

Nursing the Needy: Alum Makes Impact on Community Health

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A GRADUATE OF THE DIRECT ENTRY MASTER'S IN NURSING PROGRAM, CAREER CHANGER JANNELL LEVINE '00, '06G HAS EMERGED AS A KEY PLAYER IN GOODWIN COMMUNITY HEALTH'S QUALITY IMPROVEMENT EFFORTS.

The direct entry master's in nursing (DEMN) at UNH was created for people just like Jannell Levine. A 2000 UNH graduate who double majored in communication and political science, Levine spent three years working as a fundraiser at Children's Hospital in Boston before returning to Durham in 2003 with her husband Dovev Levine. While Dovev worked toward his Ph.D. in natural resources, Jannell finished up her nursing prerequisites, waited tables at the former New England Center – the same job Levine used to self-finance her undergraduate studies – and a year later enrolled in the new program.

Today, she serves as the quality improvement manager for Goodwin Community Health, a Somersworth, N.H. center that provides medical, mental, and dental care to anyone regardless of ability to pay. As Goodwin seeks Medical Home Certification – the highest industry level attainable for primary care practices – Levine finds herself working at the epicenter of cutting-edge community health.

"I went into nursing because I wanted to help people and I wanted the kind of job where you do something different every day," says Levine, a Plymouth, N.H. native whose

mother was also a nurse. “I made the decision early on that I could have the greatest impact in a community health setting rather than a hospital or private practice.”

Funded partly through patient services and partly through federal and state grant funds, Goodwin saw 7,500 patients last year. Often referred by the private sector, Goodwin patients range from those living in extreme poverty to those with very few resources, such as a car, house, or even telephone. Most are from Strafford County. Nearly half have no health insurance. At Goodwin, they have the opportunity to work with doctors, dentists, nurses, psychologists, social workers, nutritionists, and other professionals – all under one roof. Connecting the dots so that a patient with no transportation or stable housing who comes in to be treated for diabetes and feels depressed will be able to see a doctor and a social worker and get a referral for follow-up therapy, is a particular passion of those who work at the center.

Levine has emerged as the clinic’s go-to dot connector: the person who, in the words of psychologist Sandra Rose, the center’s behavior health director, “Even when nobody is looking or counting or measuring, wants to be sure patients are best served.”

Rose should know. When Goodwin wanted to integrate its medical, mental, and dental services in 2009, Rose found an enthusiastic partner in Levine, who volunteered to serve on the integration committee. “Jannell is a classic systems person,” says Rose. “She is able to see the big picture but is also good at breaking down workflow and other processes to see whether we’re diagnosing correctly, treating correctly, and doing follow-up correctly. She’s very quality-driven.”



GOODWIN COMMUNITY HEALTH PROVIDES MEDICAL, MENTAL, AND DENTAL CARE TO ANYONE REGARDLESS OF ABILITY TO PAY.

With integration accomplished and a new state-of-the-art facility opened last year on the Route 108 bus line, Goodwin is looking to up its game even more with the Medical Home Certification. Who better to assist with this arduous process than a quality-driven person such as Levine? Janet Atkins, executive director of Goodwin, thinks so highly of her that she has created the position of quality improvement manager to formally recognize and empower Levine to help move the clinic forward.

“I started out as a nurse,” says Atkins, who moved into healthcare administration after earning an MBA from UNH in 1991. “I know how hard it is to be on the phone with a patient whom you know needs to find some way to get in to see you. And then to follow up with them once they leave.”

Levine has one thing going in her favor already. She’s “in love” with the culture she finds in community healthcare settings. “A pregnant woman who is ready to have a child can walk into my office,” she says, “and we’ll see her through the birth and then become her child’s healthcare provider. Now we’re seeing a family. Somehow, this is what I’ve always wanted to do.”

Links of interest

[Direct Entry Master’s in Nursing](#)

[Goodwin Community Health](#)

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