Improving care and outcomes
An alumna’s drive to bridge the health divide

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AFRICAN-AMERICAN BABIES born in the United States are more than twice as likely as white infants to die within the first year. So, an alumna of the Betty Irene Moore School of Nursing at UC Davis dedicates her career to bridging the divide.

“When I realized it was a national crisis, I thought, what can I do to help improve this?” said Nicole Smith, a public health nurse who, in 2015, earned her master's degree in Nursing Science and Health-Care Leadership. “My desire for social justice drove me to investigate the issue further.”

Disparities in health care stem from a racial division that begins at birth and can have a significant effect on the future of infants. For her thesis, Smith interviewed health care providers to glean their knowledge of health disparities and discover if providers tailor care to those they serve.

“What struck me was participants felt that social factors superseded biological factors as contributors to infant mortality,” Smith explained. “I didn’t initially ask participants about how racism impacts infant mortality, but the providers I spoke with believe it plays a major role in why we’re seeing disparities that lead to negative outcomes.”

Smith said interviewees suggested providers’ actions toward minority women were not overt, rather based on biases and lack of understanding. Her research sparked two questions: How might racism contribute to biological reactions in a woman’s body during pregnancy, including increased stress? How might those hormones damage a woman’s organs and influence the growth of her baby?

“I hope that health care organizations will not ignore the elephant in the room and recognize that racism is an issue and needs to be addressed,” Smith said. “When you understand a culture different than yours, it makes you a better and more effective health care provider.”

Smith continues her research and asking questions in her role as nurse manager for the Alameda County Public Health Department’s Nurse-Family Partnership Program. Halfway through her master’s-degree program, she was promoted to nurse manager, where she immediately began putting her classroom education into practice.

“I implement team-building exercises, solicit feedback from my team and support their needs. These skills may not have come naturally for me before the graduate program,” Smith said. “The School of Nursing provided me with the tools and skills to do that confidently.”

Smith credits the Community Connections Course, fieldwork that spans three quarters during the first year of the master’s-degree leadership program, with pushing students to encounter cultural diversity and foster inclusiveness when developing solutions for community organizations. The experience, she said, generated discomfort among some of her classmates, and resulted in personal growth.

“I think we have to get a little uncomfortable in order to self-reflect and consider options from another’s perspectives,” Smith explained. “We cannot be comfortable with the status quo. We cannot shy away from critically examining both the systems at large and ourselves, because we create the systems.”

Smith’s School of Nursing education prompted her to speak in public, investigate what makes leaders successful and work to be more collaborative in her practice. She also leverages her UC Davis experience to encourage other nurses into leadership positions and nurture her professional growth.