

Amy Parker oral history

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JT: My name is Juliette Tinney, I'm a student nurse from UNCW, we're in Wilmington, North Carolina on October 28th, 2010 and these are nursing interviews for the public health association nursing conference. Good morning.

AP: Good morning.

JT: What is your name?

AP: Amy Parker.

JT: When were you born?

AP: I was born September 17th, 1955.

JT: And where did you grow up?

AP: I grew up in Guilford County, in Greensboro.

JT: Why did you decide to become a nurse?

AP: Well growing up it was either going to be a teacher or a nurse. But I did have an aunt that worked in public health, she wasn't a nurse but she talked about the nursing aspect and all the great things they did out in the community, and I just thought that sounded like a really fun career so I went to nursing school and ended up in public health.

JT: So where and when did you go to nursing school?

AP: I started out, back when I was in college it was a junior college, Wingate, which is now Wingate University. I started there then transferred after two years to UNC Charlotte, and I was accepted into the nursing school when I transferred.

JT: Tell me a little bit about your nursing education especially as it relates to community and public health.

AP: Well I went to UNC Charlotte, which was a BSN program, it was an outstanding program and the fact that we were in the hospital as well as in the classroom but in the community health part of it we actually did our rotation through the health department, so I had a really excellent rotation to prepare me to work in public health.

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

AP: Well once I had my rotation in there in school and I was able to go out into the community with the other nurses that were working with the health department, I just realized that it was something for me, the autonomy, the ability to go out and work with not just the patient but the family, sometimes with other members of the community, might be church leaders, just whoever we need to help, maybe provide services for a family and it was affecting change in more than just one way.

JT: Please tell me about your first job in community health.

AP: Well when I first came out of school I wanted to go work for the health department so I applied to the health department, and the Nursing Director at that time said "No you have to go to the hospital and pay your dues, because every new nurse that I hire out of school ends up going back to the hospital." That was very smart on her part because I worked 3rd shift on a medical floor, it was great experience, I appreciate the fact that I had the opportunity but it made me realize that it probably was not my particular area of interest so as soon as a job became available I went to work for the community health department and I have been there 31 years.

JT: Great, so what is your current position?

AP: Public Health administrator, which is basically a Nursing Director.

JT: Tell me about your most memorable story about community health nursing.

AP: There's a lot of them. I think the most interesting and challenging was when I was just in public health for a year, and was very active in the community. When I started I was a public health nurse 1, and I had a district and that meant I had an area

that I was responsible for all of the people in that district if they needed child health services, family plan services, school health services, I even had schools, anything that was in that part of the county belonged to me. So when new babies would come home I would go out and do their postpartum visit, the newborn home visit, I would follow up with anything the children needed. Back when I started in 1979/1980, to have a baby come home that was 32-week gestation was a big accomplishment. But I lucked up and had a baby from 26- week gestation that had survived, weighed two pounds and the child was discharged home, and we were the provider of care from the health department, but I was the nurse that had to go out and work with this mom and instruct her on what to do and make sure that the baby was thriving and growing, and gaining weight. And I just remember feeling, as a new nurse, and not having children of my own and the time I was so worried and scared that you know I wouldn't do the right thing, and it ended up that the child did very well, ended up going to school, graduated from high school and it was just a good story.

JT: Any more memorable stories that you can think of that stand out to you?

AP: Well there's a lot; you know I've grown up there. I became a public health nurse 1, a public health nurse 2, supervisor, then ended up becoming the public health administrator. But a lot of things during my career, I know the Hispanic situation that we started facing quite a few years ago, we didn't know how we were going to deal with that and I'm very proud of our department and how we served that community. We have probably seven interpreters on staff and we've had some obstacles, even our newspaper back when we first started providing services and our response has been a good one and I think we have a very supportive community. One experience I remember was working with a family, the mom had 12 children and my only translator at the time, this is when we first started working with the Hispanic community, my translator was a Catholic nun and when I went out I told the sister that we were going to have to talk about birth control and it was just amazing the support I had from her because she knew if we didn't make a difference in this mom's life that had 12 children, that she wasn't going to be there much longer to care for those children so she helped me right along talking and teaching birth control to this mom and so that was one of the things I remember feeling with and worrying well is she going to be willing to do that, and she was.

JT: So if you had to do it again would you be a community health nurse?

AP: Absolutely.

JT: And why?

AP: I think it's probably the best career in nursing, I'm a little prejudice there, but when I interview nurses now and we talk about public health I tell them that it's the one part of nursing with all different avenues. There's dealing with moms, children, communicable disease, family planning, children at risk, and making such a difference in their lives. It's not just about clinical, it's about getting out in the community and making sure there's wrap around services, I don't know of many providers you can go to that you can walk in the door and you can start with your immunization, your exam, dental, nutrition, and then referral and making sure the referral is complete by following up with the referring doctor and helping that patient if they have transportation issues. It's just a total wrap around of services, and our population sometimes has obstacles such as transportation, that being able to provide those services would not otherwise be provided if we weren't able to do that, so I think we make a huge difference. I tell people all the time I feel like I've kind of had a job in the mission field for thirty years so it's been really gratifying. We have excellent nurses and doctors and support staff so it makes my job very easy. That's why I'm still there after thirty-one years.

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

AP: Well I think nurses right now, I would probably not feel safe to go back in a hospital, because the technology has moved forward over the years, but I would say if you aren't into just all that and you really want to make an impact on the community and making a change in the community then I think public health nursing is an avenue you ought to consider. It has certainly been very rewarding for me and I've never regretted a day of not being in the hospital and having all of the technical skills and things, I've not really missed that because I know what I'm doing is a different area but it's a very rewarding and ongoing, your involvement with the families is ongoing. And I have families now I see in the grocery store that I saw when their children were little, now they'll come up to me and tell me that they're finishing high school or they're going to college or maybe themselves becoming a nurse. So you just kind of know the difference that you've made.

JT: Great, thank you so much.