



Introduction: Carolyn Lewis-Spruill, MSN, APN,C., is an adult nurse practitioner whose primary focus over a nearly forty year career as a provider, nurse practitioner educator, and administrator has been on clinical care. As a brave entrepreneur, she has repeatedly created health care initiatives designed to improve access to care, provide preventive and restorative health care, and ameliorate the consequences of poverty and homelessness among the historically underserved in her local, county and state communities.

Interview Abstract: A life-long resident of Trenton, Ms. Lewis-Spruill was the first person in her family to go to college; her father was the son of sharecroppers, and she describes herself as just three generations away from slavery. She attended Hampton University School of Nursing, a historically black college/university, where her education was interrupted in her sophomore year by the early death of her mother from metastatic breast cancer, an experience that “made me want to focus on teaching my community about preventive self-care.” Though she appreciated the quality of the UPenn NP Program, she suffered the indignity of other students and some faculty who made her feel that she was only there because of affirmative action. Two faculty members, Joan Lynaugh and Barbara Bates became vital mentors. Ms. Lewis-Spruill

conveys the essential importance of having the support of a knowledgeable administration and physician colleagues when working to implement the role of nurse practitioner whether early or late in a career. She describes the inhibiting effects of racism on patients seeking to obtain care and on providers trying to execute care. She underscores how her ten years of medical-surgical nursing experience earned before entering a nurse practitioner program was a key to her success in the two endeavors of which she is most proud: opening a free clinic for the medically uninsured in inner city Trenton at St. Martin's House, and serving as the first nurse/nurse practitioner to hold the position of Director of Health and Human Services for the city of Trenton, NJ, where she was able to initiate a free vaccination program for children, a clinic for the uninsured, an expanded lead abatement program, and citywide senior citizen services. Her greatest regret also involves those programs: she was unable to secure the long-term funding needed to sustain the St. Martin's House clinic, and a change in government ended her job as the health department director, drastically reducing or eliminating the programs she had worked so hard to develop.

Biosketch: Ms. Lewis-Spruill's entrepreneurial spirit and devotion to the health of her broad community have been manifested in the following endeavors:

- Starting an ambulatory women's health clinic at St. Francis Hospital in Trenton, NJ.
- Opening and directing a free health care clinic in inner city Trenton-St. Martin's House-which she was able to sustain for six years.
- Developing a comprehensive ambulatory program for heart failure patients which resulted in reduced hospital readmissions and improved patients' quality of life.
- Assuming a unique collaborative joint appointment between the College of New Jersey School of Nursing and the City of Trenton; she established primary care services in an out-patient setting for uninsured patients, supervising a 9 member professional and paraprofessional staff while at the same time providing classroom and clinical instruction to nurse practitioner students, and participating in curriculum development.
- Serving as the Director of Health and Human Services for the city of Trenton, she supervised a staff of 140 across the combined divisions of health, community relations and social services, managing a \$4.3 million dollar budget, with employees as diverse as dog catcher and vital statistician; the position involved engagement with multiple municipal, county and state boards to develop policies and programs to enhance health care and social services.
- Developing orientation, training, and continuing education for all new healthcare staff in the state prisons of NJ through a University of Medicine & Dentistry-University Correctional Healthcare program
- Developing Assisted Living programs in subsidized housing: responsible for new business start-up and budgeting, as well as recruitment and oversight of all staff, including clinical oversight.

Key Words: community; clinical; entrepreneurship; health; developing; director

## Oral History Interview with Carolyn Lewis-Spruill MSN, APN, C.

Date: September 25, 2024

Interviewer: Carolyn Torre RN, MA, APN, FAANP

Location of Interview: Pennington, N.J.

Education of Interviewee:

BSN, Hampton University, 1975

MSN, University of Pennsylvania, 1985

Certifications of Interviewee: Adult Nurse Practitioner: AANC; Certified Assisted Living

Administrator: N.J. Department of Health

1.a. Q: When did you become a nurse practitioner?

A. I received an MSN from the University of Pennsylvania in 1985, as an adult health nurse practitioner. I liked the program, but as a black woman, many professors and students made me feel that I did not deserve to be there. Professors Barbara Bates and Joan Lynaugh, who were partners at that time, took me under their wings. At the time I went to graduate school, I had a three year old daughter and was recently divorced. I had to mortgage my house to help pay for tuition, although I received some financial assistance from a nurse traineeship, and I worked as a nursing supervisor at St. Francis Hospital in Trenton. My Father was worried about how I was going to manage, but I assured him, "Daddy, I work!"

1. b. Q: What was your motivation to become a nurse practitioner?

A. I wanted to have more control over patient care. For example, if a patient had edema, I didn't want care to be delayed by having to wait for a Lasix prescription from a physician. I came from a strong nursing undergraduate program at Hampton University in Virginia-a historically black college/university. Originally, I thought I would get more clinical experience if I attended a diploma school of nursing, but when I interviewed at Hahnemann in Philadelphia, the Director told me that with my high grades, I should apply to a BSN program instead. That changed the course of my life. I was the first in my family to go to college. My Father came from a family of sharecroppers, and I was just three generations away from slavery.

My Mother died from metastatic breast cancer when I was 18 and a sophomore in college, leaving me, my Father and my two younger brothers. I had a wonderful Father. Education was important to him and to my Mother. He told me I was going to go back to school, and that this was what my Mother had wanted. I had dropped out to go home and care for my Mother, and could not re-enroll in the middle of the semester, so the professors allowed me to audit the classes and take the tests so I kept up with my classmates. Student housing was full, so I lived with one of the professors, which was helpful as I was recovering from my Mother's loss. The circumstances surrounding my Mother's illness and death made me want to focus on teaching my community about preventive self-care. I was always interested in adult and women's health, and nursing was always what I wanted to do.

2. Q. What experiences did you bring to the role of nurse practitioner?

A. I graduated with a BSN in 1975, so I had ten years of med/surg nursing experience when I graduated from the UPenn NP program. I think it is really important to have that depth of experience before you become an NP. I relied on my basic nursing experience even after I

became an NP. Lack of clinical experience shows in some of the NP's now coming out of school; it seems like many are driven into the profession by salaries more than by interest in caring for patients.

3. a. Q. Did you experience any challenges as an early NP?

A. I worked at two jobs after I completed my NP program. Planned Parenthood was my first NP employer; they recognized and understood the role of the NP. I was still working at St. Francis Hospital in Trenton, but it was difficult to transition between being a staff nurse and being a nurse practitioner. Most of the physicians were over 60 and did not understand the role of the NP. One nurse really did understand the role, and she and I started a women's health care clinic; at first, I was only allowed to do breast exams because physicians were opposed to my doing more. It was the time of HIV/AIDs but because St. Francis was a Catholic hospital, we weren't allowed to talk about using condoms. I said to myself, I have to get out of here! Then, I moved to the clinic at Mercer Medical Center and I loved it; the patients were members of the inner city population I wanted to work with. It was a good time but a hard time; we had many patients with HIV/AIDS and only AZT to treat them. There were a lot of younger doctors who had just come out of school and they understood the NP role; too, administration was supportive of NPs. I worked at both the medical clinic and the OB/GYN clinic. Recently, in the community clinic where I volunteer to provide women's health care twice a month, I saw an 88 year old who first became my patient back at Mercer; I have about 5 patients like that. At Mercer I was really able to teach patients proper preventive care. Because I had developed a good relationship with physician specialists, I could connect my patients with them, even in cases where they might not be able to pay fully because of limited health insurance. The NP role has been good for me and for my community; I was able to educate them and bring them care.

4. Are there key experiences or things that stand out that you would like remembered?

I was able to open up a free clinic, St. Martin's House, in East Trenton with a priest (Father Brian McCormick) located there who had been working on housing and helping residents with home ownership, and who recognized the need for health care. He had funding from the Diocese of Trenton and we received some funding from Johnson & Johnson. I had a pediatric nurse practitioner working with me (Mary Brusgard). We worked with physicians from St. Francis, so we could get our patients admitted, when needed; they were our collaborators. We were there for a good 5 years. My biggest regret is that I was unable to secure funding to sustain the program. I see patients now and they ask me: "where are you, where can I come see you"? Now when I look back, I think if I had had experience in obtaining grant funding, that would have helped. It has always bothered me that people without means go without health care. "I mean, health care should be a right!"

Developing and running the clinic at St. Martin's House was one of my proudest accomplishments. That, and being the Director of Health and Human Services for the City of Trenton. That came about because I was a long-time friend of the mayor, Doug Palmer; our families were friends; his sister is my daughter's godmother; we went to the same undergraduate college-Hampton University; he was a few years ahead of me. He had been the mayor for some time. He said, "why don't you come help me?" I didn't want to get anywhere

near politics! Finally, I agreed to help. What was intriguing to me is that Trenton had never had a health care provider as Director of Health and Human Services; they had had a social worker and a human resource administrator, and I thought, "how much worse can I do?" I had a good team there, for example a health officer who knew all the city/public health regulations. We were able to start a free vaccine program for kids and provide clinics at times when parents were available to bring them, evenings and weekends; residents were so appreciative. I developed a health clinic for people who were uninsured which we added on to an existing STD clinic. I had a medical director-a physician from Capitol Health who was finishing up her residency at that time. We ran a lead program that involved lead abatements; we expanded our senior citizen programs; we had 4-5 sites that seniors could go to throughout the city, using a van we provided. The Delaware River flooded twice while I held this position, and I experienced it along with my neighbors. I was always very hands on wherever I worked. I know that one night there was a big fire in a Senior Citizen's residence, and I showed up; the Fire Chief asked why I was there, and I said "I just wanted to make sure that everything's OK". He said that past directors never did that! I was in that position for nine years, until another politician became mayor, and he told the Directors of all the city departments that their services were no longer needed; he didn't think any transition efforts were needed either. Later, this mayor was arrested and put in jail. There had never been any corruption in the twenty years that Doug Palmer was mayor; he respected the expertise of all those he hired. We Directors worked together to make sure things were tightened up; if one was a little shaky, someone else backed them up. Recently, city officials voted to name the City Hall after Doug Palmer, Trenton's only black mayor.

5. What were the most difficult issues you faced as a nurse practitioner?

First, the physicians I had to work with at St. Francis, both as an RN and an NP. They were all white, average age sixty or older. The problems that emerged were related both to the physicians' need for power and to race. I went to school at Trenton High School which was just across the street from St. Francis, but we students would get off the bus and never cross the street. Hamilton Ave. was a dividing line between black and white neighborhoods. The nurses at St. Francis were all white too, except for one nursing supervisor at night and she was nice and helpful. I was questioned at every turn; for example: a white physician gave orders to a white LPN who legally could not take them but was supposed to then relay them to me. I reminded her that LPNs were not allowed to take or transcribe physician's orders. She then had to call the physician who then had to transcribe the orders to me! There was a black nursing assistant who was very helpful and provided me with guidance; her daughter is a member of my church, and I later told her how helpful her mother had been. We had many repeat patients in the hospital, who saw it as part of their family; the patients taught us as well. I was disrespected by many white physicians, but I learned who the physicians were that I could work well with, and who would support me, and still today, at Capital Health, there are many physicians who choose to work with me.

6. Is there anything you would want to change?

The one thing I would like to change, as I mentioned previously, was to have obtained sustained funding for the clinic at St. Martin's House.

7. What do you see as a pivotal moment in the past years?

Taking the position of City of Trenton Director of Health and Human Services, because it was so far apart from what nurses usually do. It really gave me a broad overview of the community; it reinforced my knowledge of what the needs were. It was so disheartening to be fired knowing there was so much more to do. Doug Palmer's successor appointed people who were not qualified. For example, the Director of Recreation was also appointed to be the Director of Health and Human Services. Health programs in the city are in upheaval now: there are no vaccine clinics; employees in the Environmental Health program which had Federal grant funds, have been federally charged with falsifying records. When I was there, these were really good employees. I looked at every time sheet, and I closely supervised my employees. When I left, no one was supervising them. Being a good employee requires good leadership!

8. What advice would you give to new nurse practitioners?

Get a good grounding in medical-surgical nursing. Be sure you know what kind of program you are getting into. Fully online programs are unlikely to provide the same kind of clinical experience that can be obtained in person. Don't look for the quickest route to becoming an NP. After graduation, find a strong person to work with, who can mentor you. I am supportive of nurse residencies. It is important to be humble as a new student and to be open to constructive criticism. It is really important, as a new graduate, to recognize your limitations.

Join your state nurses association. I knew I could always call the New Jersey State Nurses Association (NJSNA) if I needed help, and that NJSNA's Forum of Nurses in Advanced Practice was behind me. NPs need face to face contact with other NPs to develop networks, resources and support.

I was really blessed to have a great experience as a nurse practitioner – which I would have never imagined. I always remembered the commencement speaker at my nursing capping ceremony who told us to use nursing as a 'springboard' to our career. I know I was able to do that!

9. Where do you envision nurse practitioners in 25 years?

I think NPs will still be a strong factor in healthcare 25 years from now if nursing standardizes its overall learning objectives and levels of care. Educational institutions must become more cognizant of the type of NP student they admit and produce.