CULTURAL COMPETENCE

More than ever before, nursing professionals must be skilled at working with disparate populations. The school’s students – themselves a highly diverse group – are acquiring the tools they need to thrive.
MESSAGE FROM THE DEAN

The multicultural diversity of Los Angeles and California and the impact culture has on health and illness management demand an expansion of nurses’ knowledge and skills. For the last 10 years, the strategic plans of the UCLA School of Nursing have included the promotion and enhancement of cultural diversity. Specifically, the goals have included the following:

• to create a nursing student population that mirrors California’s diverse ethnic population;
• to promote/maintain a culturally diverse faculty and staff;
• to promote cultural awareness and competency among faculty; and
• to expand and implement cultural competence in the curriculum for all levels of undergraduate and graduate programs.

Our success can be seen in the numbers: Across our programs – the reinstated undergraduate program, the new Master’s Entry Clinical Nursing program, the A.D.N.-B.S.-M.S.N. “Bridge” program, the M.S.N. program and the doctoral program – 21%-44% of the students are Asian American, 14%-23% are Hispanic (with the exception of the doctoral program in which Hispanics comprise only 2%), and 5%-12% are African American. American Indian students make up 3% in the A.D.N.-B.S.-M.S.N. program and 5% in the doctoral program. Males now account for 5%-12% across the programs.

Of the faculty in the tenured series, 13% are African American, 10% are Asian American, and 3% are American Indian. Of the faculty who are lecturers or adjunct professors, 12% are Asian American and 17% are Hispanic. The school could use a few good men: Only 3% of the faculty are males.

The staff are even more diverse than the faculty. Twenty percent are African American (82% female and 18% male), 16% are Asian American (67% female and 33% male), 11% are Hispanic (50% female and 50% male), and 2% are American Indian (female). Fifty-one percent are Caucasian (68% female and 32% male).

At our school, the Center for Vulnerable Populations Research and the Center for American Indian Research and Education provide opportunities for research relating to cultural health disparities. The Health Center at the Union Rescue Mission provides practice opportunities in managing a multicultural homeless population. More than half of the faculty’s research relates to the study of health promotion or illness management of different cultural/ethnic groups. Cultural competence has been integrated into most of the curriculum.

Indeed, as you will read about in this issue, cultural competence is an important concept that receives significant attention at the UCLA School of Nursing.

Marie J. Cowan, R.N., Ph.D., F.A.A.N.
PARTING WORDS
Excerpts from speeches at Commencement, Spring 2006

SUMMER PROGRAM SHOWED DAWN DEBERRY THE POSSIBILITIES; NOW, SHE HEADS TOWARD HER M.S.N.

MECN, UNDERGRADUATE PROGRAMS HELP STUDENTS PURSUE DREAMS

CULTURAL COMPETENCE
School Stresses Strategic Plan in Educating Nurses Who Are Skilled at Working with Diverse Populations

CURRICULUM PREPARES STUDENTS TO UNDERSTAND, APPRECIATE DIFFERENCES
Courses in Master’s, Undergraduate Programs Teach that Context Is Key in Health Settings

RESEARCH IDENTIFIES, ADDRESSES DIFFERENCES ACROSS CULTURAL GROUPS
Faculty Tackle Issues of Health Disparities Through Their Studies

DEVELOPMENT
PARTING WORDS
Excerpts from speeches at Commencement, Spring 2006

BERNADETTE MARIE MILBURY
Representing the A.D.N.-B.S.-M.S.N. Class

UCLA has a special curriculum called the Bridge Program. Two years ago, a group of 20 seasoned nurses made the decision to return to school and complete our bachelor’s degree in nursing through the Bridge Program.

Nurses care for people in their very best and their very worst moments in life. Nurses are in a unique position to help people. I challenge each one of you to use that position to teach, to volunteer, to make changes in your community.

Nurses not only care for patients when they are the most vulnerable, but care for their overall community as well. I challenge each one of you to use your new skills to teach, to volunteer, to make changes in your community, both big and small.

Tom Brokaw once said: “You are educated. Your certification is in your degree. You may think of it as the ticket to the good life.” Let me ask you to think of an alternative. Think of it as your ticket to change the world.

With our degree and our professional organization behind us, the possibilities for us to change the world are endless.

LYNNE MARIE HANCOCK
Representing the M.S.N. Class

Leadership in nursing is paramount. Strong and passionate leaders who truly value the profession of nursing will shape the profession from this point forward. I am choosing to be one of these leaders and encourage you, my classmates, as well, to become the leaders who advance the nursing profession.

We as advanced practice nurses need to remind ourselves that we are in the business of health care and that nursing leaders need to continue to define nursing practice and professional standards, for if we as a profession do not, others will.

I stand here before you with many great nursing leaders who have led the way.

Leadership is not just opening the doors and showing someone else what is possible. It is clearing the path of all the obstacles so that the student can realize his or her goals and own potential.

We have chosen to pursue a profession of immense responsibility, and so we must be individuals of great character. In the words of Florence Nightingale, “One must be sure of oneself, one’s character, that it will stand in any hour.”

CHARLES ALAN GRIFFIS
Representing the Ph.D. Class

We doctoral candidates were taught by the best faculty in the world to address the “why,” the “how does it work,” and perhaps most importantly, the “how can we make it better” questions, always with the goal being to help the patients. We have produced important knowledge that will help guide the cutting-edge practice of the B.S.N. and M.S.N. clinical experts graduating here today with us.

Looking around today, I am awed by the talent and potential in this room. This world is faced with a nursing shortage of enormous magnitude and the UCLA School of Nursing addresses this serious problem with a synergistic solution. Every graduate has a crucial role to play in caring for patients who desperately need us.

I see new B.S.N. bedside clinical nurses, M.S.N. clinical nursing experts, and Ph.D. nurse scientists who, working together, will produce results they cannot achieve alone—helping patients as they cope with illness and life’s challenges. It is an honor and a privilege to be part of the solution—and to be but one of the nurses graduating from one of the best nursing schools in the world.

LINDA BURNES BOLTON

Linda Burnes Bolton, vice president and chief nursing officer at Cedars-Sinai Medical Center, gave the keynote address at the UCLA School of Nursing Commencement ceremony in June, telling graduates: “The knowledge that you have acquired does not signal the end. It is knowledge that will enable you to begin.” Bolton discussed the importance of stewardship, leadership and science in nursing, saying: “Our societal commitment goes beyond the provision of clinical care. Stewardship is about setting goals with those who would benefit. Leadership requires us to work at obtaining resources to ensure the likelihood of quality life years for all. Science is the process of creating new knowledge, expanding on a body of knowledge and translating the knowledge gained through research to achieve a benefit.”
Professor Mary Woo has stepped down from her administrative position as associate dean for research to focus on her research program, which is producing exciting new findings. Woo’s research explores brain-heart interactions in relation to sudden death risk, particularly in advanced heart failure patients. Her group recently became the first to report specific sites of gray-matter loss (parts of the brain damaged/missing) in heart failure. These areas control or modulate hallmark symptoms of heart failure.

Using imaging techniques, Woo’s group is now looking at the exact nature of this brain damage and potential causes, including sleep-disordered breathing and neurovascular autoregulation abnormalities. “These findings will increase our knowledge of the pathophysiology of heart failure,” she says. “Clinical implications include improved identification of heart failure patients at increased risk for sudden death, and the development of innovative treatments that can be used to prevent or minimize sudden death, depression, cognition complaints, memory problems, and sleep abnormalities.”

When Dawn DeBerry decided she wanted to pursue a master’s degree and become a geriatric nurse practitioner, she knew there was only one program for her.

DeBerry had been eyeing UCLA ever since she was a student at Mary M. Bethune Middle School, when she took part in a Summer Internship Program the School of Nursing has offered annually since 1992.

For DeBerry, the experience as a middle school student made a lasting impact. “It was the first time I had ever been on a college campus and it opened my eyes to the opportunities that were available to me,” she says. “Bethune was in an inner-city neighborhood and I had never thought I would have the chance to go to a school like UCLA. But the fact that everyone was so welcoming and eager to talk about the possibilities made me want to continue my education and go to college.”

In 1992, as part of UCLA’s Rebuild L.A. program, the School of Nursing decided on an ongoing project that would reach out to inner-city youth, “adopting” the Bethune school, which is located in South Los Angeles. Over the years, the School of Nursing has held a clothing and book drive, helped the Bethune school nurse by providing her with medical supplies, and donated money for families that could not afford to buy school uniforms for their children.

The Summer Internship Program, spearheaded by Recruiter Rhonda Plenoy-Younger, is a one-week, eight-hours-a-day program held each year in July. Through this project, approximately 15 Bethune Middle School students per year are brought to the campus, where they see both the administrative and academic aspects of the School of Nursing. The students work with mentors for half the day and participate in special activities the other half. While with their mentors, they learn basic academic office skills. The students tour the UCLA campus, visit the Hammer and Fowler museums, participate in a Leadership Workshop and play video games at the X-Cape arcade on the UCLA campus.

“We got to talk with students who told us about college and how it opened up so many doors,” DeBerry recalls. “We were told about careers in nursing. The experience just made it all seem more accessible to me, especially since most of the students counseling us were also minorities.”

After graduating from Bethune, DeBerry went to Francisco Bravo Medical Magnet High School, where she took classes that led her to become a certified nursing assistant. She earned an undergraduate nursing degree at Hampton University in Virginia, then began thinking about graduate programs. “UCLA was always my first choice,” DeBerry says. “Not only is it a prestigious nursing program, but I was used to the setting and the environment. It felt like home for me.”
As a top high school student, Vu Tran was able to choose from the top universities in California. When Tran began filling out applications last fall, she applied to UCLA, UC Berkeley and Stanford. She got into all three, and was in the process of deciding whether to enroll as a public health student at UC Berkeley or as a pre-med student at UCLA or Stanford.

But in November of last year, Tran heard about a new option: The UCLA School of Nursing was reinstating its undergraduate program, which had been suspended in 1996.

“I had wanted to be a nurse since I was in fifth grade,” Tran says. Once Tran learned of the nursing option at UCLA, the choice was easy. She quickly filled out a supplemental application and was not only admitted, but received the UC Regents Scholarship.

Bob Bencangey had been working as a member of the floor staff on an inpatient child and adolescent psychiatric unit at UCLA’s Neuropsychiatric Institute. His work involved implementing clinical care plans written by nurses and reporting to nurses and physicians on patient behaviors. “Through my work exposure, I realized how important nurses are and decided that it is a profession consistent with my values,” says Bencangey, who has a bachelor’s degree in U.S. history. “It’s also such a wide open field, and I am fascinated by the physiological processes.”

But if Bencangey was going to enter nursing, he decided he wanted to do so at the graduate level. When he saw that UCLA was starting a new Master’s Entry Clinical Nurse (MECN) degree program, he was quick to apply.

When the UC Board of Regents voted in November of last year to allocate $5.2 million to reinstate the UCLA School of Nursing’s baccalaureate program and start the new MECN program at the school, the competition among highly qualified students such as Tran and Bencangey was fierce. The two programs, which began this fall, are offering curricula that stress concepts important to clinical nursing leadership, including knowledge of organizational systems, case management, and population-based patient care. Concurrent with the classroom learning, students will spend 40 hours a week in clinical rotations in which they are paired with nursing professionals caring for patients at UCLA Medical Center, Santa Monica-UCLA Medical Center, Cedars-Sinai Medical Center, St. John’s Health Center, the VA Greater Los Angeles Healthcare System, and Children’s Hospital Los Angeles. Students in the baccalaureate program are able to minor in another subject, to expand their knowledge base.

That appeals to Tran. As a student in an underprivileged Sacramento high school, she had enrolled in advanced placement courses at her local community college; she also pursued her interest in European languages and culture by enrolling in college courses. “I wanted to become a nurse but I also wanted the complete university experience – from going to the games to being challenged in the classroom,” she says. “I was very happy when the opportunity arose to get all of that at UCLA.”

Bencangey was attracted to the idea that the MECN program is aimed at taking non-nurses who have completed undergraduate studies in other fields and preparing them for nursing generalist roles in hospitals and other health-care delivery settings. “One of the most powerful things about this program is that it’s getting people who already have a strong background and have gained experience in other fields and helping them to move into leadership positions in health care,” he says. “I’m very excited to be in a program with so many talented and motivated people who want to make a difference in the nursing profession.”
Given that Los Angeles is arguably the nation’s most diverse city, effectively meeting the health needs of its population requires a nursing workforce that is both diverse and culturally competent – well versed in and capable of taking into account the physical, psychosocial and communication issues unique to the gamut of patient groups. The UCLA School of Nursing is addressing these needs head-on with one of the most diverse student populations on the UCLA campus, faculty whose research focuses heavily on the health needs of diverse patient communities (see page 10), and a strategic plan that infuses cultural competence throughout the curriculum (see page 14).
In a step designed to further strengthen these efforts, the school earlier this year established a Multicultural Committee, which will hold meetings open to students, staff, faculty and interested alumni and community members. Among its many charges, the committee will monitor concerns; serve as a liaison between students, the community and the school; and address strategies for enhancing the recruitment and retention of students and faculty of color.

For many years, the school has had a Pan-African Advisory Committee and a Latino Advisory Committee. But, given the increasing diversity at the school and in Los Angeles, with a mix of ethnicities including not only Pan-African and Latino but also Asian, American Indian, and others—along with the growing influence of transcultural perspectives, a decision was made that it would be more fruitful to unite as a single multicultural group in which everyone could come to the same table and discuss ways to enhance student life, the curriculum, and connections between researchers and diverse communities.

The Multicultural Committee, which begins meeting this fall, aims to:
- Support recruitment and retention of diverse students;
- Connect with interested community members, including those from clinics, hospitals, and community agencies;
- Monitor student and alumni issues and concerns;
- Engage in problem-solving that will enhance networking support and learning for students; and
- Support recruitment and retention of diverse faculty.

“The vision for the Multicultural Committee focuses on recruitment efforts—which include outreach to different high schools, colleges and community events; on retention, which involves student life and how culture and ethnicity are handled in coursework; and on maximizing connections between researchers and the communities they’re studying,” says Dr. MarySue Heilemann, associate professor at the school and one of the leaders of the new committee.

By inviting interested members from the community to attend and participate on the Multicultural Committee, the school is sending an important message, says Rhonda Flenoy-Younger, recruiter and another leader of the new effort.

“We’re telling the community that the UCLA School of Nursing wants the support of diverse communities, that we are friendly to minority groups and that we want them to be a part of our program.”

— Rhonda Flenoy-Younger

For Teresa Valenzuela, working in one of the most diverse units on the UCLA campus has been an invigorating experience. “Every day I am amazed at the opportunities we have to learn from each other and learn about other people,” says Valenzuela, who has been at the UCLA School of Nursing for more than two years as student services coordinator in the Student Affairs Office. “Our students, staff and faculty are diverse in age, experience in the field, ethnicity and culture.”

Valenzuela was born and raised in Mexico City, she immigrated with her family to the United States when she was 12. A bilingual and bicultural Latina, she earned a B.A. in English and Spanish literature from UCLA and an M.A. in human development from Pacific Oaks College, and has worked in student services for the last 12 years. In 2003, Valenzuela’s education and experience enabled her to be part of the Semester at Sea program. Along with approximately 900 students, staff and crew, she traveled to 10 different countries over four months, aboard the SS Universe Explorer. “It has been one of the highlights in my life,” she says.

Of the school’s staff of approximately 55, nearly half represent various ethnic and racial minority groups. “The School of Nursing must and does reach out to all communities in an effort to attract all ethnicities,” says Bryant Ng, the school’s assistant dean for administration. “Having such a diverse staff helps us to realize our academic outreach goals and mission.”

Carl Tyler, assistant to the director of development, believes the staff’s diversity helps to create an environment in which all faculty and students feel comfortable. “When people from a minority group see familiar faces and can talk with people who are from similar backgrounds, that can be really helpful,” he says. Among his responsibilities, Tyler who is African American, serves as staff support for the faculty recruitment committee. “I have
groups and that we want them to be part of our program,” Flenoy-Younger says.

Few programs have gone as far as the school in establishing committees to address these issues, Flenoy-Younger adds, noting that in the past she has gotten phone calls from community members whose interest in the school was piqued by information about the Pan-African Advisory Committee that appeared on the school’s website. “Having that support system here helps to draw more minority students,” she says.

In addition to the Multicultural Committee, the school continues to have student support and networking groups including the Pan-African Student and Alumni Association, the Latino Student and Alumni Association and the Graduate Student Nursing Association. These groups meet off campus informally, without faculty. “It’s a safe place for students to come together and discuss issues they feel are important,” says Heilemann. “Then, if they want, they can bring those issues to the Multicultural Committee.”

Heilemann says students are excited about the opportunities that participation in the Multicultural Committee will provide for gaining a deeper understanding of different communities of color, along with the ability to stay abreast of the school’s activities and faculty research – including the potential for becoming involved as research assistants. “I have had students tell me that this presents another learning experience for them, outside the classroom,” Heilemann explains. “It’s a chance to interact in a different way with faculty and community leaders who are concerned about nursing. Students will get to hear people talk about current events and efforts to improve recruitment and retention, will be able to network, and will see this important process in action. The Multicultural Committee is not only about enhancing our understanding of diverse communities and supporting our school’s mission, it’s also a way to open up opportunities for everyone involved.”

had minority candidates ask me what the climate is like, and I’m proud to tell them about the school’s commitment to diversity of faculty, staff and students,” he says.

The school’s diversity, notes Ng – who graduated from high school in Hawaii, went on to earn an M.B.A, and has worked in various capacities at UCLA for the last 15 years – is reflected in the demographic breakdown of the school’s academic programs, where 33% of the Ph.D. students, 56% of the master’s students and 58% of the incoming baccalaureate students are ethnic minorities, representing some of the highest percentages on the UCLA campus.

“Having this diverse student population is truly a reflection of our diverse and energetic staff,” Ng says.
CULTURAL COMPETENCE
Curriculum Prepares Students to Understand, Appreciate Differences

Courses in Master’s, Undergraduate Programs Teach that Context Is Key in Health Settings

Well-publicized recent findings and recommendations of national health agencies have underscored a concern that has long been addressed at the UCLA School of Nursing. In Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, the Institute of Medicine of the National Academy of Sciences concluded that even when insurance status, income, age and severity of conditions are comparable, there are significant gaps in the types and quality of health services received by U.S. racial and ethnic minorities and non-minorities.

Other prominent sources, including the Joint Commission on Accreditation of Healthcare Organizations, the National Committee on Quality Assurance, professional associations and peer-review organizations, have added their voices to what has become a national impetus to teach cultural competence as a strategy for addressing inequities in health and health care. The Office of Minority Health issued national standards with 14 guidelines for culturally and linguistically appropriate services in health care, and has argued that to ensure both equal access to quality care for diverse population groups and a secure work environment, health care providers must promote and support the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with patients and each other.

At the UCLA School of Nursing, health disparities are a major reason – though not the only one – that cultural competence has become an important part of the curriculum. “As part of our mission, we gear our teaching toward making sure our future beginning and advanced practice nurses are competent to work with disparate populations,” says Dr. Adey Nyamathi, associate dean for academic affairs and the Audreinne H. Moseley Endowed Chair in Community Health Research.

These disparate populations include not only different ethnic and racial groups, but also other subgroups often referred to as vulnerable populations. “Students need a broad range of cultural competencies,” says Nyamathi, noting that culturally competent nursing has become increasingly important as Los Angeles has grown ever more diverse. “We know from research that interventions are more effective when they are tailored to the culture of a particular client group rather than simply taken from a textbook or from another study involving a different population subgroup. Whether it’s a specific intervention or any interaction with patients, nurses will be more efficacious when cultural understanding and flexibility are incorporated within their education and strategies.”

Cultural competence in health care has been described as the demonstrated awareness and integration of health-related beliefs and cultural values, disease incidence, and prevalence and treatment efficacy. “As health care providers, nurses cannot be assumed to possess all of the abilities to care for patients characterized by racial/ethnic, age, reli-
gious, and gender differences,” says Dr. Marie Fongwa, assistant professor at the school. “Nurses in education and clinical practice must be equipped with such competencies.”

Fongwa, who has been teaching cultural competence to UCLA School of Nursing students since she was recruited to join the faculty in 2001, explains that the school aims to help close the health care and health disparity gaps both by preparing students to competently face the diverse patient population and through faculty research (see the article on page 14). “Emphasis is placed on tailoring culture content into the courses throughout the program,” says Fongwa. “The goal is to provide graduates with competencies such as inter/intra-cultural communication, inter/intra-group dynamics, cultural competence development, theory and concept analysis, and evaluation of cross-cultural approaches to culturally competent care.”

While culture is addressed throughout the curriculum, two courses address the subject directly. Nursing 170 – Issues in Providing Health Care to Culturally Diverse Populations is a required course for undergraduates, and Nursing 209 – Human Diversity in Health and Illness is an elective for graduate students. The course objectives for the undergraduate students include:

• Demonstrate recognition of personal cultural values, biases, and assumptions and analyze those beliefs in relationship to clinical practice with clients and their families in diverse populations;
• Define conceptual terminology related to culture and appropriately apply to aspects of health;
• Describe the process of acquisition of health traditions and care strategies among diverse cultural/ethnic groups;
• Analyze the effects of culture on health beliefs, attitudes, and practices;
• Examine the socioeconomic-political dimensions that influence the prevalence of select physical and mental disorders of diverse cultural/ethnic groups and utilization of health care services;
• Examine the influence of ethnocentrism, stereotyping, racism, and discrimination on health care delivery; and
• Illustrate issues of health care when the patient’s expectations are incongruent with the health care goals of the clinician.

Cultural competence also plays an important role in other parts of the curriculum, Nyamathi notes. For example, the graduate Nursing 200 course, which covers health behavior theories, teaches students such concepts as how to integrate cultural concepts as they evaluate diagnostic and screening tests appropriate for different patient populations and how, for example, health-promotion strategies for reducing stress or fighting substance abuse might differ across cultures and subgroups. Nursing 214, an oncology course, discusses biobehavioral aspects of cancer and how the response varies across populations.

“The goal is to provide graduates with competencies such as inter/intra-cultural communication, inter/intra-group dynamics, cultural competence development, theory and concept analysis, and evaluation of cross-cultural approaches to culturally competent care.”

— Dr. Marie Fongwa
In teaching cultural competence to students, Fongwa invites guest speakers with expertise in topics that include Latino, Asian, African American and American Indian health to discuss relevant issues that nurses should consider when working with individuals from a particular cultural background. As part of the knowledge acquisition process, students conduct health surveys of cultural groups outside their own to learn about different beliefs and values, strategies used in treating common ailments, and the role of acculturation in influencing health encounters; they also participate in community health fairs.

The undergraduate students are asked to maintain a weekly journal in which they reflect on the course content and explore ways they anticipate applying learned cultural concepts. “Students usually end up reflecting on their own beliefs and values,” Fongwa says. Community members are invited to attend classes and talk with students about how they handle their chronic conditions, and how their response is influenced by their cultural background. “Students learn vividly by hearing directly from these community members,” Fongwa explains. “And the community members often feel empowered speaking with students and being able to influence the curriculum.”

Students are also introduced to theoretical models that link relevant cultural information to practice. Most recently, the school has adopted the Giger & Davidhizar Transcultural Nursing Assessment and Intervention model, co-authored by Dr. Joyce Newman Giger, who joined the school’s faculty in 2004 as the Lulu Wolf Hassenplug Endowed Chair. The model captures six phenomena common across cultural groups: communication, which encompasses all human interaction and behavior; the space in which communication occurs; social organization, which captures how a culture organizes itself around the family groups in terms of beliefs, values, and roles; time and the role of past, present and future; environmental control, which refers to the extent to which people within the culture believe they have control over their fate; and biological variations.
Giger and Dr. Ruth Davidhizer began writing the first edition of Transcultural Nursing Assessment and Intervention two decades ago, and the oft-cited book is going into its fifth edition. Giger brings her transcultural model to the Nursing 209 and Nursing 170 courses. “We emphasize human diversity in response to illnesses that nurses diagnose and treat,” she explains. But Giger also believes it is not enough for students to merely embrace diversity. “Nurses need not just to understand diverse populations, but to be competent in approaching them from a social, psychological and biological perspective,” she says. “We need to make sure people in the health care field are not only culturally sensitive, but culturally competent.”

Too often, biological variations have been given inadequate attention, contends Giger, whose own research focuses on coronary heart disease risk among premenopausal African American women—many of whom are prescribed beta-blockers for hypertension, despite the fact that studies have found that this is a population that does not benefit as much from these drugs as others. Similarly, failure to recognize that many Latinos and African Americans with type 2 diabetes suffer from hyperinsulinemia may lead a nurse to give such patients insulin, which doesn’t address an underlying problem that can lead to metabolic syndrome, a precursor of cardiac disease. While Mexican Americans and African Americans share the disproportionate burden of type 2 diabetes (60%-80%), they are treated culturally inappropriately with insulin more than 60% of the time. “I don’t think that’s because of racism or discrimination,” says Giger. “It’s cultural incompetence — if you knew better, you would do differently.”

Recommendations on diet and exercise for patients with diabetes also need to be tailored to the cultural context of the patient’s life. “Healthy lifestyles can be devised while keeping the patient’s cultural heritage intact,” Giger says. A Mexican American shouldn’t be told to stop eating beans — merely advised on healthier ways to cook them. “There is no one-size-fits-all treatment,” Giger asserts.

When Giger and Davidhizer began writing about unequal treatment and the importance of culturally competent care 20 years ago, not everyone was embracing the topic. “There were publishers that told us no one would buy into the concept,” Giger says. Now, particularly after the Institute of Medicine report, there is a national consensus that cultural competence should be a high priority in training health care providers — something that the UCLA School of Nursing has recognized for many years.

“It’s impossible to separate a person from his or her culture,” says Fongwa. “We’re influenced on a daily basis by our culture. As a nurse, you have to consider cultural background in order to provide care that meets the individual’s needs and desires.”

“Nurses need not just to understand diverse populations, but to be competent in approaching them from a social, psychological and biological perspective. We need to make sure people in the health care fields are not only culturally sensitive, but culturally competent.”

— Dr. Joyce Newman Giger (below left)
CULTURAL COMPETENCE
Research Identifies, Addresses Differences Across Cultural Groups

Faculty Tackle Issues of Health Disparities Through Their Studies

UCLA School of Nursing faculty contribute to reducing health care and health disparity gaps through a variety of research programs, many involving hard-to-reach population groups. These studies are helping to identify the unique health-related needs and desires of diverse cultures. Following are some examples of faculty who are engaged in community-based studies that are contributing to increasing cultural competence in nursing and other health professions.

Coronary heart disease (CHD), the nation’s leading killer of women, strikes pre-menopausal African American women at disproportionately high rates: They are four times more likely to die of the disease than their white counterparts. In her research on CHD in pre-menopausal African American women, Dr. Joyce Newman Giger is interested in understanding both the social and the biological aspects. “African American women often do not have supportive networks, so we try to help them develop those support systems,” Giger says.

From a biological perspective, Giger, the Lulu Wolf Hassenplug Endowed Chair at the school, has identified nine genetic predictors of CHD and the metabolic syndrome among pre-menopausal African American women, and has found that more than one-fourth of pre-menopausal African American women in her sample already had metabolic syndrome – a collection of health risks that raise the chance of developing heart disease, stroke, and diabetes. Giger now plans to expand that effort to look at other genes and physiologic indicators of heart disease and metabolic syndrome in this population. Among other things, she hopes to look for inflammatory markers related to high-risk genes, including IL-6, e-reactive protein, and the PAI-1 gene.

“Women have not historically been included in large clinical trials, so we’re just learning about risk factors for these diseases that are different than they are for men,” Giger says. “For African American women, we know that part of the reason they are at greater risk than whites has to do with dysfunctional health-seeking patterns, but the other is a gene-environmental interaction. We need to study that interaction closely to understand how behavior meets with genetics in a cataclysmic way to produce these results.”

Treatments commonly prescribed for white patients, such as beta-blockers for hypertensives and insulin for diabetics, are not always effective in Latino and African American patients. “We try to say that drugs are one-size-fits-all, but that’s not true,” Giger notes. “Even small genetic differences based on race can make it difficult for some people to metabolize certain drugs.” She hopes that a better understanding of the underlying causes of CHD in her patient population will improve interventions and assist health providers in developing cultural competence.
Cardiovascular risk factors also run disproportionately high among indigent Latinos. Dr. Aurelia Macabasco-O’Connell is pursuing a study that aims at improving the likelihood of early detection of asymptomatic left ventricular dysfunction in this population. A substantial number of those who have asymptomatic left ventricular dysfunction will develop symptomatic heart failure; diagnosing and treating these patients at an early stage can delay or prevent heart failure from occurring. Macabasco-O’Connell is studying the feasibility of screening uninsured Latinos for preclinical heart failure by identifying elevated biomarkers in their system – specifically b-type natriuretic peptide (BNP).

“Echocardiography is the current gold standard to determine whether a patient has structural heart disease or left ventricular dysfunction, but it’s very expensive,” Macabasco-O’Connell explains. “The BNP test is used to determine whether a patient has congestive heart failure, but we want to see whether we can correlate these results with the results of the echocardiogram, so that patients who don’t have access to the more expensive test could be effectively screened through this simple blood test.”

Much of Macabasco-O’Connell’s research has focused on education and self-management for minority heart failure patients who are uninsured. “My focus had been at the tail end of the disease, and I decided it would be more effective both in terms of cost and patient outcomes if we could better determine who among this population is at risk for developing heart failure and then aggressively treat those risk factors in an attempt to prevent it,” she explains.

Macabasco-O’Connell is also conducting focus groups to explore the cultural attitudes and beliefs related to heart disease risk factors and screening measures to detect them. “If this BNP test proves to be a good method for early detection, it will be effective only if people are willing to be tested,” she notes. “So we need to understand the cultural factors that would determine whether such a test would be utilized.”
Research by Dr. MarySue Heilemann has shown that depression rates are particularly high among low-income Latina women who were either born in the United States or immigrated to this country as children, and many of these women do not seek treatment. Heilemann has been interested in studying the readiness and motivation of these second-generation Latina women to seek treatment, and the factors that determine how their resilience and mastery can be strengthened.

She received funding to be trained in providing cognitive behavioral therapy for depression, tailored specifically to Latinas. Now, she is beginning to recruit and treat women, with the goal of learning about factors that influence the study population’s readiness and motivation to make changes, the barriers that get in the way, and how readiness and motivation affect the post-treatment outcome.

Heilemann is concerned not only with how her intervention can reduce depression, but also how it can increase the women’s resilience and mastery.

Homing in on this population subgroup rather than studying low-income Latina women as a whole helps to reveal critical information, Heilemann says. “There is, unfortunately, a stigma attached to mental health treatment, and every culture has its own beliefs, practices and expectations that influence whether depressed members of that population will seek help,” she explains. “Among low-income Latinas, there is a big difference between immigrants who came here as adults and Latinas who were either born here or came as children.” Heilemann’s previous research has shown that low-income immigrant Latinas rate their life satisfaction as significantly higher than those who came to the United States as children or were born here; for second-generation Latinas, the expectations are different, and if they are in a low-income family, those expectations are often not met. “If we didn’t separate immigrants from U.S.-born or low-income from middle- and high-income,” Heilemann notes, “we would miss that important distinction.”

With a four-year, $2.7 million grant from the National Cancer Institute, Dr. Felicia Hodge is studying the cultural constructs of pain and depression among American Indian cancer patients in the
Southwest. Hodge, director of the Center for American Indian Research and Education (CAIRE), focuses in her research on chronic health conditions and health beliefs and behaviors among American Indians and Alaska Natives. For the National Cancer Institute study, her group has begun conducting interviews to better understand pain and pain management, spirituality, and some of the issues and concerns uniquely experienced by American Indian patients.

“The few studies that have been done on this topic suggest that providers are not doing an adequate job of responding to minority patients, including American Indians, in their need for pain management—either because they don’t understand the cultural response, because there are communication or language differences, or because of a feeling that these patients don’t experience pain as much as the rest of the population,” Hodge says. As an example, she notes, among women going through labor, hospitals have been found to be more likely to give pain medication to white patients than to Latina, African American or American Indian patients.

As part of its research, Hodge’s group is going to the Phoenix Indian Medical Center, which treats most of the region’s American Indian cancer patients, and is following up with focus groups of cancer survivors and their family members at various Southwest reservations. An intervention will be developed and implemented to test a culturally sensitive pain scale, as well as a modified depression scale.

“We want to better understand what they go through,” Hodge says. “When we interview providers, a lot of them frankly say they know there is a difference in how these patients are experiencing pain, but they don’t really understand it and are having problems with the communication.

“There’s so much we don’t understand about minority groups when it comes to health care because we simply don’t go out and ask the patients. A lot of health care providers think they’re culturally competent, but they’re not if they aren’t actually going to where the patients live.”

Health literacy has been identified as a major national concern by the U.S. Institute of Medicine, which estimated in a recently released report titled *Health Literacy: A Prescription to End Confusion* that nearly half of the country’s adults—90 million people—have trouble understanding and using health information. The report concluded that there is a higher rate of hospitalization and use of emergency services among patients with limited health literacy, and that the problem may lead to billions of dollars in avoidable health care costs.

Dr. Angela Hudson’s research focuses on health literacy in vulnerable women. “I’m very interested in helping women translate knowledge and information into self-care and health-promoting practice, while also being mindful that cultural beliefs play an important role in self-care behaviors,” Hudson says. Her recent work has revolved around symptom assessment and self-care management practices among women with HIV/AIDS. Hudson has also worked with healthy populations, including mid-life African American women and elderly white women. In exploring their symptom status and self-care practices, she has found that older/elderly women often ignore symptoms
that could lead to serious health issues, such as anemia, depression, diabetes, or hypothyroidism.

Hudson’s current project is exploring pregnant and postpartum women’s attitudes about prenatal HIV testing. “The majority of women infected with HIV are African American or Hispanic, and it is often during pregnancy that many women find out that they are HIV positive,” she notes. The Centers for Disease Control and Prevention recently issued new guidelines recommending voluntary and universal HIV testing for everyone, but many women decline to be tested due to fear and stigma. “With new treatment options now available, HIV infection can be managed quite well, but the infection needs to be diagnosed early,” Hudson says. “Therefore, I would like to develop a decision support mechanism to motivate more African American and Hispanic women to get HIV tested.”

Dr. Marie Fongwa studies how patient satisfaction and perceived quality of health care vary across cultures. “Quality is an elusive concept whose meaning differs from one cultural group to another,” Fongwa explains. Yet, she adds, it’s important to understand how various groups define quality. “There is no doubt that quality care positively affects health outcomes,” she notes.

Fongwa, who was born and raised in the West African country of Cameroon, realized the importance of culturally competent health care when, as a patient in a U.S. hospital, she was continually offered foods that were forbidden from her diet. “I strongly believe that a person’s background information must be considered to provide care that meets his or her needs and desires,” she says. “Culturally competent health care has to do with tailoring care processes to meet the patient’s general and specific needs, and there is no better way to go about it than incorporating his or her background information into the care plan.”

Fongwa is currently examining factors that influence adherence to hypertension treatment recommendations among middle-aged African American women. By identifying factors that predispose, enable, or reinforce adherence, she hopes to clarify ways in which health care professionals can better work with this patient population. In the past, she has developed a patient satisfaction instrument for
diverse populations and has explored quality viewpoints from the perspectives of African Americans, Latinos, and whites. She has also used a national database to examine similarities and differences in reports and ratings of health care by older African Americans and whites. “Understanding the differences and similarities across cultures is an important step toward being able to provide culturally competent care,” she explains.

Increasingly, to ensure that their studies are culturally competent and relevant to the communities being examined, faculty at the UCLA School of Nursing and elsewhere are engaging in a method known as community-based participatory research (CBPR). The approach has been developed and championed by the school’s Center for Vulnerable Populations Research, which held its fourth annual Summer Institute at UCLA in July, titled “Community Partnerships in Participatory Research.”

With CBPR, the community is involved in all aspects of the research project, explains Dr. Nancy Anderson, director of the center’s Participatory Research and Community Partnership Core, which sponsored the Summer Institute. Research topics are identified by community members in collaboration with the research team, and the community works with the researchers to ensure that the study design is culturally competent and relevant to the community. “It’s a joint effort between the community and the researchers, with the idea being that by involving the community, members of that community will learn skills that will help them to reduce health disparities themselves, and that they will also feel that they are full participants in the enterprise,” Anderson says.

In the past, she notes, community research projects typically have been designed at the university. The data are published and the researchers advance academically, with the communities studied seeing few, if any, benefits. “The idea behind CBPR is that if the community is actively involved, the project will be designed in a way that is relevant to that particular community and the findings that come from the project, then, will belong to the community – it will own the project as much as the researchers do,” Anderson explains. Often, she notes, members of the community participate in the authorship of publications, and results are presented at public events so that the community can benefit from the findings.

CBPR is an excellent tool for promoting culturally competent research, Anderson notes, adding that many funding agencies are putting out special calls for research proposals that further the concept. “This is not entirely new – public health nurses have worked with communities in designing programs for many years,” Anderson says. “But now it is becoming a well accepted strategy for conducting research, and nursing in general and the Center for Vulnerable Populations Research in particular have been very active in promoting it. If researchers work with the community from the beginning, they learn what is culturally relevant for that community. It becomes a partnership built on mutual respect and trust.”

DR. NANCY ANDERSON, DIRECTOR OF THE PARTICIPATORY RESEARCH AND COMMUNITY PARTNERSHIP CORE OF THE SCHOOL’S CENTER FOR VULNERABLE POPULATIONS RESEARCH, HAS BEEN A LEADER IN THE CENTER’S DEVELOPMENT OF RESEARCH APPROACHES THAT INVOLVE THE COMMUNITY TO A MUCH GREATER EXTENT THAN IN THE PAST.
In keeping with the focus of this issue, the School of Nursing is supported by a diversity of philanthropy that encompasses individuals from different cultures, ethnicities, and economic statuses and includes both alumni and friends. The alumni diversity can also be characterized as those specific to the nursing school, as well as those with additional degrees in other disciplines from other schools on campus and elsewhere. Our friends/donor representation includes our practice partners, who have a compassion for helping those who desire to care for others. Being in Southern California, the UCLA School of Nursing not only has a daunting task of training future nurses to address the shortage in the state, it also must contend with the high cost of that training, compounded by the rising cost of living in the city and its suburbs. You’ve read countless times the staggering numbers attached to tuition and transportation, so I won’t repeat them, but the anxiety of that reality is also a high price to students with the desire to achieve their dream of service to the patient.

Your support of the School of Nursing helps us relieve some of these pressures for very deserving students. The dean’s highest priority is raising funds that support scholarships for our students. Donations of any amount are welcomed, and we also ask that you consider supporting our students at a level that will allow them to give their full attention to the academic experience ($25,000 for an undergraduate; $32,000 for a master’s student and $28,000 for a doctoral student). These amounts cover tuition, professional fees (for master’s students), books, housing, transportation and a few incidental expenses for one year.

The UCLA School of Nursing has a history of diversity among its students, staff, faculty and friends. In Southern California, it shouldn’t be any other way. Thank you for your support and we look forward to that continued relationship as the school grows!

On a slightly different note, many of you have known Carl Tyler as the assistant in the development office for the past six years. Carl was a great help in my transition to the School of Nursing and he is a true treasure to the school. Carl has recently made a move within the School of Nursing and will now focus his efforts working with the faculty. I will miss our day-to-day experience, but am happy that he is just a couple floors upstairs. Please join me in a heartfelt thanks to Carl for his contribution to the development office and to the School of Nursing as a whole. Thank you very much Carl!

Rene Dennis,  
Director of Development
**DR. DONNNA VREDEVOE RETIRES FROM UCLA**

Dr. Donna Vredevoe, UCLA vice chancellor for academic personnel and professor emerita at the School of Nursing, retired June 30. Vredevoe, who received her Ph.D. in microbiology at UCLA in 1963, joined the school in 1969 as the last faculty member appointed by Founding Dean Lulu Hassenplug. While building her research program in virology and immunology of murine lymphoma, she contributed greatly at the administrative level. She served as associate dean, along with Harriet Moidel, in 1976-77, and was instrumental in helping to secure space for the school in the Factor Building, which was dedicated in 1981. Under Dean Mary Reres, Vredevoe was associate dean for research for one year. She became acting dean of the school in 1994, serving until the appointment of Dean Marie Cowan. Vredevoe was elected vice chair of the UCLA Academic Senate in 1998, became Academic Senate chair in 1999, and was appointed vice chancellor for academic personnel in 2001, joining the chancellor’s administrative team.

**THE CHIRONIAN SOCIETY**

Since the announcement appeared in the spring issue of this magazine, many have submitted their memberships to The Chironian Society. As outlined in that issue, the main focus of The Chironian Society is to enhance the student experience and provide scholarships. The school will look to the society as the alumni fundraising arm, with annual renewal memberships that enable the school to forecast its ability to distribute scholarships each year. Alternatively, alumni and non-alumni may give to the Annual Fund.

Membership in The Chironian Society is available at the following annual levels:

- Dean’s Council $1,000  
- Patron $500  
- Sponsor $200

Pledges are accepted for annual memberships (to be realized within the fiscal year).

As a Chironian, you will receive an acknowledgement of your membership and invitations to UCLA School of Nursing events. You will also be invited to participate in various volunteer opportunities and, at the appropriate giving level, be listed in the UCLA School of Nursing Honor Roll.

As a member of The Chironian Society, you will be investing not only in the school, but also in the future of nursing professionals for years to come.

*We invite your membership. You may contact Rene Dennis, Development Officer, at (310) 206-3662 and/or visit our website: www.nursing.ucla.edu.*

**CLASS REUNION**

The classes of ’55 and ’56 held a joint 50th class reunion at Lake Arrowhead in the summer. Joan Baggaley ’55 and Lyola Murray ’56 coordinated the efforts of their classmates and presented the school with a class gift of $1,620. This gift was made in memory of their classmate, Beverly Diggle ’55.

**IN MEMORIAM**

The School of Nursing suffered losses over the summer months. Dr. Krikor Seraydarian, the husband of Dr. Maria Seraydarian, professor emerita, was remembered on June 26. The school also said goodbye to Dr. Vern Bullough, who died June 21. Vern Bullough established a memorial lecture in the school in memory of his first wife Bonnie Bullough, who was a nurse and faculty member at the school. Drs. Bonnie and Vern Bullough formed a distinguished husband-and-wife research team credited with many significant contributions to nursing scholarship. The school paid tribute to Vern Bullough and support to his widow, Gwen Brewer, at a memorial service in celebration of his life on September 30.
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* July 1, 2005 to June 30, 2006

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- Named student scholarships and endowed gifts can be established based on funding amounts. Endowed scholarships can be established for a minimum of $50,000. Endowed graduate fellowships can be established for a minimum of $100,000. The UCLA School of Nursing appreciates contributions in any amount.
- You can make a gift to the UCLA School of Nursing that will provide income for your lifetime as well as an immediate income tax charitable deduction.
- If you are 75 years of age, you can establish a charitable gift annuity that has a 7.1% payout rate that will continue for your lifetime. The older you are, the higher the payout rate.
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- Bequests are a significant source of support for the School of Nursing.

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