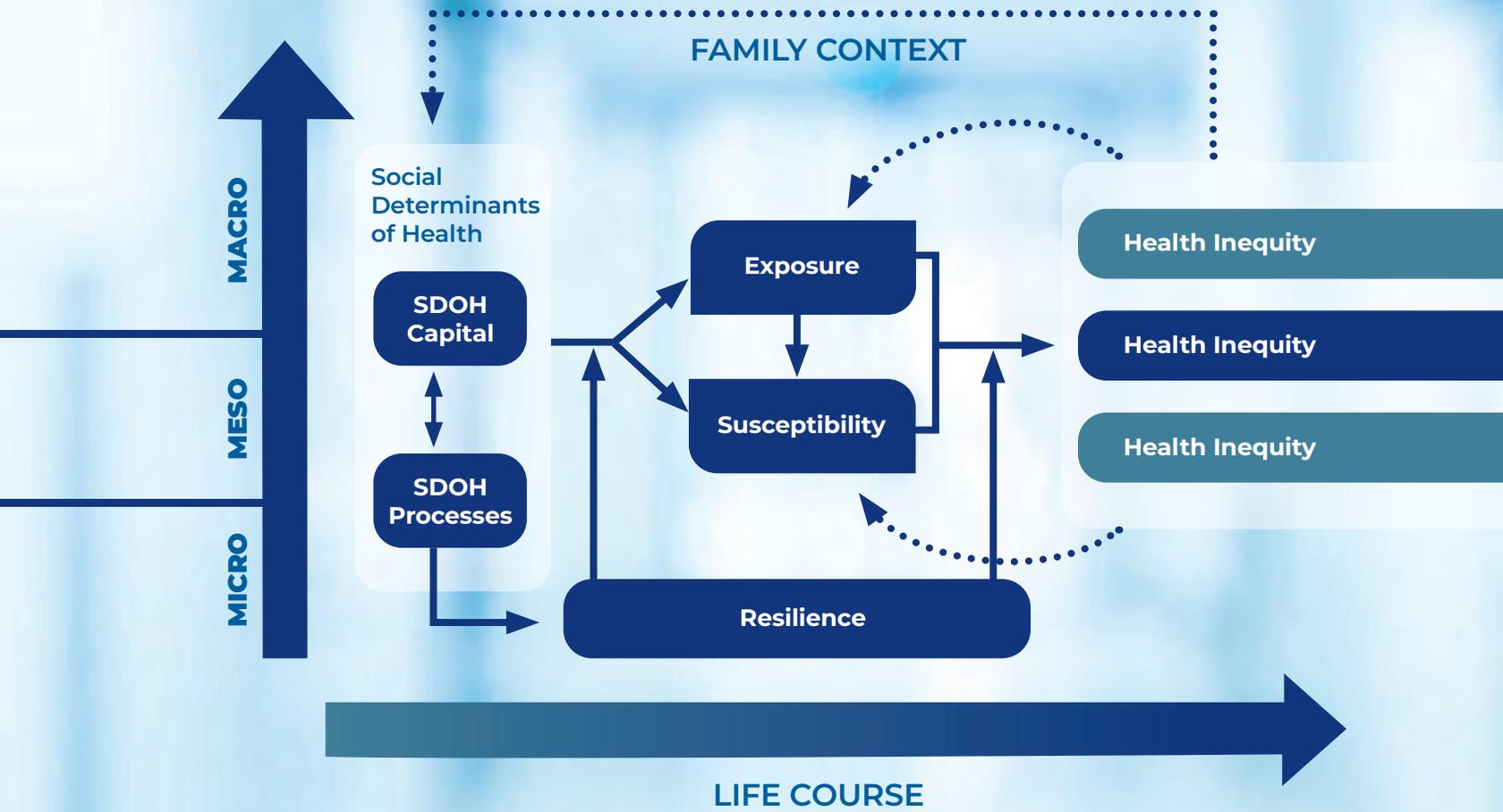


DUKE NURSING

a publication of Duke University School of Nursing



Social Determinants of Health and the Path to Equity

DUKE IS TAKING BIG STEPS TO END HEALTH INEQUITIES



A NEW DIRECTION

The human and economic costs of health inequities have risen to alarming levels, and these costs are unsustainable. At the Duke University School of Nursing, we believe new thinking and action are needed to ensure everyone has equal opportunity to achieve their optimal health.

Nurses hold the key to achieving health equity, so we are driving systemic changes to our health care system by developing nurse-led interventions that better mitigate harmful social determinants of health, preparing nurse leaders to conduct innovative SDOH research, and empowering nurse advocates to shape health equity policies.

A paradigm shift requires a new direction, so we have charted a course toward health equity that we invite you to follow.

Join us by visiting
DUSONTrailblazer.com



→ **New Mission**

We, at the Duke University School of Nursing, advance health equity and social justice by preparing nurse leaders and innovators with a commitment to improving health outcomes through transformative excellence in education, clinical practice, and nursing science.

→ **New Tools**

Duke's Center for Latino Adolescent and Family Health has pioneered new thinking and tools to address health inequities. We invite you to visit DUSONTrailblazer.com to explore our interactive guide to eight key principles and an innovative new framework to better mitigate harmful SDOH.

→ **New Faculty**

To complement the incredible work our existing faculty have done to address health equity, we have embarked on a Health Equity Cluster initiative to hire new faculty who bring additional areas of SDOH expertise to Duke.



Here at the Duke University School of Nursing (DUSON), we are taking bold new steps as we continue our work to advance health equity. We are thinking differently about how to mitigate harmful social determinants of health and advance the roles of nurses and the nursing profession in health care and in the promotion of health equity.



For example, the DUSON community—including its students, faculty, staff, and alumni—completed a deliberative process of developing the School's new mission. The new mission is our North Star, guiding us as we advance health equity and further embrace social justice in our academic, clinical, and research programs:

“We, at the Duke University School of Nursing, advance health equity and social justice by preparing nurse leaders and innovators with a commitment to improving health outcomes through transformative excellence in education, clinical practice, and nursing science.”

Along with our new mission, we launched [DUSONTrailblazer.com](https://dusontrailblazer.com), a microsite that showcases our innovative thinking on health care transformation and provides resources to academic and health care leaders, practitioners, policymakers, community partners, and advocates interested in eliminating health inequities and harmful social determinants of health.

The microsite highlights a novel integrative framework for mitigating harmful social determinants of health. This framework focuses on the key mechanisms through which social determinants of health influence and shape health inequities, and it presents these mechanisms as opportunities for intervention programs to target harmful social conditions that negatively affect health.

In this issue of *Duke Nursing* magazine, I invite you to read more about the DUSON Framework for Social Determinants of Health Mitigation and the innovative nurse-led models of care our faculty and staff are using to improve health outcomes for underserved populations.

The current human and financial costs of health inequity are significant, and if we do not shift the health care paradigm, health inequities will continue to have detrimental effects on the health and well-being of the United States and the broader globe. The great news is that nurses, who represent the largest and most trusted health profession, are already responding with transformative interventions. Here at DUSON, we're leading the way!

Sincerely,

A handwritten signature in black ink, appearing to read "Vincent Guilamo-Ramos".

Vincent Guilamo-Ramos, MSN'17, PhD, MPH, LCSW, RN, ANP-BC, PMHNP-BC, FAAN

Dean, Duke University School of Nursing
Vice Chancellor, Nursing Affairs, Duke University

PhD student Amnazo Muhirwa outside of Lincoln Community Health Center, a community partner with the Heart to Heart: Patients as Partners in Management of Uncontrolled Hypertension initiative.





A New Framework for Mitigating Harmful **Social Determinants of Health**

PhD student Lisvel Matos and clinical research specialist Norma Garcia Ortiz of the SER (Salud, Estres y Resiliencia/Health, Stress, and Resilience) Hispano Project provide blood pressure checks to Latinx community members. 14

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Dami Oluwadara is one of four students awarded scholarships for their commitment to advancing health equity and social justice.

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2021 AND 2022 ALUMNI AWARD RECIPIENTS CELEBRATED IN PERSON IN 2022



Nine alumni were recognized for their significant contributions to the nursing community at large during the Alumni Awards brunch and ceremony on Dec. 3, 2022.

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Vision of the Future: The New Strategic Plan

By Cristina Smith

With a recommitment to health equity and social justice in academic, clinical and research programs, the Duke University School of Nursing (DUSON) has officially launched the implementation phase of its 2022-2027 strategic plan, taking bold steps in new directions. The five-year plan, which began in early 2022, continues to build on DUSON's commitment to diversity, equity and inclusion with an eye toward effecting change, specifically to systems that create and perpetuate inequities and injustice in health care and society at large.

The updated mission statement, which will act as a “north star” as DUSON works through its priorities and initiatives with purpose, reads, “We, at the Duke University School of Nursing, advance health equity and social justice by preparing nurse leaders and innovators with a commitment to improving health outcomes through transformative excellence in education, clinical practice and nursing science.”

DUSON partnered with Slalom, a global consulting firm that used a data-driven approach in developing the strategic plan. Taking into account DUSON's role as a leading institution preparing nurses and nurse scientists for the workforce of the future, the plan makes clear that DUSON can and should have an impact on what that future can be.

The strategic plan emerged after months of seeking input from a variety of stakeholders, including faculty, staff and students, and holding workshops and focus groups, conducting interviews and surveys and collecting data from nursing profession articles and reports. Looking to peer institutions as well as DUSON's previous plan helped identify successes, gaps and opportunities for growth. Input was also gathered from entities outside of DUSON and nursing.

The updated mission statement acknowledges the transformative power of nursing education, practice and research. Recent statistics show life expectancy in the U.S. falling for the first time in decades and an alarming increase in the incidence of chronic disease. DUSON has an opportunity to tackle these health statistics by training and encouraging nurses to be leaders in disrupting these trends. Early intervention and attention to social determinants of health (SDOH) and the use of nurse-led health care models form the crux of the school's mission and plan: to create a paradigm shift that starts to fix a health care system that is often broken, inequitable and unjust.

DUSON aims to address the effects of social conditions and large-scale events — such as the COVID-19 pandemic, climate

change and substance abuse — on health care and health care delivery. Directly connecting the social to the physical, and being able to improve health care by improving social situations moves DUSON toward becoming a national leader in innovative solutions.

Goals such as this are built in to DUSON's strategic plan, which comprises four pieces, with the mission statement their anchor: focus areas, priorities, initiatives and implementation plans. The strategic plan defines the following focus areas, with initiatives and priorities in each: nursing practice; nursing science; nursing education; expanding resources and reach; and community diversity, equity, inclusion and belonging (DEIB).

Nursing Practice

DUSON continues to be the leader in championing nurse-led models of care as a means to improve health outcomes and reduce cost. Nurse-led teams extend quality care to communities without access to health resources, often rural and marginalized. DUSON's priorities for nursing practice are to establish the school as a national leader for nurse-led models, to expand these models across the health care spectrum and to develop nurse-led solutions that capitalize on interprofessional collaboration, with the goal of advancing social justice and health equity.

One initiative in this focus area is already underway: M-PACT Mobile Clinic, a four-year cooperative agreement that serves rural and underserved communities in North Carolina, a state that is lacking in provider access. Nursing students in the mobile clinic are trained to understand how social determinants of health affect the population and how collaborating with community resources creates long-lasting partnerships that can change health outcomes and the social landscape.

There are more nurse-led models underway in DUSON and the school will work to package them across care continuums and in different settings.

Nursing Science

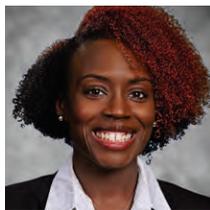
Research at DUSON already aligns with the National Institute of Nursing Research's (NINR) strategic plan, which challenges institutions to focus research lenses on health equity; SDOH; population and community health; prevention and health promotion; and systems and models of care. DUSON leads cutting-edge research in all of these areas and is poised to solve pressing health challenges on a national level and inform practice and policy on a broad scale.



Marcus Bolick

Students Awarded Scholarships for Commitment to Health Equity and Social Justice

By Stephanie Turner



Charmaine Duckie



Milenna Echegaray Gomez



Dami Oluwadara

Duke University School of Nursing (DUSON) is taking bold new steps to mitigate harmful social determinants of health and advance social justice by preparing nurse leaders and innovators through transformative excellence in education. Four DUSON students are already committed to these goals and have been recognized for their work by receiving funding to support their continued efforts through education.

Our Race to Health Equity Diversity Nursing Scholarship

Accelerated Bachelor of Science in Nursing (ABSN) students Marcus Bolick, Milenna Echegaray Gomez, and Dami Oluwadara were awarded scholarships for their efforts to eliminate health inequities. The three students received Johnson & Johnson's 2022 Our Race to Health Equity Diversity Nursing Scholarships, funded

through the Foundation of the National Student Nurses Association.

The scholarship was created to diversify the health care workforce to more acutely address health inequities, particularly ones that impact communities of color.

"Health equity is something I'm so passionate about," Gomez says. "As a first-generation college student and also a Latina, this scholarship has emphasized the role I play within the field of health care as an advocate for health equity."

In addition to working to promote health equity, Bolick says by advancing their own education and research, nurses can be in a position to effect greater systemic changes. "This scholarship empowers me to pursue leadership roles in my profession to promote diversity in a line of work that has the opportunity of caring for a diverse client population," he says.

Oluwadara adds, "Without health equity, marginalized groups and those living in under resourced environments will not have the opportunity to achieve all that they might be able to if they aren't given the same access to health care and resources as those from other backgrounds. As a nurse, I have an oppor-

tunity to advocate for my patients to be treated equitably and bridge the gap that exist by promoting health care literacy."

Gomez wants to work in neurology, particularly Duke Health's neurology ICU, and was accepted into the Duke MSN-DNP Program with a specialty in psychiatric mental health. Bolick aspires to become a cardiac ICU nurse leader and earn his DNP in nurse anesthesia. Oluwadara plans to work in the intensive care nursery and pursue midwifery.

George McGuire Memorial Scholarship

Doctor of Nursing Practice (DNP) student Charmaine Duckie, MSN, RN, MSRN-BC, NEA- BC, has been awarded the George McGuire Memorial Scholarship from the National Black Nurses Association (NBNA) for her DNP Project, which addresses hypertension in Black patients.

The scholarship will support Duckie, a clinical nurse manager at Duke Primary Care (DPC) Riverview, as she executes her DNP Scholarly Project. Her project will focus on treating and addressing hypertension in Black patients, particularly ones on the hypertension registry at her clinic.

"We have a lot of socioeconomic deterrents in our area, just knowing the population," Duckie says. "We have the resources, but how do we make sure the patients that are the least healthy and the most complex get those resources?"

Duckie's project uses an innovative workflow to interconnect and optimize the roles of the DPC team. The population health specialist, for example, will ask patients about situations, such as housing and transportation, to gather data on the social needs that impact them. This information is needed to understand which community resources and educational materials will benefit the patient. For example, if the patient is facing eviction, the specialist will work to help resolve their current living situation. The primary care physician and pharmacist will guide the patient on how best to manage their hypertension, while the nurses walk the patient through any processes they need to perform at home, such as taking their blood pressure.

"I really like informatics, making workflows more efficient, and improving proven processes," Duckie says, noting that is what led her to pursue a DNP. "I'm doing my project within my patient population and am able to see firsthand the barriers my patients are experiencing." **DN**

School of Nursing Affiliated Projects Recognized As Innovative Nurse-Led Programs

By Stephanie Turner



Vincent Guilamo-Ramos

Two Duke University School of Nursing-affiliated nurse-led programs, Families Talking Together (FTT) and the Durham Homeless Care Transitions, were named 2022 Edge Runners by the American Academy of Nursing.

A signature initiative of the academy, Edge Runners recognizes innovative, nurse-led models of care and interventions that improve health care quality and outcomes, enhance patient satisfaction, and help reduce cost.

Families Talking Together

FTT promotes adolescent sexual health via a parent-based intervention, and was developed by Vincent Guilamo-Ramos, MSN¹⁷, PhD, MPH, LCSW, RN, ANP-BC, PMHNP-BC, FAAN, dean of the Duke University School

of Nursing, vice chancellor of nursing affairs, Duke University, and founding director, of DUSON's Center for Latino Adolescent and Family Health (CLAFH).

Adolescent sexual and reproductive health (SRH) continues to be a public health and social welfare priority across the United States. Negative SRH outcomes represent a major source of morbidity among adolescents. Expenditures associated with teen pregnancies, sexually transmitted infections (STIs), and HIV cost U.S. taxpayers billions of dollars annually.

Although significant progress has been made in reducing teen pregnancy rates in the U.S., the rates remain significantly higher than in other well-resourced countries. Annually, there are approximately 160,000 children born to mothers younger than 20 years old. Though they represent only a quarter of the sexually active population, youth aged 15 to 24 account for nearly half of the more than 26 million annual new cases of STIs. Approximately 20 percent of estimated new HIV infections in the U.S. occur among youth between the ages of 13 and 24.

Statistics also show a disproportional impact among Latino and Black adolescents, who make up about half of reported STI cases and eight in 10 new HIV diagnoses among adolescents under age 20. These inequities demonstrate a pressing need for innovative and efficient models of care to promote SRH among adolescents in historically underserved communities.

FTT specifically addresses this need. While interventions designed to improve adolescent SRH outcomes have traditionally focused directly on adolescents through school-based curricula, social media campaigns, and community-based programs, FTT focuses on parents as the primary influence in prevention of adolescent sexual risk behavior, unplanned pregnancies, and STIs.

FTT employs face-to-face intervention sessions aimed toward parent-adolescent communication about sexual health, parental monitoring and involvement; printed FTT materials for parents and for adolescents; and homework exercises assigned to parents, such as practicing communication about sexual health with their adolescent. Several large-scale randomized controlled trials have shown FTT to be effective in promoting positive adolescent sexual health outcomes that reduce the risk of unplanned teen pregnancy, STIs, and HIV by delaying sexual debut, increasing adolescent condom use, and reducing the frequency of adolescent sexual activity.

FTT is being implemented across the U.S. in a variety of settings, including health clinics, schools, community-based organizations, and households, and can be delivered to parents individually and in-group sessions. The FTT clinic adaptation, specifically designed for delivery in adolescent primary care settings, formally integrates health care providers into the FTT model, thereby adopting a triadic approach to SRH promotion. FTT is available in culturally tailored versions for Latino and Black families, including a version in Spanish.

“While the Edge Runners program recognizes Duke and FTT’s innovative work in transforming models of health care, they also collectively recognize the work of all nurses who transform health and improve patient outcomes,” Ramos says.

Durham Homeless Care Transitions

Working together to address health care and homelessness, Donna Biederman, DrPH, MN, RN, FAAN, associate professor, Julia Gamble, MPH, NP, of Duke Outpatient Clinic, and Sally Wilson, MDiv, of Project Access of Durham County, founded the Durham Homeless Care Transitions (DHCT) program. Biederman serves as the evaluation and education director, with Gamble as the clinical director and Wilson as the administrative director. DHCT, housed within Project Access of Durham County, facilitates transitions and strengthens connections to care for people experiencing homelessness in Durham County to decrease or avoid preventable adverse outcomes and improve quality of life.

People experiencing homelessness have high rates of physical and mental illness, increased mortality, and often repeated emergency department visits and hospitalizations. Homelessness exacerbates health problems, complicates treatment, and disrupts continuity of care. Frequently, people experiencing homelessness are discharged from hospitals with care instructions that are difficult to follow while living on the streets or in shelters.

Since hospitals are often reluctant to knowingly release patients into homelessness, some patients remain hospitalized beyond their expected date of discharge, thus increasing costs significantly. The DHCT model addresses the disconnect between health and homelessness systems by providing a place for healing and an opportunity to stabilize housing, health benefits, and relationships with supportive services.

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Cary and Randolph Appointed AAN Fellows for Contributions to Nursing Profession

By Stephanie Turner

Two Duke University School of Nursing faculty members have been selected as Fellows of the American Academy of Nursing. Michael P. Cary, Jr., PhD, RN, Elizabeth C. Clipp Term Chair in Nursing and associate professor, and Schenita D. Randolph, PhD, MPH, RN, associate professor, joined 248 other distinguished international nursing leaders — making the 2022 cohort the academy’s largest to date. Cary and Randolph were appointed for their contributions to health and health care.

“Drs. Michael Cary and Schenita Randolph are exemplary examples of how putting research into action through their nurse-led interventions can affect real change within real communities,” says Vincent Guilamo-Ramos, MSN’17, PhD, MPH, LCSW, RN, ANP-BC, PMHNP-BC, FAAN, dean, Duke School of Nursing, and vice chancellor, nursing affairs, Duke University. “We are elated to have these outstanding researchers, nurses and educators be formally recognized for their contributions to nursing with this prestigious honor.”

Michael Cary

As one of few PhD-prepared African American males in nursing, Cary has distinguished himself as a nursing leader, researcher, and educator.

As a leader, he works to combat structural racism in nursing and academia by advancing the diversity, equity and inclusion (DEI) of historically marginalized groups who face inequities. Nationally, he led the development of the Academy Health’s Interdisciplinary Research Group on Nursing Issues’ Emerging Diversity Leaders, a mentoring program designed to establish a diverse cadre of health services researchers who will establish active careers in science and academic nursing and will contribute to reducing and ultimately eliminating health disparities.

Within the School of Nursing, he chairs the Recruitment & Hiring (Faculty) committee of the school’s Racial Justice Task Force, which is overseen by the dean’s office and Office of Diversity, Equity and Inclusion. Several of the committee’s strategies are highlighted as part of a published action-oriented framework that other schools of nursing can implement to bolster their own DEI efforts. Cary oversees the creation of strategies to recruit and hire diverse faculty who are focused on mitigating the harmful effects of social determinants of health, including the impacts of structural racism and discrimination on underserved communities of color.

Dually trained as a health services researcher and applied data scientist, Cary focuses his research efforts on innovative data science to predict disability in older African American adults and other groups at increased risk for rehospitalization following discharge from post-acute care (PAC) settings including inpatient rehabilitation facilities (IRFs). For example, he developed machine-learning algorithms to predict 30-day and one-year mortality among older adults with hip fracture treated in IRFs — being the first nurse scientist to develop these complex algorithms in PAC research. As an educator, he uses his research expertise to prepare nursing students and clinicians to extract meaningful clinical insights knowledgeably and skillfully from data in response to the growing demand for data science education and training in real-world clinical settings.

Cary serves as Duke Artificial Intelligence (AI) Health’s Inaugural Health Equity Scholar, a position meant to broaden Duke’s



Michael Cary



Schenita Randolph

commitment to ethical and equitable data science.

“As a Black man and one of the few PhD-prepared nurses in the U.S. trained as an applied health data scientist, I sit at the intersection of equity, patient care, and data science,” Cary says. “With

these unique skills and experiences, I strive to mitigate racial bias in health care algorithms and advance health equity at Duke and beyond.

“I am honored to become a fellow in the American Academy of Nursing. I will continue to use my expertise and positions in national organizations to educate Academy members and promote leadership in the areas of quality health care, informatics and technology.”

Schenita Randolph

Randolph was awarded her Academy fellowship due to her addressing America’s HIV epidemic, particularly among the Black community, through community engagement efforts. Of the 30,635 people in the United States who received an HIV diagnosis in 2020, 42 percent were Black/African American; the U.S. South continues to have the highest number of individuals living with HIV. Racism and medical distrust contribute to these health disparities.

As a way to bridge the gap and strengthen trust within the Black community, especially around the stigmatized topic of HIV, Randolph launched The HEEAT Research Lab. This interdisciplinary team of researchers, clinicians, entrepreneurs, and community members construct and implement culturally relevant, real-world interventions to promote sexual health and prevent HIV.

To reach Black women, Randolph engages with hair stylists to raise awareness of the HIV prevention medicine pre-exposure prophylaxis, or PrEP, by offering them educational resources. Her COVID-19 Community Conversations series reached more than 50 Southern salons and barbershops. Through tapping into the social networks of Black women in beauty salons, Randolph’s intervention has the potential to reach Black women throughout the South by connecting with more than 600 beauty salons.

Black fathers play an integral role in influencing the sexual health of their children, particularly their sons, but often research does not engage them in the research process to develop culturally and socially relevant tools to prompt these conversations. Through The Talk program, Randolph partners with barber shops to co-develop and provide fathers those tools plus resources to discuss racism. This work is among the first nurse-led, parent-adolescent intervention that uses a syndemic model to address experiences of racism as a social determinant of health.

The project is designed to potentially be scaled up in order to reach more than 14,000 barbers throughout the country.

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Elaine Kauschinger



Letha Joseph

Two School of Nursing NPs Earn 2022 FAANP Recognitions

Assistant Professor Elaine D. Kauschinger, PhD, ARNP, FNP-BC, and Consulting Associate Letha Joseph have been named Fellows of the American Association of Nurse Practitioners (FAANP). Kauschinger and Joseph joined 38 other nurse practitioner (NP) leaders recognized for their contributions to NP education, policy, clinical practice, and research.

Kauschinger has led a dynamic career committed to global health, having worked in Mexico for 10 years and with the U.S. and foreign embassies and organizations such as the World Health Organization. Throughout her career, she has addressed health inequities by serving various marginalized groups, particularly those incarcerated or at risk of incarceration.

In concurrence with her role as consulting associate, Joseph serves as an NP with the Durham VA Health Care System and as director of the Durham VA's Geriatric and Extended Care Nurse Practitioner Residency program that's affiliated with the School of Nursing. Throughout her time with the VA, she has seen how numerous social determinants of health (SDOH) impact the veteran population. Joseph has seen how nurses can transform the future of health care by introducing sustainable quality improvement initiatives, applying predictive analysis skills to inform targeted interventions, and generating evidence and implementing science critical for evidence-based care delivery.



Ramos Selected for Aspen Institute Health Fellowship on Health Equity

Vincent Guilamo-Ramos joins senior U.S. health care leaders from across the country for the Aspen Global Leadership Network's Health Innovators Fellows 2022 class. As a fellow in the program, Ramos will share the school's vision and his lifetime work on mitigating the impacts of harmful social determinants of health (SDOH) as part of the Health Innovators Fellows sixth class. The fellowship program admits senior health care executives from various health care sectors, and participants represent a variety of different backgrounds and lived experiences. All fellows are expected to launch a leadership venture that's meant to continue after the program's conclusion.

Docherty Receives Outstanding Nurse Scientist Award

The Council for the Advancement of Nursing Science awarded Sharron L. Docherty, PhD, PNP, FAAN, interim vice dean, research, and associate professor with its 2022 Outstanding Nurse Scientist Award. Docherty has worked with the School of Nursing since 2002 and received this award for her contributions in the nursing research field and her commitment to advancing the industry as a nurse educator. She has invested more than two decades in nursing research focused on improving care models, symptom management, and decision-making from diagnosis through end-of-life for children, adolescents, and young adults and their families. Her interventions employ a team science model, including scientists from across a range of disciplines such as nursing, medicine, sociology, and psychology, partnering with patients and their families. She has obtained more than \$11 million in research funding as a principal investigator from sources including NINR, NIA and NCI. Her research findings have been disseminated through more than 100 papers in peer-reviewed



journals—mostly read by nurse clinicians—and at more than 100 national and international conferences. Docherty has notably contributed to the advancement of future nurse scientists through her role as mentor, having mentored faculty, postdoctoral trainees and PhD and DNP students throughout their research projects.

Shannon Docherty

Lecture Series Addresses Importance of Nursing Workforce and Mental Health Disparities

The Dean's Lecture Series is designed to create opportunities to engage in national and global conversations about how to leverage nurses to address pressing health and social challenges. The Fall 2022 presentations focused on nursing workforce and mental health disparities in the Latinx community.

Speakers included:



Lauren Hilgers

The New York Times journalist Lauren Hilgers discussing "The Value & Importance of the Nursing Health Care Workforce for U.S. Health and Wellbeing." Hilgers reflected on her article "Nurses Have Finally Learned What They're Worth," which calls attention to the value, contributions, and challenges of the nursing health care workforce during a public health crisis—COVID-19. Joining Dean Vincent Guilamo-Ramos and Hilgers were Northwest Texas Hospital cardiac ICU nurse Solomon Barraza, Associate Professor Benjamin Smallheer, and Assistant Professor Carolina Tennyson as they shared their personal experiences related to the critical role of nurses during public health emergencies.



View and share the lecture at <https://duke.is/pqybz>



Margarita Alegría

In recognition of Hispanic Heritage Month, Margarita Alegría, PhD, Chief of the Disparities Research Unit at Massachusetts General Hospital and the Mongan Institute, and a professor in the Departments of Medicine and Psychiatry at Harvard Medical School discussing "From Policy to Practice: Addressing Latinx Mental Health Disparities at All Levels." Alegría provided the basis for understanding what complex factors contribute

to mental health disparities in the Latinx community, bringing a special focus to the impacts of the COVID-19 pandemic. She also shared research from her NIH-funded clinical trials that tested interventions to improve mental health and substance use outcomes within the Latinx population and in multiple care settings.



View and share the lecture at <https://duke.is/rg7xg>

DUKE SCHOOL OF NURSING INCREASES HEALTH CARE EQUITY EDUCATION WITH LEAHP PROGRAM



Adaya Ford, Ann-Louise Hopkins, Sivi Detweiler, Taylor-Ann Blackwell, and Diamonique Henderson

The Duke University School of Nursing Office of Diversity, Equity and Inclusion (ODEI) welcomed five North Carolina Central University (NCCU) School of Nursing students this summer as part of a weeklong mentorship program. Adaya Ford, Ann-Louise Hopkins, Sivi Detweiler, Taylor-Ann Blackwell and Diamonique Henderson comprised the second LEAHP cohort. The program, offered in Partnership with Duke's Master of Science in Nursing (MSN) program and NCCU, prepares nursing students for advanced practice nursing programs by working with Duke faculty, staff and students and training for graduate school. It also includes activities that emphasize the importance of health equity, especially for students of color, while instilling self-confidence in the students' current nursing abilities. Ragan Johnson, DNP, MSN, APRN-BC, associate professor and LEAHP project director, emphasizes a special focus on advanced health equity concepts, acknowledging that diversity, equity, and inclusion in LEAHP helps create change for the future of nursing.

■ ABSN Program Ranked Again Among Top in the Nation

The Duke University School of Nursing Accelerated Bachelor of Science in Nursing (ABSN) Program ranked #3 in the 2023 U.S. News & World Report Best Bachelor of Science in Nursing (BSN) Programs report. The Duke ABSN program is a second-degree program for students who have completed at least an undergraduate degree and the required pre-requisites. The Duke ABSN program has a three-year NCLEX average pass rate of 95 percent, above both the national and North Carolina average three-year pass rates.

■ Faculty Lauded for Nursing Excellence with Great 100 Nurses Recognition

Three faculty members have been recognized for their nursing excellence and contributions as 2022 recipients of the Great 100 Nurses recognition: Staci Reynolds, PhD, RN, ACNS-BC, CCRN, CNRN,CPHQ, associate professor and coordinator of the DANCE academic-practice partnership; Virginia “Chris” Simmons, DNP’11, CRNA, CHSE-A, FAANA, FAAN, program director, Nurse Anesthesia-DNP program, and professor; and Tracey L. Yap, PhD, RN, CNE, WCC, FGSA, FAAN, associate professor. The three faculty members join 97 other nurses throughout North Carolina who were nominated based off their meritorious displays of professionalism, integrity, commitment, caring, and dynamism.



Staci Reynolds



Virginia “Chris” Simmons



Tracey Yap

State of the School Address Highlights Accomplishments Across DUSON Community

The Duke University School of Nursing hosted the 2022 State of the School Address with Dean Vincent Guilamo-Ramos on Oct. 10, 2022. During the event, Ramos reviewed and celebrated the previous year’s accomplishments and officially launched the implementation of the 2022-2027 strategic plan.

LINK TO THE VIDEO



■ Faith Bramble, ABSN Student, Named University Scholar



Faith Bramble

advocates everywhere in a hospital, to school nurses, to being part of disaster relief efforts.”

Her time at Duke has shown her exactly how much responsibility a nurse has and can have, depending on their role and education. She has learned that nurses are integral in educating patients about their illness, medications, and lifestyle changes while providing them with therapeutic and compassionate support.

For 14 years, Faith Bramble educated students with multiple severe/profound disabilities as a high school special education teacher. Out of a desire to shift careers, Bramble chose the Duke University School of Nursing to pursue her Accelerated Bachelor of Science in Nursing (ABSN) degree. Bramble is the school’s 2022-23 University Scholar, allowing her to connect with students throughout the university as well as receive funding toward her tuition and professional development.

While working as a teacher, Bramble traveled to Kenya for summer mission trips. During those trips, she was energized by her role as triage coordinator for the traveling medical clinics. “I wish I could have done more with the medical mission work,” she says. “The variety of directions you can go with a nursing degree was very appealing. Nurses are involved with every part of health care from being political

A wife and mother of four, Bramble finds motivation from the school’s faculty in achieving this goal later in life. “Most of our faculty members are still practicing health care workers who are very in touch with what is going on and care about the future of nursing. That is awe-inspiring to me.”

Prior University Scholars

Irene Abella, DNP, 2021

Pamila “Pami” Ellis, DNP, 2020

Rose Feinberg, ABSN, 2019

Kristin Whitley, MSN, 2018

Kathryn Starr, ABSN, 2017

Asma Agad, Nurse Anesthesia-DNP, 2016

Sarah Free, ABSN, 2015

César Avíles, DNP, 2014

Daniel Lacambacal, ABSN, 2013

School of Nursing Receives \$3.9 Million HRSA Cooperative Agreement to Deliver Nurse-Led Model of Care to Rural North Carolina



Part of the award will fund a medically equipped van that will transport providers to excursions and immersion events.

Donna Biederman

Donna Biederman, DrPH, MN, RN, CPH, FAAN, associate professor, and her team at DUSON received a cooperative agreement award that will establish the Mobile Prevention and Care Team (M-PACT) Clinic that will provide care and health promotion activities to urban underserved

and rural populations in North Carolina including Granville, Vance, Harnett and Pamlico counties. Funding comes from a \$3.9 million award from the Health Resources and Services Administration (HRSA). Priority populations include veterans, homeless and low-income

people in Durham and Latino immigrants through the Mexican consulate in Raleigh. The four-year renewable cooperative agreement will also allow for an array of support efforts to educate and train instructors and students about social determinants of health (SDOH).

The school will partner with Durham Technical Community College who will provide a mobile van unit for the excursion and immersion events. Along with the van, pop-up tents will be used to draw people to the site, where they will be able to get

physical assessments, screenings, referrals and educational materials. The van will also allow for physical examinations and private consults. In addition to the M-PACT clinic, the cooperative agreement will fund faculty and staff development using interactive theater in which scenarios are created that highlight social issues that are more common to rural communities and underserved populations. Training nurses to better understand SDOH is intended to result in future nursing care that is more responsive and knowledgeable about underserved and marginalized populations, and DUSON's community partners realize the impact this can have.

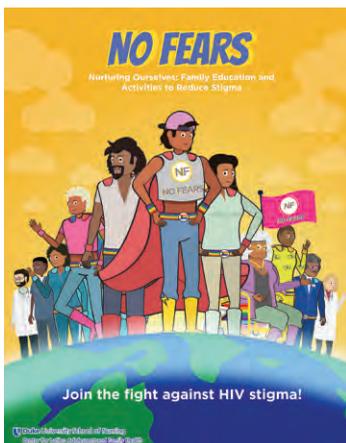
School of Nursing Recognized as Best for Men for Eighth Year

For the eighth consecutive year, Duke University School of Nursing is being recognized by the American Association for Men in Nursing as the Best School of Nursing for Men. The award recognizes nursing institutions that provide significant efforts in recruiting and retaining men in nursing, in providing men a supportive educational environment, and in educating faculty, students and the community about the contributions men have made and continue to make in the nursing profession.

Dean Vincent Guilamo-Ramos was joined by faculty leaders and DUSON students in receiving the award at the AAMN Conference in October 2022.



DUSON Center for Latino Adolescent and Family Health Launches Online Series to Reduce Stigma Among Youth Living With HIV



The Duke University School of Nursing Center for Latino Adolescent and Family Health (CLAFH) launches NO FEARS (Nurturing Ourselves: Family Education and Activities to Reduce Stigma), a family-based online program to reduce stigma among youth living with HIV. The program contains six modules, each consisting of an episode of the animated NO FEARS video series and a corresponding workbook chapter. The strategies and activities included in the NO FEARS intervention are rooted in evidence-based literature demonstrating effective methods of reducing stigma and supporting youth as they develop and transition into healthy adulthood. All six modules are available free at clafh.nursing.duke.edu.

School of Nursing Designated as 2022 Center of Excellence for its Promotion of Faculty’s Pedagogical Expertise

The Duke University School of Nursing (DUSON) continues to be the only recognized institution as a Center of Excellence (COE) in all four categories within the National League for nursing’s COE. The school received recognition in the category of Creating Environments that Promote the

Pedagogical Expertise of Faculty for the 2022-2026 academic term. Along with 15 other nursing education programs, DUSON was also honored at the 2022 National League of Nursing’s Education Summit on, Sept. 30, 2022. DUSON is also recognized for “creating environments that advance the science of nursing education”

and “creating environments that enhance student learning and professional development,” while the Duke University Hospital System has been celebrated as “creating workplace environments that promote the academic progression of nurses.”

Distinguished Lecture Focuses on Envisioning Health Care Differently to Mitigate Cost of Health Inequities

More than 400 individuals joined the 2023 Harriet Cook Carter Lecture that featured guest speakers: Dr. Jay Bhatt, MD, Andy Davis, and Neal Batra from Deloitte Center for Health Solutions and Health Equity Institute, and Dean Vincent Guilamo-Ramos. This year’s lecture highlighted the growing and increasingly unsustainable human and financial costs that are widening health inequities in the United States. It was offered on line as well as in person at the Duke University School of nursing on Feb. 22, 2023.



Neal Batra, Vincent Guilamo-Ramos, Jay Bhatt, and Andy Davis



Ramos Appointed to NASEM Committee to Update 2003 Unequal Treatment Report

Dean Vincent Guilamo-Ramos has been appointed to the National Academies of Sciences, Engineering, and Medicine’s (NASEM) ad hoc consensus study committee examining the current state of racial and ethnic health care inequities in the United States. The committee, “Unequal Treatment Revisited: The Current State of Racial and Ethnic Disparities in Health Care,” will work to support the infrastructure and activities

required to update the 2003 Unequal Treatment report. This major update will highlight the chief drivers of health care inequities, provide insight into successful and unsuccessful interventions, identify gaps in the evidence base and propose strategies to close those gaps.

As the only nurse on the committee, Ramos is confident that at the end of the project they will have more

evidence to accelerate the progress already made and push the country even further in reducing health inequities. “As the country continues to grapple with the COVID-19 pandemic and the social inequities it laid bare, it is more important than ever for the nursing profession to lead the focus on addressing the social determinants of health that prevent people from getting the care they need.”



Vincent Guilamo-Ramos

School of Nursing Develops the INFusE Initiative to Promote Health Equity in Research

In recent years, the U.S. health care system has seen the dramatic impact that health inequities have on underserved populations. This persistent trend was heightened and made visible during the COVID-19 pandemic, and sparked health care professionals across the country to consider ways to improve health equity.

In 2020, the school joined the larger Duke Health community in taking a collective stand against systemic injustices. As a result, DUSON created the Racial Justice Task Force (RJTF), a group formed to identify and make recommendations to advance equity within the DUSON community and through its missions. One component of this task force was charged with assessing equity within research.

The Research Racial Justice Task Force (RRJTF) collaborated for two years to complete their first initiative: Implementing a New Focus on Equity in Research (INFusE).

INFusE is a checklist aimed to improve science through the use of a more equitable process for the collection or use of data by incorporating

equity and social justice throughout the entire investigative cycle. Also, it encourages researchers to share the results with participants in ways that are transparent and accessible. Sometimes, research participants get left in the dark about the study’s results and its effects it had, if any.

Studies that exclude specific groups have perpetuated an information gap regarding disease manifestations, drug therapies, and countless other health care issues in diverse populations. When researchers partner more directly with participants and their communities, it can break down biases, build trust, and improve scientific researcher and long-term health outcomes.

Researchers at any stage of the cycle can access and use the checklist online and then take a self-assessment survey to improve the clarity and integrity of INFusE. The checklist is not specific to health care.



School of Nursing Jumps to No. 2 for Best Online Graduate Nursing School Program Overall

The U.S. News & World Report released its 2023 online rankings and Duke School of Nursing took top honors across the board. The school leapt from the #5 spot in 2022 to being the second-best overall online graduate nursing school as well as maintaining its status as the second-best online graduate nursing program for veterans. Additionally, three majors within the Master of Science in Nursing program ranked #1 for the third year including family nurse practitioner, nursing and health care leadership, and nursing education.

DUSON Pioneers a New Approach *to Mitigating Harmful* **Social Determinants** **of Health** *as a Means to Ending* *Health Inequities*

By Margot Lester and Stephen Stafford

The idea that the conditions in which people live impact their physical and mental health is not new. Nurses, who work on the front lines of health care and are often the providers who know the most about a patient's life circumstances, have long understood that optimizing a patient's health and mitigating their harmful living conditions go hand in hand.

A 1961 article in the American Journal of Public Health codified "social determinants of health" (SDOH) as factors outside an individual, such as where they are born, live, work, and age, that contribute to disease risk and health outcomes. In the years since, the health effects of harmful SDOH are better understood and more widely accepted, but not enough progress has been made to mitigate their impact. As a result, the U.S. faces rising human and financial costs from health inequities that are unsustainable. The human costs of health inequities include excess morbidity, premature mortality, unfulfilled human potential, eroded social cohesion, excess bereavement, and increased unpaid caregiver reliance. Meanwhile, the already crippling financial costs of health inequities is projected to triple to more than \$1 trillion by 2040 if not addressed.

Duke University School of Nursing's new strategic plan aims to tackle head-on the systemic inequities that keep individuals, families and communities from achieving their optimal health. To help achieve the goal of health equity, the School is investing its considerable intellectual resources into academic programs, nurse-led models of care in clinical and community settings, research and policies aimed at reducing the impact of harmful SDOH on health and well-being. (Read about a few of them on page 16.)

"Most people think of social determinants in ways that focus on a set of customary domains and are generally pretty static," says Vincent Guilamo-Ramos, MSN'17, PhD, MPH, LCSW, RN, ANP-BC, PMHNP-BC, FAAN, dean of the Duke University School of Nursing, vice chancellor of nursing affairs, Duke University. "They focus on people making better choices or helping them remove individual barriers. But it's not just about a person's access or choices. It's also about SDOH capital such as income, educational attainment, quality of housing, and SDOH processes such as policies, racism, classism, and homophobia that create and perpetuate health inequities. And that's not a disparity – that's inequity because it's unfair. We must name that these differences in health outcomes are tied to unjust social contexts."

Building on this work, the School's Center for Latino Adolescent and Family Health (CLAFH) developed the **DUSON-CLAFH Framework for Harmful SDOH Mitigation**, an expansive new tool for addressing harmful SDOH that broadens the lens of how social conditions can be mitigated. Moving beyond the five SDOH domains most programs focus on, the framework synthesizes extant research on core SDOH principles, mechanisms, and constructs, and helps visualize the core factors that create and perpetuate health inequities. This innovative resource closes the gap between the rich literature on SDOH and the need for applied tools by providing a roadmap for practitioners, educators, researchers, and policymakers interested in designing interventions that more effectively address harmful SDOH.



Learn more about the DUSON-CLAFH Framework:
<https://duke.is/2exfe>

“Living with harmful SDOH throughout your life has a detrimental impact on your health by triggering biological embedding — short- and long-term epigenetic, neurodevelopmental, immunological, and microbiomic changes that operate intergenerationally.”

— DEAN VINCENT GUILAMO-RAMOS



KEN HUTH

Laying a Solid Foundation

“Conventional thinking about SDOH usually focuses on five broad domains,” Ramos says. “These domains — economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context — are important but they only tell part of the story. To better understand how SDOH operate, we identified eight defining principles from the SDOH literature that give a much deeper understanding of SDOH’s influences beyond the traditional static domains.”

Eight Foundational Principles About SDOH

1. SDOH are Underlying Causes of Health Inequities

Health inequities are the result of structural causes, not of individual or community characteristics.

2. SDOH Context Shapes Health Inequities

Our health outcomes are largely shaped by the context in which we are embedded, not solely by our genetics or behavior.

3. SDOH Contextual Disadvantage is Not Deterministic

Harmful SDOH do not always result in negative health outcomes. There are structural, institutional, and individual factors that can offset the impact of harmful SDOH.

4. SDOH Shapes Health Over the Life Course

The health effects of SDOH accumulate over the course of a person’s lifetime.

5. SDOH Operate Through Biological Embedding

The social conditions we experience over the course of life result in changes to our biology.

6. SDOH Operate Intergenerationally

The health impact of harmful SDOH can be transmitted across multiple generations both through social and biological mechanisms.

7. SDOH Shape Clustering and Synergies of Health Inequities

Communities or populations affected by harmful SDOH tend to experience multiple co-occurring health inequities that further exacerbate each other.

8. SDOH and Social Injustices Interact to Produce Health Inequities

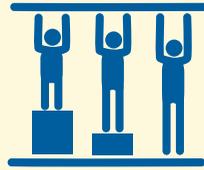
Health inequities are the biological expression of inequitable social processes, also known as social injustice.

Challenging the Status Quo

Traditional approaches to mitigating harmful SDOH often assume a sequential process whereby harmful SDOH cause increased individual, group or community vulnerability, which in turn causes health inequities. However, vulnerability is an imprecise term in that how one becomes vulnerable and what should be done to mitigate vulnerability remains largely unclear. Alternatively, the roles of exposure, susceptibility, social processes, and resilience in shaping health inequity represent opportunities to more precisely address the mechanisms by which harmful SDOH shape health and lend themselves to developing focused interventions to effectively mitigate.

This gap inspired the DUSON-CLAFH team to build a new tool for better mitigation of harmful SDOH. “What we learned from our critical review and experience compelled us to innovate the currently dominant approach to mitigating SDOH by integrating and synthesizing the important constructs, mechanisms and eight principles of SDOH into a new applied framework to guide practice, education, research and policy toward better mitigation,” Ramos says.

Innovations in the DUSON/CLAFH Framework for Harmful SDOH Mitigation



- **Don't focus on just one health inequity in isolation:**

Health inequities tend to cluster and interact in communities affected by harmful SDOH, yet widely implemented approaches to SDOH mitigation tend to consider one health inequity in isolation. To adequately understand and address one health inequity, our research highlights the importance of a broader spatial-temporal context of co-occurring health inequities that should not be addressed in isolation.

- **Avoid a deficiency perspective:** Individuals, communities, and populations are often referred to as “vulnerable” as a way to explain health inequities. This way of thinking about SDOH is what Ramos calls a “deficiency perspective” and should be avoided because it takes the focus off the crucial underlining factors influencing health outcomes.

“Too often, people experiencing health problems are labeled vulnerable and addressed with a dialogue of vulnerability that is deterministic. This point of view is a unilateral, monolithic construct,” Ramos explains. “Instead of automatically deciding someone ‘vulnerable’ is going to have a particular outcome, we should target the disparity or disparities they are facing.”

The framework provides an alternative, substituting the concept of “vulnerability” with three factors that can be addressed: environmental or behavioral exposure, resource allocation and biological susceptibility. “These three factors work together to influence our health status, morbidity, and mortality,” Ramos says. “When we understand the larger societal processes, policies, and sentiments that facilitate health, we can develop holistic and comprehensive interventions that reduce the harmful impacts of the entire ecosystem.”

- **Look beyond the conventional five SDOH domains:** Instead of focusing on a population or community’s standing with health care access and quality, neighborhood and built environment, social and

community contacts, economic stability, and education access and quality, the Framework goes deeper by considering two distinct classes of SDOH influence:

- **SDOH Capital:** socially allocated resources and opportunities that affect health outcomes, such as economic status and stability, safe and affordable housing, educational attainment, accessibility and quality of available health care, etc.

- **SDOH Processes:** social factors that drive interactions among people, groups, institutions, commercial interests, or systems, including mores and norms, redlining, homophobia, racism, classism, and business practices.

These capital and process factors – many of which are unjust – impact health equity separately and together. Understanding and addressing their influence ensures more comprehensive and effective mitigation. For example, how often and effectively we interact with the health care system is influenced by access to resources and opportunities – insurance, transportation, time off from work – and by processes like historical and systemic racism in health care or stigmatization. (See the Alliance of Black Doulas for Black Mamas [page 22] and Heart to Heart: Patients as Partners in Management of Uncontrolled Hypertension [page 24].)

- **Take a multi-level approach:** The framework considers that SDOH mechanisms don’t operate in a linear fashion but rather shape health through the interplay of influences at three levels, which interact to reinforce or weaken the effects of one another:

1. **Macro:** structural influencers like economic conditions and societal sentiment
2. **Meso:** institutional influencers like health care settings and schools
3. **Micro:** individual influencers like behavior and genes

The Financial Costs of Health Inequities

*Without progress in reducing health inequities, their cost is projected to triple by 2040**

COST OF INEQUITIES TODAY

Cost to health care systems:
\$320 billion



Annual direct cost to individuals:
\$1000



Expected changes in population demographics, cost of care, and per capita spending

COST OF INEQUITIES IN 2024

Cost to health care systems:
\$1 trillion

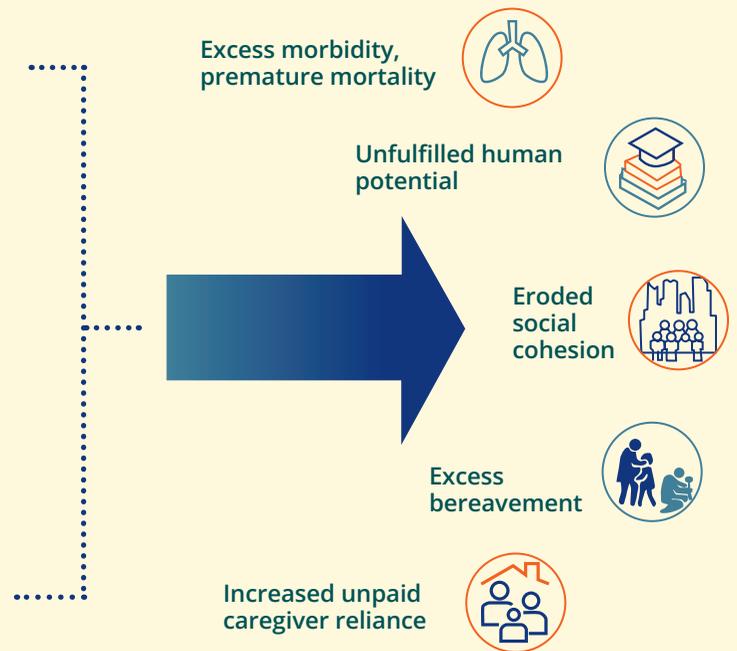


Annual direct cost to individuals:
\$3000



*Calculations and estimates based on a set of high-cost diseases (e.g. breast cancer, diabetes, colorectal cancer, asthma, and cardiovascular disease) and the corresponding proportion attributed to health inequities.

The Human Costs of Inequities



- **SDOH influence accumulates over a lifetime:** “Living with harmful SDOH throughout your life has a detrimental impact on your health by triggering biological embedding — short- and long-term epigenetic, neurodevelopmental, immunological, and microbiomic changes that operate intergenerationally,” Ramos says. (See *Salud, Estrés y Resiliencia/Health, Stress, and Resilience Hispano Project* [page 18].) “This means that even things we experience early in life continue to impact our health later. That’s why early action to mitigate harmful SDOH with young people is especially important.”
- **Family matters:** The family represents a primary context in which SDOH mechanisms operate and where their impact can be mitigated. Focusing on the family unit as a primary context for shaping individual health outcomes is an underrecognized opportunity for health interventions. “When we focus on everyone in the household, we capitalize on an opportunity for actions that have a much bigger influence on outcomes,” Ramos says.

For example, we know that COVID-19 transmission within households and families drove infection rates in many areas. Most mitigation practices focused on personal prevention behaviors instead of improving prevention within the entire family – the context in which the interventions were deployed. When we factor family in, we can tailor plans to each household’s specific circumstances, improving our ability to reduce infection at home. (See *Centering Family Care in the Home* in the Spring/Summer issue.)

Disseminating the Framework

Ramos has been presenting the DUSON/CLAFH SDOH research and framework nationally at conferences, including the 2022 Council for the Advancement of Nursing (CANS) State of the Science Congress on Nursing Research, the National Institute of Nursing Research, the American Association for Men in Nursing, and most recently at Duke’s 60th Annual Harriet Cook Carter Lecture.

“Even before we quantified this new approach, DUSON researchers and practitioners were focused on tackling these persistent and often-ignored systemic issues,” he says. “We’re proud of their work and of this new framework’s potential to help eliminate health inequities. Integrating key SDOH principles, mechanisms and constructs is an important advancement in the science of harmful SDOH mitigation.” By sharing the model broadly, Ramos hopes to encourage nurses, nurse scientists, nursing students, nursing educators, and policymakers to consider potential interventions that target the individual or the family in ways that preserve health, prevent negative health outcomes, or help people to manage their health more effectively.

The school recently launched DUSONTrailblazer.com to keep alumni, educators, practitioners, and policymakers abreast of DUSON’s work to transform health care by improving access, outcomes and costs. The website’s inaugural topic focus is harmful SDOH mitigation, so visit the site now to learn more about this issue and how to use the framework. **DN**

DUSONTrailblazer.com features a narrated build of the DUSON-CLAFH Framework for Harmful SDOH Mitigation, a toolkit with a video lecture that can be shared with colleagues and classrooms, and a companion slide set. There is

SCAN FOR THE LINK



also a quiz to test your SDOH IQ that can be easily shared with friends or on social media.



KEN HUTH

DUSON Pioneers
a New Approach
to Mitigating Harmful
**Social Determinants
of Health** as a Means to Ending
Health Inequities

BREAKING NEW GROUND IN FACTORS INFLUENCING LATINO HEALTH

By Margot Lester

“LATINO IMMIGRANTS ARE HEALTHIER when they first arrive in the U.S. Then, after they have spent some time here... across every generation, there’s a decline in health,” says Rosa M. Gonzalez-Guarda, PhD, RN, MPH, FAAN, associate professor and assistant dean, PhD Program.

Understanding what causes this decline is the goal of the SER (Salud, Estrés y Resiliencia/Health, Stress, and Resilience) Hispano Project. The research study, funded by the National Institute on Minority Health and Health Disparities, examines the effects of acculturation stress and resilience on the health and well-being of Latino immigrants in the Research Triangle area of North Carolina. Its goal is to develop multilevel strategies to address SDOH and improve health equity in the Latinx community.

“It’s very new ground,” Gonzalez-Guarda says. “We’re the first ones to look at social determinants within the context of acculturative stress and resilience.”

SER Hispano takes a holistic approach to investigating social determinants and measuring their impact on the community, families, individuals, and even cells. Gonzalez-Guarda leverages trust from being a Latina nurse scientist to build relationships with the community and with individual immigrants. The five-year study includes 391

participants, all of them Latino immigrants in the Research Triangle area, as well as 10 promotores (Latino community health workers).

“Our study is positioned to help us better understand what is contributing to those declines in health so that we can develop intervention strategies that try to enhance those resilience factors that help maintain that health advantage that Latino immigrants have when they first arrive here. It’s also an opportunity for our school and the university to engage with a community that is typically excluded from health care.”

Identifying Positive & Harmful SDOH

SDOH is a broad term that includes positive and negative influences.

Gonzalez-Guarda and her team call positive SDOH “sources of resilience.” The strongest sources of resilience identified in the study so far are:

- centrality and support of family
- a strong ethnic identity
- coping skills
- access to social services
- sufficient social and emotional support
- optimism in the American dream

Those factors are vital to health and to overcoming the prominent harmful SDOH encountered by Latinx immigrants in the Triangle, which the study has identified as:

- **Acculturative stress.** “The one social determinant that is the most predictive of decay in health in this population is acculturative stress,” Gonzalez-Guarda says. “That is the stress associated with being a Latino immigrant in this country and navigating a new system and a new culture.”
- **Immigration status.** Immigrants experience discrimination, oppression, and even family-related stressors such as having one relative who is more Americanized than another.
- **Fear.** “There’s a significant proportion of our community that’s undocumented,” she says. “That contributes to fear of deportation, not only for oneself if one is undocumented, but also for family and friends. This contributes to barriers in accessing health and social services.”
- **High uninsurance.** Latinos have one of the highest uninsurance rates in the country, and North Carolina has among the worst insurance coverage for this population in the country, Gonzalez-Guarda says.
- **Food insecurity.** Access to enough food is a serious issue for those surveyed by SER Hispano. Asked whether they were worried food would run out before they got money to buy more, 41 percent of participants said yes, and another 23 percent said they had at some point run out of food and didn’t have money to buy more.
- **Housing economics.** About 30 percent of participants were living with other families to make rent affordable, Gonzalez-Guarda says. In addition to the usual stressors this can cause, multi-family homes can also increase the risk of the spread of COVID and other infectious diseases.

- **Syndemic conditions.** The study also identified syndemic conditions, co-occurring conditions that cluster in marginalized communities, such as substance abuse, intimate partner violence, and mental health conditions such as depression and anxiety.

Looking at the Cellular Level

Gonzalez-Guarda and her team are also studying how stress and other social determinants are contributing to declining physical health at a population level.

Using the “Unique Nursing Lens”

Nurse-led research like SER Hispano deploys a new approach to an old problem. “The unique nursing lens here is the holistic perspective on the kind of data that we’re collecting and the way that we collect that data,” Gonzalez-Guarda says. It’s a very comprehensive picture that we’re painting around how social determinants of health influence experiences, behavioral and mental health, and ultimately biological health.”

The team is already piloting holistic approaches to address acculturative stress and promote resilience in the Latino community by partnering with community health workers (promotores).

“We’re expecting to find that those individuals that have been exposed to high levels of stress for a long period of time and don’t have those resilience factors, that we will see higher inflammatory cytokines, oxidative stress, and epigenetic changes.”

—ROSA GONZALEZ-GUARDA

“We’re looking at biomarkers that have been shown to be related when an individual is exposed to prolonged states of stress,” Gonzalez-Guarda says, noting that the response is often inflammation in the body. The research team is monitoring several different inflammatory cytokines that are indicators of inflammation to assess the damage this stress is having on a cellular level. Oxidative stress, for example, is a biomarker that indicates damage to cells caused by inflammation. The team is also doing some exploratory analyses to see how stress and resilience influence epigenetic changes by looking at DNA methylation. “We’re expecting to find that those individuals that have been exposed to high levels of stress for a long period of time and don’t have those resilience factors, that we will see higher inflammatory cytokines, oxidative stress, and epigenetic changes.”

There’s already evidence this approach is working to reduce acculturative stress and improve mental health outcomes. Promotores are being leveraged more than ever. Working with these trusted members of the community presents a potentially cost-effective and scalable approach to promoting health equity in the Latino community.

Gonzalez-Guarda’s research team is submitting grant applications to test multi-level intervention strategies that enhance the resilience of Latino families and also address the root causes of acculturative stress in systems and communities. But the initiative is already having a positive impact on the Triangle-area Latino community.

“I really liked the group work because I could meet many new people who, like me, had a lot of problems and hearing them share their experiences,” says one participant. “It served like a source of hope that my situation could get better.” **DN**

At left: El Centro Hispano community health workers Beatriz Vazquez, Magdalena Regulés and Sandra Tovar help build connections and trust with the Durham Latinx community and health care providers. At right: PhD student Lisvel Matos and clinical research specialist Norma Garcia Ortiz of the SER (Salud, Estres y Resiliencia/Health, Stress, and Resilience) Hispano Project provide blood pressure checks to Latinx community members.



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Nursing Research: USING BIOMARKERS TO MAP SUSCEPTIBILITY

By Cristina Smith



While a biomarker can be something as simple as a blood pressure or temperature reading – a measurable characteristic of a person’s health – sophisticated laboratory blood analyses can take stock of a person’s health at the molecular level. Typical blood biomarkers check for inflammatory response, a telltale sign of an illness or infection. “Bloodborne biomarkers are the gold standard,” says Julia Walker, PhD, professor, Duke School of Nursing and Duke’s Department of Medicine, and director, Biomarker Lab.

Biomarkers can show signs of presence or progress of disease and help make clear diagnoses in some cases. For instance, a test that shows hyperlipidemia — high cholesterol and triglycerides — would prompt the prescription of a statin. Some biomarkers can inform cancer treatment by characterizing the type of cancer. For example, the type of breast cancer a patient has determines the treatment, Walker says, so biomarkers are instrumental.

But other biomarkers may only indicate there is an inflammation response in the body and may not be able to identify the cause or treatment. “If we focus on anything in the biomarker lab, it’s stress,” Walker says. “There are no chronic diseases that don’t have an inflammatory component, and stress has a direct impact.”

As co-principal investigator, Walker collaborated with Rosa M. Gonzalez-Guarda, PhD, MPH, RN, CPH, FAAN, associate

professor and assistant dean, PhD Program, Duke School of Nursing, on their National Institute of Health (NIH) study about health, stress and resilience among Hispanic immigrants in the United States. That project included more than 400 people, with multiple biospecimens taken over time, adding up to more than 1,500 samples that needed cataloguing and processing, Walker says.

When people are stressed they are more likely to get sick so studies like Guarda-Gonzalez’s tackle the connection between specific stressors in a specific population and how that is linked to disease. Chronic daily stress, as opposed to a one-time stressor, where the body returns to homeostasis, causes health problems. Following biomarkers over a long period can offer knowledge about disease progression and inform treatment for interventions.

“These long studies are hard to do, but it’s really the only way you can see an effect when you’re dealing with stress,” Walker says. “It takes a long time to recover.”

Walker oversees the nursing biomarker lab and collaborates with nurse scientists on projects that collect, process and store biospecimens that have broad range and long-term research potential. “My role as director is to consult with the nurse researchers,” Walker says. Some projects are simple and just require refrigeration of saliva samples, for example.

But others, especially long-term studies,

can require multi-faceted planning up front, and consulting with the lab can be a good place to start.

“The lab makes it really easy for nurse researchers who have access to patients to collect biospecimens,” she says. Understanding the dynamics of proper collection and storage allows for the potential for further research down the road. “What I’ll encourage them to do is, we’ll get the C-reactive protein for you, but let’s also save the plasma in case we want to measure other types of biomarkers or proteins or hormones. And let’s see if we can get the DNA.”

Part of designing a study that involves biological sampling is making sure the researcher creates the proper approval documents, Walker says, to ensure that specimens taken are approved for a broad range of testing. “What you have is not only the analysis and the data for the study that you planned, but now you have biospecimens and samples you can probe later.”

The lab acts as a biobank for samples, which facilitates collaboration with other researchers.

Since historically medical research was done on white males, having a large sample of a diverse population is especially valuable, Walker says. “The great thing about Rosa’s study is that she’s able to recruit these people. There’s now going to be this repository of these samples of this underserved population, from which multiple subsequent questions can be asked and answered potentially.”

The lab’s biobanking and storage of information provide an invaluable service to researchers within DUSON and with other collaborators across the university who can improve upon health knowledge and treatments. Because nursing focuses on patient care, nursing studies often include survey and observational data in addition to the biomarker data, creating a rich blend of information, Walker says.

“Nurses are great at getting patient contacts, and that’s really what this is about, seeing all these nurses with patient contacts,” Walker says. “This is such a huge resource. Take some biospecimens, and you can ask questions. This is so valuable.”



Julia Walker

KEN HUTH



Jacquelyn McMillian-Bohler, Stephanie DeVane-Johnson, and Venus Standard

OVERCOMING HISTORICAL BARRIERS BY EMPOWERING DOULAS AND MOTHERS

By Margot Lester

ACCESS TO ADEQUATE LABOR AND DELIVERY CARE in the traditional health care system has been difficult and inequitable for Black mothers in America. That’s in part, of course, because for centuries they were not allowed to get treatment within the white-controlled infrastructure. In response, Grand or “Granny” Midwives helped Black families prepare for birth, deliver their babies, and care for them in the first few months of life.

When birth was taken out of the community and moved to the hospital, Black mothers were mostly stripped of birthing support and the fissures of equity began. This change also robbed Black midwives of their livelihoods at a time when there were few business opportunities.

Black women’s health was further comprised long-standing systemic racist beliefs and behaviors, which exploited Black bodies, ignored self-advocacy, and frequently led to the death of mothers, infants, and often both.

These realities have negatively impacted the individual and generational health of Black Americans and, understandably, contributed to the erosion of the Black community’s trust in the health care delivery system.

Quantifying the Impact

CDC data shows that Black women are three times more likely to die of a pregnancy-related issue than white women. The agency acknowledges

that multiple factors contribute to this disparity, including quality of health care, structural racism, implicit bias, and social determinants of health (SDoH) that impede fair opportunities for economic, physical, and emotional health.

Additionally, the Department of Health and Human Services found that non-Hispanic Black/African American mothers are twice as likely to receive late or no prenatal care compared to non-Hispanic white mothers. Black infants have a mortality rate 2.3 times that of white infants and are four times more likely to die of complications associated with low birth weight.

A new collaborative initiative between the Duke and Vanderbilt schools of nursing and the UNC School of Medicine examines these societal drivers.

Addressing Disparities

The Alliance of Black Doulas for Black Mamas was developed by three Black certified nurse-midwives and is informed by the lived experiences of Black doulas and mothers.

“We saw an issue that’s affecting a community very near and dear to our hearts,” says Jacquelyn McMillian-Bohler, PhD, MSN, BSN, CNM, CNE, assistant professor, director for the Institute for Educational Excellence, Duke University School of Nursing. “Through our training, skill, contacts, and resources, we’re able to create a program that data is beginning to make a difference within our community.”

The program addresses multiple SDoH affecting birthing people and doulas:

- Access to quality patient education and culturally appropriate care
- Access to business formation and career advancement
- Care from concordant providers
- Affordable training from concordant instructors
- Reduced financial burden via no- or low-cost services
- Increased financial opportunity from certification and insurance reimbursements
- A sense of belonging from working with people who also experience inequity and racism

The dual focus makes the program unique.

“A good portion of our program is centered on caring for the doula because if you can’t care for you, you can’t care for somebody else,” says Venus Standard, BSN, MSN, CNM, APRN, FACNM, LCCE, CD (DONA), assistant professor, University of North Carolina at

Chapel Hill School of Medicine. “If they are suffering or the recipient of disparities and discrimination and racism – just like the person that they’re trying to support – we need to support them as well.”

Because the program was created and taught by all Black professionals for Black women, it creates an invaluable sense of camaraderie and connection through similar lived experiences, says Stephanie DeVane-Johnson, PhD, CNM, FACNM, associate professor, Vanderbilt University School of

“As nurses, we have the numbers, we have the access, we have the education, and we have the skill set to address health inequities.”

— JACQUELINE MCMILLIAN-BOHLER

Nursing. “We’ve heard that echoed by our doulas and by families that we have supported. They felt a lot more comfortable having doula mentors or career counselors and doulas that look like them.”

Preparing Doulas for Success

The program trainers are “role models for many aspects of life- education, wellness, and self-advocacy” McMillian-Bohler says. Community members recognize the possibility of becoming a professional birth worker, a nurse, or other health care provider. “It’s the adage if you see it, you can be it. The training creates lots of positive collateral. Many of our doulas have gone back to grad school and one has gone on to med school.”

The Alliance trains Black women toward certification, qualifying them for higher-paying work and reimbursement from insurance companies. Then they get business coaching. “Once they’re done with our program and completed all the requirements, we also prepare them for entrepreneurship – how to do a business plan, how to market themselves,” DeVane-Johnson says. “So now they can go out and work as a doula and earn a livable wage.”

Successful businesses generate economic stability for doulas and their families, create more jobs, and lay the foundation for generational prosperity. A survey by the National Association of Women Business Owners and Gusto found that 51 percent of minority women launching businesses are their household’s only provider or its primary source of income.

Improving Outcomes

The health benefits of working with doulas are well documented. Mothers assisted by doulas are two times less likely to have complications (for themselves or their infants) and are “significantly” more likely to initiate breastfeeding, which is important to good infant health.⁴ Babies born to these mothers are four times less likely to be of low birth weight. Birthworkers also play a critical role in reducing cesarean sections, a priority for both the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine. The groups issued a joint guidance on reducing primary cesarean births because their increased use has not produced “discernible benefits” for mothers or their infants.

FOR BIRTHING PERSON	FOR DOULAS
Access to quality patient education and culturally appropriate care	Access to business formation and career advancement
Care from concordant providers	Affordable training from concordant instructors
Reduced financial burden via no- or low-cost services	Increased financial opportunity from certification and insurance reimbursements
Increased financial opportunity from certification and insurance reimbursements	



Above, birthing balls, like this one doula students are learning to use, can help relieve pain and pressure during pregnancy and birth. At right, students in doula training learn techniques that will help pregnant persons alleviate discomfort.



Practices that reduce the need for cesarean birth include, “choosing types of care providers and birth settings with lower cesarean rates (e.g., midwives and birth centers), childbirth training workshops, arranging for the labor support of a doula, continuous labor support by someone in a doula role.

Almost one-third of American women deliver via C-section. Women working with Alliance-trained doulas were less likely to need the surgical procedure; only 25.7 percent had caesareans.

Collectively with three cohorts, the Alliance has trained 34 doulas who have supported 125 Black women and their families as of September 2022. Less than one-quarter (23.2 percent) were C-sections, correlating with the national average. Fourteen of the surgeries were repeat procedures and one was medically indicated. When these

procedures are factored out, the percentage of participants having cesareans drops to 11.2 percent. That’s well below the national average, illustrating the effectiveness of the program in supporting healthy vaginal births.

Nurse-led models like the Alliance are particularly effective at reducing harmful SDOH. “The concept of considering the effect of social drivers on health is not new to nursing,” McMillian-Bohler says. “We’re at the bedside and we can see the issues that need to be addressed. As nurses, we have the numbers, we have the access, we have the education, and we have the skill set to address health inequities. Now we need to use our power to begin to make the change that we have known was needed for a long time.” [DN](#)

THE HEART OF THE MATTER

Helping Women Reduce Uncontrolled Hypertension

By Margot Lester

“AS HOUSEHOLD LEADERS, WOMEN ARE IN A KEY POSITION to change health behaviors and health outcomes early, not only for themselves but for children and extended family members,” says Bradi B. Granger, PhD, MSN’91, RN, FAHA, FAAN, professor, Duke School of Nursing and associate director of Duke Translational Nursing Institute.

Women’s influence is key to Heart to Heart: Patients as Partners in Management of Uncontrolled Hypertension initiative, a community-based intervention to empower women of color to take control of hypertension.

The program, based at Lincoln Community Health Center in Durham, aims to identify and reduce disparities and inequities among women with high blood pressure (BP) by reducing the BP of high-risk participants. Granger co-leads the research team with Holly Biola, MD, chief of family medicine at Lincoln, and nurses Awanya Caesar, Dezi Cox, and Amnazo Muhirwa, a DUSON PhD candidate. “Lincoln’s Director of Population Health Jahaziel Zavaleta and Chief Medical Officer Kristin Ito, MD, have been incredibly supportive” Granger says, “and we could not do it otherwise.”



DUSON Professor Bradi Granger and PhD student Amanazo Muhirwa meets with Heart to Heart participant to discuss interventions for hypertension.

Overcoming Barriers to Good Heart Health

Hypertension affects 27 percent of American women, and more than half of them are Black. These women are at higher risk for stroke, chronic kidney disease, and premature death as compared to their counterparts in other racial and ethnic groups. “The downstream effects of uncontrolled hypertension begin early, in young people, and accelerate with age,” Granger says, making early intervention critical to mitigating risks.

The Heart to Heart program is based on a similar community-based intervention that uses peer partners and existing social-cultural infrastructure, such as barbershops, to reduce blood pressure in Black men.

The initiative addresses harmful social determinants of health that keep hypertensive women of color from staying well, including:

- No or insufficient health insurance
- Inaccessible transportation
- Precarious housing
- Poor access to affordable childcare
- No or low availability for affordable nutrient-rich food

“Of these, the most prominent gap facing women with uncontrolled blood pressure is insurance coverage for access to care, home BP cuffs, and medications,” Granger says. “In addition, knowledge about how to integrate exercise and dietary changes into a typical busy day is not a part of the common culture or the learned behaviors among high-risk women. The need to work multiple jobs, care for children and extended family members, and manage households, imposes time constraints that are additional stressors for women, and may compound uncontrolled hypertension.”

The initiative helps overcome barriers by teaching local women to integrate heart-healthy care into the everyday activities they enjoy with their peers. The “Hypertension Heroes” are mostly peer-partners, volunteers who combine the program training with their own individualized strategies for making BP monitoring work in their everyday lives. They use the education and experience to help at-risk women manage their hypertension treatment and maintenance. One of those partners is Ajee Monet. “I am big on helping other people, so if there is anything I can do to help other women, then I am down for it,” she says. Establishing partnerships with friends, family, or community members provides the “glue” of relationships that is a necessary part of improving a person’s wellbeing. The very presence of another person to listen, encourage, celebrate or cry can often change the trajectory of new health behaviors for the better.

KEN HUTH

Empowering Women to Help Women

Maintaining healthy blood pressure, just like maintaining healthy weight or stopping smoking, requires perseverance and support. Each hero attends at least three classes with the

“The downstream effects of uncontrolled hypertension begin early, in young people, and accelerate with age.”

— BRADI GRANGER



KEN HUTH



KEN HUTH

At left, Awanya Caesar, RN, MSN, nurse educator for the Heart to Heart project team. At right, Holly Biola, MD, and Megan Gaines perform a mock examination on Awanya Caesar.

project team to learn the technical aspects of self-monitoring and blood pressure. They also develop skills in knowledge, lifestyle change, and goal setting.

“These heroes are equipped with the knowledge and skills to ‘know their numbers,’ meaning they monitor and track BP trends over time, establish goals and behaviors for maintaining safe blood pressure, and know parameters for acting and teaching others how to act on uncontrolled BP quickly and appropriately,” Granger says. “The training prepares them to lead change, not only at the individual level but in their families and at the community level.” Heroes are matched with local women who opt into the program to control their blood pressure.

Using skills-based training with blood pressure cuffs, clinician-prescribed medications, and other interventions, the heroes make it faster, easier, and more affordable to access the basic care required to keep their condition in check. Each community member also gets a cuff and instruction on how to properly use it so they can be more active participants in their own care.

“Improving women’s confidence in self-monitoring and medication management for hypertension may change the culture of blood pressure self-management from burdensome tasks to liberating choices,” Granger says.

To date, more than 50 heroes have been trained and approximately 100 women have received support. The team hopes to train another 100 heroes by the end of 2023.

Building on a Strong Foundation

The program earned a 2021 Heart to Heart Grant from the Alpha Phi Foundation, which funds research and educational programs supporting initiatives that advance women’s heart health and cardiac care.

“The Heart to Heart grant has provided a strong foundation of evidence that supports the value of patient self-monitoring, community partnerships, team-science, and person-centered interventions that can effectively combat the national crisis currently facing America with regard to uncontrolled blood pressure,” Granger says. Key data points from the initial phase are focused on processes of care delivery for women at the highest risk with BPs over 180/100mmHg.

“We’re carefully tracking how many women are called and reached by our heroes, student volunteers, and health educators each week, how many are interested in participating in our program, and how many received education, BP cuffs, and training, goal-setting support,” she says. “We’re also monitoring support for identification and consultation on social determinants of health that pose barriers to BP control.”

Biola, Granger and their team hope to leverage the Heart to Heart grant and a series of related studies to obtain additional NIH funding to address hypertension on a broader scale. Current partners in this effort include the American Heart Association, the American Colleges of Preventive Medicine, and the Centers for Disease Control.

Leveraging Nurse-led Models

“Nurse-led models of care such as this one are vital to helping women to improve their confidence and recognize their own roles in identifying and acting on factors in their social and environmental context that affect the health of themselves and their families,” Granger says. “As nurses, we lead community-based work with broad teams of social workers, pharmacists, physicians, health educators, community health workers, students, and others to change and improve the equity of health care delivery and the policies that govern that equity.” **DN**

PROMOTIONS AND TRANSITIONS

Photos by Andrew Buchanan and Ken Hutb



Jill Brennan-Cook

PROMOTED TO ASSOCIATE
PROFESSOR TRACK II



Mitchell Knisley

PROMOTED TO ASSOCIATE
PROFESSOR TRACK I



Alison Edie

PROMOTED TO ASSOCIATE
PROFESSOR TRACK II



Amie Koch

PROMOTED TO ASSOCIATE
PROFESSOR TRACK II



**Margaret (Midge)
Bowers**

PROMOTED TO PROFESSOR
TRACK II



Desi Newberry

APPOINTED TO ASSOCIATE
PROFESSOR TRACK II



**Virginia "Chris"
Simmons**

PROMOTED TO PROFESSOR
TRACK II



Jane Blood-Siegfried

PROFESSOR TO PROFESSOR
EMERITA



Lisa Lewis

PROMOTED TO ASSOCIATE
PROFESSOR TRACK II



Tara Albrecht

PROMOTED TO ASSOCIATE
PROFESSOR TRACK I



AnnMarie Walton

PROMOTED TO ASSOCIATE
PROFESSOR TRACK I



Brigit Carter

PROFESSOR TO PROFESSOR
EMERITA

2021 AND 2022 ALUMNI AWARDS

The Duke University School of Nursing recognizes distinguished alumni, faculty and friends for their significant contributions to the School and the nursing community at large. Combining two years of celebration due to the COVID-19 pandemic, we were proud to finally gather in person and honor each of the recipients who exemplifies what it means to be a nurse leader in clinical, educational, and research domains. Their deep commitment to improving patient care, advancing nurse-led science, and impacting the future of health care brings distinction to our profession and amplifies nurses' voices as agents of change.

Congratulations to the DUSON 2021 and 2022 Alumni Award recipients!



Alumni Award winners were joined by family, friends, and colleagues to celebrate this monumental occasion during the Alumni Awards brunch and ceremony on Dec. 3, 2022.



ALUMNI AWARDS 2021

Photos by Ken Huth



Mary J. Zellinger, BSN '77, APRN, MN, ANP-BC, CCRN-CSC, CCNS, FCCM, FAAN

2021 LIFETIME ACHIEVEMENT

For nearly 40 years, Zellinger has served as a clinical nurse specialist in the Cardiovascular Critical Care Unit (CV-ICU) at Emory University Hospital and as adjunct faculty member in Emory's Nell Hodgson Woodruff School of Nursing. She is one of the nation's leaders in cardiovascular surgical nursing and complex nursing care. She has established and promoted successful national, annual inter-professional cardiovascular conferences that elevate nurses as collaborators with other health care providers and emphasize the importance of teamwork and team education in ensuring positive patient outcomes. Zellinger is an active member in the American Association of Critical Care Nurses, the American Nurses Association, the Society of Critical Care Medicine, the Society of Thoracic Surgery, and the alumni associations for Duke University and Emory University.

KEY ACCOMPLISHMENTS:

- First heart transplant coordinator at Georgia's first heart transplant program
- First to receive the national AACN Mentor Award
- First nurse appointed to the Board of the Foundation for Advancement of Cardiovascular Surgery and their Education Committee
- Organized first AACN Regional Critical Care Nursing Conference in the southeast

"We need to increase our appointments to executive groups, leadership committees, and boards to ensure our perspectives are heard and solutions implemented. We must continue to advance education for all nurses so that we are more prepared for challenges, and we need to be practicing to the full extent of our license."



Cheryl A. Brewer, MSN '94, PhD, RN

2021 DISTINGUISHED ALUMNA

Brewer is associate vice president of nursing at the Private Diagnostic Clinic at Duke Health and clinical adjunct faculty at Duke University School of Nursing. As AVP of nursing, she provides oversight for practice compliance and helps ensure professional development for nurses and patient care staff across more than 140 NC clinic settings. Her professional interests include clinical transition to practice, transgender and gender nonconforming care, advancing health equity and mentoring nurse leaders. Brewer's primary research includes strategies to improve health-related quality of life and self-care management in individuals with sickle cell disease. Her awards include the NCCU Distinguished Alumna Award; Triangle Business Journal Healthcare Heroes Award; Duke Friends of Nursing Award for Excellence in Nursing Leadership; North Carolina Honors Community Advocate Award; Great 100 Nurses Award; Sigma Theta Tau Legacy Mentoring Award; Chi Eta Phi Nurse Legend Award; and the 2023 UNC-Chapel Hill School of Nursing Outstanding Alumni Service Award.

KEY ACCOMPLISHMENTS:

- Research collaborator on first national evidence-based sickle cell nursing curriculum 2023
- Senior nurse executive for the Duke Health COVID-19 Nurse Triage Call Center
- Lead nurse executive for ambulatory competency redesign and best practices, intake and discharge
- Nurse executive leader for redesign of research orientation and subject interviewing program
- Nurse executive leader for the first Duke Health Ambulatory Nursing Conference
- First director of pediatric discharge planning at Duke Health and NC DHHS

"As a professional nurse and an alumna of DUSON, I am committed to lifelong learning, mentorship and dedication related to health advancement and promotion. I am extremely proud and honored to be a nurse."



Jennifer Beltran, MSN '11, RNC-MNN, NE-BC
2021 CLINICAL PRACTICE EXCELLENCE

Beltran is the assistant nurse manager of the Duke Birthing Center. In this role, she serves as the charge nurse and preceptor, providing bedside care to ante-partum, post-partum, and newborn patients. As part of her Clinical Ladder project to advance to Clinical Nurse IV, Beltran sought to improve the overall exclusive breastfeeding rates in the full-term nursery. She designed education materials for parents regarding the use of donor breast milk, recruited additional staff, and worked to support the lactation consultants. As a result, the exclusive breast milk feeding rates increased and the team is meeting its target. In addition, donor breast milk usage has increased from 2,200mL per month to more than 5,500mL per month. Beltran has presented this Clinical Ladder project to the Academy of Neonatal Nursing, Mother Baby Conference, and the NC/SC Perinatal Consortium. This work was also highlighted in the 2018 Heath System Magnet redesignation application. Beltran also implemented Early Onset Sepsis Calculator (EOS) to decrease the antibiotic usage in newborns by 5 percent, thereby decreasing newborn admission to the ICN. Beltran serves as a mentor and preceptor, inspiring and encouraging her fellow nurses.

KEY ACCOMPLISHMENTS:

- Named to the Great 100 Nurses of North Carolina in 2019
- Received the DUHS Friends of Nursing Award for Excellence in Women's Health
- Named a 2020 *Triangle Business Journal* Health Care Hero

"To be a leader in this time of continual transformation I see the nursing leaders of today having to continue to be creative with their problem solving while remaining flexible."



Mackenzie S. Binger, BSN '18, BA, RN
2021 TRAILBLAZER

Binger is currently the interim assistant unit director of the Pediatric Cardiac Intensive Care Unit (PCICU) at the University of California San Francisco Benioff Children's Hospital. Prior to that role, she began her career as a registered nurse in the PCICU. Only a few years after graduating, Binger quickly became a nurse leader in the PCICU, having already completed all three levels of cardiac training (including ECLS/ECMO), which involves intensive study of specific cardiac defects and close peer evaluation. Further demonstrating her commitment to the success of her unit and to her fellow nurses, she serves as a core preceptor for experienced new hires, new graduates, and student nurses. Binger is also dedicated to supporting future nurses and is a pediatric level III clinical instructor for San Francisco State University. Binger is involved in patient advocacy projects and unit committees, including the Professional Development Committee, Retention and Recognition Committee, and as a GRAND co-chair of UCSF's Neonatal Cardiac Center of Excellence. She is currently pursuing her Clinical Nurse III advancement, partnering with interdisciplinary team members to create a palliative care specialty training for her home unit of the PCICU.

KEY ACCOMPLISHMENTS:

- Received the DAISY award in February 2020
- Completed all three levels of cardiac training (including ECLS/ECMO)

"It means a tremendous amount to me to be recognized for my commitment to my unit, colleagues, students, and patients. I am just getting started!"



Julie D. Baker, BSN '10, MSN '13, DNP '20, FNC-P
2022 CLINICAL PRACTICE EXCELLENCE

Baker is the regional medical director for Duke Primary and Urgent Care. In this role, she provides oversight and support for five Wake County urgent care practices and directly supervises the practice medical directors assigned to each site. She leads projects that contribute to the growth and quality of the urgent care network, including policy writing, acute and chronic disease management, and development of safe COVID-19 workflows within the urgent care practices. She also serves as a family nurse practitioner and advanced practice provider in the urgent care network and delivers care to patients of all ages with acute and chronic illnesses. After obtaining her nurse practitioner license, Baker rose through the ranks of the urgent care system, moving from practitioner billing and coding lead to medical director of one urgent care clinic. Prior to completing her DNP, she became a regional medical director for the network of Duke Urgent Care facilities. Baker also began a career as a mental health counselor. As an advanced practice provider, Baker encourages patients to live the healthiest lives they can by empowering them to make incremental positive choices, which will eventually lead to a healthier lifestyle.

KEY ACCOMPLISHMENTS:

- Led a hypertension quality improvement initiative for the urgent care service line, which contributed to significant improvement in the quality of blood pressure assessment and follow-up for urgent care patients seen with concurrent hypertension
- Awarded the Rebecca Kirkland Award for best overall project at the 2022 Duke Quality and Safety Conference

“Receiving this award is such a special honor; I have such immense gratitude to God, my family, mentors, and the alumni council for this experience.”



Elizabeth H. Carver, MSN '02, DNP, FNP-BC, CNE
2022 DISTINGUISHED ALUMNA

Carver is a certified family nurse practitioner in the Department of Family Medicine and Community Health and Employee Occupational Health and Wellness (EOHW) at Duke University with more than 20 years of experience in the Duke University Health System. In this role, she diagnoses employees with acute injuries, assists with tobacco cessation for employees, and works with faculty and staff traveling abroad through the International Travel Clinic. In 2020, Carver quickly transitioned from her role as a provider in the clinical setting to create, organize, and lead the Employee Pandemic Response Team. Most notably, Carver established the process for triaging employees in need of COVID-19 testing. This process ensured that employees with mild symptoms could receive access to rapid COVID-19 testing, allowing nurses critically needed at the bedside to return quickly and safely. Carver is nationally certified as a nurse educator and nurse practitioner. She served as a preceptor for multiple advanced nursing students throughout the pandemic, a time when preceptor sites were scarce. Outside of the clinical setting, she is an advocate for leadership and mentorship, and encourages fellow nurses to actively pursue career advancement.

KEY ACCOMPLISHMENTS:

- Received the 2022 Duke University Presidential Award
- Received the 2022 Duke Friends of Nursing Award
- Named 2021 Outstanding Nurse of the Year by the North Carolina Nurses Association

“It has been Duke nursing faculty and my mentors from Duke School of Nursing that provided the foundation for me to make significant contributions to the nursing profession and health care.”



Ethan C. Cicero, PhD '18, RN

2022 TRAILBLAZER

Cicero is a tenure track assistant professor at the Nell Hodgson Woodruff School of Nursing at Emory University. He is also a Robert Wood Johnson Foundation Future of Nursing Scholar and, earlier this year, was named a National Institute on Aging Butler-Williams Scholar. Cicero's research evaluates the interrelationship between social inequities and effects of adverse and affirming social conditions on the health and well-being of gender-diverse adults, with an interest in promoting healthy aging. Cicero's scholarly work has contextualized health care experiences of transgender adults, holistically examined their health, and filled methodological gaps in transgender health research. He is co-chair of the U.S. Professional Association of Transgender Health's Aging and Older Adult Committee, where he leads an initiative to establish the first evidence-based training for clinicians on caring for aging transgender adults. Most recently, Cicero led a successful effort to incorporate sexual orientation and gender identity measures in the Uniform Data Set, a standardized assessment tool used by more than 42 NIA National Alzheimer's Coordinating Centers in the U.S.

KEY ACCOMPLISHMENTS:

- Among the first researchers to delineate health differences and document health disparities among transgender subgroups (transgender women, transgender men, and non-binary adults)
- Scholarship being used as scientific evidence in multiple U.S. Supreme Court cases
- Co-chaired the first strategic focus meeting on LGBTQIA+ Health Disparities in 2021 for the Alzheimer's Association

"DUSON played a fundamental role in my development as a nurse scientist and scholar. At DUSON, I was supported and encouraged to pursue lines of inquiry that were innovative, rigorous, and designed to serve transgender, nonbinary, and gender diverse adult communities."



Connie B. Bishop, BSN '75, DNP '12, MBA, RN-BC

2022 DISTINGUISHED SERVICE

Bishop has dedicated more than 45 years to the nursing profession as a nursing educator specializing in health information technology, Baldrige performance excellence criteria, and quality management. As a faculty member in the school of nursing at North Carolina A&T University, an HBCU located in Greensboro, NC, she witnessed firsthand the lived experiences of students who were negatively impacted by social determinants of health. She absorbed the importance of social change and, with a non-nursing faculty member, created the first College of Health Sciences Health Disparities Symposium. As a consulting associate at the Duke University School of Nursing and visiting professor at Chamberlain University's College of Nursing, she incorporates the social determinants of health into the curriculum by using community needs assessments to teach database diving and evidence-based practice in nursing informatics courses. Bishop is a past president and emerita member of the Duke University School of Nursing Alumni Council and is a member of the Duke University Alumni Advisory Admissions Team for the Triad region of North Carolina.

KEY ACCOMPLISHMENTS:

- Awarded the 2003 North Carolina Nurses Association Nurse of the Year Award
- Received the Service Above Self Award from the Exchange Club of Berkeley for her response during and after the Loma Prieta earthquake
- Created a scholarship for undergraduate students who are traditionally underrepresented in nursing

"Social justice is part of the core of my professional nursing contract. Equity in health care leads to social justice, which is the transformational state I wish to create."



Jen Graf-Perkins, MSN '10, DNP, NP-C

2022 HUMANITARIAN

Graf-Perkins is a nurse practitioner and float clinician for Planned Parenthood South Atlantic, providing family planning, genderaffirming care, primary care, and mental health services. She advocates for her patients at the clinical and political levels, speaking out for any injustices that affect them. Graf-Perkins has recently accepted a position as a primary care clinician at Juneau Alliance for Mental Health Services (JAMHS) in Alaska. JAMHS provides community housing and support services for adults with severe mental illness through whole-person, evidence-based addiction and mental health treatment services. She worked at Durham County Health Department for several years in the family planning clinic, caring for women, including many undocumented Latinas. She provided compassionate and comforting care, ensuring family planning needs were met without judgment and in a culturally sensitive manner. Graf-Perkins also served as a primary care provider at the Durham County jail, caring for acute and chronic illnesses, as well as providing substance withdrawal and mental health care. Graf-Perkins is dedicated to educating others by speaking at North Carolina Nursing Association conferences and serving as a clinical instructor at Duke University School of Nursing.

KEY ACCOMPLISHMENTS:

- Worked for Doctors Without Borders (MSF) in South Sudan to help train and graduate the first class of the Basic Nursing Care Curriculum, a pilot program that taught basic nursing care to nurses and nursing assistants in remote villages
- Focused her work on populations who may not have full or easy access to health care

“This award legitimizes the choices I have made so far in my young career and gives me motivation to keep moving forward in this profession and the work I want to continue to do. I am so grateful for the acknowledgment of what I have done already and hope it continues to kindle my passion to make this world a better place.”



ANDREW BUCHANAN

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GIVE
HERE



School receives \$5M from Alumni Couple to Support Scholarships

By Christina Holder



A Duke alumni couple has made an anonymous bequest of \$15 million to Duke University, most of which will support scholarships for students pursuing degrees at Duke University School of Nursing, Duke Divinity School and Trinity College of Arts & Sciences.

The School of Nursing and Trinity will each receive \$5 million to endow scholarships, while Duke Divinity School will receive \$4 million to endow scholarships and an additional \$1 million to develop new, innovative courses and programs.

The bequest, which is primarily focused on financial aid, comes at an important point in the university's strategic journey. As Duke prepares to celebrate its first 100 years and plan for its next 100, President Vincent E. Price said he is committed to investing in students and boosting financial aid.

"We are deeply grateful for this remarkable gift, which will support transformational opportunities for students across our campus," Price says. "It will allow Duke to remain steadfast in our commitment to meet the financial needs of our students."

The anonymous donors are both Duke alumni—one a graduate of DUSON and one of Trinity College of Arts & Sciences. They have since come to be involved with Duke Divinity School as well through a strong commitment to their faith.

"We are pleased to support the schools that prepare students who will be future care providers as well as leaders in the church, academy, and other professions," the donors say. "Duke students are committed to developing their ability to care for people, in different ways, and to improve our communities and broader society. We are grateful to play a role in their development."

The commitment to endow a total of \$14 million in scholarships also comes at a pivotal time for each of the programs as they pursue cutting-edge research and pedagogical innovation to prepare Trinity

The bequest, which is primarily focused on financial aid, comes at an important point in the university's strategic journey.

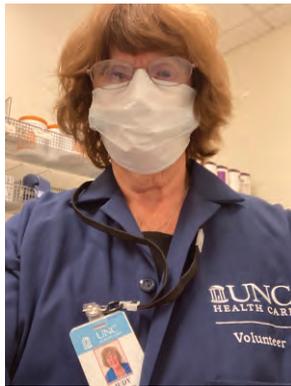
undergraduates, clergypersons, and nurses for the challenges of the 21st century and beyond. For the School of Nursing, in particular, the gift will fuel strategic initiatives to expand student capacity and improve access.

"I am extremely grateful for this generous investment by our donors, which brings visibility to nursing and our work to advance health and social equity," says Vincent Guilamo-Ramos, dean of Duke University School of Nursing. "Their gift will enable us to increase financial aid for students entering nursing, ultimately addressing the nursing workforce shortage and improving health outcomes. **DN**

CLASS NOTES



Rusti Craddock Greenlaw



Judy Oelschlegel Richards



Tina Alster



Allison Ong and Carol Klove

1950s

NANCY BISCHOFF DAVIS, N '56, is retired and living in Brevard, NC. She is so proud to be a Duke graduate.

RUSTI CRADDOCK GREENLAW, BSN '57, has retired from working at The Joint Commission, having surveyed over 600 health care facilities throughout her career. She lives in Gastonia, North Carolina, and is delighted to be living closer to Duke. She is a proud member of DUSON's first graduating BSN class and continues to follow the growth of DUSON from Thelma Ingalls, her first nursing instructor, to the accomplishments of today's leadership.

1960s

KRISTEN WOLFE GOFF, BSN '67, and her School of Nursing 1967 classmates continue to meet weekly via Zoom, a tradition that began at the start of the pandemic. They were able to celebrate their 55th reunion in person and honored their time as students with a stone placed in the Courtyard of the School of Nursing Building. Goff and her husband, Dave, MHA '67, have 10 grandchildren that keep them busy.

SANDRA FOSTER GOLDSBY, BSN '65, is retired and living in Vancouver, BC, and loves her adopted country. She works with a nonprofit raising money for the Grandmother to Grandmother Campaign, a grassroots organization launched in response to the emerging

crisis faced by grandmothers in Africa as they struggled to raise millions of children orphaned by AIDS.

ROBIN SHUMWAY GUNNING, BSN '65, and her husband, David, celebrated their 57th wedding anniversary with their three children, their spouses, and their seven grandchildren. Gunning is the oldest and longest-serving member of the Rainbow Babies and Children's Pediatric Hospital Ethics Committee. She sees it as a privilege to help educate pediatric nurses and feels that her education at the School of Nursing has sustained her love of caring and teaching others in the field of pediatrics. Thank you Duke!

GLADYS SHORROCK LEWIS, BSN '60, MSN '62, was recently included in a published paper studying neoplasia in tissue culture, titled "The AGMK1-9T7 cell model of neoplasia: Evolution of DNA copy-number aberrations and miRNA expression during transition from normal to metastatic cancer cells."

JUDY OELSCHLEGEL RICHARDS, BSN '64, volunteered in drive-through COVID-19 clinics in Hillsborough, North Carolina, throughout the pandemic. After a long career in public health, she now volunteers in the emergency department at a small hospital. She states that it is a privilege to be a nurse and watch how the profession has changed and evolved.

1970s

BETH BROADWIN BELKIN, BSN '78, MD '87, is a clinical assistant professor of psychiatry at Weill Cornell Medical College in New York. She is also a practicing psychiatrist in Manhattan where she lives with her husband, Robert, HS '86 of 43 years. Her sons, Daniel, a dermatologic surgeon, and Samuel, an entertainment lawyer, live in Manhattan. Her daughter, Molly, T '11, is a psychiatrist in Brooklyn.

ANGELA SUPPLEE CHESSE, BSN '72, recently retired from Ohio State Wexner Medical Center having served as an advance practice clinical nurse specialist in psychiatry. She recently travelled to NC to visit Debby Ballard, BSN '72, her DUSON classmate and roommate.

GAYLE KENNY, BSN '73, continues to assist the New Mexico Department of Health with statewide COVID-19 vaccinations. In addition, she provides music programming to retirement communities, assisted living and memory care facilities throughout Santa Fe and Los Alamos.

KATIE OPPENHEIM, BSN '78, retired in January 2022 and is working part time at the University of Michigan administering COVID-19 testing and vaccinations. She travelled to Dubai and Vietnam in March, Arizona in December, and is looking forward to a Transatlantic cruise (bucket list!) in April/May 2023.



Catherine Parsons Emmett (second from right)



Wendy Lamp Potter



Eleanor Hunt



Linda Kim

1980s

TINA ALSTER, BSN '81, MD '86, is the director of Washington Institute of Dermatologic Laser Surgery and a clinical professor of dermatology at Georgetown University Medical Center. She is the 2022 Recipient of the Vic Narurkar, MD Innovation in Aesthetic Dermatology Lectureship Award from the American Society for Dermatologic Surgery and the 2022 recipient of the Richard E. Fitzpatrick Honorary Lecture from the Masters of Aesthetics Meeting.

MICHELLE PUTTER BARNEA, BSN '84, is an independent consultant for early childhood education. She provides professional development for anyone in the field of early childhood education with a specific focus on infant and early childhood mental health. She is living in Princeton, NJ with her husband, Mark. Her daughter, Alyssa, just began her MBA at Duke's Fuqua School of Business.

CAROL KLOVE, BSN '80, AND ALLISON ONG, DNP '17, volunteered on the host committee for the Tournament of Roses. The committee hosted the Tournament of Roses president's party and guests from festivals across the country.

CATHERINE PARSONS EMMETT, BSN '81, is a clinical practice specialist at Empath Health. She currently serves on the Ethics Advisory Council of the National Hospice and Palliative Care Organization and as President of the West Central

Florida Hospice and Palliative Nurses Association Chapter. Her daughter became a family nurse practitioner this year and they are expecting their first granddaughter in February.

SUE COHEN GOWER, BSN '80, began working part time as a clinical instructor in DUSON's ABSN program. She is currently splitting time between New York and Durham.

PAULA PARKER THOMPSON, BSN '80, retired after a 41-year career in nursing that included bedside care, management, education and care coordination.

WENDY LAMP POTTER, BSN '81, retired after 41 years of working in the medical and pharmaceutical industry. She is now focusing on her golf swing and knitting for her grandchildren.

2000s

ELEANOR HUNT, MSN '02, is the MSN Nursing Informatics Program Chair at Western Governors University. She was one of 96 interprofessional global diplomates recognized in the inaugural class of health informatics professionals in the American Medical Informatics Association (AMIA). The expert certification advances the informatics field and the role of informaticians in improving health care.

DIANA AMATO CRAVEN, MSN '00, continues to serve on mission trips with her husband, this year travelling to Soldotna, Alaska. Her grandson, Ben, recently graduated from Marine boot camp.

LINDA KIM, BSN '07, is now a clinical care coordinator for Duke HomeCare and Hospice. Previously, she owned a senior daycare center, but it was closed due to the pandemic. When she was a student at Duke, her two daughters were in preschool. They are now in college! Caroline is at Davidson College studying English and Russian. Lara is at Hofstra University studying journalism and media.

NANCY ROSEBAUGH, BSN '03, MSN '08, recently retired as a nurse practitioner at Croasdaile Village Retirement Community in Durham, NC. She found this work to be challenging and fulfilling. She feels gratitude for the teachers, mentors, preceptors, residents, family members and colleagues who helped her complete each day with peace and love.

2010s

KANDYCE BRENNAN, BSN '16, recently joined the University of North Carolina at Chapel Hill's School of Nursing as an assistant professor in their undergraduate program. Her family also recently welcomed their daughter, Isla. Although she wears a different color blue these



Kandyce Brennan



Melissa Fike



Dominique Guillaume



Susan Haynes Little

days, she will always remember her days at DUSON fondly!

MELISSA FIKE, BSN '12, MSN '14, DNP '19, moved from practice medical director at Duke Primary Care Morrisville to Duke Primary Care director of advance practice providers. She now oversees all advanced practice providers, both nurse practitioners and physicians assistants working at Duke Primary Care, including primary care, internal medicine, med/peds, urgent care, and pediatrics. She is thankful for her education from DUSON that gave her the skills to take on this new role.

DOMINIQUE GUILLAUME, MSN '19, is a PhD candidate at Johns Hopkins School of Nursing and a Global Women's Health Fellow with Johns Hopkins International Educational Program for Obstetrics and Gynecology (Jhpiego) and Johns Hopkins School of Medicine. She has been working on global health research related to HIV and cervical cancer disparities among key populations. She also practices clinically as an infectious disease nurse practitioner at a nonprofit based in Maryland.

SUSAN HAYNES LITTLE, DNP '17, is the chief public health nurse and branch head at the NC Department of Health and Human Services. Little was awarded the Governor's Award for Excellence - Outstanding Government Service in October 2022 for her work on the

state's COVID-19 Response Team. Her work included overseeing the COVID-19 statewide testing and vaccines standing order writing team, developing a state dignitary testing program, contributing to writing and implementing North Carolina's COVID-19 Response Plan, as well as overseeing the team who provided COVID-19 related coding and billing guidance to the state's local health departments.

CASEY LARY, BSN '17, competed on the reality show "The Mole," currently streaming on Netflix. In the show there are 12 players working to win challenges to earn money. One player is the "mole" working to sabotage the game. It was never in Lary's life plan to be on a reality show, but when the opportunity came to compete on the revival of "The Mole" in Australia, she jumped on it. It was extremely physical and emotional experience including quarantining in Sydney for two weeks, strategizing and competing to win missions, having no contact with family/friends/internet for two months, and figuring out the ultimate question — who is the mole? "It was an adventure of a life time traveling around Australia, making lifelong friendships with the other cast members, and pushing myself to the limit physically and mentally during the missions." Before figuring out her passion for nursing Lary completed her undergraduate degree at the Univer-

sity of California at Berkeley and then worked as an English teacher in Japan, tech recruiter, and advertising project manager. In March of 2020, Lary trained, opened, and ran Vanderbilt University Medical Center's COVID-19 ICU. Prior to the pandemic, Lary worked as a surgical ICU nurse. Lary is now exploring the U.S. as a travel nurse, currently living in Portland, Oregon.

JOSEPH SCHOMBURG, MSN '10, is the senior vice president of Lehigh Valley Health Orthopedic Institute, where he oversees an orthopedic institute consisting of 200 providers, 20,000+ surgeries, and 450,000 ambulatory visits. "Nurses and nurse practitioners, we're hiring!"

RALPH MANGUSAN, DNP '18, is a Nurse Practitioner III at Leidos Biomedical Research, a partner of the National Cancer Institute operating the Frederick National Laboratory for Cancer Research, the only national laboratory focused exclusively on biomedical research. He was a recipient of the 2022 Medical Oncology Outstanding Service Award given by the National Cancer Institute, the 2022 Advanced Practice Provider of the Year given by the National Cancer Institute Hematology/Oncology Fellowship Program, and the 2021 Clinical Excellence Award given by Center for Cancer Research at the National Institutes of Health Clinical Center. His paper



Casey Lary



Ralph Mangusan



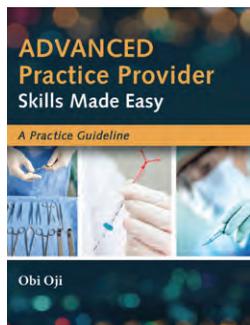
Liz Holling Vaughan



Kathryn Zimmerman

on Kaposi sarcoma was published in the December 2022 issue of the American Journal of Nursing.

RANDALL LAWAYNE MORRIS, MSN '12, was recently promoted to senior project manager and auditor for FDA Quality and Regulatory Consultants.



OBIAMAKA OJI, DNP '16 is an assistant professor at the University of Texas Medical Branch in Galveston, Texas. In July 2022, she published

a clinical skills book for advanced practitioners with Jones & Bartlett Publishers. The title is "Advanced Practice Provider Skills Made Easy."

STEVEN D. POWELL, MSN '19, and his trivia team, the Quizzly Bears, won first place at the Houston Trivia City Finals presented by Challenge Entertainment. More than 20 teams qualified for the tournament.

LIZ HOLLING VAUGHAN, BSN '14, MSN'16 is a pediatric nurse practitioner at Perkins Counseling and Psychological Services. She recently celebrated two years of initiating and independently running the first medical component of Perkins Counseling, with the practice now

providing both therapy and medication management for kids/adolescents with mental and behavioral health struggles. She also adopted her daughter, Layla.

2020s



Kennedy Guerin

KENNEDY GUERIN, BSN '22, just completed orientation as a nurse in the intermediate care unit at Wellspan Chambersburg Hospital. She is working toward becoming a

certified diabetes educator and says she thanks DUSON for preparing for her for the craziness of nursing!

HEATHER KNAPP, MSN '21, has moved from North Carolina to St. Louis for her first job as a neonatal nurse practitioner.

JUDITH WAFE, DNP '21, is a nurse practitioner and owner of WW Wellness Enterprises in South Florida. She serves women using a hybrid model in Florida, New Hampshire, Delaware and Rhode Island. They provide care for women with perinatal mood disorders, and women with anxiety and depression following a cancer diagnosis. It has been both a humbling and rewarding journey of entrepreneurship.

KATHRYN ZIMMERMAN, MSN '20, is a pediatric nurse practitioner at the Pediatric Center of Stone Mountain in Georgia. In this past year, she and her husband were married, she celebrated her seventh year as a RN, and completed her first year as a nurse practitioner. In just one year of working as a PNP, she has learned so much and is thankful for the education and support of DUSON's PNP program.

MEGAN STRANNIGAN, MSN '22, RN, PMHNP-BC, is a board-certified psychiatric-mental health nurse practitioner with Halifax Health Child & Adolescent Behavioral Services in Daytona Beach, Florida. The clinic is the area's only comprehensive center that provides psychiatric services for children and adolescents with emotional and behavioral problems.



Judith Wafe

Vision of the Future: The New Strategic Plan *continued from page 4*

In its strategic plan, DUSON will prioritize a school-wide cohesive vision for research and expand on the breadth and depth of its research portfolio in health equity, SDOH and nurse-led models of care. Independent investigators at DUSON will join forces to work toward this goal.

Initiatives in nursing science include advancing DUSON innovation in theoretical and methodological expertise. The plan also calls for supporting rigorous nursing science by expanding DUSON's funding portfolio, including pursuing T32 Institutional Research Training Grants. Additionally, the strategic plan calls on the school to create more pathways for DUSON research to be translated into health policy and health care systems. The application of science research is critical to the plan as it can transform lives, improving outcomes for actual people and their communities.

DUSON will also continue cluster hires, bringing in faculty specializing in SDOH who are also committed to collaboration and interprofessional partnerships. Promoting DUSON's commitment to nursing science on a national platform is another goal. As a leader in championing a nurse-led model of care and its mitigating effect on SDOH, DUSON will become part of the national conversation on scientific research.

Nursing Education

A recent survey shows a concerning drop in the number of young nurses, and a reduction in the number of nursing school applicants, which had been growing in recent years. As part of its strategic plan, DUSON will address this challenge by redesigning and implementing a competency-based curricular framework as opposed to the traditional hours-based framework. Students who learn a task quickly, and demonstrate mastery, can move ahead, while students who need more time mastering a task can focus on it with less pressure to move on.

Other priorities in education include expanding reach and access to resources using innovative technology at DUSON, such as the Center for Nursing Discovery, where nursing students train via realistic scenarios using state-of-the-art simulation, and developing nurse leaders who will advance health equity and social justice.

DUSON's strategic plan also calls to expand innovative simulation and digital learning tools; create unique academic program certificates and continuing education; and develop course objectives that focus on health equity and social justice that support nursing roles of the future.

Expand Resources and Reach

From 2007 to 2017, the percent of health news citing nurse sources decreased from 4 percent to 2 percent. DUSON wants to change that. Mostly, reports cite nurses only on issues related to the profession itself, rather than for their expertise. Nurses can

and should elevate their voices on topics such as health care delivery, public health and health policy. Raising the profile of nurses as health experts in the media is important to giving the profession the respect and platform it deserves. In its strategic plan, DUSON is committed to strategically growing and expanding resources to support the school's mission and a culture of innovation that supports forward thinking.

Initiatives to meet these priorities include growing the marketing strategy to highlight the school's mission, reputation and reach. One example is DUSONTrailblazer.com, an interactive platform that focuses on SDOH and ways to mitigate their harmful effects.

Other resource expansion initiatives include building a global DUSON brand in strategic parts of the world; leveraging available capacity in simulation and health labs to foster access and product innovation; identifying and establishing signature technology partnerships to advance DUSON's mission; strengthening the school's health policy efforts to expand and demonstrate impact; and increasing meaningful engagement with all constituencies, including expanding the circle of supporters and growing philanthropy.

Community Diversity, Equity, Inclusion, and Belonging (DEIB)

Diversity in nursing is critical to building trust with patients and achieving a better understanding of patient needs, but the profession continues to fall short in recruiting and including racial and ethnic minorities and men. Putting DEIB principles into practice in all aspects of community life is critical. DUSON's plan prioritizes creating a community that reflects the mission of the school, and the school will continue to recruit, retain and advance world-class faculty, staff and students through an equitable work and learning environment.

Initiatives such as increasing scholarship funds for students in adverse socio-economic circumstances are already happening with a new \$15 million bequest to support scholars in three schools, including DUSON (see page 33). The nursing school also seeks to enhance professional development opportunities that would distribute resources and access in support of all DUSON community members. Increasing representation with regard to gender, sexual orientation, ethnicity, socio-economic status and ability, and increasing inclusivity and a sense of belonging are important initiatives in the strategic plan.

Ultimately, DUSON wants to become an institution that is globally known, respected and called upon to be a leader in problem solving, with boots on the ground at critical, large-scale events. The school's new strategic plan outlines a path toward becoming a school of action, not just theory, and to be in a position to help support other entities in pursuit of the same goal: creating a world that offers access, opportunity and tools to all, not just some. **DN**

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Martha S. Urbaniak, BSN '67
Marianne T. Williams, BSN '81
Barbara D. Yowell, BSN '62

School of Nursing Affiliated Projects Recognized As Innovative Nurse-Led Programs of Care

continued from page 6

DHCT provides short-term housing to allow individuals to recover from illness or injury in a safe and clean environment. The program also provides health-sustaining services including medication reconciliation, connection to primary and specialty care, connection to mental health substance use disorder treatment, facilitation of community connections and income opportunities, and housing. DHCT is the first health organization in Durham to obtain funding from the local health department for medical respite housing to allow people experiencing homelessness a safe environment for healing and recovery from illness and injury.

The program received 576 referrals between its inception on July 1, 2016, and June 30, 2020, 497 of which were primarily from the Duke University Health System. Of those referrals, 125 participants were enrolled. An analysis found that more than 90 percent of enrollees obtained or maintained primary care medical home and received specialty care when indicated. More than 75 percent had improved access to transportation, had improved their housing situation, and had reestablished connections with family or friends.

Program outcomes did not differ based on having a diagnosed substance use disorder or by race. Program participants had fewer hospital charges the year after referral than those persons who were referred but not enrolled, which indicates cost savings.

After DHCT involvement, more previously homeless people find housing and achieve a number of positive outcomes, which benefits the entire community.

"I am proud to be involved with the DHCT program and to work with such an incredibly passionate team," Biederman says. "DHCT helps to stabilize health and rebuild lives of some of the most marginalized members of our community. The Edge Runner designation supports the importance of nursing ingenuity in developing practical solutions to real world problems." **DN**

Cary and Randolph Appointed AAN Fellows for Contributions to Nursing Profession

continued from page 7

Randolph has shared her expertise about the benefits of community engagement in research through serving as co-director of the Community Engagement and Dissemination Core of a NIMHD-funded health disparities research center. She also helped create a course on community and stakeholder engagement that promoted the engagement of communities, especially communities of color who have been mistreated in research, and consequently distrust the research and health care; and she has presented to organizations and entities such as the White House Office of Public Engagement.

As an academy fellow, she will work to influence policy and disseminate nurse-led models of care aimed at achieving health equity, promoting wellness, eliminating racism and improving health care delivery.

"I am excited to receive an invitation to this fellowship and to be recognized for my accomplishments within the nursing profession," Randolph says. "I look forward to providing my unique contributions and expertise to the academy and engaging with other dynamic leaders to transform health and advance equity within our health care system and research enterprise." **DN**

School Mourns Loss of Respected Nurse Scientist, Faculty Member, and Alumna

Diane L. Holdtich-Davis, BSN '73, PhD, RN, FAAN, Marcus E. Hobbs Professor Emerita in the School of Nursing, died June 25, 2022.

The oldest of four children, Diane became a teacher at an early age. Her family considered her a natural.

From teaching to raising her two children, Kimberly Gail Davis McCraw, BSN '12, and Kevin Stanley Davis, and countless cats, she saw her greatest professional accomplishment as her student's accomplishments, successes, and the amazing things they have and will contribute to the world.

Diane was an integral member of the Duke University School of Nursing (DUSON) community. A 1973 graduate of the DUSON BSN program, she returned to the school in 2006 as an educator after more than 20 years teaching at UNC Chapel Hill's School of Nursing, where she became a Kenan Distinguished Professor of Nursing and director of UNC's doctoral and post-doctoral programs.

At Duke, she built the Office of Research Affairs, where she mentored countless faculty and staff. In 2007, she was named Associate Dean for Research Affairs, and led the school in becoming a top 10 nursing research institution. Diane's own research focused on parent-child interactions and

infant sleep to determine long-term health and developmental outcomes of infants, particularly those who are premature, adopted, seropositive for HIV, medically fragile, and the children of low-income,



Diane Holdtich-Davis

depressed mothers. She was principal investigator on an R01 comparing two mother-administered interventions for VLBW infants (massage, kangaroo care) on infant health and development and the maternal-child relationship and on another R01 that tested a nursing support intervention for African American mothers of preterm infants with the goal of reducing developmental delays by improving the mother's psychological well-being and the mother-infant relationship.

A fellow in the American Academy of Nursing, Diane received numerous awards, including the 2006 Duke School of Nursing Award for Distinguished Contributions to Nursing Science, the March of Dimes N.C. Maternal-Child Nurse of the Year Award, and the Award for Excellence in Research from the Association of Women's Health, Obstetric, and Neonatal Nurses. The Southern Nursing Research Society also honored her with its Distinguished Research and D. Jean Wood awards.

Even after retiring in 2015, Diane remained connected to DUSON by

continuing to work with PhD students and faculty. Her legacy in supporting nursing research and researchers continues through the Holdtich-Davis Family PhD Student Research Fund that benefits School of Nursing PhD students. The endowment, created by Diane and her husband Mark Davis, PhD, BSE '73, P '12, is to assist doctoral students in paying for their research.

In a 2020 Duke Health article, Diane expressed as a fellow nurse scientist she understood nursing's unique look at research — which helps people understand and cope with diseases — and the financial challenges doctoral students face. "Duke is very generous to its doctoral students. They are all fully funded, but fully funded means tuition and fees. It doesn't apply to research costs," she was quoted. "I watched a number of students struggle with how they were going to pay for their research. It can be a barrier to doing the research they really want to do."

In lieu of flowers, Diane's family requests that donations be made to the Holdtich-Davis Family PhD Student Research Fund. Donors to the scholarship fund can make gifts by writing a check to Duke University noting Holdtich-Davis Family Fund on the memo line. Mail to:

GIVE
HERE



Duke University School of Nursing
Alumni and Development
Records
Box 90581
Durham, NC 27708

Donors may also make a gift online by scanning the QR code.

1940s

Jean Elizabeth Bennett Underwood, N '49

1950s

Ethel Lee Romines, N '50
Mary Ann Pate, N '52
Iris J. Byerly N '54
Carol Clarke Hogue, N '56, MSN '60
Nancy Cheshire, BSN '59

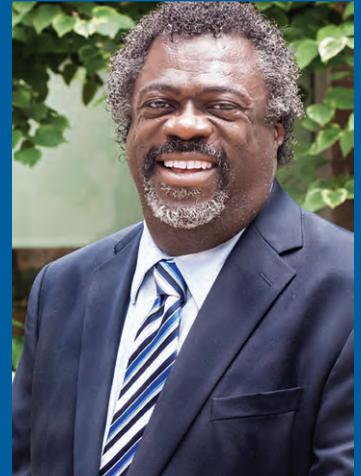
1960s

Jane Joyner Cox, BSN '60
Marian Markel Fox, MSN '67

1970s

Martha Ann Greene-Workman, MSN '76

Social Determinants of Health Cluster Hire Initiative



Ernest J. Grant, PhD, DSc(h),
RN, FAAN

Duke University School of Nursing welcomes five new faculty who bring a wealth of knowledge and experience in mitigating harmful social determinates of health (SDOH). They are creating science-based, actionable programs of research, scholarship and academic programming designed to reduce health inequities and advance intervention science at the individual, family, community and broader societal levels.



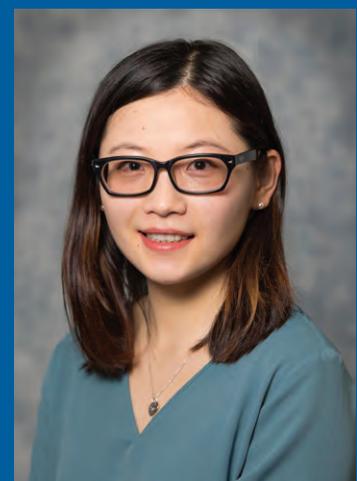
Marissa Abram, PhD, PMHNP-BC,
CARN-AP, FIAAN



Derrick Glymph, PhD, DNAP, CRNA,
APRN, COL, USAR, FAANA, FAAN



Tonia Poteat, PhD, MPH, PA-C



Hanzhang Xu, PhD '18, RN

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