National Nursing Centers Consortium Guide

Nurse-Managed Wellness Centers
About the Editors

Tine Hansen-Turton, MGA, JD
Tine Hansen-Turton is known to be an effective change agent, systems-thinker, and policy advocate. She has over 15 years of experience in providing executive management and for the past decade she has led the National Nursing Centers Consortium (NNCC), a national movement of nurse-managed health and wellness centers serving over 2.5 million people. Dr. Hansen-Turton also serves as Vice President for Public Health Management Corporation (PHMC), a nonprofit public health institute, where she oversees several trade associations and non-profit organizations. She is an adjunct faculty member at La Salle University School of Nursing and she writes and publishes for many peer-review professional health care and legal journals.

Mary Ellen T. Miller, PhD, RN
Mary Ellen T. Miller is an Assistant Professor at De Sales University School of Nursing in Center Valley, Pennsylvania, and teaches in the undergraduate and graduate programs. Dr. Miller serves as the Co-Chair of the Wellness Center Committee of the National Nursing Centers Consortium. She is also co-director of a federal grant at La Salle University Neighborhood Nursing Center, located in Philadelphia, Pennsylvania, where she served as the Associate Director of Public Health Programs and Independence Foundation Chair for three years. Her research interests focus on adolescent and paternal risk communication.

Philip A. Greiner, DNSc, RN
Philip A. Greiner is Associate Dean for Public Health and Entrepreneurial Initiatives at Fairfield University School of Nursing, Fairfield, CT, and is the Director of the Health Promotion Center (HPC). He has served as Director for 12 years. Dr. Greiner serves as the Co-Chair of the Wellness Center Committee and on the Board of the National Nursing Centers Consortium. Over the past twelve years, he has served on the Advisory Board or Board of Directors of five community organizations in the Bridgeport, CT, area. He is currently the Chair of the Board of Directors of Southwest Community Health Center and on the Boards of the Connecticut Public Health Association and the Connecticut Association of Public Health Nurses.
National Nursing Centers Consortium Guide

Nurse-Managed Wellness Centers: Developing and Maintaining Your Center

Tine Hansen-Turton, MGA, JD
Mary Ellen T. Miller, PhD, RN
Philip A. Greiner, DNSc, RN
Editors

Managing Editor: Ann C. Deinhardt, MSW

National Nursing Centers Consortium
Keeping Our Nation Healthy

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Contributors

Julie Cousler Emig, MSW, LSW
Vice President, Health Promotion & Wellness
Congreso de Latinos Unidos

Diane Haleem, PhD, RN
Chair and Associate Professor
Marywood University, Department of Nursing and Public Administration

Sormeh Harounzadeh
RN Candidate
University of Pennsylvania School of Nursing

Evelyn R. Hayes, PhD, FNP-BC
Professor and Director, UD Nursing Center
University of Delaware School of Nursing

Susan M. Hinck, PhD, RN
Robert Wood Johnson Health Policy Fellow
RWJ Health Policy Fellowships Program

Penny Killian, MSN, RN, MHPNP
Assistant Clinical Professor
Drexel University, College of Nursing and Health Professions

Eunice S. King, PhD, RN
Independence Foundation
Philadelphia, PA

Maureen Leonardo, MN, CRNP, CNE, FNP-BC
Associate Professor and Manager, St. Justin Plaza
Duquesne University School of Nursing

Esther Levine-Brill, PhD, ANP-BC
Professor of Nursing
Long Island University School of Nursing, Brooklyn Campus
Contributors

Rita J. Lourie, MSN, MPH, RN
Assistant Professor
Temple University, College of Health Professions

Joan F. Miller, PhD, CRNP, FNP-C
Assistant Professor and Director, Nursing Wellness Center
Bloomsburg University, McCormick Center for Human Services

Lisa Ann Plowfield, PhD, RN
Dean College of Nursing
Florida State University, College of Nursing

Lenore (Leni) K. Resick, PhD, CRNP, FNP-BC, NP-C
Associate Professor and Director, DUSON Nurse-Managed Wellness Center
Duquesne University School of Nursing

Nancy L. Rothman, EdD, RN
Independence Foundation Chair of Urban Community Health Nursing
Temple University, College of Health Professions

M. Elaine Tagliareni, EdD, RN
Professor/Independence Foundation Chair
Community College of Philadelphia, Department of Nursing

Donna L. Torrisi, MSN, CRNP
Network Executive Director
Family Practice & Counseling Network
Imagine a world where health care is available to everyone. A world where the focus on wellness is the point of entry to the health care system, where quality, safety, and clinical decision-making take place in partnership with individuals and communities, where social workers, psychologists, physicians, medical assistants, nutritionists, and outreach workers collaborate with advanced practice nurses to ensure high-quality programs, and you have imagined a nurse-managed wellness center. A health care home for people where the essence of care is trust, relationships, and partnering with communities to address their unique needs. This is a world where people of all ages thrive, grow, and maintain their optimum level of wellness. This is a world of health and wellness care administered and delivered by advanced nurse practitioners, faculty, and students. Wellness centers are the heart and soul of this world.

Since 1993, the Independence Foundation has embraced the world of community and wellness centers. We are proud of the work of this group. It is a shining example in the field of health care delivery. It is the safety net for so many without access to care.

In the following pages, you will read about what a nurse-managed wellness center is and how to plan for, market, fund, and measure its quality. This book is a toolkit and is meant to be used as a guide by the practitioner. It shares lessons learned and wisdom gained through personal experience, as well as standards to measure quality. It is an implementation tool—not a philosophical argument. It is meaningful, candid, honest, and visionary. This guide will get you started and keep you moving forward.

I commend the authors for their work and offer this book to you as an excellent tool for any advanced practice nurse, faculty member, or student who wants to practice in the community. This book embodies nursing’s lessons at their finest.

Susan Sherman
President
Independence Foundation
With over 45 million uninsured in America, the need for accessible, affordable, quality health care has never been greater. Lack of access and insurance is no longer just the burden of the poor. People without a regular source of health care pose a costly long-term burden on the nation, so it is in both state and federal governments’ interests to promote increased access to health care. Health disparities have widened, as more and more people report having little or no access to preventive services, also known as wellness services. For the past 40 years, Nurse-Managed Wellness Centers, led primarily by advanced practice nurses, have sprung up all over the country. With a prevention focus, these centers provide important health promotion and disease prevention services to all populations.

This Wellness Center book provides a step-by-step guide to starting and sustaining non-profit, academic-based, or independent Wellness Centers. The contributors share their firsthand knowledge with readers, including information on developing a Wellness Center, pulling together an advisory or governing board, writing business and strategic plans, getting funding, conducting research, and providing educational opportunities for students. The Appendices are rich with resources, including profiles of a number of wellness centers, exemplars of wellness centers and wellness programs, a policy and procedure manual table of contents, job descriptions, a sample local agency contract, and tools for student programs and outcome documentation.

While not necessary, Community and Nurse-Managed Health Centers: Getting Them Started and Keeping Them Going, published by the NNCC and Springer Publishing Company in 2005, is a perfect companion to this Wellness Center book. For instance, it contains sample bylaws and a number of example policies and procedures, including a HIPAA procedure.

A great deal goes into writing a book such as this, especially when it is done with so many different people. Each contributor to this book presents a unique focus and puts forward critical lessons learned in developing, managing, and leading Wellness Centers. Best of all, the book is about nurses and health care leaders who are passionate about what they do and how Wellness Centers and services can play a critical role in enhancing access to care, as well as providing quality care for the people who are exposed to them.

Specifically, the book is structured into five sections with appendices. Section I provides an overview by Tine Hansen-Turton. In Chapters 2 and 3, Eunice King, Maureen Leonardo, and Lenore (Leni) Resick provide insight into the historical and current perspectives of what a wellness center is and how to incorporate the Boyer Model into professional practice. In Section II, Phil Greiner discusses some of the steps necessary to begin a wellness center
(Chapter 4), as do Maureen Leonardo, Leni Resick, and others (Chapter 5). Esther Brill, Rita Lourie, and Mary Ellen Miller suggest methods to develop and maintain community partnerships (Chapter 6). Phil Greiner returns in Chapter 7 with successful strategies for sustainability in an era of funding challenges. Donna Torrisi, Tine Hansen-Turton, and Ann Deinhardt reconfigure some pieces from NNCC’s Primary Care book to address organizational development for larger centers in Chapter 8.

Section III features services that traditional wellness centers provide as surveyed, in Chapter 9, by Ann Deinhardt and Sormeh Harounzadeh, with input on Best Practices from Tine Hansen-Turton, Nancy Rothman, and others. Specific services provided to older people are highlighted by Diane Haleem in Chapter 10, and services designed to be successful with Latinos are discussed by Julie Cousler Emig in Chapter 11. The specialty of mental health services in wellness centers is addressed by Penny Killian and Roberta Waite (Chapter 12). Donna Torrisi clarifies how behavioral health services can be integrated in a wellness center (Chapter 12).

Numerous people made contributions regarding student involvement through community service and learning activities, which Section IV highlights. In Chapter 13, Diane Haleem, Evelyn Hayes, Joan Miller, Mary Ellen Miller, and Lisa Plowfield explicate Community Service and Learning (CSL) activities. Approaches for engaging youth in health careers to build nursing’s future capacity are outlined by Evelyn Hayes and Lisa Plowfield in Chapter 14.

Section V discusses the necessities of improving and measuring quality. Susan Hinck in Chapter 15 informs readers of the importance of measuring quality in a wellness center model. Several strategies to document outcomes are provided by Evelyn, Maureen, Lisa, and Leni in Chapter 16. In the final chapter, Eunice King and Elaine Tagliareni discuss systems for data collection.
Acknowledgments From NNCC

The NNCC Board of Directors and I are pleased to present this Wellness Center book and toolkit, which can be used by many audiences including faculty, students, health care professionals, and various organizations interested in providing the most basic health services to people in need. The book is modeled after the NNCC’s American Journal of Nursing award-winning guide, Community and Nurse-Managed Health Centers: Getting Them Started and Keeping Them Going, published by Springer Publishing Company in 2005.

This book is primarily the work of an energetic NNCC Wellness Center Committee, lead ably by Dr. Mary Ellen Miller and Dr. Phil Greiner. Over the past four years, this group has worked to provide technical assistance to many academics and others on how to provide wellness services successfully. This Wellness book is a compilation of information that over 20 Wellness Center and other health care leaders have put together to pass along their leadership experiences in managing and running successful Wellness Centers. In addition to the Wellness Center Committee, special thanks go to the NNCC Mental Health Task Force and a number of others, who also contributed, and to Ann Deinhardt, who assisted with the previous book and managed the task of bringing this one together. Sormeh Harounzadeh, a student who worked at NNCC for the summer of 2008, and Brian Valdez also provided valuable assistance in the development of this book. We are especially grateful to Susan Sherman, President and CEO, and Judge Phyllis Beck, Board Chair of the Independence Foundation, for continuing to be our fortress and continuing to invest energy and resources into nurse-managed health and wellness centers and the National Nursing Centers Consortium. The steadfast commitment to ensuring that all people have access to wellness services is truly amazing.

Finally, we salute all staff and students who work in the NNCC and the Wellness Centers and patients for putting their faith in a different kind of community model of care.

Tine Hansen-Turton, MGA, JD
CEO, National Nursing Centers Consortium
Acknowledgments From Wellness Committee Co-Chairs

In 2004, we discussed with Tine Hansen-Turton, the CEO of NNCC, the feasibility of initiating a committee that would serve exclusively the needs of nurse-managed wellness centers. At the time, we both were directors of academic wellness centers, so Tine and the Board were very supportive of this initiative and suggested that we partner to co-chair a Wellness Committee. Over the next two years, this Committee evolved into a vibrant group of professionals from throughout the United States. Membership is comprised of wellness center directors, public health nurses, and adjunct faculty who engage in practice in wellness centers. Monthly meetings are conducted via conference calls and meeting minutes are sent to all members by Brian Valdez, NNCC Health Policy Manager, who so ably staffs the committee.

Although the Wellness Committee members wear many hats in their respective centers, one commonality that surfaced early was that all members had not only expertise, but “lessons learned along the way” to share with colleagues from other wellness centers. To accomplish this, Wellness Committee members partnered to submit abstracts for presentations at the NNCC Annual Best Practice Conference in 2006, and again in 2007. Their goal was to share national best practices in wellness centers, as well as to assist other professionals from academia and public health to either establish or sustain wellness centers. Feedback from participants at both conferences was overwhelmingly positive. A common theme that emerged from evaluation surveys was that there was a need for even more “practical” information that could be used in participants’ home organizations, including job descriptions and strategies to involve students.

The inspiration for this book evolved from an informal de-briefing session immediately following the 2007 NNCC Conference, where Wellness Committee members brainstormed ways to meet the varied needs expressed by the conference participants. The group discussed the utility of the NNCC book, *Community and Nurse-Managed Health Centers: Getting Them Started and Keeping Them Going*, by Donna Torrisi and Tine Hansen-Turton, which focuses on primary care nurse-managed centers. All believed that a publication based upon this model, but addressing the unique needs of wellness centers, would be a valuable tool for those who are actively engaged in or contemplating starting up a wellness center. By aiding in the establishment or sustaining of wellness centers, the communities served would be the beneficiaries in the long term. As Wellness Committee co-chairs, we approached Tine shortly after the conference about the feasibility of developing a “Wellness Center” book. She wholeheartedly supported this endeavor and began to explore a publishing opportunity with Springer Publishing Company. Tine continues to be a steadfast ally of wellness centers internationally. We are extremely grateful to her for keeping us on track with timelines, as well as for her editorial feedback.
The Wellness Committee members and other professionals who sacrificed time from their families and work commitments to contribute to this book are worthy of note. The articles are collaborative works contributed by Wellness Committee members and others who are content specialists in their respective topical areas. This book is a “snapshot” of their contributions to wellness centers. It is not humanly possible to place their critical thinking skills, personal expertise, business savvy, student mentorship aptitude, and ability to build and maintain relationships into written format. It is our intention that this book will serve to aid those who are passionate about community health and wellness and assist them to improve the quality of life for those they serve in wellness centers around the country.

Mary Ellen Miller, PhD, RN
Phil Greiner, DNSc, RN
Introduction and Overviews
The National Nursing Centers Consortium

We do not often hear about the places in America where health care is working. Nurse-managed health and wellness centers work because they are focused at the community level where national and state health policies and social reality meet. The National Nursing Centers Consortium (NNCC) is a national and increasingly international incubator for creative, innovative, and nontraditional approaches to health care. The NNCC was founded to provide a forum for community-based nurse-managed health and wellness centers to share best practices and address common challenges.

The NNCC, now an affiliate of the Public Health Management Corporation, a public health institute, was established in 1996. A non-profit association of nurse-managed community-based health and wellness centers in the U.S., the NNCC has the mission to strengthen the capacity, growth, and development of nurse-managed health and wellness centers to provide access to quality care for vulnerable populations and to eliminate health disparities. The goals are to provide national leadership in identifying, tracking, and advising health care policy development; to position nurse-managed health centers as a recognized,
cost-effective mainstream health care model; and to foster partnerships with people and groups who share common goals.

The NNCC represents nurse-managed health and wellness centers serving vulnerable populations across the country. These centers seek to be recognized, and thus to be more effective, as an integral part of the nation’s health care delivery system. NNCC’s membership is comprised of over 200 centers, which together provide health promotion and disease prevention services, as well as primary health care, to over 2.5 million people. To support its membership, the NNCC has an ambitious policy and advocacy agenda. The agenda is mission driven and geared towards the sustainability of the nurse-managed health and wellness center model.

To further its mission, the NNCC develops best-practice health promotion and disease prevention programs and professional education services to address health disparities in underserved and vulnerable communities. These signature programs and education services help people lead healthier and safer lives address such public health concerns as asthma, lead poisoning, obesity, cardiovascular disease, pre- and neonatal health, and tobacco cessation, and are administered by NNCC in partnership with its member nurse-managed centers. These programs help avert future health problems and keep health care costs from rising further and include Asthma Safe Kids, an in-home asthma management and trigger-reduction program; Lead Safe Babies, an in-home primary prevention program to prevent lead poisoning in children; the Beck Fellowship, which trains CRNPs in use of cognitive therapy; Healthy Homes, an indoor environmental health hazard assessment program; Tobacco Cessation, which offers adults counseling to end tobacco use; and Students Run Philly Style, a long-distance running and mentoring program for youth.

NNCC is proud of its decade-strong history in developing best practice programs that meet the needs of the most underserved communities, and managing disease management, health education, and primary prevention programs in partnership with its member nurse-managed health and wellness centers.

**About Nurse-Managed Health and Wellness Centers**

Statistics show that there are currently over 44 million Americans without health insurance, and the number is expected to grow to 55 million by the year 2010. Nurse-managed health and wellness centers directly address this problem in that approximately 50% or 500,000 of the clients receiving treatment at the centers are uninsured.

There are approximately 250 nurse-managed health and wellness centers across the nation. These centers help to reduce health disparities by providing access to a combination of health promotion and disease prevention services and high quality comprehensive primary health care to people who otherwise have minimal access to care. Health problems or potential health problems are not viewed in isolation, but within the context of societal, environmental, and cultural influences that have impacted the client’s past and present health and that have the potential to impact future health. Patients are connected with resources that address and correct the forces that have negatively impacted their health. Of the 250 centers nationally, over 150 are wellness centers that focus on primary, secondary, and tertiary preventive health care. Approximately
90 of the centers also provide comprehensive primary health care services and serve as primary care providers in their communities. The majority (60%) of nurse-managed health and wellness centers are affiliated with university-based schools of nursing. The remaining centers (40%) are independent non-profits or hospital outpatient clinics.

Nursing Education and Shortage

Nurse-managed health and wellness centers present a positive image of the future of nursing and contribute to solving the national nursing shortage. Centers provide practice opportunities for faculty, training sites for students, and experiences that often lead students to choose to serve in underserved communities. In academic centers, nurse faculty members provide positive role models for the nation’s future nurses along with exposure to community-based education, practice, and research. Nursing students at all levels are able to practice in vulnerable community-based settings and become part of a pool of providers from which the federal government can draw to alleviate a growing dearth of qualified providers in underserved communities across the nation.

Services Provided

In a recent study of member organizations, NNCC found that Preventive Health services constitute the largest category of services provided, followed by Reproductive Health and Behavioral Health services. Analysis revealed behavioral health problems to be the most frequent diagnosis in the centers, followed by hypertension, diabetes, asthma, and obesity. Asthma-related diagnoses represented 32% of all pulmonary diagnoses; hypertension represented 77% of all cardiovascular diagnoses; and diabetes 69% and obesity 25% of all metabolic diagnoses. These findings confirm that nurse-managed health and wellness centers directly address health disparities. Preventive health services, such as immunizations, screenings, and health education, are considered among the most critical factors in eliminating health disparities, and these are the focal point in member centers’ care delivery. Further, the nurse-managed health centers integrate Behavioral Health with Primary Care services, which is another critical factor in eliminating health disparities.

Members also provide enabling services to complement preventive and primary care. These services facilitate clients’ access to the health care system and assist in the maintenance of their health. Services include the provision of transportation to and from the health and specialty appointments, and outreach services that assist clients in applying for medical assistance and cash or housing assistance. The other most common enabling services are: Outreach, Home Visiting, Health Education, Parenting Education, Environmental Health Risk Reduction, Case Management, and Interpretation/Translation Services.

The NNCC survey of members found that most staff are certified registered nurse-practitioners (20%) and advanced practice nurses (23%). Other staff are RNs (9%); therapists and social workers (6.5%); community outreach workers (4%); and health educators, students, and others (25%). Providers within nurse-managed health and wellness centers view their patients as partners in care and strive to provide patients with knowledge and skills to empower them
to assume responsibility for their own health, to make informed decisions about their health, and to become their own advocates.

Populations Served

Nurse-managed health and wellness centers are safety-net providers usually located in or near health professions shortage areas and medically underserved areas, including urban, rural, and suburban communities. They are found in public and Section 8 housing developments, schools, churches, community and recreation centers, and homeless and domestic violence shelters, and provide care to low income, minority, homeless and migrant families, and uninsured populations.

A 2006 survey of NNCC members found that over half of the people served are female and come from minority populations (41% African American, 12% Latino, and 11% other non-Caucasian), which are more likely to suffer health disparities. The centers serve all age groups, but many have a large focus on children and youth (36%), suggesting the centers are getting services to underserved populations at an early age and critical to providing preventive health. Under 15% of clients in member centers had gone beyond high school in their education. Of the 69,468 clients for whom employment status was reported, 54% were unemployed. However, patients who were employed were less likely to have insurance than those who were unemployed. The study suggested that many patients are unemployed women and children on Medicaid or people who are employed but do not have access to health insurance.

Outcomes

Data from Medicaid managed care organizations and recent studies demonstrate that patients receiving care at nurse-managed health centers experience significantly fewer emergency room visits, hospital inpatient days, and specialist visits, and are at significantly lower risk of giving birth to low-birth weight infants compared to patients in conventional health care. In a recent study, nurse-managed health center patients were surveyed using the Medical Outcomes Trust Patient Satisfaction tool. Analysis of questions pertaining to patient access to health care and manner of health care delivered to patients by their primary care providers showed mean aggregate scores ranging from 4.03 to 4.19 on a 5-point scale. Findings suggested that patients were satisfied with the accessibility and delivery of care at nurse-managed centers. This finding coincides with existing literature, which has shown that patients consistently rate their satisfaction with care from CRNPs as high.

In summary, nurse-managed wellness and health centers are in a unique position to be part of the solutions to the many challenges the U.S. health care system is facing.

Resources

What Is a Nurse-Managed Wellness Center?

Nurse-managed wellness centers, like other models of nurse-managed centers, are community-based and are managed and staffed by registered nurses and advanced practice nurses, such as nurse-practitioners, who have advanced clinical education in a health care specialty (Torrisi & Hansen-Turton, 2005). The concept of “nurse-managed wellness” involves the management of wellness of a client by an advanced practice nurse (Resick, Taylor, & Leonardo, 1999). A characteristic unique to nurse-managed wellness centers is the primary focus on the management of wellness of an individual. Wellness center services include disease prevention, health promotion, and wellness programs. Unlike traditional primary care nursing center models, which provide a continuum of health services including both wellness and primary care services, nurse-managed wellness centers provide care that is exclusively focused on the wellness end of the continuum of health services.

In many ways, wellness centers are more like than they are unlike nursing centers that provide traditional primary care. Like traditional primary care
model nursing centers, wellness centers often begin because of an invitation from the community and continue to work in partnership with the communities they serve, and they are embedded in the core of community life (Hansen-Turton & Kinsey, 2001). Nurse-managed wellness centers include the characteristics of nursing centers described by Aydelotte and others (1987) as:

Organizations that give clients and communities direct access to professional nursing services. Professional nurses in these centers diagnose and treat human responses to actual and potential health problems, and promote health and optimal functioning among target populations and communities. The services provided in these centers are holistic, client-centered, and affordable. Overall accountability and responsibility remain with the nurse executive/director. Nurse-managed health centers are not limited to any particular organizational configuration. Nurse-managed centers can be freestanding businesses or may be affiliated with universities or other service institutions like home health agencies and hospitals. The primary characteristic of the organization is responsiveness to the health needs of populations. The nurse is responsible for all patient care and operations. (Aydelotte et al., 1987)

The wellness center model stresses health education and facilitates self-care of the individual in regard to health care strategies and decision making. Services offered by a wellness center vary and are determined by the needs of the community. Most often, these services build on the goals of Healthy People 2000 (U.S. Department of Health and Human Services, 1991), which are to increase years of healthy living, reduce health disparities, and increase access to preventive services for all Americans. Services now focus on many of the areas identified in Healthy People 2010 (U.S. Department of Health and Human Services, retrieved July 12, 2008). These include programs aimed at weight control, smoking cessation, physical activity and fitness, occupational safety and health, health communication, stress management, and ways to stay healthy and prevent illness such as diabetes, cancer, and HIV. An essential component to success is understanding the meaning of health and “wellness” from the perspective of the client using the services of the wellness center. This understanding is essential to the nurse-client relationship and plan of care.

Wellness centers serve urban and rural populations and are located in communities as freestanding centers or as part of other organizations such as schools, universities, and workplaces. Wellness center staff often work in conjunction with clients’ traditional primary care providers to perform screening services that determine the appropriate use of health care providers so services are used appropriately and not duplicated. Although some screening services provided by nurse-managed wellness centers are reimbursable, the lack of third party reimbursement has been a challenge to maintain sustainability for many nurse-managed wellness centers not supported by ongoing grants, foundations, or a larger agency such as a school, university or workplace.
What Is a Nurse-Managed Wellness Center?

Historical Perspective

Nurses have a tradition of providing health promotion and wellness services to the general public that dates back at least to the late 19th century. In 1893, Lillian Wald established the Henry Street Nurses Settlement for the Poor and Infirm to administer to the health care needs of the poor in New York City, and around the same time, Margaret Sanger established the nation’s first birth control clinic. Somewhat later, the Sheppard-Towner Act, passed during the 1920s, allocated money to states to improve the health of mothers and babies, giving public health nurses a critical role in promoting prenatal, postpartum, and infancy care. During the 1920s, Mary Breckinridge, a nurse with the Frontier Nursing Service, founded one of the earliest nursing centers — in Hayden, Kentucky — that expanded the scope of services to include midwifery and routine immunizations and check-ups for infants and preschoolers, as well as sick care and social services. By the end of 1930, there were six centers in that area, each serving a five-mile radius and financed by a $1 annual prospective payment, in either cash or goods, from every household (Glass, 1989).

During the next decade, the Social Security Act of 1935 was passed appropriating: a) money for nurses to work with state and local health departments to monitor and protect the health of the community, and, for the first time, b) funding for the training of nurses, specifically public health nurses, to fulfill this new role. Thus, many of the original nursing centers were replaced by public health nursing departments or public health divisions within municipal or county health departments. Although they continued to provide some care to the sick in the community, the focus of their work shifted to preventive services, such as administering immunizations, providing well-child checkups, conducting screening programs for communicable diseases, and tracking contacts of patients with communicable diseases, such as tuberculosis or venereal diseases. For the next several decades, wellness services were provided largely through local public health departments, but varied in nature and scope and were limited by the resources available to them.

The Division of Nursing, an organizational unit within the Bureau of Health Professions, one of the four divisions within the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services, has played a very important role in the development of the nurse-managed health center model of health care delivery. Established initially as a division within the United States Public Health Services, it emerged from the United States Cadet Nurse Corps created under the Bolton Act of 1943 to relieve the severe shortage of nurses during World War II. Historically, the Division of Nursing has been the federal agency responsible for providing a national perspective on the nursing workforce, nursing practice, and nursing education. Its contributions to the nurse-managed health center movement have included: a) support for the creation of the nurse-practitioner and other advanced practice nurse roles, and b) advocacy for federal funding to develop models of care for the underserved, one of which is the nurse-managed health center. Over the next half century, a series of legislative acts were passed that provided funding to schools of nursing for the overall purposes of: a) increasing the number of nurses with baccalaureate and graduate degrees to assume positions in education and nursing, b) improving schools of
nursing facilities and educational programs, c) encouraging advanced practice nursing roles, and d) increasing access to nursing resources in underserved areas (HRSA, BHP, Division of Nursing, 1997).

Another trend contributing to the development of today’s nurse-managed centers, whether they offer exclusively wellness services or a combination of primary care and wellness, was that begun in the late 1970s of schools of nursing promoting clinical practice by faculty. Up until that time, many faculty members did not continue to practice once they accepted a teaching position. However, with the emergence of advanced nurse practice roles, it became critical that faculty exhibit expert clinical competence. Some schools established clinics run by nurse-practitioner or other advanced practice nursing faculty, simultaneously providing a site for faculty practice and a clinical practice site for nursing students. Between 1977 and 1979, the Division of Nursing funded clinics in a variety of settings, such as psychiatric day care centers, Head Start programs, prisons, and residential complexes for the elderly.

Through Section 3 of the Nurse Education Amendments of 1985, the Division of Nursing’s Special Projects Program was reauthorized, and funds were made available for projects to improve access to nursing services in non-institutional settings. These funds have supported nurse-managed health centers established by academic schools or departments of nursing. By 1992, the Program was supporting 17 nursing centers (Starbecker, 2000). Subsequent legislation in the 1990s (i.e., the Nurse Education and Practice Improvement Amendments Act of 1992 and the Health Professions Education Partnerships Act of 1998, Public Law 105-392) emphasized the need for these centers to improve access to primary health care in medically underserved communities and to care for underserved populations (Clear, Starbecker, & Kelly, 1999; USPHS, Division of Nursing, 2000). Thus, many of the nurse-managed centers established by schools of nursing included primary care among their wellness services, but faced many challenges in achieving financial sustainability (King, 2008), and some were forced to close. Historically, there has been no reimbursement through third party payers for health promotion programs, so support for wellness programs has had to be obtained through grants from private foundations and contracts with public agencies or organizations.

One private foundation that has been an avid supporter of nurse-managed health centers is the Independence Foundation, a private, regional foundation located in Philadelphia, Pennsylvania. In 1993, its Board of Directors designated nurse-managed health care as one of its four funding priorities and, over the course of the next 12 years, awarded a total of $27,819,042 in grants that supported nurse-managed health centers. Included within that total was funding for nurse-managed health centers that offered exclusively wellness services in addition to those offering primary care as well. During that time period, 12 nurse-managed wellness centers were funded. By the end of 1999, only 3 of those 12 continued to receive funding. Of the nine centers no longer receiving Independence Foundation funding, three had either expanded their scope of services to include primary care or became part of a nursing center that did, three were not funded due to Foundation concerns about their lack of success in seeking and procuring other funding sources, and three had either closed the center or program and/or changed the mission. Since the health
promotion/wellness services offered by these centers were not reimbursed by third-party payers, it became clear to the Foundation that they could survive only by cultivating multiple funding streams that might include a combination of foundations, local sources (e.g., carve out grants and contracts from local health departments), and/or HRSA’s Division of Nursing, or by offering primary care and becoming eligible for third-party reimbursement. Thus, the Foundation further refined its priorities in the nurse-managed initiative to focus on those centers that included primary care (King, 2005).

In spite of this shift in priorities, the Foundation did fund two projects that directly supported the work of all nurse-managed centers, including those exclusively offering wellness services. First, the Foundation funded the Regional Nursing Centers Consortium, established in 1996 by 13 Philadelphia area nurse-managed health centers with the express mission of strengthening the capacity, growth, and development of nurse-managed health centers to enable them to provide quality health care services to vulnerable populations and to eliminate health disparities in underserved communities. By the end of 2001, membership in the RNCC had grown to 36 centers located in ten states, and the RNCC changed its name to the National Nursing Centers Consortium, consistent with the geographical dispersion of its membership and its work on behalf of nurse-managed centers throughout the United States. As of the end of 2007, over 200 centers in 40 states were members of the NNCC. Second, in recognition of the need for data to describe the scope of services provided and clients served by nurse-managed wellness centers, the Foundation awarded a series of grants to the Community College of Philadelphia to develop a data collection tool that could be used by nursing centers to document the scope of services provided and numbers of clients served. These data could be used by individual centers for report and grant proposals and could be aggregated for use by the NNCC in its efforts to procure funding for wellness programs that could be implemented by multiple centers (Tagliareni & King, 2006). (Note: For further discussion of data collection issues and description of this tool, please see Chapters 15, 16, and 17.)

Summary

Although nurse-managed wellness centers share many characteristics with nursing centers that provide traditional primary care, they are unique in their exclusive focus on the management of the wellness of their clients. Wellness center services encompass disease prevention, health promotion, and wellness programs, but the exact nature of those programs varies depending upon the needs of the community served. Funding for nurse-managed wellness centers continues to be challenging because, historically, there has been no reimbursement for health promotion programs through third-party payers. Support for wellness programs has primarily been obtained through grants and contracts with private foundations and public agencies or organizations. An immediate challenge for nurse-managed wellness centers is to demonstrate to policymakers the value of such centers and, as a result, to be included among the strategies for reforming the current health care system.