Through research, teaching and community partnerships, the school is at the forefront of nursing’s efforts to address a national priority.
In recent years we have seen remarkable breakthroughs in health care that have lengthened and enhanced countless lives. And yet, these advances are not reaching all population groups. In fact, disturbing disparities continue to persist between certain minority and socioeconomic groups and the rest of the population when it comes to particular health conditions such as heart disease, cancer, diabetes, and HIV/AIDS.

The federal government made addressing health disparities a major national priority in its Healthy People 2010 report. Strategies for eliminating these health gaps include increasing access to quality health services, increasing culturally and linguistically appropriate community-based programs, increasing minority health professional graduates, and improving data gathering to better understand health disparities and service needs.

Nurses have long stressed the importance of seeing patients in the social, cultural and economic contexts that influence their health. The UCLA School of Nursing has a long history of seeking out the underserved and disadvantaged populations that are most often on the short end of these disparities. As this issue of UCLA School of Nursing News illustrates, many of our faculty are playing leadership roles in conducting research designed to shed light on health disparities and establishing community partnerships in an effort to reduce and ultimately eliminate them. In addition, with funding from the state through the Song-Brown grant, we are ensuring that a large number of the nurse practitioners educated at our school will be prepared and motivated to serve disadvantaged populations after graduation. In a diverse society, ensuring that all population groups have an equal opportunity to achieve optimal levels of health must continue to be a top priority.

Marie J. Cowan, R.N., Ph.D., FAAN.

A Message from the Dean

UCLA School of Nursing News

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Dean, UCLA School of Nursing

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SUMMER INSTITUTE

COMMUNITY PARTNERSHIPS IN PARTICIPATORY RESEARCH

JULY 28 - AUGUST 2, 2003
UCLA Center for Vulnerable Populations Research
School of Nursing, Los Angeles, CA

The UCLA School of Nursing’s Center for Vulnerable Populations Research will hold an intensive immersion course for faculty, postdoctoral fellows and clinical nurse researchers in community-based participatory research methods. The institute is limited to 20 participants. Institute participants will work with close faculty assistance in small groups and individually to learn the strategies needed to form a community partnership and to formulate and/or extend an existing research project into a participatory study.

The institute offers 24-30 CEUs. Requirements include an earned doctorate, abstract of proposed project, five- to eight-page project description, biosketch, and letter of commitment from an identified community site. Registration is $500. Accommodations are available at the UCLA Guest House.

Deadline for Applications: April 8, 2003

For an application and further information, please contact Karen Taka at (310) 825-6892, or email ktaka@sonnet.ucla.edu.

YOUR LEGACY AT THE SCHOOL OF NURSING

Perhaps the very best part of the gift annuity is your ability to support the School of Nursing without endangering your retirement income. In fact, you may find that just the opposite is true: you may actually realize an increase in your retirement income if you use low yielding, highly appreciated stock to establish your gift annuity.

To explore the personal rewards and financial benefits of giving to the UCLA School of Nursing, please call Sharon LaPointe at 310-206-3662, email lapointe@support.ucla.edu or visit the UCLA Office of Planned Giving Web site at www.giftplanning.ucla.edu.

Following are giving opportunities for the school’s Center for Vulnerable Populations Research:

- Naming of the Center
  $4 million (endowment)

- Pilot Studies for Faculty to Undertake Vulnerable Populations Research
  $10,000

- Sponsorship of a Conference on Vulnerable Populations Research
  $4,000

- Scholarships for Doctoral and Postdoctoral Students to Undertake Vulnerable Populations Research
  $1,000

- Unrestricted Funds to Be Used by the Director of the Center
  $100 and above

For more information, please call Sharon LaPointe at 310-206-3662, or email lapointe@support.ucla.edu.

Retirement Income You Can Depend On

With the ups and downs of the market over the past few years, and the low interest rates being earned on CDs, many alumni and friends have taken advantage of the Charitable Gift Annuity Program at UCLA to create a steady dependable income that will last for a lifetime.

Not only can you count on a quarterly distribution that remains the same year in and year out, but also the payment rate can be as much as 12%, depending upon your age.

AN INCOME YOU CANNOT OUTLIVE

The chart below shows the various UCLA rates in effect for selected ages. The figures are related to a one-life gift annuity. The older you are the higher the rate!

<table>
<thead>
<tr>
<th>AGE</th>
<th>RATE</th>
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<tbody>
<tr>
<td>70</td>
<td>6.7%</td>
</tr>
<tr>
<td>75</td>
<td>7.3%</td>
</tr>
<tr>
<td>80</td>
<td>8.3%</td>
</tr>
<tr>
<td>85</td>
<td>9.7%</td>
</tr>
</tbody>
</table>

For two individuals, the rates are somewhat lower because payments are made for their combined lifetimes.

ADDITIONAL BENEFITS:

Not only do you receive an income you cannot outlive, but you also are entitled to an income tax charitable deduction in the year you make the gift. In addition, there is also a possibility that a portion of the annuity payment will be tax-free.
In Pacoima, a largely immigrant Latino community located in Los Angeles’ San Fernando Valley, risk factors for health problems are high – nearly one-third of families live below the poverty level, many are uninsured, more than one-third of adults are sedentary, and nearly half are overweight – and resources for addressing these concerns are limited. But the community is doing something about it, with assistance from the UCLA School of Nursing and Los Angeles County Department of Health Services.

The school’s Center for Vulnerable Populations Research, with funding from the National Institute of Nursing Research, helped to implement a pilot study, “The Impact of Lay Health Advisors on Health Promotion in a Latino Community.” As part of the study, community residents were hired as promotoras – health promoters – who work within their social networks to make an impact, through education, on community health.

The initiative is an example of the concept of participatory research, in which the community is integral to the design and implementation of the project. “This is a strategy for empowering communities and helping to reduce health disparities in vulnerable populations,” says Dr. Deborah Koniak-Griffin, professor at the school and director of the Center for Vulnerable Populations Research, one of whose goals is to promote participatory research.

The community partners, including the nonprofit agency Pacoima Beautiful, recommended the residents who went through training to become promotoras, conducting classes to educate members of their community on healthy lifestyles related to nutrition, exercise, and smoke-free environments. “These promotoras have the potential to reach vulnerable populations that are not accessible through traditional outreach strategies,” Koniak-Griffin explains. “I’ve been very impressed with their ability to increase their knowledge of these health behaviors and gain the skills to be able to communicate these messages to a large group of people in a short period of time.” In addition to being cost-effective, the approach has a positive effect on the lives of the health promoters, enhancing their job prospects. Moreover, Koniak-Griffin notes, “What they learn stays in the community; it doesn’t leave with the researchers.” Results of the pilot project have been encouraging enough that Koniak-Griffin’s group is now pursuing funding for a larger follow-up study.

The Pacoima project is one of many in which UCLA School of Nursing faculty are helping to address health disparities through their community research and service. In Venice, Calif., just southwest of the UCLA campus, “Partnership for Mexican American Diabetes Education” uses the participatory research model to address the disproportionate rates of diabetes incidence, morbidity and mortality among an indigent population of Mexican Americans, who have limited income, education,
and access to care. Drs. Jacquelyn Flaskerud and Nancy Anderson, co-directors of the Center for Vulnerable Populations Research’s Social Policy and Dissemination Core, have partnered with the patients and staff at the Venice Family Clinic on a bicultural, bilingual education program for Latino patients with diabetes, focused on nutrition and exercise.

“Exercise and nutrition are primary factors to avoid overweight, and I don’t think there is a person alive who doesn’t struggle with that in some way or another,” says Anderson. “For people who have diabetes it’s particularly critical to make changes related to diet and exercise.” While the care patients receive at the clinic includes such education, Anderson notes that the curriculum designed by the nurses goes one step further by working closely with patients to adapt new approaches to shopping, preparing foods, and exercise – and doing so in a group setting where there is significant social support.

“One of the most important aspects of this project is that it’s offered by nurses who live in the community and who, prior to becoming nurses, received their care at the Venice Family Clinic,” says Anderson. “They know a lot of the patients personally, and serve as excellent role models for them.”

The UCLA School of Nursing researchers have maintained constant contact with the clinic’s nurses, and are applying for funding to evaluate the program in a research setting. “This is a unique community partnership,” adds Flaskerud, “because we’re proposing it on three levels: as a partnership with patients to determine the problems they’re having in managing their diabetes and help shape the education program; as a partnership with the staff, to look at their large database of people with diabetes and determine what type of education is needed to help them control it; and as a partnership with community agencies to increase efforts to prevent diabetes in the area.”

For 16 years Dr. Adey Nyamathi has worked to promote health among groups that many people have wanted little to do with: homeless and substance-abusing populations. Hers has been one of the few research teams working with the homeless population to consider the nature of social support. Starting with HIV prevention programs involving women alone, Nyamathi’s group has evaluated the thoughts and perceptions of homeless women and the impact of having their intimate partners in the intervention group. More recently, her research has expanded to include programs aimed at preventing tuberculosis and hepatitis A, B, and C.

“By identifying key variables that have an impact on risky drug and sexual behavior among homeless men and women, we have been successful in designing culturally sensitive intervention programs incorporating strategies effective in reducing behaviors that increase risk for HIV/AIDS, tuberculosis, and hepatitis,” Nyamathi says.

She has found that culturally competent HIV/AIDS intervention programs stressing education, role modeling, coping and self-esteem enhancement can have a powerful impact in reducing drug use, number of sexual partners and risky sexual activity in the populations her group has worked with. “As nurses, we always believe that matching programs to the population’s belief systems and perspectives will make them more successful,” Nyamathi explains. “We have done that by conducting a lot of qualitative work to learn about our populations and how they feel we can best help them.”

Nyamathi, who has worked with dozens of homeless shelters and has enrolled thousands of people in her studies over the years, notes that homeless adults are at particularly high risk for sexually transmitted diseases because of drug use – typically about three-fourths of the homeless individuals in her studies have been drug users – which, along with survival issues, makes them more likely to engage in risky sexual behavior. But her research has debunked the commonly held belief that efforts to reduce risky behaviors among the drug-addicted are futile. For example, a current study focusing on TB chemoprophylaxis compliance and HIV risk reduction among homeless men and women has found that at least 80 percent of participants receiving nurse case management plus a monetary incentive complete the TB chemoprophylaxis program, compared with less than half of participants who receive the monetary incentive alone – with no difference in completion rates between the drug-addicted and the non-addicted. “The premise that drug-addicted individuals do not comply with relatively long-term treatment doesn’t hold up when culturally competent nurse case-managed programs are in place,” she notes.

“In many places, the homeless populations are treated very poorly, and they don’t like to get health care because of that,” adds Nyamathi, who currently has a hepatitis B vaccination grant application under review at the National Institutes of Health. “We’ve been proud to show that it is possible to promote healthier behaviors among these individuals.”

Lloyd S. Wright is one of approximately 2,500 homeless or indigent patients treated each year at the UCLA School of Nursing Health Center at the Union Rescue Mission. The nurse-managed clinic has served this population in the Skid Row area of Los Angeles since 1983.
The work of the school's faculty in addressing health disparities extends abroad as well as at home. Dr. Linda Sarna, professor at the school, building on a recent survey of tobacco control content in U.S. schools of nursing with Dr. Mary Ellen Wewers from The Ohio State College of Nursing, is leading a survey to evaluate types and amount of tobacco education in nursing programs in four Pacific Rim countries (Korea, Japan, China and the Philippines).

Sarna, whose focus on lung cancer prevention has evolved from her studies of the quality of life of people with lung cancer, notes that tobacco is the leading cause of preventable death worldwide — and that deaths from tobacco are increasing in the Pacific Rim. “Nurses, as the largest group of health professionals, can have an important impact on the prevention and cessation of tobacco use, and prevention of exposure to second-hand smoke,” she asserts. “But previous studies have suggested that nurses may be unprepared to undertake this public health challenge because of lack of content in their undergraduate educational program.”

Her group’s research, the first description of tobacco control content in schools of nursing in Asia, has found that less than half of the students received more than one hour on tobacco cessation techniques in any given year of instruction or had clinical practice opportunities to deliver cessation interventions. As part of a separate study, Sarna and colleagues are conducting in-depth surveys in schools of nursing in China to study their experiences in preparing nurses for tobacco cessation efforts.

“Many in the health community are very concerned that as smoking is declining in the United States and other developed countries, it is escalating in many developing countries, specifically in Asia,” Sarna says. “What we know from the United States experience is that a variety of health professionals, including nurses, can be very effective in helping patients to stop smoking, and in preventing tobacco use and reducing exposure to second-hand smoke.” While most nursing schools are aware to some extent of the health effects of tobacco use, Sarna explains, there is only limited awareness of the effective, scientifically based tobacco cessation interventions. “Only one out of 10 people who quit cold turkey will be successful non-smokers one year later,” she notes. “There are strategies that can increase these rates, and we need to disseminate them to the nursing workforce.” Eventually, Sarna’s group intends to develop an intervention program tailored to the needs of nurses in the Asian countries involved in the studies.

In the Malindi District of Kenya, with a population of more than 300,000, one in five women of childbearing age is HIV-positive. It’s esti-
nected that there were as many as 1,000 new pediatric AIDS cases in the district in 2002 alone. “If the newborns don’t get HIV from the pregnancy and birth process, when they’re breastfed they have about a 30 percent risk of getting it from the milk,” says Dr. Chandice Covington, professor at the UCLA School of Nursing. “Many of these babies will die before their second birthday if they breastfeed. If they don’t breastfeed and the women attempt to feed them local and customary milks or formula they can’t afford, many of the babies also will die before their second birthday, maybe even sooner.”

In the face of this tragedy, Covington’s research team has been exploring alternatives, including surrogate breastfeeding to prevent mother-to-child HIV transmission. In particular, Covington and colleagues are examining the feasibility of re-lactating grandmothers to determine whether they can safely and effectively nurse the babies of their HIV-positive daughters.

Covington’s team got the idea while conducting research in Kenya on the protective benefits conferred to women who breastfeed. Among other things, Covington found that older women who previously breastfed experienced cellular changes that reduced their risk for breast cancer. In the course of that study, she also noticed that the older women in this African country could still produce plentiful breast fluids. “That’s because for centuries, primitive societies have practiced surrogate feeding to keep babies alive,” Covington explains. “In a culture where there’s not a convenience store on the corner, mothers sometimes have to leave infants. They may be gone for hours or days. And in a culture that doesn’t have a bottle to pop into the baby’s mouth, some other plan has to be in place to feed the infant while the mother is gone. In rural Africa, the way they’ve handled that is to have any other woman feed the baby. That other woman typically is the grandmother because she’s living in the village with her daughter.”

Working with the Malindi Health District, Covington’s group is testing whether the breast milk produced by the older women contains the same important nutrients as the new mothers. The next step would be to incorporate family triads in which an HIV-positive woman and her mother would determine during pregnancy that the grandmother would nurse the baby.

A t the same time that the school’s faculty are addressing health disparities in the community, they are helping to prepare a new generation of nurse practitioners who will serve the populations that need them most. For nearly a decade, the UCLA School of Nursing has received funding from the state Office of Health Planning and Development through the Song-Brown Act to increase the number of family nurse practitioners who will go on to work in medically underserved areas. The state Legislature appropriates funds for nurse-practitioner, physician-assistant and family-practice training programs that promote practice in such areas, have a large proportion of students from multicultural groups, address cultural competence in their curricula, and conduct “team training” in which nurse practitioners and family physicians work together.

Part of the mandate of Song-Brown is to expose students to underserved populations through their clinical placements, explains Dr. Mary Ann Lewis, professor at the school and principal investigator of the grant. Many of the school’s clinical sites for all of the graduate students are in medically underserved areas serving vulnerable populations. The school itself runs the Health Center at the Union Rescue Mission and initiated a nurse-managed clinic at The Burke Center, located in a medically underserved area of Santa Monica and operated in collaboration with the Venice Family Clinic and the Westside Coalition. The school’s Center for Vulnerable Populations Research, now in its fourth year, provides another important venue for clinical placements serving underserved populations.

In addition, the school’s strong curricular focus on vulnerable populations and its ethnically diverse student population help to ensure that an increased number of graduates go on to practice in these areas. “When our students first enroll, we talk to them about social responsibility,” says Lewis. “Our curriculum teaches students to look at patients’ lives within the context of the community in which they live and the resources that exist in that community. We hope, also, that by being exposed to vulnerable and underserved populations in the curriculum and in their clinical experiences, students will see the need and develop relationships that will lead them to serve these populations after graduation.”

Concludes Lewis: “Song-Brown has helped us to meet the mission of the school – to prepare advanced nursing practitioners for the provision of quality nursing care for a diverse, multicultural society.”
SCHOOL CELEBRATES 2ND ANNUAL ALUMNI AND FRIENDS DINNER –
Dr. Louis Ignarro, Nobel Laureate, presented at the School of Nursing’s
second annual Alumni and Friends Dinner November 14 at the Ritz
Carlton, Marina Del Rey. Guests enjoyed participating in a silent auc-
tion followed by dinner and a presentation by Ignarro (pictured with
Dean Marie Cowan in the photo above left), a faculty member at the
David Geffen School of Medicine at UCLA. This year’s event also will be
held in November.