

RESPONDING TO

SOCIAL JUSTICE



climate change
global health
epigenetic differences
amphetamine use
precision health
long-term care
neurodegenerative diseases
nursing scholarship
dementia care
racial differences
sleep and stress
hallucinogenic drugs



NYU MEYERS



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RORY MEYERS COLLEGE OF NURSING

AUTUMN 2018
VOLUME 17, NUMBER 1

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FEATURES

Responding to social justice

The nursing profession is comprised of leaders who take care of and advocate for unique populations with varying needs, means, and abilities each day. At NYU Meyers, we believe in order to accomplish our goal of delivering the most accessible and humane care for our patients, we must address social determinants of health, which are avoidable and unjust. The healthiest society is one that ensures that everyone has the chance to be well and to live well without inequities related to money, power, resources, race, place, and gender. This issue of *NYU Nursing* explores why we care and what we're doing to effect changes that result in a fairer, healthier global community.

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DEAN'S CORNER

Friends,

This fall we welcomed 1,563 undergraduate, master's, and doctoral students to NYU Meyers. I've enjoyed getting to know some of them and can feel their enthusiasm as I walk through the building. I know wherever they are in their educational and professional careers, they will bring a dynamic spirit to the nursing profession and I look forward to seeing their progress inside and outside of the classroom.

This issue of *NYU Nursing* reflects the spirit that imbues the halls of our building, one of compassion and innovation. Our students, faculty, and staff are on a singular mission: to improve the health and well-being of all people, especially the voiceless and powerless and those who have been marginalized for far too long. I'm so proud of their many and meaningful efforts to effect positive change in our society. And that starts with getting everyone as healthy as possible.

As you think about end-of-year giving opportunities, I hope you will consider us in your plans. So many of our students depend on financial aid—both through loans and scholarships—and are worthy of your support. To support our nurse leaders, you effect meaningful change in the healthcare sector and touch the lives of thousands and thousands of patients across the lifespan.

Wishing you and your families a warm holiday season and peaceful 2019.

Cheers,

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



NYU Meyers was named a Best School of Men in Nursing by the American Association for Men in Nursing (AAMN). Profs. **Fidel Lim** and **Brian Fasolka**, pictured here, accepted the award on our behalf in Milwaukee at the 43rd annual AAMN Conference.



NYU Meyers was named AACN's top *Nursing Voices, Nursing Votes* participating school for our efforts to get the community registered to vote.

THE DEAN'S LIST



Congratulations to our seven new AAN fellows including two faculty and research leaders and five alumni.



Just in time for Oscars season, *A Private War*, a biographical drama about journalist Marie Colvin is gripping in its portrayal of the Syrian conflict and of the essential work of foreign correspondents.



The Hartford Institute for Geriatric Nursing's Bronx Health Corps has educated 1,219 older adults about healthy aging behaviors and chronic disease management through its community-based volunteer group.



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



Did you know there
are creative ways to support
NYU Meyers? Ways in
which NYU Meyers, you,
and your loved ones all
benefit at the same time?

GIVING

MARIANNE RONCOLI PhD '73

Why I Give

When I walked into the new Rory Meyers College of Nursing building on 1st Avenue, I was awed by its beauty and architectural grandeur. I couldn't help but be a little intimidated. Where were the two austere floors of the Division of Nursing in Shimkin Hall on West 4th Street? What happened to the Division of Nursing's residence in the restored old chocolate factory on Greene Street, restored by the same architects who designed the renovations of Grand Central Station?

Sally Marshall met me at an entrance to the imposing College suitable for the 21st century, not a minimalist department or a modest retro-renovated division. My tour opened in front of the portrait of Meyers, responsible for the largest endowment in nursing's history at NYU. As Sally walked me to the elevator, Meyers kept an eye on me, reminding me what generosity can generate.

Gratitude for nursing care that improved their lives or the lives of their families motivates many who have given. The Muriel and Virginia Pless sisters supported faculty research before the National Institutes of Health even thought about it. Rita and Alex Hillman endowed baccalaureate nursing studies for college graduates with degrees in theology, philosophy, English, and law, bringing an intellectual depth in the arts and sciences to the study of nursing. Howard and Rory Meyers followed in the footsteps of these generous donors remembering the nurses who skillfully and compassionately cared for their families.

In the past, federal funding swelled the ranks of nurses prepared at the graduate level, thanks to the tenacious lobbying of visionary nursing leaders such as Martha Rogers. Today many of these graduates are professors in schools throughout the country. I was one of those NYU students who received a fellowship for graduate study and went on to hold faculty appointments. Unlike many of today's graduates, we were fortunate to earn degrees without the specter of debt hovering over us as we launched our careers.

I would be guilty of ingratitude if I didn't donate, which is why I set up a charitable gift annuity at NYU Meyers. I encourage my NYU cohort who shared in the largess of an NYU education to give. Naming a seat in Alumni Hall in honor of someone is a modest, but affordable option. Of course, my cohort would have to name many, many rows of seats given the number of NYU faculty and colleagues who have earned our respect, love, admiration, and gratitude.

The site of the College and its environs still overwhelm me. One night I walked down 1st Avenue and stopped suddenly at 34th Street. I looked up and gasped with wonder and joy; the 38-foot tall statue of a Dalmatian floated boundlessly into the night sky. How fitting that Rory Meyers College of Nursing is right across the street where brilliant and talented nursing graduates can join the puppy Spot and other brilliant nurses in giving comfort and care to children and their families. ■

Have you ever wished you could do more?

By including NYU Meyers in your long-term financial plans, you can generously support future generations of nursing professionals. AND, you may also be able to:

- Create a gift that provides income for you and your loved ones;
- Receive immediate or tax-deferred tax advantages to yourself and your heirs.

For example charitable gift annuities, like the gift Marianne Roncoli made, let donors make gifts with a modest amount of cash and receive favorably-taxed payments for life, providing income during retirement and potential tax savings through an itemized deduction. The fixed payment amount is based on the age of the donor and the amount of the gift.



Call or email **Sally Marshall**, director of development, at **212-992-7525** or **sally.marshall@nyu.edu** to learn more about how you can set up a charitable gift annuity.

If you have already named NYU Rory Meyers College of Nursing as a beneficiary of your retirement account or included us in your will, please let Sally Marshall know because it allows us to thank you for your generosity.



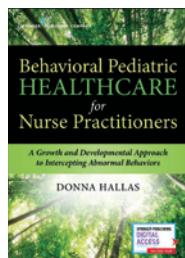
Prof. Emerita **Madeline Naegle** received an honorary doctorate of science from Thomas Jefferson College of Nursing on May 22.

FACULTY & STAFF ACHIEVEMENTS

Clinical Assistant Prof. **Susan Altman** was inducted as a fellow of the American College of Nurse-Midwives.

Independence Foundation Prof. **Joyce Anastasi** was appointed to the Regional Advisory Board for the Heilbrunn Family Center for Research Nursing at Rockefeller University.

Associate Prof. **Ab Brody** received a \$6.1 million two-phase NIH award to test whether Aliviado Dementia Care for Hospice improves the quality of care for persons with dementia receiving hospice in a 25-site nationwide clinical trial.



Clinical Prof. **Donna Hallas** recently published a book entitled *Behavioral Pediatric Healthcare for Nurse Practitioners: A Growth and Developmental Approach to Intercepting Abnormal Behaviors* written for practicing pediatric and family nurse practitioners and students. Its content focuses on the crucial role of the healthcare provider to assess, identify, and intercept potential behavioral health problems.

Clinical Assistant Prof. **Sandy Cayo** was named the 2018 Nurse Educator of the Year by the National Black Nurses Association as well a recipient of the organization's 45 Under 40 award.

Clinical Assistant Prof. **Leon Chen** was inducted as a fellow of the American College of Chest Physicians.

Clinical Assistant Prof. **Jeff Day** received the Certified Academic Clinical Nurse Educator distinction by the National League for Nursing.

Associate Prof. **Victoria Vaughan Dickson** was named a fellow of the New York Academy of Medicine. She was also named associate editor of the *Journal of Cardiovascular Nursing*.

Assistant Prof. **Caroline Dorsen** was named chair of the Nursing Section of the Gay and Lesbian Medical Association: Health Professionals Advancing LGBTQ Equality.

Assistant Dean for Clinical and Adjunct Affairs **Emerson Ea** was named a fellow of the American Academy of Nursing.

NICHE Executive Director **Mattia Gilmartin** was named a fellow of the American Academy of Nursing. She also received a 2018 Distinguished Alumni Award from the University of Virginia School of Nursing.

Associate Dean for Partnership Innovation **Kimberly Glassman** was named the first endowed director of health promotion in the country at NYU Langone Health where she is chief nursing officer.

Ursula Springer Leadership Prof. **Judith Haber** has been appointed to a working group convened to identify and discuss significant oral health issues which will inform the Surgeon General's 20-year update report on oral health.

OHNEP Program Director **Erin Hartnett** was named a fellow of the New York Academy of Medicine.

Clinical Assistant Prof. **Michelle Knapp** was named a fellow of the International Nurses Society on Addictions.

Mathy Mezey Prof. of Geriatric Nursing **Christine Kovner** was awarded 2018 AcademyHealth's Interdisciplinary Research Group on Nursing Issues' Research Mentorship Award.

Assistant Prof. **Ann-Margaret Navarra** was re-elected to serve on the Eastern Nurses Research Society Executive Board as member-at-large and liaison to the Research Interest Groups through 2020.

Clinical Assistant Prof. **Noreen Nelson** spoke at Duke University on health behaviors and motivational interviewing to an audience of healthcare providers who service the military population around the country.

Clinical Prof. **Jamesetta Newland** gave a presentation on developing clinical scholars through effective mentoring relationships at the Twentieth International Nursing Forum in Beppu City, Oita, Japan.

Clinical Simulation Learning Center Director **Natalya Pasklinsky** received the 2018 Rose and George Doval Award for Excellence in Nursing Education.

Senior Research Scientist **Jeremy Rowe** received the 2018 William C. Darrah Memorial Award for Distinguished Scholarship from the National Stereoscopic Association.

Clinical Associate Prof. **Larry Slater** was chosen as a fellow in the American Association of Colleges of Nursing's 2018 Leadership for Academic Nursing Program.

Assistant Prof. **Amy Witkoski Stimpfel** received funding from the National Council of State Boards of Nursing to conduct a qualitative study of sleep, stress, and substance use among nurses in the first five years of practice.

Vernice Ferguson Prof. in Health Equity **Jacquelyn Taylor** was named a fellow of the New York Academy of Medicine.

Assistant Prof. **Janet Van Cleave** prepared a poster presentation at the NYU Technology Summit 2018 entitled "Testing Usability and Acceptance of the Electronic Patient Visit Assessment for Head and Neck Cancer."



Prof. **Donna Hallas** was named one of the recipients of the 17th Assembly District's Women of Distinction award from Assemblyman John K. Mikulin. She is pictured here with him and the Honorable Rhonda E. Fischer, judge for Nassau County District Court.



Boat cruise

Faculty and staff celebrated the end of another successful school year with a cruise around the city. ■



Staff service ceremony

Distinguished Meyers staff and administrators were recognized as well as those who have reached their 5, 10, 15 and 20-year anniversaries of employment. **Mindy Belkin** received the Distinguished Administrator Award, **Amy Marrera** received the Distinguished Staff Award, and **Kerry Stalonas** received the Promise Award, which **Ann Williams** accepted on her behalf. ■



Our faculty and students

regularly attend elite conferences, travel abroad to conduct important research and collaborate with colleagues as well as give back to our community. Here is a snapshot of their latest work.



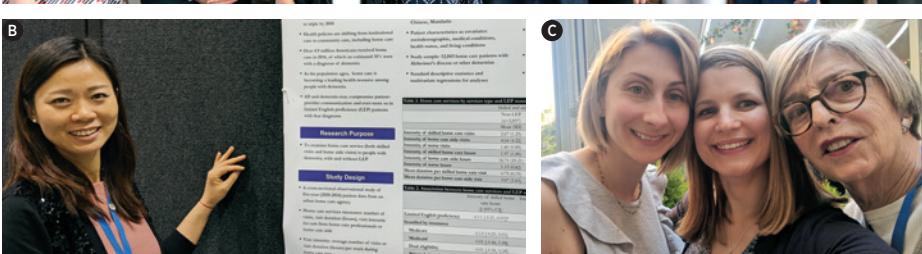
A Dean **Eileen Sullivan-Marx** at the University of Hong Kong with nursing colleagues

B Prof. **Chenjuan Tina Ma** with one of her two posters at AcademyHealth

C Profs. **Amy Witkoski Stimpfel**, **Christine Kovner**, and **Maja Djukic** at the networking event after the Interdisciplinary Research Group on Nursing Issues meeting



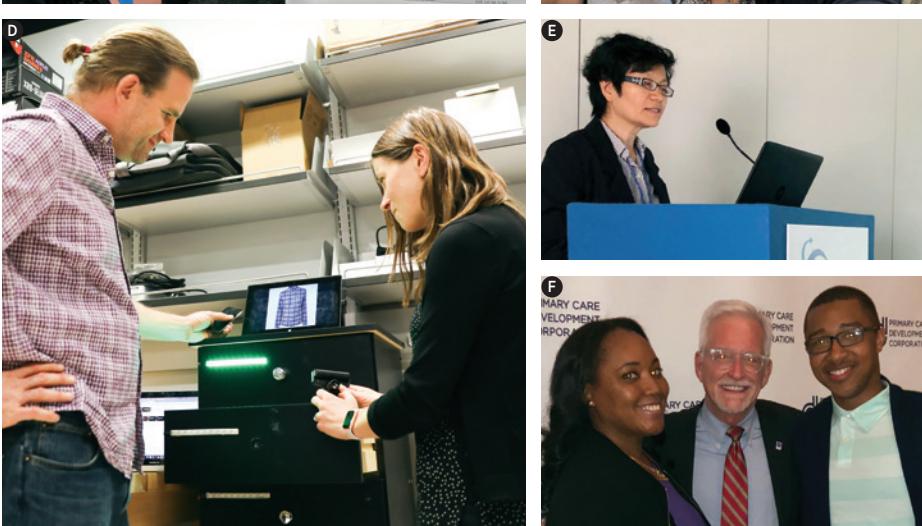
D Prof. **Winslow Burleson** with his DRESS prototype, which was built to help people with dementia get dressed



E Prof. **Bei Wu** gave the keynote presentation at the 2018 International Association for Dental Research in London.



F Prof. **Selena Gilles**, Dean **James Pace**, and student **Reese Hoggans** BS '19 represented the College at this year's Primary Care Development Corporation 25th Anniversary Gala.



G This spring Profs. **Bei Wu** and **Jacquelyn Taylor** were presented with their chairs in honor of their endowed professorships.



H Prof. **Jamesetta A Newland** participated in a Fulbright Specialist project at Lithuanian University of Health Sciences.





❶ Global Initiatives faculty and staff **Robin Klar, Maria Mendoza, Susan Altman, Lloyd Goldsamt, and Kerry Stalonas** traveled to Monrovia, where the College has been working with the Liberian Board for Nursing & Midwifery to strengthen the nursing and midwifery health workforce.



❷ Profs. **Larry Slater, Gilles, Karla Rodriguez** and recent grads **Mary Ragaglia** BS '18 and **Frances Dixon** BS '18 at NYU Langone Health's 22nd Annual Nursing Research Conference.



❸ Profs. **S. Raquel Ramos** and **Fay Wright** attended the 2018 NINR Precision Health: Smart Technologies, Smart Health Boot Camp.

❹ Clinical Simulation Learning Center Director **Natalya Paskinsky** and Prof. **Karla Rodriguez** presented at STTI's 29th International Nursing Research Congress in Australia.

❺ Prof. **Tara Cortes** spoke at the Tsao Foundation Expert Series 2018, where she presented her research about why community is the key to healthy aging.



NEWS



Sean Clarke



Danielle Conklin

Meet our new faculty

NYU Meyers has recently welcomed four faculty members including two appointed to our leadership team. We're pleased to introduce them to you.

Sean Clarke

Executive Vice Dean & Professor

Sean Clarke has been appointed professor and executive vice dean effective January 2019. He was formerly the associate dean for undergraduate programs and professor at the Connell School of Nursing at Boston College. A graduate of the Ingram School of Nursing at McGill University in Montreal, Canada, Clarke began his nursing career in a master's entry program after studying biochemistry and psychology. He was a coronary care unit nurse during his PhD studies and completed specialized training as an adult acute care nurse practitioner with a focus on cardiology. Prior to Boston College, he taught at the Universities of Ottawa, Pennsylvania, Toronto, and McGill, and is widely known for his work on patient safety, work environments and workforce issues. Clarke is a fellow of the American Academy of Nursing.

Clarke has extensive teaching experience at the undergraduate and graduate levels. He has managed research groups and been involved in academia-practice in partnerships in a variety of roles, including an endowed clinical research chair at the University of Toronto and University Health Network and the directorship of a special donor-sponsored set of collaborative projects between McGill University and its affiliated clinical agencies. ■

Danielle Conklin

Clinical Instructor

Danielle Conklin is a psychiatric-mental health nurse practitioner who specializes in the assessment, management, and treatment of trauma and stressor-related disorders. She has extensive experience in both the inpatient and outpatient settings, including working with clients across the lifespan providing both psychotherapy and medication management. Conklin has completed psychotherapy training in Eye Movement Desensitization and Reprocessing, Emotion-Focused Therapy, Psychodynamic Psychotherapy, and Child-Centered Play Therapy.

She received both her PhD and MS degrees from NYU and was awarded the honor of Distinguished Student in psychiatric-mental health nursing and selected as a Jonas Mental Health Scholar. She is co-chair of the Graduate Education Council of the American Psychiatric Nurses Association and an active member of the International Society of Psychiatric Nursing. She was an invited speaker at several national conferences where she has presented on Complex Trauma, Neuromodulation, and Dialectical Behavior Therapy. Her special interests include learning and teaching strategies for psychotherapy training in psychiatric mental health nurse practitioner programs and integrating trauma informed care principles within nursing education. ■



Audrey Lyndon



Melissa Morelli-Walsh

Audrey Lyndon

Assistant Dean for Clinical Research & Professor

Beginning in January 2019, Audrey Lyndon will join us as professor and assistant dean for clinical research from the University of California San Francisco School of Nursing where she was associate professor and chair of family healthcare nursing. Lyndon's research focuses on communication and teamwork maternity care and implementation of evidence-based quality interventions. Her professional mission is to make healthcare safer for women and their families. Lyndon frequently participates in national policy initiatives and research efforts to improve safety and quality for women and newborns. She is a fellow of the American Academy of Nursing and the recipient of both the 2011 Award of Excellence in Research and the 2013 Distinguished Professional Service Award from the Association of Women's Health, Obstetric, and Neonatal Nursing. ■

Melissa Morelli-Walsh

Clinical Instructor

C. Melissa Morelli-Walsh received a BS from Cornell University, BSN from the University of Pennsylvania, MA from NYU Meyers, and is currently a PhD candidate at NYU Meyers. She is a nurse, midwife, and lactation consultant at NYU Langone Medical Center.

Morelli-Walsh's research focuses on breastfeeding and neonatal abstinence syndrome. Pregnant women with an opioid use disorder who are using medication-assisted therapy (i.e. methadone) to treat their addiction may safely breastfeed their babies. Breast milk provides numerous health benefits for babies born to mothers with an opioid use disorder. Additionally, mothers who choose to provide human milk for their babies also receive both health and psychological benefits that may contribute to long-term recovery from addiction. Breastfeeding's role as a recovery tool for mothers with an opioid use disorder is the focus of her dissertation. ■

OPEN POSITIONS

Tenure-track faculty:

Adult women's health/midwifery

Requirements: PhD-prepared researcher with expertise in adult women's health and/or midwifery with teaching experience at both the undergraduate and graduate level preferred on either women's health or midwifery topics. Rank to be determined by experience.

Clinical faculty:

Professional issues, policy, and advanced practice expert for DNP program

Requirements: Applicants must have an earned doctorate in nursing or related field and be an advanced practice nurse with at least three years of teaching experience in the area of health policy. Simulation experience and experience mentoring DNP students is strongly preferred.

Veteran outreach

Our HR and Faculty Affairs Department, in keeping with its overall commitment to enhancing diversity within the Meyers workforce, has set a 2018-19 goal of greater, more direct outreach to the veteran population for both faculty and non-faculty recruitment. Know of a veteran who is seeking employment and who may be potentially qualified for a position within NYU Meyers? Please refer them!

Please visit our website at

<https://nursing.nyu.edu/open-positions> to apply. If you have any questions please email **Nicolas Heller**, HR faculty affairs administrator, at **nh35@nyu.edu**.

EOE/AA/Minorities/Females/Vets/Disabled/
Sexual Orientation/Gender Identity

by Rachel Harrison, Senior Public Affairs Officer

College receives NIH grant to establish Center for Precision Health



The National Institute for Nursing Research (NINR), part of the National Institutes of Health, awarded NYU Meyers a \$1.9 million, five-year grant to establish the NYU Meyers Center for Precision Health in Diverse Populations in August 2018.

The goal of the new center is to develop a team of nurse scientists dedicated to studying metabolic syndrome and related chronic conditions, their biological mechanisms and modifiable risk factors, and the best interventions to reduce or eliminate the burden of multiple chronic conditions in diverse, vulnerable adult populations.

“Research that expands our understanding of biomarkers, lifestyle, contextual, and environmental impacts on metabolic syndrome and related multiple chronic conditions among diverse populations is critically needed,” said **Gail D’Eramo Melkus**,

associate dean for research at NYU Meyers and the contact co-principal investigator for the new Center.

Metabolic syndrome is a set of interrelated health conditions present in roughly 35% of the US population that puts individuals at serious risk for type 2 diabetes and cardiovascular disease. Hypertension, dyslipidemia, insulin resistance, and obesity are common factors that comprise metabolic syndrome.

Both genetics and the environment play a role in metabolic syndrome and related chronic conditions. Causes of metabolic syndrome include genetic susceptibility, family history, low education and socioeconomic status, increased body mass index, a lack of regular physical activity, poor diet, smoking, and substance use.

Precision health, which embraces a personalized, tailored approach to health by considering the factors unique to an

individual, is emerging as a strategy for preventing and managing chronic diseases and will be the focus of the Center for Precision Health in Diverse Populations.

“The new center will extend nursing science by truly examining the uniqueness of individual and environmental level factors that influence health outcomes—including those related to genomics, biomarkers, lifestyle, and environmental factors—and can inform more individualized care for diverse populations at risk for multiple chronic conditions and/or resultant metabolic syndrome,” said **Jacquelyn Taylor**, Vernice D. Ferguson Chair of Health Equity and co-principal investigator.

The NINR awards these types of grants—called P20 or exploratory grants—to support centers focused on building research expertise and teams for the future. The funding supports shared resources and several small exploratory research projects conducted by investigators focused on a common research theme.

The infrastructure for the new center will include four cores: an administrative core co-directed by Profs. Melkus and Taylor; a pilot project administrative core directed by Associate Prof. **Victoria Vaughan Dickson** and co-directed by Affiliated Prof. **Bradley Aouizerat** of the College of Dentistry; a precision technology resource core directed by Associate Prof. **Allison Vorderstrasse** and co-directed by Associate Prof. **Winslow Burleson**; and an enrichment program directed by Associate Prof. **Abraham Brody**. Senior Research Scientist **Lloyd Goldsamt** is the Center’s director of evaluation.

Two pilot projects, led by Senior Research Scientist **Susan Malone** and Assistant Prof. **Fay Wright**, will examine the symptoms and biomarkers of metabolic syndrome related to sleep duration and fatigue. ■



Joyce Anastasi



Bei Wu

NYU Meyers receives \$3.5 million NIH grant to study nonpharmacologic treatment for neuropathic pain in people with HIV

Independence Foundation Prof. **Joyce Anastasi** was recently awarded a \$3.5 million grant by the National Institutes of Health to study whether stimulating acupuncture points can help manage HIV-related neuropathic pain.

Distal sensory neuropathic pain (DSP) is one of the most debilitating neurological complications of HIV, affecting nearly 1 in 3 people living with HIV. DSP manifests as pain, numbness, tingling, and burning over the soles of the feet and the distal portion of the toes. Treatments prescribed to manage DSP such as nonnarcotic and

narcotic analgesics (including opioids), antidepressants, and anticonvulsants, are largely ineffective, potentially addictive, and may carry side effects. There are no FDA-approved agents to treat DSP in HIV and agents tested in randomized clinical trials fail to show superiority to placebo.

The objective of this new clinical research study is to conduct a randomized, blinded, placebo-controlled clinical trial to test the efficacy of a nonpharmacologic approach to reduce DSP. Anastasi and colleagues will enroll 196 people with HIV-related DSP. Participants will be randomized to one of four groups to investigate the efficacy of acupuncture and moxibustion, a traditional Chinese therapy, to reduce DSP symptoms.

Anastasi, director of the Division of Special Studies in Symptom Management, is a renowned symptom management scientist with an extensive history of studying methods to control chronic symptoms in

people with HIV and other health conditions. Findings from her preliminary studies using acupuncture and moxibustion to manage HIV-related DSP show its promise as an effective therapy. The NIH-funded study will also create a rich dataset of characteristics of symptoms of people with HIV, providing a more complete understanding of HIV-related neuropathic pain.

"Many people living with HIV and chronic illnesses turn to complementary and alternative therapies to treat health-related conditions, including alleviating pain and reducing the side effects of medication, but few therapies have been sufficiently evaluated," said Anastasi. "Results from this randomized controlled clinical trial will provide patients and clinicians with an evidenced-based, nonpharmacologic therapeutic option to manage this painful condition, which is sorely needed." ■

NYU Meyers receives \$3.47 million NIH grant to improve oral health among people with dementia

The National Institute of Dental and Craniofacial Research and National Institute on Aging, both part of the National Institutes of Health, have awarded NYU Meyers with funding to improve the oral hygiene of people with mild dementia. The \$3.47 million, five-year grant will be used to implement and study a unique oral health intervention involving family caregivers in New York and North Carolina.

Dean's Prof. in Global Health **Bei Wu** is the contact principal investigator of the project along with two co-principal investigators, Brenda Plassman from Duke Health and Ruth Anderson from the University of North Carolina at Chapel Hill respectively.

People with dementia, including Alzheimer's disease, have significantly

poorer oral health than do other older adults, including more plaque, more cavities, severe gum disease, and fewer teeth. Even individuals with mild dementia are at higher risk of poor oral health and research suggests that inadequate oral hygiene practices are a major contributing factor.

Good oral hygiene—particularly routine tooth brushing and flossing—is a critical step in preventing the deterioration of oral health and general overall health for people with dementia. A few studies conducted in nursing homes have shown that with good oral hygiene, the oral health of people with dementia improves notably in a short period of time.

People with mild dementia often live at home and are cared for by family members who supervise and help with daily activities, but often neglect oral hygiene. An intervention that incorporates both people with mild dementia and their caregivers to improve oral self-care could have long-term oral health benefits for people with dementia.

Using results from a pilot study, the researchers developed an intervention to

help family caregivers guide people with mild dementia in carrying out oral hygiene. The intervention is designed to work with the caregiver and individual with mild dementia to identify challenges in oral care, help them learn to solve them, and improve the ability of the person with dementia to engage in effective oral care.

"To our knowledge, this is the first oral health intervention to be conducted among community-dwelling people with mild dementia and the results of our pilot study suggest that a caregiver-assisted intervention can improve oral health outcomes," said Wu.

Through this new NIH funding, the research team will conduct a randomized control trial in New York City and North Carolina to test the oral health intervention. In addition to measuring whether the intervention improves oral hygiene, the researchers will also look at communication between people with dementia and their caregivers and will assess their oral health knowledge and confidence in their ability to improve their oral health. ■

STUDENTS

Our students have rich academic and social experiences—collaborating with leading organizations, giving back to the community, and honing their clinical skills, to name a few. Here is a collection of highlights from the spring and summer.



A Arman Posis BS '18 partook in experiential learning at the Medical ICU of NYU Langone Health as part of Prof. **Fidel Lim**'s Complex Health Issues class.

B Jasmin Rivera BS '19 participated in perioperative training in orthopedic surgery at her summer externship at HSS.

C The Black Student Nurses Association held a bake sale to raise money for the Estelle Massey Osborne Scholarship.

D Men Entering Nursing celebrated the end of the school year with a potluck picnic in Madison Square Park.

E Prof. Lim and students attended the Jazz Age Lawn Party on Governors Island.





F Recent alums gathered at the Frying Pan to celebrate their academic success and the beginning of summer.

G NYU Meyers showed its support for the LGBTQ community by walking in the Pride March on June 24.

H Student gathered for a conversation about the LGBTQ community and maternity nursing.

I Peter Dull BS '18 presented his team's project at the Oncology Nursing Society entitled *Metformin: A role in pancreatic cancer prevention?*

J Members of Men Entering Nursing visited a local all-boys high school to promote nursing as a career option for men. The workshop had the students demonstrate the use of stethoscope in health assessment.

K Meyers students came together in Central Park to participate in AIDS Walk 2018.

STUDENTS

A Patricia Simono BS '18 volunteered in a medical mission in Dominican Republic.



B Off-duty EMT Rowan Thomas BS '19 abandoned her car this summer to help a teen being stabbed by attackers in the Bronx. Her heroic efforts helped save the man's life.



C Minjae Kim MS '17, founder and chairman of Korean International Nursing Leaders Association, led 700 future nursing leaders at the 1st Korean International Nursing Leaders Association Conference.



D Left to right: Penelope Sukal BS '06, Rebecca Weinstein BS '12, and Amanda Marino BS '11 received the nursing excellence award at Hospital for Special Surgery during National Nurses' Week 2018.

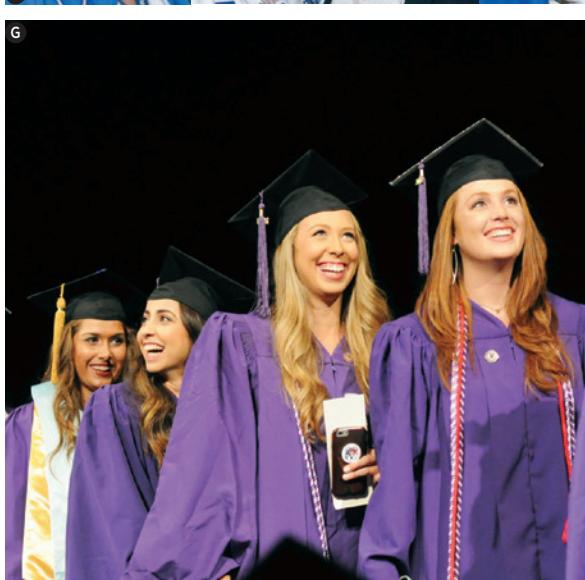


E Christina Maroone ADCRT '19 was selected by the American Psychiatric Nurses Association to be a student scholar. This highly competitive award is given to 15 graduate students from throughout the US from a field of more than 300 applicants.



F Engel Monsanto BS '18 volunteered in the Dominican Republic conducting health screenings, health education, and community service to improve healthcare access for the underserved. Monsanto received a small grant from NYC Men in Nursing.

G Class of 2018 Graduation





NEWS

The Hartford Institute for Geriatric Nursing Summer Scholars Program

H The Hartford Institute for Geriatric Nursing hosted its 21st Annual Interprofessional Summer Scholars program in July. This program invites applications from junior- and mid-level researchers from around the globe for the opportunity to advance their careers and build grant writing skills. The program is an in-depth mentoring experience with nationally recognized interprofessional geriatric researchers in which participants engage in scientific discourse and critical analysis of all aspects of a research proposal through small groups and faculty-led discussions. This year seven scholars from across the US, Canada, and Switzerland attended the program.

Meredeth Rowe, a well-known geriatric researcher from the University of Southern Florida, was the lead faculty along with Profs. **Bei Wu, Ab Brody, and Tara Cortes**. Guest faculty included Profs. **Allison Vorderstrasse, Jacquelyn Taylor, and Allison Squires** from Meyers as well as Aging Incubator Co-Directors **Joshua Chodosh** from the School of Medicine and **Victoria Raveis** from the College of Dentistry. In addition, several other faculty from around the University and peer institutions provided their expertise in this collaborative setting. ■



I Profs. **Sandy Cayo** and **Selena Gilles** partnered with NYU Dentistry and Global Public Health for the sixth annual medical mission for nonprofit HEAL Haiti which focuses on improving health outcomes for the Haitian people.

J May 2018 graduates celebrated passing the NCLEX with a dinner in Chinatown.

K Spring 2018 graduates on their first day on the job at Mount Sinai, Weill Cornell, Memorial Sloan Kettering, and Hospital for Special Surgery.



NYU Meyers

May 2018 baccalaureate graduates averaged

92%
(91.63%)
on the NCLEX.

This puts us above the state and national NCLEX averages for the year at 90.5%.



Reversing gender inequality and redefining women's health

Improving cognitive function in women with breast cancer

By Assistant Prof. John Merriman

Just over a quarter million women in the US will receive a diagnosis of invasive breast cancer in 2018 and most of these women will be postmenopausal at the time of diagnosis. Treatment advances have improved disease-free and overall survival to the point that now 3.5 million women living in the US are breast cancer survivors. Many of these cancer survivors now can expect near-normal lifespans after treatment, so preventing or alleviating late effects of initial treatment and symptoms associated with long-term treatment are important for maintaining quality of life.

One of the symptoms that may be reported by women during and after breast cancer treatment is cognitive problems. Up to a third of breast cancer survivors report cognitive problems during or well after initial therapy. These cognitive problems may include difficulty concentrating for extended periods of time, remembering things in the short term, and carrying out tasks as quickly as before the diagnosis and treatment of cancer. These self-reported cognitive problems may correspond to objectively measured neuropsychological deficits in executive function, processing speed, sustained attention, and short-term memory. Family members and colleagues at work may not notice cognitive problems

because women who experience them exert effort to compensate, which can lead to a feeling of mental exhaustion. For women who have difficulty compensating, cognitive problems can reduce their ability to return to work and re-engage in social activities.

The frequency of cognitive problems experienced by patients receiving different cancer therapies varies significantly, but variability exists even with the same therapies. Some women with cognitive problems can expect improvement within six months to a year after initial treatment ends, while others continue to experience problems long-term. Therefore although treatments for breast cancer may contribute to cognitive problems, treatment does not always define who is at risk. Cognitive problems may be present before therapy and may be influenced by patient characteristics. These characteristics may include age, cognitive reserve, co-occurring symptoms like sleep disturbance and fatigue, and mood dysregulation. Biological characteristics including changes in underlying brain structure and function associated with cancer and its treatment, differences between patients in genes and the functions of genes, and physical and psychological stress responses may also influence cognitive problems.

Because we do not fully understand exactly why cognitive problems occur and who is at risk, clinicians do not have easy answers for women who experience cognitive problems. Women who experience cognitive problems during treatment may find relief with changes in therapies made in consultation with their healthcare providers.

For example, some long-term therapies, such as tamoxifen and aromatase inhibitors, have similar survival benefits but different symptom profiles. It is important to rule out other causes of cognitive problems, such as anemia, diabetes, and thyroid problems. Addressing sleep disorders and mood problems can improve cognitive problems. Pharmacological interventions such as stimulants may help, but studies do not currently support their routine use.

Behavioral interventions such as exercise, cognitive training, and mindfulness-based activities may improve cognitive problems. We know that exercise increases blood flow to the brain, reduces stress, and improves sleep and mood, all of which can improve cognitive problems. Cognitive training and rehabilitation can be done in groups or using apps at home; these techniques might improve specific cognitive problems, such as forgetfulness and the ability to perform cognitively challenging activities. Mindfulness-based approaches such as meditation and yoga can improve stress responses by reducing negative appraisals of stress and reactivity to stressful situations. Studies using these behavioral interventions to address cognitive problems are ongoing.

Overall, cognitive problems significantly impact quality of life for many breast cancer survivors. Researchers are engaged in studies to identify women at risk and develop a body of evidence for interventions that are most likely to prevent or improve cognitive problems. ■



John Merriman



Victoria Vaughan Dickson



Marilyn Sommers

Self-management: a key tool to address cardiovascular disease

By Associate Prof. Victoria Vaughan Dickson

Cardiovascular disease is the leading cause of death in women in the US, killing more women than the next three leading causes of death combined. It is estimated that every 80 seconds a woman will die from heart disease. This challenge in women is not limited to the US. In fact, heart disease is the leading cause of death in women in every major developed country and most emerging economies.

While considerable gains in cardiovascular care have been made including advances in pharmacological, surgical, and technological management, women have an overall worse prognosis than men. Women who have experienced a heart attack or myocardial infarction (MI) have a substantially higher risk of subsequent MI, heart failure, and/or death compared to men. According to the American Heart Association, within five years of an MI, 43% of women older than 40 will die compared with 33% of men. Within six years of an MI, 46% of women will be disabled compared to 25% of men. Among patients with diabetes, women also have a higher risk of developing heart disease than men. Ethnic minority women have greater risk and experience poorer outcomes than white women.

The reason for this cardiovascular health disparity in women is multi-factorial and includes physiological differences in heart anatomy and cardiovascular function: varied CVD risks, psychosocial factors, and treatment disparities. For example, only 38% of women reported that their doctors had ever discussed heart disease with them. Women are less likely to be treated by a cardiologist for MI during hospital admission and, alarmingly, they are often not treated

to recommended guidelines for a myriad of cardiovascular disease diagnoses. Social determinants of health from a life-course perspective also contribute to increased CVD risk for women and their families.

Our research directly confronts this health disparity through innovative interventions that focus on improving cardiovascular disease self-management, the cornerstone of clinical management and key to health outcomes. Briefly, this self-management includes maintaining health through health-promoting practices and managing illness including symptom exacerbation. Women with or at risk for heart disease must follow recommendations for diet, physical activity, and medication to maintain physiologic stability and prevent recurrent cardiac events. Monitoring for symptoms which may be different in women than men and managing them early can improve outcomes, for example avoidance of emergency care and hospitalization. Those who engage in self-management have fewer symptoms, better functional capabilities, and a higher overall feeling of well-being. However failure to adhere to treatment regimens leads to elevated blood pressure, coronary strain, and subsequent decompensation. Our focus on self-management is critical because research has consistently shown that women are less aware of their cardiovascular risk, lack knowledge about symptoms of a heart attack and are less likely to seek emergency care even when they are experiencing symptoms associated with their heart. Further, women are often seen as gatekeepers to family health; so improving CVD self-management in women may have lasting impact on family CVD health.

To address the critical health challenge in women with heart disease, we developed and tested the *Helping Women Help Themselves to Improve Heart Health: A Community Approach to Self-management*, a skill-building, self-management, group-based intervention with the objective of

improving and sustaining heart healthy self-management behaviors. In this study, funded by a CIGNA World of Difference Award, a convenience sample of 70 racially and ethnically diverse women with heart disease were recruited through clinical and community sites and social media. They then participated in eight weekly group sessions led by a health educator.

Overall there was a significant improvement in self-management. Individuals who attended six or more classes showed the greatest improvement with 79% joining community-based fitness programs. We also learned from focus group feedback that the intervention helped participants by: increasing self-management skills including physical activity and symptom management, and providing social support that developed in the group setting. Women in the study reported feeling empowered to make changes that supported their family's heart healthy behaviors. However focus group feedback highlighted the need for more focused content on stress management specifically around balancing work, family, and life demands.

Recognizing the negative association that stress has on self-management, we are collaborating with the researchers in the NYU School of Medicine and Population Health to test a telephone-based stress management intervention for women who have experienced an MI. This study, led by Tanya Spruill and funded by the American Heart Association Strategically Focused Research Network Award and the Sarah Ross Soter Center for Women's Cardiovascular Research, is evaluating the effects of telephone-based mindfulness based cognitive therapy in 144 women reporting elevated perceived stress. Preliminary data is promising, showing a reduction in stress levels following the eight-week intervention.

Our research addresses the unique challenges women of diverse ethnicity face in practicing self-management that may

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contribute to health disparities. Our approach and intervention content are sensitive to cultural preferences and social norms. Our research takes place in community settings like the NYC Department for the Aging senior centers and YMCAs in diverse neighborhoods across the city including historically Black neighborhoods and Hispanic communities. In this way we leverage existing community resources and facilitate self-management resources where women and their families live and work and where women can share life-saving cardiovascular disease self-management awareness and skills with their friends and families. ■

Consent vs lack of consent: Injury related to sexual assault

By Prof. Emerita Marilyn Sommers,
University of Pennsylvania School of Nursing

Recent events in American society have heightened the public's awareness of sexual assault and highlighted the lasting impact that it has on people's lives. The #MeToo movement, Bill Cosby's trial and conviction, accusations against Harvey Weinstein, and the nomination of Judge Brett Kavanaugh to the Supreme Court serve as converging controversies that have riveted a nation. Across gender, people have been placed in difficult positions as they attempt to explain their own behaviors or the behaviors of others, or justify their beliefs about sexual violence.

The Centers for Disease Control and Prevention defines sexual violence as a sexual act committed against someone without that person's freely given consent, including unwanted touching. It also includes unwanted, completed, or attempted forced penetration. The statistics are grim. The CDC reports that an estimated 19.3% of women and 1.7% of men have been raped during

their lifetimes and an estimated 43.9% of women and 23.4% of men experienced other forms of sexual violence during their lifetimes. Gender and sexual minorities report equal or higher levels of sexual violence as compared to national prevalence statistics.

While not all people are injured during a sexual assault, the study of physical injury provides the opportunity to build scientific knowledge that might help discriminate between consent and lack of consent. For the last 20 years, my work has focused on the injuries that result from sexual assault by examining injury records of women who have received a sexual assault examination and comparing them to injuries that women experience after consensual sexual intercourse. Approximately 600 women agreed to have a standard forensic examination after they had consented to have sex with their male partner. I have found that women have a lower rate of injury after consensual intercourse as compared to non-consensual intercourse. Interestingly, women who identify themselves as non-Hispanic white have more injuries than women who identify themselves as non-Hispanic Black, both after consent and lack of consent. This finding interested my research team because when injuries occur and are documented in the medical record, sexual assault survivors have more positive outcomes during criminal justice procedures against the alleged assailant.

In further work, I found that skin color was more important than race/ethnicity in determining injury prevalence after both consensual and non-consensual intercourse. Women with light skin had more injuries and women with dark skin had fewer injuries. These same findings occurred when she added 200 Latina/Hispanic women to the sample. These findings are important for several reasons. First, the techniques used for the standard forensic examination following sexual assault include a dark blue contrast dye that is used to highlight injuries. It is

possible that this dark-colored dye does not highlight injuries well on dark as compared to light skin. Secondly, when injuries occur that are not identified, women are at a disadvantage because the more injuries that are identified, the more likely their case will move through the criminal justice system. If injuries in women with dark skin are not identified, they are at risk of not having their injuries treated, and also for not having their cases pursued by prosecutors.

Lastly, my research team has found that certain injuries are more likely to be related to lack of consent. For example, increased number of external genital tears and internal genital bruising were significantly associated with lack of consent. More specifically, the presence of an external genital tear increased the odds of non-consensual intercourse more than two times and the presence of an internal genital bruising increased the odds of non-consensual intercourse more than seven times. Anal penetration was highly predictive of lack of consent.

Clearly, more work is needed to understand the role of injury and how to discriminate between consent and the lack of consent. Techniques for the forensic examination need to include methods that allow for injury identification across the continuum of skin color. Advanced digital imaging techniques are needed to differentiate between injuries that occur routinely with consensual intercourse as compared to those more severe injuries that occur when no consent is given. However it is important to note that some women who do not give consent experience no injury; those subtleties need further study. Ultimately scientific study of injury after sexual violence has the potential to improve evidence collection, improve deterrence, and reduce the epidemic of sexual violence against women. With the current national focus on sexual assault, the present time offers unique opportunities to advance scientific knowledge in this area. ■

FEATURE

STUDENT PROFILE



BY SHIZUKU YOSHIEDA BS '20



Since I left the Philippines eight years ago, my dream has always been to go back and work as a healthcare worker. I enrolled in NYU Meyers and NYU College of Global Public Health, believing that these two institutions are the right places to prepare myself for that ultimate journey of service.

I was 10 when I moved to the Philippines with my family and I soon discovered many things to love about the country: the palm trees, sudden tropical rains, the food, people singing in the streets. At the same time, even to a 10-year-old, the destitute conditions in which people lived were evident. Many faced low wages, unemployment, and lack of access to medical care. I knew I had to go back for people in poor and rural neighborhoods.

In June I had an opportunity to visit Manila, the capital of the Philippines, through two missionary organizations. I was so excited to experience life as a local again. Most of the time I stayed at a church in a slum in Manila, taking showers from buckets

of water and waking up to roosters.

The medical team I joined focused primarily on tuberculosis treatment and prevention. We traveled to villages in and around Manila, sometimes taking more than two-hour rides on Jeepneys to reach our next destination. We saw many patients who were continuing their six-month TB treatments. We also made sure patients' family members got chest X-rays. In poor villages, in which many live close to each other, families often gather in one room to spend time together. The poor ventilation in their living quarters and their close proximity to one another greatly affected their chances of transmission.

In Manila, there is a strong stigma against TB, which is rooted in shame. Many wanted to disbelieve or hide the fact that they had it because they did not want to be seen as unclean, poor, and ignorant. Therefore, at our clinic, the first mission was to gain trust and build personal relationship with the patients. I was so thankful that I had learned and practiced patient education and a

respectful approach to treating patients at NYU Meyers. Simulations and clinicals definitely helped me to hone my bedside manner with patients and work efficiently at the same time.

Practical skills and knowledge I acquired in lectures and clinicals also enriched my experience. When I got there, I was expected to immediately start taking manual blood pressure, listen to TB patients' lung sounds, perform finger sticks, and measure radial and apical pulses. I recognized many names of medications we used on patients with TB, diabetes, and other conditions. I was not afraid to ask questions, research, and learn new skills. I was surprised to see how much I've grown from the past year in nursing.

My dream to work as a nurse in the Philippines has grown ever so strongly since my trip this past summer. With strong motivation and support from my classmates and professors, I am looking forward to advancing my skills and giving back to the community when I graduate. ■



ASSOCIATE PROF. **AB BRODY**

Making life better for persons with dementia

by Druanne Dillon, Contributing Writer

Aliviado Dementia Care, a comprehensive, agency-based program designed to help home health and hospice care providers gain the knowledge and skills to give high-quality, compassionate care to people with dementia, continues to be a work in progress 10 years in. With more than \$11 million in funding so far, it is well on its way to transforming how people with dementia receive quality care at home.

Aliviado's founder, **Ab Brody**, originally had aspirations of becoming a pediatric oncologist. He attended NYU College of Arts and Sciences as an undergrad, pre-med, as a biology major. To complement his studies,

he sought out research assistant positions and landed one in the lab of Meyers Prof. Emerita Mathy Mezey and former Dean Terry Fulmer at the Hartford Institute for Geriatric Nursing.

From pediatric oncology to quality care for older people

During the years Ab Brody spent working in this lab, from the late 1990s to the early 2000s, a number of elements contributed to the transformation of his dreams, his thinking, and his life's work.

First, the personal: Several of Ab's grandparents had been affected by dementia, which he said "likely primed the pump."

Second, the professional: From his work with Mezey and Fulmer, Brody, "was so inspired by their passion, intellect, and compassion in caring for older adults that I became captivated with the possibilities for improving care for older adults."

By the time he crossed the stage with diploma in hand, he was heading not to med school with a specialization in pediatric oncology, but to nursing school, with the goal of becoming a geriatric nurse researcher.

The Genesis: What was wrong

Fast forward a number of years and degrees to Brody as a nurse practitioner performing house calls to persons with dementia: what

What gives him the most satisfaction at the end of the day? "The belief that, in the end, I have the opportunity through Aliviado to improve the lives of thousands upon thousands of persons with dementia and their caregivers."

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he consistently found were home health and hospice clinicians unable to care effectively for this population, and their frustration with this.

Brody described what he saw and did: "Home health and hospice agencies were underprepared to care for the dementia population," he said. "I went into the literature and couldn't find much research on helping these care delivery models improve quality for persons with dementia. This became my life's work beginning about ten years ago.

"Once I started on this topic, it was a slow but steady process of developing the necessary understanding of how to create an effective but pragmatic and real world solution for home health and hospice agencies. I began my first pilot with start-up funds from NYU, just to understand the environment of working to change practice with a disseminated workforce. Since most clinicians are out in the field, it's not like a hospital or nursing home where you can bring people together daily to reinforce training. I learned from that pilot, which led to two other pilots funded by the National Palliative Care Research Center, another pilot funded by the Robert Wood Johnson Foundation and Cambia Health Foundation."

Behold, Aliviado: What it is
Aliviado meaning "relief" in Portuguese, is an evidence-based program that takes a multi-pronged approach to agency-based caregiver training and education.

Over the past ten years, Aliviado has evolved to successfully provide comprehensive, compassionate dementia symptom management at home. This has happened through online training of both skilled clinicians and home health aides, including a CEU component to incentivize care professionals to do the training. In addition, agencies identify "champions" within their personnel to serve as mentors and implementation leads.

Clinicians receive guidance on how to assess and treat symptoms prevalent in dementia through individualized care

plan templates embedded within the organization's documentation system. For home health aides and family, caregiver education materials are provided in English and Spanish, at 6th and 8th grade reading levels, to help them best work with their loved ones.

Umbrellaed over the whole program is the treatment algorithm, which focuses on identifying and treating acute and chronic behavioral symptoms in dementia to help implement training and assist clinicians in their decision making.

Aliviado continues to prove effective in studies

With all the research and careful development of Aliviado, the program continues to function as planned, arming caregivers with the tools they need to understand, anticipate, and care for the symptoms encountered in dementia.

Proven outcomes of Aliviado include:

- improved staff knowledge and confidence in working with people with dementia;
- enhanced quality of life for patients;
- reduced unnecessary emergency room visits and hospitalizations;
- increased referrals of healthcare providers;
- greater patient/caregiver satisfaction.

In describing the progress of Aliviado, Brody said, "I have learned multiple lessons along the way from my home health and hospice partners, who helped to shape the program. We have implemented Aliviado in multiple home health agencies and will

be implementing a trial of Aliviado in 25 hospice agencies next year. As part of a recently-funded \$61 million NIH award, we will be developing a home health and hospice aide program to help these frontline caregivers develop skills on how to approach and care for persons with dementia with dignity in order to improve the quality of care they provide in support of the patient and their primary family caregiver.

More than \$11 million to date in support

"I have been grateful for all the investment to date to get the program to this point, including from the National Palliative Care Research Center, Robert Wood Johnson Foundation, Cambia Health Foundation, and National Institutes of Health."

The National Plan to Address Alzheimer's Disease has been helpful to programs like Aliviado, as well. "The plan serves as a rallying cry," said Brody, "to focus not just on curative measures but on what we can do right now to improve care quality for persons with dementia and their caregivers. I am thankful for the significant investment from Congress for research into Alzheimer's Disease and related disorders. It is the primary reason I am able to conduct this work; I would not be able to perform the large-scale tests that are now getting up and running if that investment hadn't been made on behalf of the American people."

Brody has great aspirations for the program he created. "I would love to see Aliviado become a self-sustaining enterprise that can continually invest in improving our programs and innovating to develop new programs in care of seriously ill older adults living in the community."

What gives him the most satisfaction at the end of the day? "The belief that, in the end, I have the opportunity through Aliviado to improve the lives of *thousands upon thousands* of persons with dementia and their caregivers." ■

US Public Health Service Syphilis Study at Tuskegee at 86: Obtaining trust of the African American community through trustworthiness

by Prof. Michele Shedlin

“...Clearly this is a problem of major concern, because we invest a lot in research in this country. So, I do think that the fact that so few African-American and other minorities participate is critical. I think what’s needed is a different relationship between the health system and minority community, especially Black communities.”

The National Center for Bioethics in Research and Education at Tuskegee University, with support from the Eli Lilly and collaboration with NYU Meyers faculty, carried out an exploratory study to address the longstanding challenge of enhancing participation of African American in human subjects research, particularly in clinical trials, by the African American population.

One strategy to address this challenge was to identify ethical issues related to historical and current challenges born out of the lived experiences of African Americans and research. An objective of the exploratory study was to document the challenges and opportunities related to trust and trustworthiness. In addition, the study aimed to identify other obstacles to participation in research crucial to the appropriate biomedical tailoring of pharmaceutical developments to better serve populations long excluded from clinical trials. Clearly an underlying issue was the question of the salience of the unethical legacy of the US Public Health Service Syphilis Study at Tuskegee embedded in the historical memory of the scientific community, the general public, and especially the African American community. Thus the research was designed with the objective of informing the development of evidence-based strategies to build sustainable and trustful relationships between African American leadership groups, their constituencies, and the research community.

The National Center for Bioethics carried out in-depth interviews with a national convenience sample of the leading policy, education, health, faith, and civic leadership of the African American community. These categories were selected because they represent the leadership groups who historically provided the guidance through major social justice challenges and have been the sustaining pillars for the Black community through several periods of social justice eras. These individuals and organizations have, and continue to be, the major decision-makers among the African American population.

This qualitative study is unique to the literature in that data was obtained from the leadership of the African American community regarding their perceptions of and reasons for, obstacles to participation in medical research, specifically clinical trials. Reaching these experienced and knowledgeable individuals in face-to-face interviews across the country was only possible because of the reputation of the Tuskegee National Bioethics Center and the respect and trust which the Director, Dr. Rueben Warren, holds among his peers.

While many studies have examined the attitude of subjects successfully recruited into clinical trials or those who chose not to participate, few studies have focused on the perspective of clinical researchers and barriers presented in the recruitment process. Fewer studies consider the perspectives of trust and trustworthiness



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and how those two ideas are interpreted and perceived by African Americans who belong to the key groups that have influenced African Americans throughout history: faith-based organizations, health and educational professions, and civic organizations. The current literature surrounding African Americans and clinical trials participation is limited in utility because few solutions are proposed and little has been done to rectify the lack of perceived trustworthiness of the research community. Thus the study provided a critical window into the current thinking and suggestions by the African American leadership in the US.

The research team assembled by the Center included: a health services scientist/principal investigator, statistician/computer analyst, medical anthropologist, and project director. 41 interviews were completed. The study addressed three major research questions: 1) Why African Americans do not trust research conducted by the scientific community; 2) What is needed to eliminate the barriers to participation in research and to enhance the trustworthiness among the scientific community and, 3) What recourse would be available if and when bioethics and public health available if and when bioethics and public health ethics violations occur.

The three groups comprising the sample were identified based upon their economic, strategic, intellectual, and political position. Interviewees included presidents/deans of Black medical schools; the president and two past presidents of the National Medical Association; the president of the National Dental Association; the presidents and/or deans of four predominately Black Theological Seminaries; leaders/presiding pastors of major religious institutions; and leadership of civic society including the NAACP and Urban League.

What we learned from these timely interviews is that trust and trustworthiness are critical issues, identified in the literature as obstacles, and in these interviews as

solutions. The leadership was generous in the suggestions for improving the participation of their constituencies because they understand the need for tailored medical interventions that address long standing and unacceptable health disparities in the US.

They discussed, as does the literature, the importance of the history of unethical research and the sequelae of truth and myths. They also recognized, not addressed in the literature, that there are important generational differences in the reasons for medical distrust. They highlighted the need for the education of the medical community, especially Black physicians in the community and in institutions, so that there will be a better understanding of the need for such research and what it entails. The leadership also stressed the need for reaching the faith leaders as well as the difficulty in gaining their understanding, and especially their trust, when the trustworthiness of the research community is not evident. This is true for both public and private sector efforts.

Interestingly, the leadership placed emphasis on relationships between institutions, individuals, and the community as key to developing both trust and trustworthiness. The objective of profit rather than care was seen as undermining any attempts at developing these critical relationships. "Show that you care" was a salient theme. A clear recommendation was to demonstrate a real commitment to African American health disparities by developing culturally sensitive strategies for informing all constituencies. Understanding the history and values of the African American populations, with special emphasis on generational differences, was seen as paramount in promotional efforts toward recruitment.

Lessons that we draw from the analysis of these interviews are many. The history of unethical research, while important, is not the only factor operating to limit participation. There needs to be far better understanding of what, how, and by

whom recruitment should be carried out. Appropriate and effective information must be disseminated by trusted sources of information that may not necessarily be receptive to collaboration. Relationships that build trust require commitment and understanding, not simply promotional videos. Motivations for participation need to be explored and built upon, and incentives and rewards need careful consideration, not simply IRB or institutional approvals. And finally, trust and thus participation will not be obtained if the institution and its representatives are not seen as trustworthy.

As Dr. Warren concludes, "The paradigm must be changed so that trustworthiness, not trust, is what is expected first." ■

The History

From 1932 to 1972, the US Public Health Service conducted a study involving syphilitic African American men from rural Macon County, Alabama. No white men were included in the study. Over the course of 40 years, scientists tracked the progression of the disease in the participants without ever telling them that they had syphilis or informing them of treatment options—even after penicillin had been proven to be a quick and effective cure. In fact, the participants were actually prevented from receiving treatment. The study halted only after an Associated Press reporter exposed the unethical methods being employed.

In his public apology May 16, 1997, President Clinton called the study *"something that was wrong—deeply, profoundly, morally wrong—to our African American citizens. I am sorry that your Federal Government orchestrated a study so clearly racist."*

Courtesy of the Tuskegee University National Center for Bioethics in Research and Health Care

FEATURE

STUDENT PROFILE



BY SARAH BENDER MS/MSPH '19

Administering a corticosteroid injection into a knee of an elderly woman with arthritis

As a dual degree MS/MSPH student, I am required to complete an "Applied Practice Experience" for my MPH. I was determined to find something that combined both my nursing experience with my passion for social justice. I discovered an amazing opportunity to travel to Uganda with OneWorld Health to research and develop hypertension screening guidelines and treatment protocols to implement at Masindi Kitara Medical Center in Uganda.

OneWorld Health is a nonprofit organization that provides high-quality, sustainable healthcare in developing countries by investing in local communities. They aim to fill the access gap between high-cost private healthcare and low-quality public healthcare. Their medical centers in Uganda focus on a number of different public health

challenges, including maternal and neonatal health, nutrition, HIV/AIDS, as well as chronic conditions such as hypertension and heart disease.

I first learned about OneWorld Health at an event sponsored by the Applied Global Public Health Initiative and Healthcare Consulting Organization at NYU. Ed O'Bryan, co-founder of OneWorld Health, spoke about his work on developing financially sustainable models for healthcare delivery in developing countries, specifically in Nicaragua and Uganda. I had always had a passion for making healthcare accessible to communities who have little to no access to basic healthcare. What intrigued me about OneWorld Health and O'Bryan's presentation was their focus on sustainability; not only does OneWorld Health send volunteers to serve communities around Masindi, Uganda

four times per year—they were also able to open a fully sustainable medical center staffed by local healthcare providers by offering low-cost services to the surrounding community. This model encourages community members to feel empowered and accountable for improving their health.

My classmate Felicity Duran and I were tasked with examining the current treatment guidelines for hypertension in the US and Uganda, as well as those recommended by the WHO. We then evaluated OneWorld Health's current treatment of hypertension and how it compared to the evidence as part of our pre-trip preparation. While in Uganda we performed qualitative interviews with key informants from Masindi Kitara Medical Center, such as doctors and clinic directors, as well as conducting patient surveys on medical outreach days. Our



Clockwise from upper left:

Taking the history of an 8-year-old-boy, 6-year-old boy, and their mother using a translator

Examining a patient's pupillary response during a head-to-toe exam

Group photo of the 39 volunteers for the August 2018 OneWorld Health Uganda Medical Mission Trip

goal of the project is to create hypertension screening and treatment protocols for OneWorld Health to use at the Masindi Kitara Medical Center based on the current evidence and the data we collected during our field work.

We traveled to Uganda with OneWorld Health's August 2018 Medical Outreach Team. We were a group of 39 health professionals (doctors, nurses, pharmacists, occupational therapists, physical therapists, and speech pathologists) alongside public health students and non-medical volunteers from all over the US and Canada, brought together by a passion for serving others. As a nurse and current nurse practitioner student, the experience was not only rewarding for me from a public health perspective, but also from a clinical perspective. Over the span of five days, the team of providers were able to treat approximately 900 patients in three different communities. One of the most profound experiences was seeing firsthand the lack of basic healthcare available to these communities. Many patients were well into their sixties and seventies and were seeing a doctor

and getting their blood pressure taken for the first time. They waited in line overnight outside the church or school where we would be setting up our mobile clinic to ensure they got a wristband to be seen.

“...we cannot solve all the problems with one project or one week of outreach, but we can only hope to make enough of an impact in the lives of the patients that we did see to set in motion a ripple effect to those around them.”

We were only able to treat 150-200 patients per day, which was only about a quarter of the number of people waiting to be seen. Despite their many hardships, the Ugandan people were warm, welcoming, and grateful for us and the services we provided. It was eye-opening to see the trust they had in us, as foreign providers who did not speak the same language, and openness to our public health education and medical treatments.

The poverty and hardships the communities of Masindi face are difficult to fathom in comparison to our lives here in the United States and it can be discouraging to feel like we only helped a small fraction of the people who needed our services. However I think that is one of the challenges that we face in healthcare: we cannot solve all the problems with one project or one week of outreach, but we can only hope to make enough of an impact in the lives of the patients that we did see to set in motion a ripple effect to those around them. With continued persistence towards an end goal of social justice and “one-step-at-a-time” mentality, our small impact in one moment will give hope to a better future. ■

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Charles M. Cleland PhD

stat·is·ti·cian

[stat-i-stish-uhn] [n]

An expert in the preparation and analysis of statistics who helps solve real-world problems

In celebration of statisticians and the tools they use

by Druanne Dillon, Contributing Writer

How do statisticians help faculty researchers in their pursuit of new knowledge and innovation? Why are their roles so important? We asked some of the Meyers researchers and statisticians to give us a sense of the key roles that statistics and statisticians play in research.

Charles M. Cleland, research scientist, is a quantitative psychologist and biostatistician with more than 10 years of experience in the field of public health research. His methodological interests include longitudinal data analysis, meta-analysis, respondent-driven sampling, and multilevel modeling.

“Statisticians play a vital role in research from the earliest planning stages to dissemination of findings in the scientific literature and beyond. They are most effective when embedded as a key member of a research team, engaged in ongoing dialog with the investigators they support. In the early stages of research when the goal is to move from an idea or question to specific research design elements, the statistician brings broad methods knowledge and can speak to the implications of different choices. With typically less knowledge of the investigator’s

substantive area, a statistician can help an investigator to make the significance and logic of research questions clearer to people who are not long-time insiders in a particular field. A very common and essential role for the statistician is support in determining the number of study participants needed for precise answers to important questions. Without this support, answers to research questions may be less satisfactory or scarce resources may be wasted. For active research studies, the statistician may work directly on the execution of plans to select participants and assign them to study conditions. In the later stages of research, when data is available, the statistician can support or directly perform analysis to address research questions and is often a key member of the team conveying study findings to multiple audiences with clear figures, tables, and writing.

“My work with Associate Prof. **Victoria Vaughan Dickson** illustrates how statisticians support investigators in early stages of research. Part of Dickson’s work focuses on developing self-management interventions for patients with heart failure. When helping to plan the size of a study with an

investigator, it is not uncommon that the design departs from a classic, textbook case in ways that require the statistician to apply a more tailored approach. In her work, half of all patients receive a self-management intervention in small groups, while the other half receive care as usual for heart failure and are not organized into groups. Determining the number of patients needed to address Dickson’s questions about intervention efficacy required a computer simulation. That is, we specified outcomes for each condition of the study and then figured out how many patients would be needed to reliably detect that expected difference. Without considering the grouping of patients in the intervention, estimates of intervention impact may have lacked necessary precision or resources may have been wasted by enrolling more patients than needed.

“I have also worked with Assistant Prof. **Ann-Margaret Navarra** on her NIH-mentored, patient-oriented research career development award in the area of engagement in care among adolescents and young adults with HIV infection. While working Navarra’s grant project has included practical methods



Jason Fletcher PhD



Gary Yu PhD

support for a systematic review and analysis of correlated data, it also illustrates how the statistician role can often blend into that of a more general scientific collaborator, especially when the content area is one in which the statistician has worked over a long period of time. That was the case here, as I have worked in HIV care and prevention for years, and it has been natural for me, at times, to leave the narrower role of statistician and share wisdom about recruitment challenges and multilevel barriers to engagement in care and to learn from Navarra's insights into the needs of a vulnerable patient population. Being open to always learning more about the substantive areas in which we work makes us better statisticians."

Jason Fletcher, senior biostatistician, is a quantitative researcher with more than 15 years of experience conducting evaluation research in the fields of community and public health. His methodological interests include item-response theory, differential item analysis, multilevel modeling, and analysis of longitudinal data.

"By partnering with researchers, statisticians help them to navigate the quantitative aspects of their studies, bridging a connection between research questions and clinical evidence. This is done by operationalizing research questions, translating hypotheses into concrete and quantifiable terms. Statisticians provide input on study design, to ensure appropriate and sufficient data is collected, which will provide reliable evidence to evaluate research questions. This includes selecting the appropriate statistical method, such that it is consistent with the data, and addresses the research question.

Once the data collection has been completed, statisticians help to translate the data and statistical results, describing phenomena and communicating findings in concise, accessible terms.

"An example of this partnership is a current project with one of our newer faculty members at the College, Assistant Prof.

John Merriman. The goal was to develop a pilot study examining the efficacy of mindfulness-based intervention to improve neural markers of cognitive function in women undergoing aromatase inhibitor therapy for breast cancer. Our collaboration began with drafting a grant proposal.

I met with Merriman and his study coordinator to discuss the goals of the project, and key factors to include in the analytic models. During these conversations, it was decided to stratify the sample by chemotherapy, as an important factor that needed to be balanced in the design. We drafted an analysis plan, selecting methods consistent with the data that would be collected, and which would yield results aligned with the hypotheses. We determined the sample size required to detect a meaningful effect, weighed against the available resources. Further, details regarding the stratified randomization scheme and recruitment flow were defined.

"Funding was awarded for the proposed project and recruitment is now underway. I continue working with the study coordinator to implement randomization, and ensure valid data are collected. We are on target to meet our projected timeline and the data generated will inform the development of a larger scale study."

Gary Yu, associate research scientist, focused his 2014 dissertation on creating a new statistical technique for clustering individuals based on their patterns of responses (e.g. on a questionnaire of drug items). He extended the finite mixture model to allow for the number of repeated measures to be incorporated and to contribute to the clustering of individuals. The dimension of the repeated measures can be summarized into a count of responses and can be assumed to follow

a truncated Poisson distribution and this information can be included into a dimension informative finite mixture model. This model was originally developed and applied to continuous physical activity data.

"I began working on a study examining substance abuse among male sex workers in Vietnam, in which I applied a novel statistical methodology developed as part of my dissertation. I was able to elucidate different patterns of polydrug use behaviors and its impact on HIV-related health outcomes.

"Since coming to the College, I have continued to work with other nursing faculty members on using big data analytics to investigate clinical inquiries. I have published papers on using machine learning methods to examine symptom cluster effects on improving quality of life in lymphedema patients and creating new ways of predicting multicomorbidities among patients with major multiple chronic conditions.

"I also have the privilege of teaching the first-year sequence of Biostatistics I/II to the PhD students in nursing and I currently sit on their dissertation committees. Overall, we provide statistical support with grantsmanship, manuscript writing, data analysis, and statistical consultations."

So we can see that, while there are common themes here—e.g., involvement from the beginning in shaping research projects, establishing the number of subjects in each group in order to reach statistical significance without bringing in more than necessary and wasting precious grant dollars, translation of data into clinical evidence—based on their backgrounds and practices, as well as the research areas into which they regularly go, each statistician brings something different to his or her work and to the research studies of the faculty members with whom they collaborate. ■

CELEBRATIONS

Jonas Leadership & Scholarship Celebration

April 30, 2018

A Jonas Scholars: **Mimi Niles**, MPH '14, BS '04, BA '97 (CAS); **Gladys Vallespir Ellett** BS '04; and **Neesha Ramchandani**

B Left to right: Prof. **Judi Haber**, PhD '84, MA '67; Clinical Prof. Emerita **Barbara Krainovich-Miller**, Prof. Emerita **Madeline Naegle**, PhD '80, MA '67; and **Donald Jonas**

C Top left to right: **Becky Jordan**, DNP '18, MS '15, BS '00; Prof. **Haber**; **Janet Standard**, DNP '11, ADCRT '04, ADCRT '02; **Gladys Vallespir Ellett** BS '04.

Bottom left to right: Dean **Eileen Sullivan-Marx** and **Jonas** of the Jonas Center



Graduation Luncheon

May 22, 2018

D Left to right: Prof. **Selena Gilles**; Prof. **Larry Slater**; Prof. **Sandy Cayo**; Dean **Sullivan-Marx**; Alumni Association President **Monefa Anderson**, BS '07, MPA '96; **Tanisha Johnson-Campbell**, PhD '18 (Steinhardt), MA '07 (Steinhardt), assistant dean of advising; and **Titilayo Kuti** MSW '13, associate director of undergraduate programs

E Profs. **Allison Vorderstrasse** and **Jamesetta Newland**

F Left to right: **Mattia Gilmartin**, executive director of NICHE; **Debra Toney**, graduation keynote speaker; Dean **Sullivan-Marx**



NYU Meyers regularly holds panel discussions, gatherings, and celebrations for current and former students. Here are some of these events' highlights.



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State of the College Address & Reception

September 17, 2018

G Dean's Council members left to right: **Maureen Heasley** MA '76; Adjunct Prof. **Cynthia Sculco**; **Rachel Eakley**, MS '18, BS '14, MA '12 (GSAS); **Kimberly Glassman**, PhD '07, MA '87, chair of Meyers Dean's Council and CNO of NYU Langone Health; **Susan Bowar-Ferres** PhD '87; Dean **Sullivan-Marx**; **Maria Vezina** MA '77; **Anderson**; **Norman Volk**; **Geri LoBiondo-Wood** PhD '85; and **Rebecca Callahan** BS '06

H Left to right: **Howard Meyers** BS '64 (Stern), NYU trustee; Dean **Sullivan-Marx**; and **David Koehler**, interim SVP of university development and alumni relations

I Dean **Sullivan-Marx** presented to a full audience of faculty, staff, alumni, friends, and university leadership.

J Prof. **Emerson Ea** with **Lisa Coleman** PhD '08 (GSAS), chief diversity officer

K Prof. **Haber** with **Glassman**

CELEBRATIONS



Cultivating Compassionate Care Workshop: Feeding the Heart of Nursing

June 6, 2018

A Kathleen Douris ADCRT '02, **Niles**, and **Emily Eilertson** BS '18
B Theresa Yarri MA '89
C Mary Ragaglia BS '18, **Maryann Peterson** BS '14, **Erin Kearins** BS '14, and **Frances Dixon** BS '18



Summer Social

July 11, 2018

D Alumni and guests mingled at the Summer Social.
E Ignatius Gbaduo DNP '17 and **Anderson**
F Sebastian Burd BS '15; **Tim Shi** BS '12; and **Harrison Wu** BS '15
G Jamesetta Halley Boyce MA '17; **Adam Hadas** BS '17; and **Shirley Hunter**
H Kelsey Morrison BS '18; **Matt Gladstone** BS '18; **Evelyn Ovalle** BS '18; and **Burak Yilmoz** BS '18
I Sylvia McBurnie MS '80; **Joseph Curto** MS '17; **Patricia Davis** MS '17; **Hung Hsin** MS '17; and **Ellen Arigorat** MS '18





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Informatics Networking Reception

October 1, 2018

J Alumni, students, faculty, and guests at the Informatics Networking Reception

K Prof. **Nadia Sultana**; **Mary Ann Connor** ADCRT '03

L **Yannong Huang**, MS '12, BS '08 and **Gizelle Pastoral** MS '18

M **Young Shin Park** ADCRT '07 and **Connor** with **Rachel Poulard** MS '19

N Informatics Panelists: **Mary Joy Garcia-Dia** MA '02; **Park**; **Joanna Seltzer**, MS '14, BS '05; **Michael LeTang** MS '18; **Tatiana Arreglado**

The aging mind, body, and spirit

According to the Centers for Disease Control and Prevention, older adults are among the fastest growing age groups in the United States. In 2011, the first “baby boomers” turned 65. By 2030, more than 37 million people, or 60%, are expected to be living with more than one chronic condition.

The interdisciplinary team members of Saint Vincent Hospital (SVH) are preparing for this growing group with the help of the NYU Meyers-supported program, **Nurses Improving Care for Healthsystem Elders (NICHE)**.

As the first NICHE-member hospital in central Massachusetts, SVH developed a novel curriculum for teaching interdisciplinary learners about the aging mind, body, and spirit. No such curriculum existed at SVH for training the new and/or longtime therapists, patient care assistants, registered nurses, speech-language pathologists, and volunteers about the unique care needs of hospitalized older adults—specifically, their cognitive, functional, and emotional needs.

Using the team’s collective expertise and guidance from the NICHE team, the SVH-NICHE steering committee developed several goals to meet its mission of implementing evidence-based geriatric care and creating patient and family-centered environments:

- Implement a screening tool for early identification of patients at risk for delirium or already experiencing hypoactive or hyperactive delirium;
- Reduce polypharmacy;
- Promote mobility to prevent functional decline and reduce discharges to skilled nursing facilities;
- Implement a specialized volunteer team to assist with patient engagement and mitigate delirium risk;

- Employ the use of sensory and cognitive tools to engage the patients and prevent further mental status changes;
- Cohort patients that meet at-risk criteria to refurbished, geriatric-friendly NICHE units;
- Train all inpatient nursing and therapy staff on NICHE principles.

SVH is now delivering original content using various methodologies (e.g., role-play, empathy sessions, small groups, mini-lectures). Their programming includes, but is not limited to, specialized training for nonpharmacological, behavioral strategies to prevent and minimize behavioral symptoms of delirium and dementia, the perils of hospital-acquired immobility, palliative care and hospice, and elder abuse. SVH culminates this training with a formal graduation ceremony that cultivates a sense of pride and accomplishment.

SVH runs three trainings each year and a smaller session during new employee orientation. Their overarching goal is to train every acute care provider and volunteer.

As the premier nurse-driven recognition program for organizations that are committed to excellence in geriatric care, NICHE supports SVH and facilities like it, by providing member-only training modules that are designed to achieve improvement goals through educating clinical nurse leaders, service line managers, and front-line nurses. “NICHE aligns with the national quality improvement priorities, including the CMS Rating System requirements, by developing and supporting nurses who feel empowered to lead clinical practice change aimed at improving the quality of care provided to older adults in hospitals and nursing homes,” said **Catherine O’Neill D’Amico** PhD ’07, director of programs.

If you are part of a nursing team—like SVH—that provides care to older adults,

NICHE can help your organization advance geriatric nursing excellence. For more information, visit nicheprogram.org or contact us at support@nicheprogram.org.



BECOME A MEMBER

NICHE membership indicates your organization’s dedication to improving the quality of care older adults receive. Upon gaining membership, your hospital or long-term care facility will receive access to resources and tools to implement the NICHE program and achieve—and sustain—better care and outcomes for older adult patients.

Membership includes:

- 8-week Leadership Training Program
- Webinars
- Continuing education courses
- Ability to collaborate and learn from peers in NICHE hospitals and other healthcare organizations around the world
- Discounted rates to the annual NICHE Conference
- Coordinator Corner, a platform that solicits feedback about the resources and tools you need in your role as a NICHE site coordinator.

Contact us at support@nicheprogram.org and visit nicheprogram.org to learn more.

Upcoming Conference

April 28–May 1, 2020

New Orleans, LA



ALUMNI

Greetings from the Alumni Association President

Dear alumni,

The Alumni Association has seen tremendous growth this year. We have hosted new events such as the Summer Social in July where alumni gathered to network over barbecue at Brother Jimmy's. PhD student **Mimi Niles** discussed new ways of communicating with our patients in a hands-on workshop about cultivating compassionate care.

Over the last year I have spoken to many alumni who want to volunteer at Meyers. We have developed some exciting new opportunities for alumni to engage with undergraduate students and I encourage you to consider getting involved.

No matter where you are in your career, there is a place for you to volunteer. If you are passionate about your field, come back to class to share your professional insights with the students. If you are a recent graduate,

speak at the Alumni Talkback series to share your transition from student nurse to RN. If you want to invest in an individual, join the Nursing Alumni Mentoring Network and mentor a student for an academic year.

Nurses dedicate their lives to caring for others and are passionate about giving back to their community. I hope you will join me in giving back to Meyers and building a strong foundation for the future of nursing.

Sincerely,

Monefa M. Anderson
BS '07, MPA '96 (WAG)

SAVE THE DATES

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Winter Mixer
January 30

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Estelle Osborne
Legacy Celebration
February 27

Alumni Speakers

Are you an enthusiastic alum who would like to share your professional experience and insights with our students? We are currently in search of individuals who work in a wide range of specialties to participate in panel discussions, individual speaking opportunities, class lectures, and more.

Nursing Alumni Mentoring Network

Join our team of mentors to enhance the NYU Meyers experience for current undergrads by meeting with mentees once a month during the academic year via phone, email, or in person. Events provide networking opportunities for all participants and will take place throughout the year.

Meyers Alumni Association Board

Thank you to outgoing board members for their dedication and service to the College.

Kathleen Begonia MS '14
Penelope Klatell, PhD '75, MA '71
Luis Sanchez, MS '17, BS '13

We are thrilled to welcome new board members, who will serve two-year terms.

Sophia Brown MS '08
Natalia Cineas, MPH '09, BS '06
Adam Hadas BS '17
Casey Jussim BS '15
Marianne Roncoli, PhD '80, MA '72
Richardeana Theodore MA '76

Dinner with Six

Dinner with Six is an NYU Alumni Association program that invites students into alumni homes and nearby restaurants for a casual and relaxed meal. For students, it's an opportunity to enjoy a meal, meet other students, and connect with alumni based upon a career field or interest. For alumni, it's an opportunity to mentor students, share your experience, and make a difference to a future generation.

ALUMNI

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.

CLASS NOTES

1970s

Jacqueline Fawcett, PhD '76, MA '70 was named a 2018 NYU Alumni Changemaker.

C. Alicia Georges MA '73 was awarded the National Black Nurses Association's Lifetime Achievement Award.

Jamesetta Halley-Boyce MA '73 was honored as a Woman of Distinction at Second Baptist Church of Baldwin, NY.

Carol Hoskins, PhD '78, MA '73 was presented with the Albert Nelson Marquis Lifetime Achievement Award by Marquis Who's Who.

Terrance Howell BS '79 is happily retired.

1980s

Raymond Esteves BS '84 retired in 2016 as a hospital executive and adult nurse practitioner from Bronx-Lebanon Hospital Center.

Mary Anne Gallagher MA '84 received a DNP in May 2018 from Case Western Reserve University.

Diana Mason PhD '87 wrote an article for the *Journal of the American Medical Association* Forum in reaction to the forced separation of children from their immigrant parents.

1990s

Rose Ann DiMaria-Ghalili PhD '98 was promoted to full professor at Drexel University.

2000s

Marie Boltz PhD '07 was promoted to professor and appointed the Elouise R. and Robert E. Eberly Endowed Chair at Penn State College of Nursing.

Mary Joy Garcia-Dia MA '02 was elected president-elect of the Philippine Nurses Association of America for 2018-2020.

2010s

Karla Brown BS '11 received her MSN from the University of Scranton.

Amanda Irene Carr MS '18 accepted a position as manager of patient care operations at the Ann & Robert H. Lurie Children's Hospital of Chicago.

Zachary Dolkart BS '16 received the 2018 Nursing Excellence Award at the Hospital for Special Surgery.

Minjae Kim MS '17 started the health policy and administration program at Yale School of Public Health.

Georgette Lawlor BS '13 obtained her ambulatory care nursing certification and currently works at Associates in Internal Medicine at New York-Presbyterian Columbia.

Linda Perez PhD '13 was honored for her nursing contributions at the Elmhurst Gala.

Renee Sanchez MS '13 received a DAISY Award at Lenox Hill Hospital, where she works as a nurse manager.

IN MEMORIAM

Honore Burtt MS '10, a long-time adjunct for the College and RN at NYU Langone Health, passed away in October.

Dorothy J. DeMaio PhD '70 died on July 7. She was a distinguished nursing leader in New Jersey, spending 33 years at Rutgers University School of Nursing—14 of which as dean.

Dorothy-Jean Graham Hannah MS '13 died from pancreatic cancer at age 62. After graduating from NYU, she went on to receive her DNP from Yale and was a vice president for nursing at Maimonides Medical Center.

Barbara Jonas, a longtime friend of the College and namesake of the Barbara Jonas Psychiatric-Mental Health Nursing Lecture, passed away in October. In early 2006, Barbara and her husband, Donald, established the Jonas Nursing and Veterans Healthcare, a first-of-its-kind philanthropic program dedicated to advancing nursing and helping returning veterans.

Joan Madey MA '78 passed away in May. She was an RN and nurse educator before retiring from Bloomfield College in 2010.

Ian Portelli PhD '13 died in May after a very short bout with cancer. He leaves to mourn two little boys, Tylor and Cole, as well as his wife, Paula.

Fostine Glenn Riddick-Roach, MS '60, BS '59 died at age 100 in August. She held director of nursing positions at several Virginia-based hospitals before becoming dean at Hampton University School of Nursing.

Colleen Conway Welch PhD '73 died in October following a courageous battle with cancer. She served as dean of the Vanderbilt University School of Nursing for 29 years and was active nationally in health policy and education. She served on the President's Commission on AIDS in 1987, and, in 2006, was nominated by President Bush to serve as a member of the of Regents of the Uniform Services University.

FORMER FACULTY NEW

Gloria Ramsey has been appointed to serve as Johns Hopkins School of Nursing's inaugural associate dean for diversity, equity, and inclusion. A nurse and attorney, she recently served as an associate professor in the Daniel K. Inouye Graduate School of Nursing.

"My only advice would be to slow down. Whether your nursing journey begins in inpatient, outpatient or elsewhere, give it a chance. No one becomes an expert in anything in one year."



ALUMNUS PROFILE

ALUMNI

GARY CAMELO, MS '14, MPA '14, BS '11

Why did you decide to enter the nursing profession?

My original profession was as a social worker at Bellevue Hospital. Through that experience I was exposed to the impact nurses have on patients and family members. I felt as though I could take the skills I had developed as a social worker and merge them with clinical skills to have even more of a direct impact in caring for a patient holistically, meeting their psychosocial and clinical needs.

What was your experience like at NYU Meyers?

I was very pleased with the education I received. What I found to be very important in my growth was the opportunity to participate in diverse student groups such as Men Entering Nursing.

Did you have a mentor at NYU Meyers? Who was it and why?

Clinical Associate Prof. **Fidel Lim** was someone whom I considered a mentor and now a colleague. He was an inspiring clinical instructor. He also served as someone I could turn to for advice during, and even after graduation, in my early years of nursing. He continues to provide me with support and counsel.

Where do you work currently and what does your job entail?

I currently work at NewYork-Presbyterian Weill Cornell Medical Center as the patient care director for the surgical stepdown unit. Besides the day-to-day management of my unit, I see my role as a facilitator. My job is to assist in facilitating my staff's ability to

provide exceptional care to our dynamic population of patients by advocating for them and ensuring they have the resources and ability to do what they do so well—which is take care of patients.

What is the favorite thing about your work?

Being able to interact with our patients and families to ensure they have an optimal stay with us.

What advice do you have for new students? And new nurses?

My only advice would be to slow down. Whether your nursing journey begins in inpatient, outpatient or elsewhere, give it a chance. No one becomes an expert in anything in one year.

Time capsule:
An extract from the undergraduate nursing curriculum from the 1963 NYU Bulletin

in combination. Ranges, characteristics, and technical problems of i s. Arranging for school orchestra.
1141 (185.141). SUPERVISED STUDEN SIC IN THE ELEMENTARY SCHOOL 60 to 180 hours: 2 to 6 points. First te second term; Th 2.15-4.
85.1145 (185.145). SUPERVISED STUDEN MUSIC IN THE SECONDARY SCHOOL 60 to 180 hours: 2 to 6 points. First te second term; Th 2.15-4.
E85.1201 (185.201). MUSIC FOR CHILDREN Prerequisites: E85.0013 and E85.0014 lent. For students in Curriculum 25A. sor Lightner and Mr. Ross. 30 hour term, repeated the second term; firs 4.15-6, T 4.15-6, W 4.15-6, Th 4.15-6, 4.15-6, W 4.15-6, Th 4.15-6.
Organizing musical experie Observation

155
Nurse Education
E85.2082 (285.82). CHORAL LITERATURE AND TECHNIQUES Professor Goodhart. 30 hours: 3 points. First term, S 9.15-11.
Choral literature throughout the development of music, combined with techniques of performance. The class performs some of the works discussed.

E85.2111 (285.111). GENERAL MUSIC IN SECONDARY SCHOOLS 30 hours: 3 points. First term, T 6.15-8.
Problems in teaching general music in the junior and senior high school; aims, scope, organization, materials, and procedures.

E85.2139 (285.139). BASIC CONCEPTS IN MUSIC EDUCATION Professor Van Bodegraven. 30 hours: 3 points. Second term, W 6.15-8.

A study of certain philosophical, psychological, and socio-logical concepts that form a foundation for the teaching of music. Intensive study of the application of these concepts to a wide variety of areas.

GIVING

Rory Meyers College of Nursing would like to say
thank you to the members of the Leadership and Dean's
Circles, who generously support us in our commitment to
excellence in nursing research, education, and practice.
These gifts provide financial assistance for students, enable
the College to recruit distinguished faculty, and allow us to
develop innovative solutions to emerging needs in healthcare.*

* Donations as of November 1, 2018

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Robert Klatell (LAW '71)
Barbara Krainovich-Miller and Russell Miller
Helaine and Sidney Lerner
Geri LoBiondo-Wood (PhD '85)

*deceased

DEAN'S CIRCLE

\$1,000 - \$2,499

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Nellie Carter Bailey (MA '80)
A. Christine Berger
Linda Burnes Bolton
Frances Cartwright (PhD '05) and Peter Alcarese
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and Roger Holder
Kalamazoo Community Foundation
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Daniel Malamud
Madeline Naegle (PhD '80, MA '67)
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Catherine (MS '07, BS '03) and Kevin Webb

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