

NYU NURSING SPRING 2023

# THE ERA OF DEAN EILEEN 2012 TO 2023



NYU | MEYERS



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**RORY MEYERS  
COLLEGE OF NURSING**

**SPRING 2023**

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# THE ERA OF DEAN EILEEN 2012 TO 2023

This issue of *NYU Nursing* is dedicated to Dean **Eileen Sullivan-Marx**, who steps down in August after 11 groundbreaking years at the helm. The entire Meyers community expresses its deep appreciation to Dean Eileen for her steadfast leadership, particularly during some of the most challenging times in recent memory, and for her many contributions to nursing.

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## DEAN'S CORNER



Dear all,

As my time at NYU Meyers comes to a close I have reflected on the important work we have done together over these last 11 years, bookended by two historic natural disasters: Superstorm Sandy and the COVID-19 pandemic.

Our tremendous growth includes the construction of our beautiful home at 433 1st Avenue, a historic \$30 million naming gift from Howard and Rory Meyers, and our independence as a standalone college within NYU. It took all of the Meyers community to complete these enduring milestones and I share my deep appreciation with all of you who helped make them happen.

I am thrilled that Dr. Angela Amar, current dean of the UNLV School of Nursing, will take the helm as dean on August 1. Dr. Amar has had a long and distinguished career in nursing. An advanced practice psychiatric and mental health nurse and advanced forensic nurse, Dr. Amar has dedicated her nursing career to enhancing diversity in nursing leadership and improving care and support for survivors of violence, particularly dating violence.

Dr. Amar and I have had the pleasure of working together over the years at the American Academy of Nursing. When I was AAN president Dr. Amar was elected to the organization's board of directors, and we collaborated closely during the COVID-pandemic on AAN matters and nursing priorities. You can learn more about her impressive career in this issue of NYU Nursing.

NYU Meyers will be in excellent hands with Dr. Amar as I transition to dean emerita, and she will be a transformational and visionary leader for our school and the nursing profession broadly.

While I plan to step away from NYU Meyers as dean I plan to stay active in nursing and our community. Please keep in touch with me, and I look forward to seeing you in the future!

Here's to a wonderful summer!

Warm wishes,  
Dean Eileen

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

**We're pleased  
to announce  
our 2023-2024  
U.S. News & World  
Report rankings!**

**#13**

Overall MS

**#7**

Adult-Gerontology  
Acute Care

**#8**

Administration

**#13**

Family

**#5**

Adult-Gerontology  
Primary Care

**#18**

DNP

### Planned Giving Spotlight

The Hartford Institute for Geriatric Nursing (HIGN) received a one-million-dollar gift from the estate of Jay R. Paul. Funds will be used to award two scholarships annually to undergraduate nursing students in the HIGN nursing elective course program who wish to pursue a career focusing on geriatric nursing.

These students will conduct special projects with HIGN and receive mentorship from Meyers faculty with geriatrics expertise.

The gift will also be used to support HIGN's ongoing national and global programs and projects that provide specialized geriatric education for faculty, clinicians, and community members in acute, long-term care, and community and home settings.

Paul's legacy for giving back to causes he cared about will live on through the important work of HIGN.



# REFLECTIONS ON DEAN EILEEN'S TENURE

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**Lance Irving** | Senior Director for  
Operations and Facilities

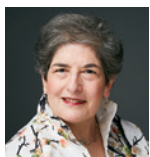


As Dean Eileen moves into her next chapter of fun and relaxation, she will be greatly missed for her calm and decisive demeanor. Over

many years, Dean Eileen has demonstrated great skills in building valuable relationships across the university and embraced opportunities for the college to foster deeper collaboration with our colleagues. With an open-door policy, she has shown herself to be a great listener and has a natural gift for helping people explore solutions beyond what they thought possible. With the construction of a new building and the naming of the college, Dean Eileen proved to be a highly respected leader at the university, and most importantly, an exemplar in nursing education and practice. Lastly I want to personally thank Eileen for her unwavering confidence in allowing me to grow and flourish. In creating a supportive work environment, she has shown to be a great supporter, listener, partner, and guiding light in fostering my career growth.

---

**Sally Cohen** | Clinical Professor



Dean Eileen's tenure encompassed times of unforeseen disruption as we faced the rough waters of COVID-19 and its aftermath. Yet she

seemingly effortlessly steered us forward. Her frequent reminders to be mindful of our own physical, mental, and emotional health were important messages as we

dealt with the chaos and confusion around us. She was passionate about the importance of our individual and collective well-being.

On local, national, and global stages, Dean Eileen represented nursing and NYU with grace and style. Colleagues nationwide referred to her with awe and admiration for her vision, interdisciplinary alliances, and breakthrough collaborations. She brought pride and distinction to the NYU Meyers community.

Never one to avoid the tussles of politics and policy, Dean Eileen negotiated many difficult situations with remarkable poise and composure. She was a role model in achieving one's goals with unobtrusive skill, influence, and strength.

Eileen encouraged us all to pursue our highest professional goals. Her trust in us was one of the best gifts of her leadership. It was my joy and honor to be part of her team.

---

**Madeline Naegle** | Professor Emerita



Arriving at NYU in 2012, Dean Eileen embraced and completed the work that began with the 1949 NYU Chancellor's

recommendation that there be an independent College of Nursing. Dean Eileen's collaboration with key players and successful pursuit of a donor finally moved the College of Nursing to full independence. Gratefully the \$30 million naming gift from Howard and Rory Meyers solidified our independence with Dean Eileen firmly at the helm. With political savvy and skillful networking, she expanded ongoing efforts in building strong relationships with the donor family and aligning strategic plans dedicated to advancing first-generation Meyers College attendees.

Dean Eileen's appointed and elected positions have strengthened the image and increased the visibility of the Meyers College within NYU. She has brought the College into larger community-based networks of influence and in assuming university-level responsibilities, she has enlarged our Meyers College footprint. As an active member of the American Academy of Nursing, I especially appreciated the energy and policy focus

Eileen brought to the presidency of that organization. She used her policy skills to increase the level of political activism in an organization that must consider a wide range of opinions and beliefs about nursing and social action. During the COVID-19 pandemic she brought strong leadership to the Academy to move nurse well-being and mental health to the forefront. These topics, near to my heart, are now on national and global nursing agendas in unprecedented ways.

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**Janet Griffin** | Director for Alumni Relations

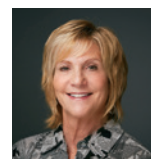


It has been a pleasure working with Dean Eileen. She has been a supportive colleague personally and professionally. She truly cares

about the alumni of the college and their engagement after graduation. She was a great sounding board to hash out new alumni programs or changes to existing programs. When she attended alumni events she greeted alumni with her warm charisma and made each guest feel special. When I faced a personal hardship she reached out to talk through what was happening and offer her support. Her encouraging words were very meaningful during an incredibly challenging time. Dean Eileen is an innovative leader that empowers her staff to be successful. I am grateful that I had the opportunity to work with her for the last five years and wish her all the best in retirement.

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**Gail D'Eramo Melkus** | Inaugural Vice  
Dean for Research



Dean Eileen's deanship can be characterized as a time of innovation and growth for Meyers. The research enterprise grew exponentially due to her

support of all of us in the Office of Research. Her investment in its expansion of resources and personnel, particularly of biostatisticians was essential. Her leadership style allowed us to freely implement our roles to the fullest and, in doing so, we were always grateful for her guidance.

A portrait of Angela Amar, a woman with dark hair, smiling, wearing a dark top and large hoop earrings. The background is a soft-focus green outdoor setting.

# Angela Amar

## *named dean of NYU Rory Meyers College of Nursing*

Forensic nurse and leader dedicated to enhancing diversity in nursing to join NYU

by Rachel Harrison | Associate Director, Research Communications

NYU President Andrew Hamilton and Interim Provost Gigi Dopico announced the appointment of **Angela Amar**, PhD, RN, FAAN, as the dean of NYU Rory Meyers College of Nursing. She begins her new role on August 1, 2023.

An accomplished leader, advanced practice psychiatric nurse, and researcher studying sexual and dating violence, Dean Amar joins NYU from the University of Nevada, Las Vegas (UNLV) School of Nursing, where she has been dean and a tenured professor since 2018.

President Hamilton said, “Angela Amar comes to NYU’s Meyers College of Nursing with an outstanding reputation as a researcher, a nursing educator, and an advocate for the profession. She impressed us with her distinguished record of leadership, not only at UNLV but also at Emory University and Boston College. Her record of leadership in advancing diversity and inclusion in the profession, her focus on student success, and her attention to faculty development were inspiring. We were struck, too, by how strategically she was able to transform her vision, ambitions, and goals for UNLV’s School of Nursing into reality, with improvements in research funding, publications, student success, and faculty hiring.”

Prior to her tenure as dean of the UNLV School of Nursing, Dean Amar joined the faculty of Emory University’s Nell Hodgson Woodruff School of Nursing in 2012, where she served as an assistant and then associate dean between 2013 and 2017.

She developed forensic nursing programs for Emory University, Boston College, and Georgetown University, establishing an educational model on forensic nursing for nursing schools nationwide. Dean Amar’s scholarship on sexual and partner violence focuses on improving care and support for survivors of violence and trauma when they enter the healthcare system.

She is a widely published author. Her books, articles, and book chapters include *A Practical Guide to Forensic Nursing* (2015, Sigma Theta Tau International Honor Society of Nursing; with Sekula); “Gender Violence Prevention in Middle School Male Athletics Programs” (2020, *JAMA Pediatrics*, with Laughon); “Bullying Prevention: a Summary of the Report of the National Academies of Sciences, Engineering, and Medicine” (2016, with others); “Administrators perceptions of college campus protocols, response, and student prevention efforts related to sexual assault” (2014, *Violence and Victims*; with others); and *Gender Differences in Bystander Behavior* (2014, *Journal of Forensic Nursing*; with others). She is the recipient of numerous honors and awards, including receiving the 2022 Nursing Leader Award from the Asian American Group and Las Vegas India Chamber of Commerce; being selected for the American Association of Colleges of Nursing Wharton Executive Leadership program; and receiving the 2017 Lillian Sholtis Brunner Award for Innovative Practice in Nursing, Alumni Award from the University of Pennsylvania’s School of Nursing. She is a fellow in the American

Academy of Nursing, a Distinguished Fellow with the International Association of Forensic Nurses, and a Fellow in the National League for Nursing’s Academy of Nursing Education. She is a fellow in the American Academy of Nursing, a Distinguished Fellow with the International Association of Forensic Nurses, and a Fellow in the National League for Nursing’s Academy of Nursing Education.

She earned her BSN and MN from the Louisiana State University Medical Center’s School of Nursing and her PhD from the University of Pennsylvania. She is licensed as an RN in several states, is a board-certified advanced forensic nurse, and is certified as an adult psychiatric and mental health advanced practice nurse.

President Hamilton and Interim Provost Dopico added, “We want to thank all the members of the Search Committee, which was so ably led by Audrey Lyndon, the Vernice D. Ferguson Professor in Health Equity and Assistant Dean for Clinical Research at the Rory Meyers College of Nursing. And we could not let the opportunity pass to express our gratitude, respect, and appreciation for the wonderful Eileen Sullivan-Marx. A superb dean, a valued colleague and admired University citizen, a true leader within the University and the field of nursing — NYU has been very fortunate to have her as dean. We are confident that the school Eileen has done so much to advance will be in excellent hands with Angela Amar.” ●

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

# Why I give

by Monefa Anderson, MPA '96, BS '07



Becoming a nurse through NYU Meyers was a natural extension of my existing career in healthcare. Having completed my MPA

at NYU Wagner, I worked as a performance improvement specialist for the Visiting Nurse Services. Every day I was surrounded by inspiring nurses delivering personalized care to patients. When my beloved grandmother had a sudden aneurysm I stopped everything to be by her side and help rebuild her health and vitality. This gentle period of caring for my grandmother every day was my wake-up call; nursing was my true calling.

Entering NYU Meyers's accelerated program changed my life. It allowed me to tap into my true calling, surround myself with a like-minded community, and prepare for a very rewarding healthcare career. I cannot say enough about the amazing professors I had at Meyers, many with whom I am still in touch. Staying connected with the College has enabled me to build a powerful network with some of the top nursing leaders in the nation. I will never forget the first time I met Claire Fagin at a Meyers event. It was a true career highlight to meet such an important nurse leader!

The magic of the NYU Meyers community is why it is so important for me to pay it back, not only with financial support but with time. It was my privilege to serve as president of the NYU Meyers Alumni Association Board for three wonderful years and to currently serve on the Meyers Dean's Council. Staying involved with the College has been incredibly gratifying.

My most precious support of NYU Meyers

is The Estelle Osborne Scholarship Fund, which funds scholarships for underrepresented nursing students. I know only too well that Meyers has the highest percentage of students in need of financial assistance at the University, and I am happy to know that my gifts support aspiring nurses that need it most. I take great pleasure in knowing that Meyers honors Estelle's legacy in this way, as she was not only the first Black faculty member at NYU but also a trailblazer for nurses of color in the 20th Century.

My advice for nursing students who will be the trailblazers of the 21st Century and beyond is to be authentic and be a good listener. Strive every day to make authentic connections with your patients and with your colleagues. By listening to your patients you will make more authentic connections and, in turn, you will grow into a better clinician. Remember that the healthcare landscape is changing rapidly and nurses must be the most agile members of the team, constantly increasing their skills and comfort level with new technologies. As the associate general manager of clinical and administrative operations for Cityblock Health I see firsthand the expanded use and importance of telehealth and technology in both rural and urban areas around our nation and the world.

NYU Rory Meyers College of Nursing opened and enhanced my already strong health policy and management background. As a member of both the Alumni Association Board and Dean's Council, showing students the importance of connecting to the Alumni Association Board has been a mutually enriching experience that expanded my professional and personal network. My continued support is my way of saying thank you! ●

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

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

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

## Don't have a will?

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



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





Prof. Bei Wu

# Diabetes and toothlessness together worsen cognitive decline

by Rachel Harrison | Associate Director, Research Communications

**Having both diabetes and tooth loss contributes to worse cognitive function and faster cognitive decline in older adults, according to a new study published in a special issue of the *Journal of Dental Research* focused on aging and oral health.**

“Our findings underscore the importance of dental care and diabetes management for older adults in reducing the devastating personal and societal costs of Alzheimer’s disease and other related dementias,” said **Bei Wu**, vice dean for research at NYU Rory Meyers College of Nursing and co-director of the NYU Aging Incubator, as well as the study’s lead author.

Diabetes is a known risk factor for cognitive decline and dementia. Several of the hallmarks of diabetes — high blood sugar, insulin resistance, inflammation, and related heart disease — are thought to contribute to changes in the brain.

A growing body of research has revealed a similar connection among poor oral health, particularly gum disease and tooth loss, and cognitive

impairment and dementia. Like diabetes, inflammation plays a key role in gum disease, and these inflammatory processes may contribute to cognitive decline. In addition painful gums and missing teeth can make it difficult to chew, leading to changes in diet that can result in nutritional deficiency. Nutritional deficiency, which can also be worsened by impaired glucose tolerance and insulin sensitivity in diabetes, is another risk factor for cognitive impairment and dementia.

“Poor oral health, diabetes, and cognitive decline are all connected, and we’re beginning to understand how they may influence and exacerbate one another,” said Wu.

While both diabetes and missing teeth are risk factors for dementia, little research has focused on the effects of having both conditions in the course of cognitive decline. To address this gap Wu and her colleagues turned to the University of Michigan’s Health and Retirement Study, analyzing 12 years of data (2006–2018) from the longitudinal study in order to observe cognitive changes over time.

The researchers included 9,948 older adults who were grouped by age (65 to 74, 75 to 84, and 85 and older) in their analysis. The Health and Retirement Study included measures of memory and cognitive function, assessed every two years, along with questions about tooth loss, diabetes, and other health and demographic factors. In this analysis the

researchers were particularly interested in older adults who had lost all of their teeth.

They found that older adults aged 65 to 84 with both diabetes and complete tooth loss had worse cognitive function than their counterparts without either condition. Over time older adults aged 65 to 74 with diabetes alone experienced accelerated cognitive decline, and those aged 65 to 84 without any teeth also experienced accelerated cognitive decline, but older adults aged 65 to 74 with both diabetes and complete tooth loss had the fastest rate of cognitive decline.

The relationship among diabetes, tooth loss, and cognitive decline was inconclusive for adults 85 and older, which may be explained by this group having overall greater cognitive impairment, potentially being healthier (as unhealthy individuals may be less likely to survive into their late 80s), or perhaps having more experience managing their diabetes.

For older adults with both poor oral health and diabetes, the researchers stress the importance of regular dental visits, adherence to diabetes treatment and self-care to control blood sugar levels, and cognitive screenings in primary care settings.

“Access to dental care for older adults — especially those with diabetes — is critical, and healthcare providers should educate their patients about the connection between oral health and cognition,” said Wu. ●



Nicole Perez

# Variation in depression symptoms

*could translate to underdiagnosis and missed care in Black women*

by Rachel Harrison | Associate Director, Research Communications

**Black women with symptoms of depression more often report sleep disturbances, self-criticism, and irritability than stereotypical symptoms such as depressed mood, according to a new study led by researchers at NYU Rory Meyers College of Nursing and Columbia University School of Nursing.**

“Based on our findings it’s possible that healthcare providers may miss depression symptoms in Black women, resulting in underdiagnosis and undertreatment,” said **Nicole Perez**, a psychiatric-mental health nurse practitioner, postdoctoral associate, and the lead author of the study published in *Nursing Research*.

Depression is diagnosed based on symptoms that patients report during an evaluation by a health provider. Common symptoms include low mood, loss of interest in activities, changes in appetite or sleep, and feelings of hopelessness or worthlessness.

But symptoms of depression can vary from one person to the next—and there are more than 1,500 possible combinations of symptoms that meet criteria for a depressive disorder, meaning that patients can share the same diagnosis and have no symptoms in common. As a result depression is often overlooked and undertreated.

Moreover research exploring variations in depression symptoms has been predominantly conducted in white people, increasing the chances that depression will be missed among racial and ethnic minority populations.

The *Nursing Research* study aimed to address this research gap by exploring variations in depression symptoms among Black women, a population that is understudied despite being at increased risk for depression. The researchers analyzed data from 227 Black women who were screened for depression as part of the Intergenerational Impact of Genetic and Psychological Factors on Blood Pressure (InterGEN) study, a study of Black mothers and children that seeks to understand the genetic, psychological, and environmental factors that contribute to high blood pressure.

Black women in the study with greater depressive symptoms were more likely to report somatic symptoms (e.g. fatigue, insomnia, decreased libido) and self-critical symptoms (e.g. self-hate, self-blame) than stereotypical

depression symptoms such as feelings of hopelessness or depressed mood. They also reported experiencing anhedonia (an inability to experience pleasure) and irritability.

While the researchers caution that the results cannot be generalized to all Black women, given that the study participants were younger and had relatively low levels of depression, their findings demonstrate the heterogeneity in depression symptoms and need for screening tools that account for this variation. Notably symptoms experienced by Black women may not be adequately assessed in clinical practice using standard screening tools, especially those that focus on feeling depressed without addressing somatic and self-critical symptoms.

“My hope is that these findings contribute to the growing dialogue of how depression can look different from person to person, and raise awareness of the need for more research in historically understudied and minoritized populations so that we can better identify symptoms and reduce missed care and health disparities,” added Perez. ●

*Additional faculty study authors include Profs. **Gail D’Eramo Melkus** and **Fay Wright**.*



Clockwise from top left: Profs. Daniel David, Jasmine Travers, Maya Clark-Cutaia, Dena Schulman-Green

*NYU Meyers and Howard studies demystify*

# The NIH Diversity Supplement

by Rachel Harrison | Associate Director, Research Communications

Investigators from diverse backgrounds are underrepresented in research. To foster researchers from underrepresented backgrounds and address disparities in the research workforce, the NIH offers diversity supplements, which provide targeted researchers with support in the form of funding, mentorship, and training.

Despite most NIH grants being eligible for diversity supplements, this resource is underutilized, likely due to lack of awareness about the supplements and the process for applying.

Two new articles published in *Nursing Outlook* by researchers at NYU Rory Meyers of Nursing and Howard University's College of Nursing and Allied Health Sciences aim to demystify the process and break down barriers for potential applicants.

Both articles are the product of a working group led by **Melissa Weir** of Howard University's College of Nursing and Allied Health Sciences and Prof. **Daniel David** of NYU Meyers. The two colleges have formed an educational and research partnership focused on improving health and health equity.

In one study, led by NYU Meyers' Profs. **Jasmine Travers** and **Dena Schulman-Green**, the researchers conducted interviews with mentors (experienced PIs) and mentees (early-career faculty from diverse backgrounds) who were awarded diversity supplements.

## They outlined tips for the process, including:

- Applicants should “follow their gut” when exploring potential mentors to find one where the research and mentee-mentor partnership are a good match and the mentor is committed to the mentee's development.
- For the application itself mentees recommend highlighting several key items beyond the research, including where the diversity supplement would take the applicant professionally and how the PI's team can contribute to the applicant's success as an emerging leader. Applicants should also reach out to the NIH program officer early in the application process.
- Check on what each relevant NIH institute seeks, as different institutes offer varying levels of guidance and are not consistent regarding who is eligible for supplements. Mentors also suggested that the NIH could do more to encourage existing PIs to apply for diversity supplements.

“The NIH has committed to increasing diversity among those conducting health-related research so that the best and brightest investigators have the opportunity to contribute to the realization of its institutional goals. The diversity supplement offers a path to doing so; yet, for this mechanism to reach its fullest potential, we need to ensure that it is familiar to and used by those it is intended to reach in the greatest numbers possible,” the authors write.

In the second study, led by NYU Meyers' Profs. **Daniel David** and **Maya Clark-Cutaia** and Howard's **Melissa Weir**, researchers interviewed NIH program/diversity officers and university research administrators to identify critical steps in submitting a diversity supplement. Replying to the question, “What do you want diversity supplement applicants to know before submitting?”, these industry insiders outlined key strategies to increase the likelihood of success.

## Their recommendations include:

- Harmonizing the applicant with the program announcement
- Early communication with NIH program/diversity officers
- Tips on matchmaking for the mentor/mentee relationship
- Tips on writing the scientific plan, including identifying a topic and time considerations
- Developing institutional, in addition to individual, approaches to submit diversity supplements

“While the diversity supplement does offer an outstanding opportunity for funding, it assumes minoritized individuals have access and knowledge to resources that many have not been afforded,” the authors write. “This paper is novel in that it provides concrete information for diversity supplement applicants from stakeholders within the NIH and university settings.” ●

*Additional study authors include Nkechi Enwerem and Priscilla O. Okunji of Howard University.*



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

## FACULTY AND STAFF NEWS

NEWS

Clinical Associate Prof. **Selena Gilles** was named vice president of DNP's of Color.

Assistant Prof. **Komal Murali** received the National Institute on Aging IMPACT Collaboratory Career Development Award for her study entitled, "Barriers to Hospice Care Transitions for Diverse Persons Living with Dementia."

Assistant Prof. **Tina Sadarangani** was featured on the Stronger U podcast to discuss new weight-loss medications like Ozempic.

Assistant Prof. **Fay Wright** received the ENRS/Nursing Research Authorship Award.

## Donna Hallas named editor-in-chief of the *Journal of Pediatric Health Care*



The National Association of Pediatric Nurse Practitioners (NAPNAP) has named Clinical Prof. **Donna Hallas** the next editor-in-

chief of the *Journal of Pediatric Health Care*, effective July 1, 2023.

Dr. Hallas is a clinical professor and director of the Pediatrics NP Program at NYU Rory Meyers College of Nursing. Beyond her work as a pediatric nurse practitioner and a pediatric primary care mental health specialist, Dr. Hallas has

extensive research experience focusing on improving healthcare outcomes for young children. Her research recently has focused on developing and testing interventions for vaccine-hesitant and refusing individuals. She currently serves as an associate editor of the *Journal of Pediatric Health Care*.

The *Journal of Pediatric Health Care*, the official journal of NAPNAP, provides scholarly clinical information and research regarding primary, acute, and specialty healthcare for children of newborn age through young adulthood within a family-centered context.



Prof. **Bei Wu** was inducted as an Honorary Fellow of the American Academy of Nursing.



Profs. **Karla Rodriguez**, **Mary Jo Vetter**, **Karyn Boyar**, **Maya Clark-Cutaia**, CSLC Executive Director **Natalya Pasklinsky**, and PhD student **Veronica Pasha** were all inducted as fellows into the New York Academy of Medicine.



Meyers faculty convened at the annual AAN reception to welcome the newly inducted fellows and congratulate NICHE on its Edge Runner win!



Meyers recently awarded endowed professorships to Prof. **Ab Brody**, Executive Vice Dean **Sean Clarke**, and Assistant Dean **Victoria Vaughan Dickson**.



Meyers faculty and alumni attended the Jonas Nursing Conference in DC, one of the nation's leading philanthropic initiatives for nursing.



Executive Director **Mattia Gilmartin** accepted the Edge Runner Award on behalf of NICHE at this year's AAN convention.

Our faculty attended the Friends of the National Institute of Nursing Research Gala!







Prof. **Karla Rodriguez** hosted a workshop at The American College of Lifestyle Medicine Conference. Her presentation was entitled, "Educational Strategies for Healthcare Professionals: Leveraging Engagement and Content Delivery of Healthy Lifestyle Practice."



Associate Dean **Selena Gilles** presented a poster at the NLN Education Summit about fostering collaboration with community partners to combat health inequities during the COVID-19 pandemic.



We're turning back time with these early nursing photos! Pictured are Dean **Eileen Sullivan-Marx**, Prof. **Amy-Witkoski Stimpfel**, and Prof. **Theresa Bucco**



NYU Meyers faculty and staff volunteered at God's Love We Deliver. They prepared and packaged food for those who need it.



FEATURE

# A model for community and older adult health education

by Cynthia Chong | Special Projects Manager, HIGN

From left to right:  
**Aggie Rodriguez BS '23**,  
**Katie Nguyen BS '23**,  
**Li Lin** (preceptor),  
**Luchy Gonzalez BS '23**



**HIGN** has spearheaded a community education program that aims to increase older adults' health literacy. Personal health literacy is an essential skill that enables a person to find, understand, and use information to make and act on decisions about their health. Being unable to do these things contributes to poor health outcomes. Enhancing personal health literacy skills can increase healthy behaviors, increase positive health outcomes, and help mitigate health disparities. One disparity in particular that health literacy can address is the need for older adults to receive adequate care that meets their unique health needs.

The program has Meyers undergraduate nursing students provide health education at Greenwich House's older adult centers. Topics addressed during the lessons include Alzheimer's Disease and related dementias, heart health, stress management, and oral health.

The program is important because it provides our future nurse workforce with experience within the community. The trajectory of primary health service provision is shifting, with community-based care becoming an essential way to provide health services to those in the community. Using community resources increases access to care, including preventive care, disease management, and reduces hospital visits. Exposing our students to other models of care opens the possibility of their choosing careers in these areas. They will also learn the important skill of providing health information in an accessible way to ensure an individual's understanding of the given information.

To pilot this program, several HIGN Scholars gave presentations at select Greenwich House older adult sites in the summer and fall semesters, overseen by Clinical Associate Professor **Donna McCabe** and HIGN Special Projects

Manager **Cynthia Chong**. The students gained invaluable experience in presenting information and navigating older adults' questions. The pilot was a success and set the stage for incorporating this experience as a clinical placement in the Community Health course run by Clinical Associate Prof. **Stacen Keating**. This spring the first cohort of students is undertaking this placement. In addition to providing presentations students will also provide individualized healthcare planning to the centers' older adult population, including blood pressure screenings, fall prevention guidance, and medication guidance.

HIGN's and NYU Meyers' collaboration to create this program is the beginning of an exciting paradigm for future clinical placement: one in which nursing students are providing care in innovative ways and where older adults can be equipped with skills and knowledge to meet their unique healthcare needs. ●

"The HIGN health presentations provide the seniors with practical advice that can impact their quality of life. The added benefit is the student's enthusiasm and the motivation they bring — it is contagious. It is great to see both the student nurses and seniors engaged and smiling."

**Donna McCabe**, Clinical Associate Professor

"This clinical placement is an important and exciting partnership. It enables Meyers community health undergraduate students to engage with older adults within their actual NYC community settings. Students can gain first-hand knowledge, skills, and competencies regarding the health priorities of most concern to older adults. Students will increase their education, assessment, and communication skills which adds substantively to their overall preparation to enter the healthcare workforce."

**Stacen Keating**, Clinical Associate Professor

"Volunteering with Prof. McCabe was a truly inspiring experience. Not only did she help me confront my fear of public speaking, but she showed me what it looks like to be a nurse out in the community, educating people, listening to their concerns, and encouraging them to advocate for their own health."

**Isa Barrington '23**

"Lecturing at Greenwich House was an introspective experience for me as I was able to learn just as much from their wisdom as they did from my seminar. Teaching the geriatric population is extremely fulfilling through the conversation about music, healthcare experience, and life. I would love to continue learning from those above me and sharing any new information with them."

**Trinity Pallaria '23**

"In giving the HIGN presentation, I realized the essence of future nursing lies within the community, not just within the acute care facilities. The experience is the most valuable part of the program that I will treasure forever. I am motivated more than ever to serve the older adult community as a future RN."

**Zoey Feng '23**

"I have always felt inspired and fulfilled by inter-generational relationships and conversations, whether it be with family members, neighbors, patients, colleagues, etc. The HIGN undergraduate program has fostered a remarkable opportunity wherein this pleasure now takes on purpose. To be given a platform to test my teaching abilities while also providing pertinent, age-appropriate content to elders in my own community is a privilege I cherish deeply."

**Shannon Penney '23**

# Global classroom exchange: Community health

by Renata Kurz | Assistant Director for Global Initiatives  
& Stacen Keating | Clinical Associate Professor

**A**s a leader in nursing education and research NYU Meyers is committed to expanding global partnerships and learning opportunities for all of our students. In fact exposing our students to the global and local context of nursing and healthcare is one of the key goals of our strategic plan. So much of what nurses do is related to understanding issues confronting communities and how to effectively address the public health needs of our nations. Sharing our public health concerns as well as our teaching and learning strategies in unique cities and countries across the world opens us up to dialogue and improved problem-solving. Learning about healthcare delivery and sharing the best evidence-based care practices from different parts of the world gives each of us a better perspective by widening our lens and promoting improved critical thinking and innovation.

With all of this in mind Meyers developed an opportunity for our undergraduate Community Health Nursing students to participate in a virtual classroom exchange with Undergraduate Community Health Nursing students from the Lithuanian University of Health Science (LSMU), organized by the Meyers Office of Global Initiatives. Meyers Clinical Prof. Emerita **Jamesetta Newland** and LSMU Prof. **Aurelija Blaževičienė** have been collaborating since 2014 through the Erasmus+ Faculty Exchange Programme to advance nursing research, education, and practice, but this was the first time that students from both universities had the opportunity to connect and learn from one another.

During the global classroom exchange, students were able to participate in a joint lecture by Meyers Prof. **Stacen Keating** and LSMU Prof. **Daiva Zagurskiene** and share their educational, professional, and personal experiences and perspectives in

caring for vulnerable individuals within the community setting through student-lead presentations and Q&A sessions.

On the Meyers side the student presenters focused on topics such as mental health concerns, older adult aging in place, and the care of pediatric patients/families in pediatric cancer clinics in New York. On the LSMU side the student presenters focused on the role of the community nurse and the new and unknown areas of community health and home care services in Lithuania.

The student presenters did a fantastic job sharing their knowledge and experiences, ensuring their topics were well-understood by their student audiences. They concluded with Q&A sessions that made the session an educational and exciting global health experience.

“The global classroom exchange experience between students in the US and Lithuania highlighted health literacy in primary care, primary care team composition, and roles and responsibilities,” said Prof. Blaževičienė. “These differences among countries encouraged discussion about similarities and differences in primary care and healthcare in general. It’s nice that students see both pluses and minuses in both healthcare systems.”

“The global classroom exchange experience between students in the US and Lithuania really highlighted those aspects of community care we share in common and where the care delivered can be vastly different,” said Prof. Keating. “Engaging in conversations across geographic areas affords students so many opportunities to open their world views. Gaining perspective on our shared humanity and the need for nurses to take on a major role in community health and advocacy of vulnerable populations was made clear during this valuable shared classroom experience.”



Our students also had the opportunity to complete an evaluation survey after participating in the classroom exchange. Overall their responses showed that they were extremely satisfied with the experience and would love to see more of such global health classroom interactions in their courses.

“Today’s classroom exchange has helped me broaden my knowledge of nursing as a profession on a global scale,” said a student evaluator. “The presenters from both NYU and Lithuania were very professional and were knowledgeable in answering questions from the audience. It was an insightful experience overall to be able to see how community nursing and nursing in general work in another country. Thank you to the amazing faculty, organizers, and students from both NYU and Lithuania for organizing an event like this to aid with our learning.”

Meyers looks forward to seeing more great global interactions and collaborations with LSMU as well as with other global health partners in the future! ●

FEATURE

Excerpt of  
**Estelle  
Osborne  
Award**  
recipient speech

by Ashley Graham-Perel MA '18 | Assistant Professor, Columbia University

I had a relationship with Estelle Massey Osborne before I knew who she even was. Let me explain. When I decided to advance my degree and obtain a master's degree in Nursing Education from NYU and later a doctoral degree in Nursing Education and Organizational Leadership from Teachers College Columbia University, I had an epiphany of thought about what my research focus should be. I was curious about one question, *where was the Black faculty?* Throughout my educational journey—from associate's to bachelor's, to master's, and finally to doctorate—I recognized the lack of diversity among nursing faculty and was determined to not only research it but to impact change.

I “met” Estelle Osborne on the first day of my master's degree education classes. As our cohort filed into a conference room, there hung the beautiful photograph of Estelle. I saw it and murmured “hey, auntie!” to myself. Her image was a guiding force to keep pushing forward. As I learned more about who she was her legacy sustained my determination for change in the academic setting. I want to share with you how I have threaded the needle of Osborne's legacy and my mission as a researcher, academician, and nurse historian.

When I heard about the theme of this year's celebration, *Health Equity*, there was a memory that ran through my mind. Rather than telling you a long story, I've

decided to share an excerpt from my journal and reflections.

*My mind raced to figure out what could be happening. Stroke? Hyperglycemia, HyPOglycemia? Another bleed of sorts? I don't know what it could be this time but it is NOT good. Her face was masklike and she didn't say a sound...couldn't say a sound? I don't know. I also don't know how God gave me the strength to lift her by myself and put her in that wheelchair.*

*As I brought her into the urgent care, I started blurting out her report and history as if this was an ER. Classic Grey's Anatomy, yelling out the report: past medical history, last dialysis days, latest vitals, and glucose readings. Except this was not a damn TV show. I said aloud, “the glucometer read LO, which led me to think she might be having a severe hypoglycemic episode”. “Get the dextrose push”, he said. I replied, “we need a line, she's a hard stick—and remember Left AV fistula. Line placed. I watched as one of the doctors struggled with the dextrose and found myself blurting out...again...all yellow caps off, like your shooting a pistol—pow pow. I gestured with both thumbs. There was at least a 20-second pause where they just looked at me and then proceeded. My situational awareness kicked in, in this space you are not Professor Graham. My headscarf was unraveling and barely maintaining my afro puff, I wore jeans and a sweater. You are not Professor in here, you*

*are Ashley-but I can't let her get admitted, we won't get her out. “Keep it together,” I thought.... As I often do during tense situations, I clenched my jaw and stayed focused. “I'm here, grandma, Ashley's here.”*

When I hear the words health equity I think of that memory.

Health equity to me means the opportunity to not only achieve one's highest level of health, but it is the elimination of any biases that may negatively influence one's health outcome. To me health equity means serving as a voice for those who cannot advocate for themselves. Health equity having confidence that in my absence, my grandmother's care would be equitable to everyone else's. Although the terminology did not exist at that time Estelle Osborne was a trailblazer and advocate of health equity.

Estelle Osborne began her nursing training at the city hospital No. 2 in St. Louis. Like many hospitals during the Great Migration this one was developed to care for the ailing health of the Black community [as Blacks and Black medical/nursing professionals were not granted access to the general City Hospital]. If any Blacks were admitted they were placed on distant, segregated wards. It was decided that the best course of action was to develop a 2nd hospital to specifically care for Blacks. The limited, crowded,





and often deplorable, conditions of the hospital (as some doctors called it, “the firetrap”) were the only options for the Black community to receive care between 1918-1937. The conditions of Black health were plagued by high rates of tuberculosis and infant mortality rates delineated by their neighborhoods. Today we see similar health disparities where one’s zip code is a better indicator of your health and life expectancy than your geno-code.

Estelle Osborne continued her education at Columbia University where she received a BS in 1930 and became the first Black nurse to receive a master’s degree in 1931 from Teachers College Columbia University. As a TC grad myself I appreciate the rich history of that institution. Teachers College was one of the few schools that provided an opportunity for Black nurses to advance their education. Today, while segregation is illegal by law but may be practiced through custom, it is critical to assess the academic opportunities and roadblocks that are faced by diverse populations.

To achieve health equity we must achieve academic equity. Academic equity means developing solutions that address the barriers faced by students — and faculty — of marginalized backgrounds. My historical research on the lack of diversity in nursing education uncovered

the challenges of becoming faculty as a person of color. To serve as faculty in nursing one needed to obtain an advanced degree — however, due to segregation and structural racism, admissions to such programs were not accessible at that time. While this is not the case today we must consider academic equity in nursing education. To promote health equity we must address the issue of the lack of diverse faculty in nursing education. Research has demonstrated that not only should the diversity of nurses parallel that of society at large, but the diversity of nursing faculty should also parallel the student body. Furthermore the promotion of diverse faculty to senior leadership roles must be analyzed.

Similar to several Black nursing leaders during her time Estelle Osborne gained leadership experiences in Southern institutions where it was more acceptable to have Black women in leadership positions. She became the first Black Superintendent of nursing at Homer G. Phillips Hospital in St. Louis (a hospital that cared for the Black community) and of the nursing school in 1940. As we know her achievements in nursing did not stop there. She was pivotal in the lifting of the color ban of the US Navy, became the first Black faculty of what we

now know as NYU Meyers, and the first Black board member of the ANA (after serving as the president of the National Association of Colored Graduate Nurses). She was also the assistant director of the National League for Nursing, the first vice-president of the National Council of Negro Women, a member of the National Urban League, and an honorary member of Chi Eta Phi Sorority and the American Academy of Nursing.

What Estelle Osborne has taught me is to recognize the need for change, be present, be at the table where change happens, and gracefully fight for it. As a nurse I am committed to promoting, protecting, and advocating for health and academic equity. I am committed to openly proclaiming that health and academic inequities persist and to including nursing history as a means to demonstrate just how far we have come and how much farther we have to go. Again it is an honor to receive this award. Thank you to my family (both at work and home) for your continued support and inspiration, thank you to my mentors and mentees who are equally as determined to make a change, and thank you to Estelle Massey Osborne. You were the first in many firsts, but you are certainly not the last, along your path we tread. ●



**Estelle Osborne** paved the way for Black nurses throughout the US. In 1931 she was the first African American to receive a master’s degree in nursing from the Teacher’s College at Columbia University. This accomplishment was the first of many for Osborne.

Throughout her career she fiercely fought for greater opportunities for Black nurses. Osborne increased the enrollment of Black students in nursing schools, as she understood that education led to increased opportunities. As part of the National Nursing Council for War Service Osborne helped change discriminatory policies and practices within the armed services during

World War II. As the president of the National Association of Colored Graduate Nurses for five consecutive years she promoted professionalization, education, and practice opportunities for Black nurses. In 1946, Osborne became NYU’s first Black faculty member — in what was then the Nursing Department.

Each year the College recognizes an African American nursing alumna or alumnus who has continued Osborne’s legacy by advancing the professional development of their colleagues at a ceremony in his or her name. This year’s honoree and keynote speaker was **Ashley Graham-Perel** MA ’18 for her work in nursing practice and education. Graham-Perel worked as a clinical nurse educator in an acute hospital setting and as a clinical professor at NYU. Currently she works as an assistant professor at Columbia University.

She is triple board-certified in medical-surgical nursing, nursing professional development, and as a certified nurse educator. Graham-Perel’s research focuses on diversity and inclusion, specifically in nursing education, and on the admission, retention, and success rates of diverse nursing students. She also studies the historical impact of training Black women in nursing at New York City’s Lincoln School for Nurses, as well as healthcare disparities in African American communities.

The event was held on February 22, hosted plenty of guests, and featured a panel discussion entitled “A Nurse’s Perspective on Health Equity,” moderated by Vice Dean for Research **Bei Wu**. The panel featured Associate Dean for the Undergraduate Program **Selena Gilles**, Prof. **Robin Klar**, Prof. **Terri Lipman** from the University of Pennsylvania School of Nursing, and Prof. **Mimi Niles**.

● **NYU Meyers is accepting applications for full-time faculty positions.**

To view more information about all of the College's current job opportunities and to apply, please visit: <https://nursing.nyu.edu/open-positions>.

## We are excited to introduce you to two new faculty members we welcomed this spring.



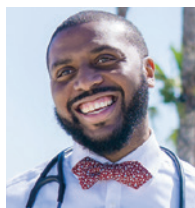
**Donna Cill** is a new clinical associate professor. Her research interest is focused on effective communication in the mother-daughter

dyad and its effects on health risk behaviors. Through her work she has created evidence-based products to improve health outcomes in girls. As an FNP her area of specialty is weight loss and metabolic syndrome.

Prior to joining the faculty at NYU Cill was director of the FNP Program at Ramapo College, assistant dean for student and academic affairs at

Columbia, and assistant dean and director of continuing education at Rutgers University. Throughout those years Cill served as a faculty administrator teaching in the graduate program.

Prof. Cill has a strong affinity for global health. She has worked in England, South America, India, Egypt, Tanzania, Ghana, and Jamaica teaching, research, working with ministries of health, and as a clinician.



**Julius Johnson** joined NYU Rory Meyers College of Nursing in 2023 as a clinical associate professor in the undergraduate and graduate

programs. Johnson has a DNP from the University of Miami, an MS in family health from Binghamton University, and a BS with a major in nursing from Binghamton University. He has been a board-certified FNP for 14 years specializing in home-based primary care, transitional care, and

translational community improvement projects. Johnson is passionate about improving the overall health of underserved communities, men's health, and opioid overdose prevention.

He is the immediate past president of the Greater NYC Black Nurses Association, the chapter's first vice president, and currently sits on the national board of directors for the National Black Nurses Association. He is also the co-chair of the National Black Nurses Association's scholarship committee. He currently serves as the clinical director of the GNYC Black Nurses Association's Opioid Overdose Prevention Program. He is the founding president of the Omega Nu chapter of Sigma Theta Tau International Honor Society at LIU-Brooklyn. Johnson has received several awards including NBNA's 40 under 40 award, NBNA's Trailblazer of the year award, and led the GNYC-BNA to best community service programming chapter. Johnson was recently inducted as a fellow in the American Association of Nurse Practitioners. ●



Dean **Eileen Sullivan-Marx** is now a regular host of The Nurse Practitioner Show/Doctor Radio on Sirius XM.



Team Meyers raised \$5,523, placing them 31 out of 1,261 teams, for the American Cancer Society Making Strides Against Breast Cancer Walk of Central Park.

## Acceptance

by Shirlina Chiu BS '24

The hum of the hospital filled the air,  
The hallway felt long and heavy.  
The nurse looks at me, her eyes soften  
As she shakes her head.  
The feeling of dread overtakes me  
As I begin to brace myself

I tip-toe in the room to not startle him,  
My grandmother, clutching her necklace.  
The doctor says a few words.  
The room fills with silence,  
Suddenly the clock seems to yell  
*Tick-tock tick-tock*

She reaches out and signs the papers,  
Eyes fixated on the floor.  
I watch as they whisk away  
The person she loved since 17  
Expressionless and still

I reach my hand out to grasp her hand  
And sit with her in silence.  
Her lips quiver as she utters  
*I can no longer take care of him.*  
She bawls and wails,  
Her fragile hands and arms  
Suddenly reach out for me  
And we weep for a while.

## False Reassurance

by Ryan Chiew BS '26

Last year, my grandmother asked me  
Is that good or bad?  
Those little rocks in my body  
Did it mean those two large beans were  
heavier?

How do you say kidney in Toisanese?  
I wondered  
How do you say kindness in Toisanese?

This hospital room is nice, nicer than  
the last  
Do not worry about me  
She said

How to capture in words something that I  
do not fully understand  
Could the interpreter relay a sense  
of calm?

I wondered

You'll get better soon, grandma  
Everything will be OK  
I said  
Is that good or bad?

# Nursing and the humanities

## First sequence undergraduate nursing students were assigned to write poems about a healthcare experience without using medical terminology for the fall 2022 Professional Nursing course.

The poems are intended to promote self-reflection and self-care among our newest nurses, consistent with the AACN new Essentials. I love these poems because they give us an unusual glimpse into the inquisitive, thoughtful, and impressionable minds of our students, helping us get to know them in a way that is dynamic and celebrates the humanity that they bring to our profession. I hope you will enjoy pondering the existential questions posed in these works as much as I did.

by **Kelseanne Breder** | Clinical  
Assistant Prof.



## I Will Remember

by Krystyna Davis BS '24

Sterile, barren, decontaminated.  
The wipe removes it all.  
The blood, the sweat, the tears.  
They teach me to keep everything  
Sterile, barren, decontaminated.  
To protect them.  
How do I not become  
Sterile, barren, decontaminated.  
I sanitize this room  
But not my feelings.  
I will remember.

## FEATURE

## Krystle

by Jason Aller BS '24

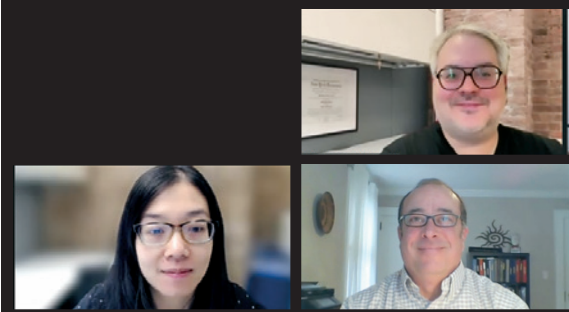
Frances Quinlan wrote about reading  
Jane Austen  
In the hospital  
And about the things that used to scare her  
Like the dog down the street  
I have spent a lot of time in  
Hospital halls  
And there's an awful lot of things that  
scare me.  
I remember how my cousin looked  
At the end of our call  
How she had asked for a  
More comfortable mattress to  
Rest her feet,  
Swollen and puffy  
Hurting.  
I think,  
If I could give her a comfortable mattress  
If I could turn her over in her dreams  
Then I might not be so scared of dogs  
And I could finally get some sleep.

## Just Human

by Dahiana Acevedo BS '24

Black is the color of my eyes.  
White is the hair of my mother.  
What I carry on my skin is not a color.  
We are all 99% identical one way or another.  
I was told that darker skin has more tolerance  
to pain.  
Today I choose not to be strong. Today I  
choose to be human.  
I was told to man up and complain less.  
Today I choose not to be a man or a woman.  
Today I choose to be human.  
Why won't they believe my pain. Only I can  
feel it.  
Can't they see me suffering. I've been begging  
for help.  
In agony and desperation one last time I say.  
Please treat the patient, not their appearance.

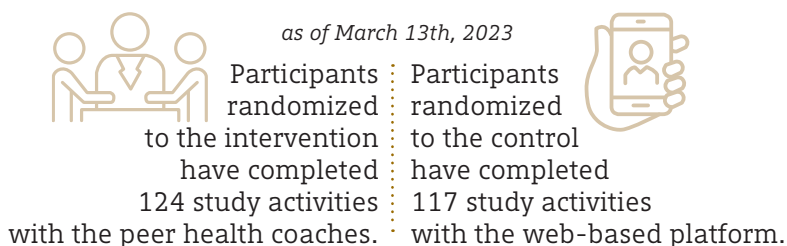




# PEER TO PEER

## with ACCESS II: *What do they do?*

by Damian Ruff | Assistant Research Scientist



A total of  
**241**  
study sessions  
have been  
completed.

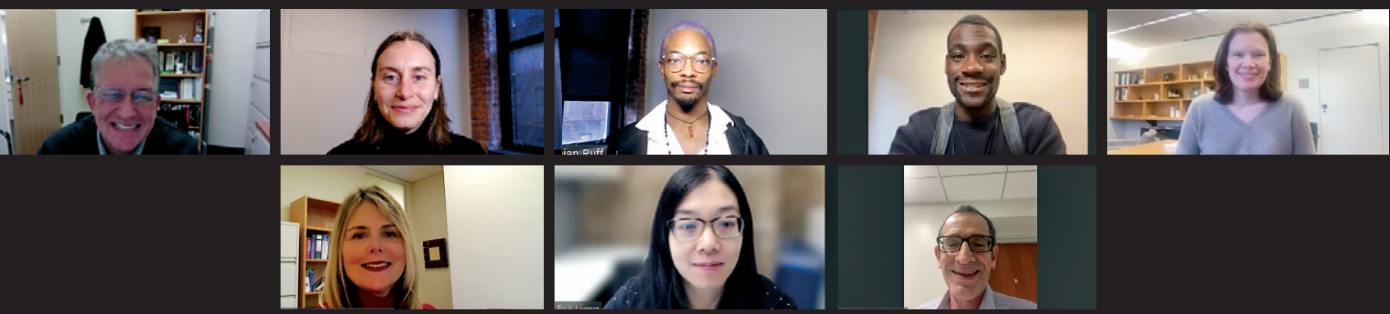
### The Adherence Connection for Counseling, Education and Support (ACCESS) II

NIH-funded study is a two-armed randomized clinical trial led by Meyers Associate Prof. **Ann-Margaret Navarra**. Additional team members include: Meyers Senior Research Scientist **Lloyd Goldsamt**, Dean of UMass Amherst Elaine Marieb College of Nursing **Allison Vorderstrasse**, and Associate Prof. of Pediatrics at Albert Einstein College of Medicine **Michael Rosenberg**; Biostatistician **Jason Fletcher**; Meyers Project Manager **Claire Loughran**; Assistant Research Scientists **Eva Liang**, **Brandon Paulk**, and **Damian Ruff**; and Postdoctoral Research Fellow, **David Ray Garcia**.

The ACCESS II study aims to help adolescents and young adults (AYA) living with HIV improve their antiretroviral treatment (ART) adherence. Participants are randomized to receive support and education from a peer health coach or a web-based platform over an eight-week intervention. Participants virtually connect with the study using a study-funded smartphone, providing a safe space to reflect and share their attitudes, beliefs, and experiences living with HIV, while being offered information about HIV and healthy ART adherence practices. The ACCESS II study is openly enrolling participants.

For additional information please visit <https://nursing.nyu.edu/w/access>. The study is currently funded until April 2024 and is enrolling participants through October 2023. Funded through National Institute of Nursing Research





Below is a hypothetical conversation being held between an ACCESS II study participant and a peer health coach. The participant is completing session five of the ACCESS II Intervention, covering HIV stigma and its impact on ART adherence. The participant is a 23-year-old female living with HIV and struggling with disclosure.

*For the duration of the conversation, HIV will be referred to interchangeably as 'the virus,' 'my status,' and 'it'; ART will be referred to as 'meds.'*

“

**Sometimes it's hard to talk about it because, you know, people are ignorant and I don't want them looking at me sideways.**

I understand that. It can be hard to talk about your HIV status because a lot of people are misinformed about the virus, and don't know that it's now as simple as taking a pill once a day. Do you know what HIV stigma is?

**Yeah, that's when people say ignorant stuff about the virus.**

We define HIV stigma as negative attitudes, behaviors, and judgments towards people living with HIV, but the stigma is complicated. Sometimes it's a family member not wanting to eat from your fork. Or an offhand comment by someone you know, like a teacher or coworker.

**My best friend said she would disown her kid if they ended up with "the Monster." That's what she called HIV. And I thought to myself, aren't you my friend?**

That's crazy. But that's how stigma works. Sometimes you don't even know someone has negative beliefs until they say something like that.

**It's upsetting because she's been my best friend for years and I've always wanted to tell her about my status.**

That's really tough. I'm sorry that happened to you. We tend to think stigma will come from somewhere else, but it hurts a lot more when it comes from someone we love. Do you think they would change their mind if they knew how easy it can be to live with the virus?

**Maybe. I don't want her to think that I have it if I say something.**

You could frame it as a hypothetical. Saying something like, 'I heard on a commercial there are medications now that make it so it's like you don't even have the virus.' Could you broach the conversation that way?

**Probably, but I wouldn't want her to think it was about me.**

I understand that, and that's okay. Maybe they aren't who you can share your status with. But you can always talk to your doctor or social worker about it.

**And you. This is the only time I feel like I have someone I can talk to.**

I'm glad I can be here for you now and for the long run, you have your healthcare team to talk to as well. Has stigma ever stopped you from taking your HIV medication?

**I get sad about what people say and think 'what's the point?' So, sometimes I don't take them. The meds constantly remind me of my status, and on top of it, my friend says stuff like that...**

I understand that. But even though people have misconceptions we still have to take care of ourselves. Sometimes it's as simple as taking our meds.

**You're right. I can make sure to at least take my meds next time I feel down.**

”

Here we have an example of a young person living with HIV who learns that their longtime friend holds HIV stigma, reinforcing the participant's internalized stigma and impacting their ART adherence. The peer health coach provides a safe, empathetic, and affirming place for the participant while also helping them problem-solve. The peer health coach offers unconditional support to the participant, allowing them to consider their health and healthcare decisions, while also providing contextually relevant education in a relatable manner. The ACCESS II study looks to improve ART adherence amongst AYA living with HIV by bridging the gap between the healthcare system and healthcare recipient. Peer health coaches can do this by driving personal connections with patients through lived experience while providing support and education. Given the ongoing healthcare crisis novel approaches are needed to meet the needs of patients with chronic illnesses.



## PROMOTING HEALTH EQUITY THROUGH NURSING SCIENCE: Pathways and Partnerships

March 28-29, 2023

In March Howard University College of Nursing and Allied Health Sciences and NYU Meyers held the Dr. Bernardine Mays Lacey Health Equity Research Symposium, Promoting Health Equity Through Nursing Science: Pathways and Partnerships conference in Washington DC. It was a successful inaugural conference, the first of many to come from our two institutions' partnership. The overarching theme of this symposium was health equity.

The Dr. Bernardine Mays Lacey Health Equity Research Symposium was born out of Howard University's College of Nursing and Allied Health Sciences and NYU Rory Meyers College of Nursing's educational and research partnership. In 2021 both schools committed to working together to have a greater impact on improving health and health equity in urban areas and global communities. In

addition to fostering faculty and research collaborations nursing students at Howard and NYU Meyers have the opportunity to attend new and established programming through educational exchanges.

The first night opened with a dinner and keynote speaker **Stephanie Ferguson**, director of the Harvard Global Nursing Leadership Program.

The next morning keynote speaker **Bridgette M. (Brawner) Rice** from Villanova University spoke about putting research into practice and how we can make a difference in marginalized communities. Then Prof. **Selena Gilles** presented the poster awards, in which PhD student **Veronica Pasha** won second place. Deans **Gina Brown** and **Eileen Sullivan-Marx** spoke about the schools' partnership and how it will help our students to become better nurses. Concurrent sessions took place after lunch

with Profs. **Mimi Niles**, **Allison Squires**, and **Ann-Margaret Navarra** moderating with PhD students **Veronica Pasha** and **Kathryn Leep-Lazar**. **Monica McLemore**, professor at the University of Washington and a preeminent scholar of anti-racism, concluded the day's events with a lecture entitled "Nursing the Nation."

The partnership between Meyers and Howard University is meant to be educational and research-driven. The schools work together to have a greater impact on improving health equity in urban areas and global communities. This partnership is for collaborating on existing research projects and jointly applying for grant funding for new projects. Additionally the schools aim to coordinate research seminars and professional development opportunities, such as the symposium we just held. ●





## About Bernardine Mays Lacey



During her 60-year career Dr. **Bernardine Mays Lacey** held several notable positions, including founding dean and professor at Western Michigan University School of Nursing and special assistant at the Children's Defense Fund. She helped found Federal City Shelter in Washington, DC — one of the first nurse-managed health clinics for the unhoused. She was a passionate advocate for diversity and inclusion in healthcare. Lacey, a trailblazing nursing leader, researcher, educator, and mentor, died in March 2022.



*Thank you to the conference planning committee for their dedication and time. You all made this event possible!*

### Howard University

Tiffany Alexander  
Prof. Lisa Brace  
Catina Brooks  
James Jordan  
Prof. Tiffany Simmons  
Prof. Patricia Talbert  
Prof. Devora Winkfield

### NYU

Thom Freedman  
Prof. Selena Gilles  
Prof. Audrey Lyndon  
Keith Olsen  
Hank Sherwood  
Prof. Victoria Vaughan Dickson  
Susie Zuckerman



FEATURE

A nursing perspective:

# GUN VIOLENCE

by Brian Fasolka | Clinical Assistant Professor

**“Trauma alert,  
Philly PD, ETA  
unknown.”**

During my time as an emergency department (ED) nurse at a Level 1 trauma center in Philadelphia, when I heard those words over the department intercom, I knew exactly what type of traumatic injury was en route.

In Philadelphia there is an evidence-based protocol with the police department that gunshot wound victims should be driven to the closest trauma center in the back of a police vehicle rather than in an ambulance. Although only minimal-to-no medical care is provided in the back of a police vehicle the benefits of getting to the trauma center much faster outweigh the benefits of waiting for an ambulance that could offer advanced medical care. Within seconds of the announcement one team of nurses and ED techs would rush to the ambulance bay to meet the inbound police officers, while the rest of the trauma team would be “gowning up” in the trauma bay. The ETA usually was announced as “unknown,” but the ED team knew that it was never more than a few minutes until a speeding police car would pull into the ambulance bay and slam on the breaks. The smell of burnt rubber would fill the air as we quickly moved to assist the patient from the back of the police car and onto a stretcher.

The newsfeeds in the United States are filled with reports about gun violence each day. Mass shootings in all types of public places tend to garner the most attention in the media and sadly it seems that lately mass shootings are becoming an even more common occurrence. However gun violence that makes local or national news is merely the tip of the

iceberg when it comes to gun violence in our country. In Philadelphia alone, according to the Office of the Controller, there were 2,263 gunshot wound victims in 2022, which translates to an average of about 6.2 victims each day. Of those gunshot injuries 474 were fatal. Gun violence was the cause of death in 92% of the 516 homicides in Philadelphia alone in 2022. Given the frequency and volume of gun violence in Philadelphia it was often a daily occurrence to care for one or more victims of gun violence in the ED — with sometimes more than one victim arriving at the same time or within minutes of another.

Once the patient was transferred into the trauma bay things move very quickly. With gunshot injuries I observed that patients usually fell into one of three groups. The first was those patients who did not sustain any significant physical injuries from the bullet. In these cases the patient might be discharged from the ED within a few hours or sometimes the next day after a period of observation. Patients with this outcome might be labeled as “lucky,” but that term always seemed dismissive of the psychological trauma the patient and their family endured. Furthermore, upon discharge, the patient went back out into the same community that was still ridden with gun violence. It was not uncommon to meet a patient who had been the victim of gun violence more than once.





FEATURE

# IN AMERICA

The second group was those patients who sustained serious physical harm that could be treated surgically in the operating room or through other less invasive means, such as in interventional radiology. For patients in this group the journey to recovery can be a long and difficult process. While some patients make a full recovery others might have permanent disabilities due to their injuries. My time with patients during the acute phase was typically short in length, as patients were transferred out for their respective procedures or to the critical care unit quickly. However it was not uncommon to care for a patient who had complications secondary to a gunshot injury months or even years after the injury. For example, if a gunshot wound causes paraplegia or quadriplegia, the patient is prone to so many complications as a result of their immobility. When people think of gunshot wound injuries most people do not think about sepsis secondary to a pressure injury or an indwelling urinary catheter. However the reality is that the effects of gun violence can be long-lasting and wide-reaching for many individuals.

The third and final group was those patients who were deceased on arrival or died shortly after arrival at the ED. While trauma care has significantly advanced over the years, sadly, there are still many instances where gunshot wounds cause fatal injuries. The loss of life in any circumstance is difficult for a nurse.

However the loss of life due to needless violence is even more difficult to process. The tears, the anger, and the screams of despair when a family is informed that their loved one has died due to gun violence are heartbreaking and palpable.

Victims of gun violence exist in many spheres. In non-fatal cases the victim who incurred the injury might experience pain, psychological distress, physical disability, lost wages, medical expenses, and loss of independence among many other sequelae. The family and friends of gunshot victims are also most certainly victims of gun violence. Communities are victims of gun violence.

Lastly I would also argue that healthcare workers who routinely care for patients with gunshot injuries are also indirect victims of gun violence. Dr. Robert Valdez, director of the Agency for Healthcare Research and Quality, recently wrote, "Too often we may assume that healthcare workers are hardened to such events, given the daily trauma they experience in their work... But members of the healthcare workforce don't just treat victims casually. These patients are their neighbors, their friends, their classmates, and at times their own relatives."

Gun violence is a major problem in the United States that deserves an all-of-society set of solutions. Healthcare workers, including nurses, need to have a voice in that process. Enough is enough. ●

## America

has approximately

**390  
million  
guns**

in circulation  
as of 2018.

In 2022:

**44,310**  
people died from some  
form of gun violence.

**314**  
victims were children.

**1,362**  
victims were teenagers.

**1,182**  
incidents were recorded  
as defensive shootings.

**1,628**  
incidents were recorded as  
unintentional shootings.

**647**  
mass shootings occurred.

as reported by  
<https://www.gunviolencearchive.org>



**Bringing in ideas and perspectives on how to get things done efficiently and to their highest functioning capacity is what excites Stalonas in her role.**

# Meet Kerry Stalonas

Associate Director for Global Initiatives

by Stephanie Gonzalez | Contributing Writer

**Kerry Stalonas**, associate director for global initiatives, says we all come from somewhere else. She has always been interested in being part of global communities and fascinated by our histories, immigration, and stories of migration. She loved studying languages, found herself fortunate to travel internationally in high school, and in college studied in Paris for a semester abroad. Where would Stalonas's interests take her next?

For the next 20 years Stalonas worked for several international non-governmental organizations. She helped refugees and displaced people, assisted those who had experienced conflict or natural disasters, and supported relief, rehabilitation and development programs globally. Having lived in Azerbaijan, Turkey, and Geneva Stalonas came to see how global immersion is a very important part of who she is.

"Living overseas for these periods of time, immersing myself in new cultures, was life-changing, and a very important part of who I am today," she said.

When Stalonas came to Meyers she was excited to work on global research, and education and training programs with partners across Africa. More recently she has been a key member of the Dean's Global Opportunities in Education task force and, through some of their planned initiatives, is thrilled that Meyers nursing students will have opportunities to

be exposed to the global and "glocal" context of nursing and healthcare.

Stalonas is well aware that supporting smooth implementation of global operations are complex and intricate. It takes a village to make even the smallest impact. Bringing in ideas and perspectives on how to get things done efficiently and to their highest functioning capacity is what excites Stalonas in her role.

"[I love] to learn from all of these various perspectives and to broaden my universe with diverse global thinking," she said.

When Stalonas and the team faced challenges to support Meyers workforce development programs in Liberia and Rwanda she helped to develop creative solutions that allowed NYU to adopt an international payroll system for our hires outside of the US.

Stalonas is proud of all of her work, but one project that stands out to her is Meyers' partnership and support for the development of Liberia's first-ever online and digital licensure examination for nurses and midwives. Moments like these make Stalonas happy to be a part of a huge chain of progress in multiple spheres across the world.

Global work and education have changed so much, especially since COVID. We've learned new ways to use technology and the perceived distance

between us all is much smaller than it used to be. To Stalonas international education is much more than a trip here or there. It's about eye-opening cultural and social experiences that influence how you see the world.

"My hope at the College is that we continue to use technology and our global friendships and partnerships to bring global perspectives into our classrooms and into the conversations with students," she said.

Stalonas recently supported Meyers' inaugural launch of its course *Issues and Trends in Nursing and Health Care* in Abu Dhabi. She got to see these benefits and effects firsthand when students met with global nurse colleagues, learned about new healthcare systems, and had these critical opportunities to discuss and share with these colleagues some of the same or different nursing issues, challenges and opportunities faced here in the US and in the UAE. Stalonas hopes her efforts at Meyers will continue to shape students, one global experience at a time.

"I know these opportunities can ultimately become some of the most valuable and life-changing experiences students will have," she said, "forever shaping their professional development and careers in healthcare or any other sector as a global citizen." ●

A portrait of Joanna Melendez, a woman with long, wavy brown hair, smiling. She is wearing a pink top. The background is dark.

# Meet Joanna Melendez

Assistant Director for Budget Administration, NICHE

by Stephanie Gonzalez | Contributing Writer

It all started 10 years ago when a former colleague sent **Joanna Melendez** a job listing for a financial analyst at NICHE. Fast forward to today, Melendez has established her place at NICHE as the assistant director of budget administration.

Motivated by her parents and her children, NICHE resonates with Melendez because of her concern for her parents.

“With aging parents it’s very important to me the care they receive when they go to the hospital,” she said. “At some point I’ll be at that age and I would hope that between now and that time I can help make a difference in healthcare.” Not only do older patients need people like Melendez, but so do the nurses taking care of these patients.

It’s clear that Melendez is already making a difference in the world of healthcare for older adults. Whether it is from the NICHE organizations that comment on the improvements of their facilities or the nurses who utilize NICHE’s tools, none of it would be possible without Melendez and her tight-knit team. Her job is more than just working with numbers, it’s more so about working on whole projects with members of her team who care about overcoming challenges.

“The leadership I’ve had the pleasure to work with has been so supportive in

encouraging me to always keep pushing forward,” she said. “And allowing me to work through the many challenges NICHE has faced.”

NICHE has allowed Melendez to grow and implement change of which she is proud. In addition to taking professional development opportunities she has created standard operating procedures and automation that reduce accounts receivables and streamlines their process. Through her hard work she has improved the finance team’s workflow and enhanced their customer service and response time.

Just as Melendez feels she has advanced over the years through NICHE she has also seen the organization itself change. As one of the first online continuing education programs at NYU she has seen the number of courses and training modules increase substantially. They have expanded their portfolio, adopted new software, and grown to more than 400 NICHE members. As healthcare constantly changes they keep up to date to ensure that they serve their members well.

“The most rewarding [part] is knowing that I’m helping in making a difference in the care of older adults,” Melendez added. “It’s even more rewarding when I get the opportunity to speak to nurses at NICHE organizations and they

Her job is more than just working with numbers, it’s more so about working on whole projects with members of her team who care about **overcoming challenges.**

express how much they love NICHE and how much NICHE has helped in improving the quality of care in their facility.”

Outside of NICHE Melendez likes to spend time with people she is close to, like friends and family. She also likes to travel and learn about other cultures. When you can find her working, though, know that she is proud to help make a difference in the care of older adults. ●



# STUDENTS



Meyers gave out free scrubs to their first-sequence students.



Prof. **Fidel Lim** and 12 students volunteered at God's Love We Delivery, a local NYC food bank and soup kitchen.

**Nicholas Mun** BS '23 was spotted donating platelets at MSKCC.



**Eric Li** BS '24, **Harry Kim** BS '23, **Sugin Li** BS '23, and **Alexander Roesler** BS '24 visited the Met Museum together to relax and view some art.

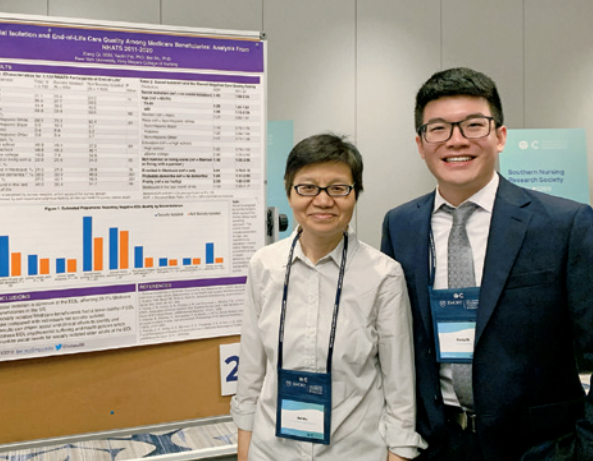


Men Entering Nursing coordinated an event in which students volunteered to teach heart health, diabetes, and nutrition to high school students at La Salle Academy.

Students in the first-year cohort seminar, a class that helps students transition to college life socially, personally, and academically. Students participate in activities throughout the year that focus on community, service, and academics.







PhD student **Xiang Qi** PhD '23 presented his research at the Council for the Advancement of Nursing Science Conference 2022. His work examines the association between social connection and end-of-life care quality among Medicare beneficiaries.



Men Entering Nursing hosted a nursing career panel. This is an opportunity for students to meet current nurses and learn more about their work.



Students practice IV insertion and infection control in the CSLC.



**Irum Han** BS '25, a member of the LEAD Honors program, joined a medical mission in Honduras over winter break.

The Emergency Nursing Student Association held a Stop The Bleed event in November.



**James Yan** BS '23 and **Derek Young** BS '26, members of the NYU Swim Team, competed against Rowan University. They led the team to victory!



# THE IMPORTANCE OF insulin advocacy



● To become involved in the New York **#insulin4all** movement, email [nyinsulin4all@t1international.com](mailto:nyinsulin4all@t1international.com).

by Taylor Stimmler BS '23

Frederick Banting and John James Rickard Macleod forever changed the treatment of diabetes in 1921 after discovering insulin. The two scientists believed that the life-saving medication should be economically available and accessible for all so they sold the insulin patent to the University of Toronto for \$1. Today insulin costs around \$300 a vial in the United States, forcing the 28.7 million Americans with diabetes to make drastic decisions to stay alive.

Due to high cost one in every four people with type 1 diabetes has to ration their insulin supply in the United States. Rationing in the US is happening not because the medication is hard to manufacture; in reality one vial of insulin costs around \$6 to produce. However the market price is dominated by three Big Pharma companies that control 99% of the insulin market: Eli Lilly, Novo Nordisk, and Sanofi. In the US drug pricing is not regulated by the federal government, leading to medications regularly being marked up. As such the **#insulin4all** movement was launched in 2014 by T1International and The Pendsey Trust to unite the diabetes community to fight for access to affordable and accessible diabetes care, supplies, and treatment.

The **#insulin4all** movement is critical because people are dying from a completely manageable and treatable disease. Living with diabetes is challenging to manage; patients must have tight glycemic control to prevent complications. However patients in America have difficulty accessing affordable insulin, delivery, and testing supplies, leading to devastating consequences. I advocate for

the **#insulin4all** movement because I require insulin to live. People with diabetes should not be forced to choose between buying insulin and essential supplies or paying for food, rent, or other unthinkable sacrifices.

Senate Majority Leader Chuck Schumer (D-NY) has avidly supported making insulin affordable. In October he invited diabetes advocates to his press conference to discuss the impact of the Inflation Reduction Act. The Inflation Reduction Act set a \$35 copay cap for insulin for Medicare beneficiaries and was a monumental step towards affordable insulin. I had the opportunity to speak at his press conference and talk about how this legislation does not impact people with other insurance plans or the uninsured. I also shared my experience in the clinical setting as a student nurse, where I have talked to patients who do not have a consistent source of insulin once they leave the hospital. My experiences with patients and my diabetes diagnosis have inspired me to advocate for more than co-payment caps on insulin or patient assistance programs. People with diabetes need new legislation immediately for a true federal price cap on insulin to ensure long-term health and decrease complications.

**President Biden brought national awareness to the insulin pricing crisis at the State of the Union Address by calling for a universal price cap of insulin at \$35 a month.**

I had the honor of joining Senator Schumer at the Address to raise awareness of the financial burden of insulin and diabetes

supplies. I served as a voice and representative of people with insulin-dependent diabetes and with government representatives to share the impact that affordable insulin and diabetes supplies would have on people with diabetes. The State of the Union Address brought much-needed attention to insulin pricing; however we must encourage healthcare professionals to take action now so that people with diabetes benefit from affordable healthcare.

Nursing is the largest healthcare profession in the US, with more than 4.2 million registered nurses today. As the largest healthcare workforce nurses are the most active in patient care and have unique insights into patients' health behaviors, concerns, wants, and needs. Nurses also see the devastation of high medical pricing resulting in reparable harm to patients' health. Patients are the ones who live with the consequences of policy decisions and campaigns. Nurses must use their role as patient advocates to become involved in public policy and fight for sustainable change that ends insulin rationing and associated deaths. Access to insulin is a human right and should not depend on a patient's insurance or income.

The insulin affordability crisis highlights a systematic problem with drug pricing and the rising costs of prescriptions in our healthcare system. Nurses must fight for sustainable policy change to reform the existing, broken healthcare system and increase patient medication adherence. We must fight for our patient's right to quality and affordable access to healthcare by increasing nursing advocacy efforts! ●





ON THE JOB

STUDENTS + ALUMNI





# CELEBRATIONS



## Alumni & Parents Weekend Lecture

October 22, 2022

## Estelle Osborne Celebration

February 22, 2023



## Dean's Council Holiday Party

December 7, 2022







**Joan K. Stout Clinical Simulation Learning Center Dedication**

*October 25, 2022*



**Alumni & Parents Weekend Awards Ceremony and Luncheon**

*October 22, 2022*



Dear alumni,



Several years ago I reunited with NYU Meyers and quickly realized the abundance of growth and development opportunities that awaited me. Through this reunion I discovered a newfound passion:

empowering our students and leveraging the expertise of our esteemed alumni to foster a stronger Meyers community. It has been a joy to shepherd this growth alongside our dedicated Meyers Alumni Association Board.

Meyers Alumni represent a treasure trove of professional skills and expertise that deliver on our College's mission, vision, and goals. The Alumni Association Board serves our alumni by seeking to understand their unique needs, and developing initiatives that increase their engagement and strengthen our incredible alumni community.

I am delighted to report that the number of alumni engaging with the college has been on a steady rise over the past five years. Attendance at alumni events has grown, new programs have been developed to connect students with alumni mentors, alumni volunteer numbers continue to increase, and the generosity of alumni making investments and donations to the Meyers community exceeds expectations year after year. Our alumni are the reason this college is as strong as it is.

I am profoundly grateful to have served on the Alumni Association Board while **Eileen Sullivan-Marx** has been dean. Her support and leadership have been critical in helping take our alumni community to new heights. We are so grateful for her vision and wish her all the best in her future endeavors.

Sincerely,

Mary Gallagher MA '84  
President, NYU Meyers Alumni Association

## Nominate a Meyers Alum

The Meyers Alumni Association is accepting awards nominations. The **Distinguished Alumni Award** recognizes an NYU Meyers graduate who has demonstrated extraordinary achievement, leadership, and innovation in their career and advanced the profession of nursing. The **Rising Star Award** honors a recent graduate of NYU Meyers who has made great strides in their nursing career while representing and supporting the mission and values of the College. The nominee may be a graduate from any of the programs in the College and should have graduated within the past five years.

For more information contact  
**nursing.alumni@nyu.edu**.

## Thank You Alumni Volunteers!

NYU Meyers is grateful to all the alumni who volunteered this spring. There were 130 alumni who served as mentors, speakers, board members and committee members. Thank you for your support and service.

## Upcoming Events

### June 28

Summer Social

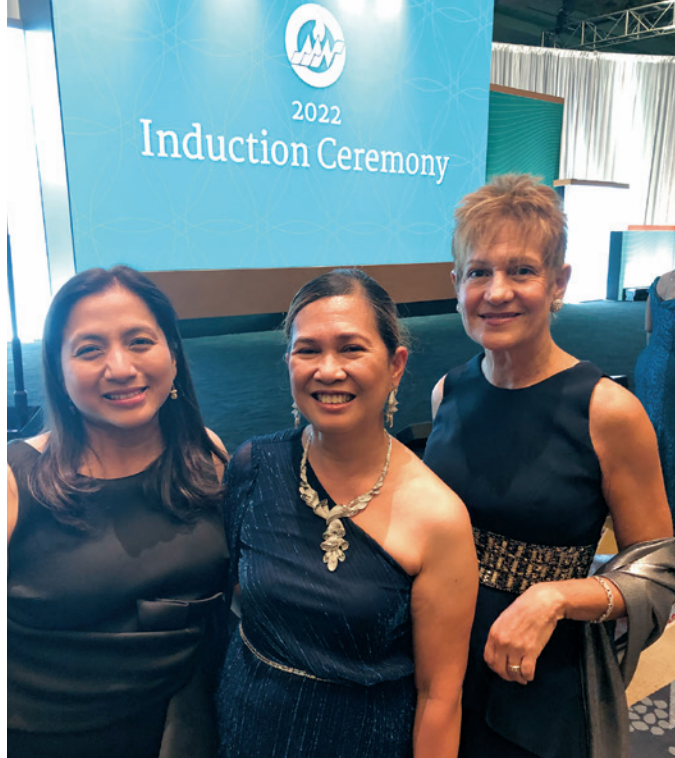
### September 8

NYU Meyers Night at Staten Island FerryHawks

### October 26-29

Alumni & Parents Weekend

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**.



**Mary Joy Garcia-Dia** MA '02 was inducted as a fellow of the American Academy of Nursing.

## CLASS NOTES

## ALUMNI

### In Memoriam



**Scott Saccomano** ADCRT '95

### 1970s

**Ellen J Reed** '72 published a book during the pandemic and early into her cancer treatment entitled *Someone to Watch Over You: Finding Your Strength Within*. She began working as an author/patient leader and moderator for Health Union's Social Health Network and she was recently accepted for a one-year appointment as a member of their Patient Leadership Council.

### 1980s

**Mary Anne Gallagher** MA '84 recently published three articles entitled, "Building a business case for hiring wound, ostomy, and continence nurses;" "Tracheostomy Thursday: Journey of a staff-driven COVID-19 initiative to international recognition;" and "Advocacy and policy in action: Developing a financial healthcare safety net for nurses."

### 1990s

**Cathleen Hadley-Samia** BS '94 worked in med-surg nursing at Hillcrest Hospital for 21 years, until moving to labor and delivery in 2015. She has been working in high-risk pregnancy ever since, and last year became certified in inpatient antepartum nursing.

**Fidelindo Lim** MA '96 received the American Journal of Nursing Nurse Faculty Scholars Mentored Writing Award along with alumna **Brittany Tamm** BS '20.

### 2000s

**Reni Bell** BS '08 accepted the position of nurse manager at NYU Langone Health in the Kimmel Pavilion in Manhattan serving as the nurse leader for the surgical specialties acute unit.

**Jeanann (Sousou) Coppola**, MA '03, BS '00 was inducted as a Fellow of the American College of Nurse-Midwives.

**Milagros R. Elia** MA '01 is the newly appointed chair of the ANA-NY SIG on climate and health.

**Dorel Parrott** BS '08 submitted their application to NYU Rory Meyers College of Nursing to complete their master's education.

### 2010s

**Luis Enrique Farfan Medina** '18 is a DNP student at Georgetown University.

**Nicole Kirchhoffer** MS '18 was selected as the winner of Penn Nursing Alumni Early Career Alumni Award for Excellence 2023.

**Joan Miravite** DNP '19 was selected as a 2023 Fellow of the American Association of Nurse Practitioners.

**P. Mimi Niles**, PhD '19, MPH '14 (GPH), BSN '04, BA '97 (CAS) was selected as a Fellow of the American College of Nurse-Midwives.

**Maryann Peterson** BS '14 is thrilled to finish her MSN in May 2023!

**Cindy Rivera** MS '17 is celebrating a five-year anniversary as a midwife in labor & delivery at NYU Langone Tisch hospital and is currently in the DNP program at NYU Meyers.

## Q&amp;A

*with***Sascha James-Counterelli**

DNP '13, MA '02

**How did Meyers help shape your passion for midwifery?**

I applied to the midwifery program at NYU while working as a nurse at Tisch Hospital. I had a strong desire to provide holistic healthcare to women and birthing people. During my midwifery program I had the pleasure of learning from and alongside some extraordinary people. Although my cohort was small we were very diverse in numerous ways. However what we shared was our passion to improve the health and well-being of women and birthing people throughout their lifespans. It was this common goal that created a strong bond between us.

The faculty developed a new and exciting way to shape our learning. We learned about midwifery and healthcare through art, music, dance, food, family, culture, policy, and politics. Each member of our cohort was celebrated for our unique contributions to the profession. I learned more about myself as a human and my contributions to the profession. The combination of my educators and colleagues fueled my passion for midwifery.

**Did you have a mentor at Meyers? How did they inspire you?**

Patricia Burkhardt was the director of my midwifery program. From the beginning of my program she worked with faculty to ensure that each member of our cohort's needs was addressed. It was not until after I graduated that I came to appreciate the intentionality and immense amount of work that our faculty members put into molding my educational journey. Burkhardt's program gave me a beautifully holistic view of midwifery.

After graduation Burkhardt continued to follow my career. At various points she protected me, encouraged me, challenged me, held my hand, or simply

walked alongside me. I am grateful and honored to have this bold, fierce, passionate woman who fought to advance the profession of midwifery in New York State, nationally, and globally through education and politics present throughout my career.

**What has your experience been like working in both the private and public sectors?**

Working in both the private and public sectors has helped to shape and enhance my career.

In the private sector I gained a better understanding of power and privilege and their influence on finance, politics, and policy. In the public sector I gained a better understanding of community, its important value, and its power to also influence politics and policy. Both sectors underscored the importance of education and reaffirmed my belief that fundamental human needs and desires are the same regardless of race, gender, religion, or sexual orientation.



## Tell us more about your political advocacy for midwives in perinatal care.

As I transitioned in my career from bedside provider to leadership positions I had the pleasure of representing communities with diverse racial, cultural, and socioeconomic backgrounds at the local, city, and state levels for many policy and political matters. As I attended meetings it became apparent to me that one of the biggest issues was and still is a lack of representation. Key stakeholders, typically the end users, were/are absent from key decision-making meetings.

The lack of representation drove my desire to be a change agent. I reflected on my roots and upbringing. As a child born in the Caribbean where Black and Brown folks are the majority it was uncommon to hear stories of people dying due to childbirth. Midwifery is embedded into the Caribbean culture. Midwives are the main caregivers for women and birthing people in all other westernized countries comparable to the United States, such as the U.K., Finland, Scotland, and China. All these countries have a significantly lower maternal mortality rate than the United States.

Midwifery has a dark history in the United States which has left the profession underrepresented across all areas and misunderstood by the public, particularly within Black and Brown communities, which are the most marginalized. One of my goals is to assist in the education of midwives and the profession of midwifery. I also strive to increase midwifery's presence, particularly for Black and Brown people. Wherever discussions or decisions are being made related to women and birthing people, midwives should have equitable representation and rights.

## What is the most important lesson you share with all of your students?

Dream big and understand the pathway to achieve your dreams. There are no limitations to what you can achieve. What is important to understand is the dedication, work, and sacrifice that are involved in achieving your dreams.

## What is something you wish you knew while you were studying here at NYU that you know now?

I wish I had a better understanding of my worth and value to my profession. I entered midwifery because I wanted to offer folks the opportunity to have wonderful midwifery care. I had no idea that all my least favorite things about myself were the exact things that gave me the ability to connect.

## What can we do as a society to address maternal mortality and racial disparities in healthcare?

**Educate:** Become an expert in your health and well-being. Understand your rights and responsibilities as a member of your own healthcare team. Educate others about the importance of their health and well-being.

**Advocate:** Understand when and how to advocate for your rights, the rights of your loved ones, and your community. The disparities that exist for maternal

mortality oftentimes do not originate during the pregnancy. Many of the underlying causes that ultimately lead to a demise stem from deficiencies that exist within the community, such as lack of proper food, housing, and healthcare.

**Empower:** All humans have power and those with more privilege and influence should ensure that the marginalized members of your community have a voice and have their needs met. The true measure of the health and wealth of a community is determined by the health and well-being of the most vulnerable members, who are the youth and the elderly.

## What is your hope for the future of midwifery?

I have many hopes for midwifery but I would say that my top three desires for my profession are:

- Midwifery is truly integrated as a healthcare necessity for women and birth people in the United States.
- Midwives are valued, respected, and compensated for their contributions to the advancement of what is accepted as obstetrics and gynecology in the United States.
- More Black and Brown people become midwives, which would increase the workforce and help to address the disparities that exist within our communities. ●

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

## Leadership Circle

\$10,000 AND ABOVE

Annie Eaton Society  
Anonymous (3)  
CareQuest Institute for Oral Health  
Janet S. Curtin (ADCRT '07, BS '81)  
Ehrenkranz Family Foundation  
Jeanine M. Frumentti (WAGNER '86, BS '82)  
Margery Gott Garbin  
Pamela and George Giacobbe  
Maureen & Philip Heasley (MA '76)  
Harriet Heilbrunn  
Hugoton Foundation  
Hee Ra Kang  
Mary K. Libby  
Geri LoBiondo-Wood, (PhD '85)  
Rory and Howard Meyers Family Foundation  
Thomas and Karen Murphy  
National Philanthropic Trust  
The New York Community Trust  
Estate of Jay R. Paul  
Jay R. Paul Charitable Foundation  
The Louis and Rachel Rudin Foundation  
Andrew Sabin Family Foundation  
Estate of Marie Schwartz  
Cynthia and Thomas Sculco  
Eileen Sullivan-Marx and Kenneth Marx  
Switzer Foundation

## Innovator Circle

\$2,500 – \$9,999

American Assoc. of Colleges of Nursing  
Monefa M. Anderson (BS '07, WAGNER MPA '96)  
Michael T. Angell  
Nellie Carter Bailey, Ed.D. (MA '80)  
Susan Bowar-Ferres (PhD '87) and W. Dean Ferres  
Barbara (MA '92) and Michael Calabrese  
Claudia and Leo Crowley  
Elizabeth A. Duthie, (PhD '09, MA '08)  
Jacqueline Mabel Fawcett, (PhD '76, MA '70)  
Catherine Alicia Georges, (MA '73)  
Mary J. Giuffra, Ph.D.  
The Giacobbe Family  
Jennifer Harper  
James D. Hoffman (STERN '90)  
Jonas Philanthropies  
Carl A. Kirton (MA '92)  
Christine Tassone Kovner (PhD '85) and Anthony Kovner  
LiHung Lin

Mathy and Andrew (WAG '92, MED '60) Mezey  
Komal (PhD '20) and Kaushik Murali  
Madeline A. Naegle, (PhD '80, MA '67)  
Anthony and Susan Penque  
Brent Penque  
George E. Reed  
David O. Resto (STERN '20)  
Susan Rice  
Marianne T. Roncoli (PhD '73)  
Stacey and Michael A. Sadler  
Sylvia and Stephen C. Schoenbaum, MD  
Rebecca Tarbert  
Alicia and Norman H. Volk

## Dean's Circle

\$1,000 – \$2,499

Linda Burnes Bolton  
Christine Bond  
Rose M. Boroch  
Arthur and Margaret Caplan  
Frances Cartwright, (PhD '05) and Peter Alcares  
Catholic Health Association  
Hazel F. Chin Law Offices, P.C.  
Catherine O. D'Amico, (PhD '07)  
Arlene T. Farren, (PhD '06, MA '87)  
Stephanie Ferguson  
Valerie (MA '84) and James Grabicki  
Sherry and Brian Greenberg  
Judith (PhD '84, MA '67) and Leonard Haber  
Hartford Healthcare  
Pamela J. Maraldo (PhD '86, MA '75)  
MedStar Health  
Craig Meyers  
James and Judith (PhD '89, MA '81) Lothian  
Jamesetta A. Newland  
Sarah B. Pasternack (MA '73)  
Richard Hs. Raiford  
Lois Johnson Redden  
Joseph M. Schomburg (BS '10)  
Susan (STERN '79) and Craig (STEINHARDT '74) Schoon  
John Sexton  
Sheerr Foundation  
Larry Slater  
Neville E. Strumpf  
Estate of Rwei Hwa Su  
Linda M. Taylor (MA '78)  
Patricia L. Valoon  
Victoria S. Vaughan Dickson  
Audrey Lyndon and John Williams

## Legacy Society

Anonymous  
Ellen Baer, Ph.D. (PhD '82, MA '73)  
Janet S. Curtin (ADCRT '07, BS '81)  
Hazel F. Chin, Esq.  
Catherine O. D'Amico (PhD '07)  
Cynthia E. Degazon (PhD '87, STEINHARDT '72)  
Jacqueline M. Fawcett (PhD '76, MA '70)  
Geraldene Felton (EdD '69)  
Vernice D. Ferguson\* (BS '50)  
Catherine Taylor Foster (PhD '74)  
Jeanine M. Frumentti (WAGNER '86, BS '82)  
C. Alicia Georges (MA '73)  
Pearline D. Gilpin\* (BS '68)  
Beatrice Goodwin (PhD '70, MA '60)  
Jocelyn Greenidge\*  
Judith (PhD '84, MA '67) and Leonard Haber  
Barbara A. Hayes\* (MA '63)  
Eliana Horta  
Blanche T. Jordan\* (MA '50, BS '45)  
Barbara Krainovich-Miller and Russell Miller  
Fidelindo A. Lim (MA '96)  
Geri LoBiondo-Wood (PhD '85)  
Betty J. Manwell\* (MA '64)  
Margaret McClure  
Frank E. McLaughlin\* (MA '61)  
Leslie J. Nield-Anderson (PhD '91)  
Sarah B. Pasternack (MA '73)  
Jay R. Paul\*  
Muriel Pless (STEINHARDT '43)  
Hila Richardson  
Paulette Robischon\* (PhD '70, MA '60, BS '48)  
Marianne Roncoli (PhD '73)  
June Rothberg-Blackman (PhD '65, MA '60, BS '50)  
Geraldene Schiavone\*  
Arnold and Marie Schwartz\*  
Mary E. Segall (PhD '70)  
Ursula Springer\*  
Nadia Sultana  
Ruth Teitler\* (STEINHARDT '51)  
Patricia L. Valoon  
Joan Spiegel Wallis (BS '80)  
Lauren Webster-Garcia (MA '76)  
David M. Werdegart (ARTS '60)  
Mary J. Whipple (BS '69)

• deceased

A young woman with dark hair, wearing blue scrubs and a stethoscope, stands in the center of the frame. She is positioned in front of a modern building with large glass doors and windows. The building's facade is made of light-colored panels and glass. The ground is a light-colored sidewalk with shadows cast by trees. The overall scene is bright and sunny.

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