Nursing moves the needle at the center of an epidemic
Dear Alumni and Friends,

When our community adopted the vision to become “First in Nursing” in the spring of 2018, we had no idea that only one spring later we would be atop the U.S. News and World Report rankings as first among public master’s in nursing programs.

We are delighted by this news, of course, and by this recognition of the merits and rigor of our academic programs, but we know better than to be satisfied. Being first in nursing, after all, means much more than just achieving the nation’s highest rankings.

For Carolina Nursing it means that we will be what we have been since our earliest pioneering days as the first in degreed nursing programs in our state. It means we strive to be first in pursuing and providing quality education that leads and enriches the profession, first in seeing and addressing the needs of patients and caregivers, first in identifying better practices and systems of care, first in advancing the knowledge that leads to improved health and wellbeing — first in our home state of North Carolina, and then around the globe.

For examples of how we’re working towards those firsts, we invite you to read on. In the pages that follow, you will learn about the important work of one of our brilliant junior faculty members, Jada Brooks, and how it is impacting the health of North Carolina’s Lumbee Indian Tribe, of which she is a member (page 3).

You will likewise learn about the critical work being done on the far side of the globe by a team of Carolina Nursing faculty to improve the lives of cancer patients and their families, as well as the education of their nurses in Lilongwe, Malawi (page 8).

We will (re)introduce you to Ernie Grant, our adjunct faculty member and dear friend who is currently serving as the first male president of the American Nurses Association (page 14), where he serves as our co-lead on the Nursing Now USA initiative. On page 18, we’ll walk you through the practice-transforming work of our biobehavioral laboratory.

As always, we are incredibly grateful for your time, interest and support of the work we’ve been doing at the School and look forward to sharing more of our firsts with you in the months and years to come. And please know we want to hear your firsts too, be they personal or professional, and we hope you’ll share them with us at sonalum@unc.edu.

Warmly,

Nena Peragallo Montano, DrPH, RN, FAAN
Dean and Professor
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**When health disparities hit home**

Jada L. Brooks, PhD, MPSH, RN, was an undergraduate student at UNC Pembroke when she realized the health of her community was in danger. She was shadowing a local pediatrician in Pembroke, North Carolina, when she recognized an alarming disparity in children’s health from the Lumbee Indian Tribe — her tribe.
health outcomes by better understanding their causes in this population. I felt that I needed to study public health,” she says.

After graduation, Brooks got her Master of Science in Public Health at UNC’s Gillings School of Global Public Health. Her original plans included staying for a PhD in the field, but she longed to get back to patient care and the people for whom she began this journey.

Brooks again considered medical school, as well as a physician’s assistant degree. But when she found nursing, she found her fit. It was versatile, research-based, hands-on. She attended Duke University’s accelerated BSN program and worked as a nurse in a health department, NICU, newborn nursery and outpatient pediatric clinic as she worked toward a PhD in nursing. And it was nursing that eventually brought her to Southeastern Regional Medical Center in Lumberton, North Carolina, where the health disparities she saw in the American Indian community continued to hit home.

In Robeson County, American Indian women experience particularly high mortality and morbidity from cardiovascular disease, more so than any other group, including African-American women. Brooks is interested in how environmental pollutant exposures relate to cardiovascular-associated inflammatory markers, something was impacting the health of tribal members, and she didn’t know what, only that they had the right to be as healthy as any other group. The physician she shadowed was Dr. Joseph Bell, the first Lumbee pediatrician and first American Indian pediatrician in North Carolina. She had seen the excellent care he provided for their community, so she decided first to be a doctor.

Then, a conversation with Ronny Bell, an epidemiologist and Bell’s brother, changed her mind.

“We discussed the field of epidemiology, and that piqued my interests — to explain disparities in health outcomes by better understanding their causes in this population. I felt that I needed to study public health,” she says.

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“So many of the American Indian children in the clinic had ear infections, many more than any other racial group, and there didn’t seem to be a clear explanation for the difference.”
“Continuing to interact with the Lumbee community ... has provided me enormous insight into the hardships people endure, the obstacles they face and sources of stress they deal with.”

As a Lumbee nurse scientist, Brooks is committed to helping American Indian women create better environments for themselves and their families that lead to healthier and happier lives. In 2016, she received a five-year grant from the National Institutes of Health for a cross-sectional study, “The Hazardous Air Pollutants, Positivity, and Inflammation (HAPPI) Study,” to observe how air quality and the environment impact inflammatory processes that lead to heart disease, as well as how psychological well-being and mental health play a role in placing this population of women at greater risk for — or protecting them from — this disease. She aims to enroll 150 women over five years to observe their experiences with depression, positivity, life satisfaction and mental health, along with physical measurements related to heart disease, such as blood pressure, weight and heart rate variability.

Brooks says environmental health equity for these women could possibly be improved if the psychosocial factors that impact their immune systems are addressed. Rural counties often have higher rates of poverty, low educational attainment, widespread unemployment, and a lack of resources in general. The study includes women who are between the ages of 18 and 50, which is a critical time to intervene and make a difference in long-term cardiovascular health outcomes.

“Life can be challenging for these women. Higher stress levels raise cortisol, which has been linked to inflammatory responses in the body,” she says. “Because of the overlap in the immune and cardiovascular systems, we can’t ignore how chronic stress impacts health. If women are overweight or obese and they also have poor psychological well-being or depression, they are even more vulnerable to developing heart disease.”

Brooks was not alone in her mission to address cardiovascular disparities. The response from women in the Lumbee community has been remarkable. Brooks had planned to enroll 30 women each year in the study, but in the first year alone, 110 Lumbee women signed up to participate.

As faculty at the School of Nursing since Fall 2013, Brooks has been able to coexist in two worlds to bring the academic resources of a leading nursing school to the Lumbee tribe. “Continuing to interact with the Lumbee community and keep my residence there has provided me enormous insight into the hardships people endure, the obstacles they face and sources of stress they deal with,” she says. “In some sense, this community-based laboratory allows me to remain connected to the needs of the community through observations and input from community members that I can then experimentally test. Reliable data on American Indian health is limited, which makes it difficult to study health disparities and improve the health of this population. It’s very challenging to find statistics to support what I’ve been observing anecdotally among Lumbee Indians.”

“I’ve been alarmed by the number of women who have scored high on both the depression and post-traumatic stress scales that we use. A number of the Lumbee Indian women already have predisposing factors that put them at risk for cardiovascular disease. Compromised psychological well-being in combination with other risk factors can lead to metabolic disorders or cardiovascular disease or both.”

Brooks’ ultimate goal to develop culturally relevant interventions that can change how American Indian women respond to environmental pollutants is personal. As a member of the Lumbee community, she is trusted, and that has affirmed for her that, as long as she can give back to her community and bring them the health equity they deserve, she’s on the right path.

“Women have expressed what it means to them that someone from their community is doing this kind of research alongside them,” she says.
“Here, it’s unthinkable.”

Lixin Song, RN, PhD, FAAN, describes the pediatric cancer ward in Kamuzu Central Hospital (KCH) in Lilongwe, Malawi, where ailing children recuperate two to a bed and nurses must mix biohazardous drugs by hand without proper ventilation. In the adult clinic, patients pack waiting rooms from morning to night, returning the next day until they can be seen.

A common thread of cancer, in nearly every corner of the world, is that its care and treatment are influenced and sustained by the power of nursing and nurses. From cancer prevention, treatment and survivorship to palliative care, oncology nurses interact with patients more than any other provider on a cancer-care team, and the expansive nature of their skillset touches each part of the journey for the patient and family. But, in Malawi, there is an incredible shortage of oncology care professionals, and those nurses working with cancer patients do not have the oncology training and knowledge they need to provide quality care. Patients are left with a lack of means and support to manage the diagnosis and the treatment-related impacts on their bodies and lives.

Most nursing care is palliative, as patients are expected to die.

At the center of an epidemic, nursing moves the needle.

“Here, it’s unthinkable.”
These problems are neither the worst nor the least of what this African nation experiences under this extreme burden of HIV-related cancerous disease that kills an increasing number of Malawi’s citizens each year. This patient population is poor, underserved and at risk for poor outcomes. They are also patient, welcoming, generous — and frightened about a disease that is still shrouded in so much stigma, patients often need help breaking the news to family. Coming from a country where cancer awareness ribbons can be found in every color of the rainbow, where well-attended races and relays raise money for the most innovative research, where softly lit television commercials advertise state-of-the-art cancer centers, Song says the situation is humbling.

“Seeing what they go through daily gives us an urge to help and a sense of great responsibility,” says Song, who is an associate professor and Beerstecher-Blackwell Distinguished Term Scholar at Carolina’s School of Nursing. “It’s our responsibility. We have to help not only the patients and their families to get better care and achieve better outcomes, we also need to help the nurses to be better prepared for the daily challenges they face.”

In response to Malawi’s cancer epidemic, UNC Project-Malawi, which has been an established resource in Malawi since the 1990s, is in the process of building a new cancer hospital in Lilongwe on the campus of Kamuzu Central Hospital (KCH), and they need a highly skilled nursing force trained in oncology. The project asked faculty at the School of Nursing to travel there in December 2018 to assess the landscape of cancer care and determine the tools these front-line providers will need to care for and treat this growing population of patients — with a culturally relevant perspective that serves the spirit of the country and those who call it home.

In Malawi, Dean Nena Peragallo Montano, DrPH, RN, FAAN; Ashley Leak Bryant, PhD, RN, OCN, assistant professor at the School; and Song met with administrators, leaders and officials at KCH, nursing faculty and students at Kamuzu College of Nursing (KCN), Malawi Palliative Care and the Malawi Ministry of Health to learn the landscape of Malawi’s cancer crisis and the status of nursing education. To gain a sense of the particular needs and desires of Malawi’s patients and oncology nursing care, they spent time listening to nurses, nurse leaders, and oncologists who work for these institutions, as well as patients and families.

“Seventy percent of cancers in Malawi are HIV-related. There is still a lack of education and knowledge related to how HIV is spread and transmitted. Because of this connection, cancer is highly stigmatized in this country,” says Bryant.

“Cervical cancer, Kaposi Sarcoma, and lymphoma are the most common cancers in Malawi, with infectious diseases such as HIV playing a role in the pathogenesis of these cancers. Seventy percent of cancers in Malawi are HIV-related. There is still a lack of education and knowledge related to how HIV is spread and transmitted. Because of this connection, cancer is highly stigmatized in this country,” says Bryant.

The stigma of cancer also impacts cancer-care nurses, who in the past may have been reluctant to treat oncology patients due to misconceptions about the disease. They work dangerously long shifts with an extremely high patient-to-nurse ratio, putting them at risk for burnout that compromises the safety of patients. Patients generally receive chemotherapy in the hospital and return home with little guidance on how to...
manage symptoms and side effects. Palliative care focuses on pain management with no psychosocial components of care for the patient and family as they navigate an upcoming death. Survivorship programs are nonexistent, as cancer is primarily associated with death and dying, itself a taboo topic in the country.

The team’s recommendations are based on the needs they observed and interview outcomes. The nurses they met with expressed great interest in developing their careers through continued education and involvement in research, both in person and online. In addition to supplying educational materials and online modules for continuing education, the School wants to support Malawi’s PhD-prepared nurses and empower them to shape an oncology nursing workforce in their country.

In line with a model of culturally relevant care, the team took into account family structure and traditions, Malawi’s strong sense of community, the natural day-to-day routines of Malawi’s citizens, the status of nursing education in Malawi and the policies of nursing staff in clinical settings and the goals of KCN.

“In Malawi, cancer doesn’t only affect the patient, but the whole family, and there’s an incredible collectivism how families work. The burden for families may be great, and that can lead to tension, or even the patient removing himself from the family unit. Nurses need to be able to treat the family along with the patient and help the families process what the disease means and what treatment will be like, mobilize the resources” says Song.

The team noticed that clinics don’t operate on a patient schedule, but on a first-come-first-served basis. Song says waiting rooms would be perfect places for patient interventions and education. As patients may wait all day, they are in a group where many could be reached at once. Appropriately gathering information and truly serving this patient population won’t look like it does anywhere else, and it is worth learning about the structural differences between Malawi’s processes and UNC’s to figure out how to implement culturally relevant practices that will work, says Song.

“Dr. Chifundo Zimba, who graduated with his PhD from UNC in 2016, and Dr. Agatha Bula are PhD-prepared nurses who we’ll partner with in a ‘train the trainer’ model that they can use to educate the nurses they work with. We also want to assist these nurses as they develop their careers, teach them to write grants for the research they want to do and guide them on manuscripts for publications. We want this to be a collaborative process where we’re really working together on one team and they can benefit from our resources.”

That work is already taking shape. In May and June 2019, the School provided oncology nursing materials to Malawi’s nurses via videoconferencing. Online self-guided study formats from Jen Haley RN, MSN, CNL, a practicing oncology nurse in the inpatient oncology unit in the North Carolina Cancer Hospital, and Drs. Bryant and Song, are ongoing. Haley has worked in Rwanda as an oncology nurse educator at the Butaro Cancer Center of Excellence, and she will accompany Bryant on a trip to Malawi in July 2019 to work closely with the Malawian nurses. The team will engage in an ongoing dialogue between the School, KCH and KCN on how they might collaborate long term to advance cancer care in Malawi and enhance research initiatives within both schools.

“For this team and the nurses in Malawi, the goals and purpose are mutual – they want to save lives. Bryant says, “We want to be able to continue this work for a long time, and to do that, we focus on meeting them where they are and learning from them.”
Q&A with Ernest Grant

Carolina Nursing recently caught up with Ernest Grant, PhD, RN, FAAN, an adjunct member of the School of Nursing faculty who last year became the first man elected to the role of president of the American Nurses Association (ANA). Before his retirement, Grant served as the burn outreach coordinator for the North Carolina Jaycee Burn Center at UNC Hospitals in Chapel Hill. He has mentored and educated countless undergraduate and graduate nursing students. Grant began his term with the ANA January 1, 2019, where he represents the interests of the nation’s 4 million registered nurses.

CN: Why did you want to lead the American Nurses Association?

EG: I want to continue to make a difference in nursing and move nursing forward. I was serving on the ANA Board of Directors for the second time and had been president of the North Carolina Nurses Association, and I had a lot of experience participating on boards. Prior to retiring from UNC, I’d been working with students and working at the hospital, so I was very aware of what was happening in nursing and health care. Having been in both academic and clinical nursing, I can see the big picture.

CN: How has your nursing career prepared you to lead this national organization?

EG: I was at UNC Hospitals for 36 years, and in that time, I saw decades of legislative changes on state and national levels that greatly impacted health care. UNC Hospitals is a tertiary-care center, and people are coming there from all over the state. For a lot of them, UNC is the only place they can go when they need care. I saw up close the consequences of what can happen when you don’t have access to health care, or your health conditions are not monitored. So often, poor health outcomes can be prevented, and situations like those really get to you as a nurse. I started to ask myself — how can I as a nurse advocate on behalf of these people?

CN: What are you hoping to accomplish as president?

EG: I want to foster high standards in nursing. For 17 years in a row a Gallup poll has shown that the public sees nursing as the most honest and ethical profession. The public needs to know that nurses are their advocates, as experts in providing quality patient care, and in considering how to be culturally sensitive to their needs. That’s a high level of care. I want us to increase diversity in the nursing profession across gender, race and ethnicity. We as a nursing body should be reflective of who we care for. When patients can see someone who looks like them and understands their experiences, they feel cared for.

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CN: How do you like this new role?

EG: To be able to represent the registered nurses in the nation and promote their interests is pretty powerful for me. To be the first man ever elected to this position is quite an honor. I get to do so many things — go to Capitol Hill and...
influence legislation that will affect the health care system across the country, visit different states and help them advocate for nursing on their legislative days. One of the things I really enjoy is speaking with students. It’s important to have conversations with them about being part of a professional organization to help make nursing even better. I want them to see that they are the future of the profession and that it is important that they not only advocate for themselves as nurses, but also for those that we care for. That’s what gets me out of bed every day.

CN: What do you see as the biggest problems facing nursing today?

EG: The first thing is that we are facing a huge nursing shortage, and it will get worse. We need to do something to attract more people to nursing and to stay in nursing.

We need more advocacy. We’re the largest segment of the health care professionals in the U.S., and we’re not utilizing our voices to the extent we can. There will be legislation made at the state and national levels that will affect our profession. There will be legislation made at the state and national levels that will affect our ability to practice at the bedside, in the clinics, as advance practice providers, researchers and academicians. We must educate legislators about what we do.

We also need to get better at promoting opportunities for education, and we need to become educated in technological advancements. There are Nursing Workforce Development Programs through Title VIII that can be used to ease the financial burden of nursing education, but not enough people know about them. As the nursing shortage gets worse, more people need to be aware of these dollars and use them, or I worry they’ll go away. And, as communities lose nurses, we may be relying on telehealth and telemedicine to reach communities who need us. Becoming savvy in technology will help us provide care in new ways.

CN: Nurses are natural leaders. Where can we see this most right now?

EG: Nurses are big leaders in their use of evidence-based medicine. Nurses are leaders in science and research — not just patient care. Nurse researchers are out there developing evidence-based practices that have been proven to work time and time again, and part of advancing in this direction is making sure we are growing more nurse leaders. We want nurses to be able to point to the evidence behind the care they give and lead their care teams that way.

Another way nurses can lead is by promoting this profession. We’re taking more leadership roles that our students can see us in and speaking out on issues that can inspire students. We need those students to learn about health policy, which will help them incorporate nursing into professional practices. This should be part of their foundation, and so many of them will bloom as leaders from those places.

CN: Did you always want to be a nurse?

EG: Originally, I thought I was going to be an anesthesiologist and drive a 1968 lime green Mercury Cougar with a red interior. But, I was the youngest of seven, and my father died, so there just wasn’t much money for school. A guidance counselor suggested I try nursing where I could eventually train to be a nurse anesthetist. I completed my LPN and then my bachelor’s degree. I ended up at the N.C. Jaycees Burn Center at UNC Hospitals, and I never left. It brought me more than I’d ever imagined, wonderful working relationships, an appointment at the School of Nursing, the chance to mentor students and work with faculty. It has been such a well-rounded career.

CN: You worked your way through BSN, MSN and PhD programs. What advice do you give other working nurses who want to advance their educations?

EG: The first thing I always tell students is that it takes perseverance. Keep your eye on the prize and do not let anything sideline you from your goal. That’s what I did. I knew that I wanted to eventually get my PhD, but it was going to take me a bit. I had no idea how I would work it out, but I worked full-time, and I worked nights, and once I completed my bachelor’s degree, the next step was my master’s degree. I didn’t get my doctorate right away. I became involved with the North Carolina Nurses Association and ANA to advocate for the nursing profession. I had to wait until I had fewer commitments. There is a 25-year span between my master’s degree and doctorate, and it worked out.

CN: Any more advice for nursing students?

EG: To any student who may be reading this, I would stress the importance of joining their professional association. And, I’d ask them not just join, but be active. This is a torch we’re passing on to them. The future is theirs and how they choose to be the guardian of that future determines where nursing will go.

“We as a nursing body should be reflective of who we care for. When patients can see someone who looks like them and understands their experiences, they feel cared for.”
period, they have a greater chance of developing obesity, which can lead to chronic illnesses such as cardiovascular disease, diabetes and hypertension.

Hodges observations of the subjects’ behaviors led him to introduce a behavioral intervention. He uses American Sign Language to teach caregivers and infants ways to communicate with one another about feedings long before the child can speak. Beginning to better read and respond to one another’s cues, Hodges’ work has shown, may help avoid overfeeding and reinforce a child’s ability to self-regulate hunger and satiety.

“We know from research that behavior and physiology can shape one another,” says Hodges, who served as the lab’s director from 2014-2018 before stepping down to focus on research and teaching. “As nurses, we look at the interplay between those two things. If we can better understand what is happening behind health conditions, we can look at new targets for intervention and prevention.”

Hodges’ research has focused on infant and caregiver feeding behaviors and how those behaviors could encourage overfeeding in a way that overrides a young child’s ability to self-regulate hunger and fullness. When children learn these behaviors during this prime development period, they have a greater chance of developing obesity, which can lead to chronic illnesses such as cardiovascular disease, diabetes and hypertension.

“I’ve tended to see in my research is that caregivers are very responsive to hunger cues, but they’re less responsive to fullness cues. It’s easy to worry if you’re feeding a baby enough, but when babies and their caregivers interact during a feeding and evaluate their behaviors. Are the caregivers correctly interpreting and responding to the babies’ hunger and fullness cues, or is there a pivotal miscommunication at play that could lead to overfeeding?”

“We know from research that behavior and physiology can shape one another,” says Hodges, who served as the lab’s director from 2014-2018 before stepping down to focus on research and teaching. “As nurses, we look at the interplay between those two things. If we can better understand what is happening behind health conditions, we can look at new targets for intervention and prevention.”

To truly target an illness in an individual way, you have to look behind the symptoms. The School’s Biobehavioral Lab (BBL) is a dynamic core research facility unlike any other at a nursing school nationwide. By studying both psychosocial and biological underpinnings of health outcomes, nurse scientists can address the variety of influences on individual health and develop targeted therapies that work.

Core research facilities like the BBL house shared resources offering a range of scientific equipment, instruments, services and technical support for the School’s research community and their partners. The BBL has a strong emphasis on non-invasive monitoring, simulation-based experiments and biomarker discovery via molecular diagnostic tools.
The lab began in 1989 and has since then served a place where researchers and nurse scientists can enhance knowledge and skills in biobehavioral science, physiological measurement and instrumentation. The lab’s instruments can monitor electrical brain activity, cardiac output, oxygenation, body composition, heart rate responses and more. The facility also supports on-site sleep research and other measurements such as a wet lab and a nutritional research and behavioral observation suite equipped with six in-wall cameras and a monitoring room where software can detect movement and quantify behavior. On-site technicians can draw blood and run labs.

Patricia Silveyra, PhD, associate professor and Beerstecher-Blackwell Distinguished Term Scholar, joined the school in 2018 as the new director of the BBL, bringing with her a background in molecular biology and a mission of collaboration.

“Collaboration is why I came to Carolina,” says Silveyra, whose research focus is on inflammatory diseases of the lungs. “For my own research, I need to work with many other scientists from other fields. That the School of Nursing is fostering such innovation and collaboration in how it conducts research is something we don’t typically see in nursing.”

To determine the mechanisms or biological basics of a disease, researchers need as much molecular information as they can get. Pinpointing the process of a disease leads researchers to their therapeutic targets and offers insight that can be used to design new drugs or methods of treatment.

“But, if we only concentrate on molecules, we lose the big picture,” she says.

As health care begins to look at patients individually and holistically, nurses naturally lead
UNC’s School of Nursing is the only place on campus to offer that technology.

Dr. Ruth Anderson, RN, PhD, FAAN, associate dean for research and Kenan Distinguished professor at the School, says the lab’s expanded capacity is the beginning of a new era in nursing science.

“Dr. Silveyra brings important new expertise to the School that will help our nursing researchers ask innovative research questions that require merging omics and biobehavioral research.”

Omics is a term now commonly used for sciences that explore how the molecular makeup of an individual influences body and health states. Once associated simply with genomics, omics represents studies of proteins, metabolites, inflammatory markers and lipids.

“I am a molecular biologist by training, so what I bring to the school is an approach of measuring how genes are expressed and how the expression of genes is controlled,” says Silveyra. “Instead of measuring one gene at a time we can measure thousands. And then we use tools to integrate how these genes interact with each other.”

Hodges says the lab is well-primed for emerging research in epigenetics, which studies the biological mechanisms that can turn genes on and off. Putting these capabilities in the hands of nurse scientists is a hopeful proposition, he says.

“You can enter the School from a career in bench science and bring that background into doing something in clinical practice,” he says. “You can practice in nursing and the science side can help you advance your care. When nursing students discover that nursing science incorporates both, we see a lightbulb go off.”

Silveyra says the BBL will soon become more intentional about providing education in research methods and skills and show current and potential faculty how their work will benefit from having these extraordinary facilities at the fingertips. She wants the lab to be a place of promise and for investigators to submit grant applications based on what they know can be possible in the lab.

The BBL isn’t reserved for only a certain kind of question. Its capabilities are determined by the bright ideas that come in the door. And, in Silveyra’s mind, those possibilities are limitless.

“Many scientific institutions are isolated within their fields, where you don’t know what the person across the hall is working on,” she says. “But, that’s not the case here at our school. We discuss research, and we read each other’s work. Everybody participates in the success of each other, and we value and emphasize teamwork.”
UNC helps launch Nursing Now USA

The UNC School of Nursing partners with the American Nurses Association, the US Public Health Service Chief Nurse Officer and the University of Washington School of Nursing to launch the national campaign aimed at improving health care globally by raising the profile of nurses.

On April 9, nurses from across the nation joined together to launch Nursing Now USA — the national arm of a global campaign — Nursing Now — to improve health and health care by highlighting the impact of nurses on patients, families and communities at all levels, and worldwide. Top nurse leaders, experts and influencers celebrated the launch with a special event and panel discussion in Washington, D.C. at the National Press Club.

Under the strategic direction of the University of North Carolina at Chapel Hill School of Nursing, University of Washington School of Nursing, American Nurses Association (ANA) and the U.S. Public Health Service Chief Nurse Officer, Nursing Now USA will address key issues in the nursing profession such as workplace violence, pay equity, staffing shortages, and barriers to practice.

“Raising the profile of the nursing profession and investing in the recognition of nurses’ role in transforming health and health care both nationally and worldwide must be intentional,” said ANA president Ernest Grant, PhD, RN, FAAN. “The deep trust that the public has in the nursing profession underscores the sheer power of nurses and the urgency of Nursing Now USA. ANA proudly supports this bold endeavor and agenda to tap nurses to achieve global health.”

The launch of Nursing Now USA comes at a critical time for America’s health care system. Health care continues to grow more complex and the demand for health services increases every day. Representing the frontlines of care and the largest group of health care professionals in the U.S., nurses have unmatched perspectives and abilities to act rapidly in changing environments. Nurses deliver quality, culturally competent patient care and services to individuals, families, groups, communities, populations, and nations.

Beyond the bedside, nurses are leading research efforts that improve outcomes, solving public health challenges, influencing health policy decisions, developing ground-breaking innovations, and joining boards of directors to help transform health care.

Nursing Now USA is preceded by Nursing Now, the global counterpart supported by the Burdett Trust for Nursing in collaboration with the International Council of Nurses (ICN) and the World Health Organization (WHO).

For more on Nursing Now, please visit: nursingnow.org

U.S. NEWS RANKS CAROLINA NURSING 5th OVERALL, 1st AMONG PUBLICS

U.S. News and World Report released its annual rankings of graduate nursing programs in March and placed Carolina Nursing’s master’s program fifth overall and first among public schools of nursing in the country, allowing us to reach our vision of becoming First in Nursing — at least in this one metric — faster than expected.

The UNC School of Nursing adopted First in Nursing as its vision statement in its Strategic Planning process in 2018.
Health affairs students spend spring break serving Tyrell County for 10th year

Each year a group of Carolina students in health professions head to the North Carolina coast on their spring breaks, but the goal is neither rest nor relaxation — it’s service learning.

For a decade now, these students have devoted their time off to the citizens of Tyrell County, a small county in the Northeast corner of the state that is relatively under-resourced when it comes to dedicated health and health-care resources needed for a healthy population.

Carolina’s health affairs schools have a long-standing relationship with Tyrell County that has grown stronger with each passing year. This relationship brings them together each spring for an annual interprofessional service-learning trip where students in the UNC School of Nursing and the Department of Allied Health Sciences physical therapy and audiology programs use the skills they have learned at Carolina to promote strategies for better health outcomes for the residents. The Department of Allied Health Sciences is part of the UNC School of Medicine.

During this year’s trip, a record 25 students kept a rigorous schedule, juggling logistics as interprofessional teams offered health promotion and physical fitness activities at the schools, risk screening for falls, blood pressure and polypharmacy at the local senior center, home visits for people with complex health challenges, audiology screening and more.

Sonda Oppewal, RN, PhD, associate professor at the School of Nursing, leads the service-learning class that culminates in the trip. She is accompanied by Vicki Mercer, PT, PhD, associate professor in the Division of Physical Therapy; Hannah Siburt, AuD, PhD, assistant professor in the Division of Speech and Hearing Sciences and Joanne Caye, PhD, MSW, an instructor at UNC’s School of Social Work. The class meetings prior to the trip focus on the county’s needs and health landscape, as well as the students’ proposed interventions for problems identified with community partners.

“For some students, it’s a very transformative experience,” says Oppewal, who has been leading immersive, interprofessional service-learning trips for 17 years. “The county is very agricultural, and there isn’t a lot of cell phone service. It can be a wake-up call that not everyone has the same opportunities as everyone else.”

Jenna Kazmaier, who will graduate with her Doctor of Physical Therapy from the Department of Allied Health Sciences this August, says working within an interdisciplinary team expanded her perspective of both individual and community needs.

“For me, the home visits made the greatest impact on how I plan to practice as a physical therapist. A person’s home, work space and community shape their lived experience and health status,” she says. “As a health care practitioner, it’s my goal to gain insight into this experience in order to provide the best medical care.”

“It was evident that all disciplines needed to work together in order to obtain the best results. It was also noticeable that students and faculty from other disciplines had different opinions and solutions to problems, expanding the groups’ ability to problem solve. Medical services in rural areas are scarce. The majority of the population needs to drive longer than 30 minutes to obtain medical and dental care. A vast need to increase the number of providers in rural areas exist.”

Lucia Rosende
School of Nursing
“It is one thing to learn about the social determinants of health in the classroom and another thing to see and experience such health care disparities in rural areas of our own state. As an audiology student, this trip to Tyrrell County was my first opportunity to provide hearing screenings, ear wax removal, and counseling to residents outside my UNC bubble. Each bidirectional interaction inspired me not only to foster interpersonal relationships with my patients, but also to influence policy surrounding equitable healthcare access.”

Meredith Braza
Audiology, Allied Health Sciences

“I wanted to go on the trip to learn more about rural healthcare and working in settings with limited resources. I want to become a well-rounded provider that can provide culturally competent care to individuals from various backgrounds, and this opportunity allowed me to further develop into a person who can do that. It helped me learn better communication skills, and to be more open-minded.”

Melody Alexander
School of Nursing

“I learned how to incorporate the expertise of other professionals into my care delivery in order to provide the best outcomes for my patients. It helped me learn more about rural health and how to interact with other health professionals outside of my discipline. It encouraged me to delve deeper into the social determinants of health and how they play a role in the overall wellness of a person.”

Morenike Kritzer
School of Nursing

Learning about social determinants of health emphasized for students the need to look at patients holistically and with consideration to their backgrounds and surroundings.

“This trip reinforced the importance of understanding the social determinants of health for the area being served,” says Lucia Resende, a Doctor of Nursing Practice student. “It emphasized that healthcare providers must understand individual needs of the population, be prepared to work with persons with special needs when few resources exist, and to fully obtain a socioeconomic history on future patients to better address their concerns.”

Vicki Mercer, PT, PhD, represented the UNC School of Medicine’s Department of Allied Health Science’s Division of Physical Therapy. She is director of the Human Movement Science PhD program, a joint initiative with the Department of Exercise and Sport Science. Deborah Givens, PT, PhD, is the director of the Division of Physical Therapy. Hannah Siburt, AuD, PhD, assistant professor in the Department of Allied Health Science’s Division of Speech and Hearing Sciences attended the trip for the first time, and the division’s director Dr. Sharon Williams also traveled to Tyrrell County to participate in the week of service.
Kelly Kirby has been named the associate dean for advancement at the UNC School of Nursing, effective July 15.

Kirby is an experienced development and external relations professional, having directed communications, alumni relations and development activities at professional schools and programs across UNC, including the Adams School of Dentistry and the Morehead-Cain Scholars Program. She currently serves as the director of communications at the UNC School of Nursing, a role she has held for four years.

“We are delighted that Kelly will be expanding her leadership at the School,” said Nena Peragallo Montano, dean and professor at Carolina Nursing. “Her strategic thinking and demonstrated enthusiasm for the mission of the School have marked her work in establishing our first Office of Communications and have helped us achieve our vision of becoming First in Nursing. We look forward to working with her and her team to fulfill our mission to advance health for all, first for our neighbors here at home and then around the globe.”

As associate dean for advancement, Kelly will oversee donor development and stewardship, alumni relations, communications and events for the School.

A native of North Carolina, Kelly is an alumna of the University of North Carolina at Chapel Hill, where she earned her bachelor of arts in English. She succeeds Anne Webb, who worked in development and alumni relations at the School of Nursing for 18 years, serving as the School’s assistant dean for advancement since 2012 and leading the SON to 92% of its Campaign for Carolina Nursing fundraising goal of $22M. Anne accepted a new role at UNC over the summer, becoming the new Deputy Director of Development for the School of Information and Library Science.
Baernholdt joins Carolina Nursing as new Associate Dean for Global Initiatives

Marianne Baernholdt, PhD, MPH, RN, FAAN, joined the UNC School of Nursing on August 15, 2019, as the new associate dean for global initiatives. An international scholar, Baernholdt has dedicated her career to teaching and mentoring students and junior faculty in leadership, quality, and safety. She is an experienced primary investigator and co-investigator on several federal grants, and her research focuses on how quality of care is defined and factors affecting quality of care in global rural areas across the healthcare continuum.

Before joining Carolina Nursing, Baernholdt served as the Nursing Alumni Endowed Professor at the Virginia Commonwealth University (VCU) School of Nursing. During her time at VCU she was also the founding director of the Langston Center for Quality, Safety, and Innovation — a resource dedicated to providing the health community with education, activities, and resources that foster collaborative, patient-centered, cost-effective health care. Prior to VCU, Baernholdt was the Director for Global Initiatives at University of Virginia School of Nursing.

“We are thrilled to have Dr. Baernholdt join the administration and faculty of Carolina Nursing,” said Nena Peragallo Montano, dean of the UNC School of Nursing. “Her proven leadership, scholarly expertise, and experience in global health disparities and the achievement of health equity.

The associate dean for global initiatives is responsible for developing and implementing global initiatives at the School of Nursing, which includes leading global health research and scholarly endeavors at the School, developing a strategic plan for global initiatives, and representing the School in key global health and related professional organizations.

Rumay Alexander was named the 2019 recipient of the College of Pharmacy at Xavier University of Louisiana’s Champion Award. The award recognizes individuals or organizations whose commitment, through their vast network and service, contributes to the elimination of health disparities and the achievement of health equity.

Ashley Bryant was named a recipient of the inaugural National Hartford Center of Gerontological Nursing Excellence (NHCGNE) Distinguished Educator in Gerontological Nursing Award. The awards program is a Hartford initiative aimed at recognizing the leadership of nurse educators working with students, faculty and providers, and older people in diverse settings.

Applause to Diane Berry, who was inducted into Sigma Theta Tau International’s Nurse Researcher Hall of Fame at the International Nursing Research Conference in Alberta, Canada in July. She was likewise named the first Jane Sox Monroe Distinguished Professor in Nursing on July 1.

Yamnia Cortes was selected to participate in the 2019 Programs to Increase Diversity Among Individuals Engaged in Health-Related Research (PRIDE) Summer Institute, a mentored research training initiative sponsored by the National Heart, Lung, and Blood Institute (NHLBI).

Jean Davison received the 2019 Bill and Mary Lou Booth Community Service and Outreach Award for her project aimed at providing health services to farmworkers through the NC Farmworkers Project Mobile Health Clinic.

Louise Fleming was named the assistant dean for Carolina Nursing’s undergraduate division and programs. Her tenure will begin on January 1, 2020. She was likewise elected to serve a two-year term on the UNC Committee on Fixed-Term Faculty beginning July 1, 2019. She has also been selected by the American Psychological Association to serve as the only nurse on the Task Force of Differences in Sex Development for two years.

Cheryl Giscombe had her research into the Superwoman Schema referenced in an article in SELF magazine in April entitled “I’m a Strong Black Woman. I Deserve Therapy, Too.”

Rhonda Lanning was one of five faculty members from across the University to receive UNC’s prestigious Tanner Award for Excellence in Undergraduate Teaching. She has likewise been selected as a faculty fellow for UNC’s Invest in Nursing’s Faculty Fellowship.

Sonda Oppewal was awarded a 2019 UNC Office of the Provost Engaged Scholarship Award for her work in promoting community partnerships over the past seventeen years.

Margarete Sandelowski, Bushammer Distinguished Professor Emeritus, was awarded an Honorary Fellowship from the Faculty of Nursing & Midwifery at the Royal College of Surgeons in Ireland in a Conferring Ceremony in Dublin in February.

Leslie Sharpe was elected to represent North Carolina on the board of the American Association of Nurses. Her term began at the close of the 2019 AANP national conference in June.

Four SON faculty members were named 2019 Distinguished Public Health Nurses in North Carolina: Marianne Cockcroft, Jean Davison, Shawn Kneipp, and Sonda Oppewal.
Congratulations to our 2019 Fellows in the American Academy of Nursing

JoAn Stanek received a prestigious 2019 UNC Undergraduate Teaching Award, nominated and voted on entirely by students to recognize demonstrated excellence in service, dedication to undergraduate students, and in positively affecting a broad spectrum of Carolina undergraduate students.

Elizabeth Stone was appointed as a liaison representative to the American Academy of Pediatrics’ Committee on Pediatric Emergency Medicine for a two-year term.

Peggy Wilmoth was selected by the Department of Defense for one of three military/veterans service organization seats on the new Military Family Readiness Council.

Jessica Zegre-Hemsey was elected to the International Society for Computerized Electrocardiology Board of Directors for a three-year term, and was named the 2019 UNC Faculty of the Year by UNC Medical Center’s Nursing Leadership.

Meg Zomorodi was selected by the Board of Directors of the North Carolina Institute of Medicine for a two-year term.

GRANTS & CONTRACTS

Anna Beeber was awarded $1.5 million in R01 funding from the Agency for Healthcare Research and Quality to improve patient safety in assisted living communities.

Jada Brooks was awarded NC TraCS funding for her project “Engaging Community Stakeholders in the Formative Stage of Design Culturally-Appropriate Studies Aimed at Promoting Health Equity in American Indian Communities.”

Ashley Leak Bryant was awarded $100,000 in UNC Lineberger Developmental Grant Funding to study the feasibility of novel symptom management and supportive care intervention for acute myeloid leukemia.

Shawn Kneipp was awarded more than $3 million in R01 research grant funding from the National Institute on Minority Health and Health Disparities to reduce chronic disease risks in socioeconomically disadvantaged, unemployed populations in rural North Carolina through her study called NC Works4Health.

Jennifer Leeman is serving as co-principal investigator on a new five-year, $3.75 million grant from the Centers for Disease Control and Prevention (CDC) for the Center for Health Promotion and Disease Prevention (HPDP) at the University of North Carolina at Chapel Hill. The grant will fund research to address the challenge of scaling up the Med-South Lifestyle Program, an evidence-based diet and physical activity intervention developed by HPDP, so that it can reach racial and ethnic minority, rural, and medically underserved populations.

Victoria Solits-Jarrett was awarded more than $6 million from the Health Resources and Service Administration (HRSA) for her projects Partners in Practice, Engagement, and Education in Rural NC: Preparing Nurse Practitioners for Behavioral Health Integration in Primary Care and Nurse Practitioner Residency: Behavioral Health Integration in Rural Primary Care using the TANDEM3-PC Model. Both projects expand on her current work to help meet the pressing psychiatric-mental health needs of rural and underserved populations of North Carolina.

Lixin Song was awarded $50,000 in UNC Lineberger Developmental Grant Funding for her project Feasibility Testing of Patient Reported Outcomes-informed Caregiving Education and Symptom management System (PROCESS): A Personalized mHealth Program for Cancer Symptom and Complication Management.

SeonAe Yeo was awarded more than $2.25 million in R01 funding from the National Institute for Nursing Research to reduce cardiovascular health risk in pregnant women with obesity through stretching exercise.

Jessica Zegre-Hemsey received more than $425,000 in K23 grant funding from the National Institute of Nursing Research for her project “Patient-reported Symptoms of Acute Coronary Syndrome in Prehospital Cardiac Care.”

Marcia Van Riper received a UNC Sleep Innovation Research Grant to support her study of Family Management of Sleep Problems in Children with Down syndrome.

Congratulations to our 2019 Fellows in the American Academy of Nursing
Anne Belcher, MN, PhD, (BSN ’67), ANEF, FAAN, is passionate about nursing education—not only to prepare the next generation of nurses, but also to enhance the skills of today’s leading nurse faculty.

By creating the Anne Belcher Interprofessional Faculty Scholars Fund, she is generously providing opportunities for faculty in the UNC School of Nursing to shape the world of interprofessional education (IPE) and create the scholarly work others will look to as evidence for the power of IPE in the future.

“I have always thought it makes good sense for the professions to learn together so they will know how to work together,” says Belcher. “It’s rewarding to me that students at UNC will get high quality and diverse experiences working with well-prepared faculty in this way.”

The fund will allow two nurse faculty members—known as Anne Belcher Interprofessional Faculty Scholars—each year to participate in coursework, develop a scholarly product in IPE and disseminate this work through presentations and publications.

To have such scholarship happening at UNC’s nursing school dovetails with the School’s leadership in IPE. Professor Carol Durham, EdD, RN, ANEF, FAAN, is a longtime leader in IPE and patient simulation, and UNC’s Office of Interprofessional Education and Practice is led by a nurse—assistant professor Meg Zomorodi, PhD, RN, CNI, is also the University’s assistant provost for Interprofessional Education and Practice.

“UCS and University have made such a great commitment to IPE, and it’s further evidence that focusing on excellence in nursing education, and education in other health professions, is about providing safe, quality care for patients in care settings,” says Belcher.

Belcher graduated from the School in 1967, among a group that remains close today. An internationally known nurse educator, she has had a long and distinguished career at Johns Hopkins University’s School of Nursing, where she was director of the Office for Teaching Excellence. Though retired, she teaches in Johns Hopkins’ School of Education Master of Education in the Health Professions, where her students are not only nurses but also physicians, dentists, pharmacists and other health professionals who want to be better teachers.

Passion for education is contagious, Belcher says, and students deserve teachers who are passionate about nursing and about interprofessional education.

“When we show our passions, our students pick up on them, and this encourages them to develop their own passions,” she says. “Seeing that cycle in my work with nursing students and other health professionals has been a real gift to me.”

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Lucy Fort was great in an emergency — she was reliably the first to respond anytime someone was in need.

She was a critical care nurse at UNC Hospitals, a two-time graduate of UNC’s School of Nursing (BS ’58, MSN ’65) and a member of the faculty.

She joined the South Orange Rescue Squad taking regular emergency calls with the squad, furthering the continuing education of squad personnel, and assisting with CPR training with EMS and hospital personnel across the state.

That kind of desire and dedication is a theme in all of Lisa Cloninger’s memories of her Aunt Lucy, who passed away April 28, 2018.

“Lucy spent her whole life helping people. It was never about what she needed. She was a kind-hearted, loving person who gave generously of herself to others.” says Cloninger.

To continue that care in his older sister’s name, Arch Fort (Cloninger’s father and Lucy’s brother) set up a bequest that will support education for students interested in emergency, trauma and critical-care nursing so that they learn to help others in the name of Lucy Taylor Fort. Arch passed away in 2016.

It was the Forts’ upbringing in the small town of Oxford, N.C., that made such an impact on their desire to give, says Cloninger. They grew up during the Great Depression and were fortunate to get an education at UNC-Chapel Hill, a place they dearly loved. They wanted to use what they had been taught in the service of others.

Cloninger, who now stewards the fund, says enabling students to learn to respond to emergency situations as her Aunt Lucy did “just feels right in my heart.”

Cloninger shares a memory that she says epitomizes Lucy’s generous nature.

“When I was a student at N.C. State, I went to Chapel Hill to visit Aunt Lucy for a weekend,” she says. “The creek had risen and flooded some nearby apartments. As soon as I got to Lucy’s house, she said ‘Let’s go. We’ve got to help these families clean out their apartments.’ That was Lucy. Somebody calls, there’s a need and she would answer the call. When it came to lending a helping hand, nothing would hold her back.”
Students are more successful when they have role models — and they can find a room full at a mentor mixer designed to help students at the UNC School of Nursing connect with alumni in the working world.

The mixer is a networking event sponsored by the School’s Office of Advancement and Alumni Affairs and the Undergraduate Governance Council as part of their Get Hired series to help students transition to professional careers.

“This is an opportunity for students to meet our alumni and learn about different work experiences, discover different career paths and learn ways to practice,” says Lauren Hipp Hundley, assistant director of advancement for the School. “They can establish meaningful relationships with working alumni and find the best path for them.”

Brown’s bequest will help Carolina nursing students be the best and brightest

When Ann Brown, BS ’73, MSN, CNM, began to think about supporting student scholarships at the UNC School of Nursing, she had more than their futures in mind. She was also thinking about the future of nursing itself:

“Nurses have an important role in helping people improve their health in this state, especially in areas that are underserved. We’re a really important part of preventing disease and fostering a healthy population.”

Excellent education and training are financial commitments, she says. And, if money is in the way, nursing as a profession can suffer. She knew by removing financial barriers for students, she could open doors to the opportunities they need to excel in nursing and make a difference in the lives of others.

“I want our nurses to go out into our profession equipped to provide the best care possible.”

Brown decided to include the School of Nursing in a bequest, which earmarks a portion of her estate as a financial gift for the School as a legacy for not only the students’ educational experiences, but also the exceptional quality of care she knows they will contribute to the state of North Carolina and beyond.

“It takes a lot of time, energy and expense for young professionals to be well-trained and well-educated. The training includes a fair amount of hands-on work, and getting that experience carries an expense,” she says. “I wanted to do whatever I could to make a difference in their educations at Carolina because I want our nurses to go out into our profession equipped to provide the best care possible.”

Brown is a certified nurse midwife with the Mountain Area Health Education Center (MAHEC) in Asheville, N.C., which was established in 1974 to improve healthcare across Western North Carolina. Brown has served on the board of the School of Nursing Alumni Association, and she enjoys interacting with students and learning from them — and learning what they need.

“When I served on the School’s alumni board, I was part of the scholarship committee. I was really struck when reading the applications for scholarships that it was truly a challenge for so many of them to come to nursing school,” she says.

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“Whoever had us starting school in the 1970s can’t even imagine what it is like for them,” she says. “They have moved through society and thinking about nursing as a career is so different than it was then. I want our nurses to go out into our profession equipped to provide the best care possible.”

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interact with the students allows them to give back to the school that launched their careers and be part of launching the careers of the next generation of Carolina nurses.

Melissa Toper, ABSN ’03, MSN, a pediatric nurse educator for the Duke Health System, has attended two of the mixers, and she says she’s enjoyed sharing her experiences with students who are just starting out as well as those who are on the job market.

“I worked bedside in the PICU for ten years before becoming a nurse educator, so I can share experiences with education, with pediatric or critical care, or what it’s like to get a master’s degree,” she says.

Alumni are grouped by specialty, and the students rotate through for a handful of minutes at a time. The goal for students is to gain insight on how to find jobs or to learn about career paths they’d never considered. Inviting alumni to

Toper says often students want to know exactly what an interview for a nursing job is like — what to wear, what they’ll be asked, who they’ll meet, what kind of structure to expect.

“If you haven’t been working in the field, that really is a big ‘what if.’ We take for granted that our students really need this kind of guidance.”

It’s the kind of advice she could have used, and she’s happy to give.

“We need nurses, and we need good quality nurses who want to be in nursing for a long time. If I can provide encouragement, or expose a new student to the diversity of jobs available in this field, I want to be that resource.”

Melissa Toper, ABSN ’03, MSN

SON honors donors and alumni award recipients at annual brunch

On Saturday, April 6, the UNC School of Nursing Alumni Association (SONAA) and the UNC School of Nursing Foundation hosted a brunch at the Carolina Inn to honor the three recipients of the SONAA’s annual alumni awards and to offer thanks to the donors who so generously provide scholarships and other resources to meet the needs and advance the mission of Carolina Nursing. The award recipients are listed below.

Jill B. Hamilton, BSN ’82, MSN ’89, PhD ’01

Distinguished Alumna Award

Jill Hamilton, R.N., Ph.D., FAAN is Associate Professor at the Nell Hodgson Woodruff School of Nursing at Emory University in Atlanta, Georgia. Dr. Hamilton earned her BSN, MSN, and PhD in nursing from the University of North Carolina at Chapel Hill, a BS in Accounting from North Carolina Central University, and postdoctoral training in the nursing care of older adults at the Oregon Health & Science University. She previously held faculty positions at Johns Hopkins University and the University of North Carolina at Chapel Hill where she was tenured Associate Professor.

Dr. Hamilton’s research interests include health disparities, social and cultural factors that influence health, and the coping strategies used among older African American cancer survivors and their families. She has developed measures of coping and spirituality and has conducted research to examine ways sociocultural factors influence how older African Americans use social support and spirituality.

Dr. Hamilton is published on topics related to social support, religiosity, spirituality, and quality of life among African Americans with life-threatening illness. She has done original research on the effects of religious songs and verses from Scripture on coping with stress among older and younger African Americans which is published in the Journal of Religion and Health, the Gerontologist, and Nursing Research. Her research on the use of religious songs to alleviate psychological distress when diagnosed with cancer is published in Cancer Nursing.

She was a Georgia Cancer Coalition Distinguished Cancer Scholar from 2003-2007 and a member of the 2014 Class of the UNC Thorp Faculty Engaged Scholars. Dr. Hamilton is currently a Fellow in the American Academy of Nursing and a Faculty Scholar of the Center for Spirituality, Theology & Health at Duke University. She was the recipient of the 2011 Oncology Nursing Society (ONS) Publishing’s Division Award for Excellence in Writing Qualitative Research and her work on religious songs was featured in the November 2012 Thanksgiving edition of Good Housekeeping magazine.
“We can’t thank you enough for all you do for the School of Nursing through your excellence as nurses, as members of your community, and through your gifts to the School.”

Nena Peragallo Montano, addressing the brunch gathering

Beverley Haynes Johnson, BSN ’64
Carrington Award for Community Service

Beverley H. Johnson, FAAN is President and Chief Executive Officer of the Institute for Patient- and Family-Centered Care (IPFCC) in Bethesda, MD. She has provided technical assistance and consultation for advancing the practice of patient- and family-centered care and creating effective partnerships with patients and families to over 300 hospitals, health systems, federal, state, provincial agencies, military treatment facilities, and community organizations. She assists hospitals and ambulatory programs with changing organizational culture, facilitation of visioning retreats, leadership development, and the integration of patient- and family-centered concepts in policies, programs, and practices, as well as facility design, the education of health care professionals, and research and evaluation.

Bev has authored and co-authored many publications to advance the practice of patient- and family-centered care. She is co-author of Privileged Presence: Personal Stories of Connections in Health Care, recognized as the 2015 American Journal of Nursing Book of the Year Awards for Public Interest and Creative Works.

Bev serves as a member of the Selection Committee for the American Hospital Association Quest for Quality Prize, and was a member of the inaugural Advisory Board for the American College of Physicians’ Center for Patient Partnership in Healthcare. She is currently a member of the Board of Directors for the Patient-Centered Primary Care Collaborative (PCPCC) and the Association of American Medical Colleges (AAMC). She has served on the Board of Trustees for an academic medical center and a school.

Bev is a past recipient of the Lloyd Bentsen Award and the Humanitarian Award from Pediatric Nursing. In 2007, she received The Gravens Award for leadership in promoting optimal environments and developmental care for high-risk infants and their families, and The Changemaker Award by the Board for the Center for Health Care Design. In 2008, the National Perinatal Association presented Bev with the Stanley L. Graven Award. She was a recipient of a Dorland Health 2011 People Award. In 2017, she was recognized by the American College of Physicians with the Edward R. Loveland Memorial Award. In 2018, she was presented with the NACC Outstanding Colleague Award by the National Association of Catholic Chaplains and recognized as a fellow in the American Academy of Nursing.

Cindy Bacon, PhD ’12
G.O.L.D. (Graduate of the Last Decade)

Dr. Cindy Bacon earned her PhD in Nursing in 2012 from the University of North Carolina at Chapel Hill School of Nursing. She is currently employed as an Assistant Professor of Nursing at the University of North Carolina at Greensboro (UNC-G) School of Nursing. She has worked in academia for 6 years specializing in nursing leadership and management. Prior to that she was a nurse leader for 25 years in several acute care hospitals in such roles as nurse manager, nurse educator and clinical nurse.

Dr. Bacon’s research centers on improving the work environment for nurses, particularly in the areas of safety, work complexity, and nurses’ participation in decision making, and the effects of these factors on nurse and patient outcomes.

She has received more than $16,000 in internal research funding to date and has submitted external grant applications to several agencies including the American Nurses Foundation, Sigma Theta Tau, the American Organization of Nurse Executives Foundation and the Duke Endowment.

Dr. Bacon has published in top peer-reviewed journals in the field including Research in Nursing and Health, Journal of Nursing Administration, Nursing Administration Quarterly and the Journal of Nursing Scholarship. In this capacity Dr. Bacon is helping shape nurse leaders’ management of quality and safety issues in today’s challenging acute care nursing practice.

She has been recognized for her excellence in research and in teaching. In 2015 she was presented with the Junior Researcher of the Year award from the North Carolina Agricultural and Technical (A&T) State University School of Nursing and in 2017 she received the Excellence in Nursing Education award from the Sigma Theta Tau Nursing Honor Society, Gamma Zeta Chapter.

She has many terrific memories of her tenure as a doctoral student at the UNC-Chapel Hill School of Nursing and will forever be thankful for the strong foundation in nursing excellence received there.
Nickolai Detert, BSN '15, DNP '19, Andrea Layton, BSN '91, MSN '16, Stephanie Saturne, BSN '15, Kyle Smith, BSN '18, and Missy Toper, BSN '03 served on the alumni panel in Rhonda Lanning’s Discipline of Nursing class. The panelists answered questions of ABSN students in their first semester of nursing school on a variety of topics including nursing career opportunities and paths, applying for a first job, workplace culture, and nurse burnout.

Congratulations to our 2019 SON Alumni Association Scholarship recipients Carolyn Battle, Becky Fitzula, Molly Rippe, Madeline Smith, and Le Trinh! Four of the recipients are pictured here with committee member Landy Fox, BSN '56 (not pictured: Madeline Smith).

Members of the BSN Class of 1969 returned to Carrington Hall to celebrate their 50th reunion.
Accomplishments

In April 2019, Heather Thompson Mackey, MSN '01, completed her first year as Director At Large on the Board of Directors for the Oncology Nursing Society and was elected to serve as the Secretary for the remaining two years of her term.

Alumni FAAN recognition

Jinbing Bai, PhD '16, RN
Emory University

June I. Cho, PhD '05, RN
University of Nevada, Las Vegas

Lisa C. Lindley, PhD '11, RN, FCPN
University of Tennessee, Knoxville

Meg Zomorodi, BSN '01, PhD '08, RN, CNL
University of North Carolina at Chapel Hill

Births

Anna Hamm Winslow, BSN '10, and Lloyd Newbern Winslow III of Scotland Neck, NC, welcomed a daughter, Eva Kathryn Winslow, in March 2018.

Meredith Robbins Crabtree, BSN '14, and Taylor Hampton Crabtree welcome their second son, Samuel Gibson, in September 2018.

Passings

Anthony Douglas Batton, BSN '89
June 25, 2018

Margery Duffey, faculty emerita
November 29, 2018

Peggy Needham Heinsohn, BSN '56
August 21, 2018

Amelia Griffin Hendricks, BSN '78, MSN '89
July 26, 2018

Susan Kemmer Keating, BSN '65
June 20, 2019

Ashley Lane McDaniel, BSN '08
December 5, 2018

Margaret Sweet Payne, MSN '77
September 9, 2018

Johana Renfro Roberts, BSN '68
August 12, 2018

Sherry Leigh Thomas, BSN '78
November 17, 2018