

A color photograph of a young Black woman with short curly hair, smiling warmly at the camera. She is wearing a light-colored plaid button-down shirt over a white top. She is holding a large blue folder or binder against her chest with both hands. The background is slightly blurred, showing what appears to be an indoor setting with warm lighting.

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CONNECTIONS

2016 ANNUAL REPORT

SCHOOL OF NURSING
UNIVERSITY *of* WASHINGTON



FROM THE DEAN'S DESK

It is my great pleasure to say the UW School of Nursing is healthy and optimistic. Thanks to you, we accomplished significant achievements in training, research and advocacy while maintaining the highest standard of education. We embark on the initiatives ahead with a renewed vision, a commitment to aligning and leveraging our common strengths, and a shared voice. You are part of the Husky Nurse community that will change the world of nursing. Here's how you can help make our community even stronger:

ASK YOUR ELECTED OFFICIALS TO SUPPORT NURSING

In 2015, Senate bill S.297 progressed with bi-partisan support to the U.S. Senate Committee on Veteran Affairs. This bill would allow expanded practice authority to Veterans Affairs Departments nurse-midwives, clinical nurse specialists, nurse practitioners and potentially certified nurse anesthetists. We wrote our elected officials asking them to support this crucial bill, and we hope you will, too.

The UW School of Nursing and the state of Washington have long promoted the full scope of practice for nurses. A key recommendation of the Institute of Medicine's "The Future of Nursing" report called for nurses to practice to the full extent of their education, achieve higher levels of education and training, and partner with other health care professionals to change healthcare in the United States. That means removing scope-of-practice barriers and implementing nurse residency programs. Let's work together to advocate for funding of residency programs across all practice settings.

ADVOCATE FOR NURSES IN POSITIONS OF LEADERSHIP

"When nurses are at the table, everyone wins," said Assistant Professor Sarah Gimbel, co-director of the Center for Global Health Nursing.

But nurses still lack their place at the table. Today, few nurses sit on either national or international boards, or are in leadership positions at non-governmental organizations or global health agencies, despite comprising 80 percent of the global healthcare workforce. Indeed, the American Nurses Association recently launched an effort to place 10,000 nurses on governing boards in the United States by 2020. Nurses provide care and manage healthcare delivery, interfacing with patients and communities in implementing evidence-based and culturally relevant practice. We need to ensure that nurses are effectively engaged as leaders in design, implementation, evaluation and policy development. Our perspective is invaluable to overall sustainable improvements in health, locally and globally.

SUPPORT HEALTHCARE RESEARCH

We must strive to preserve and increase research funding for nursing science. Like all healthcare research, the majority of nursing research funding comes from the federal government, from organizations like the Agency for Healthcare Research and Quality (AHRQ). Through AHRQ funds, nurse-led research enacts change in a fragmented American healthcare system to help reach reform goals. In 2015, Congress threatened to defund AHRQ, and in the last five years NIH funding has declined by 22 percent. Over the next year, we will work to educate our lawmakers of the impact such funding has on nursing research.

INVEST IN NURSING

Research from the American Association of Colleges of Nursing finds a continued shortage of nurses in the workforce; by 2022, the need for new nurses will reach 1.05 million. Nursing school enrollment is not growing fast enough to meet the projected need thanks to budget restraints from both schools and potential students. Your support can help bridge this shortfall and improve health care for future generations.

Many more students need support. Annually, our school has more than \$7 million in unmet scholarship need. For the 2015-2016 academic year, 129 students who applied for scholarship support from the School of Nursing did not receive it.

DEMAND A MORE DIVERSE AND INCLUSIVE NURSING WORK FORCE

RNs, advanced practice registered nurses, and nursing faculty are all critically necessary to sustain an adequate supply of nurses who can deliver quality, culturally congruent health care. There is an immediate and critical need for our nation to develop additional strategies to recruit and retain people from diverse and underserved backgrounds to pursue nursing and teach nursing as a profession. Through programs like UW Nurse Camp, we are making nursing school – and ultimately the nursing field – more accessible to high school sophomores and juniors from low-income or underrepresented backgrounds. The nursing workforce must reflect the diversity of our general population.

We are committed to raising awareness among elected leaders about the importance of policies that increase diversity in nursing, address institutionalized oppression and allow nurses to access and achieve higher levels of education and workforce equity. We hope you will contact your elected leaders to do the same.

We are implementing a strategic plan to continually improve diversity, equity and inclusion for our faculty, staff and student body. We continue to strive for a culture in which all members of our school feel welcome, valued, heard and supported and protected from bias and discrimination.

Even modest gifts support our urgent needs and represent an investment in nursing.

Thank you for supporting nurse-led health care; for sharing the value of nursing research and expertise in the workplace and the boardroom; for investing in the dedicated staff, faculty and students at the UW School of Nursing.

Thank you for proving that Together, We Are Boundless.

Warm Regards,



WHAT IS A **HUSKY NURSE?**

A HuskyNurse is someone who shares our belief in possibility and our unshakable optimism: nurses, graduates, faculty, staff, community supporters, friends, mentors.

Someone who provides the best direct patient care in a variety of settings, from hospitals to clinics to patients' homes

Someone who works to improve the health of the communities in which they work and live by implementing positive and beneficial health systems

a HUSKYN



Robin Tarter, BSN '15, and Beverly Fletcher, BSN '77 Group Health Cooperative

→
"All nurses love to teach. Most of us went into nursing because we wanted to educate. As a nurse practitioner, I educate people about common preventable illnesses and ways to maintain health. Precepting is just another chance to teach."

KERI OROZCO
MN '05, Mary Bridge Pediatrics, clinical preceptor

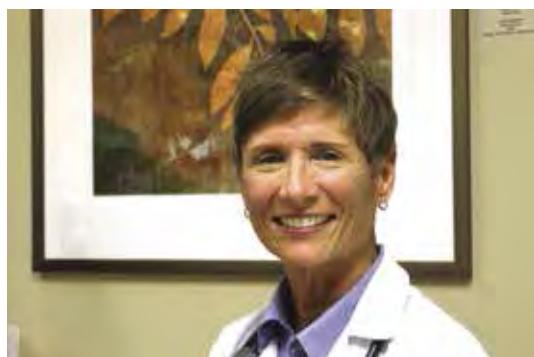


"We collaborated with Catholic Community Services African American Elders Program to reach African American caregivers of elderly people living with multiple chronic health conditions and dementia to learn about their needs and experiences with healthcare systems. We treasured the opportunity to 'give voice' to these caregivers by sharing what we learned with our research, clinician and health policy colleagues."

TATIANA SADAK

→
"My students keep me learning. I don't know if the UW School of Nursing just sends me their best, but they're all smart and inquisitive."

KAREN CARLSON
MN '93, UW Medicine Women's Health Care Center, clinical preceptor



Margaret Boddie and Lynnette Wells, Catholic Community Services; Tatiana Sadak, UW assistant professor; Azita Souza, UW School of Nursing PhD candidate



Cydne Marckmann, MN '99, South Sound Clinics;
Samantha Pollock, DNP student '17

←
"I love coaching patients to have an active voice in their health. Each of us can start a ripple with multiple waves into the future if we expend just a little positive energy in the right direction."

CYDNE MARCKMANN



Devon Sidhu, BSN '16, Vice-President of the Professional Organization of Nursing Students

WT

Someone who drives scientific research to understand and improve people's health, and then puts that research into practice through community involvement, advocacy or patient care

Someone who shares our belief in possibility and our unshakable optimism: nurses, graduates, faculty, staff, community supporters, friends, mentors

URSEis...

→
"My mom loved working with patients and bringing them lifesaving, quality care," said Taylor of her mother, Shanda Taylor-Boyd, '94, a UW School of Nursing alumna. "When she couldn't do that anymore, I thought 'I can carry on her work.'"

TAYLOR BOYD



Taylor Boyd '16 and her mother, Shanda Taylor-Boyd, BSN '94



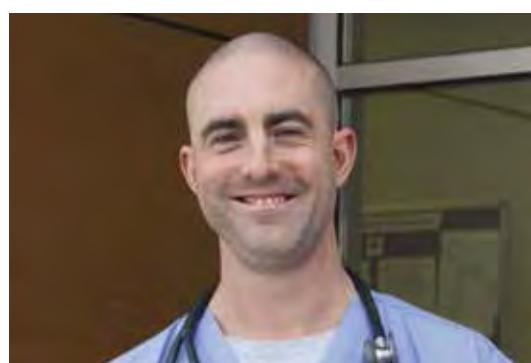
Kerryn Reding, UW assistant professor of nursing, Bridgette Hempstead, founder, Cierra Sisters; Ashley Scherman, UW PhD candidate

←

"Nursing can be full of hierarchies, but I believe in educating, precepting and sharing knowledge."

-TRICIA SPACH

UW clinical assistant professor, clinical preceptor



↑

"I've been working at the VA for 13 years. You have to be savvy to manage this population, but I find precepting to be a symbiotic experience. Enthusiasm is contagious!"

PAUL FOUCault

MN '02, VA Puget Sound, clinical preceptor



Carolyn Chow, director of admissions and multicultural student affairs; Andrea O'Neil and Andrea Wong, UW Nurse Camp 2015 volunteers

↑

"Working as a pediatric nurse practitioner in the Emergency Department at Seattle Children's is an exciting and versatile job as a new advance practice provider. My education at the UW School of Nursing PNP program provided a solid foundation for understanding sick vs. not sick, which is a quick evaluation I make with every single patient I see. Additionally, the connections I made as a student and RN continue to serve me well on a daily basis as I interact with community health care providers, families, and specialty providers throughout the Seattle hospital system."

LEYLA KHASTOU,
BSN '10, MN '14, Seattle Children's Hospital Emergency Department



Marie-Louise Ingabire, BSN '16, and
Erin Dunnington, ABSN '16, DNP '18

#HuskyNurse Map

PAM MITCHELL, EXECUTIVE ASSOCIATE DEAN, AND **JUDY HUNTINGTON** '68, '85, EXECUTIVE DIRECTOR, WASHINGTON STATE NURSES ASSOCIATION

JENNY LYNN, LILIANA PALACIOS, KENIA MALDONADO, PACIFIC SCIENCE CENTER, SEATTLE, WA

NAOMI TRUE, DUTCH SHISLER SOBERING CENTER, SEATTLE, WA

HILARY JAUREGUI AND NIKELA HARRIS, PIKE MARKET SENIOR CENTER, SEATTLE, WA

CAITLIN SAUCIER AND SAM LI, VETERANS ASSOCIATION PUGET SOUND HEALTHCARE, SEATTLE, WA

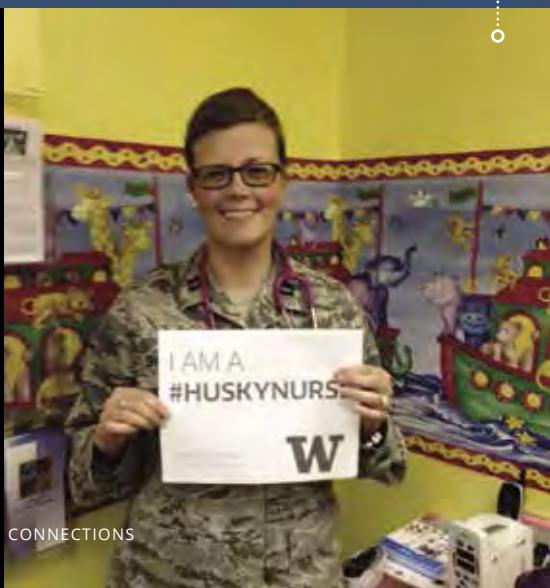
KERRY REDING, ASHLEY SCHERMAN, BRIDGETTE HEMPSTEAD, FRED HUTCH CANCER RESEARCH INSTITUTE, SEATTLE, WA

CYDNE MARCKMANN AND SAMANTHA POLLOCK, PUYALLUP, WA



PAM MITCHELL AND JUDY HUNTINGTON

Join the #HuskyNurse community! Add your name and photo to the map. Visit nursing.uw.edu for details.



4 CONNECTIONS



A close-up photograph of a young woman with dark hair pulled back, smiling broadly. She is wearing a light-colored cardigan over a dark, ribbed sweater. Her hands are visible at the bottom of the frame, holding a colorful paper crane. The background is slightly blurred, showing what appears to be a classroom or library setting.

LEADING EDGE STUDENT EXPERIENCE

The UW School of Nursing educates nurses to lead society's most critical advances in healthcare delivery, policy, research and social justice. Our nurses experience an education grounded in science and leading-edge clinical care and leave here ready to improve health in Seattle and across the world.

Leslie West, BSN '15, teaches classmates how to fold a paper crane at the South Park Community Center.



NEXT GENERATION RESEARCHERS

RACHEL RICH AND MARIA ALVARADO, BOTH BSN '15, MEET IN THE NEONATAL INTENSIVE CARE UNIT (NICU) AT UNIVERSITY OF WASHINGTON MEDICAL CENTER WITH MATCHING WHITE COATS AND BADGES THAT READ NURSING STUDENT.

They're carrying a strange looking object called an altimeter and clipboards while talking quietly among the dozens of parents and preterm babies, registered nurses, physical therapists and physicians that bustle around the floor.

They're conducting research that will be used to improve these babies' lives and likelihood of survival. Their study, "Baby It's Cold Outside: Clinical and Environmental Factors Impacting Neonatal Thermoregulation," examines the impact of clinical and environmental factors on preterm and high-risk babies.

"Research is a field where you get to not only ask the questions but also answer them," Rich said.

"Since this project I have learned that scientific research is such a multifactorial field. It seems like the more questions you ask, the more room you have to explore and I love that."

The study looks at the effects of delayed cord clamping (DCC), a birth practice where the umbilical cord is not clamped or cut until after pulsations have ceased or until after the placenta is delivered, that was recently implemented at UW Medical Center. They're also looking at the thermal changes a baby encounters in the NICU.

DCC may increase the time from an infant's birth to his/her transfer into the NICU, and it may be responsible for increases in the number of hypothermic admission temperatures. Rich and Alvarado plan to compare the data of DCC infants to those before the policy was implemented to see if there are ways to help improve the health of these fragile babies.

"The NICU was an exciting place to do research because there are so many variables to consider and answers to be found," Rich said.

Rich and Alvarado were among eight undergraduate nursing research teams to present at the annual University of Washington Undergraduate Research Symposium in 2014, one of the largest gatherings of undergraduate research in the country.

"The multifaceted, well-designed and utterly important research is even more impressive when you take into account both Rich and Alvarado are undergraduates," said mentor Dr. Karen Thomas, UW professor of nursing who has led dozens of research teams here at the UW and at Seattle Children's, as well as her own career research. "When nurses conduct research they generate knowledge that guides their practice."

TECHNOLOGY for OLDER ADULTS

DR. GEORGE DEMIRIS, THE ALUMNI ENDOWED PROFESSOR IN NURSING, INSPIRES HIS STUDENTS TO EXPLORE THE POSSIBILITIES OF TECHNOLOGY IN HELPING OLDER ADULTS MAINTAIN QUALITY OF LIFE. IN DR. DEMIRIS' NEW SCHOOL OF NURSING LAB, ROBOTIC PETS MAKE SWEET PURRING SOUNDS AND GRADUATE STUDENTS TEST FALL DETECTION DEVICES.

These students are part of an interdisciplinary research team called HEALTH-E, co-directed by Dr. Hilaire Thompson, UW professor of nursing. The HEALTH-E research group partners with several local and national organizations, from retirement communities to Microsoft Research, to best design and test technology to support aging.

HEALTH-E is comprised of graduate students and postdoctoral trainees from both Schools of Nursing and Medicine.

"This new laboratory will serve as an incubator for innovative solutions to support older adults," Demiris said. "The goal is to include end users in all phases of the system design, to ensure that their needs and preferences are being addressed, and to enable researchers and students on campus to unleash their creativity in designing new solutions to existing gerontological challenges."

Another project in testing in the HEALTH-E lab is an interactive tool for dementia care. The system, placed in a local memory-care unit, provides entertainment, communication, information, reminiscence therapy, and cognitive training. Most of the technology, whether software or hardware, will be put to scrutiny through academic research. Since 2013, the interdisciplinary team at HEALTH-E has produced more than two dozen peer-reviewed publications examining technology in aging.

The lab was recently highlighted in the July 2015 press release for the White House Conference on Aging and subsequently in an article for the Huffington Post. Through this lab, Demiris and Thompson are teaching students to evaluate how technology can help older adults and their families and caregivers, as well as how to disseminate that technology to those who need it.





RESHAPING THE LEARNING LAB

WASHINGTON STATE LEGISLATORS RECENTLY PROVIDED \$4 MILLION IN FUNDING TO UPGRADE THE UW SCHOOL OF NURSING CENTER FOR EXCELLENCE IN NURSING EDUCATION (CENE), OR LEARNING LAB. THE FUNDING WILL ALLOW THE SCHOOL TO MORE THAN TRIPLE THE SIZE OF THE LAB AND INVEST IN MORE MODERN TECHNOLOGY TO HELP STUDENTS MASTER SKILLS THEY NEED.

"Learning in a modern lab setting provides a realistic experience for nursing students, which is important because opportunities to learn in clinical settings are limited," CENE Director Robin Collier said. "Nursing students must meet a required amount of clinical hours, whether in the lab or with a preceptor at a clinical site, in order to graduate."

The UW School of Nursing's learning lab is smaller than labs at peer institutions, and the last renovation was more than 10 years ago. A true simulation lab, Collier said, has a separate control room where technicians can operate high-fidelity mannequins and control various circumstances, and observe or film students' behaviors and reactions. To serve the growing and aging population, the UW School of Nursing must increase enrollment and produce greater numbers of nurses. As the need for more qualified registered nurses and advanced practice registered nurses grows, so does the need for leading-edge simulation space.

"Decreasing accessibility to clinical placements heightens the need for adequate modern lab space," Collier said.

Indeed, research findings from a National Council of State Boards of Nursing-funded study suggest that up to 50 percent of undergraduate nursing student clinical education can be offered through simulation without adversely affecting RN licensure exam pass rates or professional readiness.

"We are grateful for the funding and for support of our Washington State legislators," said Dr. Azita Emami, Robert G and Jean A. Reid Dean of the UW School of Nursing. "Updating and expanding the lab – as well as modernizing our classrooms and other learning facilities – will be a top priority for the school over the next few years. Through the ongoing support of our legislators, donors and friends, we are able to ensure that our community's future nurse leaders will be successful."

Planning for the future

The school is conducting feasibility studies to identify facilities that will support the quality and quantity of teaching and research it aspires to do. New learning lab facilities are central to this study. Features for the new lab being considered include:

- Simulation labs with separate control rooms
- Simulated clinics, hospital inpatient settings, home and community settings
- Expanded learning, interaction, and meeting/conference spaces
- State-of-the-art technology and infrastructure

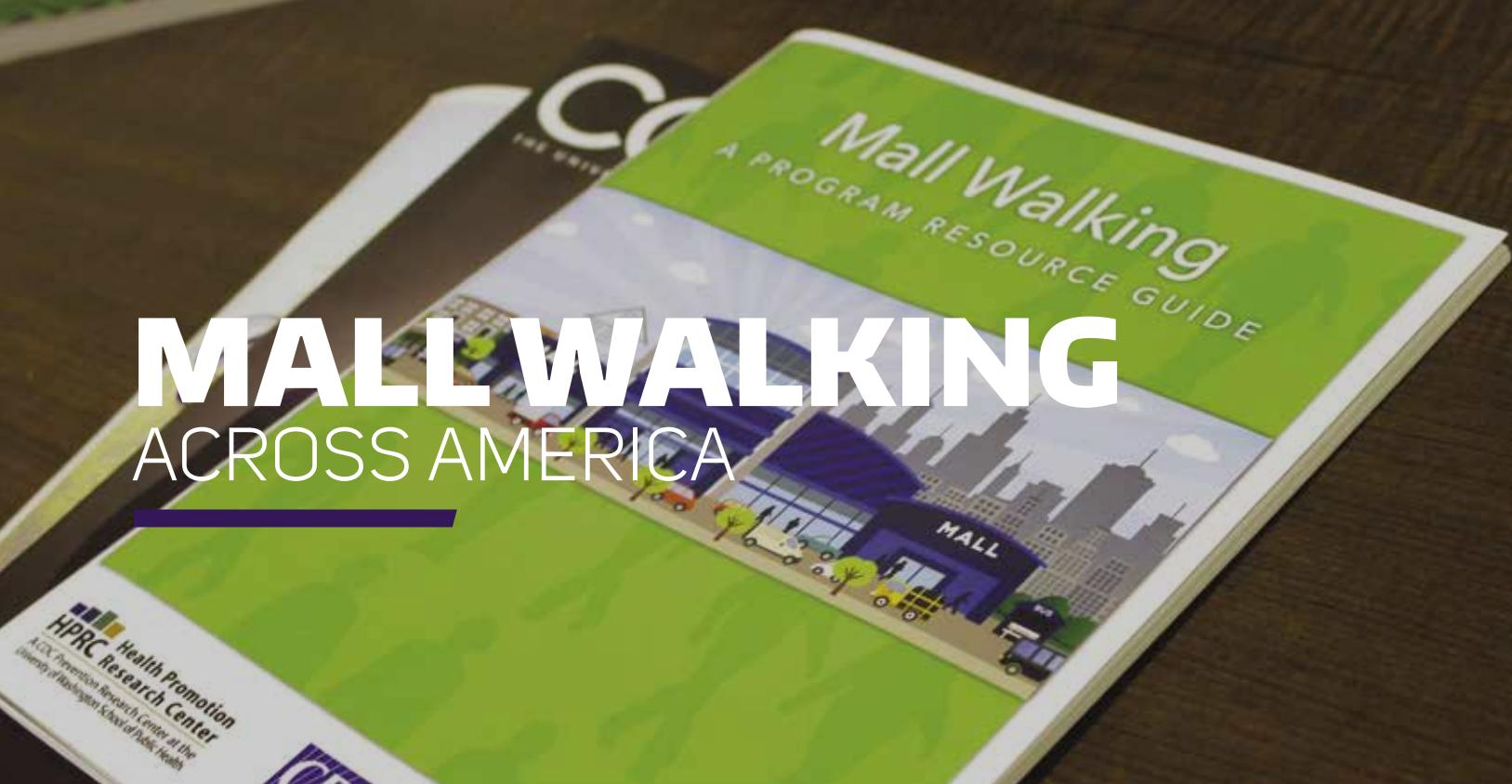




PUBLIC AS PHILOSOPHY

At the UW School of Nursing, we teach nurses to combine scientific inquiry and compassion to mitigate healthcare inequities, ensure public policy reflects scientific best practices, and enable people to live longer, healthier and more fulfilling lives.

MALLWALKING ACROSS AMERICA



AMERICAN MALLS HAVE SUBSTITUTED FOR FITNESS CENTERS FOR DECADES, EVER SINCE THE FIRST MALL WALKING PROGRAM — TO HELP PATIENTS RECOVER FROM HEART SURGERY — STARTED AT THE FIRST FULLY-ENCLOSED SHOPPING MALL, MINNESOTA'S STOCKDALE MALL.

"Indoor retail malls are the world's best keep secret for walking," said Dr. Basia Belza, the Aljoya Endowed Professor in Aging at the UW School of Nursing. She researches mall walking with colleagues from the University of Washington Health Promotion Research Center, the Centers for Disease Control and Prevention, and other universities.

"What more could you want in a walking venue: climate controlled, obstacle-free hallways, readily available parking, friendly walkers, and clean and ample restrooms," she asked. "My initial interest in mall walking stemmed from the desire to locate venues in the community for older adults to walk. And I had to look no further than the mall in my community!"

In 2015, Belza and her team published *Mall Walking: A Program Resource Guide* as a definitive and accessible guidebook for individuals, service providers, and mall management wanting to start or grow a mall walking program. The guide includes facts about why mall walking can be ideal exercise for various groups of people, strategies to engage and coordinate with mall administration, and help for anyone seeking to start or join a mall walking group.

As a result of online shopping, struggling anchor stores, and fluctuating rent prices, malls have seen a steep decline in attendance and revenue in the last few years. Whether mall walking programs will offer the economic rejuvenation some malls seek is yet to be seen. However, the programs breathe life into these structures while encouraging healthy lifestyles and social interaction.





POOR OUTCOMES TIED TO HEALTH DEPARTMENT CUTS

REDUCTIONS IN LOCAL HEALTH DEPARTMENTS' SPENDING ON MATERNAL AND CHILD HEALTH PROGRAMS ARE STRONGLY RELATED TO INCREASED RATES OF LOW-BIRTH-WEIGHT BABIES, ACCORDING TO A STUDY BY BETTY BEKEMEIER, A UW ASSOCIATE PROFESSOR OF NURSING.

"Low-birth-weight infants are extremely costly to our healthcare system and to families and, even more important, have negative long-term effects on these babies – even well into adulthood," Bekemeier said.

The study, published in the *American Journal of Preventative Medicine*, was the first multi-state study to explore the impact of budget cuts to maternal child health services over time and to demonstrate a relationship between spending and health outcomes.

Bekemeier and research colleagues explored 11 years of data from 102 county health departments across Washington and Florida. Their findings indicate that local health department spending overall can positively affect infant mortality.



While local health departments do not often provide prenatal care directly, Bekemeier thinks that community programs are integral to healthy pregnancies.

"Our study really underscores the value of local health department services around maternal and child health, particularly in needy communities. These findings come at a time when those same services have been in jeopardy," she said.

Academy Health, a research and policy organization, chose this groundbreaking research, published in the *American Journal of Preventative Medicine*, as the Public Health Systems Research (PHSR) Article of the Year Award.

The article was praised for its innovative and meticulous methods to demonstrate the elusive return on investment for public health.

"Sophisticated methods are required to rigorously analyze long-term, systems-level health outcomes related to public health investment," said Beth Resnick of the Johns Hopkins Bloomberg School of Public Health and the 2015 PHSR Interest Group Advisory Committee Chair.

"Such findings are critical to informing policymakers about how best to invest the health dollar," she said. "Bekemeier and colleagues have contributed significantly to the evidence base, and advanced the field of PHSR with this application of data."



SAFE HOUSING for SEATTLE SENIORS

AS A COMMUNITY HEALTH NURSE, NIKELA HARRIS, MN '15, LOOKS AFTER THE HEALTH OF AN ENTIRE POPULATION THROUGH OFTEN NONTRADITIONAL METHODS.

She knows that homelessness can cause wound and skin infections and lung problems like bronchitis through constant exposure to the elements. And that older adults are particularly vulnerable to crime living on the streets.

Housing is a key component of healthy aging, especially in older adults.

Harris was excited to start her scholarly project at the Pike Market Senior Center, a place of socializing, safety and a square meal for members – half of which are homeless. For those members, the center provides a way to retain or attain affordable housing and is a crucial link to other key social services.

Harris began visiting housing agencies on the center's behalf and established key relationships that would ensure the agencies kept members in mind when filling spots and place members on waiting lists that were often years long.

She developed a housing agency outreach report that identified important community housing partners, key figures and contacts for these partners, and recommendations for continued relationship building.

"I hope that this guide will help social workers and older adults at the senior center either find or attain housing," Harris said.

Seattle is experiencing a surge of homelessness as new, expensive housing is constructed in place of older, more affordable residences.

When her scholarly project neared a close, Harris and her mentor, Dr. Noel Chrisman, UW professor of nursing, recruited fellow community health nursing student Hilary Jauregui, DNP '17, to continue the work of connecting seniors with housing centers.

"As community health nurses, we recognize that external forces are equally as important as internal factors in the promotion and maintenance of good health," Jauregui said.

Continuity of care doesn't just take place in a hospital — it can take place at a school, in a city services office, or in a senior center filled with waltzing, smiling seniors.





PROVEN IMPACT

The UW School of Nursing has a distinguished legacy of bench-to-bedside success. We are proud to foster young scientists and influence the nursing science community, all in the name of improving health and wellness for everyone.

Julie Metzger, MN '86, founded Great Conversations to help parents and their preteen children communicate with each other about puberty by disarming some of the fear and angst and replacing it with information and humor.

STUDY BECOMES LIFE-CHANGING CARE MODEL

KARALEE JACOBS NOTICED HER MOTHER, ALICE, BECOMING FORGETFUL AND ANXIOUS BACK IN 2007, BUT FIGURED SHE WAS JUST GETTING OLDER. A FEW YEARS LATER, A FAMILY FRIEND AND RETIRED NURSE EXPRESSED CONCERNS ABOUT ALICE'S STATE, WHICH LED TO AN MRI THAT SHOWED EVIDENCE OF MINI STROKES. THE DOCTOR RECOMMENDED SPEECH THERAPY AND A FULL PHYSICAL EXAM. AFTER THE EXAM, THE DIAGNOSIS CHANGED.

Alice had Alzheimer's disease, and would need 24-hour care established within two weeks.

Shortly after Alice's diagnosis, Karalee needed help caring for her mother that went beyond a hired hand. Their close relationship was deteriorating; the insidious symptoms of Alzheimer's — repetitive, compulsive actions and combativeness — exhausted Karalee.

Her friends noticed an article for a program happening nearby: Reducing Disabilities in Alzheimer's Disease, or RDAD.

More than ten years ago, Dr. Linda Teri, UW professor of nursing, started the RDAD study to examine the effects of exercise and behavior management for dementia patients and caregivers. The study asked: could moderate exercise and cognitive therapy improve physical ability and delay institutionalization?

The study's control group received no special services, but in the treatment group, caregivers and patients engaged in specific exercise and therapeutic training.

RDAD was a huge success. Two years after it ended, people in the treatment group still had better physical functioning and only 19 percent of patients in the treatment group had been institutionalized, compared to 50 percent from the control group. The study became a program that is now offered nationwide.

"I started doing the RDAD exercises for [Alice's] sake, but found that behavior modification for me...made my role as a caregiver possible," Karalee said. "I don't know what my life would have been like without this study, or without my trainer."

As Baby Boomers become older adults, programs like RDAD must be implemented to help larger populations. Dr. Teri now directs the NIH-funded Northwest Roybal Center for Translational Research on Aging at the UW School of Nursing, one of several national centers focused on translating aging research into programs and practice.

"The Roybal Center offers us an exciting opportunity to move our cutting-edge research into communities where, in true partnership with these communities and agencies, we can improve the care of older adults and their caregivers," Teri said. "That has always been our primary goal."

Karalee Jacobs and her mother Alice still enjoy the improved quality of life that came from the RDAD program.

"My mom is still sweet," Karalee said. "She still asks for her exercises! She doesn't know what month it is, or who other people are, but she wants to go do her exercises."



DIRECTORS NAMED AT CENTER for
**GLOBAL HEALTH
NURSING**



THE UW SCHOOL OF NURSING HAS NAMED DRS. SARAH GIMBEL AND PAMELA KOHLER THE FIRST CO-DIRECTORS OF ITS NEW CENTER FOR GLOBAL HEALTH NURSING. THE CENTER, WHICH WILL IMPROVE HEALTH LOCALLY AND GLOBALLY THROUGH RESEARCH, COLLABORATION AND TRAINING, LAUNCHED IN JANUARY.

The center harnesses existing expertise and experience of UW School of Nursing faculty and students, and joins a network of academic institutions and organizations working in interdisciplinary global health research and training to improve health and address health disparities locally and worldwide.

"This center builds on the rich history of interprofessional global health research, practice, scholarship and advocacy by School of Nursing faculty," said Dr. Azita Emami, the Robert G. and Jean A. Reid Dean of the UW School of Nursing. "It represents the beginning of an exciting era at our school."

Dr. Kohler joined the UW School of Nursing faculty in 2012 and is an assistant professor in the Psychosocial and Community Health Nursing department; Dr. Gimbel joined the faculty in 2013 and is an assistant professor in the Family and Child Nursing department.

Both co-directors are internationally recognized researchers. Gimbel is an implementation scientist whose research focuses on improving service delivery, health information systems and translation of proven interventions into practice. Her current work targets prevention of mother-to-child transmission of HIV through the design and evaluation of tools and associated approaches so nurse managers can independently address barriers to care and implement best practices. She currently has research projects in Mozambique, Kenya and Peru.

Kohler's research explores barriers along the HIV care continuum, including delivery of HIV testing, uptake and retention in HIV care programs, and access to sex education. She currently leads studies related to adolescent engagement in HIV care and a field epidemiology training program. She currently has research projects in South Africa, Malawi and Kenya.

"Nurses provide the majority of health care worldwide, yet we haven't been widely engaged in research or at major policy levels," Kohler said. "There is so much room for nursing perspectives. Our clinical expertise, analytic training and conceptual frameworks are tremendous assets in identifying solutions for improving health and health care."

Kohler hopes the new center will kindle an interest in global health research among future nurse leaders and nurse scientists.

Global health nurses have the unique ability to be able to share effective approaches and strategies across often widely differing contexts. The new center will work to bridge divides between highly and less-resourced environments through partnerships in nursing research, education and service.

"Nurses from the United States effectively advocate for their decisions and hold management roles within the health system – often not the case in less-resourced environments," Gimbel said. "Conversely, in sub-Saharan Africa, I have seen examples of nurse and community coordination that maximizes limited resources and increases community ownership and joint decision-making. We have much to learn here from these experiences and approaches."

Gimbel hopes the center will eventually offer more formal educational offerings to nursing students, beyond existing study abroad opportunities.



HELPING PEOPLE ALONG the HEALTH JOURNEY



**SOME PROVIDERS LIKE THE HUSTLE OF THE EMERGENCY DEPARTMENT —
QUICK DECISIONS, TRIAGE CARE, CONSTANT ENERGY. ERIN STOY, BSN '05, DNP '17,
SEES THE EMERGENCY DEPARTMENT DIFFERENTLY.**

Just a year after receiving her BSN from UW, Stoy moved to Nogales, Arizona, a town on the Mexican border. She worked in the Emergency Department at Carondelet Holy Cross hospital, located two miles from the wall, in 2007, the year with the highest rate of illegal immigration in the past 50 years.

Her patients were often so sick, Stoy said, that she "didn't feel effective ... people were hanging on by a thread."

Regularly, she cared for people who had traveled hundreds of miles by foot, women who labored outside of the hospital so that they could birth their baby on American soil, people nearly dying of dehydration and the constant presence of border patrol guards, who would seek out possible illegal immigrants as they departed the hospital.

"Sometimes I don't even know where to begin," Stoy said. "Sometimes, we just have to start at the biggest hurt. I try to educate — to acknowledge their issues — but I can't help outside of these walls. We are just bandaging people. They have so many issues."

Her experience in Nogales compelled her to return to UW for her Doctor of Nursing Practice.

She decided she needed to start at the beginning, nurturing health, instilling good habits and forming relationships so that no patient of hers would find themselves at the end of their rope.

Stoy recently worked at Valley Medical Center's Emergency Department, in Renton. She sees that even Emergency Departments located far away from the border have no shortage of patients with complicated, chronic medical conditions exacerbated — and often untreated — as a result of socioeconomic factors.

These patients land in the Emergency Department when one or more conditions spiral out of control. Stoy has learned through experience that often the bandage, splint or IV can't begin to address the issues that will send a person back through the Emergency Department, time after time.

Now she looks forward to becoming a nurse practitioner and helping people, step-by-step, along their health journey. People with co-morbidities, even multiple chronic conditions, should not have to end up in the emergency department, she said.

In 2015, Stoy was selected as one of the Comprehensive Geriatric Education Program DNP trainees for her commitment to primary care for underserved populations. Her program focus is preventing chronic disease in underserved communities using complementary medicine —after all, she has profound, firsthand knowledge of what happens when chronic disease is not managed.

Stoy is determined to start helping people so the Emergency Department is the last option, not the only option.



INNOVATION MINDSET

The UW School of Nursing is consistently ranked among the highest-funded nursing research programs in the nation, and our faculty includes many of the most respected nursing educators and researchers in the world. Groundbreaking nursing research and discovery conducted here will have impact for generations to come.

Kathryn E. Barnard, 1938 – 2015, developed a rocking bed and found that rocking improved infants' weight gain and motor and sensory functions. Rocking chairs are now standard in hospital rooms for preterm and newborn infants.



REMEMBERING **KATHRYN E. BARNARD**

**DR. KATHRYN E. BARNARD, UW SCHOOL OF NURSING PROFESSOR EMERITUS AND EPONYMOUS
FOUNDER OF THE SCHOOL'S BARNARD CENTER ON INFANT MENTAL HEALTH AND DEVELOPMENT,
DIED JUNE 27, 2015. SHE WAS 77.**

Barnard was an internationally recognized pioneer in the field of infant mental health, which studies the social and emotional development of children during the first five years of life. She was a renowned researcher, teacher and innovator.

"Dr. Barnard was a visionary nurse scientist who believed deeply that every child not only has the right to early nurturing relationships, but also that those relationships are the foundation for life-long healthy development," said Dr. Azita Emami, Robert G. and Jean A. Reid dean of the UW School of Nursing. "This belief inspired her landmark research and compelled her to provide tools and professional development to infant and early childhood mental health practitioners so that every child could experience the best possible start."

Barnard wanted to be a nurse since the first grade. In 1954, she got her first nursing job at Douglas County Hospital in Nebraska; she graduated from the University of Nebraska with her bachelors in nursing in 1960, and Boston University with her masters in nursing in 1962.

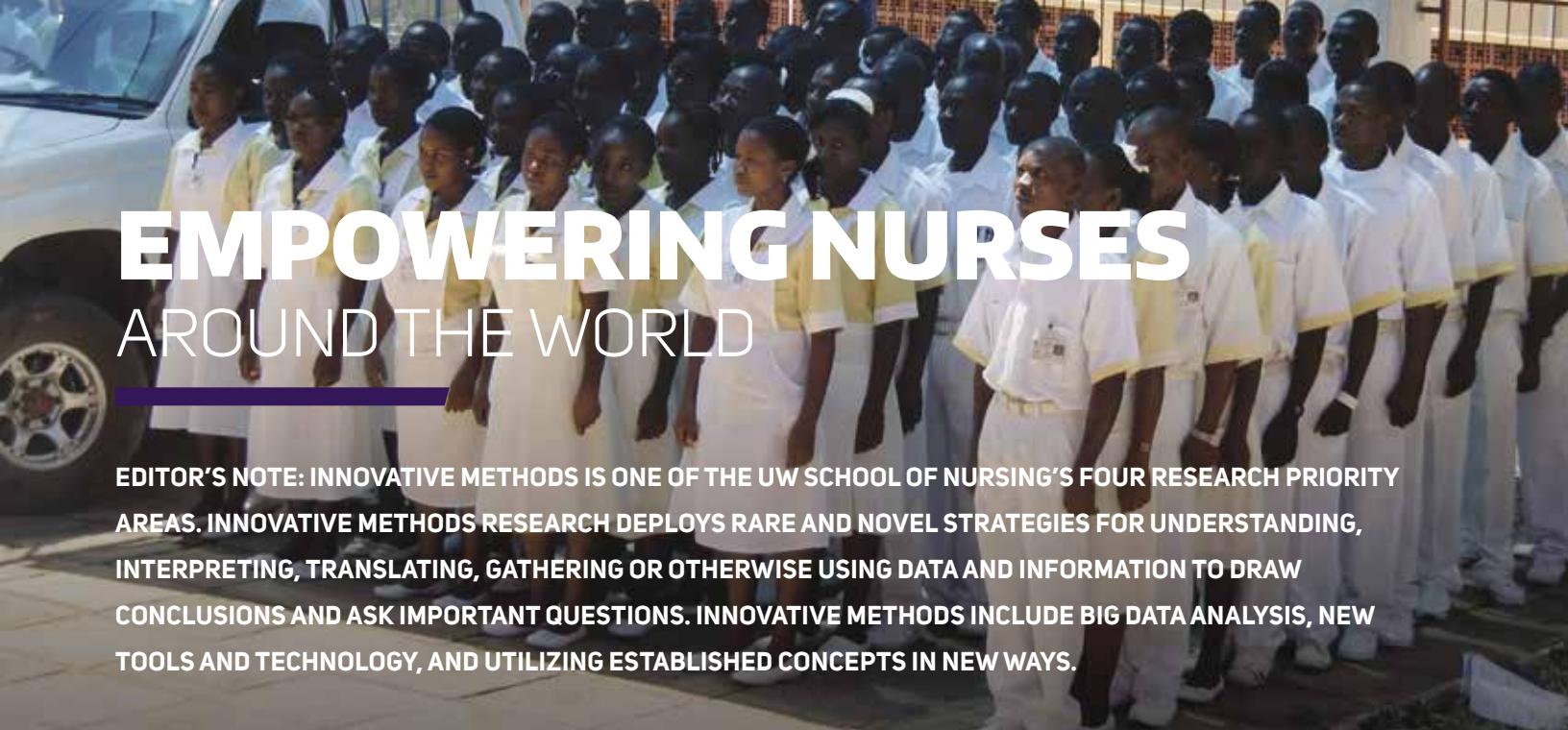
She was recruited to the University of Washington in 1963, where she stayed until her retirement in 2006. She was instrumental in generating a national movement toward investigating and emphasizing maternal child health issues and the importance of the infancy period.

In the 1970s, when Barnard began her studies of infants and their parents, there was minimal appreciation for the connections between earliest infant communication, touch and brain growth, and the ways humans develop capacities to self-regulate and connect with others.

In 2001, Barnard established the Center on Infant Mental Health and Development as a collaboration between the UW School of Nursing and the UW Center on Human Development and Disability to support research and professional development of interdisciplinary infant mental health practitioners. The center was renamed in her honor in 2012. It continues to provide quality research, training and education to promote healthy social and emotional development.

"Kathryn Barnard's vision, coupled with her passion for infants and their healthy development, led her to developing several approaches to their care," said Dr. Nancy Woods, dean emerita of the UW School of Nursing and a close colleague of Barnard's.

Barnard earned numerous honors during her life, including the Gustav O. Leinhard Award (which she shared with close friend and colleague Dr. T. Berry Brazelton) from the Institute of Medicine, of which she was also an elected member; the Episteme Award from Sigma Theta Tau International, the Living Legend Award from the American Academy of Nursing, and the ZERO TO THREE Lifetime Achievement Award.



EMPOWERING NURSES AROUND THE WORLD

EDITOR'S NOTE: INNOVATIVE METHODS IS ONE OF THE UW SCHOOL OF NURSING'S FOUR RESEARCH PRIORITY AREAS. INNOVATIVE METHODS RESEARCH DEPLOYS RARE AND NOVEL STRATEGIES FOR UNDERSTANDING, INTERPRETING, TRANSLATING, GATHERING OR OTHERWISE USING DATA AND INFORMATION TO DRAW CONCLUSIONS AND ASK IMPORTANT QUESTIONS. INNOVATIVE METHODS INCLUDE BIG DATA ANALYSIS, NEW TOOLS AND TECHNOLOGY, AND UTILIZING ESTABLISHED CONCEPTS IN NEW WAYS.

For the past 15 years, Dr. Sarah Gimbel, UW assistant professor of nursing and BSN '01, PhD '13, has worked and conducted research in various African nations.

Her goal is to improve nursing capacity in resource-limited settings, in part by improving the quality and use of routine health data. Nurses around the world provide care and collect data that health systems need to function.

"The number of births delivered ... The number of medications administered ... The number of mosquito-repelling bed nets distributed ... This information is a critical part of a functioning health system," she said. "How else can the system order the right amounts of materials, allocate the correct number of health workers, and ensure the transport of supplies are received in the right number, at the right place, at the right time?"

However, in many of the countries where Gimbel works, the nurses are overloaded and the collection of this routine information can fall by the wayside.

"In Mozambique — where there are three physicians and 21 nurses per 100,000 people — many nurses will see up to 80 patients in one 12-hour shift," Gimbel said. "It is precisely due to this lack of human and material resources that collecting quality data to inform decision making is so important."

"Involving nurses in the review and decision-making of how the data is subsequently used makes the biggest difference," she said.

Through her work, Gimbel has:

- Conducted annual data quality audits across provinces, where more than 25 facilities are reviewed for availability and accuracy of key primary healthcare indicators.
- Started bi-annual meetings where the facilities' nurses and managers come together to present and discuss their data, share notes and develop strategies to improve the organization of their services, and introduced new, simplified technologies to improve the flow of patients through healthcare services.
- Trained nurses in basic research around the world.

"Over 80 percent of the world's health workforce is comprised of nurses who need to be effectively engaged in improving their health systems," she said. "This includes decision-making from the facility to the national level to beyond. Nursing is sorely underrepresented in global decision-making bodies, including the WHO and the Gates Foundation."

To address this lack, her work doesn't stop when she is home in Seattle. In 2014, Sarah and her colleague Karin Huster, BSN '05 founded the Global Health Nursing Interest Group, dedicated to promoting nursing leadership in global health. Nurses from all spheres (clinical, academic, program) participate in the forums and events organized by this group, including an Ebola panel which drew almost 200 participants.

Sarah Gimbel and Pam Kohler will co-direct the brand new UW School of Nursing Center for Global Health Nursing.



AGING WELL OVER 80

EDITOR'S NOTE: LIFESPAN HEALTH IS ONE OF THE UW SCHOOL OF NURSING'S FOUR RESEARCH PRIORITY AREAS. LIFESPAN HEALTH RESEARCH STUDIES HEALTH AND WELLBEING ACROSS THE HUMAN LIFESPAN, FROM DEVELOPING FETUSES TO END-OF-LIFE. STUDIES FOCUS ON UNDERSTANDING AND PROMOTING HEALTH DURING AGE-SPECIFIC TIMES IN THE HUMAN LIFE.

Scared of getting old? Don't be. The happiest years of your life may still await you.

Women report excellent health, peace of mind and a strong sense of purpose and control, according to a longitudinal study of more than 27,000 women age 80 and older, said Dr. Nancy Fugate Woods, UW professor of nursing.

"Instead of dreading getting older, we can look forward to aging well – despite not being in perfect health," Woods said.

The study, *Aging Well: Conceptual Orientations and Observations from the Women's Health Initiative*, is the latest in a long line of important research derived from the Women's Health Initiative (WHI), which began in 1990.

The WHI focused on women ages 50 to 70 years old and investigators continued to gather information about participants for more than 20 years. Eventually, they amassed one of the largest, most diverse sets of data about women aged 80 and older in the United States.

When Dr. Woods and her colleague, Dr. Barbara Cochrane, began mining that data, they discovered that clinicians and researchers have different frameworks and definitions for aging well.

One line of research uses the framework of successful aging, which means aging without disease or disability, high cognitive and physical functioning, and active engagement with life.

Maintaining good health and independence are hallmarks of the successful aging framework, and 85 percent of WHI respondents aged 80 years and older reported good, very good or excellent health.

Other researchers use the framework of effective aging, which looks at an individual's overall health but takes into account resilience — how fast she or he can bounce back from stressful situations or challenges — and control of oneself and one's environment.

People who are aging effectively may have one or more disabilities, but have found other outlets for fulfillment; 75 percent of respondents older than 80 reported good self-control.

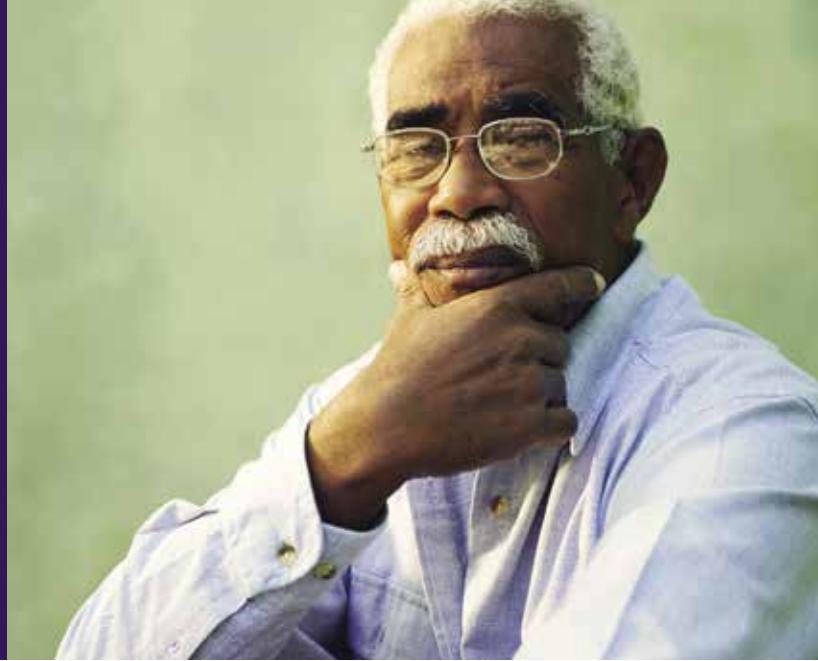
Optimal aging assesses quality of life as it pertains to emotional well-being, satisfaction and personal growth. Almost 70 percent of the same respondents aged 80 and older said that they enjoy life most of the time.

Overall, more than two-thirds of study participants reported being happy, healthy, and emotionally and mentally fulfilled.

"We can't define the diagnoses we receive, but we can define the quality of our lives," she said. "When we can't do something anymore, we can redefine ourselves and what matters to us. And well-being isn't always something you can see, hear or touch. But we live it every day."

SOCIAL DETERMINANTS & **CANCER RISK**

EDITOR'S NOTE: HEALTH EQUITY IS ONE OF THE UW SCHOOL OF NURSING'S FOUR RESEARCH PRIORITY AREAS. HEALTH EQUITY RESEARCH EXAMINES THE DIFFERENCES IN QUALITY, OUTCOMES AND ACCESS OF HEALTH AND HEALTHCARE ACROSS POPULATIONS. AREAS OF STUDY INCLUDE SOCIAL INJUSTICE, UNDERSERVED POPULATIONS, COMMUNITY-BASED PARTICIPATORY RESEARCH AND ENVIRONMENTAL INFLUENCE.



Obesity in black men seriously increases the risk of low- and high-grade prostate cancer, while obesity in white men actually reduces the risk of low-grade cancer and only slightly increases the risk of high-grade cancer, according to a major study by Dr. Wendy Barrington, UW assistant professor of nursing, and co-PI, Dr. Alan Kristal of the Fred Hutch Cancer Research Institute Public Health Sciences Division.

This study, published in the Journal of the American Medical Association, suggests obesity, which is influenced by both social and biological factors, may play an important role behind the major disparities in African-American cancer outcomes.

"Given that obesity is more common among African-Americans, the prostate cancer-obesity connection is an important question to study, as it may shed light on how to reduce black/white disparities in prostate cancer incidence," Barrington said.

37 percent of African-American men are obese, compared to 32 percent of non-Hispanic white men, Barrington said. African American men have higher rates and worse outcomes for prostate cancer than any racial or ethnic group in the country—they are almost twice as likely to die from the disease as non-Hispanic white men.

The study provides extremely valuable insight into the pathology of prostate cancer for both African-American and non-Hispanic White men. Studies like these can help reduce racial disparities in prostate cancer diagnoses and outcomes, said Barrington, whose research focuses on health equity and how social determinants impact health, specifically obesity-related outcomes.

"I look at how social standing, race, and other elements of social advantage and disadvantage, impact people's behaviors and how elements of the environment associated with those social structures can impact people's behavior and ultimately how it impacts their health," she said.



HEALTHY HIGH-SCHOOLERS SLEEP IN

EDITOR'S NOTE: SYMPTOM SCIENCE IS ONE OF THE UW SCHOOL OF NURSING'S FOUR RESEARCH PRIORITY AREAS. SYMPTOM SCIENCE RESEARCH EXAMINES LIFESTYLE, ENVIRONMENTAL AND/ OR GENETIC FACTORS THAT AFFECT ILLNESS, DISABILITY AND DISEASE TO DEVELOP IMPROVED, PERSONALIZED STRATEGIES TO TREAT AND PREVENT ADVERSE SYMPTOMS OF ACUTE AND CHRONIC ILLNESS ACROSS DIVERSE POPULATIONS AND SETTINGS.

As a member of a citywide task force developed to analyze the pros and cons of delaying high school start times, Associate Professor Teresa Ward put her years of sleep research to work. This research overwhelmingly showed the detrimental effects of lack of sleep on teenagers, from psychosocial issues like decreased motivation, cognitive deficits and impulsiveness, to physical health concerns like a higher risk for obesity, high cholesterol and type 2 Diabetes mellitus.

"Inadequate amounts of sleep and inconsistent sleep routines are associated with cognitive deficits, daytime sleepiness, poor quality of life, and family distress," said Dr. Ward.

Chronic sleep loss in teenagers is now recognized as a major public health problem. According to the task force, an entire generation of adolescents is entering adulthood after years of chronic sleep loss and all the potential adverse effects. The goal of the research task force was to help city leaders implement policy changes to improve the future. Dr. Ward and two of her colleagues, Dr. Michelle Garrison and Dr. Maida Lynn Chen, agreed strongly and put forth the call:

"Delaying high school start times is the best thing to do for all teenagers in Seattle."

In addition to their own research, the task force cited data from completed and ongoing studies in school districts that delayed secondary school start times show improvements in student achievement and other outcomes (for example, more sleep at night, less sleepiness during the day). The students also are less likely to engage in risky behaviors and have fewer motor vehicle accidents while improving school performance and demonstrating emotional stability.

Perhaps most profoundly, adequate sleep is important for the development of prefrontal regions of the brain, which remain underdeveloped until 24-25 years of age.

The Seattle Times published an Op-Ed by Dr. Ward and her colleagues in October of 2015; in early November, the Seattle School Board voted to change school start times according to the evidence.



A close-up photograph of a man in a dark graduation cap and gown, smiling broadly. He is holding a baby in a purple floral onesie. A yellow graduation tassel hangs from his cap. The background is slightly blurred, showing other people and greenery.

WE > ME

Together, with the support of our generous Husky Nurse community, we are a leading force for keeping people healthy in Seattle and throughout the world. As a #HuskyNurse, you create a boundless future through your investment in the UW School of Nursing.

Ben Kimm, BSN '15, a scholarship recipient, celebrating with his daughter at Convocation 2015.



THE CHOICE WAS CLEAR



PATRICIA ROSS (NEE ABSHER) BSN '47, HAD TWO CHOICES AFTER GRADUATING FROM PUYALLUP HIGH SCHOOL IN 1942: JOIN THE TACOMA TIGERETTES AS A THIRD-BASEWOMAN TO BOOST THE MORALE OF A WARSICK NATION, OR ENROLL IN THE UNIVERSITY OF WASHINGTON SCHOOL OF NURSING.

"My choice was clear," she said.

After raising tuition money picking berries in the South Sound of Washington, Ross moved up to Seattle to begin her schooling.

At the same time, World War II forced millions of people at home in the United States to begin working industrial jobs, resulting in unprecedented health problems. Many of these workers were new to industrial work, often living in trailer camps and crowded, unsanitary living quarters. War industries more than doubled the number of nurses needed to care for industrial employees. Hospitals saw a huge influx of new patients. Meanwhile, the thousands of healthcare professionals who joined the military to aid the war effort abroad left perilous vacancies all over the United States, and hospitals began closing entire wards and departments.

To fill those vacancies, the U.S. Federal Government established the Cadet Nurse Corps in 1943 so that civilians and nursing students could be trained to work in hospitals and clinics until the medical force returned home. All state-accredited schools of nursing were eligible to participate in the Corps if they agreed to accelerate their programs and arrange for senior cadets to complete a residency in their home hospital, a state or federal hospital, or other public health service facility. For students at the University of Washington School of Nursing, that meant spending many years at Harborview Hall, first as a student, and then as a cadet.

Nursing visionary Dean Elizabeth Sterling Soule made sure the UW School of Nursing was approved by the Cadet Nurse Corps Program. While the primary purpose of the Cadet Nurse Corps was to address the healthcare shortage, Soule understood that this was a pivotal moment in nursing history. For the first time, undergraduate nursing students could receive federal funding for their education.

In a book about nursing at home during World War II, professor emeritus and class of '47 graduate Doris Carnivalli wrote: "Because Seattle was close to Japan (relatively speaking), Boeing was sited here, and the Bremerton ship yards were close by, the threat of being bombed felt very real."

Perhaps that feeling of looming threat inspired the students of the UW School of Nursing Seattle to join the Cadets. In Pat Ross' class, the "Basic 27's," all but one joined the Cadets. Some were still teenagers when they began caring for the sick and wounded at Harborview Hospital in 1943. Many Basic 27's started their schooling back in 1941, but did not graduate until 1947, when the nursing crisis was declared over.

"If the war hadn't ended, we'd all have gone right into military nursing," said Betty Bemis (nee Hill), BSN '47.

Ross was just 20 years old when she joined the Nurse Cadets and began giving full-time care to the sick and wounded at Harborview Hospital.



"The heartache—oh my God. One young man, at 17, set out from Alabama. He was supposed to be shipped out but ended up with leukemia at Harborview. I was at his bedside when his mother called, I held his hand for 27 hours. My friends took my shifts so I could stay with him."

Cadet nurses were not permitted to marry during their service, though many had boyfriends fighting in the war.

In a cruel twist of fate, a polio epidemic struck Seattle during the Cadet Corps service. Ross recalls the chaos of the time.

"This poor young intern came in [to the polio area] to do a spinal tap and he couldn't do it. I said, 'just give me the needle!' He was shipped off the next day."

Bemis estimated seeing at least 10 patients a day on her own; Ross remembers 12-hour work days. Supplies, like linens, were scarce. At the height of the war, the former Ephrata High School valedictorian and cheerleader remembers offering mostly comfort—back rubs, baths. Then, as in now, "so many patients came in from Skid Road," she said.

Despite it all, the cadets had fun. Ross and a tiny group she called "the Evil Eight" snuck through the underground hallways of Harborview to go out and have the occasional beer. "It's how we stayed alive," she said. And in 1945, the nursing students (most of whom were serving in the Corps) put together the

inaugural yearbook, Capsule. Dean Soule, referred to as the "First lady of nursing at the University of Washington," writes on the first page:

"Because we are at war, you are having your work in the most critical period nursing has ever known. You have the satisfaction of knowing that you are doing vital war work and at the same time having the real joy of helping people when they need it most."

When the war officially ended in 1945, Cadets were providing 80% of the nursing care in more than 1000 civilian hospitals. The Corps trained 124,000 nurses in less than five years, which made it the largest successful training program in the United States at the time. But more importantly, as Dean Soule predicted, it changed the way nurses were educated.

Dean Soule had already begun advocating and implementing a more academic approach to nursing education in lieu of the traditional "apprenticeship." She saw that the Corps would complement her curricular changes.

Cadet nursing helped heal an aching nation while ushering in the beginning of a more modern, intensive, science focused nursing education—one in which the UW would go on to lead.



THE NEXT GENERATION OF NURSING

Story by Meg Cressy first appeared in the December 2015 edition of Columns Magazine

ON A HOT JULY DAY AT THE UNIVERSITY OF WASHINGTON, A GROUP OF 16- AND 17-YEAR-OLDS EXCITEDLY TAKE TURNS PERFORMING CPR ON HIGH-TECH MANNEQUINS. THE DAY BEFORE, THEY LEARNED HOW TO TAKE A PATIENT'S BLOOD PRESSURE. AND THE NEXT DAY, THEY'LL ENTER A SIMULATION LAB TO HELP DELIVER A VIRTUAL "BABY." FOR ONE WEEK, THEY HAVE THE OPPORTUNITY TO LEARN ABOUT THE WORLD OF NURSING — A PROFESSION THEY HOPE TO ONE DAY JOIN.

Each summer, thanks to generous gifts that support the program, about two dozen high school sophomores and juniors — all from low-income or underrepresented backgrounds — attend the School of Nursing's Nurse Camp free of charge. More than a hands-on exploration of nursing careers, the program changes students' lives.

"Many of these campers haven't heard, 'You have what it takes to get into school,'" explains Karissa Sanchez, a former participant. While underrepresented minority groups make up more than one-third of the U.S. population, less than 20 percent of nurses hail from minority backgrounds — a statistic the camp is working to change.

"The UW has really made a conscious effort to make sure that our nurses look more like our patients," says Sanchez, who knows firsthand the transformative effect of UW Nurse Camp.

Growing up in Wenatchee, Sanchez knew she wanted to attend college, despite the barriers standing in her way. Her parents had not been able to pursue higher education, and while they worked hard to provide better opportunities for Sanchez and her siblings, they couldn't help navigate the college admissions process.

Then a high school counselor encouraged Sanchez to apply to UW Nurse Camp. The suggestion changed the course of her life.

"I didn't see college being a possibility until I went to Nurse Camp."

At camp, Sanchez quickly adapted to long days shadowing nurses at UW Medical Center and learning the ins and outs of nursing school. By the end of the week, Sanchez could see herself in the field. And she found something she didn't expect: "One of the main things Nurse Camp did for me was give me confidence," she says. "The camp mentors (nursing students, faculty, staff and alumni) made me believe in myself and that I was good enough."





Sanchez got into the University of Washington, and then applied to nursing school.

"Something that really attracted me to the UW School of Nursing was its commitment to diversity," she says. "Nurse Camp donors didn't only invest in a student, they invested in my future and the future of nursing."

Throughout her time at the UW, Sanchez — now a senior in the nursing program — has received support from dedicated mentors and staff, and is paying it forward as Nurse Camp co-lead.

"To see her go from camper to nursing student to Nurse Camp lead is incredible," says Carolyn Chow, director of admissions and multicultural student affairs at the School of Nursing, and one of the camp's founders. "It's exactly what the camp is all about — empowering high school students to aggressively pursue their dreams."

Along the way, Sanchez picked up a degree in public health in addition to her nursing studies, and she plans to pursue her doctor of nursing practice degree at the UW. Eventually, she hopes to fuse the two fields and provide community health care in her hometown.

"Her future is limitless," Chow says proudly. "We will continue to be in a better world because of Karissa."

Sanchez, the first in her family to attend a four-year college, credits UW Nurse Camp for leading her to where she is today, as well as creating a broader impact. "My story is tangible," says Sanchez. "I know that by something as simple as me going to Nurse Camp, I've changed the trajectory of my family."



INTEREST IN UW NURSE CAMP —

now gearing up for its eighth year—is growing at an incredible rate. In 2015, 148 high school students applied for just 24 spots. Much of the program's success is thanks to the undaunted work of volunteers and the generous support of donors. To ensure that the camp is an option for students from all backgrounds, the program charges no fees to attend. Thanks to the generosity of many, Nurse Camp can open the doors to college for many more students like Sanchez, continuing to create a more inclusive nursing workforce.

Support UW Nurse Camp and other leading-edge student programs at uw.edu/giving.

OUT & About



Sim lab legislative thank you reception: WA State Representative Linda Kochmar, DNP Student Troy Flaherty, Director Robin Collier, Dean Azita Emami, attend an event thanking the Washington State legislature for funding to renovate and expand to the UW School of Nursing learning and simulation lab, the Center for Excellence in Nursing Education.



Skyline at First Hill Alumni and Lecture: (front) Beth Bakke, '52; Jo Moore, '52; Connie Clarke '57, (back) Marie Materi, '68; Rhoda McLauchan; MaryLou Brown, '58, '74; Basia Belza, the Aljoya Endowed Professor in Aging; Jim Bennett, Skyline Health Services Director; Rose Osborne, Skyline Assisted Living Wellness Manager; and Karly Sikora, Skyline Clinical Nurse Liaison



Nurses Recognition Banquet: Board member Gubby Barlow, Dean Azita Emami, Board Member Joanne Montgomery, '77 and Bruce Montgomery, '79, '82, celebrate nurses during National Nurses Week and Nurses Month at the school.



Nurses Recognition Banquet: Board member Dr. John Espinola, Tiana Lynes, and Peggy Gering



Nurses Recognition Banquet: Dean Azita Emami, Jessica Reid, Debra Reid, James Reid, Sarah Reid, and Charles Dyer '01

FRIENDS AND SUPPORTERS



Scholar & Donor Reception: Recipients of the Hunter Simpson scholarship, DNP Student Nick Allen (left) and DNP Student Shannon Duffy (right), join Brooks Simpson, board member and scholarship donor at a reception.



Soule lecture: Patty Hayes, BSN '76, MN '80, director, Public Health – Seattle & King County; Barbara Trehearne, vice president of clinical excellence & integration and chief nurse, Group Health Cooperative; and Sarah Gimbel, BSN '01, PhD '13, UW assistant professor of nursing, were among the panelists at the 2015 Elizabeth Sterling Soule Endowed Lecture.



Soule Lecture: Professors Joie Whitney, Nancy Woods, Peg Heitkemper, and CNE Executive Director Donna Nichols



Soule Lecture: Shirley Newell and Kathy Stewart, Aegis Living; Professor Peter Buerhaus, Dean Azita Emami



Class of 1964 Reunion, alphabetical order: Karen Artz (Kesselring), Mary Ellen Copner (Hanson), Judith Crippen (Philips), Joan Griffith (Walton), Mary Jeffers (Denney), Louise Angel Kiss, Susan MacFarlane (Gearheart), Sharon Morton-Robinson, Jacquelyn Parks (Lyon), Sandra Piscitello (Hansen), Susan Strub (Swartley)



LONGTIME PATRONS HELP FUND NEW PROFESSOR

NOW IS A TRANSITIONAL TIME FOR MANY IN HIGHER EDUCATION. AT THE UNIVERSITY OF WASHINGTON, COLLEGES AND SCHOOLS ARE FACING A FACULTY ON THE VERGE OF RETIREMENT AND A DIRECTIVE TO RECRUIT NEWER, YOUNGER FACULTY. IN THE SCHOOL OF NURSING, OVER 40 PERCENT OF OUR FACULTY ARE AT OR NEAR RETIREMENT AGE.

Thanks to longtime benefactors Eli and Rebecca Almo, the UW School of Nursing was able to recruit a brand new faculty and get a jump start on the campuswide campaign priorities. In September, 2015, Assistant Professor Oleg Zaslavsky joined the School in the Department of Biobehavioral Nursing and Health Systems.

The Almos' commitment to bringing Zaslavky to Seattle began several years ago, when the late Rhea de Tornyay was mentoring him as a doctoral student. As a Fulbright Scholar, Zaslavsky's commitment to healthy aging earned him an excellent reputation among the UW School of Nursing's many aging experts.

"We have partnered with the UW School of Nursing for more than two decades and watched their commitment to research and science of healthy aging grow," Almo said.

"We knew that Dr. Zaslavsky's research would complement the research already occurring, and that his worldview and experience would bring a fresh voice for teaching and mentoring to the school."

Zaslavsky's scholarship focuses on prevention and improving clinical outcomes in older persons with frailty. He is the newest member of the de Tornyay Center.

"My hope is to promote functional independence so that people can enjoy their lives to the fullest extent as they age," Zaslavsky said.

"Joining the University of Washington School of Nursing and deTornyay Center for Healthy Aging is a dream come true for me. The intellectual community here has been stimulating my research on aging for many years and now I am thrilled to become a part of this extraordinary interdisciplinary group."

"I am incredibly grateful to the Almos for making my transition to the UW possible," he said.

Dear Friends and Supporters

We are honored to join our colleagues in kicking off a university-wide fundraising campaign that will create significant and sustainable support for our students and faculty in the years to come. As advisory board members and campaign co-chairs for the University of Washington School of Nursing, we're pleased to be serving both the school and the greater community through excellence in nursing research and education.

Our school produces the finest nurses and nurse scientists in the world, and it is our duty to ensure they have the resources and infrastructure needed to be a world of good, locally and globally. The UW School of Nursing has identified five major priorities that align with our mission, which are outlined below. Your investment in one of these areas will pay dividends for generations to come.

Join us! We look forward to your partnership and updating you on our progress.

With Boundless Gratitude,

Joanne Montgomery '77 and Brooks Simpson



FACTS ABOUT THE CAMPAIGN

Public campaign
launches
officially in
OCTOBER
2016



The UW School of Nursing
campaign fundraising goal is



The University-wide
campaign runs
through the year

2020



UW SCHOOL OF NURSING FUNDRAISING CAMPAIGN PRIORITIES

SIMULATION LAB

We will leverage the \$4 million in funding from the state legislature to update and triple the size of our current lab space

CENTER FOR GLOBAL HEALTH NURSING

We will capitalize on our faculty and students' existing experience and expertise to improve healthcare locally and globally

RESEARCH

We will foster sustainable support for all of our researchers to ensure that we remain a top-tier research institute

STUDENT EXPERIENCE

We will provide our students with a world-class experience so they may go on to make significant impacts in healthcare throughout their careers

HEALTHY AGING

We will build on the outstanding legacy of research, education and advocacy we already have to become the premier center for healthy aging in the country

GREATEST NEED

2015–2016

SCHOLARSHIP

264 students applied for scholarship support
135 received scholarship support

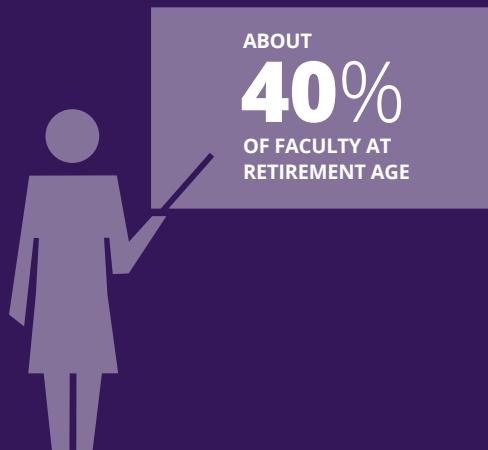


\$1,138,800 was awarded in scholarship funds
\$7,046,200 remains in unmet scholarship needs

\$250,000: the cost of a fully endowed scholarship for an undergraduate student or graduate fellowship

FACULTY

\$200,000: the cost to recruit a top-notch junior faculty member
40: Percentage of faculty at retirement age
Faculty endowed professorships start at **\$250,000**.
11 out of more than **100** tenured, clinical and affiliate faculty currently have endowed professorships



RESEARCH

In the last few years, NIH has reduced research award funding by **22** percent due to budget cuts and sequestration.

NIH
22% A large downward-pointing arrow.

REDUCED RESEARCH AWARD FUNDING



Only **6** of **18** proposals for pilot projects submitted by UW nursing researchers were funded by the Office for Nursing Research because of budget constraints.

UW SCHOOL OF NURSING EXECUTIVE TEAM

Azita Emami*executive dean***Pam Mitchell***executive associate dean***Joie Whitney***associate dean for research***Maggie Baker***associate dean for academic affairs***Margaret Heitkemper***chair, Biobehavioral Nursing and Health Systems***Gail Houck***chair, Family and Child Nursing***Karen Schepp***chair, Psychosocial and Community Health***Jen Thompson***chief operating officer***Renee Duprel***assistant dean of advancement***Donna Nichols***executive director, UW Continuing Nursing Education*

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Sarah Gimbel, Kristen Hosey, Drew Symonds, Sarahy Sigie Reyes*Connections* is published annually by the University of Washington School of Nursing.**DESIGN**

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RASHEDA HATCHETT, BSN '15



Rasheda Hatchett, BSN '15, recently started her dream job — building strong relationships with first-time mothers so that they can become great parents. She works with the Nurse Family Partnership through the Thurston County Department of Public Health and Social Services.

"Before I knew Nurse Family Partnership existed, I knew I wanted to practice in maternal and newborn nursing," Hatchett said. "The opportunity to build strong relationships and guide families toward the fulfillment of their hearts desire around parenting and self-efficacy was one I could not do with any other program, making NFP the perfect fit for me. I am committed to women's health and plan to spend my career advocating for prevention services and policy changes for women and children's health."