making their mark

Faculty at the school are engaging in research and community-based work with important policy implications.
Often in this newsletter, we feature some of the outstanding research of members of our faculty—studies that are shedding light on matters of health and disease in individuals and populations. Research is, along with teaching, a critical part of what we do, and the excellent science produced by our faculty is a major factor in building the UCLA School of Nursing’s reputation as an elite nursing school. But in this issue, we illustrate that it is not just the research per se that is important; it is also the influence our research—and researchers—can have in shaping policies.

As you will see in the three examples that are highlighted in the pages that follow, policy influence takes many forms. Dr. Linda Sarna is leading efforts to empower nurses to spearhead anti-tobacco and smoking cessation campaigns. Dr. Wendie Robbins is conducting important research in China that could lead to improved standards for worker exposure to boron in many parts of the world. And our Center for Vulnerable Populations Research, led by Dr. Deborah Koniak-Griffin, is not only building the capacity of communities to address their health concerns, but is also helping these same communities, as well as legislators, to understand the policy implications of the center’s research findings so that prudent decisions can be made toward eliminating the disparities among vulnerable groups.

All three of these examples, as well as many others throughout our school, illustrate that, far from the stereotype of the ivory tower academic setting, our faculty is engaged in the community and working to ensure that the knowledge that comes from their research is used to improve health.

Marie J. Cowan, R.N., Ph.D., FAAN.
**Recent & Upcoming Events**

**MARCH 2:**

**Bullough Lectureship**

Guest speaker Joan E. Lynaugh, M.S.N., Ph.D., F.A.A.N., director emeritus, Barbara Bates Center for the Study of the History of Nursing, Penn University, speaking on “Choosing a Direction: Nursing Education in Universities since 1965”

**MAY 13-15:**

**Class of 1957 Reunion, Lake Arrowhead**

This event is being planned by Rose Marie Nesbit and Ann Ivey. For more information, please contact Rose Marie at (714) 871-4491.

**Transitions**

**Dot Malone** headed the nursing staff of Student Health at UCLA for many years. Like her close friend and mentor Loretta Ford (considered one of the “mothers” of nurse practitioners), she supported NPs in primary care, and particularly in college health centers. She was closely involved in developing a course for College Health NPs through UCLA Extension. In the early days at the school, she made available to the school the examining rooms of Student Health for practice teaching in the evenings, at a time when the school had no such facilities of its own. The support of Dot and several other nurse leaders in the community played an important role in the school’s early development.

Chironians board member **Margaret G. Brant,** M.S.’61, Ed.D., worked at several hospitals in the greater Los Angeles area until 1962, when she began teaching at El Camino College. In 1964 she became the director of nursing at El Camino, a position she held until she retired in 1990. She was a member of the American Nurses’ Association and the California Nurses’ Association, and served both organizations in various capacities. She traveled extensively; in the late 1950s she obtained her private pilot’s license and with her lifelong friends Howard Fishel and Mary Ann Preach took many flying vacations, including trips to Mexico, Alaska, and the eastern United States.

Chironians board member **Eleanor Newby,** B.S.’56, became a U.S. Navy nurse in 1945, and while in the navy met and married Cmdr. Donald Newby before continuing her education while raising a family of four daughters and one son. After graduating from the UCLA School of Nursing, she began working as a school nurse for the Long Beach Unified School District, and in 1969 she was named School Nurse of the Year by the Long Beach Administrators Assn. She served as national president for the Alpha Tau Delta nursing fraternity, and in 1975, the Gamma Pi chapter established a student scholarship in her name, which is given annually to a deserving nursing student at UCLA.

In January, the school held a luncheon for Marianne Murphy (second from right), who has established a scholarship endowment in honor of her mother, Margaret Brown. With her, l. to r.: Sarah Terribilini, president of the Graduate Student Nursing Association; Associate Dean of Student Affairs Kay Baker; and scholarship recipients John Alexiou, LaCreshia Hoy, and Amy Edgington.

**DID YOU KNOW?**

- Named student scholarships and endowments 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.
- You can make a gift of your home, receive an immediate income tax charitable deduction and continue to live there for your lifetime.
- Bequests are a significant source of support for the School of Nursing.

For more information, please call Naz Kayhosrowpour at (310) 206-3662 or visit www.giftplanning.ucla.edu

**GIFT ANNUITY PAYMENT RATES**

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*Please call for current benefits and rates for two persons.*
Dr. Linda Sarna believes nurses have a special role to play in the fight against tobacco use, the leading cause of preventable death in the United States and much of the world. But, due to reasons that include lack of awareness, inadequate education, lack of leadership and surprisingly high rates of their own use of the substance, nurses aren’t doing as much as they could in tobacco control, contends Sarna, professor at the UCLA School of Nursing.

“The voice of nursing hasn’t been loud enough,” she says. “The profession has the potential to make a tremendous impact in promoting health and reducing risk if nurses become more aware of the harm caused by tobacco and more knowledgeable about what they can do.”

Sarna, a leading researcher in the role of nurses in tobacco control, is working with nursing organizations on a variety of tobacco control policies, including making recommendations to strengthen the education of nurses about the health effects of tobacco and how to successfully intervene with tobacco users. In a study of undergraduate nursing programs in the United States, Sarna and colleagues found education of nursing students on these issues to be “woefully inadequate.”

Through a grant from the Smoking Cessation Leadership Center at UC San Francisco, Sarna has worked with 21 nursing organizations representing more than 1.5 million nurses to examine strategies they could implement to educate their members about ways they could be involved in tobacco control, as well as how these organizations could work with other groups on the issue. These organizations have developed policies and have included tobacco issues as a priority for their organizations.

Sarna was funded by the Agency for Health Care Policy and Research and the National Cancer Institute to conduct the first-ever national nursing research conference focusing on nursing intervention in tobacco cessation in May.

Sarna has worked with international nursing organizations in shaping tobacco control policies and in improving nursing education in tobacco cessation. In August, she was recognized for her efforts by a Distinguished Merit Award from the International Society for Nurses in Cancer Care.
Tobacco-Free Nurses initiative Web site includes links to a variety of resources that educators can use to increase their efforts in teaching students about tobacco control.

With 2.3 million registered nurses in the United States and 11 million worldwide, nursing is the largest health profession—and, recent surveys indicate, the most respected. Given that, Sarna says, “Nurses can be a powerful force in helping patients with tobacco cessation if they’re adequately educated and feel confident in their skills to do so. And if we can also increase nursing awareness of the devastating health effects of tobacco use—50 percent of smokers who use tobacco die from a tobacco-induced illness—nurses can also help to effect the social and public policy changes that need to happen in communities if we’re going to increase tobacco cessation and decrease the prevalence of tobacco use.”
The study undertaken by Dr. Wendie Robbins and colleagues at a boron plant in Liaoning Province, China, represented a classic win-win situation.

Looking to recommend guidelines for safe worker exposure in the future, the National Institute for Occupational Safety and Health (NIOSH) – the U.S. agency that funded Robbins, associate professor at the School of Nursing, to conduct the research – needs to understand more about the health effects of the element, an understanding most likely to come from studying workers with higher exposure levels than the lower levels experienced by workers at the U.S. mining plant in Boron, Calif. Those exposure levels could be found at the plant in Liaoning Province – where the community was concerned about both worker safety and boron contamination in the environment, and had been seeking an investigation.

Collaborating with researchers from the China National Environmental Monitoring Station, Robbins’ group – including Drs. Betty Chang, Nancy Anderson, David Elashoff, Lin Xun, and Lina Lee from the School of Nursing; and Dr. Curt Eckhardt and molecular toxicology doctoral student Karen Young from the School of Public Health – has been examining the reproductive effects of occupational exposure to boron in the male workers who mine and process the element at multiple sites in Liaoning Province.

In animal studies, certain levels of exposure to boron have been found to cause male reproductive toxicity. Human studies to determine whether boron is a reproductive toxicant have been inconclusive, due to the limited range of exposures that have been evaluated. “If we can determine what the toxic level is, this information can be used to protect workers all over the world,” Robbins says.

But as Robbins’ study has progressed, an interesting development has occurred: Significant improvements have been made in worker protection measures undertaken at the plants under study. “The last time we were there, everything had been revamped,” Robbins recalls. “It makes it more difficult to find the high exposures we need to conduct the study, but you would rather that the workers be protected.”

Great strides are being made in worker safety all over China, Robbins notes, and her group has been thrilled to witness – and, in their own way, contribute – to the change. The collaborators on the boron study from China’s National Environmental Monitoring Station have been interested in learning from Robbins and her UCLA colleagues about worker safety measures in the United States, where there is a longer history of protections.

“The Chinese government is very committed to improving conditions for workers,” Robbins says.

Her group, which is funded through 2006, has conducted more than 1,100 interviews with workers and taken biological samples from 69 men. Preliminary results indicate that reproduction may be affected at high exposure levels; the researchers are continuing to analyze the biological specimens and dust samples from the plants. In addition to NIOSH and the government of China, occupational health and safety officials in Europe have contacted Robbins’ group and expressed interest in using the findings as a basis for establishing guidelines.

“It’s exciting and very gratifying to contribute, through our study, to changes that can have a positive effect on worker health and safety,” Robbins says.
In just five years, the UCLA Center for Vulnerable Populations Research (CVPR) has begun to make its mark in Los Angeles, across the nation and overseas – an influence that was recently acknowledged by the National Institute of Nursing Research in the form of a five-year, $1.6 million grant that extends the UCLA School of Nursing-based center’s funding through 2009.

“The funding process was extremely competitive,” says Dr. Deborah Koniak-Griffin, Audrienne H. Moseley Endowed Chair in Women’s Health Research at the school and the CVPR’s director. “That we were awarded this renewal is recognition of the quality of our center’s work in developing and implementing strategies aimed at reducing or eliminating health disparities involving vulnerable populations.”

“Vulnerable populations” refers to social groups with increased exposure to health risks and/or susceptibility to health-related problems. This vulnerability is reflected in higher morbidity and mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. The CVPR focuses on two population groups identified as particularly vulnerable to health disparities, ethnic/racial minorities and people living in poverty; and on four health areas: infectious diseases (e.g., HIV/AIDS, hepatitis, tuberculosis); chronic illnesses (e.g., cardiovascular disease, diabetes, asthma); substance abuse; and environmental quality (e.g., exposure to tobacco smoke, occupational hazards).

CVPR has distinguished itself in its approaches to these subjects in two important ways, Koniak-Griffin notes. For one, the center promotes the integration of biologic and behavioral measures in its studies in order to produce the highest-quality research. “There aren’t too many centers that have the expertise and interdisciplinary focus to incorporate biologic tests in their behavioral studies,” says Koniak-Griffin.

Perhaps the characteristic that best distinguishes CVPR from most other academic centers of excellence is its emphasis on community-based participatory research, in which investigators work as partners with community representatives to identify problems, design and implement interventions, and evaluate and disseminate outcomes. “We believe that use of this approach builds communities’ capacity to address health concerns of vulnerable populations.”

“We believe that this ‘upstream’ approach to health promotion, which emphasizes policy and environmental changes, will facilitate healthier individual behavioral choices and aid in the reduction or elimination of health disparities in vulnerable populations.”

Center Builds Communities’ Capacity to Address Health Concerns of Vulnerable Populations
method ensures that the contents of interventions are tailored to meet the needs of the communities that are served, and the partners gain skills and knowledge so that they can make a difference and influence policy," Koniak-Griffin explains. Moreover, she notes, giving the community a voice in the direction of projects and community-partnered interventions is more likely to result in programs that are culturally and linguistically competent, and that are sustainable beyond the researchers’ funding period. This approach, adopted by the center at its outset, has increasingly gained favor with federal funding agencies.

The center’s collaborative work with community partners has important implications for community capacity-building and public policy development, Koniak-Griffin notes. “By engaging communities in CVPR projects and educational efforts, we hope to enhance a community’s sense of power to address its own health concerns and facilitate the sustainability of health promotion programs,” she explains.

With respect to public policy, the Agency for Healthcare Research and Quality (AHRQ) recently published an evidence-based review on the conduct and evaluation of research utilizing community-based participatory methods. The AHRQ report identified multiple studies in which communities were involved in translating research findings into policy changes at the local, institutional, and civic levels. Similarly, the CVPR works to identify the policy ramifications of its research and disseminate this information to community partners and legislators. “We believe that this type of ‘upstream’ approach to health promotion, which emphasizes policy and environmental changes, will facilitate healthier individual behavioral choices and aid in the reduction or elimination of health disparities in vulnerable populations,” Koniak-Griffin says.

For the new funding cycle, the center has established an advisory board with representatives from community organizations who will help the center’s leadership assess needs and establish an agenda for future research and health promotion programs. The board includes leaders from four Los Angeles County communities where CVPR has successfully developed and nurtured partnerships: the Pacoima/Sun Valley area of the San Fernando Valley, an area heavily populated by poor Latino immigrants, where Koniak-Griffin has partnered with a community-based agency to identify and train community members to work as lay health advisors, also known as promotoras de salud; the Downtown Skid Row area of Los Angeles, where Dr. Adey Nyamathi (Professor and Audrienne H. Moseley Endowed Chair in Community Health Research) works with and advocates for the homeless, identifying methods to support adherence to prophylactic treatment for tuberculosis and to prevent the spread of HIV and other infectious diseases; the Boyle Heights area of East Los Angeles, where the center has joined with Bienvenidos Family Services for HIV prevention studies aimed at teen mothers and their partners; and the Venice/Mar Vista area of the Westside, where activities have ranged from a Latino Health Demonstration Project to a Domestic Violence Prevention Forum.

Center investigators are also conducting participatory research as far away as China, India and sub-Saharan Africa.

Beyond research, the center continues to be involved in health education through community forums, where findings are shared and their implications discussed. The center also holds monthly colloquia, specialized workshops, and intensive seminars on how to build community partnerships and apply participatory research methods. In addition, members of the center serve on community advisory boards and meet with politicians to discuss policies for addressing health disparities. The center has also conducted an annual Summer Institute to train investigators in community-based participatory research; this summer’s will be held in Hawaii following the Sigma Theta Tau International conference in July. (More information will be available at the center’s Web site, www.nursing.edu/cvpr/index.html.)