among the uninsured. There has been over a 25% increase in requests for vaccine at office visits and rates are expected to exceed previous years despite the constraints of the pandemic.

Access is also something Nate and his colleagues are always working on. As infection control methods have altered in-person medical care, Esperanza has decided to offer vaccines outdoors and via a drive-thru model. Chicago has harsh summers and winters, but staff are committed to working with the weather as well as with the culture. Pods were used for COVID-19 testing and are now being tested for vaccine delivery.

Nate is weighing how their current flu vaccine delivery methods may be adapted or integrated into COVID-19 vaccine care. First, they will aim to better understand their population—the health beliefs, acceptance, and challenges that confront their Latinx neighbors as it relates to a new vaccine. Surveys on attitudes and beliefs about a potential vaccine are being planned. He stays attuned to social media and community communications to better design health messages that proactively support evidence-based practice while countering misinformation.

Nate pays attention to provider and staff challenges, too. He is considering how to deal with possible needle shortages, staff limitations, and increased risk for injuries. Needle sticks are a concern as packaging differs from other vaccine delivery modes, compounded by changes in location of actual service. A dedicated immunization room or exam room makes routine more repetitive with increased safety in redundancy. Switching to drive-thru, outreach, and pod locations requires extra care and education to protect from inadvertent needle injury.

Nate doesn’t seem fazed. He speaks with deep knowledge of his patients and obvious admiration for his colleagues. They aren’t strangers to challenge and are open to adapting as the situation requires. In this time of uncertainty, it looks like Esperanza is set to substantially improve flu vaccine coverage while attending to the needs that their patients prioritize. When the COVID-19 vaccine is ready, Esperanza will be too.
We wanted to remember Karla Pope, RN, Director of Nursing, CompleteCare Health Network, who is featured in this compilation and lost her life to COVID-19.