

# Nurses for America: Addressing Public Health and Primary Care Needs of Vulnerable Populations

## American Public Health Association 135<sup>th</sup> Annual Meeting Washington DC November 2007

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# HEALTH NEEDS OF VULNERABLE POPULATIONS

# What are “Health Care Disparities?”

- ◆ **IOM-** “disparities are defined as differences that remain after taking into account patient needs and preferences and the availability of health care.” (AHRQ, 2004)
- ◆ **Healthy People 2010-** “ in pursuit of the overarching goal of eliminating disparities, all differences among populations in measures of health and health care are considered evidence of disparities.” (AHRQ, 2004)
- ◆ **AHRQ National HCD Report-** “Disparity can be defined as the condition or fact of being unequal, as in age, rank, or degree.” (AHRQ, 2004)

# Examples of Disparities

## ◆ Infant Mortality

- 2005 rates still show significant differences by race/ethnicity in spite of reductions in overall infant mortality since the late 1970s and some reduction in disparities over the past four decades

## ◆ Diabetes

- The prevalence of diabetes in African-Americans is approximately 70% higher than whites, and the prevalence in Hispanics is nearly double that of whites.

## ◆ Cancer

- For men and women combined, African-Americans have a cancer death rate about 35% higher than that for whites. The death rate for cancer for African-American

## ◆ Cardiac Care

- African-Americans are half as likely to undergo angioplasty and coronary bypass surgery as white Americans.

## ◆ HIV/AIDS

- HIV/AIDS is the leading cause of death for African-American males 25-44 years old and the third leading cause of death for Hispanic males aged 25-44. Together, African-Americans and Hispanics accounted for two thirds of new AIDS cases in 1998.

# Health Needs of Vulnerable Populations

- ◆ Improved financial access to care
- ◆ Improved geographic access to care
- ◆ Improved quality of care
- ◆ Improved access to appropriate (EBPs) medical procedures/technology
- ◆ Improved early detection and screening
- ◆ Improved coordination of care (to address fragmentation)
- ◆ Culturally appropriate care that meets requirements of CLAS

# Primary Care and Public Health Nurses' Roles to Address these Needs

- ◆ Nurses play key roles in addressing the needs of vulnerable populations
- ◆ Nurses for America designed to contribute to addressing these needs

# Nurses for America: Origins

- ◆ a national program initiated in 2004 by the Georgetown University School of Nursing and Health Studies
  - concept derived from undergraduate nursing students in a vulnerable populations course
  - designed based on Teach for America model
- ◆ partially funded by Corporation for National and Community Service –AmeriCorps Professional Corps
  - Grant awarded in August 2005 - \$20-25,000 per year
  - Georgetown University has contributed –through direct expenditures and faculty and staff salaries – more than \$250,000
- ◆ Advisory Board comprising partners from key organizations
  - National Association of Community Health Centers, Inc.
  - Area Health Education Centers in D.C., Maryland and Virginia
  - The Catholic Archdiocese of Washington
  - Public health departments of Alameda County, CA and East St. Louis, IL

# Nurses for America Addresses Barriers to Care

## Examples of barriers to health care shared by vulnerable populations

- ◆ inaccessibility of care
- ◆ fragmentation of care
- ◆ cultural insensitivity on the part of care providers
- ◆ Delayed diagnoses

## Examples of ways that NFA & its nurse members address the barriers

- ◆ Place BSN-trained nurses in health facilities in shortage areas
- ◆ train NFA participant nurses re: integrated care
- ◆ strengthen cultural sensitivity/capacity of NFA nurses –trained to meet CLAS requirements
- ◆ Train NFA participant nurses in early detection and screening



# Nurses for America: Goals

- 1) to increase access to nursing care for underserved, vulnerable populations; and
- 2) improve the quality of health care services delivered by community health centers and state and local public health agencies
- 3) To increase the knowledge, attitudes and practices of participants regarding citizenship

# Focus of Activities

- ◆ Outreach
  - providing health promotion/disease prevention information/educational services
- ◆ Primary care
  - providing wide range of primary care services, site specific to needs of population and service focus of site
- ◆ Community engagement
  - organizing and participating in health education and other community activities specific to needs of the population

# Nurse Members

- ◆ Have salaried positions with the primary care or public health programs/sites in which they work
- ◆ Student loan deferment
- ◆ Education award of \$4,725 per year of service
- ◆ Health insurance
- ◆ Mentoring assistance from Georgetown or local university faculty
- ◆ Preceptor assistance from local site
- ◆ Continuing education opportunities

# Findings/Results After First Full Year of Implementation

# Planning and Implementing the Program

- ◆ Recruiting and selecting the 20 nurse members and their clinic/public health department sites required intensive effort and expenditure of resources
  - Personal contact by Georgetown Project Director and other faculty members with/through
    - ◆ nursing schools throughout the country
    - ◆ Public health departments and AHECs in Washington, D.C., Maryland, Virginia, Texas, California, Missouri and Illinois
    - ◆ nursing journals & nursing conferences

# Planning and Implementing the Program, cont'd.

- ◆ Design of training based on knowledge, skills and attitudes appropriate for primary care and public health nurses
  - Two-week intensive training comprising lectures, interactive discussion, role-playing, creative use of multi-media
  - Georgetown University faculty and guest lecturers
  - \_\_\_ CNE credits offered
  - Nurse member participants perceived as providing critical foundation for their service

# Nurse Members Meeting Needs of Vulnerable Populations

- ◆ 18 nurse members working in 14 neighborhood clinics and public health departments in Washington, D.C., Maryland, Virginia, Texas, Illinois and California have
  - provided urgently needed outreach, primary care and public health services care to hundreds of patients
  - been engaged in a civic activities beyond their working hours
  - facilitated linkages between their sites and other health and community agencies/organizations

# Nurse Members Have...

- Met the needs of particularly vulnerable populations (e.g., pregnant adolescents, HIV/AIDS patients)
- Enabled healthcare facilities to provide services that would not have been possible without the placement of these nurses
- Developed site-specific plans to address particular needs of the population they serve (to be implemented during year 2 of service)



# Evaluation

- ◆ multi-method evaluation tracks indicators related to the three primary activity areas (outreach, primary care, civic engagement)
  - Monthly, quarterly and semi-annual forms required by AmeriCorps track quantitative data
  - Revised to reduce respondent burden while capturing data to inform program and policy decisions
  - Georgetown has devised qualitative (“Telling their Stories”) approach (journals and quarterly narrative reports)

# Nurses Taking The Challenge To Meet Needs of Vulnerable Populations

- ◆ We **can** change our health care system, and the broader socioeconomic system in which it exists, to reflect our fundamental values of equity, concern for the social good, and protection of the most vulnerable among us.
- ◆ We **can** take personal, individual as well as collective responsibility.
- ◆ We **can** diminish, if not eliminate disparities in health access and outcomes.

- ◆ We **must** begin now. It is our obligation as nurses, as members of the healthcare profession, and as *participants* in our American society, which has historically been based on a social contract –whether implicit or explicit – designed to invite into our midst and protect the “tired, the poor, the huddled masses yearning to be free.”

# Contact Information

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