The Health Corner: a Community-Based Nursing Model to Maximize Access to Primary Care

ELLEN-MARIE WHELAN

Ms. Whelan is a doctoral candidate at the School of Nursing, University of Pennsylvania. Her proposal tied for second place in the 1994 Secretary's Award for Innovations in Health Promotion and Disease Prevention. It has been revised and edited for publication. The contest is sponsored by the Department of Health Resources and Services Administration in cooperation with the Federation of Associations of Schools of the Health Professions. The entry was submitted by the University of Pennsylvania School of Nursing; Joan Lynaugh, PhD, faculty advisor.

Tearsheet requests to Ms. Whelan, 207 Harrogate Rd., Penn Wynne, PA 19096, tel. 610–649–7253.

Synopsis

America spends more than $700 billion per year on a health care system that is unparalleled in the technological advances it produces, yet many Americans do not receive the basic health care they need. Access to obtaining these health services can be affected by economic, structural, or personal barriers.

This paper describes a primary health care delivery that addresses the specific health concerns of a neighborhood. The model forges a partnership with the community while developing collaborative relationships with area health providers. Targeted health services are offered in a community-based, nurse-managed site. Clients receive the basic health services they need, local providers expand their client base with "satellite locations," and the major medical institutions receive more appropriate referrals and have less unnecessary use of the emergency rooms.

THE RELATIONSHIP between access to and outcome of health care can be summarized as follows (*1*):

> Access to health care can be measured many ways, but the most important consideration is how access affects people's health. Lack of access means people use fewer health services and have worse health outcomes.

Health indicators of low-income urban communities are declining. That the people in these poor communities are often near major medical centers presents an incongruency that cannot be ignored. These centers offer "high tech" specialty services and usually attract many clients from wealthier suburbs, yet they offer few preventive primary health care services to surrounding low-income communities.

Mantua is such an area. It is a neighborhood in West Philadelphia with a population of approximately 10,000; the majority of Mantua residents (94 percent) are African Americans, 65 percent live in single-parent households, and more than 50 percent are in families at or below the poverty level. The infant mortality rate is among the highest in Philadelphia—28 per 1,000 births. Only 38 percent of Mantua residents have finished high school, and only 5 percent have completed college (*2*). Despite the presence of a renowned medical facility only blocks away and several other fine hospitals nearby, significant numbers of residents do not obtain adequate health care. This lack is substantiated by the following maternal-child health indicators:

- *Well child care.* In 1992, 60 percent of the children screened in West Philadelphia had elevated lead levels, yet it has been estimated that only 10 percent of children have been screened (*3*). Only 65 percent of 2-year-olds in Philadelphia are fully immunized; in certain areas of the city, such as Mantua, the number drops to 30 percent (*4*).
- *Adolescent health care.* Almost one-third of the teenage women in Philadelphia will give birth to a child before leaving their teens, and 1 in 10 will have two or more children (*5*). In Mantua, almost 25 percent of births are to adolescents. Rates of sexually transmitted diseases (STD) are higher than national averages. In 1990, West Philadelphia's rate of gonorrhea was 6 times that of the United States, and syphilis was 10 times the national average.
- *Maternal health care.* In 1990, 32.7 percent of the women in Mantua delayed prenatal care or had none at all—far above the mean rate in Philadelphia of 14.6 percent. It is therefore not surprising that 21.0 percent of the women had low birth weight infants—

almost double the Philadelphia average of 11.9 percent (*5*).

Literature Summary

Obstacles to health care are multifactorial. Most barriers, though, fall into three categories: economic issues, structural issues, and personal issues. Economic issues are not cited as major barriers to health care in Mantua because most residents are insured by the State Medical Assistance Program. Structural barriers usually stem from problems with supply and distribution. Although West Philadelphia's health resources supply a number of services, Mechanic and Aiken remind us that access is not merely the number of providers but "the adequacy of fit between patient's needs and the services available to them" (*6*).

In response to the deteriorating health status of Mantua's population, needs assessments that explored access issues were recently commissioned in the area. Many nonfinancial barriers to care were reported. Among them were lack of awareness of the need for care, lack of information on how to access care, and a variety of "systems" issues that make entry into care particularly challenging. These barriers included inconvenient hours of service and lack of sensitivity to the issues and concerns of clients (*7,8*).

In the late 1960s and the 1970s, health policy focused on making health care accessible to all Americans. According to a 1986 congressional study, "a particular concern was geographic access to primary care, because the geographic maldistribution of physicians and their patterns of specialization had left many of the nation's inhabitants without adequate access to primary care" (*9*). The role of the nurse practitioner (NP) grew out of this need to increase access to care for the underserved.

NPs have helped to improve geographic access to primary care. In 1980, 47.3 percent of all employed NPs worked in inner cities and 9.4 percent worked in rural areas. "NPs are especially valuable in improving access to primary care and supplemental care in rural areas and in health programs for the poor, minorities and people without health insurance" (*9*).

Nurse-managed centers developed in the 1970s and 1980s. With roots in community health nursing, they emphasized health promotion and wellness principles, identification of health-illness needs, referral for care, and management of health care problems. Schools of nursing developed nursing centers to serve a need in the community, as well as model locations to educate students and serve as sites for creative, independent faculty practice (*10–14*).

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Early nursing centers emphasized wellness promotion and health screening of surrounding communities. Increasingly, nursing centers are diversifying to provide expanded primary care services to underserved populations using nurse practitioners as providers (*12,14–16*).

Schorr (*17*) reviewed many successful social and health promotion programs nationally; she lists what she found to be the most effective interventions. She believes that successful interventions must start early in life and focus on the child in the context of the family, and the family in the context of its surroundings. She suggests that programs should integrate a wide range of coherent services that are easy for families to use. Additionally, the programs should cross traditional professional and bureaucratic boundaries so as to circumvent bureaucratic limitations when necessary to meet client needs.

Project Objectives

To address the health care needs of Mantua, a community-based site was developed. This site would offer specific services based on community needs and delivered by nurse practitioners.

The objectives of the project follow:

- Provide entry-level health services for residents of the Mantua community in a nontraditional, community-based site. Services would include well-child care focusing on immunizations and lead screenings, services for adolescents focusing on STD screening and treatment, family planning, and walk-in pregnancy testing for women of all ages with referral to early prenatal care.
- Establish formal linkages and referral mechanisms with providers of health and related services in the community.
- Maintain a Neighborhood Advisory Council composed of community residents who will provide input on the needs and concerns of the community and share ideas regarding program services.

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Methodology

The project's overall mission was to create a health care site that would minimize barriers to access and therefore increase utilization of health services and, ultimately, improve the health status of the community. Finding an appropriate physical site where community residents could comfortably seek care was the first step. The West Philadelphia Community Center (WPCC), operating since 1953, is trusted and well-used by the community. WPCC currently offers programs for all ages. These activities include day care services for 200, an after-school program for 100, a program to help teen mothers get their GEDs (a high school equivalency diploma), recreation facilities used by more than 100 teen males, and a senior citizen club.

Nursing students from the University of Pennsylvania were first invited to work with the day care children in 1985. The affiliation has grown as the center and the university's School of Nursing continued to collaborate on projects.

This well-used, trusted center in the heart of Mantua seemed to be a natural site for the delivery of health care—thus the development of the Health Corner. After many meetings with the center staff, neighborhood residents, local school nurses, and representatives from the Philadelphia Department of Public Health (PDPH), it was determined that, while Mantua was in need of many services, project leaders should begin small and slowly add services to ensure a gradual process of gaining trust.

The well-child clinic was the first endeavor. The nearest city health clinic had a catchment area much larger that it could properly serve. Concurrently, Federal changes to Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program allowed nurse practitioners to be independent contractors. I became one of the first nurse practitioners in Pennsylvania to enroll as a Medicaid provider, thereby enabling me to provide comprehensive well-child services.

This comprehensive screening program was enhanced by collaboration with the PDPH which supplied the immunizations for the clinic and performed the blood lead tests. Full physical and developmental examinations were provided at the Health Corner for all eligible youth less than 21 years old.

The well-child clinic was especially appreciated by the center's many busy day care families. The on-site day care is subsidized for parents on Aid to Families with Dependent Children to facilitate their transition to work or school. The clinic hours were set to coincide with dropoff and pickup times of the children in day care.

Teen-specific family planning services were deemed the next necessary component. A federally funded clinic, located out of Mantua and not accessible to Mantua residents, was approached to join the collaborative effort. A satellite relationship was initiated using Federal Title X family planning dollars. Teen males, especially those using the recreation facilities, find this site less threatening than city clinics and frequent the clinic for physicals necessary for joining sports teams and obtaining drivers' licenses. The teen clinic is open during school hours twice a week.

The final stage of the Health Corner both broadened and further defined the services. The alarming infant mortality rate of Mantua and West Philadelphia made the city eligible for Federal Healthy Start funds. Philadelphia was awarded a grant to address this crisis creatively. Philadelphia chose to disburse the dollars to many community-based sites. The WPCC Health Corner grant was selected for funding and began further collaboration with the PDPH. Before this award, I was the sole provider of the health services. With this added support, a staff could be hired to expand services.

Walk-in pregnancy testing with counseling and referral was added for women of all ages. A much needed data and management information system was finally added for tracking and evaluation. During this time, a formal Neighborhood Advisory Council (NAC) was formed; its members include adolescents; a great-grandmother, a single father of twins, and residents from a nearby public housing development.

Significance of the Project

This project addresses the specific health needs of a neighborhood in a truly community-based setting. The WPCC is respected by the community, well-used, and located in the community. Beyond that, it is considered a safe, comfortable place. Perhaps most significant is that members of the community have been the driving force in determining the ''appropri-

ateness'' of services. It is also significant that other health providers from outside the community collaborated in bringing health care back to the community.

This project benefits local health providers by offering flexible ''outreach'' sites for their services, and enables them to expand their client base. The project benefits the major medical institutions because they receive appropriate referrals of Health Corner clients and the number of inappropriate, costly, emergency room visits have decreased. The Health Corner offers targeted health services in a nonthreatening environment and helps clients negotiate the complex health care system.

Innovativeness of the Project

The nontraditional setting and broad collaboration of several health care entities make this project innovative. Offering health care in a well-used community center with the community's active participation from its beginning was integral to the project's success. The services were much needed; care was taken not to duplicate existing services.

In this changing health care arena, collaboration becomes essential. This project linked a variety of health and service providers including a large university; Federal community health centers; the city health department; social service providers including the Supplemental Food Program for Women, Infants, and Children (WIC) and Head Start; and most critically, community-based organizations.

Linking these groups was no easy feat. The Health Corner serves as a model for collaboration in an effort to maximize access to health care. The linkages established with nearby agencies and providers has helped clients to move among services, improving their access to health services beyond the health promotion and screening services delivered on-site. In this manner, the Health Corner has become a user-friendly entry point to the greater health system.

Summary of Evaluation Methods

Evaluation of the Health Corner will be a collaborative effort with the PDPH. The services will be evaluated by collecting the following data and conducting monitoring activities:

Well child care.

- immunization rates, especially for children younger than 2 years
- number of lead screens of children younger than 5 years
- continued monitoring and intensive education for families with elevated lead levels

Family planning services for adolescents.

- number of clients beginning contraception
- monitoring clients for continued use of contraception
- incidence of STD with timely treatment of clients and partners
- percent of males seen in clinic (a hard-to-reach population)

Walk-in pregnancy testing.

- monitoring when women receive pregnancy testing
- tracking the waiting time before getting the first prenatal appointment
- obtaining infant birth weights from hospital records

Linkages and referral mechanisms with providers.

- establishing a health resource manual
- tracking referrals into the Health Corner
- tracking referrals made by the Health Corner

Neighborhood Advisory Council.

- minutes of bimonthly meetings
- community satisfaction survey

Budget Estimate and Justification

The NP coordinator, who works half-time, will also see the clients in the well-child clinic. The NP for the teen clinic will be a different nurse since many young mothers like to have their own providers, different from their baby's provider. The half-time social worker will conduct followup home visits as needed and offer problem-focused individual, group, and family counseling. If more than three sessions are necessary, referrals will be made to mental health services. The health educator will maintain the data base of client information and work with the social worker to coordinate the walk-in pregnancy program. The community health aide will assist with height and weight measurements, and vision testing. The aide will be a community member and will help with necessary outreach efforts and receptionist functions.

This project was started in 1990; it developed into, and was funded as, the Health Corner in 1993 by the Federal Healthy Start Initiative through the Philadelphia Department of Public Health. The funded budget is very similar to the one presented. This

funding is renewed annually for up to 4 years. Medicaid EPSDT funds, Title X family planning funding, and contract negotiations are currently underway to ensure the continuation of this project.

The total annual budget for the project is about $100,000.

Category	*Cost*
Personnel:	
Nurse practitioner coordinator	$25,000
Social worker	20,000
Community health aide	12,000
More than 25 percent employee benefits	14,250
Nurse practitioner, 8 hours per week	10,000
Health educator, 8 hours per week	8,000
Total	$89,000
Nonpersonnel:	
Medical equipment	1,500
Office equipment, furniture	1,000
Computer and printer	3,000
NAC meeting (transportation, child care, food)	1,000
Communications	1,500
Office supplies	1,000
Medical supplies	1,000
Health education materials	750
Total	$10,750
Grand total	$99,750

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