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Brief History Of Nursing In Rural North Carolina

By: Dr. Phoebe Pollitt, RN

Abstract

For over a hundred years, organized nursing in North Carolina has recognized the unique health challenges faced by people living in rural areas. From the founding of nurse Lydia Holman's Holman Association in 1903 to today's focus on telehealth and access to care for rural residents, nurses have provided care to those in isolated regions. They have traveled on foot, boat, ox-cart, and mule to bring the benefits of modern healthcare to fellow citizens.

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Brief History of Nursing in Rural North Carolina

By Dr Phoebe Pollitt, RN; Nursing History Council Member

For over a hundred years, organized nursing in North Carolina has recognized the unique health challenges faced by people living in rural areas. From the founding of nurse Lydia Holman's Holman Association in 1903 to today's focus on telehealth and access to care for rural residents, nurses have provided care to those in isolated regions. They have traveled on foot, boat, ox-cart, and mule to bring the benefits of modern healthcare to fellow citizens.

Lydia Holman, RN, arrived in Mitchell County in 1900 to care for a wealthy woman suffering from typhus, and was struck by the desperate need for healthcare in the surrounding rural mountain counties. Without the backing of a church or civic organization, she formed the Holman Association for the Promotion of Rural Nursing, Hygiene and Social Service to raise money, supplies, and staff to help with her work. Holman taught classes in hygiene and nutrition, helped control epidemics of contagious diseases, developed a typhoid immunization campaign, and distributed dental supplies.

In 1912, the American Red Cross Town and Country Nursing Service began providing skilled nursing care and health instruction in rural regions across the country. Between 1915 and 1935, 52 NC chapters of the Red Cross helped employ Town and Country nurses in their communities.

The state government became involved in rural nursing in 1919 when six school nurses were hired to assess the health condition of all elementary school children in the state. This was often the first interaction rural children and their families had with health care professionals.

A year after women got the right to vote, the US Congress passed 1921's Sheppard Towner Act, funding maternal-child health programs over the objections of the American Medical Association. The North Carolina legislature matched the federal funds and 94 nurses were employed to bring down maternal and child death rates. Many of these nurses worked in rural counties.

To help alleviate the poverty and misery of the Great Depression, President Roosevelt initiated several New Deal programs to improve the country's health and create jobs. From 1933, when the first New Deal programs began, through 1940, when they ended, approximately 300 North Carolina nurses were employed and dispatched across the state to provide public health, school health and home health services.

In 1947 the NC Legislature funded the "Good Health Plan" (GHP) to provide adequate medical, dental, nursing and mental health for all the state's citizens. Using state and federal monies, 62 new hospitals were built in mostly rural counties. GHP also funded new medical and nursing schools at UNC Chapel Hill. These efforts helped recruit more people into the nursing profession who were often hired in new rural hospitals.

The new federal Great Society programs of Medicare and Medicaid in the 1960s were a catalyst to expanding healthcare in rural areas. For the first time, poor and elderly people had insurance to pay for healthcare. This allowed expansion of health departments, hospitals and community mental health centers in every section of the state.

A 1970 report from the Carnegie Commission recommended a nationwide system of Area Health Education Centers. The AHEC program was developed by Congress in 1971 to recruit, train, and retain health professionals, including nurses, committed to work with underserved populations. By

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1975, nine AHECs operated across the North Carolina. The AHEC system was largely responsible for providing Nurse Practitioner education in the state's rural counties.

Despite decades of programs aimed at insuring adequate healthcare for rural residents, disparities remain.

"Almost any measure you look at in terms of rural health, rural areas are doing poorer," said Mark Holmes, director of the Cecil G. Sheps Center for Health Services Research at UNC Chapel Hill, in a recent *North Carolina Health News* report. "They're older. They're poorer. They're most isolated. They have persistently higher mortality on just about every indicator you look at."

A primary cause of this lack of access to quality care is the physician shortage in rural counties. NCNA advocates for modernized regulations on Advanced Practice Registered Nurses that would alleviate the problem in rural counties across the state.

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The opinions expressed in this article are the author's own and do not necessarily reflect the view of the North Carolina Nurses Association or its board of directors.