

THE LANG



KITTY POON: A "PRIVILEGE" TO SERVE

USAGE OF

[lenguaje]

By Jim Duffy
Photos by Chris Hartlove



One after another the questions come from Baltimore City Health Department caseworker Virginia Walker.

*How do you feel?
How much weight
have you gained?*

*Has the baby been kicking?
When is your next prenatal-care appointment?
Have you heard from your husband?
How is your brother-in-law coping?
Would you like to attend a parenting class?*

A young woman named Janet leans forward in a chair, listening in smiling silence to each new query, then turns and locks eyes with second-year Johns Hopkins University School of Nursing student Kitty Poon, awaiting a translation to her native Spanish. Janet is a shy, soft-spoken host during this outreach visit to her well-kept home on the first floor of a rental rowhouse in Southeast Baltimore. Only by leaning in close is Poon able

to hear Janet's replies clearly enough to translate them into English for Walker, who then scribbles notes for her growing file on Janet's needs.

Slowly, the string of translated answers gives shape to Janet's situation and its complexities. She, her husband, Francisco, and their 2-year-old son, Francisco Jr. are undocumented immigrants from Mexico. Francisco returned to Mexico earlier this year to deal with a family emergency. They learned Janet was pregnant only after he left. She's had complicated pregnancies in the past, including at least two spontaneous abortions. Now Francisco is stuck in limbo, unable so far to make his way back across the border to rejoin her.

The baby is due in three short months. Francisco's brother, who lives upstairs in the same rowhouse, is supporting Janet and little Francisco as best he can, paying the rent and bills in exchange for miscellaneous housework and errands. But he's got his own family to worry about. There is scant money available for doctors' visits and

HEALING

[curación]

“WHAT I’VE LEARNED IS THAT IT’S A BIG DEAL FOR THESE PEOPLE TO LET A STRANGER INTO THEIR HOUSE. I’VE COME TO SEE WHAT A PRIVILEGE IT IS FOR ME TO BE LET INSIDE. I REALLY FEEL LUCKY JUST TO BE ABLE TO SEE A BIT OF THEIR LIVES.”

—KITTY POON

medicines, much less essentials like a crib and a car seat. Because of her status as an illegal immigrant, the bulk of assistance programs that might otherwise be available are out of Janet’s reach.

Families like this (Janet requested that her last name be omitted from this article) are finding their way to Baltimore in rapidly growing numbers. Between 1990 and 2000, the U.S. Census Bureau estimates, the city’s Hispanic population rose 80 percent. With an additional increase of nearly 20 percent between 2000 and 2004, the city’s total Hispanic population now numbers around 13,500, according to census figures. (Leaders of Baltimore’s Hispanic community put the current total closer to 40,000 or more.)

More often than not, these immigrants land in the rowhouses that stretch along block after block of the streets of Southeast Baltimore, just below the Hopkins medical campus. There are no reliable numbers on how many of these immigrants are undocumented, but the nonprofit Job Opportunities Task Force has estimated that nearly half of Maryland’s foreign-born immigrants are not yet citizens. Striving to gain a foothold in a new country, they face an imposing array of social, economic, legal, and health challenges.

“Their needs are high, very high,” says Lisa Kelley, a clinical instructor and coordinator of the Caroline Street Free Clinic operated by the School of Nursing under the auspices of the Johns Hopkins Urban Health Institute. “There are some health care resources for people in the Hispanic community, but [many programs] have long waiting lists. And while these places try to make their services affordable, there are many people in the community who can’t afford anything at all.”

Efforts at the School of Nursing to reach out and respond to these needs date back more than a decade. The first step was a small one: In 1993, students and faculty provided translation services during a health fair put on by the Hispanic Apostolate of the local Roman Catholic archdiocese. But that modest beginning marked the start of something big; outreach efforts have grown by leaps and bounds in the years since.

Shortly after that first health fair, the school collaborated with the city Health Department through a Kellogg Foundation program to provide health education and basic clinical care to new immigrants. Then, Lori Edwards and a colleague from the Johns Hopkins School of Medicine helped launch Project HEAL, a venture that sent community health workers into the streets near the medical campus. Edwards also established a federally funded WIC (Women, Infants and Children) program targeted to Hispanics. Along the way, the school developed lasting partnerships with several grassroots community organizations, including the Julie Community Center and St. Michael’s Outreach Center and El Centro de la Comunidad.

In part because of its successful post-Peace Corps fellowship program (led by Edwards), the school attracts many bilingual students. These students have helped develop and translate health information materials. They’ve worked as translators for city agencies, such as the Health Department, and at the two school-operated free clinics that serve Hispanics, the Caroline Street Free Health Clinic and the Wald Community Nursing Center. They’ve administered free flu shots at community centers and coordinated community health fairs. To better

understand the growing needs of this community, Edwards also organized graduate nursing students, under the direction of the MSN/MPH program coordinator Joan Kub, to complete assessments of community needs. They pinpointed the medical conditions that disproportionately affect the Hispanic population—diabetes, heart disease, AIDS, communicable diseases, and asthma among them.

Faculty instructor Lori Edwards is charged with overseeing student participation in such activities and programs. As coordinator for the Community Outreach Program, she teaches the community outreach class required of students before they sign on for the program. At any given time, Edwards says, between 50 and 70 students are putting in significant outreach hours. Many of them earn roughly \$11 an hour from the school for some assignments, while others decline the option of taking wages for community work.

“The thing to remember is that we don’t want to just send them off as volunteers,” Edwards says. “We want to do it in a way that provides them with ongoing mentoring so that they’re not just developing language skills. We want them to be developing clinical and nursing skills as well.”

Currently, Kitty Poon ranks among the school’s most active student volunteers. In addition to translating for the Health Department, she volunteers at the Caroline Street Free Health Clinic and with Birth Companions, a school-run program that assists pregnant women in need by providing a trained “companion” to help them navigate their pregnancy and delivery.

A native of California, Poon dates her love of Spanish to childhood. The language was one of her



LORI EDWARDS: COORDINATING OUTREACH THROUGH PROGRAMA SALUD

two undergraduate majors at the University of California at Davis, and she volunteered at two clinics near that campus that served predominantly Hispanic families.

“I don’t try to go into this work with this attitude of ‘I’m here, so now I’m going to decide how to help you,’” Poon says. “What I’ve learned is that it’s a big deal for these people to let a stranger into their house. I’ve come to see what a privilege it is for me to be let inside. I really feel lucky just to be able to see a bit of their lives.”

Poon and Walker found their way to Janet through Hopkins Bayview Medical Center, where Janet had arranged for a sonogram. Her Bayview caregivers called the quasi-public agency, Baltimore Health Care Access, which in turn alerted the Health Department’s Maternal/Infant Nursing Program. With Baltimore’s growing

Hispanic population, such calls are coming more and more frequently.

“The population is growing so fast,” Walker says. “I was saying to Kitty the other day, ‘I’m worried I’m calling on you so much that you’re going to burn out. You’ve got to talk to me if that’s happening, because the last thing I want to do is use you all up.’”

Things have gotten better for Janet since Poon and Walker’s first visit a month ago. She’s gaining weight, and the baby is kicking up a storm. Her husband hopes he might be able to make it back to Baltimore within about six weeks.

As the meeting winds down, Janet turns the tables on her guests and asks a few questions of her own. Can the Health Department arrange for her to get a checkup for little Francisco? He’s been having nosebleeds lately. How about dental care? One of her

molars is painfully swollen. Also, she needs to change her phone number. How should she go about making sure the Health Department will still be able to reach her?

To both Walker and Poon, the questions are gratifying; they seem a sure sign that after just two visits Janet has come to trust them. Before they leave, Poon opens a box she’s brought. It contains a utilitarian gift—a child’s toilet seat that might make it easier for Janet to train little Francisco to use the bathroom and get out of diapers.

This one field encounter doesn’t begin to describe the variety of services nursing students deliver through outreach programs to the Hispanic community. Such services run the gamut from simple translation to basic clinical care to complex disease management.

On occasion, the work involves little or no direct contact between students

and Baltimore's Hispanic residents. Alumna Mary Costello, for example, spent much of last year coordinating work on a directory of medical resources that physicians, nurses, and social workers will be able to use as a referral resource in caring for Hispanics. After agreeing to take the project on, Costello issued a call for help via a broadcast e-mail to all nursing, medical, and public health students. Some 15 volunteers signed on to help her take the project to the finish line. A draft version running to nearly 140 pages had been completed by late summer.

"Getting all that help was great, because it was a goal of mine going in, to bring all three schools together on the project," Costello says by phone from California, where she is now working in the women's health center at the Stanford Hospital. "The way I

think about it, we're all going to need to work with each other when we get out of school, so why shouldn't we work together when we're in school?"

That's a goal increasingly shared by other outreach programs. At the Caroline Street clinic, Lisa Kelley aims to team medical students with nursing students in ways that build healthy, collegial working relationships.

"One of the things we're trying to do is to get future nurses and physicians to respect each other early and really learn what the other does," she says. "Hopefully, they come away with an appreciation of their different roles and an understanding of how those roles overlap and interact."

Financed in part by a grant from the Johns Hopkins Nurses' Alumni Association, the resource directory was undertaken in partnership

with Baltimore Health Care Access (BHCA). The final product was slated to be posted on the agency's Web site (www.bhca.org) during the fall months. Pamela Brown, coordinator of BHCA's Hispanic Health Care Project, expects the directory to prove indispensable to caregivers and their patients.

"It is so, so important for professionals to have a resource like this and for it to be accurate and up to date," Brown says.

Other students get deeply involved in the lives of Baltimore's Hispanic families. Each fall and spring, several students are assigned to St. Michael's Outreach Center, where their work is coordinated by senior case manager Blanca Picazo. Each student works with an individual family, meeting with them at least once a week for two to three months in order to deliver public



CASE MANAGER BLANCA PICAZO

“THE EXPERIENCE HAS BEEN REALLY POSITIVE FOR BOTH SIDES... THE [HOPKINS] STUDENTS THAT I’VE GOTTEN TO KNOW SO FAR, THEY’RE JUST INCREDIBLE PEOPLE WHO HAVE BEEN REALLY GOOD FOR THE FAMILIES THEY WORK WITH.”

—BLANCA PICAZO

health and disease management education and facilitate their access to health care professionals and public services.

“The experience has been really positive for both sides,” Picazo says. “The [Hopkins] students that I’ve gotten to know so far, they’re just incredible people who have been really good for the families they work with. Some of them, they almost become a part of the family.”

Many Hispanics migrating to Baltimore arrive unaware of longstanding problems with lead paint in the city’s older housing stock. In one case, Picazo recalls, a student went to incredible lengths to find a new, lead-safe home for a family of eight that had an income of almost zero. In another case, a student assigned to help a young mother learn to deal with the dietary issues surrounding her diabetes arrived with a slew of brochures and pamphlets, only to learn that her client was illiterate in both English and Spanish. So the student tossed the brochures aside and spent her outreach time at the woman’s side while she shopped and cooked.

Clinical instructor Carm Dorsey has supervised students in such outreach assignments for the past 10 years. She regards the opportunities as critical to the development of top-flight nurses because it gives them a chance to see health care through the broader lens of economic status and social circumstances.

“It’s so important for the students to have this opportunity out in the field to reflect on what they’re learning in classes,” Dorsey says. “This really shows them up close the root causes of health disparities that they’re going to be dealing with in their careers.”

As coordinator for the Community Outreach Program, Lori Edwards decides how best to place students in this diverse mix of independent programs.

In recent months, she has launched a concerted effort to coordinate all the offerings under a single new banner, Programa Salud (*salud* means “health” in Spanish) at the School of Nursing.

“This came about simply because of the way this outreach came together, with all these different programs getting started on their own,” says Edwards, who is coordinator of the new effort. “Programa Salud is about trying to formalize and coordinate what we’ve been doing. And it’s about giving us a chance to target those services in more efficient ways.”

It’s also designed to provide a stronger framework for the future expansion of outreach efforts. Edwards, Kelley, and Dorsey all agree that the work is hampered by a short supply of free medicines in clinics and by a lack of funds to support faculty time spent coordinating outreach programs and mentoring students in the field.

“It’s a constant challenge,” Dorsey says, “but it’s something that we have to keep after. Certainly, there must be donors out there who are interested in reducing the disparities we see in this population. They might think about funding the time that frees a faculty nurse to work in a clinic or developing a fund for medications so that people could get their insulin supplies and the other medicines they need.”

The Programa Salud name actually originated at Hopkins on the Homewood campus, where students four years ago launched their own outreach program to the Hispanic community. Now, both the School of Nursing and the School of Medicine have launched their own independent Salud chapters, opening the possibility for coordination among all three schools.

At Nursing, the transition was led by Lynn Desrosiers before she graduated this past July (she began working

in September at the cardiac progressive care unit of Hopkins Hospital). Desrosiers worked under the mentorship of Edwards. Her goal for the project was to help give a sense of cohesiveness and continuity to the outreach work students perform. She herself volunteered at the Wald Center and at several community health fairs.

“There are just so many different places where you can work now, so many different clinics and events,” she says. “A lot of the people who work on these things don’t really have a sense of how all this fits together—they’re all just off doing their own thing.”

With a promised Johns Hopkins Nurses’ Alumni Association grant, Desrosiers set out to develop a Web site and curriculum materials that would give students a clear sense of how each individual project fits into the whole of Hispanic outreach across all the Programa Salud chapters at Hopkins. The grant also financed the development of a logo, a banner, and T-shirts designed to build a sense of camaraderie.

In addition, her project is designed to build a stronger identity for the School of Nursing out in the community.

“Students come and go so quickly in nursing,” Desrosiers says. “We want to make it so that it doesn’t feel like we go out into the community for a year and then we graduate and leave the community hanging. We’re trying to make it so that even though the faces of the students are changing, the community will know that the School of Nursing will always be there for them, as it has been over the past 12 years.”

Jim Duffy writes from Cambridge, Maryland. He is a frequent contributor to this magazine.

BY THE YEAR 2015, A DOCTORATE OF NURSING PRACTICE WILL BECOME THE REQUIRED DEGREE FOR NURSES IN ADVANCED PRACTICE FIELDS, ACCORDING TO A NEW RULING BY THE AACN.

WHAT WILL THE NEW DNP LOOK LIKE?

A matter of
D.E.G.R.E.E.

NURSING LEADERS AT JOHNS HOPKINS— AND FROM AROUND THE NATION—ARE WORKING TOGETHER NOW TO ADDRESS THAT CRUCIAL QUESTION.

BY TOM WALDRON

ILLUSTRATION BY JOHN S. DYKES



For nurse researchers with academic ambition, the PhD has long been de rigeur. Now their nursing counterparts in clinical practice have an academic pinnacle to call their own.

In a decision of the American Association of Colleges of Nursing, the Doctorate of Nursing Practice, or DNP, will eventually become the required degree for nurses in advanced practice fields, including nurse midwives, nurse anesthesiologists, nurse practitioners, and clinical nurse specialists.

By a margin of 160 to 106, 226 of the 587 AACN member schools voted last October to require the practice doctorate, rather than a master's, for advanced practice nurses by the year 2015. The move by AACN replicates those taken by other health care professions, including pharmacy and podiatry, as they established practice doctorates.

"Virtually every other health profession has ramped up their terminal practice degree to the doctoral level," says Elizabeth Lenz, the dean of the Ohio State University nursing school and head of the AACN task force that developed the DNP recommendation. "With the sophistication and complexity of health care, the knowledge required for practice competency at these advanced levels requires a doctorate, and that's true of nursing as well."

But the move to require a DNP for advanced practice is not without controversy.

Many nursing school officials across the country fear it could reduce the numbers of nurses earning PhDs, at a time when nursing schools are having trouble attracting qualified faculty. And some nursing school officials worry about the extra costs associated with a new doctorate program, costs that will strain already tight school budgets.

At Johns Hopkins, leaders in the School of Nursing are studying the issue deliberately.

Dean Martha N. Hill says she appreciates the arguments in favor of an advanced practice doctorate, particularly given the growing complexities of health care. "If nursing is the last of the major health professions to have a clinical doctorate, I ask, why not do it?"

At the same time, she remains concerned about adding a doctoral program that could detract from the school's well-regarded PhD program. That program, which now enrolls 31 students and involves 25 faculty members, focuses on nursing-based scientific research, not on clinical practice.

"My reaction to all of this is that at the School of Nursing, we must protect the PhD program we have, first and foremost," Hill says. Hill is also concerned about the feasibility of launching a DNP program.

Hill has named a task force of SON faculty and students, as well as a representative of the Johns Hopkins Hospital nursing department, to examine issues related to the DNP and to make recommendations to the School of Nursing deans. Co-chairing the group are Anne E. Belcher, senior associate dean for academic affairs, and Phyllis W. Sharps, director of the master's program.

The group is examining DNP programs at other nursing schools and is expected to advise on whether Hopkins should develop a DNP program at this time and, if so, recommend models for a Hopkins DNP.



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**—DEAN ELIZABETH LENZ,
OHIO STATE UNIVERSITY**

Among the thornier issues confronting the task force is determining the resources a DNP program would require—including faculty, staff, space, and financial aid.

"The discussion in our task force meetings has been very lively to say the least," says Belcher.

She and Sharps are stressing the importance of involving the entire nursing community in developing recommendations for if and how to move ahead with a DNP requirement.

"It's an exciting and challenging decision," Sharps says. "There are pros and cons on whichever decision we make. How much money will it cost? Not only is there a shortage of nurses, there is a shortage of nursing faculty. Where are they going to come from?"

The task force, which is expected to issue a report by the end of the fall semester, has discussed the

DNP issue with a counterpart group at the University of Maryland nursing school. The task force will also explore whether a new DNP program at Hopkins could lead to collaborations with other Hopkins divisions. For example, DNP candidates could, in theory, take courses and collaborate on projects with students in the Doctor of Public Health (DrPH) program at the Hopkins Bloomberg School of Public Health.

As the task force moves ahead, one key voice in the discussions will be hospitals and other nurse employers. There is some concern that nurses who spend the extra time earning a DNP rather than a master's will not see a commensurate increase in their roles and responsibilities or their salaries.

Karen Haller, the vice president for nursing and patient care services at Johns Hopkins Hospital, says she is eager to see the details of the DNP concept fleshed out. For example, how much clinical experience will new DNP recipients have?

“What positions will they qualify for?” Haller says. “They could have less experience than an expert nurse who has been here 10 years building her knowledge base experientially. Will this be a degree that someone can go straight through and get, and once they do, will they be able to hold a leadership position?”

Johns Hopkins Hospital has 186 nurses with master’s degrees working in advanced practice roles, including nurse practitioners, nurse educators, clinical nurse specialists, and nurse managers. (The Johns Hopkins University School of Medicine also hires large numbers of advanced practice nurses.) Nurses with master’s degrees also work in other key roles at the hospital, for example leading the patient safety program and patient and visitor services.

While the discussion of the need for a DNP degree unfolds, Haller is confident that one thing will not change—the demand for advanced practice nurses.

Although many nursing schools are moving ahead with planning practice doctorate programs, others have yet to embrace the concept due to basic philosophic concerns or because some key questions have yet to be answered. Case Western University, which established the first clinical nursing doctorate in 1979, is now one of 10 nursing schools accepting students into a DNP (or DrNP) program. Another 40 nursing schools are developing DNP programs, according to the AACN.

Schools that now have advanced practice master’s programs are not sure how long such programs will be needed as a DNP program is added. Another concern: Will advanced practice nurses who are working in their fields be required to return to school to complete a DNP? If so, will there be any source of funding to pay for their additional education?

At the University of Pennsylvania, Dean Afaf I. Meleis recently wrote, “At this point, it is difficult to know or fully understand all the implications of this decision for nursing and, specifically, for our school.” Penn, like Hopkins, is planning an ongoing discussion of the issue to hear from the entire nursing community. But Penn does not intend to open a program.

University of North Carolina nursing Dean Linda A. Cronenwett opposed the DNP requirement and worries that it will strain nursing school resources and lead to fewer students pursuing PhDs.

“Many schools will not be able to afford to do two doctorates well. Many can barely marshal appropriate resources for one,” she wrote in a position statement presented at a Penn forum in March.

In an interview, Cronenwett said her nursing school, like many others, has undergone significant funding cuts that will inhibit the creation of new programs. “The thought of trying to mount something of quality in this climate is overwhelming,” she says. She adds that nursing schools should move deliberately while the entire nursing school community reaches consensus on how the DNP should be implemented.

Two AACN task forces are studying the long list of issues and questions that arose since last year’s vote.

One task force is considering the logistics of implementing the DNP, focusing, for example, on how programs might allow nurses with master’s degrees to return to school to obtain a DNP. That task force, on which Dean Hill sits, will also consider issues related to launching a new DNP program—licensure issues and issues associated with reimbursing advanced practice nurses who return to school to obtain a doctorate.

A second task force is working to develop the essential components of a DNP degree and curriculum. The panel issued a proposed draft of its findings in August. These findings were to be discussed at a series of regional AACN conferences this fall and winter, events designed to generate feedback from

faculty, employers, practicing nurses, graduate students, and other stakeholders. The task force will then develop a final proposal to be considered by the members of AACN in 2006. The draft essential components are available at the AACN’s website: www.aacn.nche.edu.

Nursing leaders are stressing that developing the components of a clinical doctorate and implementing the DNP requirement will pose major challenges both at the national level and within individual nursing schools.

“This was meant to be a revolutionary step in the education of advanced practice nurses,” says Dean Hill. “The implications of this for many schools are enormous.”

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—DEAN LINDA A. CRONENWETT,
UNIVERSITY OF NORTH CAROLINA



Tom Waldron is a Baltimore writer. He wrote about the School of Nursing’s international programs for the Spring 2004 issue of Johns Hopkins Nursing.