

# Pitt nurse

UNIVERSITY OF PITTSBURGH  
SCHOOL OF NURSING MAGAZINE  
Fall 2019

**INNOVATION  
IN NURSING**

**Bringing Care  
to the Community**



# Innovation Beyond the Bedside:

## Pitt Nursing in the Community

**W**hen she was completing her first undergraduate degree in the mid-1960s, Claudia Kregg-Byers (BSN '04, PhD '14), RN, MPH, promised herself three things: She would never be a secretary, she would never be a teacher, and she would never be a nurse.

So far, she has succeeded in only one of those goals.

Kregg-Byers teaches senior nursing students in the Department of Health and Community Systems. She says the mission of her teaching is to get her students to recognize that nursing doesn't begin and end at the bedside; rather, nursing extends far beyond the boundaries of the clinic, and even transcends time by reaching into a patient's history and taking their future into consideration.

"Patients come from somewhere, and they go somewhere." This, she says, is her guiding philosophy.

It's a philosophy that is striking in its radical simplicity. Of course, patients don't just appear at a hospital. Some drive, some arrive by ambulance, some take the bus. Some come from two minutes away and some from hours away. But how often do providers consider where that patient came from or where they'll return to once treatment is complete? And, more importantly, how do those factors affect that patient's ability to remain healthy?

Where someone comes from and returns to, Kregg-Byers explains, is a whole confluence of communal and individual factors: environment, county, neighborhood, home, culture, standard of living, education, socioeconomic status, friendships, family, support systems. There are differences between the patient who came on the bus and the patient who drove—differences that merit providers' attention.

**“Everything we do at the bedside is not going to be sustainable if we don’t consider where they come from and where they’re going after we’ve done the best that we can do.”**

Claudia Kregg-Byers

“But,” she says, “they’re going to return to an atmosphere that is inundated with the kind of lifestyle (that may negatively impact substance use). It is really hard for health care providers to keep them functioning at the highest level.

“Everything we do at the bedside is not going to be sustainable if we don’t consider where they come from and where they’re going after we’ve done the best that we can do.”

To get her students to think about where patients come from and return to, Kregg-Byers sends them into communities to observe factors that might affect those residents. Are there political signs in yards? How close is public transportation? Is there a local economy? How many churches, community centers, and businesses are there? Her goal is to stretch her students’ comfort levels and have them take stock of the outside influences that affect patients and their health decisions, both before they become sick and after they’ve received a diagnosis.

She also invites experts from different nursing fields into her classroom, from school nurses to those working with immigrant populations, to talk about the ways they adjust their nursing to meet the needs of their patients.

“You have a gift as a nurse, but sometimes you have to modify that gift,” Kregg-Byers says. “I want to let them think about the diversities that they’re going to confront and learn how to respect and treat these folks with dignity.” The most important thing, she says, is that students learn not to judge their patients and how to deliver the same care to all patients across the broad spectrum of their life experiences.

She gives the example of an opioid user who could show up at a hospital and receive the highest quality care and nursing, preventative techniques, and medicine.

Each patient is a person, and each person’s life extends beyond the boundaries of bedside care. The extra effort of considering what lies beyond those boundaries is what Kregg-Byers hopes her students will continue to put forth. It’s also what Margaret Rosenzweig (MSN ’86, PhD ’01), FAAN, is trying to help cancer researchers consider when they conduct clinical trials.

Rosenzweig was recently named associate director for catchment area research at UPMC Hillman Cancer Center and is co-chair of the center’s Committee for Health Equity and Community Outreach & Engagement. The members of this interdisciplinary group work together to make sure that patients’ environments and realities are considered when it comes to basic cancer research. A combined team of physicians, nurses, and researchers, the group is responsible for assessing the 29-county catchment area of UPMC Hillman Cancer Center to identify specific cancer-related risk factors. The catchment area covers about half the Commonwealth of Pennsylvania, so while some of the factors are more general, other cancer burdens are specific to western Pennsylvania, like high smoking rates, obesity, and racial disparities in lung cancer treatment.

“Those are unique to our area, so we want to say that we’re addressing that not just through community outreach but also that the research agenda of the cancer center takes into consideration the specific cancer burdens in this catchment area.”

This kind of thinking isn’t new to Rosenzweig, who has spent much of her career researching and addressing racial and socioeconomic gaps in health care. Her interest in community engagement began with one of her first clinical assignments as a young nurse, working with the Jesuit Volunteer Corps to staff a clinic in southern Louisiana. The clinic was going to be closed because there was no money to staff it. Rosenzweig and a few other nurses and social workers stepped in to keep the clinic open for the rural farm workers who relied on it. This experience ignited a lifelong passion to study and work to ameliorate health care disparities.

In 2018, Rosenzweig won one of the first Pitt Seed Grants to continue her work with the Allegheny County Breast Consortium.

**“We are trying to build this even further through an initiative of wellness—to say that breast health is part of overall health, really focused on being female and all the things females in lower income communities face.”**

Margaret Rosenzweig



The consortium aims to help women think seriously about their breast health, especially in communities where women are not as likely to seek or receive adequate treatment. Rosenzweig is focused specifically on the context of that message. She wants to frame the discussion in terms of a healthy woman and empowering women from low-income communities and communities of color.

“We are trying to build this even further through an initiative of wellness—to say that breast health is part of overall health, really focused on being female and all the things females in lower income communities face.”

Rosenzweig knows she can't march into a community and say, “We're here to help.” This was a mistake made by researchers in the past, who invited themselves into minority neighborhoods to lecture rather than listen and to recruit rather than invest. The key difference in her approach is making sure the issue at hand is one the community wants to work on. She approaches community leaders and attends meetings to present data about health disparities in hopes that she can persuade the community that the issue of breast health deserves attention. Part of gaining its attention and trust is by sharing relevant data—for example, that African American women have lower mammography rates. Once she has presented the evidence, she poses the question to the leaders.

“Is this compelling enough for people to want to work on this? Because there are lots of compelling problems in poor neighborhoods, so you are sort of competing for the community leaders' attention.”

McKeesport and Braddock were two neighborhoods in the Pittsburgh area where the community leaders agreed that breast cancer was a pressing issue, and the consortium began establishing a presence in the communities as a resource for women's health. With one year of grant funding left, Rosenzweig hopes that by the end of the grant cycle, the consortium will have a permanent presence in Braddock and McKeesport in the form of holistic wellness and resource centers for women. Though Rosenzweig says her goal is not to reinvent the wheel, the program already has in some ways, by favoring sustained community engagement over specific clinical outcomes and putting the communities' needs first.

The practices and philosophies of Kregg-Byers and Rosenzweig go hand in hand. Both are encouraging students and researchers to consider the places patients come from and return to, places that are disproportionately burdened, lacking in health resources, and far beyond the clinic. And both are doing their part to make sure those needs, and those neighborhoods, are not overlooked.