

Evelyn Coley, RN, PHN Oral History 2010

Evelyn Coley (18:27-30:48)

MB: My name is Melissa Bayne. We are in Wilmington, North Carolina conducting a nursing interview for the Public Health Association Conference on Thursday October 28th, 2010.

Could you share with me your name and where you were born?

EC: My name is Evelyn Williams Coley and I was born in Goldsboro, North Carolina.

MB: What's your birthdate?

EC: April 26, 1950.

MB: Did you also grow up in Goldsboro?

EC: I did.

MB: Okay. When did you decide to become a nurse and what most attracted you to nursing?

EC: I worked as a nursing assistant for two-and-a-half years in an ICU burn care unit, and I knew that I wanted to be a nurse because I wanted to offer more to the patients. So in 1973 I went to LPN school at Wayne Community College. I became an LPN and I continued to work in that unit for a year and a half. I have a neighbor who is a public health nurse who asked me about trying public health, and I also had a role model. Her name was Wenda Linsyskorni (?), she was a public health nurse who had retired at the time, but I remember the things that they did. Coming to schools, checking students' vision, giving those shots that I just dreaded. So I decided to give it a try.

MB: I guess you described a little your nursing school experience. Could you tell me how it related to community health and public health?

EC: In LPN school we just observed in the public health department. In 1987 I went back to school and got my ADN in 1987, and we actually spent some clinical time in the health department. In 2000 I went back and got my Bachelor's in nursing and I got a different focus, more on the managing aspect. That's been very helpful. And additionally I went and in 2002 I got my Master's in healthcare administration with a concentration in business, so that's helped tremendously.

MB: Why did you decide to become a community health nurse?

EC: I like the diversity. At the time I came in I worked all the clinics, kind of overwhelming to keep up every day with what you needed to do, and I like diversity so I did that about six and half years and had a lot of good experience. But I didn't do home visits at the time because you had to be an RN, to do home visits. When I came back in '87 I was a child service coordinator and I was worked with high-risk infants and their parents and that was most rewarding. Actually

we had most work in case management but we actually did a lot of home management and teaching assessments and feeding assessments, and worked closely with the early interventionists. And we could see progress, and my sideline interest has always kind of been pre-school education so I kind of incorporated a lot of that in helping with parents. Telling them their child's developmental status, particularly with reading and talking about pictures, so I always carried a bunch of books in the trunk of my car to give to parents who didn't have books, and there were some who didn't have children's books. Then I saw that sometimes parents couldn't read to the children. They may have an older sibling, so I had to come up with a negotiation plan. so I'd get toys and put them in the trunk of my car and I would contract with the sibling to read to them and when I came back they'd report what they did and I'd give them a toy. That was really rewarding, and all the children that I worked with at that time period, they all came out fine. I guess the most challenging one was, I was doing my hospital rounds to identify the high-risk infants. There was this mom in the room and she was crying. I asked her what was the problem and she told me that her baby was a twenty week-er and that she was born viable and that they were getting ready to ship her to Virginia to put her on that heart and lung machine. Nobody gave her any hope. So I just said to her "do you believe in miracles?" and she said "well yeah". I said "well let's believe in a miracle". So she named the baby Miracle and she's about 21 and doing fine.

MB: Awesome. Please tell me about your most memorable story about community health nursing. I know you've mentioned one. This can be a time you made a significant contribution to your community, or a time when something went horribly wrong, or something surprising that happened to you as a community health nurse. Or a memory of a nurse who inspired you. Or anything else you would like to share.

EC: Over the last 5 years I've teamed up with Cooperative Extension Agent to do the Eat Smart Move More program. Because it's a lot of evening and night work a lot of people in public health don't want to do that. We actually worked with about 11 churches, and we taught (lay?) advisors. Some of them had health ministries that were not developed, and some had developed ministries. We worked with the participants on how to make camera ready church bulletin inserts. We went and picked out which disease of the month for the whole year that they wanted to discuss in their congregation. So we standardized everything and we put them on committees. We had people work on, say, heart disease month and we gave them a website and they found the information and they would put together this little insert. And we would print for them, those that didn't have printing capabilities. That was really strong. The other component was cooking classes. I've always cooked, but working with somebody professionally you use all the correct

terminology. The churches had to make a policy change, a lot of them were making lifestyle changes, and they had a celebration. There were people who had lost weight. One lady had come off of her blood pressure medication and her insulin. It had an exercise component. So we really mobilized and energized the community. It was really great. That's continuing even now.

MB: If you had to do it again would you become a community health nurse? Why or why not?

EC: Oh yes. It's very rewarding, and I like diversity. And I like being able to make a difference in the lives of people. It's been very rewarding and very nice being a public health nurse.

MB: Is there anything else you would like to share with nurses in the future who are interested in community health nursing during 2010?

EC: It's a great career. You just have to get out of the technical mode, when you come from a hospital setting you're always doing something for people, hands on. There's a little bit of have that in public health but there's a whole lot of teaching, coaching, motivating, and helping people solve problems. The communities have changed. Everybody doesn't have good support, family support because people are spread out. So you can actually make an impact on that person's life by helping them with challenges and getting over the hoops and the hurdles of just getting routine care, or motivating people to improve their lives. If you're afraid of people you can't help people. I've never met a bad person. I've met people with challenges like substance abuse, but they were excellent people. You have to work through their issues and really stick to your agenda and let them know what you expect and what they can expect from you, and I've never had a problem with a client. I guess the nurses now, they're afraid of the community, There's crime in the area, afraid to make a home visit. You've got to use a lot of common sense to know what time to go, and don't go into the heat of battle. But it's been very rewarding. Actually I was walking one day at lunch and I heard this tire screeching and I said "oh my god what's going on?" and somebody jumps out of the car. It was one of my former clients who wanted to let me know that she was enrolled in college to become a nurse, and she said that I was interviewing her one day and one of my kids called and I was telling them to do their homework, do this do that before I got home. And she asked me how many children I had, I don't remember this, and she decided then that if I could work and handle a family that she could go back to nursing school and have a family. She graduated but she's in hospital nursing.

MB: That's wonderful.

EC: it's really exciting to see people that you work with. Bringing these young men and women up to you now and saying "this is so-and-so you used to visit at home". You can make a difference. You can just do a job or it can be a mission. You can always do more than the requirement to meet the needs of families.

MB: is there anything else you'd like to share?

EC: Yeah I've always been afraid of dogs, not people. Everybody else, we each use a particular card for a client. And everybody would put what time to go and those kinds of things, where they might find them. The only thing I was interested in was if they had a dog. If they had a dog I always put "dog" on the card.

MB: That's hilarious. Thank you for sharing your stories. They were really inspiring, so I appreciate it. Thank you.

[rest of tape silence]