

# Office of Nursing Research Annual Report 2019-2020



**University of Kentucky, College of Nursing  
Office of Nursing Research  
Annual Report FY 20**

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## Research Report

This University of Kentucky (UK) College of Nursing (CON) Office of Research report provides highlights and trends in CON extramural and intramural researching funding during Fiscal Years (FY) 2015-2020.

### *Types of Grants*

CON principal investigators (PIs) submit various types of grants, generally to one of two types of award programs– extramural research (research dollars are awarded from an organization external to the University of Kentucky, examples include the National Institute of Nursing Research, the National Cancer Institute, the Health Resources & Services Administration, the Patient Centered Outcomes Research Institute, the Kentucky Department for Public Health, American Nurses Foundation) and intramural research [research dollars are awarded from a program internal to the University of Kentucky; examples include the Center for Clinical and Translational Science (CCTS) awards, the Office of the Vice President for Research (VPR) awards, and UK Women & Philanthropy]. Grant awards provide funding for the cost of conducting the research (i.e., direct costs) as well as the cost to the institution to support the facilities and administration of the research (indirect costs). Funding for the indirect, or facilities and administration (F&A), costs of research vary among funding sources as well as the type of award mechanism within funding sources. Intramural research awards, for example, do not generally provide funds for indirect costs.

When applying for extramural funding, PIs in the CON cast a wide net, targeting federal and state agencies, private foundations, and professional associations. Awards to UK vary by funding type. The National Institute of Health (NIH) awards multi-year grants, but funds are distributed on a year-to-year basis, and funding amounts each year can change from that committed at the time of the initial award. As such, the college is credited for only the amount of the award that is funded in given year, rather than the anticipated cumulative total over the full duration of the award. Funds for contracts, however, are guaranteed when the contract is initially awarded. Therefore, the total amount of the award over the life of the contract is counted as occurring at the time the initial contract is awarded. A good example of this would be Patient Centered Outcomes Research Institute (PCORI) contracts – the total amount of funding for a multi-year PCORI contract is credited to the college at the time the contract is awarded.

At the present time, 19 (49%) of the College of Nursing’s tenure-eligible faculty serve as PI (or Multi-PI) on funded research.

### *Information on Indirect (Facilities & Administrative) Costs*

Facilities & Administrative (F&A) costs are real expenses incurred by the university in support of sponsored projects, but which by federal regulation cannot be charged directly to a specific grant, contract, or other sponsored agreement. F&A costs stem from the institutional need to maintain a shared infrastructure that supports the research and scholarly activities of all investigators. F&A costs are divided into facilities costs (e.g., building depreciation, operation and maintenance, utilities) and administrative costs (e.g., sponsored projects administration, purchasing, accounting, legal services).

These funds are important to the College of Nursing because a portion of the funds is returned to the College to support grant development.

The federal F&A cost rate is negotiated periodically with the university's audit agency, the Department of Health and Human Services. The F&A rate varies by type of project (e.g., research, instruction, career development) and location of the work (on-campus vs. off-campus). For research projects that are conducted on the UK campus, which is the most common type of extramurally sponsored project received by the CON, the F&A rate is 53%. F&A support for research projects conducted off campus is 26%. Federal awards involving instruction have a lower F&A rate (46%), and career development awards (e.g., 'K' awards) have an even lower indirect rate (8%). Private foundations, associations and state agencies may or may not separately reimburse F&A costs, and the rates are generally set by the funding agency. PCORI, an independent, nonprofit, nongovernmental organization, has an F&A cost rate limit of 40%. Some foundation awards (e.g., Robert Wood Johnson Foundation's Future of Nursing Scholars; Jonas Scholars) do not provide any F&A reimbursement.

F&A payments are driven by grant expenditures, rather than awards. If UK received a grant for \$100,000, but only spent \$70,000 of that award on research, UK, in turn, would receive an F&A payment based on the \$70,000 that was spent. Due to the amount of time needed for F&A calculations, it takes two years for the F&A to return to the College. In other words, in FY 20, the College of Nursing is receiving F&A distributions from grant expenditures that occurred in FY 18.

#### *Unique Facts about the University of Kentucky College of Nursing's Research Portfolio*

When looking at the total number of research dollars generated by an academic unit per fiscal year, it is important to consider the number of faculty members who are supported by the unit that are able to compete for extramural funding. At the University of Kentucky, the College of Nursing has a smaller number of Regular Title Series (RTS) and Special Title Series (STS) faculty (i.e., tenure-eligible faculty) than many other colleges at UK. Within the faculty workforce, RTS faculty members typically receive the greatest amount of institutional support for research and are, in turn, called upon to compete for extramural research funding. The number of faculty members (particularly the number of RTS faculty) within an academic unit is thus a critical resource in competing for grant awards. STS faculty members typically have special assignments (e.g., administrative, clinical or educational assignments) that restrict time for research activities; these faculty members typically receive less institutional support for research. STS faculty members are expected to contribute scholarship, often in association with their special assignments, and are expected to compete for extramural awards to support their special assignments, but are not expected to compete for extramural research funding.

#### *Grant Productivity*

Tables A thru D below show a breakdown of extramural research funding trends within the College of Nursing over the previous five years. Table A provides the number of RTS and STS faculty in the College of Nursing since FY16, as of October 1 of the given fiscal year. Over the past five years, the total number of RTS and STS faculty in the College of Nursing has remained relatively stable (37 in FY 16; 39 in FY 20), although the relative number of RTS and STS faculty can change over time

based on the pedagogical needs of the College. The number of RTS faculty has decreased slightly over the past five years (19 in FY 16 to 16 in FY20), while the number of STS faculty has increased over this interval (18 in FY 16 to 23 in FY 20). The research and scholarship portfolio of the College should be evaluated based on the number of RTS and STS faculty in a given year.

**Table A. Total Number of RTS and STS CON Faculty**

	<b>FY 16</b>	<b>FY 17</b>	<b>FY 18</b>	<b>FY 19</b>	<b>FY 20</b>
<b>Regular Title Series (RTS) Faculty*</b>	19	18	18	17	16
<b>Special Title Series (STS) Faculty</b>	18	20	18	19	23

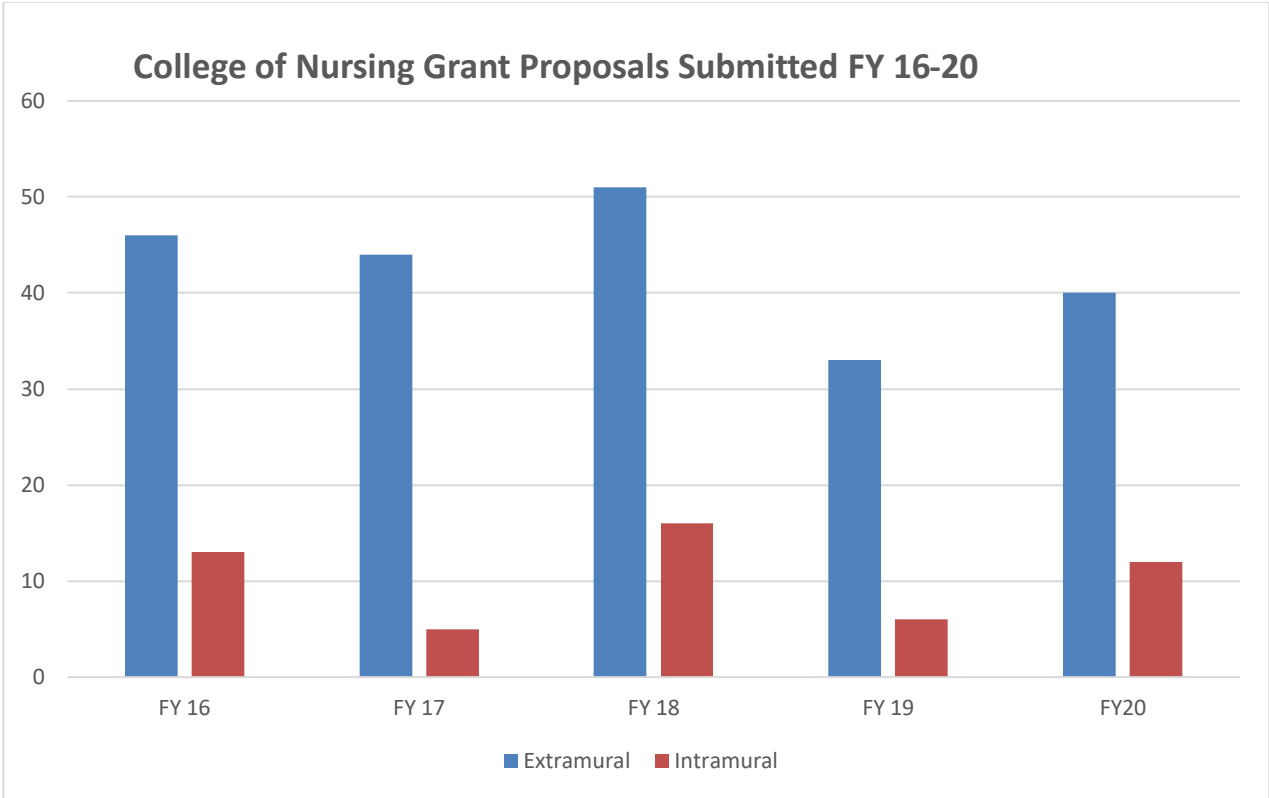
\*The Dean of the College of Nursing is not included in the RTS totals.

Table B and Figure 1 provide data on total number of grant submissions and on the number of grants submitted per faculty member over the past five years. The total number of grant applications has remained fairly steady across time, with a slight drop in FY19. The number of grants submitted per RTS faculty member remains high at 2.5 grants per year.

**Table B. Extramural (EM) Grant Applications**

	<b>FY 16</b>	<b>FY 17</b>	<b>FY 18</b>	<b>FY 19</b>	<b>FY 20</b>
<b>Total # of EM grant applications submitted by CON PIs</b>	46	44	51	33	40
<b>Average # of grant applications per RTS faculty member</b>	2.42	2.44	2.83	1.94	2.5

The number of intramural grants submitted per year is generally lower than the total of the number of extramural grants submitted per year. The number of intramural grants submitted per year has remained relatively stable over the past five years, from a high of 16 grants submitted in FY18 to a low of five grants submitted in FY 17. In FY 20, College faculty submitted 12 intramural grant applications.

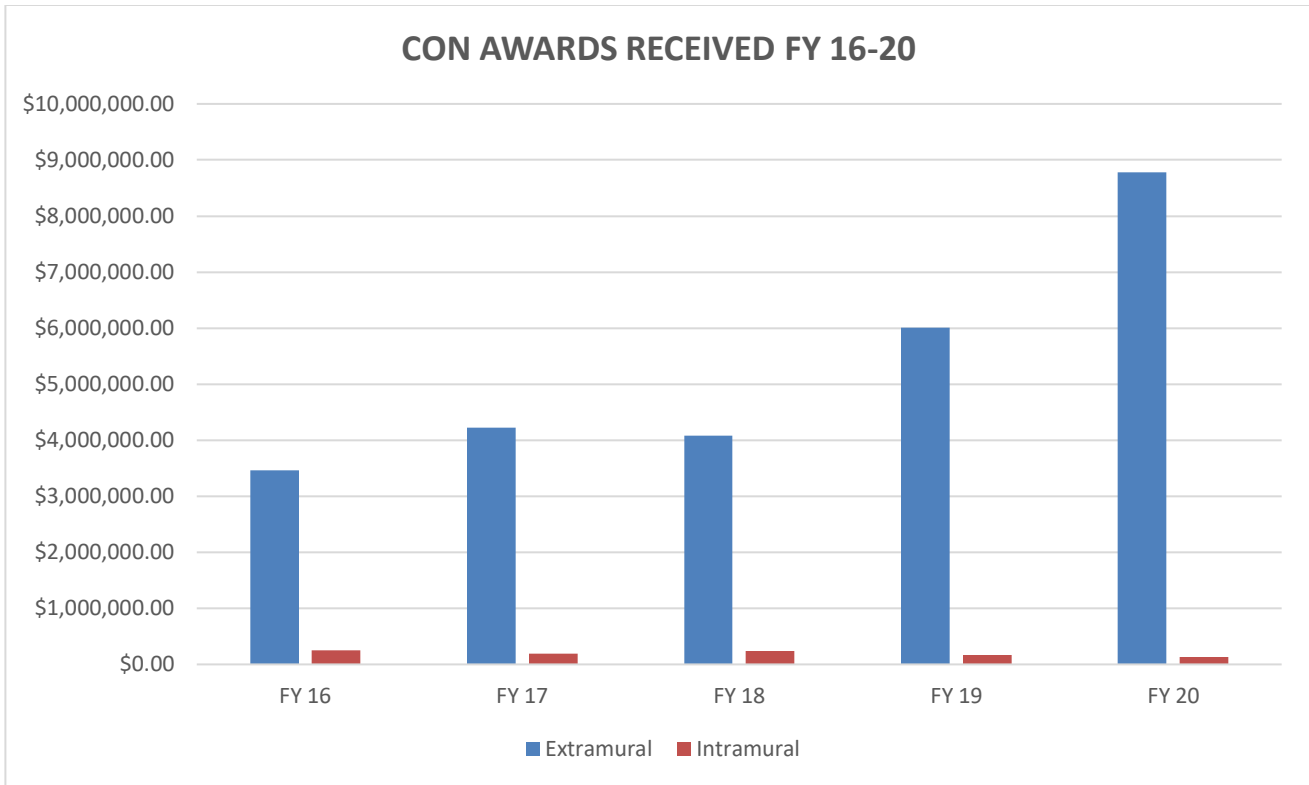


**Figure 1. CON Grant Proposals Submitted FY 16-20.**

Table C and Figure 2 present extramural grant funding for the College over the past five years. From the low of approximately \$3.5 million dollars in direct funding awarded in FY16, the CON has been awarded nearly \$9 million dollars in the most recent fiscal year. On average, during the most recent fiscal year, each RTS faculty member has generated over ½ million dollars in direct research funding per year.

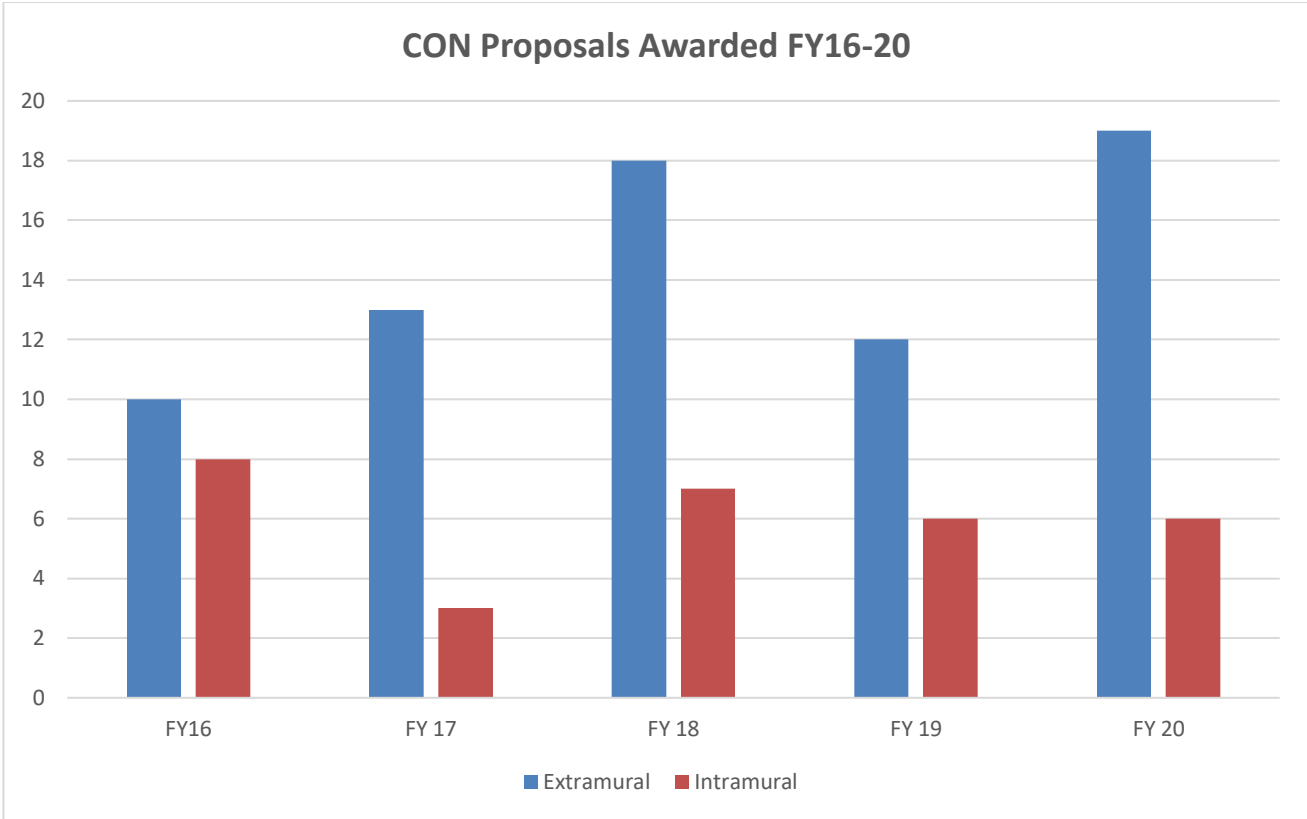
**Table C. New Extramural Grant Funding; Directs Costs Only**

	<b>FY 16</b>	<b>FY 17</b>	<b>FY 18</b>	<b>FY 19</b>	<b>FY 20</b>
<b>Total EM Funding</b>	\$3,465,937	\$4,221,848	\$4,080,684	\$6,007,136	\$8,782,467
<b>Average # of grant \$ per RTS faculty member</b>	\$ 182,418	\$ 234,547	\$ 226,705	\$ 353,361	\$ 548,904



**Figure 2. CON Extramural Awards Received FY 16-20**

Figure 3 presents the number of extramural and intramural grants that were funded for the College since FY 16. The total number of individual proposals that were funded each year has remained relatively constant, between 16 in FY 17 and 25 in FY 18 and FY 20. Given the increase in award funding over time (see Figure 2), it is clear that the total amount of funding per award has been increasing over time.



**Figure 3. CON Proposals Awarded FY 16-20**

Table D details the amount of extramural grant expenditures, per fiscal year, from CON PIs. Of note, grant expenditures are a more direct way of tracking research effort, as expenditures were driven by actual research activity. Table D demonstrates a significant increase in research effort in FY 19, which is consistent with the increases in total research funding awarded to the College that year. Research expenditures for FY20 were not available at the time of this report.

**Table D. Extramural (EM) Grant Expenditures (Total/Total per RTS) from CON PIs**

	<b>FY 16</b>	<b>FY 17</b>	<b>FY 18</b>	<b>FY 19</b>	<b>FY 20</b>
<b>EM Grant Expenditures</b>	\$4,574,497	\$4,225,617	\$4,233,489	\$6,008,078	Not Available
<b>Average EM Grant Expenditure per RTS faculty member</b>	\$ 240,763	\$ 234,756	\$ 235,194	\$ 353,416	Not Available

Table E presents the standing of the University of Kentucky College of Nursing in total NIH funding relative to other academic units of Nursing in public universities as of October 16, 2020. The CON currently ranks 14<sup>th</sup> among all public academic units of nursing.



**Table E: Top 20 NIH-funded Public Academic Nursing Units**

ORGANIZATION	AWARDS	FUNDING
University of California, San Francisco	23	\$11,468,876
University of Illinois at Chicago	16	\$7,076,947
University of Washington	17	\$6,463,982
Ohio State University	21	\$6,210,000
University of Alabama at Birmingham	14	\$5,938,654
University of Minnesota	8	\$5,777,211
University of Michigan	18	\$5,021,551
University of North Carolina -Chapel Hill	13	\$4,996,234
Indiana University-Purdue University At Indian	11	\$4,543,876
University of Maryland Baltimore	11	\$4,489,313
University of California Los Angeles	10	\$4,028,764
University of Florida	11	\$3,865,848
Washington State University	5	\$3,841,415
<b>University of Kentucky</b>	<b>8</b>	<b>\$3,539,667</b>
University of California Irvine	7	\$3,031,540
University of Texas, Austin	8	\$2,987,605
University of Utah	8	\$2,948,908
Arizona State University	5	\$2,854,817
Medical University of South Carolina	8	\$2,803,189
Oregon Health and Science University	8	\$2,296,440

*Intramural Funding Sources*

CON PIs have received funding from several intramural sources such as the UK Office of the Vice President for Research Support Grants Program, the Center for Clinical and Translational Sciences (CCTS), and UK Markey Cancer Center’s pilot funding opportunities [e.g., the Cancer Center Support Grant (CCSG) and Kentucky Lung Cancer Research Program awards]. Table F provides the number of IM applications submitted and funded, as well as the amount awarded, for FY 16-20.

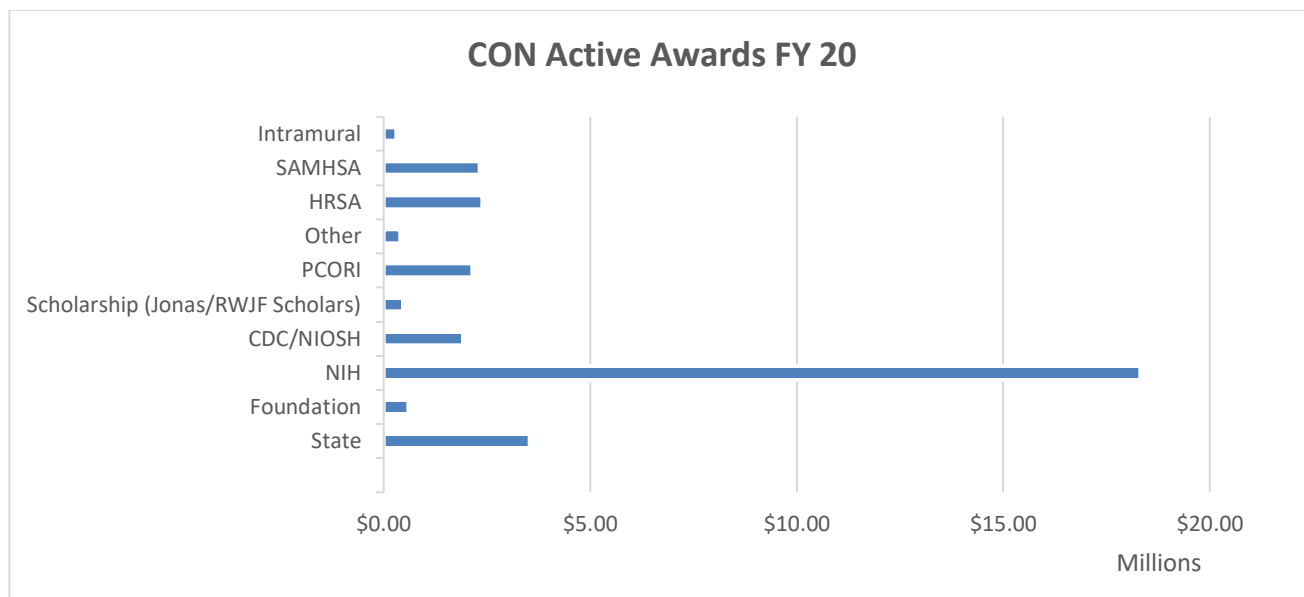
**Table F. CON IM applications submitted, funded, and dollar amount by fiscal year**

	FY 16	FY 17	FY 18	FY 19	FY 20
# IM Applications Submitted	13	5	16	6	12
# IM Applications Funded	8	3	7	6	6
Total IM Funding	\$225,000	\$186,000	\$238,769	\$165,000	\$133,425

Every year, the CON allocates a portion of the returned F&A funding to support a pilot-funding program for its faculty members. Applications were received and peer-reviewed in February and July, and funds were awarded in March and August. Activities supported by this program are not included in the data provided in Table F. In FY 19, 2 pilot study applications were funded and received \$8,898 and \$15,000 respectively in funding.

*Sources of research support*

Figure 4 presents the funding sources for all active awards in FY 19. Over the last four years, NIH has been the predominant source of extramural funding agency for CON faculty. Some faculty members have pursued funding from other federal agencies (Health Resources & Services Administration [HRSA], Centers for Disease Control and Prevention [CDC], Substance Abuse and Mental Health Services Administration [SAMHSA]), with positive outcomes.



**Figure 4. CON Active Research Awards (total funding) in FY 20**

*UK College of Nursing Funded Faculty in FY20*

The research interests, and funding sources and amounts for PIs in the CON are listed in Table F. Twenty-two members of the CON have active funded projects that support research and scholarship focusing on education, health disparities, occupational health, tobacco and drug use treatment and prevention, maternal and fetal health, cardiovascular health, obesity and diabetes prevention, and cancer prevention.

**Table F: Total Intramural and Extramural Funding on Current Active Awards (PI Only)**

Name	Research Interest	Primary Funding Source	*Total
Karen Butler	Occupational Health Nurse Training	NIOSH	\$628,358
Kristin Ashford	Maternal and Child Health	Ky. Cabinet for Health and Family Services, NIH-NIDA R01, NIH-NIDA R34, Hillman Foundation, VPR VI2P Program, State Medicaid Grant	\$4,640,732
Camille Burnett	Community Engagement, Health Disparities and Vulnerable Populations	Federation of Virginia Foodbanks; UK CHET Pilot	\$115,000
Misook Chung	Cardiovascular Health: Chronic Patients and Caregivers	NIH-NINR; CON Pilot	\$2,414,267
Amanda Fallin-Bennett	Tobacco Policy and Substance Abuse	KDPH, CON Pilot, NCI, UK CHET Pilot	\$1,285,997
Jan Forren	PeriAnesthesia Nursing	ASPN	\$6,063
Ellen Hahn	Tobacco Policy and Environmental Health	NIH-NIEHS (P30 and R01), KDPH, UK CCTS, Interact for Health (Subawards), State Medicaid Grant, Radon	\$11,770,839
Sharon Lock	Nurse Training	HRSA	\$1,770,319
Holly Dye	Substance Abuse Treatment	SAMHSA, LFUCG, State of KY	\$2,405,047
Ana Maria Linares	Intervention to Enhance Breastfeeding and Obesity Risk Reduction	UKCCTS; CON Pilot	\$42,000
Debra Moser	Cardiovascular & Cerebrovascular Health – Risk Self-Management	NIH-NINR, Jonas, RWJF	\$2,788,685
Gia Mudd-Martin	Cardiovascular Health, Diabetes, and the Family Structure	NINR; NIH OD; OBSSR, CCTS	\$2,662,193
Deborah Reed	Occ Health – Kentucky Farmers	Hillman Foundation	\$200,000
Elizabeth Salt	Chronic Pain Management	Pfizer; CCTS; CON Pilot	\$460,438
Zim Okoli	Tobacco Policy and Substance Abuse	KDPH, State Medicaid Grant	\$605,134
Jean Edward	Promoting equitable access to healthcare; Healthcare access and disparities research	CON Pilot; ACS IRG, RWJF	\$444,268
Martha Biddle	CV Health: Secondary Prev of CV Disease	CON Pilot; UK CCTS Pilot	\$22,000
Lovoria Williams	Interventions to reduce health disparities among underserved populations	UK VPR Pilot	\$25,000
Jennifer Miller	Palliative Nursing and CV Health	UK CCTS Pilot	\$25,000
Audrey Darville	Online Tobacco Cessation Training	UK Provost	\$50,000
Debra Hampton	Nursing Leadership and Training	UK Provost	\$100,000
Jessica Wilson	Online Nursing Education/ Adult Health and Neurosurgical Nursing	UK Provost	\$50,000
			<b>\$32,286,340</b>

\*Totals include the lifetime award amount for the referenced active sponsors

Scholarship

Table G lists the number of presentations given by CON faculty (RTS and STS) since FY 15. During FY 19, College of Nursing faculty gave a total of 160 research-focused presentations at professional conferences (4.6 presentations per faculty member). This reflects a relatively stable rate of presentations over the past four years, and a decrease from the rate of 8.3 presentations per full-time faculty member in FY 2015. These data come from the Digital Measures database, which is dependent on faculty reporting of productivity.

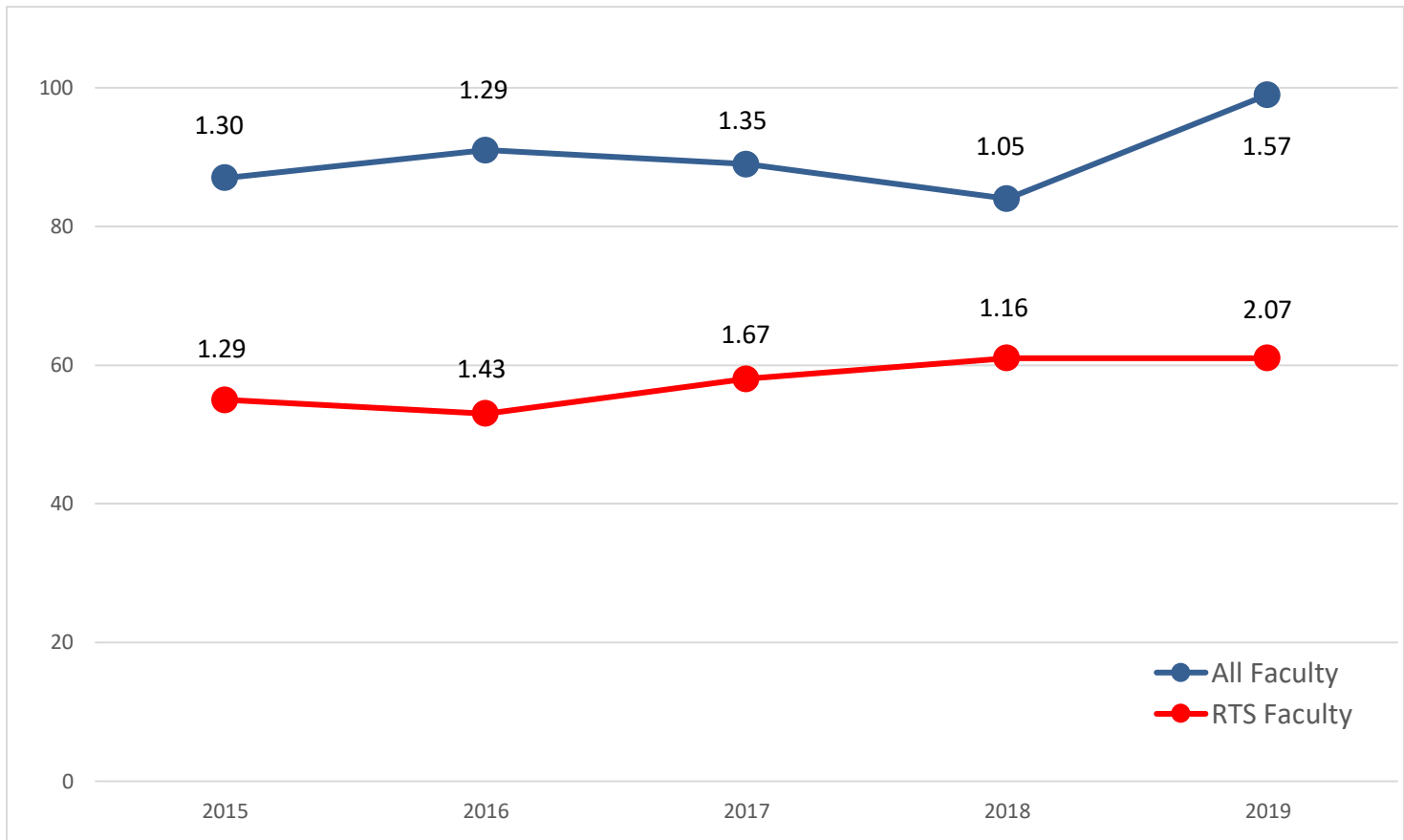
**Table G. CON Faculty Presentations (source: Digital Measures)**

	<b>FY 15</b>	<b>FY 16</b>	<b>FY 17</b>	<b>FY18</b>	<b>FY19</b>
<b>Presentations</b>	<b>273</b>	<b>170</b>	<b>156</b>	<b>147</b>	<b>160</b>
<b>Presentations/Faculty*</b>	<b>8.3</b>	<b>4.9</b>	<b>4.4</b>	<b>4.2</b>	<b>4.6</b>

\*Includes RTS and STS faculty.

Figure 5 provides data on CON faculty (all full-time faculty, and RTS faculty) peer-reviewed data-based publications since FY 15, along with the field-weighted citation impact of the publications. The data are derived from Scopus®, which indexes content from over 5,000 publishers (24,600 active journal and other serial titles) in the health, life and social sciences. During FY 19, College of Nursing faculty published 99 data-based articles in referred journals (over 1.3 publications per full-time faculty member), the highest total over the previous 5 years. The impact of these publications is significant, with each publication being cited over 57% more frequently than average publications in the field (1.57 field-weighted citation index). The impact of publications was also the highest total over the previous 5 years. RTS faculty contribute significantly to this productivity, with 61 publications (3.6 publications per RTS) which were cited over 107% more frequently than average publications (2.07 field-weighted citation index). Over the past five years, RTS faculty have averaged over 57 publications per year, with each publication being cited on average over 52% more frequently than average publications in the field.

**Publications  
Field-Weighted Citation Impact**



**Figure 5. CON publications and associated field-weighted citation impact ratings**

*Conclusion*

The University of Kentucky College of Nursing faculty members are actively engaged in patient-oriented and public policy focused research that impacts the citizens of the Commonwealth (e.g., cardiovascular health, tobacco smoking, drug abuse, maternal and fetal health, occupational health of farmers). By all reasonable metrics, including grant submissions and funding, and data-based publications and presentations, the CON continues to make significant contributions to the science of nursing and producing new knowledge that advances the health of the Commonwealth of Kentucky and beyond.

## Publications

2019

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## Research Profile: College of Nursing Health Disparities Research

Health status disparities refer to the variation in rates of disease occurrence and disabilities between socioeconomic and/or geographically defined population groups. Healthcare disparities refer to differences in access to or availability of facilities and services. These disparities negatively impact whole groups of people that already face significant obstacles to maintaining good health, often because of specific social or economic factors, such as socioeconomic status or income, race or ethnicity, age, sex or gender, geography, ex. rural vs. urban, disability, sexual orientation, immigrant status, religion, and mental health status. When a particular group of people doesn't have the same kind of access to health care, education, or healthy behaviors, it can cause them to fall behind their peers on all kinds of health measures. These disparities can often persist for generations. Research on inequities in health and healthcare is a growing area of excellence in the University of Kentucky College of Nursing. Below we highlight some of the ongoing disparities research of our faculty designed to improve the lives of Kentuckians and beyond.



**Kristin Ashford, PhD, WHNP-BC, FAAN** is the director of the UK College of Nursing Perinatal Research and Wellness Center (PRWC). The long-term goal of the PRWC is to reduce tobacco and substance use disparities in perinatal women and families. She is the lead investigator in the center's work to address health disparities related to tobacco and opioid use disorder among Kentucky's pregnant and parenting women, including many in the Appalachian region. Dr. Ashford and her team work to increase access to quality treatment, implement interventions to combat use, and to create and support strategies to support long-term recovery through comprehensive wrap-around services focused on maternal and child health. Their work spearheaded the establishment of the Beyond Birth Comprehensive Recovery Clinic, a program that integrates evidence-based knowledge of substance use disorder

treatment and wrap-around services to support women in recovery and their children. The clinic was launched with the support of the Centers for Medicare and Medicaid Innovation's Strong Start for Mothers and Newborns Initiative, and later expanded with support from the Alex and Rita Hillman Foundation and a University of Kentucky Partnership grant with Kentucky Medicaid Services. The transdisciplinary program tackles barriers and addresses health disparities often faced by women seeking treatment for substance use disorder by providing a path to access quality healthcare, behavioral health services, and child health services, teaches lifestyle changes, and links women and their children to community support resources. Moreover, Dr. Ashford is a national leader in perinatal research examining the effect of tobacco products, including electronic cigarettes, cannabis and opioids, on immune dysregulation. This is highly significant work, as immune dysregulation contributes to adverse pregnancy outcomes (e.g., preterm birth). Women experiencing preterm birth are more likely to be underrepresented minorities, low income, and/or use tobacco products. Interventional research is designed to help Kentucky perinatal women reduce and quit tobacco products during and after pregnancy. She and her team are at the forefront in assessing how these products impact diverse and understudied populations.



**Lisa Blair, PhD, RN** is a Postdoctoral Scholar at the UK College of Nursing Perinatal Research and Wellness Center, under the mentorship of Drs. Kristin Ashford and Amanda Fallin-Bennett. Dr. Blair's work focuses on improving health and development in children at high risk for health disparities based on their prenatal exposures, birth outcomes (e.g., preterm birth, low birthweight) or residency status (rural, urban). Her work examining the contribution of sleep quality to the 1.5 times higher rate of preterm birth among African Americans was awarded a prize at the 30<sup>th</sup> Anniversary Symposium of the National Institute for Nursing Research. She was a 2019 Health Disparities Research Institute Scholar at the National Institutes of Minority Health and Health Disparities, competitively selected based on her scholarly

contributions and interest in rural health disparities in perinatal substance use and child developmental outcomes. Under the mentorship an interdisciplinary team that includes Dr. Ashford and faculty from the UK College of Pharmacy and The Ohio State University, Dr. Blair recently applied for fellowship funding to advance the science of child outcomes of concurrent perinatal tobacco and opioid exposures. Through the proposed fellowship projects, Dr. Blair seeks to develop a quantitative tool to measure tobacco withdrawal symptoms in neonates with and without opioid exposures.

In addition to her population focus, Dr. Blair is deeply committed to improving the methodological quality of the evidence base upon which our science builds. She completed an interdisciplinary specialization in quantitative research methods (doctoral minor) and one year of postdoctoral study in data science focused on complex survey analysis, data harmonization, data fidelity, psychometrics, and advanced analytics. Dr. Blair frequently works with nationally representative survey databases, including the Fragile Families and Child Wellbeing Study, the National Survey of Children's Health, and the Population Assessment of Tobacco and Health. She is devoted to facilitating high-quality analysis of these large, complex data sets to inform maternal-child health and nursing science as a means of addressing the numerous, deep disparities in health that persist across segments of the U.S. population.



**Camille Burnett PhD, MPA, PHNA-BC, RN, BSN, DSW, FAAN** is an Associate Professor in the College of Nursing at the University of Kentucky and the Cralle Day Endowed Professor in the Center for Research on Violence Against Women. She also has an appointment as Strategic Advisor for Community Engagement and Academic Partnerships with the Office of the Provost and is Co-director of Integrated Special Populations with the Center for Clinical and Translational Science at UK. She holds research affiliations with the UK Markey Cancer Center and the Center for Health Equity Transformation and is a PAHO regional facilitator with the International Council of Nurses Global Nurse Leader Program.

Using a population and public health perspective Dr. Burnett's leadership and scholarship examines the impact of structural and contextual influences in shaping policy and outcomes to drive structural justice and create health equitable solutions among disparate populations. As a public health nurse

expert, she critically amplifies structural inequities among vulnerable populations, with an emphasis on abused women and children, to underscore the unintended consequences of policies and to identify structural opportunities for change. Dr. Burnett's current funded research portfolio includes the following projects:

*RED ALERT! COVID-19's impact on delivering care for survivors of intimate partner violence, sexual violence and child abuse. Learning lessons now and preparing for the future.*

Remaining at home is an effective approach to reducing the spread of COVID-19. While risk of transmitting COVID-19 to others outside a home is reduced, inside the home the risk of family violence or abuse may increase. This is particularly true for families with a history of intimate partner violence (IPV), sexual violence (SV), or child abuse (CA). This project seeks to document the creative and effective solutions that colleagues in our direct service community have developed to continue providing services during COVID-19 social distancing using a mixed methods study with 5 agencies serving those experiencing IPV, SA, and CA in the 17 County Bluegrass Region.

*Mapping Transit Inequity: Understanding Spatial Mismatch with Participatory GIS.*

This project leverages current mobility resources while future proofing the transportation system to overcome spatial/transportation mismatches that affect vulnerable populations. It examines spatial and transportation mismatches that cause barriers to daily access across the Charlottesville, VA, region that are inextricably tied to the diminishing social mobility of the most vulnerable, and to identify and develop solutions and local plans of action to redress these mismatches.

*Healthy Food Pantry (HFP) Evaluation.*

This evaluation project seeks to determine the effectiveness of HFP initiatives across the state of Virginia along several parameters in order to determine whether access to nutritious food among food insecure people can be improved through expansion of healthy food choices. The evaluation identifies structural and operational barriers experienced by food pantries and by food insecure individuals in accessing food pantry services and healthy foods.

*CCTS Wellness Health and You Database.*

Wellness, Health & You (WHY) is a research project that seeks to understand how different life experiences affect health. WHY surveys uniquely capture a wide range of life experiences, social determinants, prevention strategies, and health concerns. It offers a variety of short, survey modules including the most recent COVID-19 prevention behaviors module, and recent study recruitment efforts targeting LGBTQ+, Youth, Men and Communities of Color.



**Jean Edward PhD, RN, CHPE**

Dr. Edward's program of research is committed to finding effective ways to reduce health inequities that are related to the social determinants of health (SDH). Social determinants of health refer to the conditions in which people are born, grow, live, work and age that shape health. Addressing SDH is a primary approach to addressing health equity. Currently, Dr. Edward has three projects focused on addressing the SDH among underserved cancer survivor population by intervening on consumer-, system- and community-level factors.

Her American Cancer Society Institutional Research Grant funded study aims to understand how social and economic factors influence experiences of financial toxicity or hardship among cancer survivors and how financial toxicity impacts access to timely and appropriate healthcare services and health outcomes. This study also explores the relationship between health and insurance literacy, numeracy and financial toxicity.

Her Robert Wood Johnson Foundation funded grant aims to develop and evaluate *FINassist*© (*Financial and Insurance Navigation Assistance*), a patient-centered, interdisciplinary team-based approach leveraging Medical Legal Partnerships to enhance cost of care conversations with pediatric oncology patients and families. *FINassist* optimizes a team-based care model by integrating oncologists, social workers, financial counselors, and patient legal advocates to work in tandem to enhance cost of care conversations with patients, identify and intervene on social determinants of health, and advocate for system-level changes to address health, financial, social and legal needs of underserved patients and families with childhood cancers and hematologic disorders.

Her NCI P30 administrative supplement grant is designed to test the feasibility and acceptability of *CCLinks*© (*Coverage and Cost-of-Care Links*) – a novel, inpatient financial navigation intervention for adult hematologic cancer survivors and their caregivers. *CCLinks* is designed to proactively identify survivors/caregivers at risk for financial hardship and address their challenges by linking the family to needed financial assistance resources, which in turn help to improve patient outcomes and increase financial benefits for survivors, thereby promoting a financial return on investment for health systems.



**Ana Maria Linares, DNS, RN, IBCLC**

Dr. Linares, Associate Professor of Nursing, is a Latinx bilingual/bicultural doctoral-prepared nurse-midwife. She developed a program of research on human lactation targeting health disparities among Hispanic women and infants living in Kentucky. In association with the International Network of Pediatric Nurses (ENSI-PAHO), she developed international collaborations with researchers from Latin-America to determine factors associated with exclusive breastfeeding. She focuses on human lactation because of the significant health advantages that can be achieved by increasing exclusive breastfeeding in populations with health inequalities. Exclusive breastfeeding is associated with decreased risk of obesity, metabolic



diseases, and cardiovascular diseases. She is currently conducting studies to understand the devastating health inequalities experienced by Peruvian children, who are unfortunately dealing with the effects of one of the highest rates of iron-deficiency anemia in the world. One study is examining breastmilk contamination with heavy metals and its connection with anemia in these children.



**Stacy Stanifer PhD, APRN, AOCNS**

Dr. Stanifer joined the UK College of Nursing as an Assistant Professor (Research Title Series) in April 2020. She is a faculty associate of BREATHE, the Project Manager for the NIEHS-funded Radon on the RADAR project (E. Hahn, PI), and Co-Investigator with UK Center for Appalachian Research in Environmental Sciences (UK-CARES). As an early career oncology nurse investigator, Dr. Stanifer’s research focuses on environmental risk reduction to reduce exposure to the two leading causes of lung cancer, tobacco smoke and radon, in order to prevent cancer and promote environmental justice. Kentucky leads the nation in lung cancer

incidence, yet the disease remains highly preventable.

Radon is a naturally occurring radioactive gas that forms from the decay of uranium in the ground. Radon gas enters and becomes trapped in homes where most people spend the majority of their time. Testing one’s home for radon is a primary lung cancer prevention strategy, yet the majority of Americans have not tested their homes, and disparities in testing exist. Dr. Stanifer’s dissertation research explored predictors of home radon testing in rural Appalachia as well as the influence of county-level social determinants of health and environmental exposures on rates of home radon testing in Kentucky, the nation’s leader in lung cancer incidence. Findings indicate Kentucky counties with low median home values and high prevalence of adult smoking have lower rates of home radon testing. The current RADAR (Residents Acting to Detect and Alleviate Radon) study, a novel collaborative with the Kentucky Geological Survey, aims to increase home radon testing and grow access to affordable radon mitigation in four rural Kentucky counties with varying levels of radon risk potential. By identifying disparities in home radon testing in Kentucky, the study can be used to prioritize resources and design interventions to reduce lung cancer in our most vulnerable populations.



**Gia Mudd-Martin PhD, MPH, RN, FAHA**

Dr. Mudd-Martin, Associate Professor of Nursing, leads a program of community based participatory research focused on reducing cardiovascular disease and type 2 diabetes disparities that burden Latinx and Appalachian communities. Because these inequities involve factors at multiple levels, her research addresses topics ranging from genetic and biological to psychosocial and environmental. As a nurse and public health professional, Dr. Mudd-Martin has a long history of collaborating with communities inequitably burdened by chronic disease to improve health outcomes. She is invested in conducting research *with* communities so that, through synergy of community and academic expertise and efforts, greater impact is possible. In

collaboration with the Latinx community, she currently leads a 5-year R01 study (“Corazon de la Familia, R01 NR016262) focused on preventing cardiovascular disease

and type 2 diabetes among urban dwelling members of the Latinx community through an intervention that integrates socially and culturally relevant strategies to promote engagement in healthy behaviors. She also has recently received NIH funding to conduct the study, “Heart of the Family” (R01 NR019456), to examine the effectiveness of a risk reduction intervention in rural Latinx and Appalachian Kentucky communities. She is also a multi-PI of a pilot study, with Frances J. Feltner of the UK Center of Excellence in Rural Health and Traci Jarrett of the West Virginia University Prevention Research Center, to support resiliency among Appalachian youth and a co-investigator on multiple other studies focused on improving health equity and reducing health disparities.


Complimenting this research, Dr. Mudd-Martin serves as Director of the UK Center for Clinical and Translational Science Community Engagement and Research Core that is committed to improving health outcomes of Kentucky communities through collaborative translational research. A particular focus of this work is to support health equities research through promoting research collaborations between academic, clinical and community partners, with an emphasis on local, regional, and national partnerships across Appalachian and rural communities.



**Lovoria Williams PhD, FNP-C, FAANP, FAAN**

Dr. Lovoria B. Williams is an associate professor in the College of Nursing. She is the Director of the Community Health Advocacy iNterventions Generating Equity (CHANGE) Team and the Assistant Director for Cancer Health Equity at the NCI-designated Markey Cancer Center (MCC), where she holds the endowed Research Professorship in Cancer Health Equity. Dr. Williams is Chair of the MCC Diversity & Inclusivity Committee and the Cancer Prevention Program. Her research aims to advance health equity among racial/ethnic minority and medically underserved populations through community engaged research methods to

affect improved diabetes, cardiovascular disease and cancer outcomes. She is nationally recognized for developing culturally adapted interventions for implementation by community health workers in church settings. Dr. Williams’ work has been funded by the National Institutes of Health, Robert Wood Johnson Foundation and the Bristol-Myers Squibb Foundation. She currently is PI of an NIDDK R01 award entitled “*Enhancing the Diabetes Prevention Program to promote weight loss among non-responders in a community-based lifestyle intervention: The Fit & Faithful Project*”. African Americans/Blacks suffer with higher obesity rates and have more trouble losing weight loss than others. In this study, trained Community Health Workers will deliver an evidence-based Diabetes Prevention Program (DPP); however, early during the program, the researchers will identify participants who are not losing weight and will offer them extra support to help them overcome weight loss barriers. If this extra support works, the DPP can incorporate the supplemental support strategy to achieve better weight loss outcomes, thereby significantly enhancing its public health impact. In addition, Dr. Williams is also lead PI on an internally funded project, entitled “*COVID-19 Impact on the Church. The C-M-C Project*”, which aims to 1) describe the financial, physical, mental and spiritual impact of COVID-19 and 2) explore the association of socio-cultural factors (race, SES, rurality) with the knowledge, attitudes and beliefs and the behavioral responses to COVID-19. The team plans to recruit 1000 survey responders by working with Appalachian and Central Kentucky churches.



315 Collge of Nursing Building  
Unviersity of Kentucky  
Lexington, Ky. 40536-0232

[uky.edu/nursing](http://uky.edu/nursing)