



Collaborations: Research Across Disciplines

nursing

medicine

education

business

psychology

communications

sociology

engineering

veterinary



Vision for the Future

We are committed to a future of national and international partnerships and interdisciplinary collaborations in advancing knowledge that will influence healthcare policies and practice. We envision our graduates in positions of leadership in national and international healthcare and as academic faculty who are at the leading edge of developing, transmitting, and evaluating fundamental and translational knowledge in promoting healthy lifestyles, enhancing quality of life, and facilitating living with chronic illness for vulnerable populations and nursing-care providers.

*2003-2008 University of Pennsylvania
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From the Dean



Dean Afaf Meleis posed with alumnae Gladys Mouro (left) and Martha Hill (right) at the American University of Beirut, Lebanon, at their 100th Anniversary nursing program celebration.

...faculty members of the University of Pennsylvania School of Nursing are engaged in many interdisciplinary teams. ...The ultimate goal is to improve patient care. This is the future of science.

Just about a year ago we gathered as a School with the chair of our Board of Overseers, Judge Midge Rendell (who is also the First Lady of Pennsylvania), the President of our great university, Amy Gutmann, Senior Vice President Omar Blaik, and friends from near and far, to break ground for the first phase of renovations to our building.

One year later, we are moving into our new space. This multi-million dollar renovation is more than bricks and mortar. We are literally turning a new face to the world with much improved service areas. Where there was a brick wall, there is now a façade of glass and light; where there was a little-used lobby, there is a lively internet café; where there was only a dreary outdoor area, there is an inviting walkway that is easily navigated by anyone, with or without physical challenges. Most importantly, our newly-outfitted Student Affairs area is more accessible, inviting, and visible, and we all antici-

pate that it will be more easily used by our students. They will now have more privacy when airing concerns or receiving information. Visitors are drawn in by our welcoming entrance and our friendly and accessible space.

As my thoughts turn to the process of creating this great new environment, for work and study, it's important to look back upon the picture of those breaking ground, and the many others not pictured, who pulled together from different disciplines and walks of life to achieve a shared and common goal. As with other projects in our school, this project reflects collaboration and interdisciplinarity.

While we often think of the life of the mind as a solitary pursuit, that is becoming less true as we recognize the gains to be made in the pursuit of new knowledge by partnering with fellow scientists from other disciplines. As we saw with our renovation, people with different talents, backgrounds, and dis-

ciplines work together in this great university in a spirit of cooperation to achieve great scholarship.

To this end, faculty members of the University of Pennsylvania School of Nursing are engaged in many interdisciplinary teams. We offer only a few examples here in this issue of *Penn Nursing* while many more exist in our school. Our faculty are continuing to be bold – implementing strategies for cross-disciplinary research as they partner with scientists from other disciplines across the University, and in other colleges and universities nationally and globally, in the pursuit of advancing the discipline of nursing and interdisciplinary creative models to translate and implement new findings. The ultimate goal is to improve patient care. This is the future of science.

The Global Summit on Women's Health: Safe Womanhood in an Unsafe World, cosponsored by our Schools of Medicine and Nursing, brought together hundreds of colleagues from 31 countries including researchers, educators, consultants, and clinicians. They represented many fields such as nursing, medicine, sociology, psychology, dentistry, epidemiology, education, and social work, among others. The dialogues were rich, robust, inspiring, and challenging.

Similarly, Penn's first summit on American Indian Health Care: Bridging the Cultural Canyon to Reduce Health Disparities was cosponsored by the Schools of Medicine and Nursing. It brought attention to how vulnerable this segment of our population is to such preventable conditions as lifestyle risk factors. Both of these summits reminded us as a community that there is much to be done and that there is power in collaboration.

Of the many collaborative centers and institutes in our university, I would

like to mention two centers which are housed in the School of Medicine and in which our nursing faculty play a significant role. The first is the Firearm Injury Center at Penn. Dr. Terry Richmond is the Research Director, and its mission is creating "safer communities through the systematic reduction of injury and its repercussions to the individual, family, and society."

The second is the Institute for Diabetes, Obesity and Metabolism, which was newly created to understand "the genetic, biochemical, molecular, environmental, and behavioral origins of diabetes, obesity, and the complications of these diseases, with the goal of reducing severity." Dr. Stella Volpe is the Assistant Director. We are also excited about another type of renewal in our school – the establishment of two new centers for research. The Center for Health Disparities under the leadership of Dr. Loretta Jemmott and Dr. Susan Gennaro and the Center for Biobehavioral Research under the leadership of Dr. Barbara Medoff-Cooper. Both centers will inspire much

collaboration and drive much-needed interdisciplinary scholarship.

As we move forward this year and in years to come, such interdisciplinary collaborations will continue to grow and enrich the knowledge we develop and impart to our students. Just as with our building project, complex problems facing the world require complex solutions and cannot be the product of one discipline alone.

"We must better integrate knowledge in order to comprehend our world," declared our new President Gutmann. Here at Penn Nursing, we agree, and we want to add that integrated knowledge of these collaborations not only helps us to comprehend our world *but to change it!*



**Afaf I. Meleis, PhD, DrPS(hon), FAAN,
Margaret Bond Simon Dean of Nursing**



Left to right: Omar Blaik, Senior Vice President of Facilities and Real Estate; Norma Peden (Pedie) Killebrew CW '61, and Andrea (Andie) Berry Laporte, Nu '69, Nursing Overseers and Campaign Co-Chairs; Susan Maxman, GArch '77, Architect; Penn President Amy Gutmann; the Hon. Marjorie O. Rendell, CW '69, Chair of the Board of Overseers; and Dean Afaf I. Meleis.

Eating

Dr. Volpe's research warns that many college students develop eating patterns that endure long after graduation, contributing to the epidemic of obesity that is sweeping developed countries.

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Breastfeeding Promotion Among Low Income Mothers

Diane L. Spatz

PhD, RN

Associate Professor of Health Care of Women and Childbearing Nursing

The benefits of breastfeeding have long been well documented. Unfortunately, infants born to low income mothers are statistically among the least likely to reap the enormous immunological, psychological, and nutritional advantages of breastfeeding.

“Although the largest recent increases in breastfeeding during the in-hospital period have occurred among low income mothers, 35 percent of these women stop breastfeeding within eight days of delivery,” says Diane L. Spatz, PhD, RN, Associate Professor of Health Care of Women and Childbearing Nursing. “At six months, only 16.5 percent are still breastfeeding.” According to Dr. Spatz, there are several reasons for the attrition rate, most notably a lack of role modeling and support in the community.

Dr. Spatz is collaborating with Linda C. Pugh, PhD, FAAN, RNC, and Janet R. Serwint, MD, at Johns Hopkins University to conduct a pilot study of a program which they hope will enable low income women to continue breastfeeding throughout the first six months of their infants’ lives. The program provides women with culturally relevant support from community health nurses who provide assessment and education, as well as peer counselors who share their personal experiences while acting as role models. Dr. Spatz has written education protocols to shape the content of the intervention. As work progresses, she also provides in-service education updates for the intervention team members.

“Although prior research supports the effectiveness of community support

to extend the duration of breastfeeding, the funding of public health programs for pregnant and post-partum women has declined significantly over the past 15 years,” says Dr. Pugh, who serves as the principal investigator of this study. “For this reason, our research also includes an analysis of the cost effectiveness of providing this intervention. We looked at both groups and calculated the costs accrued by each. We feel that the \$54-per-woman cost of the intervention may be offset by lower formula and healthcare costs incurred for infants in the experimental group.”

The results of the interdisciplinary pilot study were impressive. At three months, 45 percent of the intervention group members were exclusively breastfeeding, compared to only 25 percent of the control group. At six months, still twice as many intervention mothers (30 percent) were breastfeeding versus the control group (15 percent). Interestingly, the intervention group, in which more infants were being breastfed, appeared to be healthier, with fewer sick visits and medications than those babies in the control group.

The current randomized trial compares two groups of women with comparable breastfeeding goals. Those in the intervention group receive daily hospital visits and home visits during weeks one, two and four. Peer counselors provide telephone support two times a week through week eight and weekly through the sixth-month period.

“All breastfeeding women need support,” says Dr. Spatz. “Women with moderate incomes can afford to hire lactation consultants and rent hospital-grade breast pumps. Low income women do not have these kinds of advantages. We know that when given the right kind of support, low-income women will choose to breastfeed, breastfeed longer, and breastfeed exclusively.”

Infant Feeding Behaviors

Barbara Medoff-Cooper

PhD, CRNP, FAAN, RN

Professor of Nursing, and Helen M. Shearer Term Professor in Nutrition

Barbara Medoff-Cooper, PhD, CRNP, FAAN, RN is collaborating with The Children’s Hospital of Philadelphia to facilitate earlier identification of infants with feeding dysfunction. Her research is funded by several National Institute of Nursing Research grants.

In the first comprehensive evaluation of feeding disorders in this population of very sick infants, Dr. Medoff-Cooper’s research focuses on those infants diagnosed with failure to thrive (FTT) due to congenital heart disease. “FTT affects half of all infants with serious heart defects, even after their lesions are surgically corrected,” says Dr. Medoff-Cooper, a Professor of Nursing and the Helen H. Shearer Term Professor in Nutrition. “Due to increased successes in the surgical treatment of congenital heart disease, FTT is becoming a more significant issue for clinicians, as well as an ongoing source of stress for families.”

Dr. Medoff-Cooper, well-known in the field for her innovations in developing new measuring devices to assess feeding problems, is seeking to determine which cardiac lesions are most likely to lead to FTT, and whether the condition is the result of poor feeding, inadequate caloric intake, increased energy requirements, or an unknown combination of factors. Surgery can repair the heart, but growth problems can linger, rendering some of these fragile infants vulnerable to developmental challenges.

Dr. Medoff-Cooper’s collaborators on her current R01 grant represent several disciplines: in cardiology, Drs. Gil Wernovsky, Brad Marino, Chitra Ravishankar and Geoffrey Bird; in gastroenterology and nutrition, Drs. Virginia Stalling and Babette Zemel; and in genetics/cardiology, Dr. Elizabeth Goldmuntz.

(continued on next page)

Diabetes Registry: Amassing Data to Fight Disease

Terri H. Lipman

PhD, CRNP, FAAN

Associate Professor of Nursing of Children

Much is being written about the so-called epidemic of obesity and type 2 diabetes afflicting a new generation of children. However, it is not known if there is truly an "epidemic" as there is a paucity of population-based data to describe the incidence and prevalence of type 2 diabetes in children.

Terri H. Lipman, PhD, CRNP, FAAN, Associate Professor of Nursing of Children, has developed and maintained the only diabetes registry for children with type 1 diabetes in Philadelphia. Her data are included in the World Health Organization's worldwide surveillance of diabetes known as The Diamond Study, or "Diabetes Mondiale," which provides data for ongoing studies in a spirit of collaboration.

"The Philadelphia registry data remain crucial in the understanding of racial differences in the incidence of type 1 diabetes," reports Dr. Lipman. "The incidence of diabetes in Hispanic children in Philadelphia is the highest of any ethnic group in the United States. In this city, the incidence of type 1 diabetes in African American children has greatly increased and now surpasses the incidence in white children. It is unclear whether some of the cases of type 1 diabetes in African American children could be misclassified cases of type 2 diabetes".

Therefore, Dr. Lipman is expanding her research to investigate the epidemiology of type 2 diabetes in schoolchildren in Philadelphia. The current study, funded by the Hampton-Penn Center to Reduce Health Disparities, surveyed 510 school nurses representing 252,896 students. Preliminary data, published in 2005 in the *Journal of Pediatric Nursing*, identified 492 children with diabetes, 18 percent of whom were reported as having type 2 diabetes.

Numerous intervention studies are underway for the purpose of decreasing the incidence of type 2 diabetes. "Ascertainment of the epidemiology of type 2 diabetes is the necessary first step. Only then will it be possible to determine effectiveness in decreasing the "epidemic" of type 2 diabetes in children," says Dr. Lipman.

"The results of this important study have the potential to affect healthcare policy on a national level. The children who fail to grow and develop normally are at high risk of cognitive impairment," reports Dr. Medoff-Cooper. "If we can tease out why this happens, we can intervene more effectively in this important stage in a child's growth and development while easing the burden on worried parents."

To this end, Dr. Medoff-Cooper's research also seeks to determine whether close evaluation of feeding behaviors can serve as a predictor of developmental outcomes in high risk infants because of the complicated interplay of movements and physiologic responses needed in the feeding process. Thus, her work is based on the premise that feeding effectiveness corresponds to how well the infant will achieve other developmental milestones. "Feeding actually speaks loudly to us about the brain," says Dr. Medoff-Cooper. "If a child is feeding well, it gives us one fewer major issue to worry about. Conversely, even a full-term infant who is not feeding well is at high risk for developmental problems."

For newborns, feeding is a complex task – one that involves careful coordination of sucking, swallowing, and breathing in a tightly choreographed interplay of movement. The task is especially challenging for ill or preterm infants. "An infant with an intact central nervous system can react to feeding stimuli with increasing efficiency over the first days of life," says Dr. Medoff-Cooper. "In contrast, an infant who has experienced a neurological insult may not develop these mature feeding patterns in a timely way."

Measuring feeding patterns and feeding organization in such high-risk infants is an essential step towards first identifying those with alterations and then developing early interventions. In collaboration with her bioengineering

In collaboration with her bioengineering colleagues, Dr. Medoff-Cooper invented a device that analyzes an infant's ability to organize feeding by sucking, swallowing, and breathing effectively. ...To date, Dr. Medoff-Cooper's research has successfully documented a relationship between feeding behavior and development.

colleagues, Dr. Medoff-Cooper invented a device that analyzes an infant's ability to organize feeding by sucking, swallowing, and breathing effectively. Data derived during feedings can then be correlated with any growth or developmental problems that occur during the first year of life.

To date, Dr. Medoff-Cooper's research has successfully documented a relationship between feeding behavior and development. She has shown that premature infants who are feeding well at 40 weeks gestational age appear more developmentally on target at one year than with those who had experienced feeding difficulties at 40 weeks gestational age. In other research, Dr. Medoff-Cooper, with Dr. Jeff Silber, is examining data on 1,400 infants.

"This is exciting research. If we identify developmental problems early and intervene without delay, we have the potential to impact an entire lifetime," says Dr. Medoff-Cooper.



Changing Cafeteria Portion Sizes to Prevent Weight Gain

Stella L. Volpe

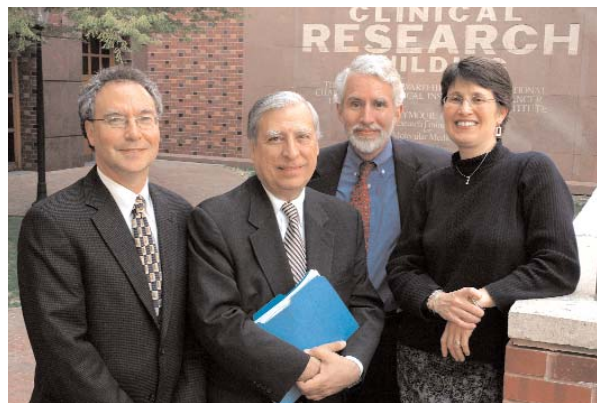
PhD, RD, LD/N, FACS M

Associate Professor of Nursing, and Miriam Stirl Term Professor in Nutrition

In her research, Stella L. Volpe, PhD, RD, LD/N, FACS M, is taking aim at the “freshman fifteen” – the extra pounds that college freshman tend to gain when eating away from home for the first time. As the principal investigator of a National Institutes of Health grant, she is collaborating with a well-known northeastern university to study the effects of reduced cafeteria portion sizes on body weight. This ongoing study is the first of its kind to effect an environmental change in a college cafeteria setting.

Such innovative thinking is one of the reasons Dr. Volpe has been asked to serve as Assistant Director for Integrative Research for the new Institute for Diabetes, Obesity and Metabolism in the School of Medicine whose stated goal is “to bring together researchers from across campus to facilitate research among scientists, who may not have thought they had similar interests. This will be accomplished, in part, by hosting seminars so that scientists can discuss their research, which then will result in collaborations that focus on one or more of the core units of this institute.”

“The ‘freshman fifteen’ is real,” says Dr. Volpe. “College cafeterias are ‘all you can eat.’ There are plenty of temptations in the form of desserts and fried



Left to right: Mitch Lazar, PhD, MD, Director of the Institute for Diabetes, Obesity and Metabolism (IDOM); Ali N. Aji, MD, Director of IDOM's Type 1 Diabetes Unit; Tom Wadden, PhD, Director of the Obesity Unit; and Dr. Volpe, IDOM's Assistant Director.

foods. Add to that the late night eating, calories from alcohol, a possible reduction in exercise routine, and it's easy to see why freshman gain an average of 10 to 15 pounds during their first year of life on campus.”

Dr. Volpe says that the persistent risk of the “freshman fifteen” is the propensity for students to develop eating patterns that endure long after graduation, contributing to the epidemic of obesity that is sweeping developed countries. “A small percentage of students take the extra weight off after their freshman year,” she says, “but many continue to have trouble with unwanted weight gain.”

The NIH study corresponds to Dr. Volpe's overarching interest: changing the environment to prevent obesity. “It has been well documented that reducing portion size alone can lead to weight loss,” says Dr. Volpe. “We're manipulating the environment to encourage healthier eating patterns. The college cafeteria setting is ideal for this purpose because it allows us to study the same students over time – something we'd be unable to do at a workplace cafeteria where patrons change daily.”

Dr. Volpe's interdisciplinary colleagues include John Jakicic, PhD, an exercise physiologist and Associate Professor at the University of Pittsburgh as well as Director of the Physical Activity and Weight Management Research Center and Jean Anliker, PhD, RD, Associate Professor of Nutrition and Director of the Nutrition Education Program at the University of Massachusetts among others. They are

comparing the body weights of freshman students who eat their meals at two separate campus cafeterias over a two-semester time period where portion sizes differ.

Students will be monitored six different times over the course of the study to assess body weight, abdominal waist girth, and body fat, among other parameters. Each is matched to a student in the control group by gender, ethnicity, body weight, and activity levels. The study excludes students below or above their ideal weight range, those with chronic illnesses requiring specific eating patterns, and even those with a history of disordered eating such as anorexia nervosa or bulimia.

Dr. Volpe posits that if the proposed intervention is successful, it will present an exciting opportunity to positively impact the health of students enrolled in 3,600 colleges and universities across the country. “We know that small diet and lifestyle changes can have a big impact on weight gain prevention,” says Dr. Volpe. “Even very small changes, like eliminating 100 calories a day, and increasing activity to burn 100 calories a day – can make a big difference in preventing weight gain and reducing obesity.”

Dr. Volpe is also a co-investigator on a large, multi-center trial to prevent type 2 diabetes mellitus in middle school children of low income. This study is being led by Dr. Gary Foster in the Weight and Eating Disorders Program at the University of Pennsylvania School of Medicine.

“The Institute for Diabetes, Obesity and Metabolism serves as an umbrella organization for all diabetes-related activities at the University of Pennsylvania School of Medicine. It is anticipated that all research oriented members of the Institute will be actively involved in the programs sponsored by the Center, including use of core facilities, collaborative research initiatives, the annual retreat/Spring Symposium, and an ongoing Seminar Series sponsored by the Combined Division of Endocrinology, Diabetes & Metabolism and the Institute for Diabetes, Obesity and Metabolism.”

For more information, check the Institute's website at http://www.med.upenn.edu/idom/int_research.html

sleepings

Dr. Weaver's work on Obstructive Sleep Apnea (OSA), has been informed and enhanced by her work with the Sleep Center at the Hospital of the University of Pennsylvania.

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Collaboration Advances Sleep Research

Terri E. Weaver

PhD, FAAN, RN, CS

Associate Professor of Nursing; Chair,
Biobehavioral and Health Sciences Division

In the field of sleep research, collaboration between Penn's Nursing School and other disciplines within the University of Pennsylvania is producing advances that would not be possible without an interdisciplinary approach.

A combination of different approaches to work on sleep deprivation, for example, have been taken by the Center for Sleep and Respiratory Neurobiology, the Nursing School's Biobehavioral and Health Sciences Division, and Associate Professor of Nursing Ann E. Rogers, PhD, RN, FAAN in a way that advances knowledge.

At the same time, a Penn Nursing investigation of a link between hypoglycemia and sleep in long-term diabetic patients has been aided by collaboration with Penn's Veterinary School, whose work with rats provided valuable data for the project.

One whose research has created new science is Terri E. Weaver, PhD, FAAN, RN, CS, Associate Professor and Chair of the Biobehavioral and Health Sciences Division at the School of Nursing. Dr. Weaver's work on Obstructive Sleep Apnea (OSA), a condition in which sleep is interrupted by involuntary blocking of the patient's airway, has been informed and enhanced by her work with the Sleep Center at the Hospital of the University of Pennsylvania.

The breadth of expertise on sleep research that is available at Penn can be brought to bear on various research questions. "Between the Nursing School, the Veterinary School and medical staff, we have 36 faculty members from a variety of disciplines working on the issues and mysteries of sleep," she says. "It's one of the best

centers in the world."

Collaboration with the Sleep Center has played an important role in Dr. Weaver's recent work on sleep apnea. Working with David Dinges, PhD, a nationally known psychologist associated with the School of Medicine, and others, Dr. Weaver's study focused on why some OSA patients are sleepy and some are not. Factors considered include age, gender, illness, and the effects of medication on their sleeping patterns.

During the second stage of the study, patients were sent home with a portable device that would allow them to record their own sleep patterns for seven days to determine whether alterations in respiratory disturbances affect their sleepiness. Finally, the participants were treated for four weeks with Continuous Positive Airway Pressure (CPAP), a device designed to keep the patient's airway open during sleep followed by a 38-hour sleep deprivation to see if a biological trait contributes to sleepiness.

Obstructive Sleep Apnea, a condition that affects four percent of men and two percent of women, can occur up to 50 or 60 times an hour during a patient's sleep, Dr. Weaver says.

When apnea begins, the restricted intake of air and oxygen arouses the patient to a lighter stage of sleep and gasping for air. When the pathway finally reopens, the patient falls into deeper sleep, and the cycle begins anew. OSA is a potentially dangerous condition that is associated with cardiovascular disease and diabetes. It mostly affects middle-aged people, particularly the obese, although the link with obesity is not fully understood, Dr. Weaver says. Others prone to the condition are those whose facial anatomy makes them predisposed to airway obstruction.

The loss of quality sleep contributes to excessive daytime sleepiness, which in turn impairs functions such as reaction time, memory, thinking, planning, and mood.

(continued on next page)

Left to right: Post-doctoral fellow Judy L. Reishtein, PhD, CCRN, RN, David Dinges, PhD, Professor of Psychology in the School of Medicine, and Dr. Weaver review their data.



Sleep research data has shown apnea can result in a significant increase in traffic accidents, according to Dr. Weaver. “You might not notice that the other driver has just cut in front of you.”

In addition to CPAP, treatment can include weight loss and surgery to remove excess tissue from the back of the throat. Dr. Weaver’s research has also found that CPAP is only effective if it is used consistently all night, every night. For about half of all patients, the decision to adhere to the treatment regimen occurs within the first week of treatment, she wrote in a recent paper and book chapter on sleep apnea which was edited by her colleague at the Sleep Center, Dr. Allan Pack, chief of the Division of Sleep Medicine at the School of Medicine.

Dr. Pack has worked closely with Dr. Weaver in a way that has expanded the science. “We have integrated Dr. Weaver’s experience in patient outcomes research with my expertise in basic science research to develop transitional projects,” Dr. Pack says. “The work evaluates hypotheses tested through basic science to the clinical sleep apnea population, and vice versa, allowing us to explore clinical observations through basic science when it would not be feasible to do so in a human population.”

In a further example of such cross-fertilization, Dr. Pack is the principal investigator in the Specialized Center of Research grant, of which Dr. Weaver’s work on sleep apnea is a part. Dr. Pack also serves on the external advisory board of Dr. Weaver’s international clinical trial on the efficacy of CPAP in patients with milder OSA.

“We each bring the unique perspectives of our disciplines to our interdisciplinary research,” Dr. Pack says. “Our research is closely intertwined and this relationship allows us to be highly successful.”



Veterinary School colleagues Adrian Morrison, DVM, PhD, (left) and Leszek K. Kubin, PhD, (far right) with Dr. Tkacs.

When the Brain Misjudges Sleepiness...

Nancy C. Tkacs
PhD, RN
Associate Professor of Nursing

A similar collegiality exists between the Veterinary School and the Nursing School, where Nancy C. Tkacs, PhD, RN, Associate Professor of Nursing, is trying to determine what mechanisms in the brain lead to arousal from sleep in response to hypoglycemia in diabetics.

She has found that long-term dia-

betics may not be able to awaken if their blood glucose levels have fallen below normal in a condition known as “hypoglycemia unawareness.” Even diabetics who are awake can underestimate the severity of their condition.

Dr. Tkacs is collaborating with veterinary researchers Adrian R. Morrison, DVM, PhD, Professor, Laboratory for Study of the Brain in Sleep in the Department of Animal Biology and Leszek K. Kubin, PhD, a research professor in the Department of Animal

Biology of the School of Veterinary Medicine. They have many years experience studying the brain mechanisms of sleep and wakefulness in rats.

Initial experiments have shown that hypoglycemia is actually an arousing stimulus in rats. Dr. Tkacs and her Veterinary School colleagues are now trying to confirm their hypothesis that a specific sequence of brain regions becomes activated in the arousal response by examining changes in those regions at the cellular level as a response to recurrent hypoglycemia.

“The unique aspect of this collaboration between nursing and my veterinary colleagues is that Drs. Morrison and Kubin were unaware of the interplay between sleep and diabetes complications, and thus I have brought a new and fruitful research area to their attention,” Dr. Tkacs says.

“In addition, I have extensive experience with the hypoglycemic model in rodents but I had no way to study sleep in this model until we began this collaboration,” Dr. Tkacs says. “It is an enriching experience for all three of us and a collaboration that we expect will be very fruitful in generating new knowledge. Drs. Morrison and Kubin and I have already submitted joint grant applications and publications based on our preliminary work together.”

The Veterinary School was able to share its sleep-study techniques that include simple observation of a sleeping animal, and then identifying the phase of sleep by recording brain waves, says Dr. Morrison.

“Dr. Tkacs had no experience of sleep-study techniques, and she came to me more than a year ago with the idea that she could gain from what I was doing in the area of sleep arousal,” Dr. Morrison says.

For Dr. Morrison and his colleagues, working with Dr. Tkacs has been a dynamic collaboration because it has made them think about sources of arousal on which they may not have previously focused.

Sleepiness on the Job

Ann E. Rogers

PhD, RN, FAAN

Associate Professor of Nursing

The Sleep Center is also collaborating with Ann E. Rogers, PhD, RN, FAAN, Associate Professor of Nursing, in her current project to determine how nurse fatigue affects the quality of patient care.

Dr. Rogers, who has previously conducted research into the prevalence of errors reported by hospital staff nurses working overtime shifts, is now looking at the influence of sleep, or the lack of it, on patient care, to see if safety is compromised.

In this study, 895 nurses kept diaries every day for 28 days, recording how much they slept, how much they worked, how much caffeine they consumed, and whether or not they made any errors during that time. The result was a total of 22,000 days of data from which Dr. Rogers and her team will draw their conclusions. The field work, now complete, is undergoing analysis for possible publication this winter.

Although the effects of long working hours on physicians have long been studied and recognized, leading to some reductions in the maximum shifts they are required to work, Dr. Rogers' study is the first to do the same for nurses. The study will examine, among other issues, whether patient safety is compromised by nurses who are required to work 12 hours or more, and whether night-shift nurses are less effective because they get less sleep than those who work during the day.

As context for the study, Dr. Rogers cites a 2005 survey by the Sleep Foundation that found only half of the American population reported getting a good night's sleep every night or almost every night, and three-quarters said they experienced at least one symptom of a sleep disorder on a regular basis.

Although the effects of long working hours on physicians have long been studied and recognized, leading to some reductions in the maximum shifts they are required to work, Dr. Rogers' study is the first to do the same for nurses.

The effects of sleep deprivation can be meaningful, including forgetfulness, poor decision-making, slower reaction times, and poor communication, according to a study by the Penn Sleep Center. And, in a set of conclusions that relate to the nursing profession, it found that lack of sleep leads to lapses of attention, a slowing of cognition, and increased errors under time pressure.

The study also found sleep deprivation leads to a growing neglect of activities judged to be non-essential; an increased risk of critical errors and accidents, an increased compensatory effort to maintain effectiveness, and involuntary episodes of “microsleep” when someone fails to respond to outside stimuli for a few seconds to a few minutes.

Related work by the Penn Sleep Center on subjects such as truck drivers has been used by Dr. Rogers as background for her study. She has also participated in a Sleep Center study on the effectiveness of recovery sleep after long work shifts.

With many sleep experts on campus, Penn has rich resources to draw on, Dr. Rogers says. “It helps all of us to work better and think more clearly. We could not do the sort of work that's coming out of Penn without collaboration.”

Thinkings

Dr. Pinto-Martin is working with a multidisciplinary group of investigators at Penn and throughout the nation to study the prevalence and causes of autism spectrum disorders (ASDs).

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An Epidemic of Autism?

Jennifer A. Pinto-Martin

PhD, MPH

Professor of Nursing

Anyone reading a newspaper or following media reports has probably heard about the skyrocketing rates of autism being identified. Earlier this year, NBC News ran a series called “Autism: The Hidden Epidemic?” with reports on the *Nightly News* as well as on *Today*. Meanwhile, *The New York Times* and other newspapers reported on the increased prevalence of autism and the purported link between autism and common childhood vaccines containing mercury.

But is there, in fact, an epidemic of autism? Scientists are asking that question and Jennifer Pinto-Martin, PhD, MPH, Professor of Nursing, thinks not. To support her position, she is working with a multidisciplinary group of investigators at Penn, and throughout the nation, to study the prevalence and causes of autism spectrum disorders (ASDs), as well as to improve early identification of the disorder and the provision of services to those affected.

Dr. Pinto-Martin, who has a joint appointment in the School of Medicine’s Department of Epidemiology and Biostatistics, is the principal investigator and Director of Penn’s Center for Autism and Developmental Disabilities Research and Epidemiology (CADDRE), one of six centers funded nationwide by the Centers for Disease Control (CDC). An epidemiologist by training, Dr. Pinto-Martin agrees that the prevalence of autism is greater today than it was 20 years ago: “The question is, is that really an increase in the actual risk of the disease or is it just an increase in our ability to identify it? Most of us working in the field believe it’s the latter.”

The CADDRE centers, along with the 16-site Autism and Developmental Disabilities Monitoring Network (ADDM), are conducting a surveillance study to determine the actual incidence of autism spectrum disorders in the United States. The strength of this study, according to developmental pediatrician Susan Levy, MD, Medical Director of the Regional Autism Center at The Children’s Hospital of Philadelphia (CHOP), is that the centers are all using the same rigorous methodology for determining whether a child does, in fact, meet the criteria for autism.

The methodology involves a detailed abstracting of clinical records, where specially-trained abstractors identify certain words and phrases in each record and transfer the information to a special format, which is then reviewed by an expert clinician. The clinicians then use a special protocol to determine whether the abstracted items fit the diagnostic criteria established in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders – fourth edition), the bible of psychiatric diagnoses.

The process is painstaking, says Dr. Levy, but it has given her a better understanding of the roots of the DSM-IV criteria. Many clinicians rely so much on their clinical judgment, developed over years of seeing patients, that they reject more systematic tools like this, says Dr. Levy. But clinical judgment is not exportable and cannot be compared across clinicians and clinical settings for research purposes. This methodology, implemented at all 22 research sites, will provide a measure of the prevalence of autism across the nation at the present time, and then will be repeated in five years to see whether the prevalence is on the rise.

Although they have different perspectives from different disciplines, Drs. Levy and Pinto-Martin agree that they would like to see similar methodology applied to adults, because “if the prevalence in adults is the same, then there’s no epidemic,” says Dr. Levy.

David Mandell, ScD, a child psychiatric epidemiologist and health services researcher at the University of Pennsylvania’s Center for Mental Health Policy and Services Research (CMHPSR) brings another perspective

(continued on next page)



Dr. Pinto-Martin and her team meet in Penn Nursing’s glass-walled conference room at the Center for Nursing Research.

to the CADDRE's autism research. Dr. Pinto-Martin, he says, has actively promoted other lines of research using the CADDRE resources.

In 2002, Drs. Levy, Mandell, and Pinto-Martin began to look at statewide Pennsylvania Medicaid data and other secondary data sources to compare the age of diagnosis of autism in African American children with that of Caucasian children. What they found was troubling: In Philadelphia, African American children are diagnosed, on average, as many as two years later than Caucasian children, and they enter treatment generally at about seven to eight years of age rather than five to six which may have a lasting effect on patient outcomes. Yet there is no difference in the prevalence of autism by ethnic group.

What drives these ethnic differences in age of diagnosis is not clear, says Dr. Pinto-Martin, but it may, in part, reflect cultural differences in behavioral expectations. In focus groups with families, factors that emerge are distrust and an unwillingness to question the medical provider.

“What we hear from parents is that pediatricians say, ‘I think your child is going to be fine. This is probably just a little bit of developmental delay, but he’ll catch up. Let’s wait and see.’ That’s the classic line. And a lot of time that turns out to be the right course of action because development is on a continuum and there are a lot of kids who don’t talk until they are three, and they are perfectly normal,” says Dr. Pinto-Martin.

Moreover, pediatricians expect to see the child again so to further assess whether there is a problem. Parents who are more educated and have greater resources tend to push more for answers, while parents with fewer resources and lower expectations often accept what the doctor says without question.

However, it is not only minority children who suffer from late diagnoses. One of the paradoxes about the reported increase in the prevalence of autism is that while the diagnosis is being made more often than before, there is still a need for tools for earlier diagnosis.

When each center was encouraged to choose a special research project to

pursue in addition to the required surveillance study and a related study that looks at etiological factors, Penn chose the thorny problem of diagnosis. “So from my perspective in a school of nursing, I thought one of the issues that we really need to work on is early identification,” says Dr. Pinto-Martin. “Nurses could clearly play a role in that arena. We know that pediatricians have absolutely no time to do anything extra in routine well-child care now, but it’s pretty easy to screen for autism.” Typically, a diagnosis follows problems coping in school, but there is no reason, she says, that children cannot be identified by age two or even sooner, rather than at age five or six.

The Penn CADDRE team has partnered with a program called First Signs to train physicians, nurses, and educators in Pennsylvania about early identification of children with ASDs. Several well-attended training sessions have already been conducted, and additional sessions are planned throughout the state of Pennsylvania. Meanwhile,

Eric Poe, Tracy Proverbs-Singh and Joan Bloch, PhD, listen as they review the data.



Front: Michelle Petrongolo, Research Coordinator, Perinatal Risk Factors of Autism Project. Front row, left to right: Alison Weissman, Research Project Manager, Assistant Data Abstractor; Megan Carolan, Clinician Reviewer and Data Manager of the Surveillance Program; Dr. Pinto-Martin; Eric Poe, Data Programmer; Ellen Giarelli, PhD, Research Project Manager, Co-investigator; Tamara Johnson, Medical Record Abstractor; Joan Bloch, PhD, Research Associate. Back row, left to right: Rachel Meade, Research Coordinator of the Surveillance Program; Tracy Proverbs-Singh, Research Coordinator of the State-wide Screening Project; Susan Levy, MD, Developmental Pediatrician, The Children’s Hospital of Philadelphia and Co-director of the Center; David Mandell, PhD, Epidemiologist, Co-investigator; Tamika Lightfoot, Research Coordinator of the Surveillance Program, and Margaret Souders, Clinician Reviewer.



Rachel Meade and Dr. Pinto-Martin

the team is running a pilot study in two CHOP-affiliated pediatric primary care practices to test the effectiveness of an autism screening program.

According to Dr. Levy, primary care physicians are enthusiastic about the program, particularly since they are aware of weaknesses in the way they currently identify children with developmental disabilities. Research assistants, with consent from parents, will assist parents in filling out a standardized checklist that can signal if a child has a potential problem and needs further developmental evaluation. After about three or four months, the team will compare their screening process with the pediatricians' typical process to assess impact.

"We're really doing an implementation study," says Dr. Levy. The approach is practical, designed to report information on the feasibility of screening young children in busy pediatric practices and how much support parents need in filling out the checklist.

Moreover, the study exemplifies the strength of the multidisciplinary approach that the Penn CADDRE team has taken. Epidemiologists like Dr. Pinto-Martin and Dr. Mandell designed the study, but could not have done it without the input of clinicians like Dr. Levy and her team, who have years of experience with children who have developmental disabilities. In addition, Dr. Mandell says that before he got involved in the CADDRE study, he had no knowledge of autism. "Coming into contact with Dr. Levy has been great, because most of my work gives sort of the 10,000-foot version of what's going on with autism. To come in contact with people like her and Margaret Souders (a nursing doctoral student working on the project) has been very exciting because of their ability to help me put these things into context."

When the Brain is Injured...

Janet A. Deatrck

PhD, FAAN, RN

Associate Professor of Nursing

Medical advances have progressed to the point where some diseases long considered fatal have instead become chronic illnesses and challenges to manage. Tumors of the brain that were often fatal are now survivable. Indeed, survival rates have climbed to an overall rate of 65%, leading to challenges for the patient, their families, caregivers, and the nurses who support the entire process of recovery and its aftermath.

While children now often survive these types of tumors, it can come at a cruel cost to their cognitive and social development. Often parents, while grateful that their children have lived, are soon exhausted by their ongoing needs.

Associate Professor of Nursing Janet A. Deatrck, PhD, FAAN, RN, is leading an innovative interdisciplinary investigation with colleagues at The Children's Hospital of Philadelphia (CHOP) to identify the characteristics of those caregivers who feel most overwhelmed by the challenges facing them. The hope is that this study will serve as the foundation for future work to develop and validate supportive interventions for this stressed and growing population of parents. The study, Family Management and Survivors Of Childhood Brain Tumors, is funded by the Oncology Nursing Society and the American Brain Tumor Association.

"The lifelong demands resulting from this life-saving surgery and course of treatment are enormous for the care of survivors who most likely will not be able to sustain themselves either financially or emotionally," says Dr. Deatrck. "We must begin the investigation to determine how best to support those

who now must plan for the support of these children throughout their own lives and quite probably beyond."

Dr. Deatrck's team at CHOP includes Wendy Hobbie, MSN, CRNP, RN, who is an internationally known expert and author on the psychological ramifications of surviving cancer; Susan Ogle, MSN, CRNP, RN, whose expertise lies in the clinical application of research knowledge from family-oriented work; Mary Rourke, PhD, a pediatric psychologist who works with families of children with cancer and who have survived cancer; Michael Fisher, MD, a pediatric neuro-oncologist who treats children with brain tumors; and Jill Ginsberg, MD, a pediatric oncologist who specializes in the ongoing care of cancer survivors.

The hope is that this study will serve as the foundation for future work to develop and validate supportive interventions for this stressed and growing population of parents.

"The interdisciplinary nature of this team will help us add to the state of the science in the support of caregivers to enhance the quality of life and effectiveness," says Dr. Deatrck.

"While we are grateful as a health-care community that we are saving the lives of these children, it is rare that anyone survives as fully functioning as before," says Dr. Deatrck. "We expect this research will help families cope with the unknown and thrive in severely compromised situations."

Transitional Care: A Model of Excellence in Geriatric Nursing Practice

Mary D. Naylor

PhD, FAAN, RN

Marian S. Ware Professor in Gerontology

Advancing knowledge and promoting the adoption of findings from a program of research designed to enhance the standard of care for chronically ill older adults and positively influence their health outcomes is the primary goal of a multidisciplinary team of scholars led by Mary D. Naylor, PhD, FAAN, RN, Marian S. Ware Professor in Gerontology. For the past 18 years, Dr. Naylor and her colleagues have been testing and refining an innovative model of transitional care aimed at improving quality and cost outcomes for older patients and their families. Findings from the most recent National Institutes of Health (NIH) funded randomized clinical trial have demonstrated that when advanced practice nurses implemented an evidenced-based discharge planning and home follow-up protocol with elders hospitalized with heart failure, the hospital readmissions decreased, the elders' quality of life improved, and healthcare costs were reduced by more than one-third when compared to standard care. Consistent with earlier research, these study findings have major policy implications, says Dr. Naylor. "If adopted nationally, this approach to care has the potential to achieve substantial healthcare savings and, most important, improve the care and quality of life of a growing population of vulnerable elders."

Promoting widespread adoption of this research-based model of care by healthcare insurers, purchasers, and systems is the present challenge that Dr. Naylor and her colleagues are confronting. With the support of the

Commonwealth Fund and the Jacob and Valeria Langeloth Foundation and guided by a national advisory committee, Dr. Naylor and her team are testing the use of this model in partnerships with leading healthcare insurers across the country.

Collaboration with major healthcare leaders on this project resulted in an invitation to Dr. Naylor to present to the Institute of Medicine's workgroup on redesigning the Medicare benefit, and to specifically address the state of the science and future directions for the development of quality measures in transitional care.

Incorporating transitional care within the Medicare benefit would require policy changes, which was among the topics of a recent Congressional retreat sponsored by The Commonwealth Fund and organized by Harvard University's Kennedy School of Government. Dr. Naylor and members of a national panel provided a critical review the current state of healthcare for chronically ill elders to identify specific policy recommendations that are needed in order to more effectively and efficiently meet the healthcare needs of this growing population.

On a more local level, Dr. Naylor and her colleagues have begun a longitudinal study focused on transitional care of cognitively impaired older adults as they make the transition from hospital to home. A key component of the transitional care model is avoiding unnecessary hospitalizations common among vulnerable elders. "Hospitalization becomes infinitely more complicated when the elder is cognitively impaired, rendering communication more difficult and increasing the burden to staff and family caregivers," says Dr. Naylor.

A generous gift to the University of Pennsylvania established the Marian

S. Ware Alzheimer's Disease (AD)

Program. This unique program that spans basic science to clinical care has brought together colleagues from the Schools of Medicine and Nursing to advance drug discovery, disease detection, and use of evidence-based care models for patients with AD. The Enhancing Care Coordination project led by Dr. Naylor is a collaborative endeavor seeking to determine the nature and intensity of services needed to improve the health, quality of life, and reduce the costs of care among hospitalized cognitively impaired patients and their caregivers.

"In this study, we expect to address important gaps in knowledge affecting this extremely vulnerable population by comparing across three hospital sites the effects of interventions of varying intensities and nurse staffing and skill set requirements," says Dr. Naylor. "We anticipate that this study will result in new knowledge about how to best care for this population and to achieve improved patient, caregiver, and cost outcomes." A unique component will be the active involvement of potential end-users including staff from the Hospital of the University of Pennsylvania and other partnering healthcare providers in the area. "Early and on-going involvement of these partners is designed to promote earlier adoption of relevant findings," says Dr. Naylor.

Major advances in science to improve health outcomes of older adults with complex care needs requires the perspectives and investment of many disciplines. To foster such cross-disciplinary collaborations, The John A. Hartford Foundation supported the establishment of five interdisciplinary geriatric research centers throughout the country. As Director of

the Rand/Hartford Center for Interdisciplinary Geriatric Health Care Research, Dr. Naylor has been leading a diverse team of scholars from the Schools of Nursing, Medicine and Social Policy and Practice to create the model environment for interdisciplinary research in order to advance knowledge in the areas of transitional care, mental health, and end of life care.

“Chronically ill older adults are the largest growing segment of the population as baby boomers age. The needs of these elders is placing a tremendous strain on our healthcare system and, most especially, on the lives of many families. Now is the time to invest in interdisciplinary teams committed to the development of knowledge and the translation of new evidence into needed clinical practice, and policy changes to enhance the care and outcomes of this population and their families,” says Dr. Naylor.

New Health Transitions Interest Group Formed

The Health Transitions Interest Group, which intends to become a new center at Penn Nursing, seeks to determine and evaluate best practices in care for individuals, families, health providers, systems of care, and society for those chronically ill adults and caregivers undergoing health transitions. Such health transitions are crucial, often complex and multi-dimensional processes that affect every aspect of life. Understanding health transitions is essential for preventive guidance, effective management, and positive outcomes. Specifically with chronically ill adults, these transitions require research to unlock the essential processes and properties that contribute to positive health outcomes. The Health Transitions Interest Group aims to provide an environment to foster multi-disciplinary mentorship and collaboration in order to develop common constructs to drive scholarly investigations leading to information dissemination.



Dr. Mary Naylor



Helene Moriarty (left) and Barbara Riegel



**Standing, left to right: Karen Hirschman, PhD, MSW; Lucinda Bertsinger; Lisette Bunting-Perry; Paulina Sockolow; Anne Keane, EdD, FAAN, CRNP, RN; Helaine Greenberg
Seated, left to right: Helene Moriarty; Barbara Riegel, DSNc, FAAN, CS, RN; Dr. Naylor, Arlene Houldin, PhD, RN; Victoria Dickson**

Choosing

We look at firearm injuries as a public health issue, expanding beyond the injury itself to consider the precursors and consequences. Firearm injury is a complex social disease that will benefit from the work of an interdisciplinary team of scientists.

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Curbing the Toll of Gun Violence

Therese Richmond

PhD, FAAN, CRNP

Associate Professor of Nursing

Statistics show that the rate of firearm fatalities in the United States far exceeds that of other industrialized nations. In 2003, nearly 30,000 people died from gunshot wounds, more than half by suicide. More than 65,000 people were injured by guns and survived. Reducing the problems of violence and injury may require new paradigms for ways of thinking about confronting societal problems.

“We look at firearm injuries as a public health issue, expanding beyond the injury itself to consider the precursors and consequences,” says Therese Richmond, PhD, FAAN, CRNP, Associate Professor of Nursing and the research director of the Firearm Injury Center at Penn (FICAP). “We have learned from dealing with complex diseases that many disciplines should be involved. Firearm injury is no different – it is a complex social disease that will benefit from the work of an interdisciplinary team of scientists.”

FICAP is unique in the United States. Established in 1997 as a collaborative effort between Penn’s School of Medicine and the School of Nursing, it has grown to involve scientists from many of the 12 colleges at Penn, including the School of Engineering, the Wharton School, the Annenberg School of Communication, the School of Arts and Sciences, and the School of Social Policy and Practice. The center’s mission is to create safer communities through the systematic reduction of injury and its impact on individuals, families, and communities.

With funding from The Joyce Foundation, FICAP stimulates research on the magnitude and impact of firearm injury and violence, supports efforts to translate findings into practice, and disseminates information

to policymakers.

“We are a group of clinician scientists who bring a unique perspective to the problem of firearm injury. We believe it is a complex problem that requires an interdisciplinary scientific approach,” explain Dr. Richmond and C. William Schwab, MD, Professor of Surgery at the School of Medicine and FICAP director.

“We view firearm injury as a public health problem. By doing so, this allows us to engage all others in data-driven dialogue about our commitment to decrease injury and death. This is a very different approach than the classic arguments centering on pro-gun versus anti-gun. We focus on promoting health, reducing injury and disability, and reducing death,” Dr. Richmond says.

FICAP teams researchers from many disciplines, including nursing, medicine, epidemiology, criminology, demography, actuarial science, and social ecology. “The complex health needs of society exceed the capability of any single discipline,” explains a recent position statement on interdisciplinary education by the American Association of Colleges of Nursing. Combining the skills of different health professions toward a common goal has become, in the eyes of many educators and policymakers, an “essential tool for the times,” the association notes.

Indeed, the establishment of FICAP helped turn an issue often marked by myth, emotion, and contentious, politicized debate into a fact-finding science. “It is only in the last 20 years or so that the implications of gun ownership have been studied rigorously using scientific methods,” observes Douglas J. Wiebe, PhD, a social ecologist and epidemiologist who was FICAP’s first scholar-in-residence.

Dr. Wiebe conducted a widely cited study in 2003 on the risk of firearm ownership, which suggests that nearly a third of all homicides and more than two-thirds of all suicides are



Front row, left to right: Douglas Wiebe, PhD, who works in epidemiology and social ecology; Dr. Richmond; C. William Schwab, MD, Director of the Firearm and Injury Center at Penn. Back row, left to right: Epidemiologist Charles Branas, PhD; Associate Executive Director Stephanie Settani; Demographer Rose Cheney, PhD; and Matthew O’Malley, Communications.

attributable to guns kept in U.S. homes. Persons living in a home with a gun were 1.4 times more likely to be a homicide victim, with women facing twice that risk, compared to non-gun homes. Moreover, contrary to widespread public belief, a gun in the home provided no protection against homicides by means other than a gun.

To curb the risk, Dr. Wiebe urges health providers to screen for guns in the home “in the same way providers screen for other risky behaviors, such as smoking or problem drinking, and discussing a plan for the patient’s health.”

Other FICAP team members say better science and better data are crucial to moving the debate over gun violence from polarizing divide to more effective action. Charles C. Branas, PhD, the Center’s lead epidemiologist, points to two key ingredients that help fuel the legislative impasse to preventing more firearm injuries and death. Government, he explains, tends to focus almost exclusively on homicide without recognizing suicide by gunfire, and is slow to adopt interventions that are both globally effective and community-specific.

“When we tell people [the general public or policymakers] our most basic

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The team is shown working together here to examine the results of recent data collection from ongoing monitoring of gun violence.

findings, like there are more gun suicides than gun homicides each year in the U.S., they suddenly listen. When we go on to say that the risk of dying from a gun is about the same in big cities and small towns they are in disbelief, but they go on to rethink the safety of their communities. This kind of truth campaign, in my mind, is a major contributor to the positive change that FICAP creates,” Dr. Branas says.

In fact, in their analysis of more than 500,000 deaths between 1989 and 1999 in more than 3,000 U.S. counties, Dr. Branas and FICAP colleagues found that the risk of gun suicide in rural communities was slightly higher than the risk of gun homicide in big cities. The message to public health officials: firearm death is a problem affecting all types of communities across the country, not just urban centers.

A new investigation shows, further, that firearm violence shortens the average life expectancy of an average American by 104 days, ranking the U.S. 30th, well behind other affluent

nations, according to a study to appear this fall in the *Journal of Risk and Insurance*. “While the discovery of a new drug or procedure slowing down the effect of prostate cancer would only have an insignificant effect on [total] life expectancies, a drastic reduction in firearm deaths would add many years of life to potential victims and possibly lead to a significant improvement in U.S. life expectancies,” says author Jean Lemaire, PhD, Professor of Insurance and Actuarial Science at Wharton School, who received research funding from FICAP.

It is especially at the community level where FICAP has been a catalyst for positive action. Dr. Schwab and Dr. Richmond led a trauma center-community partnership study, teaming with trauma centers in three smaller cities (Bethlehem, Pennsylvania; Youngstown, Ohio; and Cedar Rapids, Iowa) to help citizens understand firearm violence as a local issue and begin to reach consensus on solutions.

These trauma center-community

partnerships involve a physician director and coordinator who established a local advisory board, collected data, built community coalitions, and developed local initiatives. Among the other resources it supplied, FICAP analyzed the data and provided each site with community-specific profiles of gun violence

“By understanding the circumstances surrounding firearm injuries, the community is more likely to develop policies that might address these circumstances, and some of these policies have nothing to do with ‘gun control,’” notes Janet Weiner, MPH, Associate Director for Health Policy at Penn’s Leonard Davis Institute of Health Economics, who works with FICAP scientists to translate research into policy messages.

She points particularly to the Medical Professionals as Advocates Program. At the Bethlehem, Pennsylvania site, for example, officials initially presumed the major local cause of firearm death was drug-related homicide. Actually, data showed the

community was plagued even more by gun suicide, at three times the local gun homicide rate. Board members responded by forming a subcommittee to create an educational campaign focusing first on teen suicide.

Nationally, addressing firearm violence as a public health issue including suicides, homicides, and unintentional shootings requires complete data on the shooter, victim, and the weapon, as well as the intent, location, and demographics of each incident, Dr. Richmond explains in a recent policy brief. On this front, FICAP was instrumental in securing pilot funding through Congress for the National Violent Death Reporting System, established recently in several states and modeled after a similar national system on motor vehicle deaths.

Moreover, in a recent paper, FICAP researchers, led by Dr. Richmond, demonstrated the importance of collecting data on specific gun type in the same way data on car types is used to identify motor vehicle injuries and is important to “good epidemiologic surveillance.” Their examination of coroner’s and police records found that handguns produced more wounds per gun than rifles or shotguns and that, among all handguns, pistols were associated with the most numerous wounds. Lacking detail on specific gun types, the FICAP authors say, makes important differences between firearm injury victims “undetectable, negatively affecting the efficiency of future prevention activities” and hampers the clinical treatment of injury victims.

Indeed, while firearm injury continues to be FICAP’s primary focus, the Center recently expanded its scope to all injury. In a recent newsletter, FICAP directors noted the move is “a natural evolution, building on the rich intellectual resources and interdisciplinary interests at Penn and the need to build injury science.”

Interventions Work... Talking to Adolescents about HIV

Loretta Sweet Jemmott
PhD, FAAN, RN
van Ameringen Professor in Psychiatric
Mental Health Nursing

“Interventions work!” declares van Ameringen Professor in Psychiatric Mental Health Nursing, and Co-Director of the Center for Health Disparities Research Loretta Sweet Jemmott, PhD, FAAN, RN. “We need always to talk with adolescents at their level.”

Speaking to a distinguished group of colleagues at an invitational day of interdisciplinary lectures focusing on HIV and AIDS following the Penn Summit on Global Issues in Women’s Health: “Safe Womanhood in an Unsafe World,” Dr. Jemmott recounted a decade of HIV interventions with young people, now from a multitude of countries. As one of the highest-funded HIV/AIDS researchers in the country with grants totaling more than \$74 million from funding sources including the National Institute of Nursing Research, the National Institute of Mental Health, and the National Institute of Child Health and Human Development,

Dr. Jemmott discusses a point with Peter Berthold, DDS, who has established a WHO Collaborating Center for Oral Infectious Diseases: Education, Research, Care which considers the impact of infectious diseases such as HIV/AIDS on oral health.

At right, a workbook translated both culturally and linguistically into Xhosa, an African language.



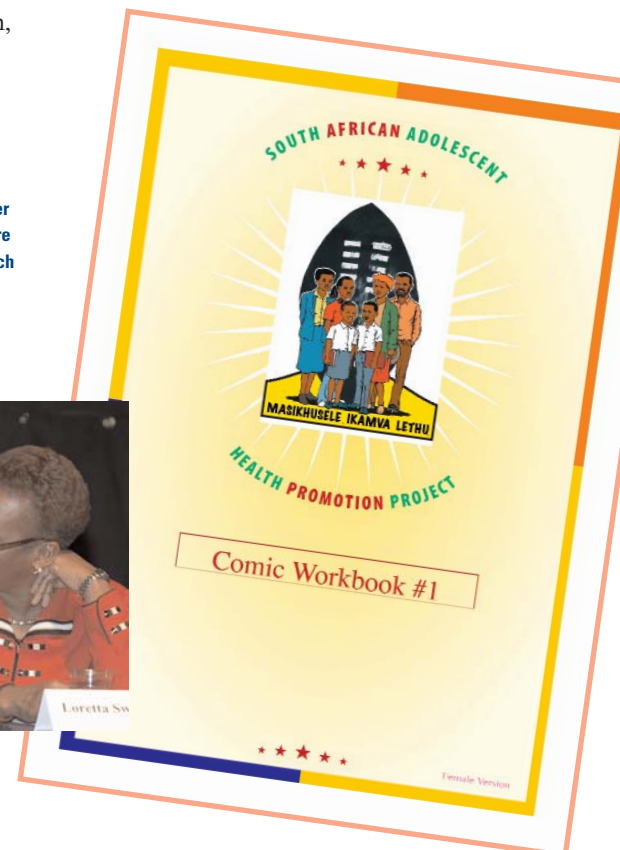
among many others, Dr. Jemmott is uniquely qualified in the field.

Her work is a multi-pronged research initiative that seeks to uncover social and psychological factors that underlie risky sexual behaviors; identify those conceptual variables that can change sexual behavior through intervention; and develop theory-based, culture-sensitive, developmentally appropriate strategies to reduce HIV risk-associated sexual behaviors.

“To do this, we need the wisdom and energy of many disciplines – from those in psychiatry, social work, statisticians, educators, and the many children we learn from,” says Dr. Jemmott.

Dr. Jemmott’s research has been adopted as a national curriculum by the Center for Disease Control and has been redesigned, based on the cultural imperatives, in several countries, notably South Africa, Puerto Rico, and now Jamaica. The Caribbean suffers from the second highest rate of HIV/AIDS infection in the world, behind only sub-Saharan Africa.

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M. Katherine Hutchinson, PhD, RN, Assistant Professor and Associate Director of the Center for Health Disparities Research has recently undertaken collaborative work with Dr. Jemmott at the University of the West Indies, the Jamaican Ministry of Education, Youth and Culture, and key stakeholders examining the cultural factors to contribute to sexual HIV transmission among adolescent females.

“We conducted a pilot study with adolescents, parents, and teachers to identify specific cultural imperatives in Jamaica,” says Dr. Hutchinson. Specifically, we found that cultural norms specific to the Jamaican culture that need to be addressed in order to reduce the rate of HIV transmission. The situation is quite dire.”

Complicating factors in Jamaica include the dominance of older men in some communities who engage in sexual intercourse with young girls, the desire of adolescent men to prove their manhood through multiple sexual partners, and the necessity of mothers leaving home in order to find work, noted Dr. Hutchinson.

One important outcome of the research imperative is the ongoing partnership with the University of the West Indies nursing faculty who are interested in developing research skills. “The best part is, we learn as much from them as they do from us,” says Dr. Hutchinson. “The working relationship ends up being very symbiotic for both groups.”

How to Help Those with HIV and Serious Mental Illness

Nancy P. Hanrahan

PhD, RN, CS

Assistant Professor of Nursing

The seriously mentally ill residents of Philadelphia may be seven times more likely than previously thought to carry the HIV virus. Risky behaviors associated with drug use, shared needles, lack of condom use, and sex for sale are altogether too common and compound the risk of HIV transmission. According to Assistant Professor Nancy P. Hanrahan, PhD, RN, teaching, counseling, and observation by advanced practice nurses is a key to addressing complex physical and behavioral problems by breaking the cycle of risky behavior and poor adherence to medication regimens. The goal is a decrease in risk behaviors that make individuals vulnerable to AIDS transmittal.

A growing body of research documents that persons with serious mental illness (SMI) are at increased risk for contracting and transmitting HIV. If incompletely treated, these individuals may serve as a particularly dangerous vector of HIV transmission with an increased risk for the development of treatment resistant virus strains. A large proportion of people with serious mental illness and HIV infection are currently involved in community-based mental health services which provide a potential infrastructure for HIV treatment.

“Improving HIV treatment adherence in this group is an urgent matter,” says Dr. Hanrahan. “However, mental health services do not typically include health professionals qualified to manage adherence to complex physical medical regimens such as antiretroviral treatments for HIV, even though advanced practice nurses (APNs) have been shown to improve outcomes in a wide array of chronic



Recent work of Drs. Jemmott and Hutchinson focuses on the spread of HIV/AIDS among Jamaican adolescents. Their collaborations include faculty at the University of the West Indies.



illnesses including HIV.”

To help identify ways to offer better support, Dr. Hanrahan is currently leading a funded randomized controlled study testing the impact of adding APNs to community mental health services to improve adherence to HIV treatments of seriously mentally ill persons in a five year randomized community trial funded by the National Institutes of Health in 2004, “Nursing Intervention For HIV Regimen Adherence Among Individuals With A Serious Mental Illness.”

This study is a collaborative research effort between clinical investigators and behavioral scientists from the University of Pennsylvania School of Nursing Center for Health Outcomes and Policy Research (CHOPR) and the School of Medicine Center for Mental Health Outcomes and Policy Research (MHOPR) examining the effectiveness of an advanced practice nurse administered medication adherence protocol for individuals with SMI living in Philadelphia who are HIV positive. APNs provide comprehensive individual-level intervention tailored to the wide range of cognitive and emotional deficits that characterize persons with SMI, provide physical care and symptom management for clinical sequela associated with HIV and its treatment, as well as management of psychotropic drugs.

Following this population for research can be especially challenging as many seriously mentally ill patients live hard lives. “This population can include the poor, homeless, or displaced veterans. But our data suggest if we can help them comply with any treatment regimen, they will improve physical and behavioral health outcomes,” says Dr. Hanrahan.

The research builds on important work conducted in the early 1990s by CHOPR led by Linda Aiken, PhD,

FAAN, FRCN, RN and the Claire Fagin Leadership Professor of Nursing and a Professor of Sociology at Penn. That study found that mortality rates for patients in dedicated HIV units in “magnet hospitals,” those with the characteristics to attract and retain nurses, showed significantly lower mortality rates than those in other hospitals, pointing to the importance of nursing for good patient outcomes.

In the current study, also associated with CHOPR, advanced practice nurses provide the intervention designed to establish adherence for treatment of the underlying mental illness as well as HIV and any other co-morbidities that may exist. Because of poverty, homelessness, and other issues of lifestyle resulting from mental illness, many study participants are saddled with a range of health issues.

The protocol includes a weekly home visit from an advanced practice nurse, where even keeping track of ever-changing living arrangements can be difficult. The nurses conduct health assessments and employ a variety of aids to help patients remember their medicine, which is vital when missing even one dose of Highly Active Antiretroviral Therapy (HAART) for HIV can herald a serious setback, reports Dr. Hanrahan.

“The nurses use pillboxes, watches with alarms, beepers, cell phones, and direct observation to encourage compliance,” says Dr. Hanrahan. Total compliance with HAART therapy is critical lest the patient experience dramatic increases in viral load.

“We nurses are in ideal position to enhance adherence to HAART therapy. Several small studies, in which nurses played an integral role, described interventions to support HAART adherence. Findings from those studies suggest that such intervention must be individualized and based on a through, holistic assessment of the client” says Dr. Hanrahan.

HIV in Heterosexual Males

Chris Coleman

PhD, MPH, APRN-BC, ACRN

In another unusual aspect of the problems of treating those with HIV, Assistant Professor Chris Coleman, PhD, MPH, APRN-BC, ACRN, examines the behavior of older heterosexual African American males and their attitudes toward condom use.

“This is largely an ignored population,” says Dr. Coleman. “Many of the men I studied reported some surprise that older people can contract HIV, considering it a disease of the young.”

Dr. Coleman spoke at the spring Sigma Theta Tau International Xi Chapter’s Spring Colloquium. Based on his study, funded by the National Institute of Nursing Research, Dr. Coleman reported the predictors of high-risk sexual behavior among middle-aged adults where the majority (84%) of AIDS cases among HIV infected older adults are men. According to Dr. Coleman, “Currently, men of color represent 63% of the AIDS cases among middle-aged and older adults.”

The aim of the presentation was to describe whether perceived health beliefs and socio-demographics predicted high-risk sexual behavior in a sample of 130 middle-aged and older HIV infected African American men. Dr. Coleman used a convenience sampling method to recruit 130 middle-aged and older HIV infected African American men with a mean age of 46 (40-68 years) from infectious disease clinics in the Mid-Atlantic region. He tested the relationships between self-efficacy, susceptibility, barriers, social support, AIDS knowledge, demographics, and high risk sexual behavior using a self-administered questionnaire.

“The data suggest that middle-aged and older HIV infected African American men have not benefited from national prevention efforts; therefore, further study is needed to develop culturally and age appropriate interventions to reduce risky sexual behavior among middle-aged and older HIV infected African American men,” says Dr. Coleman.



The Claire Fagin Lecture

Old Age Is Not a Diagnosis: Creating the Field of Gerontology

Neville E Strumpf

PhD, RN, FAAN

Edith Clemmer Steinbright Professor in Gerontology, and Director of the Center for Gerontologic Nursing Science

The Claire M. Fagin Distinguished Research Award, and the opportunity to give this lecture, forces memory and recollection of my 30 year journey in an emerging field of scholarly discourse and clinical practice. I chose the title of my talk today, “Old Age Is Not a Diagnosis: Creating the Field of Gerontology,” for several reasons: It allows the freedom to provide an historical context for the so-called “problem of old age,” to embed my work within an ongoing debate of aging as health or disease, and to speculate on the field, including future questions and directions.

From an early age, I thought of myself as a time traveler. In visits to my grandparents in the Shenandoah Valley of Virginia, I witnessed what seemed to me the perfection of old age: in one’s place, with one’s family, neither rich nor poor (in monetary terms), at peace with the world. To this day I carry with me a particular vision of how old age ought to be – valued, dignified, supported and nurtured by a responsive community and a socially responsible society.

Later, I was privileged, in joining the faculty of the School of Nursing at the University of Pennsylvania in 1982, to come under the mentorship of Dean Claire Fagin. We celebrate the 25th anniversary of her boldness, innovation, and legacy, without which I and so many others would not be here.

Among Claire Fagin’s early gerontology recruits was Dr. Lois Evans. When we published a still widely cited

review in the *Journal of the American Geriatrics Society*, we estimated that 500,000 persons were daily tied to their beds and chairs in U.S. healthcare institutions. Neither of us will ever forget the precise day of our awakening, January 28, 1986, because on that fateful morning, the Challenger space shuttle exploded. With it, our thinking exploded as well. One recently-hospitalized 84 year old woman living in a retirement community with our mentor, Doris Schwartz, told us:

“It was unfair of the hospital to tie me. I felt terrible aching pain and numbness; I wondered how I ate; no one fed me that I know of. And I don’t think I slept at night. . . . I had been important and well, and to be tied down in bed took a big toll.”

Rarely do researchers experience such an apocryphal moment.

Two things were now emerging in our minds: the need to challenge the practice, on evidential grounds, and to propose an alternative. Whether one came before the other, informed the other, or simply merged, is probably irrelevant. In 1990, we published a paper outlining six myths that perpetuated the practice of physical restraint and one-by-one demonstrated that physical restraints did not prevent falls and injuries; did not protect patients from other serious harms, including death; did not lower the risk for liability; and worsened psychological and physical/physiological sequelae. Furthermore, it simply was not true that no alternatives to restraints existed or required more staff. Most obvious to us was the need for a paradigm shift and that shift was something we came to call “individualized care.”

Our work coincided with being in the right moment and in the right place. The U.S. Senate Subcommittee on Aging was holding hearings where

Lois and I provided testimony. Policy change was being urged on many fronts, ultimately resulting in the Nursing Home Reform Act implemented in 1990. Only one thing was missing – a clinical trial to demonstrate that it was actually possible to reduce physical restraints safely and effectively.

In 1990, we received funding from the National Institute on Aging for the first (and only) clinical trial to reduce restraints in nursing homes. Although our findings supported the value of staff education, a far greater effect was achieved when such education was combined with consultation to assist staff on individualized care for clinically challenging residents. Furthermore, a continuing focus on individualized care was necessary, beyond a few months, to maintain changes in restraint practices. This suggested, as did the report by the Institute of Medicine, that the placement of more professional nurses in nursing homes could considerably improve outcomes and quality of care for frail nursing home residents.

The data from this clinical trial yielded 13 data-based publications and three dissertations. This extraordinarily fruitful set of opportunities for mentorship and collaboration produced these contributions: A conceptual framework of individualized care as central to understanding the meaning of behavior; attention to psychosocial dimensions and environmental milieu as key to understanding and responding to behavior; further demonstration of the adverse effects of physical restraints and psychoactive drugs on frail elders; tailored interventions based on comprehensive assessment; and evidence for professional expertise and interdisciplinary practice in bringing about cultural change.

We are witnessing seismic shifts as gerontology increasingly transcends disciplinary boundaries and attempts an



intellectual integration aimed at improving the lives of a globally burgeoning older population. This will require, at a minimum, a greater intersection of two heretofore competing paradigms. One is the biomedical model, disease focused and reductionist – the essential framework for the medical sciences. The other, in contrast, is an amalgam of models (no single one predominates in the technologically developed world) under the rubrics of holism, naturalism, health, and function.

By combining biomedical and psychosocial approaches, many believe, including myself, that we could achieve better outcomes for older adults.

To Claire's credit, she understood that nothing was possible without critical mass and integration of gerontology within nursing's tripartite mission of research, education, and prac-

tice. In 2000, with funds from The John A. Hartford Foundation, Penn Nursing was designated as one of five Hartford Centers of Geriatric Nursing Excellence.

By 2050, in the U.S. alone, there will be 70 million Americans over the age of 65; 50 million will be over 85; and 300,000 will be centenarians. And therein lies the challenge for gerontologists of the future: to understand aging, in all of its manifestations, from the cell to the spirit; to create systemic structures permitting a healthy, viable interdependence between young and old; to re-imagine a health and social service system that takes advantage of new knowledge, in whatever form, to support both the individual and society; to implement, diffuse, and sustain evidence-based practice within and across settings; and finally, to create the best possible atmosphere for an aging world.

By combining biomedical and psychosocial approaches, many believe, including myself, that we could achieve better outcomes for older adults.

To Improve Health Locally...

Healthy in Philadelphia

Eileen Sullivan-Marx

PhD, CRNP, FAAN, RN

Associate Professor of Nursing, Shearer Term Professor for Healthy Community Practices, and Associate Dean for Practice and Community Affairs

The School of Nursing's 2003-2008 strategic plan, "Building on Excellence: Positioning Ourselves for the Future," is driven by the critical issues in health-care and the School's tripartite mission of education, research, and practice. Core values of this mission embrace concepts of community and partnership including envisioning and designing programs that are responsive to societal needs, operating within a global and multicultural context, and forming interdisciplinary and community partnerships to meet the needs of all

constituents.

To achieve these goals, the School has launched "Healthy in Philadelphia" (HIP) – an initiative designed to partner with the West Philadelphia community to meet the needs of society and to advance the translation of knowledge into evidence-based, culturally competent models of care in the areas of healthy lifestyles; transitions in health, illness, and end of life; and disparities in access to and provision of healthcare.

"The profession of nursing has a long history of developing successful community partnerships and is uniquely qualified to serve as a promising source of leadership for community-based health initiatives and services," says Eileen Sullivan-Marx, PhD,

CRNP, FAAN, RN, Associate Professor of Nursing, Shearer Term Professor for Healthy Community Practices, and Associate Dean for Practice and Community Affairs.

In 1998, Penn Nursing established, and currently operates, the Living Independently For Elders (LIFE) Program, a Medicare risk-based program providing long-term care services for elders who prefer to remain living in their West Philadelphia homes. Through the LIFE Program, the School of Nursing established a significant partnership with the aged and the community of West Philadelphia to address healthcare disparities of the vulnerable, frail older adults living at home.

Joining with Penn's Center for Community Partnerships, Penn's

... And Globally

We have come together in a great and grounded cosmopolitan spirit – from education, politics, communications, medicine, nursing, law, public policy, social work, and dozens of other fields of human endeavor – to share our knowledge and experience.

Safe Womanhood in an Unsafe World: The Penn Summit on Global Issues in Women's Health

It's a relatively rare event in the intellectual history of the world when the leading minds representing many of the world's cultures, countries, universities, non-governmental organizations, and governments come together to create a dialogue specifically to improve the status of women. The most recent such event took place in April when the University of Pennsylvania called a summit to discuss Global Issues in Women's Health.

Entitled "Safe Womanhood in an Unsafe World," the conference built upon the groundwork laid by the

United Nations Fourth World Conference on Women, held in Beijing, and continued at the International Conference on Population and Development which took place in Cairo, which detailed the plight of women worldwide, but most particularly in less developed countries. The Beijing summit preceded the Penn Summit by nearly a decade, in which little advancement in the situations of women worldwide has been seen.

During Penn's three-day summit, which was jointly sponsored by Penn's School of Nursing and School of Medicine, nearly 450 attendees and participants from 31 countries convened to share experiences and data in the hopes of creating new knowledge as well as

Community Relations office, and other key partners in life science and arts and science disciplines at Penn, the School launched the HIP initiative focusing on:

- healthy nutrition and obesity prevention;
- healthy interpersonal and sexual relations;
- violence and injury prevention;
- and the prevention of tobacco and other substance use.

“Each of these areas is among the leading national health priorities identified in Healthy People 2010. Each is a significant factor contributing to health disparities and excessive morbidity and mortality within the United States and is germane to health needs in the West Philadelphia community,” says Dr. Sullivan-Marx.



Eileen Sullivan-Marx taking blood pressure of Gregorio Cojulun at Sayre/Penn Community Day Health Fair, October 2004.

renewed energy to attack the problems of poverty, disease, and violence that come with a second-class existence for women in many quarters of the world.

Participants included the former president of Ireland, Mary Robinson, also previously the United Nations High Commissioner for Human Rights and currently the executive director of the Ethical Globalization Initiative; Stephen Lewis, United Nations Special Envoy for HIV/AIDS in Africa; Geeta Rao Gupta, PhD, president of the International Center for Research on Women; Esohe Aghatise, executive director of Associazione Iroko Onlus, which works to fight the trafficking of women; and Unity Dow, author, women’s rights advocate and

high court judge in Botswana. These leaders and scholars were joined by those who attended the summit and hundreds who watched on a world-wide web simulcast.

“We have come together in a great and grounded cosmopolitan spirit – from education, politics, communications, medicine, nursing, law, public policy, social work, and dozens of other fields of human endeavor – to share our knowledge and experience. We have come together to do what none of us can do separately: to understand the threats to women’s health and safety in their global context and global impact. We have come together to do what none of us can do alone: to develop the global strategies that we need to cope

with the problems and threats that women face in every society, in every culture, in every nation of the world,” said University of Pennsylvania President Amy Gutmann, PhD, as she opened the conference. Penn’s School of Nursing and School of Medicine jointly sponsored the event which attracted the participation of nearly all of Penn’s 12 professional schools in a substantial interdisciplinary collaboration.

The global woman’s health initiative launched by this conference was designed to:

- Stimulate interdisciplinary collaboration in the design and implementation of strategies to improve women’s health;

(continued on next page)



- Create a new paradigm for research in women's health that can serve as a model for academic institutions working in women's health issues worldwide; and
- Promote critical assessment of care models used to promote health and prevent illness in women in the face of oppression, marginalization, and violence.

To this end, Mary Robinson says that the role of women around the world was to be change agents improving the status of women, noting that in some corners of the world, the rate of HIV/AIDS infection is 62 percent even among young girls.

Change is occurring but not fast enough, reported Stephen Lewis, the United Nations expert on HIV and AIDS in Africa, noting "The lives of women are as mercilessly desperate as they have always been."

With 500,000 to 600,000 deaths

projected annually from AIDS in Africa, Lewis told the story of women tending a small garden of cabbages to take to market for a small profit. When asked what they did with the proceeds, they appeared incredulous. "We buy coffins," they replied. "We never have enough coffins."

Lewis exhorted world leaders to adopt the model of Swaziland which awards a modest stipend to caregivers of orphans, particularly calling upon the United Nations Global Fund to support this effort for the many countries of Africa experiencing the AIDS pandemic. He also urged the creation of a vaginal microbicide, now being field-tested at Penn and elsewhere, to prevent HIV infection in women.

Any initiative for change will, however, need to be culturally sensitive to be effective. "We must evaluate our differences within and between different countries. We cannot have messages without defining context, or we

will send our own biases to the rest of the world."

The Honorable Unity Dow, a judge and author from Botswana, noted during her luncheon address that Africa is not a country with provinces but a continent with countries, each with its own peculiar identity. The values and customs of one country do not necessarily coincide with those of another, complicating the development of interventions that are both culturally specific and more successful in changing the behaviors that lead to the second class existence of many women.

Summing up the conference and promoting an agenda for action, Dr. Judith Rodin, president of The Rockefeller Foundation, President Emerita of the University of Pennsylvania and summit chair addressed what she concluded were the three essential ingredients for safe womanhood: research, advocacy, and intervention.



“We must evaluate our differences... We cannot have messages without defining context, or we will send our own biases to the rest of the world.”

“We will need to make sure that scholars in all relevant fields are working together, connecting the dots to build a truly multidisciplinary comprehensive picture of women’s lives,” concluded Dr. Rodin.

For effective advocacy, she commented, and to reframe the policy agenda, “we need to present a simple and inspiring picture of what ‘safe womanhood’ means to real women in real situations. We can construct this

picture by conducting research on the experiences of women in unsafe households, conflict areas, refugee camps, or those working in exploitative conditions.” Lastly, she concluded that, “safety will come only through transforming the political, socio-economic, and cultural systems in which we live.”

“The fact remains that most women have limited access to health-care, nutrition, education and employment,” says Dean Afaf Meleis. “This summit confronted the most pressing concerns today in women’s health in the societal context in which it should be addressed including lack of education, poverty, and women’s limited voice in policymaking and violence against women.”

The event was made possible by a generous grant from the Bill and Melinda Gates Foundation and support from GlaxoSmithKline and Wyeth, and many friends of the Schools of Nursing and Medicine.



News of the Faculty

Professor Emerita Joan Lynaugh Named Living Legend

Professor Emerita, Joan Lynaugh MSN, PhD, FAAN was recently named a Living Legend by the American Academy of Nursing.

“Dr. Lynaugh exemplifies the best qualities, accomplishments, and legacies for which the Living Legend Award was established. Her selection is not only an acknowledgement of Dr. Lynaugh’s many contributions to nursing; it is also an acknowledgement of the significance of scholarship in nursing history,” says Dean Afaf I. Meleis, PhD, DrPS(hon), FAAN. Currently, Dr. Lynaugh is working on historical questions related to the development of higher education in nursing.

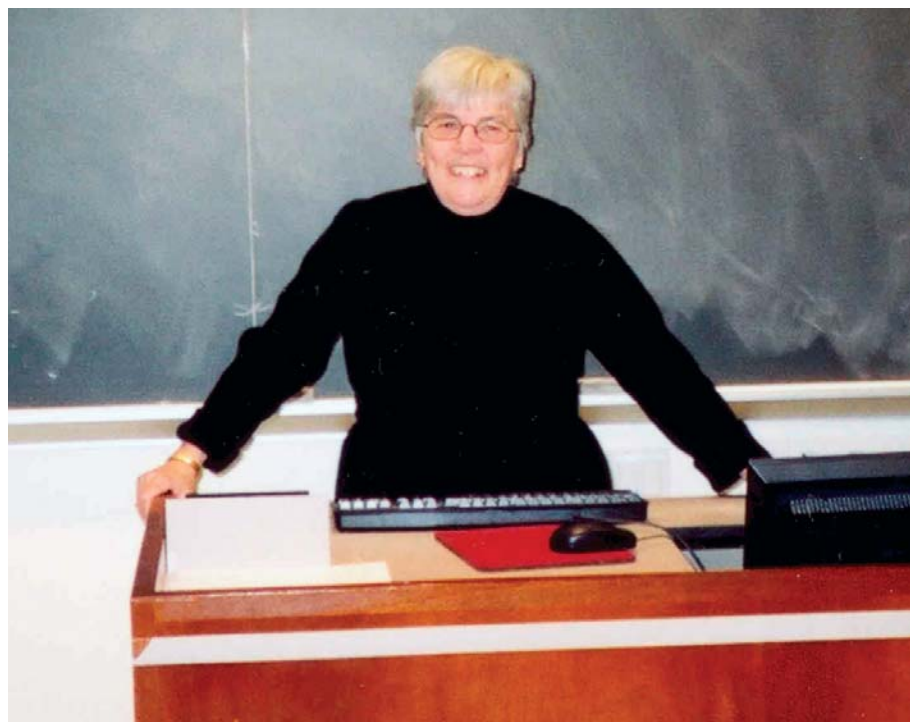
Dr. Lynaugh was recruited to Penn Nursing in 1980 to direct the School’s new initiative in primary care nursing. She brought with her a commitment to family nurse practitioner education and faculty practice which significantly contributed to the reshaping of primary care nursing education at Penn and throughout the country. As a result of Dr. Lynaugh’s efforts, we have today at Penn one of nursing’s most successful and publicly understood models of care and some of the top nurse practitioner programs in the country.

As founding director of the Barbara Bates Center for the Study of the History of Nurses, Dr. Lynaugh is a true pioneer who put research and scholarship in history on the national and international map. Although “scholarship in history” distinguishes some of her contributions, she has dedicated more than 40 years of her career to issues in healthcare delivery, practice patterns for nurse practitioners in primary care, as well as the history of nursing.

Dr. Lynaugh’s earliest research analyzed the origins of community hospitals as essential, local, and voluntary institutions. She has also studied the issues affecting practice by nurses and physicians, as well as formative changes in both professions, professional nursing practice in post-World War II America, and the emergence of critical care nursing in the United States, among other topics. Her research has been supported by grants from the W.K. Kellogg Foundation, the Milbank

Memorial Fund, the American Association of Critical Care Nurses, the International Council of Nurses, and the University of Pennsylvania.

Her many honors and awards include Phi Kappa Phi, 1979; Sigma Theta Tau, 1980; Fellow, American Academy of Nursing, 1982; Distinguished Alumni Award, University of Rochester, 1985; Honorary Alumni Award, University of Pennsylvania School of Nursing Alumni Association, 1986; Agnes Randolph Dillon Award for History, University of Virginia, 1994; American Nurses’ Association Heritage Award, 1996. Hannah Lectureship, Canadian Association for the History of Nursing, 1997; Lavinia L Dock Award for Historical Research and Scholarship, American Association for the History of Nursing, 1998; President’s Award, American Association for the History of Nursing, 2000.





“Dr. Lang leaves a rich legacy of innovation at Penn Nursing, She modeled taking risks with savvy strategic planning to move the School’s agenda toward a premier standing in academically-run practice care models. Her vision... is a lasting contribution to schools of nursing nationally and internationally.”

Dean Emerita Norma Lang Retires

Norma M. Lang, PhD, FAAN, FRCN, RN, one of the leading experts of nursing informatics in the world, retired from the School of Nursing on June 30th. Dr. Lang was the Lillian S. Brunner Professor of Medical Surgical Nursing, a Senior Research Fellow in the Annenberg Center for Public Policy, a Senior Fellow in the Leonard Davis Institute for Health Economics while directing the Office of International Programs and the WHO Collaborating Center for Nursing and Midwifery Leadership. Dr. Lang was also a former Dean of the School of Nursing (1992-2000) and also of the Wisconsin-Milwaukee School of Nursing (1980-1992).

“Dr. Lang leaves a rich legacy of innovation at Penn Nursing,” says Dean Afaf I. Meleis, PhD, DrPS(hon), FAAN. “She modeled taking risks with savvy strategic planning to move the School’s agenda toward a premier standing in academically-run practice care models. Her vision for the role of schools of nursing in developing and managing innovative interdisciplinary nurse-managed clinical practice models is a lasting contribution to schools of nursing nationally and internationally.”

As one of the world’s leading authorities on nursing standards and outcomes measures, Dr. Lang has advocated tirelessly for the development and

adoption of a consistent international classification system for nursing practice, arguing effectively that if nurses cannot describe what they do, they cannot provide effective treatment nor receive proper remuneration.

Under Dean Lang’s tenure, the School operated three clinical practices which put research into practice, as research informed practice and education to advance the knowledge of practicing nurses. The practices also served as living laboratories to conduct research in the practice field, thus supporting the creation of new knowledge. Several research centers were also launched during this time.

Dr. Lang is a member of the Institute of Medicine, a Fellow of the American Academy of Nursing, a Fellow of the College of Physicians of Philadelphia, and an Honorary Fellow of United Kingdom’s Royal college of Nursing in London. She is the recipient of the American Nurses Association Distinguished Membership Award, and the North American Nursing Diagnosis Association’s Outstanding Leadership Award for the Advancement of Nursing Diagnosis. She is the 2001 recipient of the Joint Commission on the Accreditation of Healthcare Organizations’ Ernest A. Codman Awards, the first nurse to be so honored. In 2002, she received the Jessie M. Scott Award from the American Nurses Association.

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Doris Vahey

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Judy Verger

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Verger, J., Marcoux, K., Madden, M., Bojko, T., & Barnsteiner, J. (2005). Nurse practitioners in pediatric critical care: A national survey. *AACN's Clinical Issues*, 16(3).

Gwyn Vernon

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Vernon, G.M. (2004). Essential Tremor. In M.K. Bader, & L. Littlejohns (Eds.), *Core Curriculum for Neuroscience Nurses*. St. Louis, MO.: Saunders.

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Stella Volpe

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Terri Weaver

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Tamara Zurakowski

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Loretta Sweet
Jemmott



Sarah H. Kagan



Anne Keane



Lenore H. Kurlowicz



Mary Ann
Lafferty-DellaValle



Eileen V. Lake



The photos on pages 38-48 were taken at the groundbreaking Penn Summit in April 2005.

Student Publications

Michelle Balas

Balas, M.C. (in press). Variables Influencing Disparate Outcomes in Critically Ill Older Adults. *American Journal of Critical Care*.

Balas, M.C., Scott, L.D., & Rogers, A.E. (2004). The prevalence and nature of errors and near errors reported by hospital staff nurses. *Applied Nursing Research*, 17(4), 224-230.

Balas, M.C., Gale, M., & Kagan, S. (2004) Delirium Doulas: An innovative approach to enhance care for the critically ill older adult. *Critical Care Nurse*, 24(4), 36-46.

Viola Benavente

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Roberta Campbell

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Holly Christensen

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Margaret H. Crighton

Crighton, M.H., & Puppione, A. (in press). Geriatric neutrophils: Implications of immunosenescent neutrophils in neutropenic older adults with cancer. *Seminars in Oncology Nursing*.

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Lisa M. Lewis



Terri H. Lipman



Maria M. Magro



Kathleen McCauley



Linda A. McCauley



William F. McCool

Bryan Gardner

Cotter, V.T., Butler, L., Gardner, B., & Karlawish, J. (2005). Does an early stage support group lead to depression and decreased quality of life in persons with Alzheimer's disease? *Journal of the American Geriatrics Society*, 53, S115.

Gay Giannone

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Deanna Gray-Miceli

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Mary Beth Happ

Kagan, S.H., Clarke, S.P., & Happ, M.B. (in press). Surgeons' and nurses' use of E-mail communication with head and neck cancer patients. *Head and Neck*.

Kagan, S.H., Clarke, S.P., & Happ, M.B. (in press). Head and neck cancer patient and family member interest in and use of email to communicate with clinicians. *Head and Neck*.

Happ, M.B., Swigart, V., Tate, J., & Crighton, M.H. (2004). Event Analysis Techniques. *Advances in Nursing Science*, 27(3), 239-248.

Nancy Hodgson

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Xiao Tao Lang

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Salimah Meghani

Meghani, S.H. (2004). A concept analysis of palliative care in the United States. *Journal of Advanced Nursing*, 46(2), 152-161.

Emerson Padiernos

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Nikki Peters

Peters, N., & Armstrong, K. (in press). Racial differences in prostate cancer treatment outcomes: a systematic review. *Cancer Nursing*, 28(2).

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William Puentes

Puentes, W.J. (2004). Cognitive therapy integrated with life review techniques: An eclectic treatment approach for affective symptoms in older adults. *Journal of Clinical Nursing*, 13(1), 84-89.

Judy Reishtein

Reishtein, J. L. (2005). The relationship between symptoms and functional performance in COPD. *Research in Nursing and Health*, 28(1), 39-47.

Jenn Seamon

Disch, J., Sochalski, J., & Seamon, J. (2004). From Nightingale to the new millennium: Charting the research and policy agenda for the nursing workforce. *Nursing Outlook*, 52(3), 155-57.

Connie Smith

Smith, C.M., & Cotter, V.T. (2004) Normal age changes. *Nurse Competence in Aging: GeroNurse Online*. ANA, ANCC, John A. Hartford Foundation Institute of Geriatric Nursing.

Carrie T. Stricker

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Hilaire J. Thompson

Hoover, R.C., Motta, M., Davis, J., Saatman, K.E., Fujimoto, S.T., Thompson, H.J., Stover, J.F., Dichter, M.A., Twyman, R., White, H.S., & McIntosh, T.K. (2004). Differential effects of the anticonvulsant topiramate on neurobehavioral and histological outcomes following traumatic brain injury in rats. *Journal of Neurotrauma*, 21(5), 501-512.

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Thompson, H.J., Hoover, R.C., Tkacs, N.C., Saatman, K.E., McIntosh, T.K. (2005). Development of posttraumatic hyperthermia following traumatic brain injury in rats is associated with increased periventricular inflammation. *Journal of Cerebral Blood Flow and Metabolism*, 25, 163-176.

Kimberly K. Trout

Trout, K.K. (2004). The neuromatrix theory of pain: implications for selected nonpharmacologic methods of pain relief for labor. *Journal of Midwifery and Women's Health*, 49(6), 482-88.

Trout, K.K., & Teff, K.L. (2004). Insulin sensitivity and premenstrual syndrome. *Current Diabetes Reports*, 4(4), 273-280.

Frances Ward

Ward, F. (in press). Parents and Professionals in the Neonatal Intensive Care Unit: Communication within the Context of Ethical Decision-Making. *Neonatal Network*.

Morris, M., Nadkarni, V., Ward, F., & Nelson, R. (2004). Exception from Informed Consent for Pediatric Research: Community Consultation for a trial of brain-cooling following in-hospital cardiac arrest. *Pediatrics*, 114, 776-781.

Carey Sue Wolfe

Wolfe, C.S. (2004). Preceptor de Jour? Solving the Problem of Juggling Preceptors. *Critical Care Nurse*, 24, 95-96.

**M. Kathleen McHugh****Barbara Medoff-Cooper****Mary D. Naylor****Ann L. O'Sullivan****Jennifer A. Pinto-Martin****Rosemary C. Polomano**

International Presentations and Meetings

Faculty & Staff

Linda Aiken

“International Nurse Migration”: Academy Health
Rockefeller Foundation
Bellagio, Italy

International Nurse Migration
Health in Foreign Policy Forum

International Study
University of Basel
Basel, Switzerland

Karen Buhler-Wilkerson

Enduring Issues: Past Perspectives on the Future
Sigma Theta Tau
Dublin, Ireland

Sean Clarke

International Study
University of Basel

Valerie Cotter

Invited Speaker
Aomori University of Health and Welfare
Amori, Japan

Patricia D’Antonio

Women and Nurses: Rethinking Educational Achievement in the 20th Century America
International Nursing History Conference
Oxford, England

Julie Fairman

Consultation
Dublin University
Dublin, Ireland

Enduring Issues: Past Perspectives on the Future
Sigma Theta Tau
Dublin, Ireland

Western Cultural Perspectives on Aging and Cancer: A Theory and Methods Symposium
13th International Conference on Cancer Nursing
Sydney, Australia

Chris Friese

The Nurse Work Environment in Magnet Hospitals: A Comparison between Oncology and Medical-Surgical Units
Sigma Theta Tau International, 14th
International Nursing Research Congress
St. Thomas, Virgin Islands

International Differences in Nurse Practice Environments: Findings from the International Hospital Outcomes Research Consortium [Co-Author: Eileen Lake]
5th International Conference on the Scientific Basis of Health Services
Washington, DC

Susan Gennaro

Evidence-Based Nursing
Milan, Italy

Visiting Professor
Institute of Nursing Science
Basel, Switzerland

External Reviewer (BSN Program)
University of Botswana
Botswana, Africa

Arlene Houldin

Invited Speaker
Irish Association for Nurses in Oncology
Dublin, Ireland

Sarah Kagan

Building Bridges: Older Adults, Cancer, and Nursing
Danish Cancer Nurses Congress
Copenhagen, Denmark

Ageism, Assessment, and Supportive Care: Shaping Interventions for Older Adults
Danish Cancer Nurses Congress
Copenhagen, Denmark

Western Cultural Perspectives on Aging and Cancer: A Theory and Methods Symposium
13th International Conference on Cancer Nursing
Sydney, Australia

Cross National Views of Communication and Cancer Care: Hong Kong, Sweden, and the United States
13th International Conference on Cancer Nursing
Sydney, Australia

Envisioning New Nursing Scholarship: Building and Sustaining a Culture of Inquiry
St. Francis Xavier University School of Nursing
Faculty Retreat
Antigonish, Nova Scotia, Canada

Ageism, Assessment, and Supportive Care: Shaping Interventions for Older Adults
14th Scientific Symposium for Supportive Care in Cancer
Stockholm, Sweden

Language Lessons Learned from Older Adults with Cancer
Annual Meeting of Swedish Cancer Nurses Society
Stockholm, Sweden

Study Abroad NURS 535
Hong Kong

Visiting Professor
University of Hong Kong
Hong Kong, SAR, China

2nd International Nursing Management Conference
Merging Nursing and Business Education for Nurse Managers of the Future
Belek, Turkey

Invited Visiting Researcher
Karolinska Institute, Department of Nursing
Stockholm, Sweden

Nursing Intervention with Older Cancer Patients
School of Health & Social Care, Oxford
Brookes University
Oxford, UK

Language Lessons Learned from Older Adults with Cancer: Merging Grounded Theory and Practice
University of Nottingham School of Nursing,
Faculty of Medicine and Health Sciences
Nottingham, UK

Eileen Lake

Faculty for Study Abroad – Cuba
MEDICC
Cuba

International Differences in Nurse Practice Environments: Findings from the International Hospital Outcomes Research Consortium
5th International Conference on the Scientific Basis of Health Services
Washington, DC



Therese Richmond



Barbara J. Riegel



Ann E. Rogers



Cynthia C. Scalzi



Connie Scanga



Edith M. Simpson

A Validation Study of the Practice Environment Scale of the Nursing Work Index
37th Biennial Convention of Sigma Theta Tau International
Toronto, Canada

A Good Place for Nurses to Work: Examining the Nursing Practice Environment of a Broad Set of Hospitals
Sigma Theta Tau International, 14th International Nursing Research Congress
St. Thomas, Virgin Islands

Norma Lang

Translation of the Science of Nursing Informatics and the Validation of the ICNP
10th Academic Conference on Nursing Diagnosis and the Japanese Society of Nursing Diagnosis
Osaka, Japan

Kathy McCauley

2nd International Nursing Management Conference
Merging Nursing and Business Education for Nurse Managers of the Future
Belek, Turkey

Baccalaureate Nursing Education
CGFNS
Beijing, China

William McCool

Collaborative Partnership for Strengthening Nursing and Midwifery
PAHO Headquarters
Washington, DC

Perimenopause
Project Hope
Egypt

Panel Presentation
ICOWHI
Sao Pedro, Brazil

Presentation
ICOWHI
Sao Pedro, Brazil

Barbara Medoff-Cooper

Neonatal Nursing and Research Utilization
Karolinska Institute
Sweden

Quality Improvement in Neonatal Nursing
Karolinska Institute
Sweden

Study Abroad Program with Penn Nursing
Hadassah Hebrew University
Israel

Program of Research
University of Hong Kong
Hong Kong

Afaf Meleis

Keynote: *Passion for Making a Difference: Challenges and Opportunities*
University of Botswana

Keynote: *Safe Womanhood: Culture & Society*
International Council on Women's Health Issues
15th Congress
Brazil

The Dynamic Board: Lessons from High-Performance Non-Profits
International Council on Women's Health Issues
Board of Directors Meeting, 15th Congress
Sao Pedro, Brazil

Nurse Migration Issues
International Nursing Interest Group, 3rd Biannual Conference
Trillium Health Care, Toronto
Canada

Safe Womanhood in an Unsafe World
University of Alberta
Canada

The Changing Face of International Leadership
International Council of Nursing 23rd Quadrennial Congress, co-presented with the Commission on Graduates of Foreign Nursing Schools
Taiwan

Global Challenges in Nursing and Nursing Science
International Council of Nursing 23rd Quadrennial Congress, co-presented with the Commission on Graduates of Foreign Nursing Schools
Taiwan

Safe Womanhood from Infancy to Senescence
International Council of Nursing 23rd Quadrennial Congress Florence Nightingale International Foundation
Taiwan

Making a Difference in Quality Care: A Timely Passion
University of Hong Kong Department of Nursing Studies 10th Anniversary Celebration
Hong Kong

Global Challenges in Nursing and Nursing Science
University of Bielefeld Institute of Nursing Science 10th Anniversary Celebration
Germany

The Discipline in Interdisciplinarity: Theory, Evidence, and Human Capacity for the Future
University of Bielefeld Institute of Nursing Science 10th Anniversary Celebration
Germany

The Discipline in Interdisciplinarity: Theory, Evidence, and Human Capacity for the Future
Academy of Extended Vocational Training in Nursing, Department of Nursing Research
The Institute of Nursing and Health Care System Research
University of Linz
Austria

The Discipline in Interdisciplinarity: Theory, Evidence, and Human Capacity for the Future
Centennial Celebration, School of Nursing
American University of Beirut
Lebanon

Ann O'Sullivan

Consultation re: NP education
Government of Ontario
Canada

Jennifer Pinto Martin

NINDS
Norway

Barbara Reale

Midwifery Education
International Confederation of Midwives
Trinidad/Tobago

Therese Richmond

Psychiatric Profiles of Individuals Sustaining Minor Injuries
7th World Injury Conference
Vienna, Austria

Barbara Riegel

Helping heart failure patients cope with self-care
European Society of Cardiology Meeting
Munich, Germany

Ann Rogers

Keynote: *Fatigue and Patient Safety*
9th Pan American Nursing Research Colloquium
Lima, Peru



Julie A. Sochalski



Diane L. Spatz



Marilyn Stringer



Neville E. Strumpf



Eileen M. Sullivan-Marx



Anne M. Teitelman

Edith Simpson

Sub-optimal Restraints for Children Among Diverse Groups of Drivers
7th World Injury Conference
Vienna, Austria

Julie Sochalski

Visiting Scholar/Professor
University of Leuven
Belgium

Diane Spatz

Invited-Keynote Speaker, *Protecting breastfeeding in marginalized populations*
IWK Grace Perinatal Conference
Halifax, Nova Scotia

Marilyn Stringer

OB Perinatal Ultrasound
Project Hope
Egypt

Educating Physicians and Nurses on Maternal/Child Health
Project Hope
Egypt

Study Abroad
Thailand

Neville Strumpf

Building Evidence for Innovative Models of Geriatric Care: The Experience of the Hartford Centers of Geriatric Nursing Excellence
Sigma Theta Tau
Dublin, Ireland

Visiting Professor
University of Hong Kong
Hong Kong SAR, China

Building the Evidence Base for Individualized Care for Frail Older People
Shifting Policy and Practice in Acute Care: Restraint Free Care for Hospitalized Elders
Medical and Health Research Network
Hong Kong SAR, China

Eileen Sullivan-Marx

Outcomes of Physical Restraint Use and RN Staffing in Hospitalized Hip Fracture Patients
Sigma Theta Tau
Dublin, Ireland

Nursing Knowledge
Spain



Beth Ann Swan

Advancing Evidence-Based Interventions for Women
ICOWHI
Sao Pedro, Brazil

Nurses' Role in HIV/AIDS Care in Botswana: Sharing a Study Abroad Experience in Comparative Health Systems
ICOWHI
Sao Pedro, Brazil

PANMCC Meeting
Ribeiro Preto, Brazil

Improving Nursing Practice Through Evidence: Implementation Readiness and Educational Strategies
Sigma Theta Tau
Dublin, Ireland

Poster
Global Network Meeting
Johannesburg, South Africa

Improving Health Through Research: Implications for Evidence-Based Practice
Multidisciplinary International Health Care Conference
Johannesburg, South Africa

Closing the Gap Between Evidence and Practice: An Overview
World Health Organization
Geneva, Switzerland

Breastfeeding and HIV/AIDS Transmission
7th Global Forum for Health Research
Geneva, Switzerland

Lorraine Tulman

Turkey

Terri Weaver

How much is enough CPAP?
Evidence for Differential Sleepiness in OSA
PAP Therapy Compliance: Importance and Impact
Issues in the Care of Patients with Sleep-Disordered Breathing: Opportunities for Nurses.
7th World Congress on Sleep Apnea
Helsinki, Finland



Nancy C. Tkacs



Lorraine J. Tulman



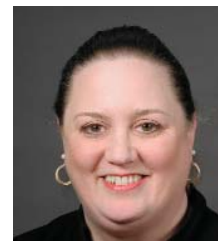
Connie M. Ulrich



Stella L. Volpe



Terri E. Weaver



Tamara L. Zurakowski

Faculty Awards

Linda Aiken

Academy of Social and Political Science
Woodrow Wilson Scholar

American Association of Colleges of Nursing
John P. McGovern Award

Modern HealthCare's 100 Most Powerful

2005 AcademyHealth Distinguished Investigator
in Health Services Research Award 2005

Armenian Church of America (Eastern) and the
Fund for Armenian Relief for Outstanding
Contributions to Health Services in Armenia
2005

Jane Barnsteiner

Sigma Theta Tau International Dorothy Garrigus
Adams Award for Excellence in Fostering
Professional Standards, 2005

Karen Buhler-Wilkerson

Lindback Award for Distinguished Teaching
2005

American Academy of Nursing Media Award

Norma Cuellar

2004 Hartford Institute Geriatric Nursing
Research Scholar

Patricia D'Antonio

Fellow, American Academy of Nursing

Lois Evans

American Journal of Nursing 2004 Book of the
Year Award

2005 Barbara J. Lowery Doctoral Student
Organization Faculty Award

Claire Fagin

American Academy of Nursing Civitas Award
2005

Julia Fairman

Class of 1940 Bicentennial Endowed Term
Chair

Susan Gennaro

Lenore Williams Award, Penn Professional
Women

Kathy Hutchinson

Trustees' Council Faculty Research Fellow, Alice
Paul Center

Loretta Sweet Jemmott

Red Ribbon Award, Community Advisory
Board of the Penn Center for AIDS Research

Sarah Kagan

Fellow, American Academy of Nursing

Sigma Theta Tau International Marie
Hippensteel Lingeman Award for Excellence in
Nursing Practice, 2005

Eun-Hi Kong

School of Nursing 2005 Teaching Assistant
Award

Carol Ladden

School of Nursing 2005 Undergraduate Advisor
Award

Norma Lang

American Journal of Nursing 2004 Book of the
Year Award

Terri Lipman

Society of Pediatric Nurses Excellence in
Nursing Research Award

Joan Lynaugh

NONPF Lifetime Achievement Award

American Academy of Nursing Living Legend
Award 2005

Roger Malseed

School of Nursing 2005 Teaching Award

Kate McHugh

American College of Nurse Midwives Teacher
of the Year Award

Barbara Medoff-Cooper

American Nurses Foundation Scholar

Afaf Meleis

Arab American Family Support Center Special
Recognition Award in Human Services (New
York)

Sadie Mitchell

School of Nursing 2005 Teaching Assistant
Award

Therese Richmond

American Association of Critical Care Nurses
Excellence in Research Award

Barbara Riegel

American Heart Association Lembright Award
2005

Ann E. Rogers

American Academy of Nursing Media Award;
Sigma Theta Tau

International Pinnacle Award, Public Media
Award and Nursing Media Award

Diane Spatz

The Children's Hospital of Philadelphia Nursing
Leadership Award

Neville Strumpf

Claire M. Fagin Distinguished Researcher Award
2005

Beth Ann Swan

President-Elect, American Academy of
Ambulatory Care Nursing

Fellow, American Academy of Nursing

Terri Weaver

Chair-Elect, National American Lung
Association



Research Grants

Linda Aiken

Advanced Training in Nursing Outcomes Research
National Institutes of Health (2-T32-NR-007104)

5/1/1999-3/31/2006

Principal Investigator: Linda Aiken

Beyond Quick Fixes: Evidence Based Policy Analysis
The Robert Wood Johnson Foundation (#049530)

2/1/2004-7/31/2005

Principal Investigator: Linda Aiken

Center for Nursing Outcomes Research
National Institutes of Health (5-P30-NR-005043)

2/15/2000-4/30/2010

Principal Investigator: Linda Aiken

Co-Investigators: Susan Gennaro, Barbara Medoff-Cooper, Douglas Sloane, Julie Sochalski
Pilot Projects: Nancy Hanrahan, Arlene Houldin, Barbara Riegel, Stella Volpe

Hospital Restructuring: Implications for Patient Outcomes and Workforce Policy

The Robert Wood Johnson Foundation (#036274)

9/1/1999-8/31/2004

Principal Investigator: Linda Aiken

How Nursing Affects the Volume-Outcomes Relationship

National Institutes of Health (2-R01-NR-004513)

8/15/2001-9/30/2004

Principal Investigator: Linda Aiken

International Nursing Shortages and Nurse Migration, Commonwealth Secretariat Policy Initiative
Commonwealth Fund (#20050509)

4/1/2005-5/31/2005

Principal Investigator: Linda Aiken

Neutropenia Outcomes: Nurse Staffing and Environment Effects

Oncology Nursing Society

10/1/2003-9/30/2005

Principal Investigator: Linda Aiken

Co-Investigator: Christopher Friese, Julie Sochalski

Nursing Intervention for HIV Regimen Adherence among the Seriously Mentally Ill

National Institutes of Health (5-R01-NR-008851)

9/1/2003-5/31/2008

Principal Investigator: Michael Blank

Co-Investigator: Linda Aiken, Nancy Hanrahan

Outcomes of Nurse Practice Environments

National Institutes of Health (2-R01-NR-004513)

10/1/2004-3/31/2009

Principal Investigator: Linda Aiken

Temporary Nurse Staffing, Hospital Organization, and Nurse and Patient Outcomes

American Staffing Association

2/1/2005-10/31/2005

Principal Investigator: Linda Aiken

Karen Badellino

Human Endothelial Lipase in Cardiovascular Disease
National Institutes of Health (1-K23-HL-074967)

9/1/2004-8/31/2007

Principal Investigator: Karen Badellino

The Role of Endothelial Lipase in HDL Metabolism in Individuals with Metabolic Syndrome

American Heart Association (#0435279N)

7/1/2004-6/30/2008

Principal Investigator: Karen Badellino

Kathryn Bowles

Empowering Elders Through Technology

Pennsylvania State University (The Robert Wood Johnson Foundation)

9/1/2003-8/31/2005

Principal Investigator: Kathryn Dansky

Co-Investigator: Kathryn Bowles

Factors to Support Effective Discharge Decision-Making

National Institutes of Health (5-R01-NR-007674)

9/15/2001-8/31/2005

Principal Investigator: Kathryn Bowles

Nurse Researcher for VNA

Visiting Nurses Association of Greater Philadelphia

7/1/2001-6/30/2005

Principal Investigator: Kathryn Bowles

Sean Clarke

Organizational Climate and Hospital Patient/Nurse
National Institutes of Health (1-K01-NR-007895)

7/1/2002-6/30/2005

Principal Investigator: Sean Clarke

Charlene Compher

A Study of the Efficacy and Safety of Teduglutide in Subjects with Perenteral Nutrition (PN) Dependent Short Bowel Syndrome (SBS)

NPS Allelix Corporation (#CL0600-004)

8/25/2004-5/31/2006

Principal Investigator: Charlene Compher

Impact of Intravenous Proton Pump Inhibitors on Ostomy Output and Nutrient Absorption in the Home TPN Patient with Short Bowel Syndrome

Wyeth Pharmaceuticals, Inc. (#3001A-200041)

8/31/2004-7/31/2005

Principal Investigator: Charlene Compher

Oleic Acid Effects on Transit and Absorption in SBS

National Institutes of Health (5-R03-DK-062841)

7/1/2003-6/30/2006

Principal Investigator: Charlene Compher

Judith Cornelius

African American Grand Family HIV Prevention Identifying Needs, Barriers, and Concerns

Hampton University (#05-060)

10/31/2004-8/31/2005

Principal Investigator: Judith Cornelius

Norma Cuellar

A Comparison of Type 2 Diabetes with/without RLS
American Association of Diabetes Educators

5/1/2004-5/1/2006

Principal Investigator: Norma Cuellar

The Use of Alternative Medicine for the Sleep Disorder Restless Leg Syndrome

Christian R. and Mary F. Lindback Foundation

6/1/2005-5/31/2006

Principal Investigator: Norma Cuellar

Patricia D'Antonio

Nursing History Review

American Association for the History of Nursing

1/1/1992-12/31/2006

Principal Investigator: Patricia D'Antonio

Nursing in the US: A History of People and Places

National Institutes of Health (5-G13-LM-008199)

6/1/2004-5/31/2007

Principal Investigator: Patricia D'Antonio

Janet Deatrck

Assessing Family Management of Childhood Chronic Illness

Yale University (R01-NR-008048)

5/1/2003-2/28/2006

Principal Investigator: Kathleen Knaf

Co-Investigator: Janet Deatrck

Family Management and Survivors of Childhood Brain Tumors

Oncology Nursing Society

3/15/2005-3/15/2007

Principal Investigator: Janet Deatrck

Co-Investigator: Wendy Hobbie

Lois Evans

Effects of Writing and Sharing Caregiving Narratives on the Job Satisfaction of Direct Care Workers in Nursing Homes

NIH Long-Term care Network Pilot (5-K07-AG-00830)

6/15/2003-3/31/05

Principal Investigator: Jerry Johnson

Co-Investigators: Lois Evans

Susan Gennaro

Mechanisms for Preterm Birth in African-American Women

National Institutes of Health (1-R03-NR-008548)

8/15/2003-7/31/2005

Principal Investigator: Susan Gennaro

Ellen Giarelli

Participation in Life-Long Surveillance: Families with F.A.P
 Oncology Nursing Society
 5/15/2003-5/15/2005
 Principal Investigator: Ellen Giarelli

Deanna Gray-Micelli

Feasibility of Using the Post Fall Assessment (Index) Tool with Older Nursing Home Residents
 NIH Long-Term care Network Pilot (5-K07-AG-00830)
 11/1/2004-3/31/05
 Principal Investigator: Jerry Johnson
 Co-Investigators: Deanna Grey-Micelli

Arlene Houldin

Enhancing connection: Helping the Mother with Breast Cancer Support Her Child
 University of Washington
 6/1/2002-3/31/2006
 Principal Investigator: Frances Lewis
 Co-Investigator: Arlene Houldin

Experiences of Colorectal Cancer Patients and Their Caregivers
 Oncology Nursing Society
 9/15/2003-9/15/2005
 Principal Investigator: Arlene Houldin

Loretta Sweet Jemmott

AIDS Clinical Trial Unit
 National Institutes of Health (5-U01-AI-032783)
 1/1/2000-12/31/2005
 Principal Investigator: Pablo Tebas
 Co-Investigator: Loretta Sweet Jemmott

Church Based Parent-Child HIV Prevention Project
 National Institutes of Health (5-R01-MH-063070)
 7/1/2001-6/30/2006
 Principal Investigator: Loretta Sweet Jemmott
 Co-Investigators: M. Katherine Hutchinson, Freida Outlaw

Empowering Women Drug Users to Reduce HIV Risk
 National Institutes of Health (5-R01-DA-013901)
 6/20/2001-11/30/2004
 Principal Investigator: Erica Gollub
 Co-Investigator: Loretta Sweet Jemmott

Hampton Penn Center to Reduce Health Disparities
 National Institutes of Health (1-P20-NR-008361)
 9/30/2002-6/30/2007
 Principal Investigator: Loretta Sweet Jemmott
 Co-Investigators: Janet Deatruck, Susan Gennaro, Mary Katherine Hutchinson, Barbara Medoff-Cooper, Lorraine Tulman
 Pilot Projects: Terri Lipman, Barbara Riegel, Julie Sochalski

HIV Prevention Trial Unit HIV
 National Institutes of Health (5-U01-AI-048014)
 7/1/2000-6/30/2005
 Principal Investigator: David Metzger
 Co-Investigator: Loretta Sweet Jemmott

HIV Sexual Risk Reduction for Black Drug Using Women
 National Institutes of Health (1-R01-MH-64407)
 9/25/2001-8/31/2006
 Principal Investigator: John Jemmott
 Co-Investigators: M. Katherine Hutchinson, Loretta Sweet Jemmott

HIV/STD Prevention Intervention for Black Adolescents
 National Institutes of Health (5-R01-MH-062049)
 9/10/2000-8/31/2005
 Principal Investigator: John Jemmott
 Co-Investigator: Loretta Sweet Jemmott

HIV/STD Reduction for African American Couples
 National Institutes of Health (5-U10-MH-064394)
 4/1/2002-1/31/2007
 Principal Investigator: John Jemmott
 Co-Investigator: Loretta Sweet Jemmott

South African Adolescents Health Promotion Project
 National Institutes of Health (5-R01-MH-065867)
 9/20/2002-7/31/2007
 Principal Investigator: John Jemmott
 Co-Investigator: Loretta Sweet Jemmott

Generalizability of HIV Risk Strategies
 National Institutes of Health (5-R01-HD-039109)
 9/30/1999-8/31/2006
 Principal Investigator: John Jemmott
 Co-Investigator: Loretta Sweet Jemmott

Sarah Kagan

Family Caregiving Skill Measurement and Evaluation
 National Institutes of Health (5-R01-NR-005126)
 9/1/1999-8/31/2004
 Principal Investigator: Karen Schumacher
 Co-Investigator: Sarah Kagan

Eileen Lake

Effect of Nurse Expertise on Patient Outcomes
 University Research Foundation Award
 7/1/2003-6/20/2005
 Principal Investigator: Eileen Lake

Nurse Staffing, Clinical Expertise and Patient Safety
 Leonard Davis Institute of Health Economics
 7/1/2003-6/30/2005
 Principal Investigator: Eileen Lake

Terri Lipman

Management of Pediatric Type 2 Diabetes
 The Children's Hospital of Philadelphia
 9/20/2001-2/28/2009
 Principal Investigator: Charles Stanley
 Co-Investigator: Terri Lipman

Linda McCauley

Biomarkers of Pesticide Toxicity among Teen Farmworkers
 Centers for Disease control and Prevention (5-R01-OH-008057)
 1/1/2004-9/29/2006
 Principal Investigator: Linda McCauley

Genes and Environment: Education to Involve Communities
 National Institutes of Health (5-R25-ES-012089)
 1/1/2004-7/31/2007
 Principal Investigator: Linda McCauley
 Co-Investigator: Connie Ulrich

Neurotoxic Superfund Chemicals and Biomarkers
 Oregon Health Sciences University (5-P42-ES-010338)
 4/1/2004-3/31/2005
 Principal Investigator: Peter Spencer
 Co-investigator: Linda McCauley

Pesticide Exposure in Minority Families
 National Institutes of Health (5-R01-ES-008707)
 1/1/2004-7/31/2006
 Principal Investigator: Linda McCauley

Anne McGinley

Evaluation of the Accuracy of Height assessment of Pre-menopausal and Menopausal Women
 Hartford Center for Geriatric Nursing Excellence
 1/1/2002-12/31/2004
 Principal Investigator: Anne McGinley
 Co-Investigator: Terri Lipman

Barbara Medoff-Cooper

An Export Center of Excellence for Inner City Health
 National Institutes of Health (5-P60-MD-000209)
 9/30/2002-7/31/2007
 Principal Investigator: Shiriki Kumanyika
 Co-Investigator: Barbara Medoff-Cooper

Feeding Behaviors and Energy Balance in Infants with CHD
 National Institutes of Health (5-R01-NR-002093)
 9/6/2002-5/31/2007
 Principal Investigator: Barbara Medoff-Cooper

Infant Functional Status and Discharge
 The Children's Hospital of Philadelphia (1-R01-HD-041211)
 9/1/2001-8/31/2005
 Principal Investigator: Jeffrey Silber
 Co-Investigator: Barbara Medoff-Cooper

Mary Naylor

Building Interdisciplinary Geriatric Health Care Research Center
 Rand Corporation (#4313)
 1/1/2003-6/30/2005
 Principal Investigator: Mary Naylor
 Co-Investigators: Kathryn Bowles, Lois Evans, Karen Hirschman, Lenore Kurlowicz, Neville Strumpf

Clinical and Economic Effectiveness of a Technology-Drive Heart Failure Monitoring System
 Health Care Financing Administration (18-C-91172/3)
 9/20/2000-9/19/2004
 Principal Investigator: Mariell Jessup
 Co-Investigator: Mary Naylor

Coordination Care between Hospital and Home: Translating Research into Practice, Phase 1
The Commonwealth Fund (#20040068)
2/1/2004-4/30/2005
Principal Investigator: Mary Naylor
Co-Investigators: Kathryn Bowles, Kathleen McCauley

Physician-Nurse Co-Management of Elders with Heart Failure
National Institutes of Health (5-R01-NR-007616)
9/30/2000-8/31/2004
Principal Investigator: J. Sanford Schwartz
Co-Investigators: Mary Naylor, Kathleen McCauley

Transitional Care Model for Elders
Jacob and Valeria Langeloth Foundation
7/1/2004-6/30/2007
Principal Investigator: Mary Naylor
Co-Investigators: Kathryn Bowles, Kathleen McCauley

Jennifer Pinto-Martin

Center of Excellence for Autism Epidemiology
Centers for Disease Control & Prevention (U10/CCU320394)
9/30/2001-9/29/2006
Principal Investigator: Jennifer Pinto-Martin
Co-Investigator: Ellen Giarelli

Rosemary Polomano

Psychometric Validation of the Patient Ease of Care Questionnaire
Ortho McNeil Pharmaceutical (A2-3254)
9/15/2004-6/30/2005
Principal Investigator: Rosemary Polomano

Therese Richmond

Case Study of Alcohol Outlets & Firearm Violence
National Institutes of Health (5-R01-AA-013119)
8/1/2002-4/30/2006
Principal Investigator: Charles Branas
Co-Investigator: Therese Richmond

Firearm & Injury Center at Penn (FICAP) National Research Collaborative Meeting on Firearm Violence
The Joyce Foundation (#05-28290)
4/1/2005-9/30/2005
Principal Investigator: Therese Richmond

Major Depression Following Injury
National Institutes of Health (5-R01-MH-063818)
4/1/2002-3/31/2007
Principal Investigator: Therese Richmond

Project Safe Neighborhoods (PSN) Research Partner
U.S. Department of Justice (#2003-GP-CX-0110)
4/7/2003-9/30/2006
Co-Principal Investigators: Therese Richmond, Charles Schwab

Reducing Firearm Injury through Interdisciplinary Community Partnership
The Joyce Foundation
5/1/2001-10/31/2005
Co-Principal Investigators: Therese Richmond, Charles Schwab

Barbara Riegel

Effectiveness of Telephonic Case Management in Hispanics with Heart Failure
American Heart Association (0270025N)
9/1/2002-12/31/2004
Principal Investigator: Barbara Riegel

Nurse-Delivered Focused education and Counseling Intervention to Decrease Delay in Seeking Treatment
University of California, San Francisco (5-R01-NR-007952)
9/1/2002-2/28/2006
Principal Investigator: Kathleen Dracup
Co-Investigator: Barbara Riegel

Ann E. Rogers

Neurobehavioral Effects of Partial Sleep Deprivation
National Institutes of Health (5-R01-NR-004281)
5/1/2004-1/31/2009
Principal Investigator: David Dinges
Co-Investigator: Ann Rogers

Staff Nurse Healthcare Research and Quality
Agency for Healthcare Research and Quality (5-RO1-HS-11963)
9/30/2001-9/29/2005
Principal Investigator: Ann Rogers
Co-Investigator: Linda Aiken

Julie Sochalski

Nurse Assessments of Process and Outcomes for Hospitalized Cancer Patients
Oncology Nursing Society
5/1/2004-6/30/2005
Principal Investigator: Julie Sochalski

Nurse Staffing and Patient Outcomes in the VA
U.S. Department of Veteran's Affairs (V663P-5946)
10/1/2002-9/30/2005
Principal Investigator: Anne Sales
Co-Investigator: Julie Sochalski

Predicting Pediatric Risk of Death after Hospitalization
The Children's Hospital of Philadelphia (5-R21-NR-008614)
7/1/2003-6/30/2006
Principal Investigator: J. Christopher Feudtner
Co-Investigator: Julie Sochalski

Diane Spatz

Support for Low Income Breastfeeding: Cost and Outcomes
Johns Hopkins University (R01-NR-007675)
3/1/2003-2/28/2006
Principal Investigator: Linda Pugh
Co-Investigator: Diane Spatz

Neville Strumpf

Leadership in Creating and Dismissing Innovations for Frail Vulnerable Elders
The John A. Hartford Foundation
1/1/2001-12/31/2005
Principal Investigator: Neville Strumpf
Co-Investigators: Lois Evans, Mary Naylor
Pilot Projects: Valerie Cotter, Eileen Sullivan-Marx, Karen Wilkerson

Hospital Staffing, Physical Restraint and Patient Outcomes
National Institutes of Health (1-K01-NR-00157)
9/1/2000-8/31/2004
Principal Investigator: Eileen Sullivan-Marx
Co-Investigators: Linda Aiken, Neville Strumpf

Visiting Nurse Service of New York Scholars Program
Visiting Nurse Service of New York
9/1/2003-8/31/2005
Principal Investigator: Eileen Sullivan-Marx
Co-Investigator: Kathryn Bowles

Nancy Tkacs

Brain Hypoglycemia-Associated Autonomic Failure and the Brain
National Institutes of Health (5-KO1-DK-002899)
8/15/2001-6/30/2005
Principal Investigator: Nancy Tkacs

Stella Volpe

Changing Cafeteria Portion Sizes to Prevent Weight Gain
National Institutes of Health (5-R03-DK-063991)
1/1/2004-4/30/2006
Principal Investigator: Stella Volpe

Changing Cafeteria Portion Sizes to Prevent Weight Gain
University Research Foundation Award
7/1/2004-6/30/2005
Principal Investigator: Stella Volpe

School-Based Prevention of Type 2 Diabetes in Children
George Washington University (5-U01-DK-061230)
3/1/2004-5/31/2005
Principal Investigator: Gary Foster
Co-Investigators: Terri Lipman, Stella Volpe

Terri Weaver

Impact of CPAP on Functional Outcomes in Milder OSA
National Institutes of Health (5-R01-HL-076101)
9/1/2003-6/30/2007
Principal Investigator: Terri Weaver

SCOR in Neurobiology of Sleep and Sleep Apnea
National Institutes of Health (2-P50-HL-060287)
9/1/2003-8/31/2008
Principal Investigator: Allan Pack
Co-Investigator: Terri Weaver



Training Grants

Linda Aiken

Doctoral Degree Scholarship in Cancer Nursing
American Cancer Society (DSCN-03-202-01-SCN)

8/1/2003-7/31/2005

Mentor: Linda Aiken

Fellow: Christopher Friese

Sharing Clear Health Messages

Pfizer Scholars Grant

7/1/2004-6/30/2006

Mentor: Linda Aiken

Fellow: Mary Powell

Kay Arendasky

OSHA Internship

Department of Labor (DOL D059F20632)

2/21/2005-4/15/2005

Mentor: Kay Arendasky

Fellow: Vishnu Nancoo

Lois Evans

Delaware Valley Geriatric Education Center

U.S. Department of Health & Human Services

(5-D31-HP-070144)

7/1/2001-6/30/2006

Principal Investigator: Mary Ann Forcica

Co-Investigator: Lois Evans

Julie Fairman

Nurse Practitioner Legislation and Access to Healthcare

National Institutes of Health (1-F31-NR-

008302)

8/1/2003-7/31/2006

Mentor: Julie Fairman

Fellow: Deborah Ann Sampson

Susan Gennaro

Research of Vulnerable Women, Children, and Families

National Institutes of Health (5-T32-NR-

007100)

5/1/1998-2/29/2008

Principal Investigator: Susan Gennaro

Co-Investigators: Janet Deatrack, Loretta Sweet

Jemmott

Arlene Houldin

Factors Affecting the Negotiation of Cancer Pain

Treatment among African Americans

Oncology Nursing Society

3/15/2004-3/14/2006

Mentor: Arlene Houldin

Fellow: Salimah Meghani

Masters Degree Scholarship in Cancer Nursing

American Cancer Society (MSCN-04-166-01-SCN)

8/1/2004-7/31/2005

Mentor: Arlene Houldin

Student: Brooke Slater

Sarah Kagan

Advanced Cancer and Decision-Making in African

American Families

Oncology Nursing Society

3/15/2002-3/15/2005

Mentor: Sarah Kagan

Fellow: Joanne Reifsnnyder

Doctoral Degree Scholarship in Cancer Nursing

American Cancer Society

8/1/2002-7/31/2005

Mentor: Sarah Kagan

Fellow: Margaret Crighton

Geriatrics Nursing Knowledge and Experience in Long Term Care Facilities

Health Resources and Services Administration

(1-D53-HP-00520)

7/1/2003-12/31/2004

Principal Investigator: Sarah Kagan

Co-Investigators: Valerie Cotter, Neville Strumpf

Neutropenia in Older Adults with Hematologic

Malignancy

The John A. Hartford Foundation through the

American Academy of 7/1/2003-6/30/2005

Mentor: Sarah Kagan

Fellow: Margaret Crighton

Anne Keane

2004-05 Independence Blue Cross Nurse Scholars

Program for PhD Students

Pennsylvania Higher Education Foundation

7/1/2004-6/30/2005

Principal Investigator: Anne Keane

2004-05 Nursing Education Grant Program

Pennsylvania Higher Education Foundation

7/1/2004-6/30/2005

Principal Investigator: Anne Keane

2004-05 Nursing Education Grant Program -

Supplemental

Pennsylvania Higher Education Foundation

7/1/2004-6/30/2005

Principal Investigator: Anne Keane

Advanced Education Nursing Traineeships

Health Resources and Services Administration

(A10-HP-00072)

7/1/2002-6/30/2005

Principal Investigator: Anne Keane

University Based Nurse Anesthesia Program

Health Resources and Services Administration

(1-D09-HP-04061)

9/1/2004-6/30/2007

Principal Investigator: Anne Keane

Norma Lang

Collaborative Programs in Nursing and Peace Conflict

Studies with the University of Ibadan, Nigeria

The John D. and Catherine T. MacArthur

Foundation (03-80302-000-GSS)

1/1/2004-12/31/2005

Principal Investigator: Peter Conn

Co-Investigator: Norma Lang

Linda McCauley

Master's Education in Occupational Environmental

Health

Center for Disease Control and Prevention

(T01/CCT310445)

7/1/2002-6/30/2005

Principal Investigator: Linda McCauley

Co-Investigator: Kay Arendasky

Barbara Medoff-Cooper

Energy Expenditure, Energy Intake, and Weight Gain

in Post-Operative Infants with Congenital Heart

Disease

American Nurse Foundation (#2003060)

11/1/2003-4/29/2005

Mentor: Barbara Medoff-Cooper

Fellow: Judy Verger

Mary Naylor

Interdisciplinary Geriatric Research: A Study of Group

Culture to Identify Facilitators and Barriers of

Successful Collaboration

The John A. Hartford Foundation through the

American Academy of Nursing

7/1/2004-6/30/2006

Mentor: Mary Naylor

Fellow: Stacen Keating

Therese Richmond

Disparities in Clinical Care outcome for Older Adults:

Influence of Age, Race, and Gender

The John A. Hartford Foundation through the

American Academy of Nursing

7/1/2003-6/30/2005

Mentor: Therese Richmond

Fellow: Michele Balas

Julie Sochalski

The Effects of Informal Caregivers on the Outcomes of

Older Adults Receiving Home Health Care

American Nurses Foundation (#2004021)

10/1/2004-9/30/2005

Mentor: Julie Sochalski

Fellow: Eunhee Cho

Diane Spatz

The Program for North American Mobility in Higher

Education

University of New Mexico Health Sciences

Center (U.S. Department of Education)

2/15/2000-2/14/2005

Principal Investigator: Karen Carlson

Co-Investigator: Diane Spatz

Neville Strumpf

A Qualitative Description of Enrollment in Pace

Agency for Healthcare Research and Quality (1-

R36-HS-014697)

9/1/2004-6/30/2005

Mentor: Neville Strumpf

Fellow: Anna Beeber

Creating Careers in Geriatric Advanced Practice

Nursing

American Association of Colleges of Nursing

7/1/2002-6/30/2008

Principal Investigator: Neville Strumpf

Development of a Palliative Care Minor
Arcadia Foundation
6/1/2003-5/31/2006
Principal Investigator: Neville Strumpf

Geriatric Nursing Education Project
American Association of Colleges of Nursing
7/1/2002-6/30/2005
Principal Investigator: Neville Strumpf

John A. Hartford Fellowship: Building Academic Geriatric Nursing
The John A. Hartford Foundation through The American Academy of Nursing
9/1/2002-2/28/2005
Mentor: Neville Strumpf
Fellow: Cheryl Monturo

Eileen Sullivan-Marx

Building RN Training Skills for Geriatric Education
Health Resources and Services Administration
(5-D62-HP-01912)
9/1/2003-6/30/2006
Principal Investigator: Eileen Sullivan-Marx
Co-Investigators: Kathleen Burke, Linda Carrick, Rebecca Phillips, Rosalyn Watts

Nancy Tkacs

Menstrual Cycle and Insulin Sensitivity in Diabetes
National Institutes of Health (5-F31-NR-008179)
9/1/2002-8/31/2005
Mentor: Nancy Tkacs
Fellow: Kimberly Trout

Terri Weaver

Obstructive Sleep Apnea: African American Perceptions
National Institutes of Health (1-F31-NR-009315)
9/30/2004-9/29/2007
Mentor: Terri Weaver
Fellow: Amy Sawyer

Predictors of Adherence in CPAP Treatment for Obstructive Sleep Apnea
U.S. Department of Veteran's Affairs
6/1/2003-9/30/2004
Mentor: Terri Weaver
Fellow: Amy Sawyer



Conference Grants

Jane Barnsteiner

State of the Science on Safe Medication
Agency for Healthcare Research and Quality (1-R13-HS-014836)
5/10/2004-5/9/2005
Principal Investigator: Jane Barnsteiner
Co-Investigator: Kathleen Burke

Lois Evans

Geriatric Mental Health Nursing: State of the Future Conference
Van Ameringen Foundation, INC.
1/1/2005-12/1/2005
Principal Investigator: Lois Evans

Geriatric Mental Health Nursing: State of the Future Conference
University Research Foundation Conference Support
7/1/2004-6/30/2005
Principle Investigator: Lois Evans

Terri Lipman

Bridging the Cultural Canyon: Strategies to Reduce Health Inequities for American Indians
Novo Nordisk Pharmaceuticals, Inc.
4/1/2005-3/31/2006
Principal Investigator: Terri Lipman
Co-Investigator: Kathleen Burke, Rosalyn Watts

Bridging the Cultural Canyon: Strategies to Reduce Health Inequities for American Indians
National Institutes of Health (1-R13-DK-071454)
6/1/2005-5/31/2006
Principal Investigator: Terri Lipman
Co-Investigator: Kathleen Burke, Charlene Compher, Stella Volpe, Rosalyn Watts

Summit on American Indian Health Care: Bridging the Cultural Canyon
Lifescan, Inc. (HCC00748A)
4/1/2005-9/30/2005
Principal Investigator: Terri Lipman
Co-Investigator: Kathleen Burke, Rosalyn Watts

Afaf Meleis

Penn Summit on Global Issues in Women's Health: Safe Womanhood in an Unsafe World
Bill and Melinda Gates Foundation (#36122)
3/24/2005-3/24/2006
Principal Investigator: Afaf Meleis

Penn Summit on Global Issues in Women's Health: Safe Womanhood in an Unsafe World
Carnegie Corporation of New York (#D05131)
4/1/2005-3/31/2006
Principal Investigator: Afaf Meleis

Practice Grants

Eileen Sullivan-Marx

Health Education in West Philadelphia
First Hospital Foundation
1/1/2005-12/31/2005
Principal Investigator: Eileen Sullivan-Marx



Addressing the issue of nurse migration from poorer to richer countries



Dr. Aiken earned the 2005 AcademyHealth Distinguished Investigator Award which “recognizes investigators who have made significant and lasting contributions to the field of health services research through scholarship and teaching, advancement of science and methods, and leadership.”

As the international shortage of nurses continues to worsen, the issue of nurse migration from poorer to richer countries provides a serious agenda for research. The Center for Health Outcomes and Policy Research, led by Linda H. Aiken, PhD, FAAN, FRCN, RN, the Claire M. Fagin Leadership Professor in Nursing and a Professor of Sociology, recently directed a conference to address the issue.

The Center and AcademyHealth organized the event, held in July at the Rockefeller Foundation’s conference center in Bellagio, Italy. Sponsors included the Rockefeller Foundation, the International Development Research Centre, Johnson & Johnson, The Robert Wood Johnson Foundation, Nuffield Trust, the Agency for Healthcare Quality and Research, the Canadian Health Services Research Foundation, Canadian Nurses Association, and the Joint Committee on Economic and Policy Analysis.

“While the scope of the current shortage of nurses is unprecedented, there are known solutions, such as best practices to improve retention, productivity, and quality of care and greater investment by governments in nursing education,” says Dr. Aiken. “Concerted international cooperation and targeted investments are required to implement these best practices and education expansion on a scale large enough to meet global needs.”

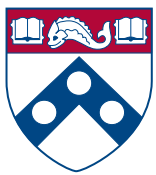
The group of 23 healthcare experts and policy-makers from 10 source and destination countries recommended a strong mix of increased investments in nursing education in developed and developing countries, improving the work environments and retention of nurses in their countries of origin worldwide, and bilateral and multilateral cooperative agreements to minimize the negative consequences of migration.

Such work in the national and global policy arena earned Dr. Aiken the 2005 AcademyHealth Distinguished Investigator Award which “recognizes investigators who have made significant and lasting contributions to the field of health services research through scholarship and teaching, advancement of science and methods, and leadership.”

Left to Right, front row: Binod Khadria (India), Judith Shamian (Canada), Patricia Pittman (US), Linda O'Brien-Pallas (Canada), Linda Aiken (US), Barbara Nichols (US), Jean Yan (WHO), Marilyn Elgado-Lorenzo (Philippines), Marla Salmon (US), Zack Fang (China).

Left to Right, back row: Jane Mutambira (Zimbabwe), Magda Awases (Congo), Peggy Vidot (Commonwealth Secretariat), Thembeke Gwagwa (South Africa), Lisa Little (Canada), Mireille Kingma (ICN), Uta Lehmann (South Africa), Kim Beazor (UK), Dela Dolvo (Ghana), Jim Buchan (UK), Jim Smith (US).





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