



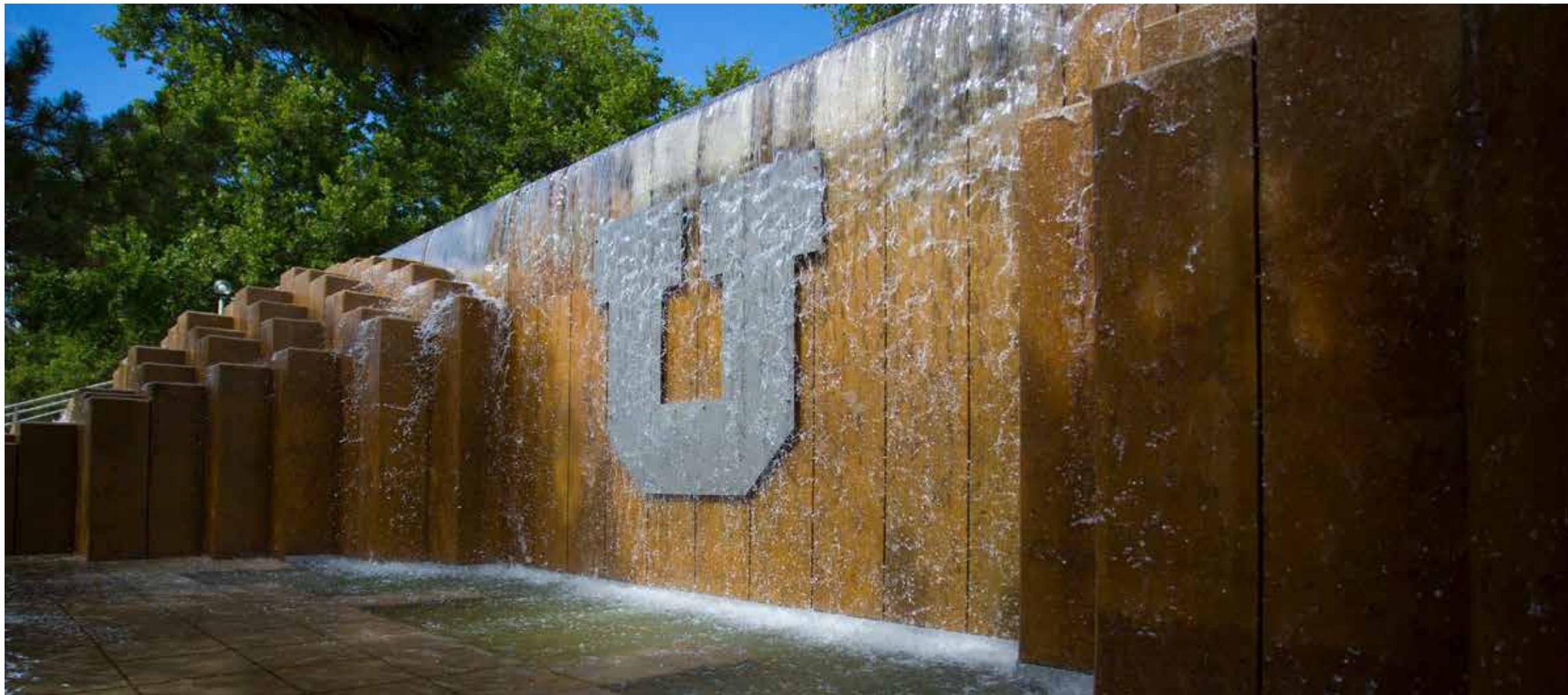
**IMPACT:**  
RESEARCHERS TRANSFORMING  
PATIENT CARE

---

UNIVERSITY OF UTAH COLLEGE OF NURSING



COLLEGE OF  
**NURSING**  
UNIVERSITY OF UTAH



Where some see challenges, we see a tremendous opportunity to continue to have a significant impact on the health and quality of life of those across the U.S. and the world beyond. Nursing science provides the evidence base to support the practice of the largest healthcare profession, as well as to improve wellness and quality of life for all individuals, regardless of age, resources, or health status.

**Patricia Grady, PhD, RN, FAAN**

Director of the National Institutes of  
Health's National Institute of Nursing Research



A year ago, the National Institute of Nursing Research released a strategic plan identifying four areas of focus for nursing science:

- ✓ BUILDING THE SCIENTIFIC FOUNDATION FOR CLINICAL PRACTICE
- ✓ PREVENTING DISEASE AND DISABILITY
- ✓ MANAGING AND ELIMINATING SYMPTOMS CAUSED BY ILLNESS
- ✓ ENHANCING END-OF-LIFE AND PALLIATIVE CARE

At the University of Utah College of Nursing, we know we are ahead of the curve. Core groups of our researchers are studying ways to boost caregiver resilience; alleviate patients' chemotherapy symptoms; manage diabetes and weight; diminish health disparities; and build technology to enhance healthcare communication.

After years of working in clinical settings, nurse researchers know the questions and challenges that require scientific answers. We are driven to innovate, transform and streamline healthcare. Nursing research is explored by creative scientists who have been present at the bedside, in patient homes, in the community and at the front of classrooms. We all are seeking ways to help our patients feel better; make healthcare teams and systems work more efficiently; and fully integrate families into patient care.

The University of Utah College of Nursing already is working in line with NINR's strategic nursing science goals. Join us in the discovery!

*Patricia G. Morton*

PATRICIA G. MORTON, PHD, RN, FAAN  
DEAN

*Mollie R. Cummins*

MOLLIE CUMMINS, PHD, RN, FAAN  
ASSOCIATE DEAN FOR RESEARCH

## CAREGIVERS: THE SILENT PATIENTS



Jackie Eaton, PhD, RN; Lee Ellington, PhD; Kathie Supiano, PhD; Linda Edelman, PhD, RN; and Kathleen Mooney, PhD, RN (left to right) focus their research on meeting the needs of caregivers.

**A**growing, but largely unseen, group of family members is quietly providing the healthcare many Americans receive.

Each day, 44 million family caregivers care for an adult or child—about 16 million of them caring for a family member with Alzheimer's disease. In economic terms, the care these partners, parents and children provide would be valued at \$470 billion, according to a 2013 estimate.

Most caregivers are older women. Most have other jobs. And just like professional caregivers, they're burning out. Their patients are living longer and with chronic diseases including dementia, diabetes, heart failure and cancer that take a painful toll not just on the patients, but on those who take care of them as well.

"They are today's silent patients," says Linda Edelman, PhD, RN, an associate professor at the University of Utah College of Nursing whose research focuses on injuries to older adults living in rural areas. Most are women, many are part of the "sandwich generation," providing care for aging parents while supporting

their own children. Others are aging themselves. "It's not surprising then that, just like professional caregivers, family caregivers are burning out."

Still, caregivers perform the job tirelessly and with little fanfare or complaint—often to the detriment of their own health. When the caregiving ends, many of these lay healthcare providers discover their own health problems—diabetes, heart failure, complicated grief and persistent depression.

For nearly 20 years, College of Nursing researchers have been delving into these caregivers' experiences—how they become isolated, how they communicate with healthcare workers, and how they recover from the death of their care recipients.

Using a grant from the John A. Hartford Foundation and the Gerontological Society of America, Jackie Eaton, PhD, has developed an art-based intervention using ethnography to educate caregivers and others about the burdens—and occasional joys—of caring for a family member.

"Communicating the realities of family caregiving is difficult, especially to



Gail Towsley, PhD, associate professor, and PhD student William Hull work together on the "Me and My Memories" project, helping nursing home residents record their end-of-life goals and expectations.

## STUDENT PROFILE

### WILLIAM HULL

**Age:** 38

**Hometown:** Herriman, Utah

**Education:** BS in Nursing; 2nd-year PhD student, University of Utah

**Family:** Married to Jodi, a graphic designer and fine arts graduate from the University of Utah; father of 9-year-old Jocelyn, and 4-year-old Jesse.

**Mentors:** Drs. Kristin Cloyes, Gail Towsley, Lee Ellington, Mike Caserta.

**Latest Publication:** Studying challenges (provider communication; perceptions of safety and acceptance; respecting patients' definitions of family and spirituality) for LGBT patients as they transition to palliative and end-of-life care; "Palliative and End-of-Life Care for Lesbian, Gay, Bisexual, and Transgender (LGBT) Cancer Patients and Their Caregivers;" *PubMed.gov*; February 2018.

"We are leaders in caregiver research and education, ultimately to improve the care provided to families at our institution and throughout our state, and inform national models of patient-centered, family-oriented care."

—Lee Ellington, PhD

family and friends who are now providing the majority of direct care," says Dr. Eaton, an assistant professor. "Experiences that stimulate multiple senses, such as viewing a research-based play, enhance communication and create opportunities for mutual understanding."

Together, Mike Caserta, PhD; Lee Ellington, PhD; and Kathleen Mooney, PhD, RN, explored the caregiving experience of families facing cancer. Through a large National Institutes of Health-funded grant completed in 2016, they examined caregiver communication with healthcare providers and tested strategies to assist family caregivers in caring for their family member and maintain their own well-being. Adapting the automated Symptom Care at Home (SCH) system, Dr. Mooney asked family caregivers to report not only the patients' symptoms, but their own symptoms as well—sleep problems, fatigue, anxiety and sadness. Caregivers received automated coaching and their symptoms were monitored. Those who were coached were better able to make their family member comfortable and improve their own well-being.

"Nobody really asks the family members, 'How are you doing?' Mostly, healthcare professionals focus on the patient," says Dr. Mooney, a distinguished professor.

At times, even the patients themselves need help communicating their end-of-life needs – the research focus of Gail Towsley, PhD, associate professor.



Kristin Cloyes, PhD, RN, assistant dean for the PhD Program, is exploring the experiences of LGBTQ caregivers.

#### WHO ARE AMERICA'S CAREGIVERS?

60%  
FEMALE

49  
YEARS OLD ON AVERAGE

7%  
ARE 75 YEARS OLD OR OLDER

#### WHAT DO THEY DO?

24hrs  
OF CARE A WEEK, ON AVERAGE

23%  
SPEND 41 OR MORE HOURS  
A WEEK PROVIDING CARE

57%  
PERFORM MEDICAL/NURSING TASKS,  
INCLUDING INJECTIONS, FEEDING TUBES,  
CATHETER AND COLOSTOMY CARE

Dr. Ellington has expanded her research to study how hospice team care members address not only the patient's symptoms, but also support their family caregiver's health and well-being. In a supplemental study, Kristin Cloyes, PhD, RN, assistant dean for the PhD Program, seeks to better understand the communication and support needs of Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) caregivers of advanced cancer patients. In particular, Dr. Cloyes hopes to gain insights about the interaction of the stresses of being a minority, resilience, community-based responses and peer-to-peer support for LGBTQ caregivers.

With a grant from the Alzheimer's Association and Cambia Health Foundation, Katherine Supiano, PhD, is studying the impact of group therapy on caregivers at risk for, or suffering from, complicated grief after the death of their care recipient.

"The group dynamic is critical," Dr. Supiano says. "It requires pulling together people with very disparate lives, but one common experience—caregiving—and changing behavior in a positive way, changing attitudes and understanding, and developing new skills to manage living with the loss that brought you to the group. It's the difference between support and therapy."

The core of these researchers' work is the foundation of the college's robust program of family caregiver science. Together, researchers are addressing family caregiver preparedness, health, psychological well-being, and adjustment to death of their family member. Researchers at the College of Nursing are passionate about developing new models of care that support the family caregiver in providing care to the patient while maintaining their health, says Dr. Ellington.

"We are leaders in caregiver research and education," she adds, "ultimately to improve the care provided to families at our institution and throughout our state, and inform national models of patient-centered, family-oriented care."



Exploring research that helps patients manage chronic and disabling conditions is the focus of (left to right) Lauri Linder, PhD, RN; Lauren Clark, PhD, RN; Michelle Litchman, PhD, RN; and Nancy Allen, PhD, RN.

## MANAGING DISEASE: ADVANCING HEALTH IN VULNERABLE POPULATIONS

**H**it television shows like “Chicago Med” and “Grey’s Anatomy” portray U.S. healthcare as a series of dramatic emergencies—a mad dash from treating the victims of catastrophic plane crashes, to domestic terrorism and then on to exotic diseases.

But the reality is much more routine, a matter of helping patients maintain their health and wellness while managing chronic diseases and conditions including diabetes, heart disease and cancer. Chronic diseases are responsible for seven out of 10 deaths each year. And one out of five Americans has a disability.

Acknowledging the state of Americans’ health, the National Institute of Nursing Research has identified preventing disease and disability and managing and eliminating symptoms of illness as two key areas of focus for nursing science.

College of Nursing researchers have taken up the charge, studying the impact of autism spectrum disorders on aging adults; reviewing nutrition and physical activity in students with disability; and developing social media and smart

phone-based coaching tools to help patients with diabetes, childbirth-related pelvic floor change, and cancer manage their conditions. To track our progress, researchers have also developed a new measure of quality of life suited to the needs of people with intellectual disability.

“In some ways, the digital world has transformed how providers and patients manage chronic conditions,” says Michelle Litchman, PhD, RN. Using a grant from the University of Utah Diabetes and Metabolism Center, Dr. Litchman has developed an online peer health intervention that highlights the increased use of social media for health purposes.

“Online health communities are meaningful in supporting not just the physical well-being of individuals, but their emotional well-being as well,” she says. “It’s crowdsourcing the wisdom of a collective group, and leaning on each other, to support the day-to-day management of chronic conditions.”

With a grant from the Patient-Centered Outcomes Research Institute (PCORI), Nancy Allen, PhD, RN, also is testing the efficacy of technology to address health disparities in Hispanic populations trying to manage type 2 diabetes. In the first phases of the project, Dr. Allen and her team developed an advisory board to help identify the concerns people in the community were facing related to their chronic disease. The research team also hired a community health worker as a co-investigator. Then, they added the devices – continuous glucose monitors, Fitbits,

iPads, mobile phones and telehealth portals – to gauge how the technology compared to in-person interventions for their busy Latino patients.

“Online health communities are meaningful in supporting not just the physical well-being of individuals, but their emotional well-being as well. It’s crowdsourcing the wisdom of a collective group, and leaning on each other, to support the day-to-day management of chronic conditions.”

—Michelle Litchman, PhD, RN

“The traditional health care model is not meeting their needs. Most can’t take time off from their jobs to go to the clinic,” says Dr. Allen. “We want to know: Is there a way to deliver care that patients can access when they have time and when it’s accessible? Can we structure this differently?”

Lauri Linder, PhD, RN, is using devices to help young patients with cancer track their pain and chemotherapy symptoms. Through an NINR grant, Dr. Linder and her team—including providers and the children themselves — are developing and evaluating a symptom assessment app. Her team is supported by the University of Utah’s



## STUDENT PROFILE

DJIN LYN TAY

**Age:** 37

**Hometown:** Singapore

**Education:** BS in Behavioral Science; BS in Nursing; PhD candidate, University of Utah.

**Family:** Mother of 10-year-old Brannon, 8-year-old Keenan and 6-year-old Aiden.

**Mentor:** Dr. Lee Ellington

**Why a PhD?** When I started working as a new nurse in home care, doing intake assessments for homebound patients, I realized the urgent need for better support for seriously ill patients and families who have not yet come to terms with making plans for the end of life. I want to teach and create knowledge to help patients and families navigate through these stressful times of serious illness.

### DIABETES

7TH

LEADING CAUSE OF DEATH IN THE U.S.

30 MILLION

AMERICANS MANAGING DIABETES

1 IN 4

AMERICANS OVER THE AGE OF 65 HAVE DIAGNOSED OR UNDIAGNOSED DIABETES

1.5 MILLION

AMERICANS ARE DIAGNOSED WITH DIABETES EVERY YEAR

### DISABILITIES

12.6%

OF U.S. POPULATION IS DISABLED

35%

OF THOSE 65 AND OLDER

13%

OF THE TOTAL U.S. SCHOOL POPULATION RECEIVES SPECIAL EDUCATION SERVICES

40%

OF DISABLED ADULTS IN THE U.S. ARE OBESE

nationally recognized Therapeutic Games and Applications Lab (the GApp Lab).

“Children often have difficulty explaining their symptoms in a way that healthcare providers can understand,” Dr. Linder says. “Mobile technology offers innovative options to engage children and support them in communicating their symptoms to healthcare providers.”

Over her 20-year research career, Lauren Clark, PhD, RN, has expanded her study of the cultural aspects of health disparities with team grant funding from the National Institutes of Health. “Both Mexican American and Euro-American childbearing women draw on cultural knowledge from their mothers, sisters, and friends, and that shapes how they experience physical recovery after childbirth,” Dr. Clark says. “Our team is studying pelvic floor support changes in first-time mothers, asking how cultural practices that accelerate recovery can be best supported.”



Big data and innovative technology define the research of Jia-Wen Guo, PhD, RN; Andrea Wallace, PhD, RN; Mollie Cummins, PhD, RN; and Katherine Sward, PhD, RN (left to right).

## INFORMATICS: USING BIG DATA TO TRANSFORM CARE

**W**hen you work in healthcare, patterns start to emerge: the complexity of explaining genetic testing to new parents, messages lost in the translation between emergency department staff and poison control pharmacists, the mysteries of tracking what caused a child’s asthma attack.

While healthcare workers muddle through with patches and workarounds, nurse informaticists and technology designers are developing ways to bridge those divides.

Many healthcare researchers started out as nurses, gerontologists, therapists and counselors. But they all have one thing in common—time spent with patients. At the University of Utah College of Nursing, teams of interdisciplinary researchers are combining their collective knowledge of patients’ experiences to identify the aging technology, missed cues and rote practices that impede seamless care.

Sometimes, it’s personal experience that connects a scientist to the burning question they need to answer.

The grandson of Katherine Sward, PhD, RN, started showing signs of pediatric asthma as a toddler. A nurse by training and informaticist by choice, Dr. Sward put her personal and professional experience to work spearheading the University of Utah’s \$5.5 million PRISMS Center. Over the past two years, her interdisciplinary team of engineers, pediatricians, nurses and chemists have designed a digital interface for personal environmental sensors that will help families track everything a child with asthma encounters in a day—from the school custodian’s cleaning spray to the dust under the bed. The project pairs faculty researchers with Utah families to design and test equipment, software and web dashboards.



## STUDENT PROFILE

VICTORIA TIASE

**Age:** 45

**Hometown:** Manhattan, New York City, NY

**Education:** BSN, University of Virginia; MSN, Columbia University; 2nd-year PhD student, University of Utah

**Work:** Director of Research Science, New York-Presbyterian Hospital

**Family:** Husband Lowell, a reinsurance actuary

**Mentors:** Dr. Mollie Cummins, Dr. Katherine Sward

**Career Goal:** Maximizing the use of health data to provide a deeper understanding of the patient and create efficiencies, improve outcomes and provide quality care.

**Latest Publication:** Studying use of an app to document patient medications, "Assessing Impressions of Community Health Worker Use of Tablet-Based Medication Documentation Software;" Computers, Informatics, Nursing; September 2017.

"It's very hands-on. The parents and kids, sensor developers, and researchers are working as a team, because that's the only way we'll end up with something that really works," Dr. Sward says.

Associate Dean for Research and the PhD Program Mollie Cummins' years of experience working in emergency departments revealed the gaps in communication between hospital staff and the poison control center. Because most hospital systems and poison control centers use different software for record-keeping, continuity in poisoning patients' care hinges on the right messages getting passed on, and post-it notes ending up in the right files.

Mollie Cummins, PhD, RN, and her team have designed a software "bridge" that would allow the pharmacists at poison control and emergency room doctors and nurses around the country to send information to each other using a secure, electronic platform.

"Currently, information is shared over the telephone. Doctors or nurses scribble a few key points on a post-it note or slip of paper," says Dr. Cummins, a biomedical informaticist and associate professor. "In turn, we have busy doctors and nurses trying to communicate lab results over the telephone, which is similar to asking your bank to read you your bank statement."

"There are a lot of variables at play," she adds. "For complex poisoning cases, you really do need to discuss the case, but shared documentation makes for a faster, safer process of collaboration."

Andrea Wallace, PhD, RN, has designed two studies using electronic health records. One identi-

"It's very hands-on. The parents and kids, sensor developers, and researchers are working as a team, because that's the only way we'll end up with something that really works."

Katherine Sward, PhD, RN

"By harnessing the power of electronic health records technology, we hope to close gaps in communication between patients, community-based service providers and healthcare providers—and better support patients in the places where they live."

Andrea Wallace, PhD, RN

fies patients' social needs while they're in the emergency department. Then, with the help of United Way information specialists, researchers will integrate community-based and health records data to analyze how social needs may contribute to health outcomes. Dr. Wallace's second study will link a nurse call center to diabetes patients, providing low-literacy diabetes self-management and collaborative goal-setting while testing the positive reinforcement of primary care physicians.

"By harnessing the power of electronic health records technology, we hope to close gaps in communication between patients, community-based service providers and healthcare providers—and better support patients in the places where they live," she says.

Meanwhile, researchers Jia-Wen Guo, PhD, RN; Lauri Linder, PhD, RN; and Erin Rothwell, PhD, each have adapted patient education and reporting tools to existing

electronic devices—iPads. Drs. Guo and Linder hope to enlist adolescents in their own care—Dr. Guo by tracking depression through social media and Dr. Linder by helping teens report their cancer pain electronically. And Dr. Rothwell's team of game-designing students have developed an interactive education tool to walk new parents through the informed consent process for donating their newborns' bloodspots.

"We need to develop a new screen approach to provide feedback," Dr. Guo says.

### USING DATA

18%  
OF PATIENTS USE TEXT MESSAGING TO COMMUNICATE WITH THEIR HEALTH CARE PROVIDER (2014)

17%  
OF PATIENTS USED A SMART PHONE HEALTH APP

4 OF 5  
ACUTE CARE HOSPITALS ADOPTED ELECTRONIC HEALTH RECORDS (EHRs) WITH CLINICIAN NOTES

96%  
OF NON-FEDERAL ACUTE CARE HOSPITALS POSSESSED CERTIFIED HEALTH IT

50%  
INCREASE IN HOSPITALS ROUTINELY NOTIFYING A PATIENT'S PRIMARY CARE PROVIDER UPON HIS ENTRY TO THE EMERGENCY DEPARTMENT

## WOMEN'S HEALTH: FILLING IN THE GAPS



Gwen Latendresse, PhD, RN, is studying the impact of telehealth-based group therapy on rural mothers' post-partum depression.

Besides establishing basic sanitation and record-keeping at the infamous Scutari barracks during the Crimean War, Florence Nightingale also installed a library for injured soldiers.

The goal was two-fold—to keep the men from drinking away their paychecks, and then send the money they saved home to their families. Nightingale's library served as more than entertainment; it empowered her patients, giving them a measure of control over their daily lives in the hospital. The nurses who have followed in her footsteps continue to lead the drive toward patient-centered care.

At the University of Utah College of Nursing, nurse scientists dedicated to improving women's health continue to push the limits of patient education and choice—studying labor and delivery staffing levels and patient outcomes; disadvantaged populations; engage cancer patients; mining immunization data to learn more about disparate rates of human papillomavirus (HPV) vaccinations in disadvantaged populations, developing Spanish-language healthcare tools and technology to engage cancer patients, and dispatching community healthcare workers to coach underserved women.

With a grant from the Agency for Healthcare Research and Quality, Barbara Wilson, PhD, associate dean for academic programs, is comparing staffing levels at 12 hospitals with patient outcomes to optimize nurse-patient ratios in the delivery room.

"Usually, labor and delivery is focused on supporting, encouraging and educating the childbearing family, and getting out of the way so nature can take its course," Dr. Wilson says. "If my research can help mitigate the potential for

adverse birth outcomes to either mom or baby, I will feel like I'm making an impact that could transform the lives of the childbearing family."

Researcher Dr. Gwen Latendresse, PhD, RN an associate professor at the college, also is focused on empowering new mothers and helping them navigate postpartum depression. Using a grant from the Utah Department of Health, Dr. Latendresse has developed a telehealth model for early screening and group therapy in rural areas. The women "meet" remotely for eight weeks in a video conference with a facilitator—usually a psychiatric/mental health nurse practitioner.

"The technology is key," Dr. Latendresse says. "The women say, 'If I had to get out and get in my car and go someplace, I would not have done this.' They don't have to leave their homes. That can be a huge barrier."

Lisa Taylor-Swanson, PhD, an assistant professor, studies the use of traditional East Asian medicine interventions—including acupuncture, Chinese herbal medicine and moxibustion—on midlife women's health, chemotherapy symptoms and cancer pain. And Mardie Clayton, PhD, associate professor, focuses her research on optimizing communication between breast cancer survivors and their providers, as well as teaching nursing PhD students to apply ethical standards during communication with study participants.

Several College of Nursing faculty members have focused their research on understanding – and alleviating – health disparities among minority women. Piles of



Left to right: Sara Simonsen, PhD, RN; Mardie Clayton, PhD, RN; Lisa Taylor-Swanson, PhD; Nancy Allen, PhD, RN; Deanna Kepka, PhD; Barbara Wilson, PhD, RN, (left to right) have focused their research on women's health issues – from cancer to healthy birth outcomes.

immunization data preserved by the National Center for Health Statistics and the Utah Department of Health may provide answers to explain differences in HPV vaccination rates and cancer risks for vulnerable populations. Using these immunization datasets and grants from the National Cancer Institute, Deanna Kepka, PhD, an assistant professor at the college of nursing, also studies immunization rates for childhood cancer survivors. Ultimately, Kepka's goal is to improve the quality of primary healthcare services and cancer prevention for low income, rural, and Latino populations.



## STUDENT PROFILE

ECHO WARNER

**Age:** 27

**Hometown:** New York City, NY, by way of Altamont, UT

**Education:** BS in Behavioral Science and Health; MPH; PhD student, University of Utah

**Family:** Married to Zach, a medical resident; mother to 2-year-old Cyrus.

**Mentors:** Drs. Lee Ellington and Deanna Kepka.

**Career Goal:** Become an independent investigator at a cancer institute.

**Latest Publication:** Studying how Instagram users communicate about young adult cancer and garner social support; "Acquisition of Social Support and Linguistic Characteristics of Social Media Posts About Young Adult Cancer;" *PubMed.gov*; November 2017.

"It's a really wide lens," Dr. Kepka says. "We're trying to understand the contextual factors related to missed opportunities. We have this cancer-preventing vaccine that is severely under-utilized. Why are teenagers getting all the other vaccines, but not HPV?"

At the same time, a team of researchers and community health workers – or promotoras – gathered by Ana Sanchez-Birkhead, PhD, associate professor, are developing bilingual technological and personal interventions to empower Latina breast cancer patients with self-management skills and cancer care support at home. Dr. Sanchez-Birkhead says the National Cancer Institute-funded project has built trusting relationships between the community health workers and her patients.

"Many of these women face language, literacy, economic, social and cultural barriers that affect their quality of life and long-term health outcomes," she adds. "Technologically-driven interventions that offer education and support and reach Latinas where they live can reduce breast cancer survivorship disparities."

Community health workers also feature prominently in the research of Sara Simonsen, PhD, RN, an associate professor at the college. Dr. Simonsen has geared her "participatory research" toward addressing health disparities among the women of Utah's ethnic groups, enlisting the help of Community Faces of Utah and others to identify research topics, implement interventions and share the results. Her research, funded with grants from the U.S.

Department of Health and Human Services' Office on Women's Health, created a bottom-up wellness coaching model to combat obesity. Now, she's working on a study to explore using the same model to help prevent unintended pregnancy and promote preconception care with funding from the March of Dimes.

"We know that asking a simple question can make a huge difference in determining a health strategy," Dr. Simonsen says. "For example, if you ask a young woman, 'Would you like to become pregnant in the next year?' How she answers enables us to help her either prepare for a healthy pregnancy or prevent an unwanted pregnancy. But she may answer a clinician differently than she would a trusted person from her community. That's something I'm interested in.

"People from the community are truly our partners in every sense."



Ana Sanchez-Birkhead, PhD, RN, and her team — Francine Jensen, Katherine Coombs, Margarita Munoz, Sara Carbajal-Salisbury and Susana Alba (left to right) — work to address health disparities among Latina cancer patients.

### ADDRESSING WOMEN'S HEALTH

12.5%  
OF UTAH WOMEN REPORT HAVING  
POST-PARTUM DEPRESSION

26%  
OF UTAH WOMEN HAD AN  
UNWANTED/MISTIMED PREGNANCY

U.S. WOMEN 40 AND OLDER WHO  
HAD A MAMMOGRAM IN THE  
PAST TWO YEARS

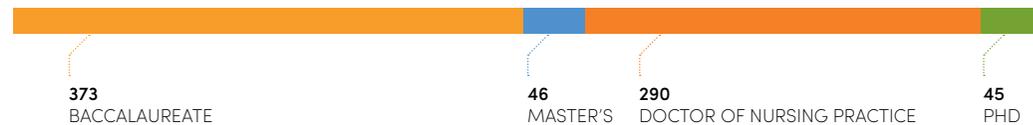
69%	65%	61%
Black	White	Hispanic
61%	59%	
American Indian/ Alaska Native	Asian	

# POINTS OF PRIDE

(2016-2017)

## STUDENTS

**754**  
TOTAL ENROLLED



## FUNDING

**\$2 MILLION**  
IN DONOR FUNDING

**\$1 MILLION**  
IN STUDENT TRAINEESHIPS,  
SCHOLARSHIPS, FELLOWSHIPS

**7**  
ENDOWED CHAIRS

## RESEARCH

**#23**  
NIH FUNDING (AMONG 800  
COLLEGES OF NURSING)

**\$27 MILLION**  
TOTAL GRANT PORTFOLIO

## FACULTY PRACTICE

**500**  
BABIES DELIVERED BY  
FACULTY MIDWIVES

**23,000**  
PATIENT VISITS FOR INCARCERATED YOUTH PROVIDED BY NURSE PRACTITIONER  
FACULTY WORKING AT UTAH JUVENILE JUSTICE SERVICES CENTERS

**6,000**  
PERSONAL CONTACTS THROUGH  
CARING CONNECTIONS GRIEF GROUPS

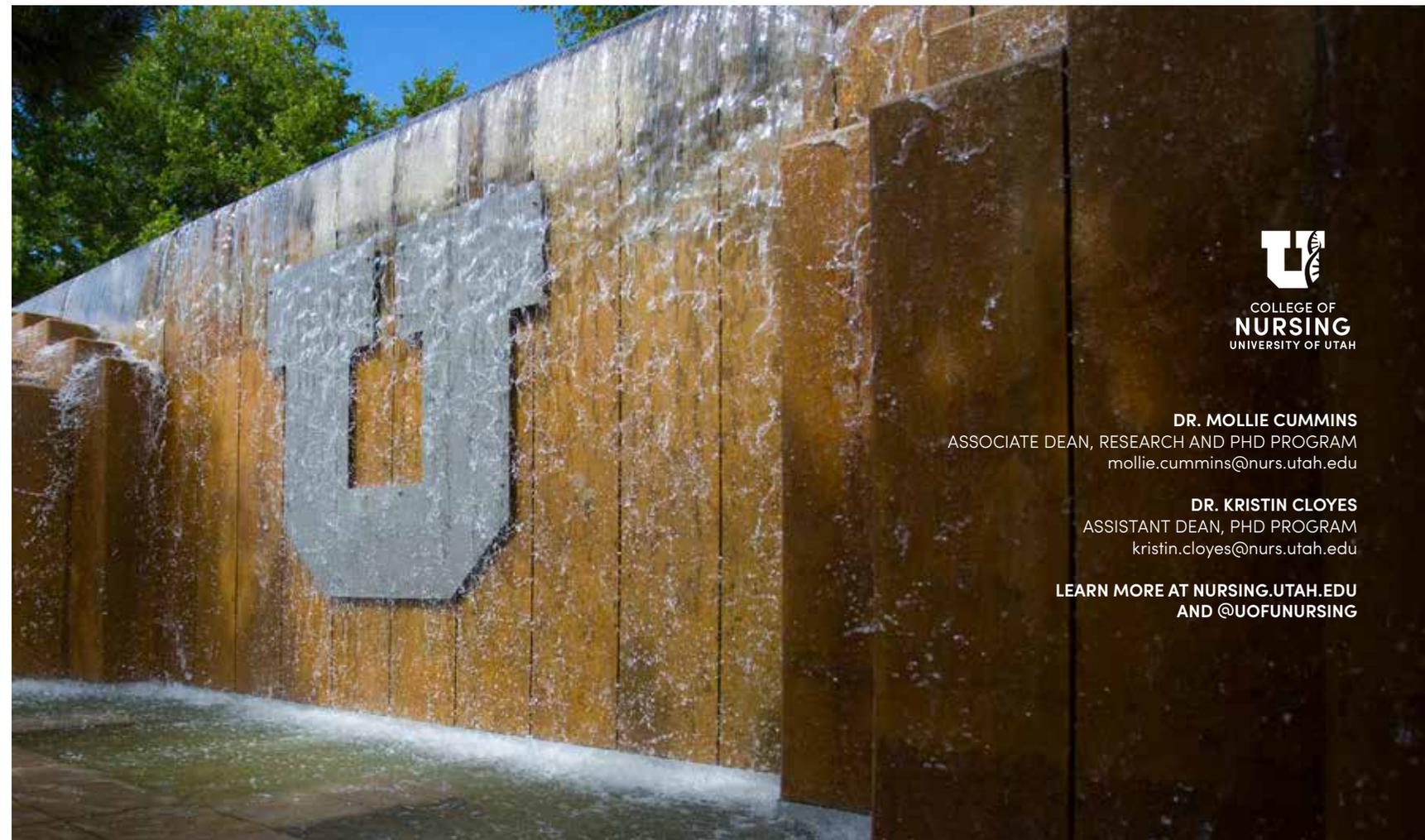
**2019 U.S. NEWS &  
WORLD REPORT  
RANKINGS OF  
BEST GRADUATE  
SCHOOLS**

**#6**  
NURSING INFORMATICS  
SPECIALTY TRACK

**#9**  
NURSE MIDWIFERY  
SPECIAL TRACK

**#19**  
DOCTOR OF  
NURSING PRACTICE

**#30**  
COLLEGE OF NURSING  
GRADUATE PROGRAMS



COLLEGE OF  
**NURSING**  
UNIVERSITY OF UTAH

**DR. MOLLIE CUMMINS**  
ASSOCIATE DEAN, RESEARCH AND PHD PROGRAM  
mollie.cummins@nurs.utah.edu

**DR. KRISTIN CLOYES**  
ASSISTANT DEAN, PHD PROGRAM  
kristin.cloyes@nurs.utah.edu

LEARN MORE AT [NURSING.UTAH.EDU](http://NURSING.UTAH.EDU)  
AND [@UOFUNURSING](https://twitter.com/UOFUNURSING)



COLLEGE OF  
**NURSING**  
UNIVERSITY OF UTAH

10 SOUTH 2000 EAST  
SALT LAKE CITY, UTAH 84112