Emma Curnin

Florence Nightingale Grants and Award Recipient Report

Background

The aim of this project was to lay the initial foundations for the creation of a public health nursing network in Tasmania to enhance the professionalisation of public health nursing practice by visiting international public health nurse leaders in New York. It was envisaged that a dedicated public health nurse network in Tasmania would create a forum for existing public health nursing leaders and those nurses aspiring to work in public health, to engage, connect and become a unified platform for action on inequity and the social determinants of health.

The study tour offered me the opportunity to explore how and why public health nurses in the USA have such a remarkable leadership role in health care reform and policy to bridge health inequity. This was a dilemma that could not be fully understood through the literature alone. It was envisaged that the knowledge and resultant outcomes from this project would create a network linking Tasmanian public health nurses with influential counterparts in leading USA organisations.

The Visiting Nurse Service of New York

The VNSNY is the only home research organisation in the Unites States. It was founded by Lillian Wald and has grown from its humble roots in the lower east side tenement to become a global leader in home health care. I had the opportunity to get to know and spend time with the Senior Vice President of Population Health and Clinical Support, Senior Vice President of Patient Care Services and the Director of Quality Management Services (Hospice).

The VNSNY is a demonstration site for government projects and initiatives. It runs projects for government 'experiments' usually related to various funding models which evaluate the payment systems and the constraints these systems place on health. Evaluating the outcomes on disadvantaged groups is embedded into all the programs and all stages of the projects are considered through an equity lens. They explore non-traditional programs and innovative care models.

The USA is moving away from a fee-for service model towards a value-based model. The VNSNY are therefore heavily involved in measuring health related outcomes based on value and how innovation can help drive improvements. This is extended further through a risk based approach which is driven by whole of population data. Data is the bedrock of their successes. This level of access to data was an interesting feature of the US healthcare system in that the belief was if the government provides your health care then in return you must share your data (as a patient). I reflected quite deeply on the issues we are having in Australia around eHealth and privacy and there were remarkable differences in belief systems between the two.

VNSNY is not just a nursing service. They employ pharmacists, wellness teams, health coaches, social workers, physiotherapists and a whole range of multidisciplinary team members. These teams work collaboratively to deliver and assess projects as well as day to day operations. A large project in CHF that had recently finished uncovered that readmissions into hospital were generally unrelated to CHF but were directly attributable to the SDOH. VNSNY found that if they helped with the

SDOH that hospital readmissions reduced by a significant amount which is why, as a philosophy, they always look way beyond the bio-medical model of care.

Image: The Empire State Building visible from the VNSNY Head Office (Credit Emma Curnin)

A current project is exploring the impact of telehealth and the outcomes for patients. They have found that telehealth does not work for everyone. They asked why does it work for some and not others? They used data over a 3-year period to uncover the risk factors for telehealth failure. They are now able to, using that risk-based model, show that patient X would benefit from telehealth, but patient Y needs a home visit because it's just not going to work for them. SDOH are included into the risk assessment.

The scale of the operation is hard to comprehend. Besides the government projects the organization maintains a day to day operations of home health services. They see 10,000 patients per day, with 800 RNs and over 400 additional support staff. They consider themselves a small organization! All RNs have advanced degrees such as case management, geriatrics or mental health and they rarely take new graduates. Within the last 5 years the model of health care delivery has shifted from task based (fee for service) to outcomes based.

My takeaway from this part of my tour is that my personal values can help to drive my leadership and career. I aim to use my passion for equity and service of the disadvantaged as my motivation to step into a leadership role.

The Centre for Home Care Policy and Research

The Centre for Home Care Policy and Research (*the centre*) is completely independent of the VNSNY and the VNSNY has no influence over what research is delivered by the centre. Although the VNSNY did create the centre and drove its establishment with a Board and a CEO committed to research and health outcomes. There was also a relationship with an academic at Pennsylvania State University who wanted to grow a dedicated home health research centre. The vision and commitment of these leaders is what grew the centre. The centre now conduct primary research with affiliations to universities. It rarely uses patients from the VNSNY as study participants and the VNSNY rarely approaches them with proposals.

I was able to spend time with and get to know the centres Senior Research Scientist, The Associate Director, the Senior Programming Analyst, Research Analysts in qualitative and epidemiology and their statisticians.

Image: Myself and the center's research team (Credit CHCPR)

A huge driver of their success is the ability to access data and whole of population data. Data that is mandated for the patient to share as a recipient of government health care. They recently produced a predictive model of readmission for CHF patients. They found that if a nurse home visited a CHF patient within 24-48 hours post discharge and they were followed up by a doctor at 7 days it significantly reduced re-admissions, improved the patient's quality of life and reduced the use of opioids.

My takeaway from this part of my tour is to remain open to new ideas, seek out leaders around me who inspire me and for me to explore opportunities to connect with leaders who share a similar vision.

Henry Street Settlement and Lillian Wald artifacts

The Henry Street settlement was the building where Lillian Wald and her team of nurses lived during the late 1800's. They were using a model of nursing care developing in the UK at roughly the same time where nurses would live in the same area where they worked and therefore would become part of the community.

Image: Henry Street Settlement - now a museum and administrative offices (Credit Emma Curnin)

Image: Lillian Wald and her nursing school pin (Credit Emma Curnin)

Image: Plaque commemorating Lillian Wald (Credit Emma Curnin)

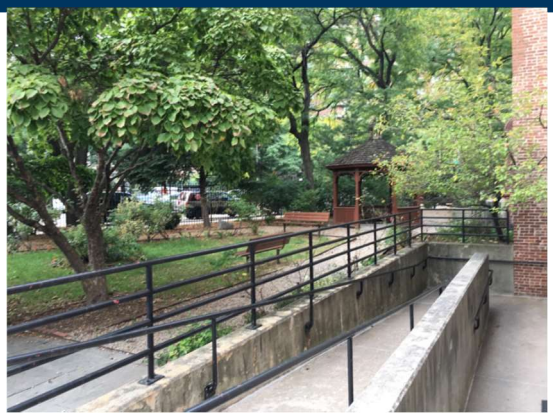

Image: The first 'off street' playground which was created by Lillian Wald as a safe place for children to play and spend time in nature. (Credit Emma Curnin)

Due to changing political and social environments, changing attitudes towards poverty and many of the settlement houses closed. However, Henry Street remained nimble, innovative and running projects on the ground.

One of my takeaway leadership learnings from this aspect of the tour is for me to remain open to new ideas, be flexible with changes around me, be agile and be innovative!

Lower East Side Tenement

Sending time and getting to know the area of the Lower East Side Tenement was a truly remarkable and humbling experience. Lillian Wald and the VNSNY were born on these streets and the human stories are still such a huge part of the community. During Lillian's time, the whole area was overpopulated with migrants. People who were in search of a better life and fleeing the poverty of Europe occurring at that time.

Image: Lower East Side Tenement circa 1890 (Credit Lower East Side Tenement Museum)

The tenement was originally built to accommodate the huge influx of people to the area (above). Each building was between 4-5 stories high and each floor could accommodate 4 families, each of which could have 10-12 family members! Despite the overcrowding, the buildings were reasonably well equipped which took me by surprise. Each building had their own clean water tap and toilets which were connected to a sewage system, separating clean and dirty water. This meant that diseases relating to poor sanitation, which were rife in Europe, were rarely seen. Their biggest risks were diseases of overpopulation and poverty such as TB and fire. As such, legislation was passed

which limited the number of families allowed in each building and that each building had to have a fire escape (below).

Image: Lower East Side Manhattan 2018 (Credit Emma Curnin)

The unfortunate outcome was that landlords raised rent to make up for the costs of fitting a fire escape and the reduced number of tenants. Demonstrating to me how we must always put an equity lens on any choices as the flow on effects to these people and their health was immeasurable. Many people moved away to other parts of the country to find work and accommodation. But for those who stayed, over the years found that the population continued to grow and eventually many of the tenements were razed and replaced by "Project buildings" (below).

Image: Tenement replacement buildings "Projects" (Credit Emma Curnin)

My takeaway learning from discovering the lower east side was that as a health care leader I can only influence a small part of the decisions made about people's lives. Decisions affecting peoples housing, jobs and lifestyles are outside of the control of health care for now. As a leader, I want to be able to use my voice to increase the awareness in other industries of their role in a person's wellbeing.

New York University – Rory Meyers College of Nursing

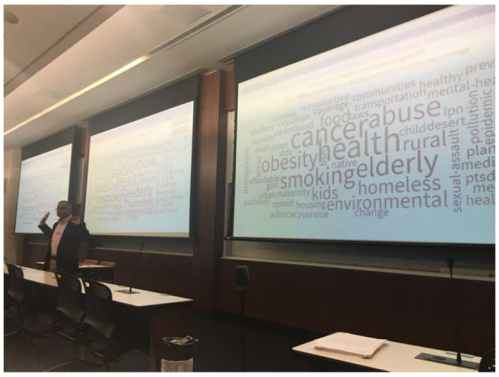

Image: A nursing student lecture on health equity and the social determinants (Credit Emma Curnin)

At NYU Rory Meyers College of Nursing I had the opportunity to create relationships with the nursing students and lecturers of nursing. Nursing in New York, like Australia, is a graduate job requiring all nurses to complete a bachelor's degree to register. During their course they have to complete 4 semesters on community care and public health. The units teach about the SDOH, equity, population health, epidemiology and diversity.

The unit which was running during the time I spent there was on health equity advocacy. It was pretty intense! The students were tested on the government and legal system in the USA so they could understand where and how health fitted into a bigger picture. They were then required to draft a letter together to a politician advocating for change on a chosen subject, for example, writing to a senator to advocate for universal health care. They had to include the evidence, research and data as to why it should change.

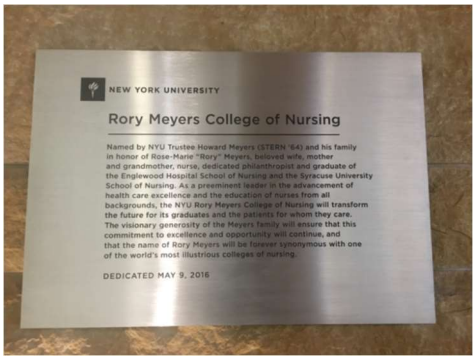

Image: Dedication Plaque in the NYU Lobby for the funding of the Rory Meyers College of Nursing (Credit Emma Curnin)

My takeaway learning from this part of the tour was to think more laterally and creatively. As a nurse leader I can have more power and a larger vice than I first realised. Part of my emerging leadership role is to participate in more advocy.

Conclusion

This tour helped to propel me forward and commence a Doctorate in Public Health at Flinders University in January 2018. I began researching how nurses are able to use their leadership role to influence the SDOH policy. However, as I reflected on my study tour learnings, I discovered that my path following this tour was not how I anticipated it to be! All the leaders I met or learnt about had

a passion for their area and that was how they influenced and drove change. I anticipated I would go onto be a leader in an academic role, but after this tour, I realized my passion was in industry, particularly in-patient safety and quality health care - not academic research.

I am now almost finished a Post Graduate Diploma in Quality Health Services and have found my learnings from the tour to have helped me immensely in understanding quality health services and how we can add value to the system we work within.

Additionally, and most overwhelmingly, I developed a deeper understanding of myself and what I want to achieve in my nursing leadership role whilst creating lifelong networks and connections with global leaders in home health care. This opportunity was instrumental in developing myself as a potential future leader in public health nursing. The report here merely provides a summary of my experience from an outward perspective. But the personal growth and insights I obtained were profound.

Thank you.