

NYU MEYERS MAGAZINE AUTUMN/WINTER 2024-25

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**RORY MEYERS
COLLEGE OF NURSING**



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Alum and FIGS ambassador **Frank Baez '19** returned to Meyers recently to distribute new scrubs to 2024 graduates



**RORY MEYERS
COLLEGE OF NURSING**

AUTUMN/WINTER 2024-25
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DEAN'S CORNER



Dear friends,

I hope you had a merry, magical, and peaceful holiday season! As we move into the new year, I'm excited to share the many things we've accomplished these past 12 months and how much more we have in store—from launching new programs and initiatives to creating new ways for our community to connect with, and celebrate, each other.

In the fall, we hired seven new full-time faculty members who are leaders on some of the most pressing global public health challenges: LGBTQ+ primary and gender-affirming care, firearm injury prevention, reproductive health, maternal and infant mortality, and the social determinants of healthy aging and longevity.

We've also focused attention on restructuring our academic administration, bringing in some new leadership, and moving familiar faces into new roles to enhance the academic experience, embrace innovation, and create more collaboration across programs.

Most significantly, we are reimagining our undergraduate curriculum to align with new,

future-focused competencies and increase clinical preparation. Along with that, we're working on new models of clinical education that will build stronger, lasting relationships between Meyers and NYU Langone Nursing.

Last month, we celebrated pinning with a new ceremony that is part of our efforts to give our graduates more opportunities to celebrate their achievements. To that end, we're also moving our May graduation to a bigger space—The Theater at Madison Square Garden. For our graduate students, we created a special awards celebration in the spring.

None of this is happening in a vacuum, though. NYU Meyers is a family and, like most families, it works best if we listen to one another. Our new undergraduate curriculum, for example, was developed by a team of faculty and administrators focused on the future of nursing and how Meyers can remain on the vanguard of nursing education.

We also convened a Dean's Student Leadership Council, which I meet with regularly as another way to stay connected to what matters most to our students. With their input, Meyers has created new events—among them a summer ice cream social and a Taco Tuesday in our courtyard—to create an even stronger sense of community in our building. We hope to launch a student newsletter sometime this spring.

Evolution is essential for Meyers to sustain its position as one of the top-ranked nursing schools in the nation. To do that, we are committed to soliciting ideas from every corner of the community: students and faculty, donors and clinical partners, alumni, administrators, and staff.

Because the Meyers family will always be our most valuable resource.

With gratitude,

Angela Amar



NEWS



Dean **Angela F. Amar** highlighted faculty, student, and staff achievements over the past year, and shared her vision at her first State of the College address in October. She talked about “Making MAGIC” (**M**ission, **A**cademic Excellence, **G**lobal Impact, **I**nnovation, and **C**ommunity), and the power of partnerships—across disciplines and institutions—to drive change.





A Bronx tale

Boosting elder care in vulnerable communities

by Rachel Harrison
Associate Director, Research Communications

The **Hartford Institute for Geriatric Nursing** (HIGN) at NYU Meyers has won a \$5 million federal grant to train 5,000 healthcare professionals to provide age-friendly care for vulnerable older adults in the Bronx.

The five-year project, led by HIGN Executive Director **Tara Cortes**, PhD, RN, FAAN, builds on a long-standing collaboration among HIGN, Montefiore Health System, and the Jewish Association Serving the Aging (JASA), an agency serving older adults in New York City.

The grant is part of HRSA's Geriatrics Workforce Enhancement Program, which aims to educate and train healthcare workers to care for older adults by collaborating with community partners.

New York City is home to more than 17 million older adults—a number that is only expected to rise as baby boomers age—but the workforce caring for older adults has not kept up with the growing need. The Bronx in particular lacks healthcare resources: 18 areas in the borough are designated by HRSA as medically underserved.

New York City is home to more than 1.7 million older adults, but the workforce caring for them has not kept up with the growing need.

"Many older adults live with dementia or other chronic illnesses, but there is a scarcity of healthcare professionals ready to meet the complex needs of this vulnerable population," said Cortes. "This project seeks to grow the geriatric workforce and foster a new generation committed to caring for the diverse population of older adults in the Bronx."

To better serve older adults, health systems and long-term care settings are increasingly embracing the idea of age-friendly care, which prioritizes patients' goals, preferences, and quality of life. Age-friendly care focuses on four evidence-based elements, referred to as the 4Ms: what matters, medications, mind, and mobility.

The collaboration among NYU, Montefiore, and JASA will educate healthcare students and practicing professionals on providing age-friendly care in a range of settings, both in the community (primary care, dementia clinics, and home care) and nursing homes. Educational programs will be tailored

to each profession, including doctors, nurses, social workers, pharmacists, community health workers, and home health aides.

"There are critical shortages of geriatricians and other healthcare professionals specializing in the care of older adults, and there is an urgent need to provide additional training to the entire healthcare workforce to meet the needs of this at-risk population," said Amy Ehrlich, MD, chief of the Division of Geriatrics at Montefiore Health System/Albert Einstein College of Medicine. "This collaboration includes both educational initiatives and programs to further strengthen the relationship between our primary care network and community-based organizations."

One focus of the program is to develop a pathway for the career advancement of certified nursing assistants (CNAs). HIGN will work with New York State to create a geriatric specialist certification program for CNAs to prepare them to provide age-friendly and dementia-friendly care and further their careers.

"CNAs are the eyes and ears of long-term care, providing the most direct patient care in these settings," said Cortes. "Recent efforts to improve staffing in nursing homes, including those by the Biden-Harris Administration and the National Academies of Sciences, Engineering, and Medicine, have called for a strategy to advance the role of nursing assistants. We look forward to working with New York State to develop a certification that empowers CNAs as leaders in age-friendly care, and can be replicated across the country."

The program will also expand the training opportunities for nursing students to gain clinical experience in long-term care in an effort to increase the number of nurses who choose to practice in these settings. Starting in 2025, nursing students from NYU Meyers and the Montefiore School of Nursing will begin clinical rotations in two nursing homes in the Bronx—a first for the two schools.

"As New York City's aging population continues to grow, developing a strong healthcare workforce pipeline is one of the biggest challenges to ensuring older adults can age in place. To meet that need, this innovative partnership will help build a professionally diverse and collaborative workforce in the Bronx that bridges health and social services for older adults, bringing vital resources to medically and socially underserved communities," said **Kathryn Haslanger**, CEO of JASA. "This program will have a meaningful impact on both addressing the complex needs of the borough's aging population and on providing new opportunities for the workforce that serves it." ●

RESEARCH & ADVOCACY FOCUS ON Staffing Crisis

Nursing homes in disadvantaged communities are more likely to overmedicate residents with antipsychotics, especially homes that are understaffed, according to a study by NYU Meyers Assistant Prof. **Jasmine Travers** published in *JAMA Network Open* in April.

"We know that nursing homes with lower staffing levels use more antipsychotics," said Travers, the study's senior author, who also testified before Congress this spring about the staffing crisis facing the long-term care system. "These medications may be compensating for understaffing by sedating residents instead of having adequate staff to support their needs."

Antipsychotic medications are used to treat serious psychiatric disorders such as schizophrenia. These medications have long been given to nursing home residents, with and without dementia, who are agitated or have behavioral issues. Antipsychotic use in older adults can be dangerous, increasing their risk for falls, strokes, and even death.

Travers and her colleagues found that nursing homes that were understaffed—measured as having less than three hours of nurse staffing per resident each day—had greater antipsychotic medication use in severely disadvantaged neighborhoods (19.2%) compared to less disadvantaged neighborhoods (17.1%).

When nursing homes met or exceeded the federal government's proposed staffing levels of at least three hours of nursing per resident per day, there was not a significant difference in antipsychotic use based on neighborhood.

Travers also addressed staffing shortages in long-term care during April testimony before the U.S. Senate Special Committee on Aging. She discussed how the long-term care system relies heavily on direct care workers, who deal with low wages, limited benefits, challenging work environments, and inadequate training and growth opportunities, all of which combine to create recruitment, morale, and retention issues at a time when the demand for long-term care is at an all-time high.

"Only when we recognize that these workers are critically important, hardworking professionals," Travers said, "can we begin to improve equity and health outcomes for staff and patients alike."

WEIGHING THE SOCIAL COSTS OF

WEIGHT LOSS DRUGS

by Rachel Harrison

Associate Director, Research Communications

A wildly popular class of drugs called GLP-1 agonists — which includes **Ozempic, Wegovy, Mounjaro, and Zepbound** — are revolutionizing the treatment of obesity.



Angela Godwin Beoku-Betts

ONE IN EIGHT ADULTS has tried a GLP-1 drug for weight loss or to manage their diabetes, and a tidal wave of research is revealing that these medications may also help with a range of health issues, from lowering the risk of heart disease and certain cancers to treating sleep apnea and substance use disorders.

“These drugs are making a big difference because of how effective they are,” says **Angela Godwin Beoku-Betts**, a clinical assistant professor at the NYU Rory Meyers College of Nursing and board-certified family nurse practitioner who runs a private clinic in the Bronx focused on obesity and weight loss.

While millions have readily embraced these medications, they’re new, and there’s not a lot of data on how they’ll affect patients—and society—over the long term. The high demand and costs for GLP-1s have driven patients to telehealth prescribers and less-regulated compounded versions, and gaps have emerged in who can access them.

“What does it mean to be medicating a population instead of addressing the social and structural

“What does it mean to be medicating a population instead of addressing the social and structural issues that contribute to obesity?” asks **Virginia Chang**, a physician, sociologist, and associate professor of social and behavioral science at the NYU School of Global Public Health who studies obesity and health disparities.

issues that contribute to obesity?” asks **Virginia Chang**, a physician, sociologist, and associate professor of social and behavioral science at the NYU School of Global Public Health who studies obesity and health disparities.

NYU sat down with these two obesity experts to discuss the sharp rise of GLP-1 agonists and the structural issues medicines can’t fix.

Are these drugs addressing the root causes of obesity?

Chang: Obesity has always been a tug-of-war between individual behaviors and the culture and society that structures those behaviors. What you eat and how much you exercise is a matter of individual choice—but we also have a food environment that has changed tremendously in the last several decades. Food has become much less expensive, and we now contend with ultra-processed foods and food deserts where people can’t get healthy foods.

The built environment has also changed. We now live in an economy where more people have desk jobs and are not doing manual labor. Labor-saving devices, suburbanization—all of those things have changed to create the increase in obesity that we’ve seen. It’s not a genetic change; the human gene pool is the same as it was in the eighties when the prevalence of obesity started to go up.

Applying a medication disrupts that equation, because suddenly, we have a highly effective drug that can intervene in the entire process. But it takes our attention away from the broader environment and all of the upstream factors that contributed to the epidemic of obesity we currently see.

We’re applying a medical solution to social problems. But these are also social problems that have



proven to be very intractable for the last several decades.

Godwin: These medications don't make changes to eliminate food deserts. They don't change how we make decisions day to day. If we don't fix those societal issues, my concern is what will happen long-term.

Are weight loss drugs reaching those who most need them?

Godwin: My research focuses on minority individuals, mostly women. Many have Medicare or Medicaid, which generally do not pay for weight loss drugs. For these patients, paying out of pocket isn't an option. There's still a lot of work to be done as to who is able to get these medications.

Chang: In addition to weight loss, these drugs have also been shown to reduce cardiovascular risk, which expanded their domain of clinical application. It will be interesting to see if there's more pressure on insurance, both public and private, to cover these drugs, given their added benefits.

There are already social gradients in obesity and cardiovascular disease. We now know that there are social gradients in access to these drugs, which will only exacerbate those other gradients.

Many people are learning about GLP-1 drugs on social media and are using telehealth services to get them. Where does that leave the role of the traditional healthcare provider?

Chang: I'm a general internist. When people go to a telehealth provider, they're not evaluated in a traditional, holistic medical setting where a provider sees someone in person—where they give them a physical exam and then weigh their entire medical history and make a global assessment of whether they should be on a drug.

In the current environment, some people are going to the internet in pursuit of one drug—they might answer five questions online and get the drug in the mail, and there's huge variation in whether there's any follow-up. I don't think we've really seen that kind of thing with other drugs, so it's a very different situation.

Godwin: A lot is missing in these types of virtual interactions. In my clinic, I like seeing patients face to face. I have a million questions for them: Do you have a history of pancreatitis or thyroid cancer? Are you skipping meals or eating late at night? Are you eating meals high in protein? Are you having GERD (Gastroesophageal reflux disease)? Are you on the right dose? These questions lead to conversations about the future—if you don't change your habits now, what does your life look like in five, 10, or 15 years?

Also, when people come to see me, there's often something else that needs to be addressed. For instance, some men have low testosterone, or women have perimenopausal factors.

While these drugs are really effective, there are some people on them who never lose weight. Why not? Often they're not talking with a provider about it—how to actually eat on Ozempic.

My concern in general is that there's a lack of education and guidance as to what your life should look like aside from these medications. It's just, "I want the medication," and not a whole discussion of lifestyle and eating and cooking and exercising.

What will you be keeping an eye on when it comes to the long-term impact of these drugs?

Chang: There's not been a lot of talk around these drugs making people not want to eat as much. What does this mean from a sociological standpoint? What if we're not spending as much time at dinner? Eating—sitting together at a table—is a major form of human interaction in all societies. And if we spend less time at the table, do we find other ways to socialize in the long term? We just don't know right now.

But I would particularly like to see where social disparities go with obesity, cardiovascular disease, and diabetes. Clinical trials, by definition, don't have long-term data in the beginning. I would like to know what the long-term health effects are.

Godwin: I would also like to see an improvement in chronic health conditions—a decrease in the gap between those with diabetes and cardiovascular diseases and everyone else. My concern is if people think this is a "fix," then we won't address the issues that lead to obesity anymore. But my hope is that we don't ignore improvements that still need to be made. ●

The military's
"uniquely invisible" injuries

by Rachel Harrison
 Associate Director,
 Research Communications

A troubling report from the Pentagon earlier this year revealed that suicide is the leading cause of death for Army soldiers—a population that is nearly nine times as likely to die by suicide than in combat.



Photo credit: Jonathan King

Brain injuries, access to firearms, and a culture of selflessness intersect to put the lives of our nation's heroes at risk, according to research by Prof. **Jayna Mocerri-Brooks**.

"Suicide in the military continues to be a public health crisis, despite decades of targeted interventions. The rates are persistently higher than in the general population," says Prof. **Jayna Mocerri-Brooks**, who studies firearm injury prevention and suicide among service members and veterans.

Mocerri-Brooks is working to address a key root cause of suicide in the military, and one that is often overlooked: traumatic brain injuries, or TBIs. Her research also shows that the culture of the armed forces—which promotes loyalty, selflessness, and courage—can both help and harm the mental health of service members.

"Those values end up being a double-edged sword. We have to figure out how to honor them, but also have space to make sure that those same values don't become barriers to seeking and receiving care," said Mocerri-Brooks, who joined NYU Meyers this fall following a postdoctoral fellowship at Rutgers New Jersey Gun Violence Research Center.

NYU News spoke with Mocerri-Brooks about some promising strategies—including proposed changes to the Purple Heart program and legislation informed by her research—to help protect those protecting our country.

What puts service members at increased risk for suicide?

One of the most prominent risk factors is having a traumatic brain injury—specifically, a TBI related to deployment. Those with combat-related TBIs are four times more likely to attempt suicide than service members or veterans without them, and the suicide rate among veterans with a TBI is 56 percent higher than veterans without a TBI. We're also finding that there's a high incidence of suicide among service members who have blast overpressure injuries—caused by exposure to explosions—from military training, and that emerging data is of great concern.

In addition, the number one means of suicide within the military population is with firearms. The majority are firearm owners, and our research shows that most firearm owners do not store their firearms securely. A large proportion store their firearms in the most dangerous way: unlocked and loaded within their homes.

This is troubling because impulsivity can be one of the symptoms of brain injuries. If you have impulsive tendencies from a brain injury, and you have a loaded and unlocked firearm nearby, there may not be enough time to stop or interrupt that thought.

Why do TBIs often go undiagnosed or untreated?

We focused on TBIs a lot towards the end of the post-9/11 conflicts, and then steadily lost focus on treating these injuries. They're uniquely invisible, and they're easy to overlook.

Many people with TBIs misunderstand their symptoms, so we're trying to help educate combat veterans that they have a physiologic injury. Especially in the first decade of the post-9/11 conflicts, a lot of service members were being misdiagnosed with PTSD. They were loaded with medications—sometimes antipsychotic medications that severely impacted their quality of life—while their TBI was not treated.

Finally, we believe there are tens of thousands of service members and veterans who don't know that they have a blast overpressure injury from combat, training, or both. During training, soldiers—especially those in the tanker community—could have been getting blast overpressure injuries, and then were deployed to Iraq or Afghanistan where they sustained more. These injuries may have been compounding over their entire military careers.

There's a whole range of things you can do to help mitigate TBI symptoms, which can include headaches, visual changes, behavioral changes, and memory deficits. What we're hoping to do is improve TBI care to offer comprehensive treatment targeted to individual needs.

There are societal ideas—loyalty, sacrifice, strength—of what the military embodies. How do cultural factors play into this?

Cultural context is really important. Every branch of the military has a value system; one of the seven Army values, for instance, is selfless service. The need to be selfless makes many service members hold back on asking for the care they need because they don't want to be a burden on others or be perceived as weak. For example, while deployed, they didn't want to put their unit in harm's way by initiating an additional convoy to get to a treatment area, or by leaving their unit short to receive treatment.

My research finds that culture and experiences within the military strongly play into whether service members disclose their TBI and mental health symptoms. When they've seen other service members punished for pursuing care, they do not disclose their own struggles or symptoms. This creates a vicious cycle and the stigma persists.

As a result, service members feel betrayed by the military—they feel like the loyalty demanded of them is not reciprocated. My study found that perceived military institutional betrayal is associated with increased suicide risk.

What does your research show about the Purple Heart, the medal given to service members who are wounded or killed while serving?

Many veterans who experienced a TBI during the post-9/11 conflicts were denied a Purple Heart because their injury was not documented in theater. For the first 11 years of the war, there was no protocol on how to identify or treat these injuries, so there was no mechanism in place to document TBIs while they were serving in combat zones.

My study shows that those who did not receive a Purple Heart for their combat-related TBI had a higher suicide risk. This is because the Purple Heart acknowledges and validates the invisible injury—it helps them to join the band of brothers and sisters around the country who have been wounded in combat.

The acknowledgment also serves as a conduit for care. If we identify by name the symptoms that veterans have been struggling with for years, this can prompt them to get care.

Providing Purple Hearts to service members who have experienced combat-related traumatic brain injuries is one tangible, evidence-based way we can address the suicide crisis within the military community. If it could prevent even one death, then we must do it.

You've helped write bipartisan legislation—the Blast Overpressure Safety Act—to better address TBI among service members. Can you tell us about it?

I helped draft language for a bill that is sponsored by Senator Warren, Senator Ernst, Representative Khanna, and Representative Stefanik in both the Senate and House versions of the FY25 National Defense Authorization Act (NDAA). It's currently under consideration. This bill will hopefully provide some accountability by asking for initiatives that would create a plan on how we can prevent brain injuries and care for those who have them. Ultimately its goal is to prevent suicide.

The bill mandates neurocognitive assessments over a service member's career and creates blast overpressure and TBI logs for all service members. It also mandates a review of all service members whose careers have been harmed because of their TBI symptoms, or who have died by suicide with a TBI history.

In collaboration with Representative Sherrill's office, I also helped draft an amendment to the House edition of the FY25 NDAA that was informed by my research findings related to the Purple Heart. As soon as we receive some of the data requested, we can intervene to provide recognition, screening, and treatment for TBI. (As of publication, the House had passed the FY25 NDAA, with the amendment related to traumatic brain injuries that Mocerri-Brooks worked on. The bill was awaiting a vote in the Senate.)

What drew you to this area of research?

I am an active-duty Army spouse. As a member of the military community, I have seen firsthand the impact of suicide within this community and want to do everything that I can to help prevent more loss.

Also, I'm a nurse, and I believe nurses have a phenomenal opportunity to lead the way in addressing this public health crisis within the military community. Being the most trusted profession in healthcare, we are perfectly positioned to have difficult and sensitive conversations with firearm owners without judgment. Nurses have always been leaders in different aspects of public safety, and I think nurses should lead in addressing firearm safety as much as they led initiatives on the use of seat belts, helmets, and car seats.

What resources are available to service members or veterans who may be struggling with their mental health?

The 988 crisis line is an important resource—when veterans in crisis call, they can push one to be connected immediately to someone who will listen and provide resources specific to veterans. Military OneSource is also an excellent resource that service members, veterans, and their families can call or text, and it's accessible to international service members stationed around the world. Veterans can also access mental health and TBI care through the VA. Finally, I encourage any veteran who was exposed to blasts in training or in combat to get evaluated for a TBI and seek out care for lingering symptoms.

Securing firearms is also really important. The VA gives free gun locks to anyone who is interested. For veterans in New York, the Rockefeller Regional Gun Violence Research Consortium has a map that provides places where firearm owners can securely store their firearms outside of the home, such as different firearm shops, and the Rutgers Gun Violence Research Center created a similar map of firearm storage locations in New Jersey.

Veterans and service members can also support one another by checking in and encouraging each other to secure their firearms. If a friend is in distress and state laws allow it, they can offer to temporarily store their firearms for them. If not, they can hold onto firing pins or a safe lock so the friend can't use their firearm.

Helping service members and veterans access the life-saving help they need is one thing we can all agree on. ●

New faces, new roles

Kelly Walker Senior Associate Dean of Academic Affairs



Dean **Walker**, DNP, MA, BS, BA, FACNM, joined Meyers from Stony Brook University School of Nursing, where she was assistant dean of Evaluation and Outcomes. Walker, who is also a Certified Nurse Midwife licensed in New York State, spent a total of nearly eight years at Stony Brook, serving in various roles, including clinical associate professor and director of

the nurse midwifery program. She was also a professor and program director at Georgetown University School of Nursing and taught and practiced as a midwife at SUNY Upstate Medical Center. Walker is a double Meyers alumna and something of a pioneer; she was part of our first class in the accelerated undergraduate program and our first nurse midwifery class.

Audrey Lyndon Executive Vice Dean



Dean **Lyndon**, PhD, RNC, FAAN, became executive vice dean Nov. 1, bringing to the role deep experience in managing faculty affairs from her time as associate dean, faculty affairs. She joined Meyers in 2019 as assistant dean, Clinical Research, with a national reputation for her work in maternal health equity and promoting diversity in nursing science and the healthcare

workforce. She became the Vernice D. Ferguson Professor in Health Equity in 2021. Before coming to Meyers, Lyndon served as vice chair for Academic Personnel (2014–2017) and Department Chair (2017–2018) in the Department of Family Health Care Nursing at the University of California San Francisco.

Caroline Dorsen Associate Dean for Clinical Faculty Affairs



Dean **Dorsen**, PhD, FNP-BC, FAAN is returning to Meyers after four years at Rutgers University's School of Nursing, where she was Associate Dean for Clinical Partnerships and on the faculty of both the schools of nursing and public health. For over 15 years her research, teaching, and advocacy work has largely focused on the role of stigma, bias, and

discrimination in substance use and LGBTQ+ health disparities. Before Rutgers, Dorsen spent 15 years on the Meyers faculty. During her tenure here, she received the Dean's Distinguished Teaching Award and the NYU MLK, Jr. Faculty Award. She is a double Meyers alumna.

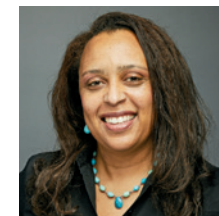
Administration

Carolynn Bruno Assistant Dean for Master's in Nursing Programs



Dean **Bruno**, PhD, APRN, CNS, FNP-C, who is also a clinical associate professor, will supervise graduate programs at Meyers. She joined the College nearly eight years ago and teaches in our master's and DNP programs. Prior to arriving at Meyers, she also directed three nurse practitioner programs at Yale University. In her clinical practice, she specializes in advanced practice nursing in cardiology and electrophysiology, and she works with cardiac patients at NYU Langone Health and Yale New Haven Hospital Northeast Medical Group.

Mikki Meadows-Oliver Assistant Dean for Pre-Licensure Programs



Dean **Meadows-Oliver**, PhD, RN, FAAN, also a clinical professor, will oversee all undergraduate programs. She came to NYU Meyers in 2021, after a long career

as an educator and pediatric nurse practitioner in Connecticut, including at Yale University and Yale-New Haven Hospital. Her leadership and work on health equity issues is wide-ranging and international; she has done clinical work with underserved families in the US, Nicaragua, the Dominican Republic, and South Africa.

Kevin Hook Assistant Dean for Clinical Operations and Innovation



Dean **Hook**, DNP, MSB, MA, AGPCNP-BC, ACHPN, APN, who is also a clinical assistant professor, will be responsible for creating more efficiency in operations in the Clinical Simulation Learning Center and off-campus clinical placements. He has been at Meyers for two years and is director of the Adult Gerontology Primary Care Nurse Practitioner program. In addition to his clinical experience, Hook also has a deep background in healthcare administration, holding several leadership roles in the post-acute care field. He was also most recently a lecturer at the School of Nursing at the University of Pennsylvania.

Selena Gilles Assistant Dean for Langone Partnership Integration



In this newly created role, Dean **Gilles**, DNP, ANP-C, CNEcl, ANEF, FNYAM, FADLN, FAANP, FAAN, will focus on expanding our relationship with NYU Langone, our primary clinical partner. During her decade at Meyers, has served in a variety of roles. Most recently, she served as associate dean for undergraduate programs, and helped create interprofessional and clinical partnership programs including one that brings together traditional nursing students and NYU Long Island School of Medicine students to provide care with a focus on social determinants of health.

Beth Latimer Interim Executive Director of the Clinical Simulation Learning Center



Clinical Associate Prof. **Latimer**, APRN-BC DNP GNP, has dedicated more than 25 years to NYU Meyers and was honored with the 2024 Dean's Distinguished Teaching Award. A proud double Meyers alumna, Latimer's teaching and mentoring have helped shape many areas of the College, from the early days of our nurse practitioner programs and the Hartford Institute for Geriatric Nursing (HIGN) to the launch of the simulation center.

Brian Fasolka

Dedicated Education Unit (DEU) Coordinator



Clinical Associate Prof. **Fasolka**, PhD, RN, CEN, took on the newly created role of DEU Coordinator in June 2024. The position is part of a major effort to launch a clinical education model that will build stronger, lasting relationships between NYU Meyers and NYU Langone Nursing. He joined Meyers in 2017, focusing much of his work on improving the fourth clinical sequence semester so students are better prepared to transition to nursing practice.

Dilice Robertson

Director, Psychiatric-Mental Health Nurse Practitioner Program



Prof. **Robertson** joined NYU Meyers from Yale School of Nursing in September 2023. She is a nationally board-certified psychiatric mental health nurse practitioner and clinical nurse specialist in the child and adolescent population who has spent her career working across the lifespan in psychiatric residential treatment, substance use treatment, community mental health, skilled nursing facilities, and hospital settings.

New faculty



Anthony Carney, DNP, APRN, FNP-BC, who was most recently an assistant professor at the University of Kentucky College of Nursing. His teaching, research, and clinical interests lie at the intersection of inclusive excellence in higher education, LGBTQ+ primary care, and gender-affirming care.



Morine Ceibert, PhD, FNP-C, will join NYU Meyers as a visiting professor. Her research has focused on examining disparities and inequities in the space of reproductive endocrinology/infertility. She taught at Sacred Heart University, lectured at Yale University, and worked in the emergency departments at NYU Langone Health Tisch Hospital and Bridgeport Hospital. She was a post-doctoral fellow at the University of Pennsylvania.



Laura Jelliffe-Pawlowski, PhD, MS, who was chief of the Division of Lifecourse Epidemiology and a Professor of Epidemiology & Biostatistics and Global Health Sciences at the University of California at San Francisco School of Medicine. Her work focuses on uncovering the causes of adverse pregnancy and infant outcomes and identifying interventions through the development of novel tools and tests applicable globally.



Cherlie Magny-Normilus, PhD, FNP-BC, FNYAM, was previously an assistant professor at the Boston College Connell School of Nursing. Her primary areas of research involve developing and testing culturally relevant behavioral models for Type 2 diabetes care, with a focus on Haitian Americans immigrants.



Jayna Mocer-Brooks, PhD, MS, RN, was a postdoctoral fellow at the Rutgers University School of Public Health's Gun Violence Research Center, where she focused primarily on firearm suicide prevention in the military services.



Xiang Qi, PhD, RN, was a postdoctoral research scientist at NYU Meyers. His research, affiliated with the Hartford Institute for Geriatric Nursing (HIGN), focuses on social determinants of healthy aging and longevity, dental public health, and Asian immigrant health disparities.



Christy Spalink, DNP, ACNP-BC, ACHPN, OCN, RN, was administrative director of clinical services at NYU Langone Health, and an acute care, palliative nurse practitioner at Memorial Sloan Kettering Cancer Center. She also served as an adjunct professor at NYU Meyers.

Faculty accomplishments

Best of the Best



Congratulations to our 2024 Meyers Recognition Awards winners! Top row (L-R): Prof. **Eda Ozkara San**, DAISY Extraordinary Nurse Educator; Prof. **Bei Wu**, Dean's Excellence in Research Award for senior faculty; Prof. **Jasmine Travers**, Dean's Excellence in Research Award for early career faculty; Prof. **Ab Brody**, Dean's Excellence in Mentoring Award; Prof. **Beth Latimer**, Dean's Distinguished Teaching Award. Bottom row (L-R): Sr. Dir. Operations and Facilities **Lance Irving**, Outstanding Administrator Award; **Crystal Baik '25**, DAISY Extraordinary Nursing Student Award; Admin. Asst. **Deirdre Maguire**, Outstanding Staff Award.

Much Appreciation for Mentors

The Preceptor Appreciation Dinner celebrated our preceptors and thanked them for their continued service to Meyers and our students.



(L-R) Prof. **Mary Brennan**, **Rachel Lieberman**, **Lucille Feneton**, Prof. **Sharon Ann Taylor-Small**, **Lisa White** and Prof. **Donna McCabe**

Shaping Lives, Shaping Policy



Profs. **Sasha James-Conterelli** and **Dilice Robertson**, program directors of the Midwifery and Psychiatric-Mental Health Nurse Practitioner programs, respectively, participated in a legislative breakfast sponsored by NYU's McSilver Institute for Poverty Policy and Research to discuss legislative priorities to address Black maternal health in New York. Pictured (L-R): Dr. **Leslie Hayes**, MD, deputy commissioner of the Division of Family and Child Health at the NYC Department of Health and Mental Hygiene; Prof. **Robertson**; Prof. **Natasha Williams**, NYU Langone Department of Population Health and Institute for Excellence in Health Equity; **Eboni Williams**, author and journalist; Profs. **Robertson** and **James-Conterelli**.

Going Pink



Staff and faculty wore pink to recognize Breast Cancer Awareness Month and celebrated the NYU Rory Meyers College of Nursing team that participated in the 2024 Strides Against Breast Cancer Walk.

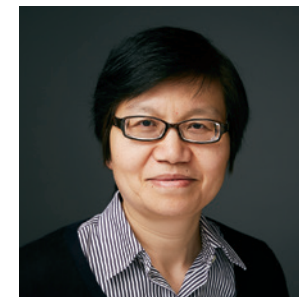
Climate Champion



Chloe Tam, Leadership Training Program Coordinator for NICHE (Nurses Improving Care for Healthsystem Elders) spearheaded the program's effort to win Platinum certification—the highest available—from the NYU Office of Sustainability.

Research *roundup*

Meyers was awarded more than **\$12 million** in research funding in 2023-24, for a range of projects that reflect our leadership and contributions to health care education, practice, and policy. Here are some highlights:



Prof. **Ab Brody**

Projects: Aliviado Dementia Care Machine Learning Algorithm Development for Caregiving Implementing the NYU Electronic Patient Visit Assessment for Head and Neck Cancer in Rural and Urban Populations

Early Stage: Co-Designing and Testing Precision Health mHealth App to Support Diverse Care Partners of Persons Living with Dementia Manage Neuropsychiatric Symptoms in the Community

Prime Sponsor: National Institutes of Health

Prof. **Tara Cortes**

Project: Designation of Excellence in Person-Centered Long-Term Care

Prime Sponsor: The Mayer-Rothschild Foundation

Prof. **Haoek Lee**

Project: Asian Cohort for Alzheimer's Disease—community outreach

Prime Sponsor: National Institutes of Health

Prof. **Cherlie Magny-Normilus**

Project: Self-Management and Glycemic Control in Adult Haitian Immigrants with Type 2 Diabetes

Prime Sponsor: National Institutes of Health

Prof. **Nicole Perez**

Project: Reducing Disparities in Mental and Metabolic among Predominantly Low-Income, Black and Hispanic Women with and without HIV

Prime Sponsor: National Institutes of Health

Prof. **Tina Sadarangani**

Project: Measuring What Matters: Incorporated Person-Centered Outcomes in Adult Day Services to Identify Mechanisms Supporting Quality of Life in Diverse Persons with Dementia

Prime Sponsor: Alzheimer's Association

Prof. **Dena Schulman-Green**

Project: Optimizing prostate cancer care: integrating risks, benefits, and patient experiences in the new era of molecular imaging

Prime Sponsor: National Institutes of Health

Palliative Care PIONEERS



Prof. **Dorothy Wholihan**, director of the palliative care program, teaching a class of family nurse practitioners and primary care nurse practitioners about communication skills—among the many ways that the lessons of palliative care are integrated into all Meyers' programs.

by Karla Schuster *Director for Communication*

When Scott Poticha was an undergraduate student in NYU Meyers' accelerated nursing program, Prof. **Dorothy Wholihan** had just started teaching in the school's palliative care nurse practitioner program.

The program, the first of its kind in the nation, had only started a few years before and palliative care was still a fledgling specialty—misunderstood, confused with hospice care, and not yet certified by New York state.

Today, Porticha, ('02, '16) who returned to Meyers to get his NP in palliative care, has been working in the field for more than a decade. Wholihan is director of the program, and the College now offers a graduate

specialty concentration, an advanced certificate program in the field, as well as undergraduate courses.

"I wasn't even aware that there was anything called palliative care; I was exposed to it at my first job at (Memorial Sloan Kettering Cancer Center)," said Poticha, who has worked in the field at Mt. Sinai and Calvary Hospital. "Fast forward to 2014, and I knew I wanted to specialize in palliative care and NYU was where I wanted to get my NP degree."

"Meyers has always been a leader in the field," he said, "by providing students access to really great experiences at top hospitals and through professors who are really passionate, professors like Dorothy. Like the program, she's a real trailblazer."

Wholihan taught her first class at Meyers in 2002, after being recruited by the founding program director, Dr. Deborah Sherman. She estimates Meyers' palliative program graduates between 10-15 students each year and has about 275 alumni working all over the country. She also teaches palliative care electives in the undergraduate and graduate programs.

What exactly is palliative care? It is interdisciplinary care for patients with serious illness, focusing on symptom management, family support, and helping patients decide on what's important to them, so their care matches their values. It provides an extra layer of support at any point in someone's illness trajectory.

"In palliative care, I always say we're changing the conversation from what's the matter with you to what matters to you?" Wholihan said.

Research shows that interdisciplinary palliative care intervention enhances patients' and caregivers' quality of life and can lead to cost-savings in care, particularly as palliative care moves out of hospital settings and into community-based care.

"If a patient gets palliative care early in their disease, and they have it all through their illness they do better, they have less depression and—in many cases, they may live longer if they have that kind of support," Wholihan said. "And one of the exciting things about the future is how palliative care has moved upstream out of hospitals and into the community."

Even as the field evolves and the need for it grows, misconceptions persist and access to palliative care is uneven across the country. According to the Center to Advance Palliative Care (CAPC), the number of medical professionals who hold the specialty certification is far below other medical specialties. THE CAPC's 2024 Scorecard on Access to Palliative Care found that about a quarter of states score a 2 or lower (on a scale of 1-5). There is an increasing need for palliative care specialists, as our population continues to grow. NYU has been working hard to meet that need.

Palliative care and hospice care both focus on the comfort, care, and quality of life of people with a serious and/or chronic illness. But hospice care focuses on the last weeks or months of life, while



palliative care can begin when someone first learns they are sick.

"We take care of a lot of people who are approaching the end of their lives, but also lots of people who aren't, who may be just starting with a diagnosis," Wholihan said. "One of the important things we focus on is communication. How do you talk to people in difficult situations? How do you ask them about what's important to them, to their caregivers?"

Said Porticha: "There's still a lot of myths about palliative care. If someone is referred to palliative care, somehow they feel they are dying, because you still often only hear about it in connection to hospice care. But PC is for anyone diagnosed with a serious illness, ideally, it goes hand-in-hand with an initial diagnosis."

The CAPC estimates approximately 13 million adults and 700,000 children living with a serious illness in the United States.

"The field is going to continue to grow and there's not enough people in the workforce to do it," Wholihan said. "That's one of the reasons we're working to teach everyone a little bit about this. So now you can become a primary nurse practitioner, an acute care NP, or a pediatric NP and you can add palliative care as a specialty."

Research shows that interdisciplinary palliative care intervention enhances patients' and caregivers' quality of life and can lead to cost-savings in care, particularly as palliative care moves out of hospital settings and into community-based care.

"Not only do we teach palliative care as a clinical specialty," Wholihan said, "but people are recognizing this is something that should be part of what every nurse does, what every doctor does." Meyers nursing

students at every level can take an elective course in palliative nursing. Education, mental health, and midwifery students have all taken advantage of this resource.

"Over the past 25 years palliative care has become recognized as an integral component of quality health care," comments Dr. Wholihan. "At NYU, we've grown a robust program, producing nursing leaders practicing all over the world—and we're still going strong." ●

"In palliative care, I always say we're changing the conversation from what's the matter with you to what matters to you?"

Reimagining MATERNAL CHILD HEALTH

by Joie Tyrrell

NYU Meyers, the University of Oklahoma’s Health Sciences Fran and Earl Ziegler College of Nursing, and the George Kaiser Family Foundation are partnering to address Oklahoma’s maternal and infant mortality rates, which are among the highest nationwide.

The initiative launched in October with a joint symposium titled “From Crisis to Care: Reimagining Maternal Child Health” that included a discussion on expanding access to healthcare in Oklahoma through a nurse-midwifery-led care model. Representatives from Meyers as well as experts and professionals in policy and maternal care attended the symposium at OU-Tulsa.

“As leaders in nursing education in Oklahoma, we are deeply motivated to address the need for more access to maternal care in our state,” **Melissa Craft**, PhD, APRN-CNS, AOCN, FAAN, and Dean of Oklahoma’s College of Nursing, said in an OU news release. “This symposium was an effort to bring the right people to the table to make these discussions happen and to determine the best way forward. I am grateful to leaders at both NYU and the George Kaiser Family Foundation for partnering with the OU College of Nursing to explore this exciting potential for the future.”

NYU is set to open NYU Tulsa—the university’s fourth global network site in the country—this spring.

“This partnership, particularly considering that NYU Tulsa will open this spring, holds the promise of making a real and lasting impact on the lives of the state’s Black and Indigenous women while offering our students a chance to experience first-hand how health equity challenges manifest in a rural environment,” said Meyers Dean **Angela F. Amar**, PhD, RN, ANEF, FAAN.

The March of Dimes recently gave the state a D in maternal and infant health, according to its 2024 Report Card, saying in a news release that Oklahoma’s preterm birth rate remains high at 11% “while significant health disparities persist among racial and ethnic groups.”

In addition, the organization reported that more than half of the state’s counties are defined as maternity care deserts.

“When it comes to maternal health in our state, one of the biggest challenges is provider access,” said Kimberly Butler, senior program officer at the George Kaiser Family Foundation in an Oklahoma University news release.

An Oklahoma Maternal Mortality Review Committee reported that Black and Indigenous women have a



R-L (**Emily Jones**, OU dept. chair and PhD program director, OU Prof. **Jess Cotton**, **Lisa Pilar Macias**, OU director of outreach, external & alumni affairs, Chief of Staff **Mattia Gilmartin**, Executive Vice Dean **Audrey Lyndon**, OU Nursing Interim Dean **Melissa Craft**, Dean **Angela Amar**, Prof. **Alexis Dunn Amore**, Prof. **Stacia Birdsall**, and George Kaiser Foundation officials **Priscilla McFolling** and **Kimberly Butler**.)

much higher chance of dying during or after pregnancy – with Black women over three times more likely to die than white women. The Commonwealth Fund 2024 State Scorecard on Women’s Health and Reproductive Care ranked the state near the bottom nationwide in health and reproductive care outcomes.

Certified Nurse-Midwives (CNMs) could provide a solution to this crisis, as this type of care has demonstrated positive results in low- and high-resource settings, participants at the symposium said in a release.

Oklahoma families currently access care from Certified Nurse Midwives through programs such as the Love Family Women’s Center. Certified Nurse Midwives

This partnership . . . holds the promise of making a real and lasting impact on the lives of the state’s Black and Indigenous women while offering our students a chance to experience first-hand how health equity challenges manifest in a rural environment,” said Meyers Dean **Angela F. Amar**

in Oklahoma have also worked with the Indian Health Service for about six decades.

“When you begin to think about who would be willing and ready to go into these spaces to provide access to the underserved, you realize midwives are primed for serving the community,” said Prof. **Alexis Dunn Amore**, PhD, CNM, FACNM, FAAN, said during the symposium, according to an OU release. “It may be more efficient to train and educate local Oklahomans who would be willing to stay in the state and provide that care, especially in the rural areas. The way midwives train is community-focused.” ●



A *legendary* career

by Karla Schuster
Director, Communications

As a little girl in England, Prof. Emerita **Mathy Mezey** fell in love with nursing early, thanks to her mother’s work in a hospital lab.

“I had a lot of exposure to the nurses,” she said, “with their fabulous blue capes with the red on the inside.”

The memory took root, and her path was set. The girl captivated by those capes grew up to be a transformational leader in geriatric nursing who, earlier this year, became the latest NYU Meyers’ faculty member named an American Academy of Nursing Living Legend, one of the highest honors in the profession.

Over a four-decade career, Mezey was founding director of the Hartford Institute for Geriatric Nursing (HIGN) at Meyers, started two geriatric nursing programs, and



was the driving force behind creating national curriculum standards for geriatric nursing that were incorporated into nearly all BSN programs in the nation. She also launched and directed the Robert Wood Johnson Foundation Teaching Nursing Home program that partnered nursing schools with nursing homes to improve resident care and clinical education.

Her focus on geriatrics began as a young nurse, working for the Visiting Nurse Service of New York City after she graduated from Bates College in Maine.

She found herself drawn to older patients.

“I always gravitated to them. I liked hearing their life stories,” she said. “I liked talking with them. They were quite vulnerable, and their care was complex.”

For her, they represented what she liked best about nursing: solving challenging problems that required skill, knowledge and compassion. “You had to have sympathy and empathy, but you also had to know the science,” she said. “I was drawn to that combination.”

Mezey had her first teaching job at Lehman College in the Bronx, which was run by Meyers alumna **Claire Fagin**. Fagin, also an AAN Living Legend, was director of the Meyers graduate program in psychiatric nursing, and later, nursing dean and the first woman president of the University of Pennsylvania.

At Lehman, Mezey integrated geriatric content into the curriculum at Lehman, a pattern she would repeat and expand on throughout her distinguished career, which took her to Penn (recruited by Fagin) and, in 1991, to NYU Meyers, as the Independence Foundation Professor of Nursing Education.

In 1996, she became the founding director of HIGN, which was created with a grant from The John A. Hartford Foundation. She built HIGN into a global leader in research, practice, and policy to advance age-friendly healthcare, and NYU Meyers into a forerunner in geriatric nursing education.

HIGN expanded its reach into hospitals and health-care delivery organizations with the creation of Nurses Improving Care for Health Systems Elders (NICHE), which is now independent. In 2022, NICHE was named an AAN Edge Runner, a designation that honors evidence-based, nurse-designed innovative models of care.

“Mathy Mezey is a pioneer. She was among the first to recognize that older adults need a different kind of nursing care and then set about making that happen

in a sustainable way—as a clinician, an educator, and a researcher,” said Dean **Angela F. Amar**. “Her work has influenced thousands of students, faculty, and staff nurses who use their skills and voices to improve the care of older adults.”

Prof. **Ab Brody** was planning to become a doctor when he got a work-study job at HIGN and met Mezey. Now, he’s the associate director of the Institute and holds the Mathy Mezey Chair in Geriatric Nursing, which was endowed at Meyers in 2004.

“Mathy’s wisdom, energy, and vision changed my entire life course, from seeking to become a pediatric oncologist to a geriatric nurse and nurse scientist focused on palliative and end-of-life care,” Brody said. “She introduced me to nursing and how nurse scientists and leaders can make massive changes to improve the care of seriously ill older adults.”

Reflecting on her work, Mezey said: “I’m especially proud that we were able to create a generation of geriatric nurse faculty around the country. It’s still a very, very tentative field. You have to keep watering it all the time.”

She was a pioneer in other ways, too. She navigated a high-powered career and rich family life, raising four daughters with her pediatrician husband during a time when the world did not always readily embrace women in leadership roles.

“I was one of the very few mothers here in our Westchester suburb who worked,” she said. “I had a supportive husband and I was really, really lucky to meet really smart people early who encouraged me.”

“I always wanted to be a nurse and this is a real culmination of a career,” she said of AAN Living Legend recognition. “I had a wonderful career without it, but this is very, very special. ●

Meet our other Meyers faculty who were made AAN Fellows in 2024:



Cherlie Magny-Normilus,
FNP-BC FNYAM PhD



Margaret McCarthy,
FAHA FNP-BC PhD RN



Tina Sadarangani,
ANP-C GNP-BC PhD RN



Jasmine Travers,
AGPCNP-BC CCRN PhD RN

NYU has been **Frank Baez's** home since he was a teenage janitor at NYU Langone Health. More than a decade later, he's a senior nurse clinician there, his journey making headlines when he graduated from the Meyers accelerated program in 2019.

No place like home

In October, Baez, who's an ambassador for FIGS, returned to Meyers to help May 2024 graduates start their journey right by outfitting them with new scrubs donated by the company. In 2023, FIGS donated more than 280,000 products to 24 organizations in 30 countries.

Baez became an ambassador for FIGS shortly after he graduated, and was featured on billboards across New York City during the pandemic, including one in Times Square.

"It's such a meaningful experience to see these nurses, who are about to embark on their own journeys, and to provide them with a small bit of encouragement and support," said Baez, as he handed out scrubs and advice

"He's an example of how patience and perseverance can go a long way for any nurse."

to graduates. "It feels like giving them a headstart in their transition from school to practice, helping them step into their new roles with confidence and style."

Like Baez, Maheenul Burhan graduated from the accelerated program. He walked away with a new pair of scrubs, and Baez's email address, so the two could stay in touch.

"I was a little starstruck meeting him just now," Burhan said.

"His story inspires me, coming from humble beginnings to the life trajectory he's had," said Burhan, who planned to take the NCLEX in November. "He's an example of how patience and perseverance and resilience can go a long way for any nurse." ●



Two students from the Class of 2024 showing off their new scrubs with Frank Baez.



As a FIGS ambassador, Baez was one of several nurses featured in billboards across New York City in 2020, including this one in Times Square.

SHOW & TECH

A Simulation Center Open House



For Alumni and Families Weekend 2024, Meyers opened up the **Joan K. Stout, RN, FAAN Clinical Simulation Learning Center** to visitors, showing off the state-of-the-art 10,000-square-foot facility to more than 60 families, friends, and graduates. Our nursing students and faculty offered tours and demonstrated how they use the advanced computerized manikins to monitor heart and lung sounds, and practice starting IVs. Each week more than 100 simulation sessions are conducted at the Clinical Simulation Learning Center for 1,000 BS and MS students.



STUDENT LIFE



Chillin' Students, faculty and staff kicked back and cooled off in the Meyers courtyard with Ralph's Famous Italian Ices and Ice Cream.



Sisterhood Scholarship Celebration Dean **Angela Amar** (C), students **Dawrey Sylvestre** (L) and **Amina Senior** (R), at the 70th Annual Scholarship Luncheon of the Chi Eta Phi nursing sorority's Omicron chapter.



In the Long Run Congratulations to student **Jaida Boodram**, who ran the 2024 TCS New York Marathon in November. Adjunct Prof. **Lila Yuen** and Admin Aide **Annie Louis** were also among the 55,000 runners who finished the race.



Al Fresco Fun Madison Square Park is a go-to spot for students and alumni to spend time together.



Global Community Service Students who studied away in Accra, Ghana this summer participated in a Community Health Screening Day with a local organization, All Nations Home Health Service.



Going Viral Meyers hosted two free, pop-up flu shot clinics in our building, in partnership with NYU Student Health.

in the zone

"I feel so incredibly grateful for all NYU and NYU Meyers has brought me as a student athlete."

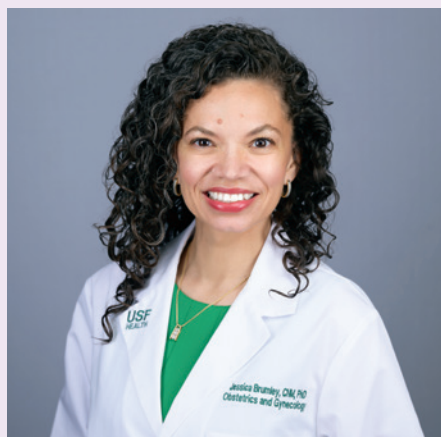


Third-sequence student **Chloe Teter** '25 helped the NYU women's basketball team keep its undefeated record going at the team's first game of the season against MIT. Last season, the Violets went 31-0 on the way to an NCAA Division III national championship. Over the summer, Chloe and the team visited the White House and played a tournament in Shanghai, China. In between, Chloe did an externship at NYU Langone Health Orthopedic Hospital.

MIDWIFERY *leader*

advocating for patients and the profession

Jessica Brumley MA '01



Jessica Brumley, PhD, APRN, CNM, is a certified nurse midwife at Tampa General Hospital and associate professor and director of the Division of Midwifery at the University of South Florida Health Morsani College of Medicine. In May 2024, she was named president of the American College of Nurse-Midwives, the oldest professional organization representing certified nurse-midwives and certified midwives in the U.S.

A native of Brooklyn, N.Y., Brumley's family moved to Florida when she was in high school. She attended USF for her bachelor's degree, before earning her master's degree from NYU Meyers' midwifery program. She returned to USF for her PhD and has spent the last 20 years there. She discovered midwifery as a freshman in college and never looked back.

You were still a teenager when you chose to pursue midwifery. What went into that decision?

I was a senior in high school and I didn't know anyone who was a nurse, but my mom thought it would be a good fit for me. This was the early '90s and I remember thinking, 'I don't want to wear a uniform to work every day!' Then, I took a course called something like 'feminist perspectives in women's health' my freshman year of college, and I learned about midwifery, the philosophy of empowering women at this very vulnerable time in their life, and about the opportunity you have to impact an entire family through this experience. It just spoke to me. So I made up my mind that's what I would do. I was 17.

You returned to New York to get your master's in midwifery at Meyers. What drew back to New York, and to Meyers?

New York was a really great place to be learning about midwifery. There are a lot of midwives in New York, so you have exposure to many kinds of midwives and potential mentors and opportunities that you don't get in smaller communities, different kinds of practices, a variety of birth settings.

Also, NYU is special to me, because my mother graduated from NYU. She worked in a variety of roles at what is now NYU Langone-Brooklyn, and she took night classes at Stern (School of Business). I went to her graduation when I was in the 6th grade.

After I graduated (from Meyers) I had a chance to really develop my skills and serve the community in different settings. I worked at Kings County Hospital in Brooklyn, and that gave me a strong foundation. I also

worked at a clinic in East New York where there was a large Dominican patient population and I was one of the few Spanish-speaking midwives in the neighborhood.

After we moved to Tampa, I had a brief stint as a nurse educator, but since then, I've been on faculty at the USF College of Medicine. We have a large midwifery service and attend over a thousand births a year and we're involved in educating the OBGYN residents, medical students, and midwifery students who are attending other programs but need clinical placements. This year, we celebrate 40 years of midwifery here, and I've been here just over 20 years.

How did you first get involved with the American College of Nurse-Midwives, and what in particular led you to take on a leadership role with the organization?

When I was at Meyers, they really instilled in me the value of being engaged in your professional organization, and being a leader, so that seed was planted very early on. All the professors valued it, but certainly, the program director at the time, Patricia Burkhardt, emphasized it and she's still showing up to meetings. I'm not sure she's missed a meeting in her entire career! She's really been a champion for the profession and to have had her influence at that point in my life and career was really powerful.

I was vice president for three years, and I felt like I was ready to let someone else take a turn, but, as happened with many professional organizations during the pandemic, we had some turnover and financial and membership challenges. It became really clear to me that this was a pivotal time when the organization needed leadership. I felt really strongly that this was a time to think about the future in a different way, to focus effort and energy not on getting us back to where we were in our heyday but envisioning a new future for a new organization, rethinking how we engage with our newer members, understand what they need from ACNM.

"The philosophy of empowering women at this very vulnerable time in their life, and about the opportunity you have to impact an entire family through this experience...just spoke to me."

What do you identify as the significant priorities/challenges for midwifery?

Expand and solidify the scope of practice in all 50 states, so that we don't require supervision, that we get reimbursed at 100 percent of what physicians are reimbursed at, and that we are allowed to have privileges in hospitals without having to be employed by a physician to practice. To do that we need an organization, a group of people that get together and support that work.

We know that states that have supportive legislative environments for midwifery have better health outcomes. Historically, it became a very medicalized model of care, instead of relying on relationships and

people. There's so much that's within our scope, but mostly I think it's the kind of care people expect from a midwife that makes them choose us. It's more personal, and they have a relationship where they know their voice will be heard, and that they're going to be a partner in this experience.

We need systems that are integrated and collaborative. So I can open a birth center or a home birth practice and if that person risks out of my level of care, I should be able to refer this patient to a hospital, it shouldn't be a fight for me to get a physician to perform her C-section, for example.

Right now, so many midwives are often struggling just for the right to practice. Imagine if they didn't have to, if you could practice the way you knew that you could...Every community should have a midwife. Every person should have access to a midwife if they see fit. Some people might need a doctor, too. But you should have access to the full scope of all the professionals that you need. ●

1970s

Gail Molnar Pfeifer MA '76 is a contributing writer to *Courageous Well-Being for Nurses. Strategies for Renewal*, published by the Johns Hopkins University Press, 2023, and edited by Donna A. Gaffney and Nicole C. Foster. Gail also co-edited *Thursdays With Jim, A Memoir Anthology*, 2023, and contributed several memoirs about her nursing career. She is currently a freelance writer and editor.

Shaké Topalian MA '76 is a psychoanalyst in private practice, faculty and analytic supervisor Institute for the Psychoanalytic Study of Subjectivity, Chair of the International Association for Psychoanalytic Self Psychology Early Career Professional Scholarship Committee, Publication: *Ghosts to Ancestors: bearing witness to "My" experience of genocide*, International Journal of Self Psychology 2013.

1980s

Elizabeth Duthie MA '84 was honored by the HealthImpact and The DAISY Foundation™, which acknowledge nurses whose work in policy advances compassionate care that improves the health of populations. She was recognized for her leadership in responding to the unintended consequences that emerged from a policy that prohibited standing orders within the New York State Practice Act.

Elena Mosley '81 was honored by Art Omi Upstate. Her dance artist career spans more than 50 years, and includes being a member of Haitian Dance Theater, Lady Helena Walquer's Harlem Dance Troupe, teaching in Manhattan and Staten Island communities, regional schools, and as the artistic director of Kuumba Dance and Drum of Columbia County and the Capital Region. Upon graduation, she served

as a charge nurse at Green County Hospital, then head nurse, supervisor, and systems manager at the New York State Firemen's Home.

1990s

Fidelindo Lim MA '96 is the recipient of the 2024 American Nurses Association NY Mentorship Award.

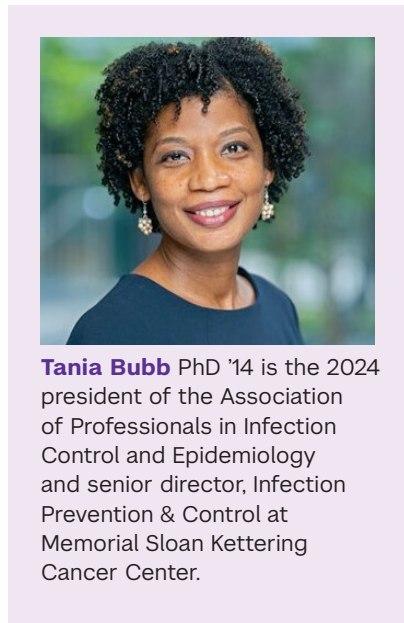
Eugenia Montesinos BS '96 was named the inaugural director of the Midwifery Care program at Langone Health. Montesinos will oversee a division of six midwives in Manhattan while closely collaborating with the team of midwives at NYU Langone Hospital-Brooklyn and playing an important role in expanding this service throughout the health system.

2010s

Tania Bubb PhD '14 is the 2024 president of the Association of Professionals in Infection Control and Epidemiology and senior director, Infection Prevention & Control at Memorial Sloan Kettering Cancer Center.

Sonya Choudhury MS '12, BS '08 works at The New Jewish Home, where she developed innovative care for older adults, such as chair yoga classes. She is an adjunct faculty member at NYU Meyers and volunteers at New York Cares, The Open Door, and Achilles International.

Joanna Seltzer MS '14, BS '05 graduated with her EdD in organizational change from the University of Southern California's Rossier School of Education. Her dissertation was titled "White Nurses, White Spaces, and the Role of White Racial Identity in the American Nursing Profession." As part of her doctoral research, she co-created the *Nurses You Should Know* project, a free, online, micro-learning platform that expands the nursing origin story beyond the Victorian era. *Nurses You*



Tania Bubb PhD '14 is the 2024 president of the Association of Professionals in Infection Control and Epidemiology and senior director, Infection Prevention & Control at Memorial Sloan Kettering Cancer Center.

Should Know has so far been featured on three podcasts, helped with archival imagery for the nursing documentary *Everybody's Work*, and designed the online companion curricula for two book clubs sponsored by the National Commission to Address Racism in Nursing. Her first peer-reviewed article on the project was published in *Nursing Outlook's* September-October 2024 issue on decolonizing nursing education.

Salimah Walani PhD '12 has been named the dean at the School of Nursing and Midwifery at Aga Khan University in Pakistan.

2020s

Naro Kim BS '23 received a Daisy Award for her work as an ICU nurse at NYC Health + Hospitals.

Jenna Lindberg BS '24 is working as a mother/baby nurse at NYU Langone Tisch.

Patricia Tabamo Canda MS '21, BS '15 became a certified clinical transplant coordinator (CCTC) and published an article on living donor liver transplant in *American Nurse Journal* in October 2024.



(L-R) **Terry Pando, Erica Liebermann, Christine Kovner, Vincenza Coughlin, and Elizabeth Ayello** celebrate with their awards.

Save the Date

- January 22, 2025**
Recent Alumni Happy Hour
- January 28, 2025**
The Story of Palliative Care Nursing: NYU's Contribution to Compassionate Care (Virtual)
- January 29, 2025**
Chief Nursing Office Panel Discussion
- February 3, 2025**
Revolution or Risk? Weighing the Impact of Obesity Drugs on Societal Health
- February 19, 2025**
Estelle Osborne Legacy Celebration
- March 20, 2025**
NYU Meyers and Howard University College of Nursing Annual Research Symposium
- March 27, 2025**
Palliative Care Program 25th Anniversary Celebration
- April 9, 2025**
The Volk Lecture for Geriatric Nursing

Meyers marvels
2024 Alumni Award Winners

Five accomplished NYU Meyers alumni were honored this fall for their commitment to advocacy, innovation, and education on behalf of the nursing profession during the annual NYU Meyers Alumni Luncheon and Awards Ceremony. "Whether they are preceptors, mentors, faculty, donors, or volunteers, our alumni are powerful storytellers, advocates, and role models for Meyers," said Dean **Angela F. Amar**.

Distinguished Alumni Award
Elizabeth Ayello, PhD, RN, ACNS-BC, CWON, ETN, MAPWCA, FAAN

Diane O. McGivern Legislative and Policy Award
Christine Kovner, PhD, RN, FAAN

The Maes-MacInnis Award for outstanding work in clinical innovation
Erica Liebermann, PhD, MSN, RN, WHNP-BC, ANP-BC

The Rose and George Doval Award for Excellence in Nursing Education
Vincenza Coughlin, PHD(c), RN

The Grace E. Davidson Award
Terry Pando, RN, NEA-BC

WHY I GIVE

by Prof. Michele Crespo-Fierro BS '90



always willing to push you to be your best. He showed me that being a leader is recognizing that as you rise, you have to reach back for others. As someone who benefited profoundly from scholarships throughout my academic career, the question became: What can I do to contribute to that type of experience for someone else?

As a veteran faculty member at NYU Meyers, I have the privilege of using the classroom to add to the way that students identify as nurses. Part of that work is encouraging students to think bigger and providing opportunities for them to realize what nursing can ultimately be for them. For many years I have directed my giving to NYU Meyers towards **The Jorge Prada Memorial Scholarship**, named for a dear colleague of mine to honor his commitment to students being involved in professional development. This scholarship helps students pay for all expenses related to attending conferences or other development opportunities where they can connect with a diverse range of nurses and healthcare professionals, expanding their horizons and unlocking their full potential.

My challenge to others is to recognize that the education of nurses goes beyond just tuition. It truly is so much more. As a faculty member, I know that budgets are finite and that so much of nursing education is not covered by financial aid. It is an honor for me to be able to do what I do and help each student discover the nurse they were meant to be. Supporting professional development is essential in that mission.

From the moment I enrolled as an undergraduate at NYU Meyers I not only earned the education that would help me become a nurse, but I gained insight into the type of nurse I wanted to be: an educator. Today, I get to welcome nursing students as they enter a Meyers classroom for the first time and help them each discover the nurse they are meant to be. ●

Nursing is different for everyone, but for many, it's a way for them to manifest who they are meant to be. I believe that at my core I am a nurse and that I have always meant to become a nurse, however, it took a great deal of time, opportunities, and amazing mentors to realize the full potential of my profession.

The reason I am where I am today is because of my mentor, Peter Ungvarsky. Peter was my boss at The Visiting Nurse Service of New York – my first job after graduating from NYU Meyers in 1990. I was a clinical nurse specialist who trained the entire healthcare team on how to advocate for patients living with HIV. Peter would always make sure I attended conferences, which opened countless doors and opportunities in my career. He proved to me that being a mentor meant looking out for the people that you're working with. And whether it was a little shove or a big shove, he was

Meet our new senior director of development



Kathy Viscardi, a seasoned fundraising executive with deep experience in higher education and government, has joined NYU Meyers as Senior Director of Development.

Viscardi comes to Meyers from NYU's School of Global Public Health, where she served as Director of Development. Before that, she spent more than six years at Seton Hall University in a variety of advancement roles, including senior director of Development for the Stillman School of Business and the School of Diplomacy and International Relations.

Her career began in New York City politics, serving as Deputy Finance Director for the mayoral campaigns

of Ruth Messinger and Fernando Ferrer. Between her campaign positions, Viscardi held a year-long role as a fundraiser for the District Six Museum in Cape Town, South Africa, which eventually led to a greater interest in the country during the dismantling of apartheid.

She spent the next 17 years of her professional life working and living in Cape Town and Pretoria, South Africa. In Cape Town, she was a Project Manager who managed many large-scale projects including the launch of the Cape Town International Convention Center and the reconfiguration of the new Cape Town Stadium for the 2010 FIFA World Cup. In Pretoria, she was the Protocol Specialist to the Ambassador at the Embassy of the United States, managing relationships with key contacts in government, business, and social sectors to ensure strategic advancement of priorities.

Viscardi has an MPA from Seton Hall University and a BA in political science and English from Rutgers University. ●

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

Are we already in your will, trust, or other estate plans? If you have named NYU Rory Meyers College of Nursing in your will please let us know. It helps us plan for the future. It also allows us to thank you for your generosity and honor your loyalty to the College.

If you have already included NYU Meyers in your will, contact **Kathy Viscardi**, Senior 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.

To learn more about this giving opportunity, please contact **Kathy Viscardi** at **718-663-9736** or **kathy.viscardi@nyu.edu**

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 Kathy for suggested bequest language and NYU's tax ID to share with your attorney.

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.

I am a *leader, an innovator, a scholar...*

Leadership Circle

\$10,000 AND ABOVE

- Alzheimer's Association
- Angela Frederick Amar
- Christine BS '95 and Joseph M. Amoroso
- Annie Eaton Society
- Anonymous (2)
- Bank of America Charitable Gift Fund
- Gillian Barclay
- Rachel Elisabeth Eakley PhD '24, MS '18, BS '14
- Anne B. Ehrenkranz & Joel S. Ehrenkranz
- Fuld Health Trust
- Drue and H.J. Heinz II Charitable Trust
- Estate of Joanne S. Hoffman
- The John A. Hartford Foundation, Inc.
- Estate of Carol R. Lofstedt
- Estate of Jay R. Paul
- Pamela and George P. Giacobbe
- The Mayer-Rothschild Foundation
- Rory and Howard Meyers Family Foundation
- The Louis and Rachel Rudin Foundation
- Eileen M. Sullivan-Marx and Kenneth Marx

Innovator Circle

\$2,500-\$9,999

- Anonymous (2)
- Michael T. Angell & Jennifer Harper
- Claudia and Leo Crowley
- Elizabeth A. Duthie PhD '06, BA '84
- Margery Gott Garbin
- Mary Joy S. Garcia-Dia MA '02
- Catherine Alicia Georges, MA '73
- Kenneth and Sandra Giacobbe
- Carl A. Kirton APC '96 MA '92
- Geri LoBiondo-Wood PhD '85
- Mathy & Andrew P. Mezey
- Jamesetta A. & Lloyd E. Newland
- Stacey and Michael A. Sadler
- Sylvia and Stephen C. Schoenbaum

Dean's Circle

\$1,000-\$2,499

- Monefa M. Anderson BS '07
- Nellie C. Bailey MA '80
- Patricia M. and Stephen R. Beckwith
- Rose M. Borch
- Estate of Rwei Hwa Su
- Louis and Catherine O. D'Amico PhD '07
- Arlene T. Farren, PhD '06, MA '87
- Valerie (MA '84) and James Grabicki
- Mary J. Giuffra, MA '68, PhD '73
- Christine T. (PhD '85) & Anthony R. Kovner

- John Mach
- Craig Meyers
- Madeline A. Naegle, PhD '80, MA '67
- Syed Hussain S. Rizvi
- Joseph M. Schomburg BS '10
- Chun Hsiung Su
- Linda M. Taylor MA '78
- Maria L. Vezina MA '77 and John A. Posser

Legacy Society

- Anonymous
- Ellen Baer, PhD '82, MA '73
- Janet S. Curtin, ADCRT '07, MA '81
- Catherine O. D'Amico PhD '07
- Cynthia E. Degazon, PhD '87, STEINHARDT '72
- Mary E. Duffy* MA '80
- 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
- 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

**I AM AN
NYU MEYERS
nurse**

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

Investing in our students and their education is an investment in the health and well-being of all. Make a gift today by scanning the QR code.



Or visit online at nursing.nyu.edu/alumni-giving.





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Write to us at **nursing.communications@nyu.edu**.

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