Collaboration helps nursing researchers spread the wealth, share the challenge, and lead the way against thorny issues.
All Together Now: Collaboration

The best ideas come in threes—and fours, and fives, and... you get the idea. Collaboration and teamwork are everything here at the Johns Hopkins School of Nursing, on the JHU medical campus, in the hospital, in community health care centers—wherever we can create it across Baltimore, America, and the world.

For this issue of Johns Hopkins Nursing, we decided to feature a representative look at home-grown collaborative efforts that are changing lives and, often, the very ways we think about nursing and health care in general (“Cross-Pollination,” Page 16). It will be fascinating in the years to come as we watch more of our junior researchers—raised on interprofessional cooperation—enter significant and impactful collaborations that pull us with them into the future. And of course established and celebrated researchers like Phyllis Sharps, PhD, RN, FAAN, and Kelly Bower, PhD, MPH, RN, have been leading the way for some time now.

Recently we graduated—proudly—our first cohort of MSN: Entry into Nursing Practice students (“First Class,” Page 07). This program was such a labor of love—and a necessity. The graduates we’ve sent forward into the nursing profession are many of our best prepared yet. Trained within an interdisciplinary approach, these are the teammates and collaborators we all want and, with the Master’s Entry program now fully established, many more of them are in the pipeline.

We’re also thrilled to be launching a dual-degree Doctor of Nursing Practice (DNP)/Doctor of Philosophy in Nursing (PhD) program that is quite literally a game changer, the first of its kind (“NSPII Grants Expand Educational Opportunities,” Page 07). Imagine a nurse with the combined caregiving tools, research skills, compassion, insight, and experience to take a bright idea from inception through data collection to evidence-based breakthrough to implementation in the community and in health care policy.

We did. And that nurse will soon be here. Stay tuned.

The Fondest of Farewells

Martha Hill, PhD, RN, FAAN, so long a global leader in the nursing profession and a fixture at Johns Hopkins for decades, recently retired to much deserved fanfare (“Exclamation Point,” Page 08). After one more opportunity to urge on a class of graduates, Martha left our faculty... but not nursing. We stand on the shoulders of giants around here, and Martha’s been as sturdy as any. She will continue to be a mentor, an inspiration, and a friend to nursing.

This magazine owes its existence to her vision and drive to establish excellence and a stronger voice for nurses; to trumpet nursing science and show the world why a Johns Hopkins education is such a precious commodity. We will strive to maintain those inspiring goals. Meanwhile, we hope you enjoy the rest of the Summer 2017 issue.

Patricia M. Davidson
PhD, MEd, RN, FAAN
Dean, Johns Hopkins School of Nursing
Features

CROSS-POLLINATION

Interprofessional collaboration helps Johns Hopkins School of Nursing researchers spread the wealth, share the challenge, and lead the way against thorny issues in Baltimore and worldwide.

10 CELLS TO SOCIETY

Get Busy Get Better Trail: palliative care with a family connection, plus publications July 2016–June 2017

01 ON THE ISSUE

Trained within an interdisciplinary approach, our latest Master’s Entry graduates are the teammates and collaborators we all want

04 ON THE PULSE

Tener Veerema distinguished scholar-in-residence, NSPII grants expand educational opportunities, news roundup, building update, and more

02 WHAT NURSES NEED TO KNOW

The march toward calm: 10 ways nurses can take the lead in preparing for health care during civil unrest

03 LETTER TO THE EDITOR:

And Let Us Play Among the Stars

We’ve come a long way since then, the handwriting names on shiny, coated cardboard that greeted guests at An Evening with the Stars several years back. It was a very genuine if humble gesture born of an idea that had come almost too late for the event: Honor a nurse and support the education of new ones by “buying” a star. And so our paper galaxy has expanded into a force of nature where nurses speak for themselves, loudly and clearly. Joy’s illustration and comics are at joyabigailho.com

Steve St. Angelo

Letter to the Editor

Summer 2017
Veenema Named Distinguished Nurse Scholar-in-Residence

Associate Professor Tener Goodwin Veenema, PhD, MPH, MS, RN, FAAN, has been named 2017-2018 Distinguished Nurse Scholar-in-Residence at the National Academy of Medicine (NAM).

"I look forward to working with colleagues at NAM to advance the science that underlies health policy for disaster and public health emergency preparedness," she says.

Veenema plans to use the program to expand her leadership experience in advancing national preparedness and interprofessional workforce readiness in public health emergencies. She is the second faculty member from JHSON chosen for the role, following Professor Jacquelyn Campbell, PhD, RN, FAAN (2005).

Internationally recognized for her expertise in disaster nursing and public health emergency preparedness, Veenema serves as a member of NAM’s Standing Committee for the Centers for Disease Control and Prevention (CDC) Division of Strategic National Stockpile. She has previously served as a senior consultant to government organizations including the departments of Health and Human Services, Homeland Security, Veterans Affairs, the Administration for Children and Families, and the Federal Emergency Management Agency.

Veenema is a recipient of the International Committee of the Red Cross Florence Nightingale Medal, the highest international distinction a nurse can achieve, and the Visiting Fulbright U.S. Scholar Award. At Johns Hopkins, she has hosted hospital administrators, educators, nurses, military, and public health officials to discuss advancing the science and practice of disaster nursing, and she participated in the CDC/Johns Hopkins team to develop training modules for donning and doffing of personal protective equipment when treating Ebola patients.

THE NEWSROOM

For a roundup of recent Johns Hopkins School of Nursing headlines, media coverage, and social media offerings, visit nursing.jhu.edu/news-events. Follow the nursing blog at magazine.nursing.jhu.edu/blog. And sign up to receive the Cells to Society research newsletter by emailing a request to son-editor@jhu.edu.

Got the T-Shirt

Ominike “Nikki” Akinleye was here. And there. And everywhere. Akinleye, a May graduate of the inaugural MSN: Entry into Nursing Practice program, cut a swath through the Johns Hopkins School of Nursing as well as the Baltimore community. She takes a few souvenirs with her, including her spot as student speaker at graduation, the admiration of her peers, and the Reverend Melvin B. Tuggle Community Excellence Award.

“Reverend Tuggle and our community members were thrilled with your work developing and implementing the Dunbar Nursing Enrichment Program, part of the Dunbar Partnership, and an integral influence on the futures of our young people in East Baltimore,” says a letter announcing the award. The confidence-building program introduces juniors and seniors from Paul Laurence Dunbar High School to the profession of nursing.

Akinleye was of course also involved as MSN: Entry into Nursing Practice students organized a fundraiser to support the We the People campaign, which offered free artwork for protest signs at the Women’s March on Washington in January 2017 and elsewhere. (Akinleye and her colleagues turned the art into T-shirts.) As a thank you, We the People presented the students with large-format posters that celebrate diversity and freedom. These souvenirs have been donated to the Johns Hopkins School of Nursing as a gift from Akinleye’s cohort and are on display in the Pinkard Building.
The School of Nursing has received three Nurse Support Program II grants to fund new educational opportunities including a DNP/PhD dual-degree program, an acute care pediatric nurse practitioner program, and expanded curricula in palliative care. The grants (more than $3 million total) are funded by the Health Services Cost Review Commission of the Maryland Higher Education Commission.

DNP/PHD DUAL DEGREE
The new Doctor of Nursing Practice/Doctor of Philosophy dual-degree program—led by Associate Professor Jason Farley, PhD, MPH, ANP-BC, FAAN—combines the competencies of the DNP degree with the scientific rigor of the PhD. Through the five-year curriculum, students will learn to teach, mentor, conduct and implement clinical research, apply strategies for illness prevention and health promotion, and easily transition into leadership roles in nursing and the broader national and international health care arenas.

ACUTE CARE PEDIATRIC NURSE PRACTITIONER CERTIFICATE
Assistant Professor Shawna Mudd has developed a certificate program to prepare pediatric nurse practitioners to treat acute and chronic conditions across a variety of settings and through the continuum of care. The 13-credit, three-semester program incorporates hands-on clinical experiences, online classes, an accelerated format, and opportunities to diagnose, evaluate, and manage health problems of acutely ill children. The grant will also help fund collaborative experiences with the School of Medicine and with partners within and external to the Johns Hopkins Health System.

ADVANCED PRACTICE PALLIATIVE CARE
The need for more nurses trained in providing palliative care, symptom control, and support for patients and families has driven the proposed development of an advanced practice curricula that can accelerate palliative care competencies among Advanced Practice–Doctor of Nursing Practice graduates. Cheryl Dennison-Himmelfarb, PhD, RN, FAAN, will lead this effort to enlarge the pool of preceptors with palliative care capacity in collaboration with Johns Hopkins Palliative Care Services, the Berman Institute of Bioethics, and other practice partners.

“Our mission to improve the health of individuals and communities across the world starts with excellence in education,” says Dean Patricia Davidson, PhD, MEd, RN, FAAN. “With these new grants, we will continue to strengthen our already robust curriculums to promote and advance knowledge, leadership, quality and safety, and academic progression that equates to value for patients and our health care system.”

NSPII Grants Expand Educational Opportunities

For Derick Ansah, service is a way of life.

The Hopkins medical student was inspired to become a doctor while helping wounded warriors at Walter Reed National Military Medical Center.

And his experience with Hopkins’ Student Sight Savers, giving free eye exams to Baltimore’s underserved, sparked his interest on ophthalmology.

Ansah credits the Davis Family Foundation Scholarship with enabling him to take advantage of all that a Hopkins education represents and “achieve almost anything I could dream of.”

Those dreams will likely involve service. Ansah already has a plan to deliver care in crises abroad.

Together, there’s more we can do to help great students like Derick Ansah obtain a Hopkins education.

Watch his video at rising.jhu.edu/always-helping and join us in Rising to the Challenge.
Exclamation Point

Martha Hill retires with grace and gusto

An extraordinary journey reached yet another milestone on June 7 as colleagues from across Johns Hopkins, family, and well-wishers turned out to celebrate Dean Emerita Martha Hill, PhD, RN, FAAN, at a retirement recognition event at the School of Nursing.

Tributes flowed and cameras clicked as the school bid farewell to a celebrated leader and collaborator after more than five decades of healing, teaching, researching, mentoring, and unending service to the nursing profession.

The celebration included the premiere of a career-capping testimonial video.

HAT IN THE RING

Assistant Professor Diana Baptiste, who has led the revitalization of the Nu Beta chapter of the Honor Society of Nursing, Sigma Theta Tau International (STTI), is now running for North American Region 12 coordinator of STTI. Her platform: Collaborate, communicate, mentor, and serve as a grantee for the Doctoral Degree Development Award.

HONORS FOR LAURA GITLIN

Laura Gitlin, PhD, has been awarded the title of Isabel Hampton Robb Distinguished Scholar, the first member of the School of Nursing to achieve this honor. The title recognizes achievement at the highest level and potential for ongoing excellence. Gitlin has also been selected as a 2017 recipient of an honorary membership in STTI.

DOCTORAL STUDENT AWARDS

• IDNP student Cynthia Ward is the recipient of the 2017-2018 Nurse Leader Executive Mentorship Award.
• PhD students Christina Fleming and Ruth-Alma Turkson-Ocran have earned the 2017-2018 Professional Development Award.
• PhD student Tamryn Gray was selected as a grantee for the Doctoral Degree Grant Award in Cancer Nursing by the American Cancer Society.

BUILDING TO CHANGE THE WORLD

The anticipation is building, even though shovels have yet to touch the soil. The Johns Hopkins School of Nursing’s $45 million renovation is moving closer to the groundbreaking phase (scheduled for 2018). The headline above is the official slogan for the school’s transformation as well as a spot-on assessment of its aims.

The lack of construction belies the buzz of activity behind the scenes. Recent visitors to campus—and of course students, faculty, and staff—have very likely noticed architects taking notes and measurements. School leadership will share final plans as they become available. Meanwhile, a few updates:

• The Hill Interprofessional Research Commons will house space for research centers and PhD students as well as collaborative space for Johns Hopkins University faculty. It will be named in honor of Dean Emerita Martha Hill, PhD, RN, FAAN.
• Numerous naming opportunities are available at all levels, including conference rooms, seminar rooms, and gathering areas, to name a few.
• A big boost has already come from benefactors including the France-Merrick and Blaustein Foundations. The rest will come through continued fundraising as the school begins to show the progress and impact it is making in East Baltimore and beyond.
• The school has leased space at 1755 Massachusetts Ave. NW in Washington DC to expand collaborative opportunities and establish a position closer to national health policymakers. The space—five offices and a shared conference room—will also offer a convenient satellite space during the construction period.

To learn more about the Johns Hopkins School of Nursing construction project, its value to students and the community, and how you can be a part of Building to Change the World, visit building4jhunursing.org or contact the Office of Development and Alumni Relations at 410-955-4284 or by email at nursdevel@jhu.edu.

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GLOBAL IMPACT GRANTS

Johns Hopkins has launched a cross-disciplinary effort to tackle health equity challenges across the globe, with grants of up to $25,000. The Alliance for a Healthier World’s efforts focus on four key global health themes: food and nutrition security; healthy environments; gender equity and justice; transformative technologies; and institutions. Faculty from different schools of nursing and PhD students as well as collaborative space for Johns Hopkins University faculty. It will be named in honor of Dean Emerita Martha Hill, PhD, RN, FAAN.

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Work and Play

Nursing students are teachers during a health and wellness event at Henderson-Hopkins K-B school in East Baltimore. Lessons on a recent day included where food comes from, seed planting, proper oral care, and (for Henderson-Hopkins staff), a smoothie challenge. It’s tough to tell who had more fun, kids or adults.

For more, visit magazine.nursing.jhu.edu/stars.

SAVE THE DATE

NOVEMBER 11, 2017

Join in the fun as we add more of the best nurses from the Johns Hopkins family to the galaxy of nursing stars. Watch for updates—and nominate a colleague, a teacher, or a mentor (hurry!)—at nursing.jhu.edu/stars.

TRUE CATALYST

Assistant Professor Jennifer Stewart, PhD, RN, is among 34 early-career faculty members representing seven divisions of Johns Hopkins University selected for the university’s Catalyst Awards program. Stewart’s work focuses on community-based, mixed-methods approaches to HIV risk reduction in underserved populations. Honorees receive a $75,000 grant.

WHITE COAT GIFTS

As Master’s Entry students make their Nightingale Pledge this summer, pledges from a sponsorship drive will have provided the white coats on their backs. The 138 sponsors donated a total of $9,370, more than half of which came from students, staff, and faculty. Also represented were alumni from 1954-2017. This year’s ceremony is August 31.

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TOO BUSY FOR DEPRESSION

Older African Americans are at high risk for depression, but rather than medicate symptoms, Laura N. Gitlin, PhD, Jeanine Parisi, PhD, and colleagues show that programs like Get Busy, Get Better (GBGB) can improve depressive symptoms, decrease functional disability, and enhance how individuals perceive their life as worth living. In the study “Valuation of Life as Outcome and Mediator of a Depression Intervention for Older African Americans: the Get Busy Get Better Trial,” researchers compared a group receiving GBGB (in-home care management, linkage to services, activation, and more) to those who did not. GBGB participants improved significantly in “valuing life,” which in turn accounted for 71 percent of the reductions in depressive symptoms. GBGB helps individuals engage in meaningful activities, reduce situational stress, and address unmet needs (financial concerns). The researchers conclude that approaching whether life is worth living is measurable through intervention and that depressive symptoms are impacted by one’s attachment to life. INTERNATIONAL JOURNAL OF GERIATRIC PSYCHIATRY, APRIL 2017.
PALLIATIVE CARE BETTER TOGETHER

As populations age, the need for palliative care grows within emergency departments. Despite studies to enhance such care, few have incorporated Experience-based Co-design—an approach in which patients, family, and health care staff determine solutions together—in “Using Experience-based Co-design with Older Patients, Their Families and Staff to Improve Palliative Care Experiences in the Emergency Department: A reflective critique on the process and outcomes.” Rebecca Wright, PhD, BSc (HONS), RN, and colleagues find this can be useful for improving care. The study examined audio/video interviews with staff, patients, and families to discover common themes for improvement. Mostly, patients and families desired simple acts of care, like making eye contact, smiling, and offering supportive comments. They did not expect staff to know their full history, but families valued being seen and acknowledged as important to care. Initially, staff knew little of available services, and the palliative care team misinterpreted a lack of requests as a lack of need. The palliative care team implemented staff education, weekly walkthroughs, and a new referral form. The interviews, which highlighted the patient-family voice, became a key tool. INTERNATIONAL JOURNAL OF NURSING STUDIES, JANUARY 2017.
WHAT NURSES NEED TO KNOW

THE MARCH TOWARD CALM: CARE DURING CIVIL UNREST

Civil unrest presents a daunting challenge for health care workers not completely unlike those faced in a natural disaster, report Associate Professor Tener Goodwin Veenema, PhD, MPH, MS, RN, FAAN, and several colleagues in the April-June 2017 issue of Nursing Administration Quarterly. Add in the social issues that have triggered the unrest—“above and beyond the issues of security, crisis communication, and alterations in practice necessary during a disaster”—and responders can quickly become overwhelmed.

Nurses can lead the way to calm, professional care, the authors write, if properly prepared:

1. Training of hospital security in crowd control during riots.
2. Identification of local leaders to be trained for emergency management and as street medics.
3. Inclusion of local leaders and students in drills that teach how to stay safe during a riot.
4. Establishment of a communication plan for local leaders, street medics, and hospitals.
5. Modeling of behavior by nurse leaders, who manage the largest workforce in the hospital and are trusted members of the community. (It is essential that the nurse leaders model what they expect from other organizations.)
6. Recognition of the intersection of complex issues by nurse managers who can then intervene with staff when there is a lack of understanding.

Inequalities in society, culture, and finance have resulted in civil unrest, rioting, and intentional violence throughout our history. It is not the civil unrest itself, but the resulting rioting and intentional violence that can create a disaster situation. This increases the care burden of health care providers during times when the governmental structure may be overwhelmed or functioning in a less than optimal manner. Beginning with the death of Michael Brown, civil unrest over the last 2 years has necessitated a closer examination of the role nurse leaders play in preparing their staff and facilities for potential results of this civil unrest.

The similarities between the results of rioting and violence and natural disaster are obvious, but the differences are significant. Without adequate preparation, providers may not offer the appropriate response. Attention to the 10 “musts” for preparedness for civil unrest will facilitate a planning process and provide for a better response and recovery when communities face these issues.

Nurses know that preparedness and training are critical to successful patient outcomes. Preparedness and training for civil unrest are essential to not only patient outcomes and emotional well-being but also organizational and community outcomes.

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CROSS-POLLINATION

Collaboration helps nursing researchers spread the wealth, share the challenge, and lead the way against thorny issues.

The health challenges that Johns Hopkins School of Nursing researchers confront can be across oceans or across town. They can be in a different hemisphere or the school’s own ZIP code. Baltimore’s areas of poverty and disinvestment present challenging and deeply rooted health inequities close at hand.

For instance, the Baltimore Health Department reports that African-American babies in Baltimore die at more than twice the rate of white babies. It’s a troubling statistic, and one that Assistant Professor Kelly Bower, PhD, MPH, RN, is too familiar with as a member of the city’s Fetal-Infant Mortality Review Team, a volunteer collection of health and social service professionals that reviews fetal and infant deaths within the city.

It is also the sort of multi-pronged issue that’s propelling School of Nursing (JHSON) faculty and researchers to more and more often seek a collaborative approach—reaching out for funding and help from across town in Homewood or across the street at the Johns Hopkins schools of Medicine and Public Health.

Bower recently received a $10,000 grant from the Johns Hopkins Urban Health Institute to create a community advisory board for B’More for Healthy Babies, a citywide initiative to improve health outcomes for mothers and for children under age 5. And the collaboration flows both ways.

“We’re working in partnership with the community to guide the initiative is a way to make sure that those who are receiving services are also helping to determine what services should be delivered and how they should be delivered,” Bower says. “We’ve recruited 17 community members and we’re meeting on a monthly basis, informing the work. We’re hoping to do a power analysis where the community members identify places where systemic racism shows up in maternal and child health through their experiences in Baltimore City.”
On the next pages are three such collaborative projects.

**HOPKINS NURSING ON THE HILL**

Assistant Professor Kamila Alexander, PhD, MPH, RN, represented the Johns Hopkins School of Nursing (JHSON) at the inaugural Hopkins on the Hill event on June 13. Researchers and practitioners from across the university presented innovative work to Washington DC decision makers to show the impact of federally funded research.

Alexander’s work includes research into the risks of unplanned pregnancies and sexually transmitted infections in abusive dating and intimate relationships. It looks at consequences to mental, reproductive, and sexual health of poverty-related trauma and experiences of violence and explores the acceptability of pre-exposure prophylaxis (PrEP) as a potentially effective intervention to decrease HIV/AIDS risks.

In Washington, she shared a video showing what nurses here at JHSON are doing to improve the health and well-being of people across the nation and world.

**PREP WORK**

**RESEARCHER:** ASSISTANT PROFESSOR KAMILA ALEXANDER, PhD, MPH, RN

**COLLABORATOR/FUNDER:** JOHNS HOPKINS POPULATION CENTER/EUNICE KENNEDY SHRIVER INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Women who experienced intimate partner violence are four times as likely to be infected with HIV as women in non-violent relationships.

Centers for Disease Control

An antiviral drug, taken daily, can reduce the risk of HIV infection by more than 90 percent. Referred to as pre-exposure prophylaxis, or PrEP, it can be an essential health intervention for individuals at high risk for HIV exposure. Its usage is promoted within the gay community, with a particular emphasis on a high-risk group: young black men who have sex with other young black men.

“There’s about the same number of young women at risk, but there’s little outreach to them,” explains Kamila Alexander. And she already knows they would be interested in PrEP, based on earlier surveys of young women in disadvantaged Baltimore neighborhoods, many of whom had experienced reproductive coercion or intimate partner violence.

“I got an overwhelming response,” Alexander says. “About 77 percent of the young women said they would be interested [in PrEP]. And within that group, there were about 35 percent of the young women who reported some sort of intimate partner violence—a lot higher than the national average, which is about 25 percent.”

Women in abusive relationships are at higher risk of HIV because they have less autonomy—they are less able to insist on condom use and are more likely to be forced or coerced into sex. It is also known that the majority of women in violent relationships have no immediate plans to leave. Alexander’s study, “Feasibility of a Multi-Sector Collaboration to Increase Contraceptive Use and Initiate PrEP Uptake among IPV-Exposed Women,” will start by interviewing reproductive health care providers and those who work to prevent intimate partner violence to determine how they might collaborate to bring PrEP to at-risk women. Then, she will survey women who experience intimate partner violence about their safety strategies.

“A majority have found ways to maintain their safety, and we want determine what those strategies are to see if taking a pill every day could actually be part of them,” Alexander says. “For instance, it might be that they could keep the pills at their workplace where their partner would not find them. We really don’t want to just make it more available and give them a prescription if they’re not going to be able to take it—if it’s not going to fit into their lives.”

**BREADTH & DEPTH**

JHSON’s Office for Science and Innovation and Sponsored Projects team partner with faculty, staff, and students to both encourage and facilitate the expansion of collaborative research projects, a growing phenomenon across the university with direct effect on maximizing research dollars in many strategic areas.

“I think the way funding is going, it is really important that we enter professional collaborations,” Bower says. “But I also think that interprofessional collaboration really results in better research. More minds, more perspectives—it increases your breadth and also your depth in understanding health issues and then being able to come up with really innovative and effective solutions to those issues.”

Nurses and nursing researchers bring plenty to the table in any collaboration. “We’re probably the only discipline that has approached patient care and research from a holistic perspective,” explains Phyllis Sharps, PhD, RN, FAAN, professor and associate dean for community programs.

“Nurses have always been at the table in terms of being the frontline workers with respect to delivering care in the community and addressing the needs of populations,” Bower adds. “But I think now, in terms of research, public health nurses are making big contributions.”

“I like to think of us as a little sister when we compare ourselves to [the schools of] Public Health and Medicine,” Sharps adds. “But for a small school with a small faculty, we rank pretty high in the amount of NIH research funding we attract, and a lot of it is the spirit of collaboration we offer to research teams.”

PHOTO BY CRAIG LEE

For the video: View the video at magazine.nursing.jhu.edu/ontehill

VIEW THE VIDEO AT MAGAZINE.NURSING.JHU.EDU/ONTEHILL

PHD, MPH, RN

ASSISTANT PROFESSOR KAMILA ALEXANDER, PHD, MPH, RN

PHOTO BY KAMILA ALEXANDER

**PHOTO BY KAMILA ALEXANDER**
Among developed nations, the United States ranks 41st in maternal mortality, 29th in infant mortality, and 30th in preterm births. UNICEF

Maternal home visitation programs are a fairly straightforward intervention. Nurses or other health care workers make periodic visits to the homes of low-income pregnant women to discuss prenatal care, the warning signs of an early birth or pregnancy complications, breastfeeding, parenting, and how to access health and social services in the community. Programs vary, but many continue until a child turns 3. The Affordable Care Act allocated more than $1.5 billion to fund the expansion of such programs. The reason is simple: They’re proven to be beneficial.

“There is really strong evidence showing that home visiting not only improves birth outcomes, but also improves economic and household outcomes for moms and their children,” Bower says. “They reduce child abuse and neglect and improve mom’s financial stability moving forward.”

Still, the free service is too often declined. Bower acknowledges that it is a pretty intimate act—a woman or a family opening doors to an outsider. Her research is looking at the role traumatic experiences in a woman’s past may play in a decision whether to accept such home visits.

“My hypothesis is that if a mom experienced some sort of trauma growing up that it may impact her attachment style and her trust of relationships,” Bower says. “This may influence her willingness to engage in a supportive relationship where you let somebody come into the home and visit on a regular basis.”

Bower will survey women who have accepted visitations as well as those who have declined, asking why they made their choices and inquiring about adverse childhood experiences and trauma. If there appears to be a correlation, the next step will be to explore new and different ways of communicating with expectant mothers.

“‘When your immune system isn’t working right, it can’t fight off infection.’”

“Women experiencing cumulative violence have a blunted cortisol response, which may actually make them more susceptible to HIV,” she says. “So when your immune system isn’t working right, it can’t fight off infection.”

Adding urgency, Baltimore is one among the top 10 HIV-impacted areas in the country, and among women, African Americans have the most HIV-related deaths.

The body has a glandular response to stress that can be measured by examining the levels of certain hormones with pro- and anti-inflammatory properties, such as cortisol, known colloquially as the “stress hormone.” This spring, Cimino launched her study, “Understanding the Effect of Immunomodulatory Mediators on Systemic Inflammation Among African American Women at Risk for HIV and Exposed to Intimate Partner Violence.”

“We’ll be looking at how violence exposure is correlated with pro- and anti-inflammatory responses and we’ll control for built and social environmental effects to see if maybe one of those drives the physiological components over the others,” she explains.

“How I really interested in is this notion of resilience—when you are exposed to some sort of adversity and are overcoming it or are even becoming better and stronger,” Cimino says. “So what I am trying to do here is to look at physiological or biological mediators that could indicate that some women are more resilient to violence.”

“The study is essentially a subset of the larger, ongoing Essence Project launched by Professor Jacquelyn Campbell, PhD, RN, FAAN, and former JHSON post-doctoral fellow Jamila Stockman, PhD, MPH (now an associate professor at the University of California, San Diego). In Baltimore, Essence assembled a cohort of 400 HIV-negative African American women at increased risk for contracting the virus. All have been extensively surveyed about life experiences and whether they have suffered intimate partner violence. As part of the study, the women are taught to collect and submit multiple saliva samples to be analyzed for hormone levels.

“‘What I’m really interested in is this notion of resilience—when you are exposed to some sort of adversity and are overcoming it or are even becoming better and stronger,’ Cimino says. “So what I am trying to do here is to look at physiological or biological mediators that could indicate that some women are more resilient to violence.”

“‘When your immune system isn’t working right, it can’t fight off infection.’” —ANDREA CIMINO

STRESS TEST
RESEARCHER:
ANDREA CIMINO, PHD, MSW
COLLABORATOR/FUNDER:
JHU CENTER FOR AIDS RESEARCH

Baltimore began the decade with a 68 percent increase in reported rapes.

Maryland Coalition Against Sexual Assault

JHSON Faculty Research Associate Andrea Cimino is interested in the dynamics of extended stress in low-income African American women for an important reason: “Women experiencing cumulative violence have a blunted cortisol response, which may actually make them more susceptible to HIV,” she says. “So when your immune system isn’t working right, it can’t fight off infection.”
When Philomena Costabile, RN, is bouncing down the road in the back of an ambulance with a child whose entire blood volume is circulating outside the body, she stays calm by focusing on the worst-case scenario. These are life-or-death transports for children on extracorporeal membrane oxygenation (ECMO), a heart-lung bypass system for kids with heart failure in which all the blood is pumped outside the body and then circulated back in. Children on ECMO may need a heart or lung transplant, or they may have a heart infection as a result of pneumonia, for example. “We must be acutely aware that we’re prepared for anything that can happen,” explains Costabile, assistant nurse manager for the pediatric critical care transport team. “After assessing the situation, we think about the worst thing that could happen and how to prevent it.”

The ride can be a treacherous one. With the large and cumbersome ECMO pump, IVs, breathing tubes, and other equipment, there isn’t much room left in the ambulance for the health care team, limited to one paramedic, one attending physician, one nurse, and one respiratory therapist. “The thing that’s really stressful about transport is that you’re in an environment that’s not your hospital,” says Costabile, a 1996 graduate of the Johns Hopkins School of Nursing. “You can’t call for backup; you have to do it yourself.”

Such transports are rare. Costabile can count on one hand the number of calls she’s had for pediatric ECMO transport in the past six years, when Johns Hopkins began offering the service. So far, the farthest ECMO transport has been about 100 miles, approximately two hours by ambulance.

The low volume of cases means fewer real-life opportunities for Costabile and her multidisciplinary team to keep their skills sharp, making practice sessions that much more vital. Twice a year, members of the transport team come together for an ECMO in Transport education day, partnering with the Hopkins’ simulation center to practice their carefully choreographed collaboration.

“You’re taking care of the most critical children in a non-hospital setting, and everybody has to have the same mental model: What is happening? What’s my job? How are we going to do this together?” Costabile says. “Everyone can give their opinion because the emphasis is on communication and group dynamics ... everyone brings a specialty skill.”

Though Costabile has been the only nurse on the Johns Hopkins team to take part in a live ECMO transport, that’s just a coincidence. All pediatric critical transport nurses and other caregivers prepare for the call.

“Being a transport nurse can be the most frightening thing in the world,” Costabile says. “The reason I continue to do it and dedicate myself to making this program pristine is that it changes so many lives in the community. That’s what nursing is, right?”
Nurse-midwife Rosemary Kamunya had no idea what was in store for her when she went on holiday with her children and grandchildren to her hometown of Nyeri in Kenya’s Central Highlands. The doctors had gone on strike. To Kamunya’s surprise, a midwife from a private maternity called her at midnight the very day she arrived to ask for help. A woman was suffering from postpartum hemorrhage. Kamunya immediately went to lend a hand.

When she arrived at the 20-bed maternity center, Kamunya found that the woman in labor had retained products of conception, placental or membrane tissue remaining in the uterus following delivery, which pose an increased risk of bleeding and infection. Kamunya knew exactly what to do. She removed the tissue, gave the woman a second dose of oxytocin, a drug that helps the uterus contract, massaged the uterus, and settled the woman and her baby. Little did she know that her work had just begun. Kamunya would spend most of the next eight days at the center.

While she was saving the first mother’s life, three more women in various stages of labor arrived. Kamunya never went back to bed that night. She delivered all three babies. Kamunya finally returned home to sleep that morning, only to be roused by the afternoon with another urgent plea. Kamunya heeded the call.

The next day, Kamunya assisted the midwives with antenatal care visits and more deliveries. She then managed to get away to enjoy some time with her family. But she was back the next day to help a woman in labor with poor progress: “She was already 9 to 10 centimeters dilated and a bit dehydrated. I gave her fluids and in less than 30 minutes she had a normal delivery of a healthy baby.”

Over the eight days, Kamunya would deliver 15 babies in all. She didn’t stop there, though. Kamunya, who is a senior training adviser in Kenya for Jhpiego, an affiliate of Johns Hopkins University, saw her opportunity for a teachable moment—a series of them.

Kamunya updated the midwives on management of postpartum hemorrhage, manual removal of the placenta, clinical decision making based on data recorded on the partograph (a graphical presentation of the progress of labor), and insertion of postpartum IUDs and implants. “They are trying to save the lives of women and their children irrespective of the challenges they face. The midwives are very committed and I would say champions,” she explains.

Kamunya took her interrupted holiday in stride, saying, “I was very happy to practice what I teach in my day-to-day work.”

JHPIEGO

Eight Days, 15 Babies

By Alisha Horowitz

A Kenyan ‘holiday’ one nurse will never forget.

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Photos courtesy of Jhpiego
A Force of Nature
By Stephanie Shapiro

Descendant of legendary Clara D. Noyes shares a proud, honest biography

When Roger Noyes first acquired the desk that had belonged to his great-great-aunt Clara Noyes (Class of 1896), he gave little thought to her life. He tucked a brief biography of Noyes, a visionary nurse leader in the American Red Cross, inside the desk and let it go at that.

Three years later, though, the desk—and its long-ago owner—had gained profound significance for Noyes. By then, he was spokesperson for the Home Care Association of New York State, which represents home care provider organizations. The desk, tucked into a kitchen nook under a stained-glass window, prompted Noyes to ask himself: “Did Clara have any relationship to what I am doing?”

That question and a flurry of others spurred Noyes to dig into the Alan Mason Chesney Medical Archives at Johns Hopkins, American Red Cross records, and the prodigious store of writing that Clara Noyes left behind. After years of research and writing in his spare time, Noyes has produced Clara D. Noyes: Life of a Global Nursing Leader. His book chronicles Noyes as she quickly ascended nursing leadership ranks, raised education standards for nursing schools, and oversaw the deployment of 20,000 nurses to Europe during World War I as an American Red Cross official.

In the biography, Noyes, one of nine siblings, emerges as a fiercely independent woman whose devotion to nursing dominated her life. Noyes did not marry, owned her own home, and drove a car; endeavors that courted controversy in the early 19th century. In her tireless advocacy, Noyes was also an inadvertent feminist whose campaigns for quality nursing programs, patient safety, and according rank to Red Cross nurses led her to support women’s suffrage and political activism.

Roger Noyes does not shy away from his subject’s flaws. Clara Noyes had an abrasive, top-down management style and avoided the question of whether African-American women should become part of the general nursing workforce. It was important to explore “issues of race and personality and it was important to not make excuses, but let the words speak for themselves,” the author says.

As he became better acquainted with his great-great-aunt’s work, Noyes did discover “loose parallels” with his own that he notes in the biography. “She advocated for the idea of training home care nurses to become midwives, so the public health vision for home care nursing was on her radar,” he says. Each Noyes had to respond to natural disasters as well. For Roger Noyes, it was Hurricane Sandy, which

"She advocated for the idea of training home care nurses to become midwives, so the public health vision for home care nursing was on her radar."
— Roger Noyes

FROM THE ARCHIVES
This Way Forward:
Clara Noyes (1869-1936)

“‘We need a strong woman in Washington! There is too much at stake now to take any chances.’

With that plea, from its founder Jane Delano in 1916, Clara Dutton Noyes (Class of 1896) was called to the American Red Cross Nursing Service, faced immediately with the enormous task of preparing nurses for service in World War I. The truer challenge, perhaps, would have been trying to stop the cool-minded, fastidious Noyes from succeeding.

READ MORE AT MAGAZINE.NURSING.JHU.EDU/CLARANOYES
VIGILANDO
News from the Johns Hopkins Nurses’ Alumni Association

Alumni Update
Susan Kulik, DNP ’12, MSN/MBA ’06, BSN ’86

Dear Alumni,

I hope everyone is enjoying the summer and all the activities of the season. I had the opportunity to attend the May graduation of the first MSN: Master’s Entry into Nursing Practice cohort and welcome its members to our alumni association. As new graduates, they join active alumni who continue to advance the Johns Hopkins Nursing legacy across the nation and the world.

The alumni board and volunteer alumni have participated in various student panels. Most recently, we facilitated mock interviews for graduating students to assist them in preparing for job interviews. Students were very grateful for the alumni participation and for the practice and feedback opportunity.

We welcome Akudo Anyanwu, MD, MPH, as the new Associate Dean of Development and Alumni Relations for the School of Nursing. Akudo brings more than 15 years of leadership experience in fundraising and development, and advocacy to her new role. (You can find a profile of the new associate dean on Page 16.)

I am very excited for our upcoming Alumni Reunion Weekend and the celebration for the 50th-year Class of 1967. The planning is in full swing and it no doubt will be a very special celebration indeed! Get ready to reconnect with classmates and faculty, attend special programs and events, and of course make new memories.

We encourage you to stay connected with other nursing alumni, current and former nursing faculty, and current students. Increase your involvement in our nursing community by participating in your class reunion, organizing an alumni event in your city, and by giving financially. There are many ways to remain engaged with Johns Hopkins Nursing. For more information, contact Megan Barrett, director of student affairs, at 410-329-7549 or by email at mbarrett@jhu.edu.

We look forward to seeing you all in 2017 and thank you for your support of our alumni association.

Susan Kulik, DNP ’12, MSN/MBA ’06, BSN ’86

News from the
Johns Hopkins Nurses’ Alumni Association

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Meghan Schultz on pushing boundaries

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Development leadership role offers Akudo Anyanwu another chance at “building stuff”

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Tribute to Martha; meeting a scholar

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Save the date

CLASS NEWS

1972

Maureen McDonald
retired in June after a long career as a clinical nurse specialist and assistant professor at Seattle University. Although Maureen Kane Parkhurst has retired, she maintains an active lifestyle while attending book club meetings, volunteering with the food pantry, and serving as a nurse volunteer with Howard County General Hospital, an affiliate of Johns Hopkins Hospital.

1947

Clare M. O’Boyle
served as director of nursing education from 1966-1990 at the St. Francis Hospital School of Nursing in Evanston, IL. Since retiring, Clare takes several cruises per year and pursues local cultural interests in Palm Beach, FL.

1997

Michael Frakes,
director of clinical and organizational quality at Boston MedFlight, welcomed his first child, Charlie, in February.

2002

Jeannette Armor Slimmer
is working as a nurse for the Gettysburg Area School District. She serves as a board member of the Adams County Children’s Advocacy Center and the Pennsylvania Association of School Nurses and Practitioners and is a member of the local Heroin Task Force. Jeannette won the Pennsylvania Regional School Nurse Excellence Award in 2016.

2005

JoAnn A. Ioannou
(DNP ’09, MSN ’05) graduated this spring

2007

Rachel Walker
(ND ’13, BSN ’07) is developing technology and support for cancer survivors and older adults who manage chronic illness, particularly those impacted by health disparities. She is currently a tenure-track professor at the College of Nursing & Center for Personalized Health Monitoring at the University of Massachusetts Amherst.

2012

Gina Colaiizzo,
pediatric nurse practitioner at Shriners Hospital for Children, is a writer and illustrator of children’s books—including How to Be a Winner for Dinner—that combine art and science to promote healthy lifestyles.

2013

Elizabeth (Liz) Lamme went on to pursue a master’s degree in midwifery and women’s health from Georgetown University. She works for the midwifery practice at Medstar Washington Hospital Center, serves on the Washington DC Board of Nursing, and is an active member of the DC Affiliate of the American College of Nurse-Midwives.

JOHNS HOPKINS
IN MEMORIAM

Ruth Smith Williams ’42
Mary Naomi Kuntz ’45
Ethel Rainey Word ’47
Elizabeth “Betty” Stahly Cantrell ’51
Lena Brown Aleksandrowicz ’54

To our friends and family of the Class of 1964.

Mortha Hill with members of the Class of 1964.

Mary Naomi Kuntz

PHOTO BY WILL KIRK

GET OUR E-NEWSLETTERS
Stay in touch with the School of Nursing! Update your email address now to receive the quarterly Alumni E-newsletter and annual Dean’s Update. Send a message to JHNAA@jhu.edu.
The Tools to Make a Difference

Development leadership role offers Akudo Anyanwu another chance at “building stuff”

New Associate Dean of Development and Alumni Relations Akudo Anyanwu, MD, MPH, likes to look a challenge in the face. She is here to make a difference, digging into the school’s $45 million building project and widening global vision with equal fervor.

“My passion and my purpose have been institution building—the common thread has always been building stuff,” she says. Her global bona fides are unquestioned, beginning with a determination to address global disparities in HIV care. Near the turn of the millennium, an epidemic largely contained in the Western world was still raging unchecked in parts of Africa. “Whole villages were being eaten to the core, like an apple,” she remembers. Drugs had been developed that would turn HIV into a chronic disease vs. a death sentence. Lacking were the money and the will to send them to impoverished nations. Anyanwu grabbed her toolbox.

From 2003 through 2007, she worked at the Earth Institute at Columbia University, starting as a policy adviser to the Global Fund and then as a Country Director building partnerships to support the Global Fund in various developing countries. Anyanwu then served as the executive director of the Friends of the Global Fund Africa, raising almost $600 million for HIV, malaria, and tuberculosis treatment for developing countries. She also promoted global health policies while fighting stigma and discrimination against people living with HIV and serving on the boards of Rollback Malaria, the Global Health Council, and AIDS Healthcare Foundation. Since 2014, she served as director of strategic partnerships and development for four global health institutions at Emory University.

Anyanwu, a Philadelphia native, is the daughter of Nigerian educators who impressed upon her the importance of hard work, education, and service. She expects to have an impact at the Johns Hopkins School of Nursing while continuing with opportunities to see the school, tour the hospital, give back to the East Baltimore Community and enjoy time with your classmates, School of Nursing students, faculty, and the Dean.

I just look at the impact that this school can have on the world ... that is significant scale-up in my eyes.”

— Akudo Anyanwu, MD, MPH
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Happy Trails: May 2017 Master’s Entry into Nursing Practice graduates celebrates Red Nose Day, a fundraiser that supports needy children locally and globally, by purchasing enough rubber noses for the whole class. At front, Program Director Kathleen White. Dean Ements Martha Hill, Dean Patricia Davidson, and Executive Vice Dean Marie Nolan join the fun.
UNBEATABLE COMBINATIONS

DUAL- and JOINT-DEGREE PROGRAMS at the Johns Hopkins School of Nursing offer you an opportunity to become a difference maker. Take the lead: Find out which program best suits your career goals.

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MSN/MBA—Be a systemwide change agent
DNP/MBA—Set the vision, call the shots
DNP/PhD—Put your innovation into practice

JOINT-DEGREE PROGRAMS

MSN/MPH—Impact your community, locally or globally