



PUTTING WELLNESS FIRST

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RORY MEYERS COLLEGE OF NURSING

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PUTTING WELLNESS FIRST



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After the COVID-19 pandemic fundamentally upended how we live, society has put a new premium on what it means to become and stay well. From vaccinating members of the community, generating new knowledge about how to improve patient care across the lifespan, fighting to achieve health equity, and expanding our partnerships both locally, nationally, and around the world, NYU Meyers puts wellness at the forefront of our daily and long-term work. This issue of *NYU Nursing* explores those efforts.

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DEAN'S CORNER



Follow me on Twitter
@EileenSullivanM
for the latest news from the
College and in nursing.



Dear all,

The fall 2021 semester has been a special one—a time for us to reconnect in person after 19 months of largely remote learning. I am proud of the effort our students, faculty, and staff put in to make our return safe and productive as well as their adherence to the mitigation protocols NYU has put in place. The energy around the building has been buzzing!

This fall, my two-year appointment as president of the American Academy of Nursing concluded. When I stepped into the role, I never could have imagined that a historic, once-in-a-lifetime pandemic would fundamentally transform society for nearly two years and occupy so much of the Academy's effort. But as always, nurses step up and this important national organization had a profound effect on how this country, and indeed the world, managed their responses.

In my last act as president, I celebrated a new class of fellows who were inducted in an in-person, fully-vaccinated ceremony in October.

Those new fellows included five NYU Meyers alumni. Congratulations to **Natalia Cineas**, MS '09, BS '06; **Caroline Dorsen**, PhD '14, BS '97; **Sascha James-Contorelli**, DNP '13, MS '02; **Roberta Kaplow** PhD '98; and **Allison Andreno Norful** MS '09 for this fantastic professional achievement.

While we began this semester in the backdrop of the continued health crisis, today, case counts nationally and in the tri-state region slowly decline. With the recent announcement of emergency use authorization for a vaccine for children, we finally are beginning to turn the corner on this pandemic.

Wishing you and your loved ones a happy holiday season. Here's to a healthy 2022!

Eileen Sullivan-Marx, PhD, RN, FAAN
Dean & Erline Perkins McGriff Professor



Dean **Sullivan-Marx** presided over her final induction of new fellows for the American Academy of Nursing in Washington DC.

GIVING

Did you know there are creative ways to support NYU Meyers that can benefit the College, you, and your loved ones all at the same time?

Are we already in your will, trust, or other estate plans?

If you have named NYU Rory Meyers College of Nursing in your will, please let us know. It helps us plan for the future. It also allows us to thank you for your generosity and honor your loyalty to the College.

If you have already included NYU Meyers in your will, call or email **Karen Wenderoff**, director of development, and she will add you as a member of the Society of the Torch. The Society of the Torch is a special group of alumni, faculty, and friends of NYU who have recognized the importance of planning their philanthropy by providing for the University and its schools and colleges through their wills and estates. Through bequests in wills, trusts, and other arrangements, these donors have found a satisfying way to leave a meaningful legacy. Or, if you would like, your gift may remain anonymous.

Don't have a will?

You are not alone! Now is a great time to start planning. Please consider including NYU Meyers in your estate planning. Contact Karen for suggested bequest language and NYU's tax ID to share with your attorney.



To learn more about this giving opportunity, please contact Karen at **212-992-5924** or **kmw2031@nyu.edu**.

WHY I GIVE

BY **CYNTHIA DEGAZON**, PHD '87, MA '72

I had always thought that I would go to college to study statistics, but my godfather, my role model with a PhD from Columbia University, suggested that I study nursing. I took his advice. I first started at Brooklyn Jewish Hospital but completed my nursing preparation at New York City Community College, received a bachelor's degree at Long Island University, and then went on to NYU for my master's and PhD degrees.

My family came to the US from Barbados, West Indies. Money was scarce and it was hard to pay for my undergraduate studies. Without the scholarships I had received throughout my nursing education, completing my graduate studies at NYU would have been much more challenging. I have not forgotten this, and that is why I make annual gifts to NYU Meyers and have chosen to include Meyers in my estate plans. When I think of all the people who guided me and helped to make my education and career possible, I want to "pay it forward" and give others the same opportunities that I have had.

I learned so much at NYU Meyers — not only academically but also how to carry myself and interact with others. I learned never to jump into situations until I understood all the details — an important lesson for life. When I was a student, racial

disparities were even more evident than today. I was one of few Black women enrolled in nursing, and role models were difficult to find. I remembered what my father always told me, "Reach for the sky and don't let people pull you down. Always look toward those who will help you move forward." And I found those people at NYU. I found faculty and fellow students, many of whom became life-long friends and colleagues, who helped me move forward. My experiences at NYU Meyers sharpened my skills in negotiation, making me the professional I became.

Some of the many things I love about NYU Meyers are the diverse student population and the College's global initiatives. I am pleased to see how the nursing profession has broadened its scope, and Meyers is helping to lead the way. There are so many more opportunities for nurses today, and the profession is finally getting the recognition it deserves. I am also pleased to see the role nurses have taken in community health. **Martha Rogers**, who was division director when I was at NYU, always said that in the future, nurses will be more involved in community health — and decades later, she was right! ■

OUR FACULTY

Our faculty are experts at the forefront of nursing research and practice. Here are some of their recent accomplishments.

Clinical Associate Prof. **Susan Altman** contributed to the NYU Institute for the Study of the Ancient World's exhibition on midwifery.

Clinical Prof. **Tara Cortes** wrote an article for *McKnight's Long-Term Care News* about minimal staffing plans in nursing homes.

Clinical Assistant Prof. **Jeff Day** is a member of the Johnson & Johnson/American Association of Colleges of Nursing 5B expert advisory committee. He also will teach a new undergraduate elective in the spring, LGBT Health, to fill a gap in nursing education and improve the health and well-being of LGBTQ patients by addressing disparities in their care.

Assistant Prof. **Daniel David** was a silver winner in the Center to Advance Palliative Care's Tipping Point Challenge, which recognizes innovative initiatives that connect palliative care resources to those with serious illnesses.

Clinical Associate Prof. **Selena Gilles** received the Chi Eta Phi Leota P. Brown Community Service Award and the Congressional Achievement Award from Rep. Gregory Meeks. She also was named associate dean of the undergraduate program.

Senior Associate Dean for Academic Affairs **Kimberly Glassman** was named chair of the NYU Institutional Review Board.

Clinical Prof. **Donna Hallas** was appointed to the American Association of Nurse Practitioners Research Committee for a two-year term.

Clinical Assistant Prof. **Michelle Knapp** presented the keynote presentation at the American Psychiatric Nurses Association's Annual Psychopharmacology Institute. She also has been named director of the psychiatric-mental health NP program.

Mathy Mezey Prof. of Geriatric Nursing **Christine Kovner** was featured in a recent piece for *WalletHub* on the best states for nurses.

Prof. Emerita **Barbara Krainovich-Miller** was named a Jonas Psych Mental Health Subject Matter Expert for 2021-2023.

Clinical Associate Prof. **Fidel Lim** received the 2021 American Nurses Association's New York Nursing Education Award. He was also featured in the Discovery Channel documentary, *American Nurse Heroes*.

Clinical Assistant Prof. **Eda Ozkara San** enrolled in the advanced certificate in cultural competence program offered at College of Staten Island to become a more well-informed nurse educator who continues to integrate culturally congruent nursing care into her teaching, research, and practice. She also presented "Evaluation of the Diverse Mental Health Simulation in Nursing Students' Learning Experience: An International Multisite Study" at the 2021 ASPE Annual Conference.

NICHE Acting Director of Programs **Jennifer Pettis** received the Alzheimer's Association's Frank Carlino Award in recognition of her outstanding advocacy on behalf of individuals and families living with Alzheimer's and other dementias. She also received Sigma's 2021 Amy J. Berman Geriatric Nursing Leadership Award.

Assistant Prof. **Tina Sadarangani** was featured as a Woman of Distinction by *McKnight's Senior Living* for her contributions to elder care.

Assistant Prof. **Jasmine Travers** received a Paul B. Beeson Emerging Leaders Career Development Award from the National Institute of Aging to fund a study entitled, "Identifying Unmet Needs Driving Disproportionate and

Avoidable Nursing Home Placements among Black and Latino Persons Living with Dementia."

Associate Prof. **Victoria Vaughan Dickson** has been elected to vice-chair of the Center for the Advancement of Nursing Science's National Advisory Council.

Clinical Associate Prof. **Mary Jo Vetter** was inducted as a fellow of the American Association of Nurse Practitioners.

Dean's Prof. in Global Health **Bei Wu** gave a keynote entitled "Improving Long-term Care Quality in China" at the Symposium on Chronic Illness Care, 7th Pan-Pacific Nursing Conference, organized by the University of Hong Kong School of Nursing.

Assistant Prof. **Fay Wright** received the KL2 Mentored Clinical Research Scholar Award, funded by the NIH through the NYU Clinical and Translational Science Institute, to study fatigue and metabolic syndrome in Black women.



Prof. **Michele Crespo-Fierro** was the guest speaker at the pinning ceremony for the Southern Connecticut State University Department of Nursing in the College of Health and Human Services.



Prof. **Selena Gilles** walked with the Greater NYC Black Nurses Association in the Mayor's Hometown Heroes parade this summer.



Prof. **Fidel Lim**, along with NYC Men in Nursing, spent a morning preparing nutritious meals for home-bound New Yorkers through God's Love We Deliver.



Prof. **Fidel Lim** presented a guest lecture on infection control for NYU's physical therapy students.



Dean **Eileen Sullivan-Marx** celebrated the new AAN fellows at the Embassy of the Philippines for Filipino nurses in the US.

NYC nurses experienced

ANXIETY, DEPRESSION

during first wave of COVID-19, according to new study

by Rachel Harrison | Associate Director, Research Communications

New York nurses caring for COVID-19 patients during the first wave of the pandemic experienced anxiety, depression, and illness—but steps their hospitals took to protect them and support from their coworkers helped buffer against the stressful conditions, according to a study led by researchers at NYU Rory Meyers College of Nursing.

“A critical part of the public health response to the COVID-19 pandemic should be supporting the mental health of our frontline workers. Our study demonstrates that institutional resources—such as supportive staff relationships, professional development, providing temporary housing, and access to personal protective equipment—were associated with lower levels of anxiety and depression among nurses,” said **Christine Kovner**, Mathy Mezey Professor of Geriatric Nursing and the study’s lead author.

The COVID-19 pandemic has strained health systems around the world. The public health crisis has subjected nurses—the largest group of healthcare professionals responding to the pandemic—and other frontline workers to situations of unparalleled stress, as routine roles and

responsibilities were disrupted. Not only have nurses worked tirelessly to care for very ill patients, many of whom died, but they themselves have been at risk of exposure to a life-threatening disease and worry about bringing it home to their loved ones.

Research shows that nurses responding to disasters can experience anxiety and depression, but a variety of factors—both personal and in the workplace—can help nurses cope with, adapt to, and recover from stressful conditions. This study, published in *Nursing Outlook*, examined what factors helped nurses responding to COVID-19 thrive and what factors may have challenged their mental health.

Kovner and her colleagues surveyed 2,495 nurses across four hospitals in the New York City area that are part of NYU Langone Health. This study was conducted from May through July 2020, during the first wave of the pandemic.

In addition to Kovner, study authors include **Victoria H. Raveis** of NYU College of Dentistry; **Nancy Van Devanter**, **Gary Yu**, and **Kimberly Glassman** of NYU Meyers; and **Laura Jean Ridge** of the University of Michigan School of Nursing. The research was supported by NYU Langone Health. ■

“

The public health crisis has subjected nurses—the largest group of health-care professionals responding to the pandemic—and other frontline workers to situations of unparalleled stress, as routine roles and responsibilities were disrupted.”



ROMANCE DURING COVID-19

by Rachel Harrison | Associate Director, Research Communications

Social distancing, online learning, and avoiding large gatherings have been used to help limit the spread of COVID-19 among young people. But at what cost does engaging in these preventive measures come for adolescents and young adults?

In a Viewpoint in *JAMA Pediatrics*, Assistant Prof. **Yzette Lanier** writes that our national COVID-19 response often overlooks important aspects of teens' and young adults' development and well-being, including romantic relationships.

Contrary to widespread belief early in the pandemic, adolescents and young adults are vulnerable to COVID-19 and are thought to be significant contributors to spreading the virus. But while young people may understand the benefits of measures to prevent COVID-19, the strategies to limit COVID-19 can be isolating.

Romantic relationships, in particular, are a significant source of social support for teens and young adults. These relationships may be especially important now, given the stress of recent world events, including the pandemic and racial injustices.

In her *JAMA Pediatrics* piece, Lanier offers recommendations for how to limit adolescents' and young adults' risk for COVID-19 — while recognizing the associated costs of these measures.

- Lanier calls for *research* on how COVID-19 prevention strategies affect the social, emotional, relational, and sexual aspects of teen and young adult romantic relationships. This research may help identify individuals who are less likely to engage in these strategies and can inform the development of youth-friendly messaging.

- She also writes about the importance of education tailored to this population, including how COVID-19 is transmitted, understanding variants of the virus, and the importance of consistency when engaging in mitigation measures to protect oneself and romantic partners.

- Finally, she writes about providing young people with specific strategies for *COVID-19-safe dating*. This may include guidance on sexual activity that minimizes COVID-19 risk and implementing COVID-19 safety agreements, where partners openly discuss and agree on how they will safely maintain their relationship (e.g. discussions about vaccination or plans for routine testing).

“As we continue to combat COVID-19, more attention should be directed at understanding how adolescents' and young adults' romantic relationships influence their COVID-19 mitigation behaviors and how this affects their risk for acquiring COVID-19,” said Lanier. “This knowledge will help us to develop effective, youth-centered COVID-19 prevention messages.” ■

“

As we continue to combat COVID-19, more attention should be directed at understanding how adolescents' and young adults' romantic relationships influence their COVID-19 mitigation behaviors and how this affects their risk for acquiring COVID-19.”

We are excited to introduce you to five new faculty members we welcomed this fall.



Stacia Birdsall
Clinical Assistant Professor

Prof. Birdsall has more than a decade of clinical practice and teaching experience in public health midwifery including in New Haven, CT; Kabul, Afghanistan; and New York City, where she continues to see patients at the Charles B. Wang Community Health Center in Chinatown.

As a PhD student, she pursued her interest in the social epidemiology of women's health, examining the impact of factors such as acculturation and perceived discrimination. Her dissertation focused on the relationship between allostatic load and birth weight in Hispanic/Latina women.



Kelseanne Breder
Clinical Assistant Professor

Prof. Breder's research interests include LGBTQ health, reproductive rights advocacy, mental health, social determinants of health,

social support, empathy and learning, art and alternative therapies, and user-focused informatics interventions.

Before joining the faculty at NYU, Prof. Breder served as an adjunct professor at Columbia University and Pace University. As a psychiatric-mental health nurse practitioner, Breder has cared for a range of patient populations, from private practice clients to clients who formerly or currently experience homelessness in New York City.



Richard Dorritie
Clinical Assistant Professor

Prof. Dorritie's research interests are the intersection of poverty and racism with the quality and safety of surgical care. His professional activities are focused on developing and advancing nurses as leaders as a member of the NYS Nurses on Boards Coalition, as well as serving the local chapter of the AORN as a board member.

Before joining the faculty at NYU, Dorritie was an associate professor at Helene Fuld College of Nursing, and he completed a teaching fellowship at Columbia's Center for Teaching and Learning. Dorritie maintains board certification in both emergency and operating room nursing.



Mikki Meadows-Oliver
Clinical Professor

Prof. Meadows-Oliver is a certified pediatric nurse practitioner with more than 25 years in the nursing profession. In addition to her clinical work with underserved families in the United States, she has done clinical work in Nicaragua, the Dominican Republic, and Cape Town, South Africa. Meadows-Oliver was a 2019-2020 Environmental Health Nurse Fellow of the Alliance of Nurses for Healthy Environments where she focused on environmental health equity/justice and addressing the disproportionate impact of environmental exposures on vulnerable groups. Meadows-Oliver is a past president of the National Association of Pediatric Nurse Practitioners. She is the column editor for the Practice Guidelines Department of the Journal of Pediatric Health Care. She has presented at national and international conferences and is the author of nearly 60 publications.

Before joining the faculty at NYU, she was a faculty member at Yale University, Quinnipiac University, and the University of Connecticut.

NYU Meyers is accepting applications for full-time faculty positions. To view more information about all of the College's current job opportunities and to apply, please visit: <https://nursing.nyu.edu/open-positions>.



Sharon O'Neill
Clinical Associate Professor

Prof. O'Neill's clinical work includes developing an adolescent transition clinic for patients with sickle cell anemia from pediatric to adult hematology at the Johns Hopkins Hospital, overseeing the mergers of medical and mental health services at University Health Services at the Johns Hopkins School of Medicine. She plays an active role with the National Organization of Nurse Practitioner Faculty on the annual conference planning committee and two special interest groups exploring health policy and social determinants of health. As a member of the Health Policy & Practice Committee of the California Association for Nurse Practitioners, she played an active role in the passage of the full practice nurse practitioner legislation signed into law in October 2020.

Before joining the faculty at NYU, O'Neill was a clinical associate professor, director of the MSN-FNP program, and vice-chair of the Department of Nursing at the University of Southern California Suzanne Dworak-Peck School of Social Work. She also served as program coordinator of the FNP program at Johns Hopkins School of Nursing for seven years. ■

Leadership changes in our research enterprise



Following a national search, Dean's Prof. in Global Health **Bei Wu** has been named vice dean for research effective January 1, 2022. Prof. Wu succeeds Prof. **Gail D'Eramo Melkus**, who has led the College's research program since 2010, overseeing and solidifying NYU Meyers' growth as a top-tier research institution. Prof. Melkus will stay on as a faculty member and director of our P20 Exploratory Center for Precision Health in Diverse Populations.

Prof. Wu first joined NYU Meyers in 2016 from Duke University where she was a tenured professor, director of international research, and held an endowed chair. Before Duke, she taught at the University of North Carolina and West Virginia University.

At NYU Meyers, Prof. Wu holds the Dean's Professorship in Global Health and has held several faculty leadership positions, including director of global health and aging research, director of research for the Hartford Institute for Geriatric Nursing, and inaugural co-director of the NYU Aging Incubator.

As a principal investigator, She has led numerous projects supported by federal agencies and private foundations. She is currently leading several NIH-funded projects including a clinical trial to improve oral health for persons with cognitive impairment, and a large secondary data analysis to examine how the co-occurrence of diabetes and poor oral health may lead to the development of dementia and cognitive decline. She co-leads the newly funded Rutgers-NYU Center for Asian Health Promotion and Equity.

Following the enormous success of Prof. Melkus in the last decade-plus, Prof. Wu will have the opportunity to lead the Meyers research enterprise and continue to propel the College as a force in health science. In that effort, Prof. Wu will work closely with Prof. **Audrey Lyndon**, assistant dean for clinical research, and Prof. **Victoria Vaughan Dickson**, now appointed as assistant dean for research innovation. ■

by Rachel Harrison | Associate Director, Research Communications



Prof. Velda González-Mercado receives NIH grant to study cancer-related fatigue

Assistant Prof. **Velda González-Mercado** has received a grant from the National Institute of Nursing Research, part of the National Institutes of Health. The K23 Mentored Patient-Oriented Career Development Award is a three-year grant of more than \$500,000 that will support González-Mercado's research on the biologic underpinnings of cancer-related fatigue in men undergoing radiation therapy for prostate cancer, through a translational, bedside-to-bench omics approach.

Cancer-related fatigue is one of the most debilitating, distressing, and commonly reported side effects of cancer treatment, with up to 71% of prostate cancer patients experiencing fatigue during radiation therapy. While researchers still do not fully understand why and how radiation causes fatigue, mTOR—a protein that plays a central role in the regulation of cell growth and other fundamental biological processes—has emerged as a focus of fatigue-related research.

González-Mercado's new NINR-funded study will explore the network of interactions among the biomolecules present in mTOR signaling pathways at the systems level. The research will aim to identify and investigate mTOR pathway and activity-related genes, regulation of the genes, and changes in mTOR signaling pathway and activity-related proteins as they relate to changes in fatigue before and after radiation therapy in men with prostate cancer.

"This could shift how we think about and manage symptoms of fatigue by offering an understanding of how the mTOR biological functions are regulated and how fatigue may emerge from its dysregulation," said González-Mercado, who will build on her postdoctoral research and expertise using precision medicine, genomics and other omics approaches, and bioinformatics as they relate to symptom science.

"Exploring the relationship of changes in mTOR signaling pathway at the levels of gene expression, epigenetic regulation, and protein expression will give us initial information about potential mechanisms behind the development of cancer-related fatigue, and may provide molecular targets for individualized treatments, leading to more effective management of fatigue in this patient population," added González-Mercado. ■



Prof. Fay Wright to study fatigue and metabolic syndrome in Black women

Assistant Prof. **Fay Wright** has received a KL2 Mentored Clinical Research Scholar Award, funded by the National Institutes of Health through the NYU Clinical and Translational Science Institute. The award will provide \$285,000 over two years to enable Wright to explore the associations between fatigue and metabolic syndrome in Black women.

Black women are at increased risk for metabolic syndrome, a set of interrelated health conditions that can signal the onset of cardiovascular disease and type 2 diabetes. Metabolic syndrome triples Black women's risk of cardiovascular disease and doubles their risk for type 2 diabetes.

When diagnosed with cardiovascular disease or type 2 diabetes, Black women have a 60 percent increased risk of earlier death compared to other women and men. Researchers believe that the reasons for this health disparity are complex and likely influenced by multiple individual (e.g., inflammation), interpersonal (e.g., family functioning), and community (e.g., everyday discrimination) factors.

"There is a critical need to address the disproportionately high burden of metabolic syndrome on Black women and prevent the progression to cardiovascular disease and type 2 diabetes," said Wright.

Wright's mixed method study will collect biological and survey data to examine the individual, interpersonal, and community factors that influence fatigue in Black women. In the qualitative phase, the researchers will use semi-structured online video interviews to explore participants' perceptions of how fatigue and other factors impact their engagement in healthy behaviors that are known to prevent metabolic syndrome progression to cardiovascular disease and type 2 diabetes. These data will be integrated in the final phase of the analysis to identify barriers and facilitators to healthy behaviors, which will enable Wright to deliver targeted interventions to improve fatigue and modifiable risk factors of metabolic syndrome. ■



Prof. Mimi Niles to study midwifery in public hospitals

Assistant Prof. **Mimi Niles** has received a grant from the Commonwealth Fund to study midwifery care in New York City’s public healthcare system as a means to improve the healthcare experiences of childbearing people.

The US has the highest maternal mortality rate among developed countries, with stark racial disparities in maternal health outcomes: Black women are three times as likely to die than white women from pregnancy-related complications.

Midwifery care is known to improve outcomes, reduce healthcare costs and improve patient satisfaction — yet it only represents 10 to 12% of the maternity care workforce.

“The clarion call for equity-oriented strategies to eliminate these long-standing maternal health disparities rooted in racism is resounding,” said Niles. “Exploring how midwifery care serves communities seeking care in public health networks may guide us and provide actionable strategies in building birth equity throughout the country.”

The New York City public healthcare system — the nation’s largest — has long integrated midwives in maternal care for New Yorkers, including those who qualify for Medicaid. The one-year, \$157,000 grant from the Commonwealth Fund will support Niles’ research to analyze how midwifery care is organized, implemented, and integrated into

existing maternity care services in hospitals that predominantly take care of Black and other historically marginalized people.

The research team will conduct interviews within the eight maternity care services in New York City public hospitals utilizing midwives, including meeting with key gatekeepers — leadership of midwifery, obstetrics, and nursing — to produce a comprehensive report on the strengths, challenges, and potential impact of midwifery integration into the public healthcare system. ■



Prof. Tina Sadarangani receives NIH grant to support research on adult day centers

Assistant Prof. **Tina Sadarangani** has been awarded a third grant from the National Institute on Aging to study leveraging mobile technology to improve communication between adult day service centers (ADCs) and primary care providers caring for people with Alzheimer’s disease and other dementias.

ADCs provide health and social services to a growing number of older adults living in the community — including many diverse, low-income adults with dementia — and are staffed by interdisciplinary teams of nurses, social workers, and other health professionals. People with dementia living at home are susceptible to emergency department visits

and hospitalizations, many of which may be avoidable.

“Adult day center staff are well-positioned to detect changes in older adults’ health status through daily assessment and observations,” said Sadarangani. “When staff can quickly notify an older adult’s primary care provider, it can prevent a minor health issue from escalating into a medical emergency.”

Sadarangani’s previous research found that this communication is rarely seamless: ADC staff rely on slow methods like faxes or voicemails to communicate changes in older adults’ health or behavior, resulting in delayed or no responses from primary care providers. Most ADCs lack the resources to implement electronic health records, and when they do they are rarely compatible with primary care providers’ systems.

Sadarangani’s research will lay the groundwork for and develop a low-cost mobile health app to improve communication between ADC staff, caregivers, and primary care providers around the needs of people with dementia.

The new award, which will provide more than \$900,000 over five years, will fund the creation of the app prototype. It will also support preliminary testing of the app, including the feasibility and acceptability of the app’s use among ADC staff, caregivers, and primary care providers, and whether it reduces hospitalizations and emergency department visits for people with dementia over a six-month period. ■



BREAST CANCER WALK

For the 17th consecutive year, NYU Rory Meyers College of Nursing joined the American Cancer Society's Making Strides Against Breast Cancer Walk in Central Park. The team raised a record high of \$7,338.00, and were ranked number 19 in top fundraising out of 855 teams.

Congratulations to Dean **Amy Knowles** and Student Affairs Officer **Ashley Mott** for their leadership efforts!



NYU LANGONE HOSPITAL-LONG ISLAND PARTNERSHIP

Meyers staff and faculty visited NYU Langone Hospital-Long Island to kick off the College's partnership with the medical school.





VACCINE ADMINISTRATION

Students practiced vaccine administration in the Clinical Simulation Learning Center before administering COVID-19 vaccines as part of their clinical rotations.

Preetsimarjit Kaur BS '21

I come from a low-income, ethnically diverse area in Queens — Jackson Heights — which was, unfortunately, one of the hardest-hit areas during this pandemic. I remember the scenes of tents and refrigerated trucks outside my local hospital and the general fear of contracting the virus that occurred during the early pandemic.

It was a huge step closer to a return to normalcy when the first vaccines came out. When I learned that the Community Healthcare Network was partnering with the GNYCBNA, LIU, and NYU to spread awareness of the vaccines, and to vaccinate underserved minority communities throughout NYC, I immediately knew I wanted to help.

The supervising medical professionals, my fellow vaccinators, and all of the administrative staff were very respectful and helpful to patients. For example, I had a father who inquired about the times we were open because he wanted to get his other son, who did not have an appointment, vaccinated. Since our mission was to get as many vaccinated as possible, I informed the father of the times we were normally open, but also that his son can register and get vaccinated right then, which the son agreed to. The family was grateful to not have to return another day, and it reinforced how respect and teamwork helped everyone involved.

Jonathan Walsh BS '22

After spending a year socially distanced, I was eager to jump at the first opportunity to combat the pandemic, which presented itself at the Church of God of East New York.

I was nervous at first as this was the greatest amount of autonomy that I was allotted to date. I was responsible for educating the patient, documenting the encounter, and administering the vaccine. These nerves quickly left as I started to interact with the patients. They looked to me and my colleagues with great admiration for coming to their community and allowing them to get vaccinated for a virus that had stolen over a year of their freedom.

Many of the patients that I interacted with were hesitant to get the vaccine. Their hesitation was based on uncertainty. We were able to provide education and reassurance that they were indeed making the right choice to receive the vaccine.

One patient made a lasting impact on me. She was a middle-aged woman who came in by herself towards the end of my first night at the clinic. She had just finished her shift at work and was very thankful that we were open late so that she could come after work. After I administered the vaccine, she told me that she lost both of her parents and a sibling to COVID-19. She started to tear up and hugged me and thanked me. This was a special moment that I will not soon forget.

Chase Williams BS '21

As an African American New York native, it was an honor to use the vaccination skills I learned at NYU Rory Meyers College of Nursing to give back to a community similar to my own. I identified with many East New Yorkers and used our shared circumstances to foster a sense of trust. East New York is a resource desert, with minimal access to grocery stores, transportation, and clinics. By bringing Pfizer vaccines to the community and administering them at no cost at the Church of God of East New York, we were able to break down the barriers to health-care and do our parts in keeping New York safe against COVID-19. ■





Meyers Biological Laboratory

AN INNOVATIVE RESOURCE IN RESEARCH

by Fay Wright | Assistant Professor & Director, Meyers Biological Laboratory

The NYU Rory Meyers College of Nursing Biological Laboratory (MBL) provides faculty, students, and collaborating researchers with expert services and support for biospecimen processing for genomic and epigenomic research. With financial support from the Dean's Office and the P20 Center for Precision Health in Diverse Populations, the MBL is uniquely positioned to support and promote biobehavioral nursing research. Meyers faculty and post-doctoral fellows use the MBL to process biospecimens from research participants to obtain plasma and genomic DNA for biobehavioral studies aimed at improving fatigue, diabetes self-management, depressive symptoms, and reducing disparities in hypertrophic cardiomyopathy. The MBL also provides educational opportunities for Meyers undergraduate and doctoral students.

LEAD Honors students isolate gDNA

Recently the LEAD Honors undergraduate students isolated genomic DNA (gDNA) from their saliva as part of a learning module on precision health nursing research. The module included presentations on how nurse scientists use biomarkers to improve health equity and self-management in adults with chronic

conditions. They learned that the research question guides what type of biospecimen to include in a study and the holistic nature of nursing biobehavioral research. The students got hands-on experience with micropipettes, centrifuges, chemical reagents, and vortex machines during the gDNA isolation procedure. Using the NanoDrop spectrometer, they evaluated the purity of the gDNA they isolated. They were competitive about the quality of the gDNA they isolated, boasting about their results on social media. The students said the experience was exciting and opened their eyes to the multiple dimensions of nursing research.

PhD student omic method training

The MBL serves as a platform for PhD students to develop knowledge and skills in omic-based approaches in nursing research. PhD students and faculty could obtain omic training by attending the highly competitive National Institute of Nursing Research Summer Genetics Institute. This program, however, has not been held since the start of the COVID-19 pandemic. The MBL stepped up to fill this gap and provide training on DNA, RNA, and circulating biomarker processing and analysis methods. Directed readings and

hands-on lab experience processing research participant blood specimens in the biosafety cabinet taught them to apply omics to their beginning programs of research.

Faculty research fatigue profiles in adults

Decreasing fatigue in adults with cardiometabolic disease has the potential to prevent complications from these conditions by supporting participation in healthy behaviors. The P20 pilot study "Exploring Novel Profiles of Fatigue in Diverse Adults with Metabolic Syndrome" was designed to collect behavioral data (e.g., perceived fatigue severity, eating practices) and biomarker data (e.g., gDNA and inflammatory markers).

The MBL processed the blood from the research participants to obtain gDNA for genotype analysis and plasma to measure the levels of circulating inflammatory markers. The results of the behavioral and the biomarker data are integrated to characterize phenotypes of individuals at risk for higher levels of fatigue. These phenotypes may identify specific targets for interventions to improve fatigue and collaterally support healthy behaviors. ■



WHAT WE KNOW ABOUT

COVID-19 IMMUNITY

by Robin Klar | Clinical Associate Professor

The human immune system is complex and serves as the defense armamentarium to protect people from invading germs — including bacteria, viruses, fungi, and protozoa — as well as the diseases they spread. While the immune system contributes to overall health, many humans develop acute and chronic diseases when exposed to these germs and/or die prematurely.

In the US, the 20th-century development of knowledge regarding human diseases exploded. At the conclusion of the 20th century the Centers for Disease Control and Prevention (CDC) created a list of the top ten public health interventions targeting morbidity and mortality. These top ten public health interventions added 25 years of life expectancy. The number one public health intervention cited by the CDC is the development of vaccines.

The public health driver for the development of vaccines was the cumulative consequences of the US industrial revolution which brought better-paying jobs alongside a decrease in physical activity and the consumption of more processed foods, more densely populated urban centers, and faster transportation. This was a formula for a greater spread of germs and their resulting diseases as the human natural immune system became overwhelmed.

The current pandemic has brought to the forefront how and why new vaccines are developed. Not since the development of the polio vaccine has the general public been as engaged in knowing about vaccine development and its implementation. Parents of children who were to be immunized against polio had similar questions in 1954. The primary reason parents consented to have their children vaccinated against polio is that they knew someone suffering from polio.

As COVID-19 infected the world's populations, the fourth greatest public health intervention of the 20th century — control of infectious diseases — was implemented using social distancing, wearing of masks, and the closing of businesses and schools. Approximately 377,883 deaths were reported in the US by December 2020, before the Pfizer-BioNTech vaccine was approved for emergency use.

So, should those who have a confirmed case of COVID-19, and therefore some natural immunity, receive the vaccine? The US has now had ten months of vaccination administration, which may provide a clearer answer.

Research on vaccination outcomes has been as robust and rapid as the development of vaccines. An October 29, 2021 Morbidity and Mortality Weekly Report presented data on a study examining those who have some natural immunity from a confirmed COVID-19

case and have not been vaccinated. These individuals are 5.49 times more likely to become re-infected with the virus than those who never had a confirmed case of COVID-19 before being vaccinated.

An October 2021, study in *Nature* presented data on the immune response of those who had COVID-19. Results demonstrated that antibodies developed can offer more protection against future variants and also other coronaviruses. In essence research determined that having had COVID-19 provides similar protection as the first dose of the vaccine. These individuals, once inoculated with a full course of vaccine, have hybrid immunity; memory B cells create a much more effective antibody response.

Knowledge of hybrid immunity resulting from research on this novel coronavirus will potentiate further research to examine natural vs. acquired immunity. It is not worth the risk of acquiring COVID-19 for this hybrid immunity to occur after vaccination as full vaccination with a booster dose is demonstrating similar hybrid immunity.

The evolving science of immunity has expanded the understanding of natural immunity generated with the COVID-19 disease and the current understanding of how bringing together natural and acquired immunity creates a super-immunity known as hybrid immunity. ■



Meet Janet Griffin

Director of Alumni Relations

by Katelyn Wattendorf | Contributing Writer

NYU Meyers has a great alumni community full of people doing amazing things in the profession....It's so much fun to help alumni connect and to connect students with alumni."

Before she began working in alumni relations, Janet Griffin had originally planned to pursue a career in healthcare. Raised in Nashville, she attended the University of Memphis and graduated with a degree in biology. But once she began volunteering at a hospital she realized that healthcare may not be the right path for her — she passed out while working with a provider when they were caring for a particularly challenging patient. She shifted her focus and ended up finding fulfilling work in higher education.

Before joining Meyers in 2017 Griffin worked in alumni relations at a liberal arts university. In her own words, "When I tell people my job title, most have no idea what I do," she said. "It's a mix of marketing, project management, customer service, and strategic partnerships." She defines her role as fostering a lifelong relationship between alumni and the College through engagement including events, volunteering, and communications.

In fulfilling this mission, Griffin's day-to-day schedule is full of a wide array of tasks. She plans upwards of 20 events every year that cover areas such as networking, social programs, and professional development. Every week of the spring and fall semesters, she invites alumni to speak in the baccalaureate classes. On top of this programming Griffin also manages the Meyers Alumni Association board and all its committees, oversees a mentoring program, maintains communications across social media and

email outreach, and works with the board to identify alumni for awards.

"NYU Meyers has a great alumni community full of people doing amazing things in the profession," she said. "It's so much fun to help alumni connect and to connect students with alumni."

Griffin doesn't hesitate to credit the amount of teamwork involved in this role, specifically the role the board and committees play in making alumni relations efforts a success.

"The people who serve on these groups are very committed to the College and innovative in fulfilling the board's mission," Griffin said. "One of my favorite moments was when the Nursing Administration Alumni Advisory Council won the NYU Event of the Year Award for the CNO Panel Discussion."

Just like in nearly every profession, Griffin's work underwent many changes during the pandemic. Although this teamwork dynamic shifted online the work became even more rewarding in many ways.

"It was an incredible experience to support the nursing alumni during the COVID-19 pandemic," Griffin said. "I listened to their stories of working on the front lines, worked with alumni to create relevant programming and communications to provide additional support, and helped virtually transition the graduating students to the alumni community."

On the topic of graduating, Griffin says that her number one piece of advice for students

is to stay connected to Meyers even after graduation, no matter what role you end up in or where in the world you are located.

"NYU alumni are working in administrative, clinical, and academic settings around the world," she said. "Never be afraid to lean on your NYU network for support."

Griffin is no stranger to the importance of support from those around you. While she has worked in higher education for more than 10 years, she has a particularly personal connection to her position at the nursing school.

"I am a grateful patient," she explained. "Five years ago my younger daughter spent five months in the PICU before passing away. During that time, I made beautiful connections with the nurses who cared for her. I learned firsthand the vital role nurses play in caring for their patients and their family members. They made sure I had a meal when the cart came around. They dressed my daughter up on the days they knew I was coming to visit. They gave me hugs on the bad days and laughed with me on the good days. They helped me understand the complicated care my daughter was receiving. On my daughter's final day, all the nurses on the unit came to say goodbye at the end of their shift and pay their respects. It was a beautiful moment that I will never forget. Remembering the wonderful nursing care my family received, it is an honor to support this profession through my position at Meyers." ■

Meet Kevin McClean

Senior Systems Administrator

by Katelyn Wattendorf | Contributing Writer



Although he currently lives in Jamaica, Queens, Kevin McClean, Senior Systems Administrator at NYU Meyers, is from a different Jamaica—the island country in the Caribbean. The youngest of six children, McClean and his family lived on the island until his mother made the decision to immigrate to America for a better opportunity. They officially moved to the US when he was ten years old.

McClean began working at NYU in January of 2019, and this is the first college to which he has brought his systems and IT skills—he previously worked at an indie music company.

As senior systems administrator, McClean summarizes his job as fitting into four broad categories. The first is “maintaining the current computer hardware infrastructure,” which involves “updating/patching all the hardware (desktops, laptops, and servers) and software to keep everything up to date,” McClean explained. Another part of his job is implementing the College’s strategic vision, including “forecasting the needs of the College and mapping out how IT can help make that happen,” which could include “creating new systems to help our customers accomplish a goal, upgrading existing systems so they meet higher demand, or optimizing processes so they are more efficient.” The last two components of his job include project management and capacity planning. As he explained, “It’s all

about people and how much work that they can do effectively. I like to use it as a gauge to determine if we can take on more work or if we are doing too much.”

In juggling this complex and multi-faceted role, McClean relies on a multitude of skills, including a strategic mindset he brings from his experience as a gamer.

“I’m what you would call a minmaxer,” he explained. “I try to minimize the resources expended while maximizing efficiencies. Sometimes resources can be time, money (or gold coins in-game), and/or man-hours. This is important for my role because it is not a revenue producer for the College. My team adds value based on how well we can maximize the resources we control, including reducing the deployment time for new hardware and automating repetitive tasks to save time.”

As for the key traits he considers essential for success in this field, he highlights emotional intelligence. “Jobs are filled with stressful situations and learning how to maintain your calm during these situations is key,” he said.

Beyond the skillset that he brings to the table, McClean is surrounded by a talented team that he credits as being the most rewarding part of his job. “Each of them is a creative person and I get to experience how they approach and solve problems from their perspective,” he said. “When working with them I get to brainstorm ideas; I can

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I’m what you would call a minmaxer . . . I try to minimize the resources expended while maximizing efficiencies.”

use them as a sounding board; and, for those who have been at the College longer, they can also be a source of Institutional knowledge to give a few examples. All in all, this allows me the opportunity to grow in unexpected ways and it helps keep my mind flexible when approaching things.”

When asked for the one piece of advice he would give to Meyers students, he said “Be kind, not nice! What that means, he said, is “as you advance in careers you will be asked to give feedback. Being nice is complimenting someone’s attempt even when they did a poor job. Being kind is taking the time to give real feedback in a respectful manner that will help that person learn and grow. We’ve all had people be nice to us, but not always kind.” ■

Q & A with Jasmine Travers

Assistant Professor

by Rachel Harrison | Associate Director, Research Communications

Has the COVID-19 pandemic had an impact on your research? What new challenges have you been presented with while conducting your research?

COVID-19 has been the 911 moment for nursing homes, bringing more attention to the research that I focus on around access and delivery of person-centered equitable quality nursing home care. For the first time people are listening to what the problems are in nursing homes and I can truly say that I feel that change is right around the corner. Both the research that I have conducted previously (e.g., workforce issues, vaccinations, healthcare disparities, long-term care access) and currently feel important and needed more than ever.

Initially I didn't experience any new challenges while conducting my research. I primarily use large national data sources to conduct my research and access to these data sources did not change during the pandemic. There was an abundance of data sources for me to leverage to answer important questions. Also there was a need to get research findings out at lightning speeds so it was important that I was quicker than usual with dissemination efforts, but that didn't present a challenge.

I am seeing, however, as I am moving into more of the primary data collection space, that recruitment of participants is a bit challenging. For example recruitment of older adults, especially early on in the pandemic, in a very virtual space posed challenges

to the inclusivity of those who had access to virtual platforms for a study where I was looking to understand barriers to older adults accessing the COVID-19 vaccine.

Additionally I am seeing and will see more challenges with researching nursing homes. Still at this time not all nursing homes are allowing outsiders and researchers into their facilities, and/or nursing homes are working under very suboptimal conditions (e.g., understaffing, fighting COVID-19).

You've studied vaccine hesitancy in nursing homes and other long-term care facilities. What can your research teach us about improving COVID-19 vaccination rates in these settings?

As opposed to referring to it as vaccine hesitancy, I would refer to it as vaccine acceptance. When looking to improve COVID-19 vaccine rates, my research highlights how important it is to ensure that there are representatives from each group that one is targeting at the decision-making table and how important various strategies are to increasing vaccine acceptance. For example, we saw last December that certified nursing assistants (CNAs) were not going to be as readily accepting of the vaccine and we've seen that for influenza vaccine as well so then how do we meet these CNAs where they are and plan for this ahead of time?

Additionally in a qualitative multi-site study that my research team and I conducted of more than 10 nursing homes across the US

we found a number of barriers to participation in infection prevention and control efforts for CNAs. Five key themes emerged as perceived barriers to effective infection prevention and control for CNAs: 1) language/culture, 2) knowledge/training, 3) per-diem/part-time staff, 4) workload, and 5) accountability. These findings point to the need to ensure that CNAs have important knowledge, see themselves as part of the solutions, and ensure that language and culture are considered when working with CNAs.

What short- and long-term effects has the federal mandate had in these facilities?

Additional mistrust, animosity, and an us-against-them effect.

You recently received an Emerging Leaders Career Development Award from the National Institute on Aging to study disparities in nursing home use among Black and Latino older adults with dementia. Can you tell us about these disparities and the factors that influence whether someone ages in place or moves to a nursing home?

The US has seen a continued surge in nursing home use among older Black and Latino adults over the past decade (12% and 24% increase, respectively). Simultaneously the number of white older adults using nursing homes has declined by 3%. These disparate shifts come



“**My long-term goal for this research is to be able to prevent potentially avoidable nursing home placements and enable aging in the home and community for vulnerable older adults.**”

when federal and state entities have prioritized long-term care delivery in the home and community due to public costs and potential negative consequences of nursing home use magnified by COVID-19.

Consequences include higher risks of infection, isolation, poor quality of care, misalignment with older adults' preferences, and exorbitant costs to the healthcare system. At greatest risk of experiencing these consequences due to documented disparities in long-term care delivery are older Black and Latino persons living with dementia. This 65+ group has an overall dementia prevalence of 14.7% and 12.9%, respectively, and are increasingly using nursing home services at disproportionate rates, despite recent initiatives to meet the wide-ranging long-term care needs of older adults in the community setting and unrelated to changes in population estimates. Many stays in nursing homes are medically unjustifiable and thus avoidable.

Reasons for shifts in nursing home use among Black and Latino PLWD are multi-factorial but inconclusive. Some researchers have theorized that recent shifts in the racial/ethnic composition of nursing homes are partially due to increased use of assisted living by white older adults, thereby increasing nursing home beds available to Blacks and Latinos. A larger body of research points to

the changing dynamics in the traditional use of informal caregivers among older Black and Latino adults. Older Black and Latino adults have seen dramatic changes in the home (e.g., families increasingly working outside the home) that may have limited the community's informal long-term care support they have traditionally had access to.

A recent literature review shows that disparities in nursing home placements can additionally be explained by differences in enabling and need factors (Andersen's Behavioral Model of Health Services Use), including fewer financial resources (enabling) and worse health (need). Andersen's Model and prior research, however, have been focused on understanding which factors drive older adults to use long-term care but do not assess the unmet needs preventing older adults from receiving care in specific settings and lack a persons-living-with-dementia focus. Individual preferences and structural/systemic racism (e.g., residential racial segregation and discrimination) may further explain disparities in the rise in nursing home use.

Based on studies that have found racial/ethnic differential growths in nursing home use, we propose that Black and Latino persons living with dementia have unmet needs that are inhibiting their ability to remain in the community setting to receive long-term care. Few studies have investigated the actual reasons for this differential growth; furthermore, no studies, to our knowledge, have performed qualitative assessments of these disparities to understand the reasons behind them.

This leads to the premise for this study.

How will you identify and assess the needs of older adults of color who are living with dementia in your research?

Our overall objectives are to: first, identify unmet needs that disproportionately drive avoidable nursing home placements among Black and Latino persons living with dementia

compared to their white counterparts using an exploratory sequential mixed methods design and secondly, move preliminary findings onto the public agenda as a policy issue.

We will use qualitative interviews with up to 35 persons living with dementia and 55 key informants to describe the unmet needs and barriers driving avoidable nursing home placements. An integrative analysis of qualitative findings using a building technique for mixed methods instrument development will inform the creation of an unmet needs assessment instrument, IN-HOME, that will be developed, refined, and piloted with 20 people living with dementia in nursing homes and 20 family care partners in Phase II: Aim 2 and psychometrically tested with 150 people living with dementia and 150 family care partners in Phase II: Aim 3. IN-HOME will allow the team to identify which unmet needs are associated with avoidable nursing home placements among Black and Latino people living with dementia compared to their white counterparts to inform a policy agenda in future research.

What is your long-term goal for this research on disparities in nursing home use?

My long-term goal for this research is to be able to prevent potentially avoidable nursing home placements and enable aging in the home and community for vulnerable older adults.

If you could change one thing about long-term care in the US, what would you change?

The way we view long-term care so that it's no longer seen as a place where people want to stop living just because they need help with living. From there I think we would see better investments in long-term care across the board (e.g., staffing, financing, quality, culture, and design). ■

FEATURE

AN INTERVIEW WITH Rep. Lauren Underwood

Edited by Christine Kovner | Mathy Mezey Prof. of Geriatric Nursing

Eileen Sullivan-Marx (ESM): Journal readers are a wide range of nurses. *Policy, Politics, and Nursing Practice* has been something that I've been involved with for most of my career because it intersects the things that matter to me most — policy, politics, and practice. The readers often are graduate students and faculty. Faculty use the articles for undergraduate students as well.

You've done so much for nursing. In fact, that is one of the things that I think is unique about you. From the get go, you have been out there as a nurse who's running for Congress. A number of people who are nurses have been in Congress over generations. But to me, you took it on as you're running for Congress and you're getting involved in politics and policy, because you are a nurse and use nursing as your framework for who you are. You've just been marching forward with a new banner and a new wind under your sails for nursing. I think that's what excites so many nurses about your career. We want to know a little bit about how you came to that.

First, as maybe a student thinking about nursing. Then, you're a nursing student and then at what point did you see the way to blend policy and politics and nursing?

Lauren Underwood (LU): When I was in elementary school, I was diagnosed with a heart condition, and it was that early experience with my pediatric cardiologist and team that inspired me to go into healthcare. I just knew that I wanted to help people and help other young kids like me who were going through scary kind of isolating times. I didn't know anybody else who had an experience like I had. There were these really compassionate adults and it's the care that I received that put me on this path.

I picked nursing in high school because it was really important to me to stay in the

healthcare field. I had discovered public health, and I knew that that's what I wanted to do. Community and population level interventions that's how I would phrase it now. In high school, I wouldn't have quite said it the same way, but I knew I was going to need a master's degree in order to really have the kind of impact that I wanted, and so I was looking for an option for an undergrad major that would enable me to always have a job. That was so important to me just given what was going on economically in our country and within my family. It was important for me to always be able to work, and that was what was so attractive about nursing. I could move anywhere in the country. I could always work and I would have this great foundation to be able to build upon if and when I might be fortunate enough to be able to continue my education. At the same time, my family was always politically aware. They were not politically active, so we were not active in campaigns. My parents were not active, even with advocacy groups. But we watched the news every night. I read the newspaper — the physical newspaper — every day and I was aggressive about it, I had to be the first person to read that newspaper, because I did not want to see it crumpled-up or see any section missing. I wanted to be first reading the newspaper.

In high school, the mayor of my town set up this program for the first time that high school students could get appointed to local boards and commissions. When I was 16, I got a one-year appointment to our town's Fair Housing Commission. This was during the time that the courts were deciding whether Section Eight Vouchers [government assistance program to help families obtain and retain a home] were legal sources of income. If there were then any apartment complexes that were discriminating against people because they had the Section Eight Vouchers were in violation of

civil rights law. Our community had this reputation of being very open, welcoming, and diverse. What I found in serving on this Commission was that everybody didn't have that same experience. I loved it. I was young. I was curious. I was opinionated. I was the student commissioner.

I was learning about a new field in my community but really having impact. I got reappointed my senior year. Then went to the University of Michigan to study nursing. I knew about public health. I was interested in public health. I was interested in politics broadly, and I had this experience in local government. I didn't know what I was going to do with all of those things. Then, second semester freshman year at 8 a.m. on a Monday, there was an honors seminar that I had to take. It was mandatory for 10 of us. I was the only person excited because it was policy and politics in nursing and healthcare.

Dean Ada Sue Hinshaw, the legend, was our faculty along with Dr. Barbara Guthrie. They guided us through this introduction to healthcare policy and nursing policy and what we could do and the impact we could have. My mind was blown. I had never heard that phrase health policy before. And when I found out about it, I was like that's exactly what I want to do. So, I was blessed and fortunate to be introduced so early in my curriculum, so early in my career. Then, I made every decision from that point in order to get the experience that I would need to be impactful. The summer after my sophomore year I interned for Sen. Obama in DC. The summer after my junior year I interned for the CDC in Atlanta. Then, the summer after my senior year I was enrolled in my MPH program. I was focused once I found out which pathway I wanted to follow.

ESM: That's terrific. You know so many of us have had that experience of being active. For me, it was in the 60s in high school and in my town. My parents were not active but very aware of



Rep. Lauren Underwood serves Illinois' 14th Congressional District and was sworn in on January 3, 2019. She is the first woman, the first person of color, and the first millennial to represent her community in Congress. Rep. Underwood is also the youngest African American woman to serve in the US House of Representatives.

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politics. My mother was always an Election Board Judge of Elections. We ran a small business in town, so you knew a lot of people. I had an uncle who owned a small-town newspaper. It was always that kind of exposure. I think you were able, in your generation to jump right in—the fact that you were exposed to Ada Sue Hinshaw and Barbara Guthrie at that point. Because for so many of us it was this thing over there on the side. We would join a nursing organization. But it's the directness I think that you were able to do and that hasn't been easy, because I think some people say how real are you. Because in our day you had to do two years of med-surg. In fact, if you wanted to do community health, you had to go round robin to get there. I think that's a great advantage for you. Can you say something about some of that? Comments you might have had where people are saying wow how is this nursing health policy? How is it practice?

LU: What's interesting is that my alma mater, University Michigan, was very clear that they were training us to be exceptional nurses and exceptional nurse leaders. And that was always the foundation. They fully expected us to go on and be an APRN and they expected us to go on and be faculty. They expected us to be innovators and leaders and that's why I think that they're not entirely shocked that I ended up in Congress. Because there was this expectation that we were going to go on and do these great things for our profession, to push the profession forward, and I just happened to be in school at that time.

In the late 2000s, we had a nursing shortage. The profession was innovating in terms of how we were going to meet the needs for the future of our profession. There was an openness to have the accelerated degree programs and accelerated PhD programs, to have impact, looking at the demographics of our profession, looking at the growth that we were seeing across the country and the need for people to lead in order to take care of our communities. For me, I felt really comfortable expressing my ambition and I felt supported within my institution that they were going to find clinical opportunities for me to meet the qualifications, yet still explore my unique interests and I felt

supported in my ambition. That's just unique, I would say in general, and that's not just for nursing. I think it's something that's unique for young women. I think it's unique for people of color to be not only yes that's great, go for it, but what can we do to help you? Here are some people that you should talk to, connecting me with mentors and friends during this crucial time when I was exploring what a career in health policy could mean and, as you know, there are so few policy nurses. It is an incredibly small community. And so, as a result, we all know each other and to be introduced to that community as a student and then be connected and supported in that way, I never felt limited.

ESM: That's great. That's important to note for this article that Rep. Underwood never felt limited. Even recently into my PhD program writing my essays, it was you're not going to do that policy stuff. You're going to do X, but I kept doing the policy stuff on the side, but yet it is what I became most known for. I had to do this other thing, which was good work, but anybody could have done it, I wanted to drive unique things.

LU: When I was looking for graduate programs that was part of my assessment. Could I find a place that would be equally or even more supportive and more creative in terms of the ways that I could get these competencies and what it meant to be a public health nurse and be the best public health nurse; then, also, to be able to grow and learn and contribute and that's why I went to Hopkins and also the proximity to DC. What I wanted to do was clear from the beginning. I think that's something really special and I hope that more and more schools of nursing have the courage to embrace students who may express some nontraditional goals.

ESM: I know that you've been supportive of recommendations we've made to Congress for funding nursing education. Tell us a little bit about that inflection point when you decided to run for Congress.

LU: I had spent seven and a half years working at the HHS. I was first a career employee working on the ACA, private insurance reform, healthcare quality and Medicare, preventive services, and basically anything the Obama administration was getting sued on related to the ACA was in my portfolio and I loved it. I spent my early 20s doing this work to connect 23 million Americans with coverage. And then I joined the administration to work on public health emergencies and disasters. I joined the Obama administration the week that Mr. Duncan had Ebola in Dallas. We did Zika, the water crisis in Flint and all sorts of natural disasters and emergencies. I stayed until the last day. The Trump transition made it really clear that they wanted to take away healthcare coverage from people, which was not what I was about. I knew I couldn't stay in government to help them. I had a choice about staying in or leaving because I had been a career person first at HHS.

I left the executive branch and returned home to Illinois. I was working for a Medicaid Managed Care Plan in Chicago living my best life and I just happened to go to my Congressman's town hall.

This was during the time of Obamacare repeal during the spring of 2017. There were all these versions of Obamacare repeal that were up for consideration. And the Congressman said that he was only going to support a version of repeal that let people with preexisting conditions keep their healthcare coverage. I was a nurse that worked on the ACA and I have this healthcare condition. And when he made that promise I believed him. That was his line in the sand. Literally two weeks later he voted for the American Health Care Act, which was the version of repeal that did the opposite and made health insurance cost prohibitive for people like me to get care. I got really upset. I was just furious and I said, you know what—I'm running. This is too important. You can't be cavalier with people's healthcare.

And so, I did all the things: you reach out to the party and start talking to folks. But what was really key is I went to lunch with one of my girlfriends and told her I had this crazy idea to run for Congress. She pulled out her notebook at lunch and started writing things down and she

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was my partner in that first primary campaign and we figured it out. When I said I was the most unlikely person, people were like oh wow that's so sweet that you're running. They didn't even think I had a chance, but I beat six guys in that primary. And beat that incumbent Congressman in November 2018.

ESM: Besides the fact that you were enthusiastic, passionate, well-informed, what was one of the drivers as to why you kept leaping forward beyond the usual kind of a candidate?

LU: Two things. The number one issue in the election was healthcare and I brought expertise as a nurse. Someone who worked on the ACA. I was working for a provider—a private company. I've been a patient and I understood the law as it was, and I had a greater understanding of the ACA than my opponent, the Congressman, and then all my primary opponents—these six guys—they're great guys—they just did not have the expertise. When I walked into a room, even with people who didn't share my political point of view, they knew that I was very clear on what was going on in our healthcare system. I had many solutions. They knew that I understood the problem and I understood what was going on with their families and that I had been fighting for years to try to solve it. They knew that there was alignment between the key issue and my background. Healthcare was number one across all demographics including our farmers who had been searching for healthcare solution for their families for years, and had not found anything that would work. That enabled us to walk into every room and be taken seriously, even if we didn't agree on anything. People knew that on this issue, which was important to them, that I had credibility. The second thing is that we were willing to show up everywhere in person to engage people and build connections.

I remember that first clinical skills course that I took in school and we were taught how to build rapport with our patients—to have that connection in a few short moments because you don't have a lot of time when you walk in. You introduce yourself. You have to look into their eyes and say "Hi I'm Lauren. I'm your nurse, how are you today?" And if they're nonverbal you're doing that with a family member or someone else that's there with them, because if you don't have that trust and that therapeutic relationship it's not going to

go well during your shift and you really could set that patient back. It's up to us to be skilled at building that connection. I do that every day in my job and I was stunned when I identified that it feels the same way in the campaign at it did walking into that patient's room.

ESM: That's a great point. I think that we start to so internalize nursing that we take ourselves for granted. Do you think that? So that you say this is nurse power and nurse skill.

LU: It's the same skill sets and I think that you know the nursing process, the way that we solve problems, the analytical abilities that we have. That you don't jump to the intervention before doing an assessment. And that you do a complete assessment before jumping to an intervention. That process has guided me through Congress and it has offered a lot of clarity, because a lot of my colleagues have no idea what problem they're trying to solve. And there's this superficial understanding. No one is an expert on everything. But I do think that, for the things that we're going to call ourselves, we have got to take the time to do the assessment. And that is something that was just ingrained throughout my education and that I've applied as a Congresswoman. I say that I am a data-driven evidence-based policy maker. We take our cues from the literature. We try to embrace solutions that have some suggestion that they would work as intended. If the evidence is not robust then I'll write a bill asking for more information. Can the GAO do the study? Can we find somebody to get us this information so that we can make an informed decision?

ESM: One of the things that I noticed too is if I'm alone, as the only nurse and I'm doing this that once I start getting a few more nurses engaged in something—in a board or in a process—then we're all doing it together. It's the lift for nursing to really make a profound difference. It starts to surprise everyone. I've certainly done that—at NYU and I've done it elsewhere. How do you connect to other representatives? We don't have a senator at this point who's a nurse. How is that network and what is your vision? Would it be to have 20 nurses in Congress?

LU: Right now there are three of us. There is Rep. Eddie Bernice Johnson. She's the Chair of the Science, Space and Technology Committee,

which is just incredible to have someone with her expertise. I have a new colleague, Cori Bush from St Louis. It's been so great, because all three of us are Democrats and we're all Black women. We're from different generations and from different regions of the country. Our approach to the job is different and yet we share, I think, this common recognition of the importance of healthcare and people's health—social-emotional wellbeing. In terms of an embrace and a recognition of the roles social determinants of health play and a willingness to speak out regardless of the policy issue on the impact that those can have on the communities that we serve. We talk about issues differently. We do the work differently. I would love it if we had a nurse colleague on the other side of the aisle. I think it would create a richer dialogue about these important issues like healthcare, economic security and right now we have so much food insecurity in this country. Because of the pandemic and people lost their jobs and it's just such a volatile environment, you do not have to be on one side of the aisle or another to acknowledge how important it is to have access to healthy, nutritious foods and, unfortunately, when the conversation ends up being dominated by people from one part of the country or one political persuasion or one gender or one race other folks tune it out and they think that it's radical or that there's something extreme about it. When, in reality, what we're talking about is our values. I think that as nurses, we share a lot of values.

I taught for a number of years at Georgetown. It was required course in the master's program and my students at the beginning would always come in and they'd say "Why do I have to take this class? This is so ridiculous. I'm not political. I don't care if my husband makes the political decisions for our family." And then, by the end of the term they would say, "I see." You have this experience most likely. There's this tension between who supports nursing, who supports us, who supports our profession, and who is crafting policies that will help our patients. And who, as the nurses, people are more aligned to vote for and then, when they start digging in, some folks start to see that their favorite candidates are not always aligned with their professional values or their personal values or who they are, there's a tension there. And having to coach folks that it's okay to be supportive and to lobby and to advocate and to champion someone who is doing the work on behalf of

Policy, Politics & Nursing Practice is a quarterly, peer-reviewed journal that explores the multiple relationships between nursing and health policy. It serves as a major source of data-based study, policy analysis, and discussion on timely, relevant policy issues for nurses in a broad variety of roles and settings, and for others who are interested in nursing-related policy issues. **Mathy Mezey** Prof. in Geriatric Nursing **Christine Kovner** is its editor-in-chief.

your colleagues and your community and still not want to vote for that person. It's okay to have that kind of point of view. It was so powerful for our profession for people to see what it means to be a nurse grounded in these values that say that people should have healthcare. People shouldn't be going hungry. Folks should be able to afford their prescription drugs. Seniors should be treated with dignity and have end of life care, compassionate comprehensive end of life, care and not come from a Democrat's mouth.

ESM: But imagine if we had 20, 30, or 40 nurses [in Congress]. It would be huge because that's how we move forward. One of the things that when you're talking to an undergraduate student and they're in that course that they don't want to take what advice do you have to faculty who teach that course? What kind of tricks do you have? Do you assign projects?

LU: I always was very clear about what was fact and what was opinion. Is it politics? We all have these beliefs and convictions and mine would obviously creep out as I was teaching. I always tried to be very clear to give alternate sources and use nonpartisan sources to maintain credibility. I would also encourage folks to pick projects that aren't necessarily the most straightforward hospital clinical projects. We used to do a lot around sidewalks. If you are advocating for sidewalks in your community is that a public resource that the taxpayers should be funding? It's not a partisan issue like Medicare and payment policy but a public good for public benefit in terms of injury prevention. It is much easier to teach students individual skills than to teach them how to articulate their point of view using the evidence. There's robust evidence around injury prevention and helmet use and whatever without a partisan point of view. They were getting confused as to that tension point I was talking about.

ESM: Like Wi-Fi access in neighborhoods, whether it be for small businesses or individuals.

LU: Things like that.

ESM: You can move that forward. That's certainly one of the things that can be helpful. What's your typical day like? You have talked a little bit about your committee responsibilities.

LU: In this Congress, I am assigned to two committees—the House Committee on Veterans' Affairs. I'm on the Health Subcommittee. The VA is an incredible health-care system that has its challenges. I focus pretty exclusively on suicide prevention, mental health, and women's healthcare. The VA has this unbelievable responsibility for caring for women veterans across the lifespan. I think folks forget that there are still cadet nurse corps members from World War II that are alive and they're active and they're getting care in the VA that has been inconsistent at best. I also serve on a House Committee on Appropriations. The Congress has three core functions: we create programs and we call that authorizing to solve problems. We fund the federal government appropriations, including funding those programs, and then we do Congressional oversight over the executive branch. Within the appropriations committee I am assigned to the Agriculture Subcommittee, which also has jurisdiction over the FDA. That's how we fund COVID-19 and tobacco. Trying to make sure that we are curbing the tobacco usage epidemic. And then I serve on the Homeland Security Subcommittee. There we have ICE, immigration, FEMA, cyber security, and the US–Mexico border and the Canadian border. It's fascinating and then obviously I still do healthcare work, too.

ESM: I remember when I was involved in my fellowship for policy that it is agriculture that has a lot to do with senior centers because it really is a lunch program. What kind of assistance would be great for nursing to give you? We have enthusiastic students, we have enthusiastic graduate students, and we have retired faculty. How can we be helpful to you?

LU: In addition to that, I also cofounded and am cochair of the Black Maternal Health Conference to improve our nation's the maternal mortality crisis and we've had such incredible support from the nursing community in that work, which has just been extraordinary. We've already made significant change. The American Rescue Plan, which is the latest COVID-19 package, included our Medicaid expansion. For the first time, we're extending Medicaid coverage to folks for the full year long postpartum period, instead of their coverage cutting off 60 days, which we know

is just completely inadequate. Nurses have been so helpful for us in terms of gathering and presenting evidence. Many of these problems have a local focus and for us in Congress it is very difficult to get that kind of local data. Evaluation type data demonstrating that an intervention is effective. We can build relationships with nurses, either in our communities or folks who've been impacted by these problems. Site visits and testimonial stories are very powerful. I think that nurses take for granted that every elected official knows a nurse or has interacted with nurses. We assume that they know about the work that we do. In my experience that is completely false. They have no clue what happens at schools of nursing. They have no idea the level of expertise that a BSN graduate brings. They have no idea what APRNs do. They have no idea what practicing to the full extent of our education and training means. We [nurses] have got to do better about inviting them [members of Congress] in. My colleagues are very familiar with physician education. Their whole advocacy strategy is completely different than how nursing engages members of Congress and we've got to step it up.

ESM: Absolutely that's a great point well, I know that we had about 30 minutes to cover this interview.

LU: Thank you. I'm honored to be able to help lead us forward. Let me know what ideas you have. I mean we really love when people come to us with ideas. The first time I heard that we are going to be proposing a billion dollars for nursing education, I wasn't sure, and then I thought is that enough? ■

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Interview courtesy of *Policy, Politics & Nursing Practice*

FEATURE

Within approximately one week of the COVID vaccine being authorized for 5- to 11-year-olds, about 900,000 kids received their first dose. 700,000 more had appointments at local pharmacies to get their shots.



VACCINES FOR CHILDREN 5- TO 11-YEARS OLD WILL PARENTS CONSENT

by Donna Hallas | Clinical Professor & Director, Pediatrics NP Program

Vaccine hesitant and vaccine-refusing adults are playing a significant role in prolonging the COVID-19 pandemic. When the COVID-19 delta variant became the predominant strain in the US, TV news shows and newspapers continuously reported the significant increases in hospitalized patients who were unvaccinated as well as an increase in death rates of those who were unvaccinated.

As of October 17, 2021 there were 724,329 deaths in the US due to COVID-19, and the death rates continue to rise. Media reports indicated that 99% of COVID-19 deaths, as of July 29, 2021, during the delta surge, were in unvaccinated individuals. It is a perplexing problem based on strong evidence that achieving nationwide herd immunity levels to end the COVID-19 disease prevalence in the US can be accomplished with the current COVID-19 approved vaccines. Most baffling is the strength of the beliefs of those who are vaccine-hesitant and refusers based on anecdotal stories that we know are misinformation propagated through social media websites and platforms.

From March 1, 2020, through April 30, 2021, an estimated 1.5 million COVID-19 cases in children ages 11- to 17-years old have been reported to the CDC. The Pfizer BioNTech COVID-19 vaccine had received emergency use authorization (EUA) by the FDA in December 2020 for the administration of the vaccine to individuals 16-years old and older. The Pfizer BioNTech COVID-19 vaccine, which

is now marketed as Comirnaty⁴, received full approval from the FDA on August 23, 2021, for individuals 16-years old and over.

The Pfizer-BioNTech COVID-19 vaccine received FDA EUA for children 12-through 15-years old on May 10, 2021. One week after the approval by the FDA and the CDC for distribution, more than half a million children 12- to 15-years old received the COVID-19 vaccine according to the CDC. On September 28, 2021, the FDA received a request for EAU for the randomized controlled clinical trial data for a lower dose of the Pfizer COVID-19 vaccine for children 5- through 11-years old, which it has approved.

Cognizant of the fact that children from 5-years-old through 17-years old are not permitted to consent for medical treatment or immunizations without parental consent, the question is: Will vaccine-hesitant and vaccine refusing parents say no to the vaccine for their children in these age ranges, and especially for those in the age range of 5- through 11-years old and for their 12- to 17-year-old adolescents?

The Pfizer-BioNTech COVID-19 vaccine information from the clinical trial for children from 5- through 11-years-old to the FDA for EUA approval, per Pfizer and BioNTech, is safe and data analysis revealed a robust immune response with 100% efficacy. The clinical trial data supported a lower dose for children ages 5-through 11-years-old than the doses for 12- to 15-year old children and for the adult dosing. This clinical trial data is consistent with the known physiological and immune system

responses of younger children to vaccines and medications in general. The outcome of a robust immune response to the COVID-19 vaccine is a positive outcome that can be included as part of the conversations with parents to reduce the fears of those who are vaccine-hesitant or refusers.

Some parents may have received the Moderna vaccine and may want their children to receive that vaccine. Moderna submitted their clinical trial data to the FDA for EUA for children 12 to 17-years old in June 2021 as the company's original EUA was for individuals 18-years old and over. Moderna had a total of 3,732 participants 12- to 17-years old in their placebo-controlled trial. The intervention group (2,489 adolescents) received two injections of the mRNA-1273 SARS-CoV-2 vaccine 28-days apart. The placebo group had 1,234 participants and did not receive any COVID-19 vaccine. No cases of COVID-19 were reported in the intervention group while four cases were reported in the control group. Myocarditis was not reported in either the intervention or the placebo groups.

However the FDA did not give EUA for the Moderna's vaccine based on reports by Danish, Finnish, Norwegian, and Swedish recommendation against the use of the Moderna vaccine in people under 30-years old. The FDA requested further data to review the rare side effect of myocarditis in individuals younger than 30-years-old. The FDA's actions are sound in that the panel wants to review the data from those countries even though Moderna's clinical trial data did not reveal any adolescents with a diagnosis of myocarditis post-vaccination.

To continue to assure trust in the COVID-19 vaccines, especially when speaking with vaccine-hesitant or refusing individuals, we can provide information on the Pfizer-BioNTech vaccine approvals by the FDA for children and the approval for the vaccine for 5- to 11-year-old children. In addition we need to acknowledge why everyone can trust the FDA's response to the Moderna vaccine as the panel seeks to review all available information to make the best-informed decision based on safety, efficacy, and prevention of adverse side effects. ■



Integrating lifestyle medicine in electives

by Gia Merlo | Clinical Professor
& Karla Rodriguez | Clinical Assistant Professor

Meyers offers two new courses that focus on wellness: for the nursing student and their future patients. While both focus on improving personal health habits, one is provided at the graduate level and one at the undergraduate level. Both of these are based on a curriculum that was released by the American College of Lifestyle Medicine (ACLM) in 2020, entitled Lifestyle Medicine 101. Prof. Merlo is the contributing author of Lifestyle Medicine 101, which consists of 12 slide-decks of 80-200 slides each. Lifestyle medicine is an evidence-based emerging discipline focusing on preventing, treating, and sometimes reversing chronic diseases.

Prof. Gia Merlo first introduced the “Wellness Through the Lens of Lifestyle Medicine” course to graduate nursing students in fall 2020. This 3-credit elective course resulted from weekly support wellness meetings that Merlo facilitated with the doctoral students at Meyers during the early months of the COVID-19 pandemic in the spring of 2020. Merlo has been active in the lifestyle medicine movement on a national level through the ACLM and saw an opportunity to expand the reach of this emerging discipline to nursing students at Meyers. Based on Merlo’s experiences in conversations with nurses, students, and in teaching this course, she identified a need to have a text for a nursing audience in evidence-based

lifestyle interventions. *Lifestyle Nursing Principles and Practice* will be the first book of its kind written specifically for a nursing audience. Multiple faculty members at Meyers are contributing as chapter authors, and the text is slated to be published in 2022.

In fall 2021, to expand the wellness offering to undergraduate students, Profs. Karla Rodriguez and Gia Merlo have introduced a similar 3-credit hour course titled “Lifestyle Approaches to Well-being in Nursing.”

Both courses are aligned with the “Essentials: Core Competencies for Professional Nursing Education” released earlier this year by the American Association of Colleges of Nursing, which reported an emphasis on self-care and well-being in the tenth domain. Both wellness courses are also aligned with the Healthy Nurse, Healthy Nation initiatives. The American Nurses Association Enterprise launched its Healthy Nurse, Healthy Nation initiatives in 2017 as a call to action to assist nurses with their lifestyle behaviors. This initiative coincides with nurses’ studies who reported poorer health outcomes when adopting unhealthy behaviors such as smoking, eating a high-fat diet, and/or having minimal physical activity. These efforts aim to curb the turnover rate and job burnout that exists with new nurses. Within three years of their new career as a nurse, about 30% of new nurses leave the profession due to burnout and stress, which leads to absenteeism and poor health.

Lifestyle medicine emphasizes the six pillars of lifestyle interventions: nutrition education that focuses on a plant-pre-dominant diet, regular physical activity, restorative sleep, stress management, harm reduction of risky substances use, and cultivating positive social connections. These six pillars are discussed by providing scientific evidence-based knowledge and real-life examples to discuss the content. For instance nutrition plays a significant role in lifestyle considering that 63% of the foods that are part of the standard American diet are processed foods that are known to be associated with poor health, such as cardiovascular disease that continues to be one of the leading causes of death in the United States.

While both courses impart foundational knowledge, their pedagogical approaches are different. In the undergraduate level course students are provided with foundational knowledge related to the six pillars during the class lectures. In the graduate-level course students read the assigned reading before class, discuss the material during student-led discussions, and then engage in a discussion-based lecture focused on the practical applications of the course material. Both courses are smaller in size, allowing the students to share their experiences during the discussions. In both classes students are encouraged to make an informed decision about the content presented and explore the evidence themselves. For instance, during the nutrition discussion, the students are told that the aim is not to convert people to eschew certain foods but to help them realize the impact certain foods may have on the human body.

Studies show that healthcare members who engage in positive lifestyle behaviors are more likely to convey these behaviors to their patients and members within the community. We are excited to share this common goal in applying to the students’ learning promoting healthier lifestyles. ■

NYU Meyers receives Health Professions Higher Education Excellence in Diversity Award

by Rachel Harrison | Associate Director, Research Communications

NYU Rory Meyers College of Nursing has received the 2021 Health Professions Higher Education Excellence in Diversity award from *INSIGHT Into Diversity* magazine, the oldest and largest diversity-focused publication in higher education. The Health Professions HEED Award is a national honor recognizing US health colleges and universities that demonstrate an outstanding commitment to diversity and inclusion.

The HEED Award measures an institution's level of achievement and intensity of commitment to broadening diversity and inclusion on campus through initiatives, programs, and outreach; student recruitment, retention, and completion; and hiring practices for faculty and staff.

"This honor is a reflection of NYU Meyers' growing—and ongoing—efforts and commitment to inclusion, diversity, belonging, and equity. We are grateful for the recognition and will continue to center these values as we prepare the next generation of nurses," said Tanisha Johnson-Campbell, MBA, PhD, assistant dean of advising, academic administration, and belonging at NYU Meyers.

INSIGHT Into Diversity magazine selected NYU Meyers for its diversity and inclusion

work across the NYU Meyers community, including practices related to students, faculty, staff, and outside partners. Notably NYU Meyers **recently announced an educational and research partnership** with the College of Nursing and Allied Health Sciences at Howard University, one of the country's top HBCUs, to improve health and health equity in urban areas and global communities. The partnership enables researchers at Howard and NYU to collaborate on existing research projects and jointly apply for grant funding for new projects, and nursing students at Howard and NYU have the opportunity to attend new and established programming through educational exchanges.

In addition NYU Meyers has enhanced the learning experience for students by engaging in curriculum development to further include the LGBTQ community and offering patient-centered simulations focused on the LGBTQ community in the Clinical Simulation Learning Center. NYU Meyers was also recognized for its efforts around faculty recruitment, having faculty from underrepresented backgrounds serve as role models for students, and internal committees focused on inclusion, diversity, belonging, and equity.

Notably, NYU Meyers recently announced an educational and research partnership with the College of Nursing and Allied Health Sciences at Howard University, one of the country's top HBCUs, to improve health and health equity in urban areas and global communities.

"The Health Professions HEED Award process consists of a comprehensive and rigorous application that includes questions relating to the recruitment and retention of students and employees—and best practices for both—continued leadership support for diversity, and other aspects of campus diversity and inclusion," said Lenore Pearlstein, publisher of *INSIGHT Into Diversity* magazine. "We take a detailed approach to reviewing each application in deciding who will be named a Health Professions HEED Award recipient. Our standards are high, and we look for schools where diversity and inclusion are woven into the work being done every day across their campus." ■



NURSES YOU SHOULD KNOW

TO LEARN
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FEATURE

A year of telling our inclusive stories

by Sandy Cayo & Selena Gilles | Clinical Associate Prof. & Joanna Seltzer, MS '14, BS '05

The seed for what has now become the *Nurses You Should Know Project* began with an email from Johnson & Johnson Nurse Innovation Fellow **Joanna Seltzer**, MS '14, BS '05 to former NYU Meyers Clinical Assistant Prof. **Sandy Cayo**. In her doctoral work, Seltzer came upon a surprising letter to the editor in the *American Journal of Nursing* from 1968. The letter, written by a nurse and published by the *Journal*, expressed her abject disagreement with the American Nurses Association's support of the Civil Rights Act.

It read in part, "I rebuke you and the American Nurses Association for supporting [the bill]. Either you are grossly ignorant or it is your purpose to mislead your readers into thinking that this bill is in the best interests of Americans."

Reading the blatant racism in front of her own eyes just two generations earlier took her breath away and felt like a betrayal to the identity of the profession she thought she knew. Though she had observed occasional episodes of antisemitism, homophobia, language bias, or racism in practice, she had believed them to be isolated and not systemic. Racism as a structural feature within professional nursing was not something she had ever explicitly learned about during her fifteen-year nursing career. The letter stunned her—and more so because the letter adjacent to it, in favor of integrating the profession, was written by a name she was familiar with: **Estelle Massey Osborne**, the first Black nurse to earn a master's degree in the 1930s, who went on to teach at NYU.

Without the work of Osborne and other nurses in her generation, nursing could have remained segregated through the 1960s instead of beginning the integration process more than a decade earlier. Yet for most nurses Osborne is not a recognizable figure within the mainstream nursing narrative. One source of information Seltzer found on Osborne was written for *NYU Nursing* by Cayo.

Cayo and Seltzer commiserated about the glaring representation gap of nurses of color in the professional nursing narrative—both past and present. In a field that publicly declares support for diversity since the turn of the 21st century but remains 75% white and 90% female, they agreed that the inclusion of nurses of color from our professional narrative needed to be prioritized. Cayo introduced Seltzer to Associate Dean for the Undergraduate Program **Selena Gilles**, PhD student **Ravenne Aponte**, and other nurse leaders from the chapter of the Greater NYC Black Nurses Association. This early group of nurses crafted the project that became the Nurses You Should Know Project.

Launched in Black History Month 2021 as an online micro-learning platform to meet nurses where they are, the team used elements of design thinking (empathy, defining, ideating, rapid prototyping, and testing) and tenets of nursing informatics (make the right thing the easy thing) infused with conveying accessible history through storytelling and artwork. Publishing the links to their stories to Twitter, Facebook, Instagram, and Facebook and using Vimeo and Medium to publish videos and brief biographies enabled them to quickly reach the nursing audience without making nursing history feel irrelevant or like an additional burden.

According to the *Stanford Social Innovation Review*, social innovation is the best construct for understanding—and producing—lasting social change. The history of the nursing profession has been omitted from the nursing curriculum since World War II, leaving three generations of nurses with a historical blind spot about the profession's accurate origins. The anecdotal history nurses do learn centers on British or American nurses from the turn of the 20th century, implying that the arc of the profession, and who belongs in it,

began—and ended—in the Victorian era. Yet what the Nurses You Should Know team learned through their research is that nursing as a profession predates that narrative by nearly two hundred years, with an original textbook written in Spanish by a religious male brotherhood in the Madrid General Hospital.

Through their research and dissemination, the project aims to expand the narrative nurses thought they knew about their profession and tell the truths about parts of professional history that have been swept under the rug for not aligning with nurses' beneficent identity. Contrary to nursing's image, structural racism has impacted nursing admissions, licensing, employment options, faculty diversity, research, tenure, and professional priorities since nursing's founding—all of which ultimately impact patient care and health equity. Instead of adhering to immutable notions of nursing's professional identity from the past, telling inclusive stories illustrate how nurses from all backgrounds fundamentally belong in the profession and that the profession evolves and innovates with each nursing generation.

The project has captured the nursing profession's attention on social media, bringing in 74,500 impressions on Twitter, 9,400 on LinkedIn, and more than 4,000 views on their Vimeo video channel which featured more than 50 stories of present-day nurses of color. The content is increasingly used as an accessible teaching tool by nurse educators across the country. In a year when the profession is prioritizing health equity and systemic inequities and has launched its first-ever Commission on Racism in Nursing, the Nurses You Should Know project asks nurses to re-assess its professional history and expand its nursing narrative to actualize a more diverse and inclusive nursing workforce. ■

STUDENTS



Students spent two weeks working as RNs in a perioperative immersion program at NYU Langone Health.



Students conducted hands-on learning as part of their classes.



As part of the Complex Health Topics course, Prof. **Fidel Lim** organized an IV insertion skills training for students.



NYUxLIU students served as vaccinators at a pop-up site at St. David's Episcopal Church in Cambria Heights overseen by members of GNYCBNA.



The May 2021 LEAD Honors scholars presented their capstone projects.



Meyers students and staff helped first-year students move into their dormitories before the start of the school year.



First-year undergraduates kicked off the school year with a bus tour of NYC.



Undergraduate seniors graduated from Memorial Sloan Kettering's Clinical Assistant Program this summer.



Prof. **Fidel Lim** organized a walking tour of Washington Square Park and the LGBTQ movement that began in the West Village.



Students **Serena Hu** and **Lauren Yeh** donated blood as part of the APINSA awareness campaign.



Hannah Moses BS '21 was selected as the banner bearer for the May 2021 graduation ceremony.



Lauren Ghazal PhD '21 taught neurological assessment to students in Health Assessment and Promotion.



Prof. **Fidel Lim**, along with several students, volunteered to help with food preparation at God's Love We Deliver.



Students practice vaccine administration in the CSLC.

STUDENTS

MAY 2021 GRADUATION

New graduates celebrated their tremendous achievements virtually and in-person.



Hollenshead: Courtesy of NYU Photo Bureau



Hollenshead: Courtesy of NYU Photo Bureau



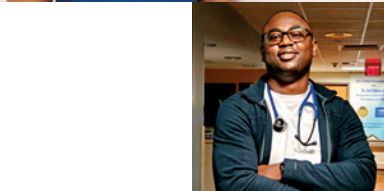
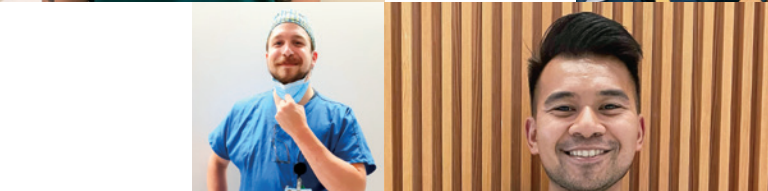
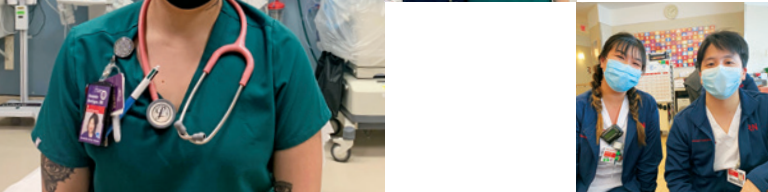
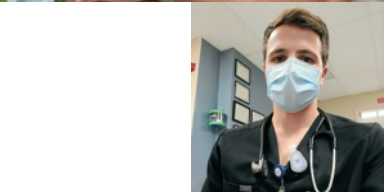
- Alex Meisels
- Mahwiyat Miah
- Corey Miller
- Caitlin Monaco
- Chris Monahan
- Sarah Morris
- Marie Mortejo
- Hannah Elizabeth M...
- Olivia Moutavelis



ALUMNI



ON THE JOB
Upon graduation, our students work in clinical sites in New York and around the country.



ALUMNI

GREETINGS FROM THE ALUMNI ASSOCIATION PRESIDENT



Dear alumni,

It was exciting to watch NYU welcome students back to campus for the fall semester. The Meyers Alumni Association is proud of the work done by the College and the University in navigating a course that has valued the safety of its faculty and students.

As a Meyers alum, there is much to celebrate. In addition to bringing students back to the classroom full-time, the College had strong enrollment this year and the undergraduate program was ranked #7 in the nation by *U.S. News & World Report*. Our students have been vaccinating people all over the city and state, and our alumni continue to care for COVID-19 patients around the world. Meyers faculty have secured millions of dollars in grants to conduct research that will improve the lives of our patients.

Despite the challenges of the pandemic the Meyers alumni community has continued to stay connected to the College and with each other. Over 150 alumni zoomed into classrooms to share their career journey or mentor a baccalaureate student. Many people stayed in touch by attending alumni programming; in fact we had record attendance at our events as online programming increased the ability to attend without traveling. I participated in several programs and enjoyed learning from our alumni, faculty, and friends of the College. We will continue virtual programming but are looking forward to meeting again in person as well in the upcoming year.

Meyers alumni gave generously to support the dean's priorities. We had a successful end to the fiscal year 2021, raising \$8,782,200. Much of this success was thanks

to Howard Meyer's generous \$7 million gift to support scholarships for students doing interprofessional clinicals at NYU Langone Hospital-Long Island.

Thank you for your continued support. I encourage you to stay connected with the amazing initiatives and programs taking place at Meyers. Join our e-newsletter mailing list to get the most up-to-date information by contacting nursing.alumni@nyu.edu. I look forward to seeing you in the months ahead.

Sincerely,

A handwritten signature in black ink that reads "Catherine D'Amico".

Catherine D'Amico PhD '07
President, NYU Meyers Alumni Association

Welcome new Meyers Alumni Association board members.

Jin Jun PhD '18
Robin Schafer MS '99
Steven Tyler MS '15

Congratulations to the new secretary.

Sharon Wexler, PhD '07, MA '85

Thank you to the outgoing board members for their service.

Kathleen Engber MA '85
Megan Corley, DNP '18, MS '12

Congratulations to the 2021 alumni award honorees on their achievements and dedication of advancing the profession of nursing.

Margot Condon, MS '16, BS '98
Rose and George Doval Award for Excellence in Nursing Education
In recognition of achievements that influence nursing education through creative and humanistic approaches

Caroline Dorsen, PhD '14, BS '97
Maes MacInnis Award
In recognition of outstanding work in clinical innovation on behalf of professional nursing

Sascha James-Conterelli,
DNP '13, MA '02

Diane O. McGivern Legislative and Policy Award
In recognition of outstanding work in legislation and policy on behalf of nursing

Carl Kirton MA '92

Grace E. Davidson Award
In recognition of a nursing administrator of a healthcare agency who has significantly enhanced the education experience of nursing students

Jean McHugh PhD '18
Rising Star Award

In recognition of a graduate of the last five years who has made great strides in their nursing career while representing and supporting the mission and values of the College

Ann Marie Mauro PhD '98

Distinguished Alumni Award
In recognition of an alum who has demonstrated extraordinary achievement, leadership, and innovation in their career and advanced the profession of nursing

Steven Tyler MS '15
NYU Alumni Association Volunteer of the Year

STAY CONNECTED

The College wants to keep in touch with its former students!



Please ensure your current email address is on file by emailing nursing.alumni@nyu.edu.

SAVE THE DATE!

- ▶ Estelle Osborne Legacy Celebration
February 24, 2022
- ▶ Graduation Celebration for Classes of 2020 and 2021
May 17, 2022

ALUMNI

CLASS NOTES

1980s

Harriet Feldman PhD '84 was honored by Pace University's College of Health Professions and Lienhard School of Nursing when the Wright Cottage on the Pleasantville campus was dedicated in her name as the Harriet R. Feldman Center for Doctoral Education in Nursing.

1990s

Fidelindo Lim MA '96 received the 2021 American Nurses Association New York Nursing Education Award. He is a member of the advisory council of a one-year mixed methods research project on LGBTQ Nursing in the United Kingdom and Ireland funded by the Burdett Trust for Nursing.

Layla Qaabidh BS '97 has been appointed dean of the School of Nursing at Monroe College.

2000s

Natalia Cineas, MS '09 (WAG), BS '06 was listed in the 2021 25 Influential Black Women in Business in *The Network Journal*.

2010s

Jennifer Rose Crespo BS '19 married fellow accelerated alum **Tyler Chirgwin** BS '19 on May 2, 2021. Chirgwin is a senior staff nurse at NYU Langone and Crespo is a community psychiatric nurse at Ellenhorn New York.

Amanda M Fabian BS '18 obtained a certificate in maternal newborn nursing and now work at Cedars-Sinai Labor and Delivery and UCLA Perinatal Float Team.

Joan Miravite DNP '19 was elected by her peers to represent them in the American Academy of Neurology as president-elect of the Consortium of Neurology APPs.

Renee Sanchez MS '13 was recently promoted to become director of Magnet program and nursing quality at Long Island Jewish Valley Stream.

2020s

Hannah Moses BS '21 passed the NCLEX and began working as an acute medicine staff nurse at NYU Langone Tisch Hospital.

Kriupa Samson MS '20 is working full-time in psychiatric ER and part-time at a private practice.

Tameka White DNP '20 is the new associate medical director for COVID-19 isolation and quarantine sites at Housing Works.

In memoriam

Elizabeth Barrett PhD '83

Geri Dickson (former faculty)

Robert Piemonte (former faculty)

Patricia T. Wentling BS '59

As program director for Pennsylvania Chapter, American Academy of Pediatrics' immunization, obesity, food insecurity, and emergency preparedness projects for 25 years, **Amy Wishner** BS '81 frequently traveled throughout Pennsylvania. Working with nurses, physicians, and other staff in schools, state and local health departments, health systems, and other community sites revealed that rural areas were often underserved and had unique challenges including fewer health resources and difficulties accessing care. An increasing political divide between rural and suburban/urban areas presented additional challenges to public health communications about COVID-19 immunization.

Tailored communications were needed to reach out to people living in rural counties of Pennsylvania. One thing that had not been previously tried in other campaigns was placing informational ads in rural print newspapers.

The print newspaper immunization educational outreach campaign is a series of four different quarter-page, black-and-white ads placed in rural print newspapers, one ad per week over four weeks. The ads address

commonsense questions in a respectful, inclusive, non-lecturing manner.

Wishner identified newspapers reaching every rural county in the state and contacted them via email and personal phone calls. Newspaper staff recognized the benefit to their readers and were helpful with special ad rates and prominent placement. Through contracts with 38 different newspapers the rural ad campaign succeeded in reaching more than two million people in all 48 rural counties in Pennsylvania. Ads started in September or October 2021 and all were completed by early November 2021. ■

Learn More About COVID-19

One in a series of four

Why does "the science" mean opposite things to different experts?

"The science" is not one thing but a collection of research going on all over the world. COVID-19 is a new virus that only recently entered our world. Scientists and policy makers are evaluating complex information and trying to reach areas of agreement in the midst of this pandemic. All are doing their best to understand this virus and how to protect communities. For everyone, there is a certain amount of learning as we go.

When do I know enough to get a vaccine and make other decisions about my family's health?

We talk with sources we trust including our own doctors, school nurses, pharmacists, and other trusted health care professionals. These people are familiar with our family's health and our communities. They can help us make the best decision for our families. But nothing is etched in stone, and we all need to be open to new ideas and changing circumstances.



www.immunizepa.org





Meet Elizabeth Duthie, PhD '06, BA '84

Director of Patient Safety at Montefiore Medical Center

by Katelyn Wattendorf | Contributing Writer

Elizabeth Duthie, PhD '06, BA '84 grew up not very far from New York City in South Orange, New Jersey. She decided she wanted to be a nurse when she was just seven years old after reading Cherry Ames stories, a popular series of mystery novels featuring a nurse as the lead character.

"I never looked back," Duthie said of her early decision to pursue nursing. "It was the best decision."

She moved to New York City and attended what is now NYU Meyers due to its reputation for providing an excellent education in nursing. After graduation Duthie became a post-op bedside surgical nurse. Later on she transitioned into a larger leadership role.

"I was a nursing supervisor for a decade on the night shift and then moved up the ladder into nursing administration," Duthie explained. She then returned to school to receive her degree in nursing education and subsequently taught undergraduate pharmacology as an adjunct faculty member for the next decade.

Then a growing concern about a specific issue she identified in the nursing field changed her career path.

"I kept hearing from the nursing students about medication errors and they mirrored the ones that I was seeing in clinical practice," she said. "The literature advocated holding nurses responsible for their errors and there were no other solutions. I decided I need to go back to get a PhD to be qualified to find the answers that would support nurses and keep patients safe."

She found it troubling that the only answer was so often to blame the nurse. Luckily developments in the healthcare world were aligned with her research.

"The birth of the patient safety movement arrived with the then Institute of Medicine (IOM) report in 1999, the same year I started my PhD studies," Duthie recalled. "I used James Reason's human error theory and it changed the direction of my professional life. In 2005, shortly before I completed my PhD, I transitioned into patient safety and once again never looked back. It was another great decision."

Since graduating close to 50 years ago Duthie has witnessed the nursing profession change in ways that are "enormous and too numerous to describe." Still her commitment to protecting nurses and the dedication being a nurse requires has not changed for her.

"One unwavering value I have sustained since I became a nursing leader is to provide support and compassion to nurses who make errors," Duthie said. "The idea that punishment of nurses would prevent errors never made sense to me. I realized the nurse never meant for the error to happen and was so often devastated by the event. Adding to their distress through punishment always felt wrong."

In her current role as the director of patient safety at Montefiore Medical Center, Duthie works in a department that "focuses on identifying the systems that failed to support clinicians and resulted in an adverse event." Her team then collaborates with clinicians to redesign these systems to prevent the next harm from happening. The core values of patient safety include "making it easy to do the right thing and hard to err, fixing the system, not the person, and seeking to understand, not to assign blame," Duthie explained. Even in this later phase of her career, Duthie still cites the critical thinking skills she was taught in her basic nursing program as essential to her day-to-day efforts.

Currently Duthie is working on a long-term research project regarding newborn babies falling asleep in their mother's arms. This project began during her first week at Montefiore, when a report of a mother falling asleep with her newborn, and the newborn consequently falling to the floor, was referred to the Patient Safety department. Duthie identified that there was literature and protocol outlining what healthcare professionals should do regarding reminding mothers not to fall asleep and to stay awake while feeding, along with the requirement of frequent staff rounds to monitor this, but these kinds of incidents continued to occur. Duthie turned to sleep science, determined to find a better strategy and solution.

Duthie was able to confirm from studying the sleep science that reminding the mother not to fall asleep was useless—the exhaustion of new motherhood makes falling asleep physiologically outside the mother's control, and she is likely to fall asleep within seconds of feeling sleepy. Therefore new strategies need to be implemented in order to keep babies safe, and she is currently creating a protective garment to use both in hospitals and at home for new mothers (and other family members) that will protect the baby in these circumstances.

When asked what her biggest piece of advice for graduating nursing students would be Duthie said she would encourage students to identify and follow their passions in the field.

"Take time to reflect on what you are good at and what brings you joy," Duthie said. "This will lead you to discover what you are passionate about. Once you find your passion direct your career to embrace it. Be open to having more than one passion as you learn more about yourself and what brings you joy. Commit to being a lifelong learner—it may bring you new adventures. It did for me." ■



Dean Eileen welcomed the 2021 fellows of the American Academy of Nursing at this year's celebration, including five NYU Meyers alumni.



ALUMNI

Recent Meyers graduates celebrated the end of the year with a picnic in the park.



Members of NYC Men in Nursing gathered to celebrate Pride.



Student- and alumni-members of NYC Men in Nursing gathered for a networking brunch.

GIVING

DONATIONS AS OF NOVEMBER 2021

We are grateful to the individuals who have included NYU Rory Meyers College of Nursing in their estate plans. By providing a legacy, these individuals are helping to further the education of nursing professionals into the future.

LEADERSHIP CIRCLE \$2,500 and above

American Association of Colleges of Nursing	Margery (PhD '83) and John Garbin	Margaret McClure	Sigma Theta Tau International
Christine Amoroso (BS '95, SPS '91)	C. Alicia Georges (MA '73)	Howard (STERN '64) Meyers	Suzette de Marigny Smith
Andrew Sabin Family Foundation	Maureen (MA '76) and Philip Heasley	Mathy and Andrew (WAG '92, MED '60) Mezey	Joan K. Stout
Anonymous	Helene Fuld Health Trust	The New York Community Trust	Eileen Sullivan-Marx and Ken Marx
Barbara (MA '92) and Michael Calabrese	Hugoton Foundation	Oncology Nursing Society Foundation	Suzette de Marigny Smith
Claudia and Leo Crowley	Jay R. Paul Charitable Foundation	Jay R. Paul	Family Foundation
Catherine (PhD '07) and Louis (ENG '72) D'Amico	The John A. Hartford Foundation, Inc.	Susan and Anthony Penque	Switzer Foundation
DentaQuest Partnership for Oral Health Advancement	Johnson & Johnson Innovation, LLC	Muriel Pless (STEINHARDT '43)	The Thomas P. Sculco & Cynthia D. Sculco Foundation
Caroline Gail Dorsen (PhD '14, BS '97)	Jonas Philanthropies	Mary Jane and Thomas Poole	Marguerite Barnish Troxel
Ecobat Technologies, Inc.	Hee Ra Kang	The Robert Wood Johnson Foundation	Troxel Family Foundation, Inc.
Claire Fagin (PhD '64)	Carl Kirton (MA '92)	Rory and Howard Meyers	Family Foundation
Kathy and Gregg Foss	Helaine and Sidney Lerner	Family Foundation	Maria Vezina (MA '77)
Richard J. Frone	Gerri LoBiondo-Wood (PhD '85)	Stacey and Michael Sadler	Alicia and Norman Volk
	The Louis and Rachel Rudin Foundation	Sylvia and Stephen Schoenbaum, MD	Weldon Donaghue Medical Research Foundation
	Sondra and David Mack	Cynthia and Thomas Sculco	

DEAN'S CIRCLE \$1,000 - \$2,499

Monefa Anderson (WAG '96, BS '07)	Druckenmiller Foundation	Gerald Greenberg	Jamesetta Newland
Nellie Carter Bailey (MA '80)	Fiona (STERN '89) and Stanley Druckenmiller	Hartford Hospital	Roberta O'Grady (MA '62)
Amy J. Berman (BS '06)	Pamela and Alexander Dubitsky	Health + Hospitals Corporation	Sarah Pasternack (MA '73)
Rose M. Boroch (MA '73)	Kathleen Engber (MA '85)	Valerie and James (STERN '90) Hoffman	Brent Penque
Susan Bowar-Ferres (PhD '87) and Dean Ferres	Arlene T. Farren (PhD '06, MA '87)	Christine Tassone Kovner (PhD '85) and Anthony Kovner	David Resto (STERN '20)
Frances Cartwright (PhD '05) and Peter Alcarese	Joan and Michael Flaxman	LiHung Lin (MA '86)	Marianne Roncoli (PhD '73)
Lynn and Stephen Chodos	Pamela J. Galehouse (PhD '03, MA '69)	James and Judith (PhD '89, MA '81) Lothian	Rooke® Products by Osborn
Chodos Family Trust	Mary Joy Garcia-Dia (MA '02)	Diana J. Mason (PhD '87)	Joseph M. Schomburg (BS '10)
Covalon Technologies Ltd.	The Gerontological Society of America	MedStar Health	Susan (STERN '79) and Craig (STEINHARDT '74) Schoon
D'Amico Consulting Associates, LLC	Mary Giuffra (PhD '73, MA '68)	Kelly and Craig Meyers	Barbara W. Wright (PhD '99, MA '76)
Victoria Vaughan Dickson	Valerie (MA '84) and James Grabicki	Madeline Naegle (PhD '80, MA '67)	

NYU MEYERS LEGACY SOCIETY

Anonymous	Jocelyn Greenidge*	Frank E. McLaughlin* (MA '61)	Mary E. Segall (PhD '70)
Ellen Baer (PhD '82, MA '73)	Judith (PhD '84, MA '67) and Leonard Haber	Leslie J. Nield-Anderson (PhD '91)	Ursula Springer*
Catherine O. D'Amico (PhD '07)	Barbara A. Hayes* (MA '63)	Roberta O'Grady (MA '62)	Eileen Sullivan-Marx
Cynthia E. Degazon (PhD '87, STEINHARDT '72)	Eliana Horta	Sarah B. Pasternack (MA '73)	Nadia Sultana
Jacqueline M. Fawcett (PhD '76, MA '70)	Blanche T. Jordan* (MA '50, BS '45)	Jay R. Paul	Ruth Teitler* (STEINHARDT '51)
Geraldene Felton (EdD '69)	Barbara Krainovich-Miller and Russell Miller	Muriel Pless (STEINHARDT '43)	Patricia L. Valoon
Vernice D. Ferguson* (BS '50)	Fidelindo A. Lim (MA '96)	Hila Richardson	Joan Spiegel Wallis (BS '80)
Catherine Taylor Foster (PhD '74)	Gerri LoBiondo-Wood (PhD '85)	Paulette Robischon* (PhD '70, MA '60, BS '48)	Lauren Webster-Garcia (MA '76)
Jeanine M. Frumentti (WAGNER '86, BS '82)	Diane J. Mancino (MA '78)	Marianne Roncoli (PhD '73)	David M. Werdegar (ARTS '60)
C. Alicia Georges (MA '73)	Betty J. Manwell* (MA '64)	June Rothberg-Blackman (PhD '65, MA '60, BS '50)	Mary J. Whipple (BS '69)
Pearline D. Gilpin* (BS '68)	Diana J. Mason (PhD '87)	Geraldene Schiavone*	
Beatrice Goodwin (PhD '70, MA '60)	Margaret McClure	Arnold and Marie Schwartz*	

* deceased



Over a lifetime, one nurse can impact
thousands of lives.

Investing in our students and their education is
an investment in the health and well-being of all.
Make a gift today at nursing.nyu.edu.



NYU

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COLLEGE OF NURSING**

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New York, NY 10010

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