

2020
YEAR OF THE NURSE & MIDWIFE

Penn Nursing

FALL 2020

Where There's a Will, There's Wellness

Innovative care solutions tackle a growing mental health need in the field of nursing.

P. 32

Dual Pandemic:
Meet 10 alumni
and students
taking on
COVID-19 and
systemic racism.

P. 22

Congressional
Care: Nurses
have the skill and
grit to be dynamic
legislators.

P. 38

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SCOPE
4 – Lighting Up Philly to Honor Health Care Heroes

News

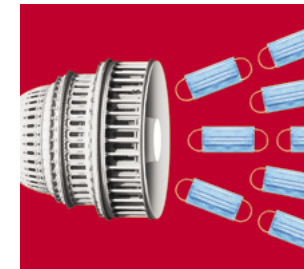
6 – Happenings at Penn Nursing
9 – Media Spotlight

GLOBAL
10 – World Wide Work and Perspectives

PRACTICE & COMMUNITY
12 – Local Engagement and Partnerships

Policy

14 – America the Policy Lab



16 – A Blueprint for Equity and Inclusion

Discovery & Innovation

18 – Out of the Lab, Into the Public

20 – Science With a Side of Fun



We want to hear your story about nursing and COVID-19. Please send submissions to magazine@nursing.upenn.edu or tag us on socials @PennNursing. Stay safe!

Cover illustration by Hokyoung Kim



“There’s more at stake than just the government funding available to your community. Literally every clinical decision you make is influenced by a policymaker in one way or another.”
—Congresswoman Lauren Underwood
MSN/MPH RN, p.39

Leadership

38 – Congressional Care: Nurse Impact on Public Policy

Alumni Notes 44

A DAY IN THE LIFE
42 – Helene Fuld Pavilion for Innovative Learning and Simulation

PATH
52 – Wendy D. Grube



Features



This is the Frontline

22

COVER STORY
Where There’s a Will, There’s Wellness

32



“I am very optimistic that the importance of sharing scientific knowledge with the masses is a science we can grow moving forward.”
—Ashley Ritter PHD CRNP, p.21



Two Great Ways to Make an Impact.

Now more than ever, it's time to celebrate our nurses and thank them for their tireless work. Plan a gift today that can help generate 2x the innovations, discoveries, and advancements happening at Penn Nursing. There are two great ways to fuel the *Innovating for Life and Living* campaign using your retirement plan.

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Penn Nursing

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University of Pennsylvania School of Nursing Magazine

FALL 2020
Penn Nursing is a biannual publication of the University of Pennsylvania School of Nursing, Claire M. Fagin Hall, 418 Curie Boulevard, Philadelphia, PA 19104-4217

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Championing Social Justice

THE COVID-19 pandemic is going to be with us for a while, and the fundamental ways in which it has changed how we live, work, learn, and play will stay with us as well. While it may feel strange to some of us to wear a mask at the grocery store, stay physically distanced from friends and loved ones, or connect with coworkers and teachers virtually, these are the actions we must take, together, to stay healthy, save lives, and keep our economy going.

And COVID-19 is not the only pandemic we're living with—the brutal deaths of Black men and women at the hands of law enforcement in recent weeks and months have sparked intense conversation about racial injustice. These deaths and the devastating impact of COVID-19 on communities of color, in particular, are two symptoms of the same disease—structural racism. This issue of *Penn Nursing*, in part, highlights efforts that our students, alumni, and faculty are engaging in to address social determinants of health and structural racism in our society—including nursing education, practice, and research.

Nurses have historically been at the forefront of advocacy and activism—which often go hand-in-hand with improving health and health equity. It is no coincidence that Penn Nursing's mission and vision center social justice and understanding social determinants of health.

Our School is positioned to effectively engage the dual pandemics of systemic racism and the novel coronavirus



Antonia M. Villarruel PHD RN FAAN
The Margaret Bond Simon
Dean of Nursing

because of that commitment—and we are grateful to our donors and friends who have helped us to support our students and develop programming and curriculum that reflect our values. We simply cannot develop the nursing and health care leaders of tomorrow without a solid foundation in social justice.

It is imperative for all of us to ask what more we can do to make health, health care, and the field of nursing itself more just. We must continue to focus on dismantling structural racism in nursing education and practice. We must continue to critically examine our policies and how we work to eliminate institutional racism that prevents the nursing profession—and Penn Nursing—from promoting equity and fully living our values.

Asking the right questions and taking action, even when it's not easy, is part of what makes Penn Nursing the #1 ranked school of nursing in the world and for the world. It starts with us, and we take our role in combating this pandemic—both pandemics—seriously. ❖



"We simply cannot develop the nursing and health care leaders of tomorrow without a solid foundation in social justice."

Lighting Up Philly to Honor Health Care Heroes

ON THE EVENING of April 28, 2020, Linda S. Kocent RN MSN Nu'84 GNu'88 stood in her scrubs at 34th and Spruce Streets, waiting for the drone show to start. She'd just spent a long day overseeing the learning center at Children's Hospital of Philadelphia's (CHOP) Connelly Resource Center for Families, teaching caregivers to administer injections to their kids and how to use feeding

tubes. She wanted to go home, but her colleagues pouring out of the Hospital of the University of Pennsylvania and CHOP were excited, looking up at the sky. The anticipation was enough to make her stay. "The first lights came up in the dark," Kocent says, "and wow—it was like a fireworks show, but more elaborate, like synchronized swimming with a hundred-plus drones. It was very inspirational and motivational."

The light show honored health care professionals like Kocent and first responders to the COVID-19 pandemic with an aerial tribute at Penn's campus. Verge Aero—a leader in high performance drone light shows—sent up approximately 140 illuminated drones into the sky above Franklin Field Stadium. They flew in formation for a dynamic light show that featured a variety of images, including, Kocent says,

"a beating heart that did a 360 degree turn. It was absolutely incredible." As reported in an article by the Pennovation Center, Nils Thorjussen, CEO of Verge Aero, which operates out of the Pennovation Center, said, "This was an opportunity for us to donate our resources and expertise to stand in solidarity with these brave heroes, and convey the thanks of the American people. We are profoundly grateful for their

tireless work, dedication, and sacrifice." In addition to the Penn campus drone light show, dozens of iconic Philadelphia buildings and landmarks celebrated health care workers by lighting up blue. The display was part of the local #PhillyShinesBlue campaign and global #LightItBlue campaign. ❄️
To view complete drone show footage, visit www.nursing.upenn.edu/lightitblue.



News

Virtual Reality Best-Practices Training

An interdisciplinary team from Penn joined efforts with physicians in New York to fast-track virtual reality coronavirus training materials to support medical personnel and serve patients nationwide. One New York physician on the coronavirus frontlines reached out to Kyle Cassidy at Penn’s Annenberg School of Communications (Cassidy received a Penn Model of Excellence Award for his transdisciplinary work with virtual reality). Within a week, staff from Penn Medicine, Penn Libraries, and Penn Nursing—including **Ann Marie Hoyt Brennan MSN RN**, director of the Helene Fuld Pavilion for Innovative Learning and Simulation—were on board with the project. The end result is an open access, 360° training video, available online: www.asc.upenn.edu/covidVR.



◀ Ann Marie Hoyt Brennan MSN RN



Research on Black Male Trauma Survivors

A study by researchers at Penn Nursing and Drexel University explored how Black male survivors of trauma articulate the factors that facilitate or hinder their help-seeking for psychological symptoms after injury. The investigation revealed that severe post-traumatic symptoms create pathways to help-seeking among some Black men who survive trauma exposure, while for others, financial worry and discrimination combine in a pathway toward help-seeking even in the absence of severe psychological symptoms after trauma. **Theresa S. Richmond PHD RN FAAN**, the Andrea B. Laporte Professor of Nursing, Associate Dean for Research & Innovation, and a co-author of the study says, “Somewhat akin to a precision medicine approach, future examination of these pathways may help to develop theories about the utilization of behavioral health services for Black men that are based on their experiences rather than the assumption that all Black

men who are trauma survivors have a single perspective on seeking help.”

New Scholarship Fund for Students Impacted by Pandemic

With 85 percent of Penn Nursing students typically relying on financial aid, economic fallout from the pandemic threatened to derail education for some students. In response, Margaret Bond Simon Dean of Nursing **Antonia M. Villarruel PHD RN FAAN** created a COVID-19 Scholarship Fund as an emergency source of aid. She says, “So many of our students and their families are facing severe economic hardships—so much so that very promising students have been thinking of discontinuing their education. That would be a devastating loss to health and health care.” For more info, visit www.nursing.upenn.edu/scholarshipfund

Bioethics Challenges Raised by COVID-19

In an editorial in the journal *AJOB Empirical Bioethics*, three nurse researchers—including **Connie M. Ulrich PHD RN FAAN**, Lillian S. Brunner Chair in Medical and Surgical Nursing and Professor of Nursing—provided ideas for meaningful empirical bioethics research related to the COVID-19 pandemic to aid clinicians in ethical decision-making approaches. Ulrich notes, “Empirical bioethics research on decision-making during this pandemic can contribute to a body of evidence describing these

unique ethical challenges, as well as the failures and successes of the decisions made to address and resolve them.” The editorial is titled “COVID-19: Advancing Empirical Bioethics Research.”



COVID-19 Breastfeeding Guidance

Diane Lynn Spatz PHD RN-BC FAAN, Professor of Perinatal Nursing and The Helen M. Shearer Professor of Nutrition, provided guidance regarding breastfeeding and COVID-19 in an editorial, “Using the Coronavirus Pandemic as an Opportunity to Address the Use of Human Milk and Breastfeeding as Lifesaving Medical Interventions” in the *Journal of Obstetric, Gynecologic & Neonatal Nursing*. “While it is unknown if COVID-19-positive mothers can transmit the virus through milk, in limited studies the virus has not been detected in human milk,” says Spatz. “We should use this pandemic as a way to increase visibility of the critical role of human milk and breastfeeding for all families at all times and educate the public about the importance of the use of human milk and breastfeeding as lifesaving medical interventions.”



School Nurses Take the Lead

In an editorial, “Reopening Schools in the Time of Pandemic: Look to School

Nurses,” **Catherine C. McDonald PHD RN**, Associate Professor of Nursing, addressed challenges that would likely need to be met to reopen schools in the fall and how school nurses are positioned to keep children healthy, safe, and ready to learn. The editorial was published in the August 2020 issue of *The Journal of School Nursing* after being published online first. McDonald writes, “School nurses will take on COVID-19 specific roles in advising, planning, and implementation. They are key to student health, safety, and success, and at this time, their role could not be more important.”



Palliative Nursing During COVID-19 and Beyond

William E. Rosa PHD MBE NP-BC FAANP FAAN, a Robert Wood Johnson Foundation Future of Nursing Scholar, and **Salimah H. Meghani PHD MBE RN FAAN**, Professor of Nursing & Term Chair of Palliative Care and Associate Director of the NewCourtland Center for Transitions and Health, are two of the co-authors of a guest editorial in the *Journal of Nursing Scholarship*, “Opportunities for Nursing Science to Advance Patient Care in the Time of COVID-19: A Palliative Care Perspective.” Rosa and Meghani also helped to co-author the article “Recommendations to Leverage the Palliative Nursing Role During COVID-19 and Future Public Health Crises,” which appeared in the *Journal of Hospice & Palliative Nursing*. This editorial and the article provide guidance on advancing palliative care during the COVID-19 pandemic and optimizing the palliative nursing role.

Numbers of Note*

3,957,661

Estimated number of licensed registered nurses living in the US

40%

Approximate percentage of RNs who graduated from their initial nursing program in 2005 or later

50

Average age of RNs in the US

10%

Percentage of male RNs that make up the the workforce

11.5%

Percentage of Advanced Practice RNs that make up the nursing workforce

32.9%

Percentage of nurses' workplaces that report telehealth capabilities

\$73,929

Median earnings for full-time RNs in the US

\$39,985

Median earnings for part-time RNs in the US*

*As reported in the 2018 HRSA Health Workforce report.

Appointments and Awards Round-Up



▲ **Linda H. Aiken PhD RN FAAN FRCN**

Linda H. Aiken PhD RN FAAN FRCN has been named a Living Legend by the American Academy of Nursing, the Academy's highest honor. Aiken—the Claire M. Fagin Leadership Professor in Nursing, Director of the Center for Health Outcomes and Policy Research, Professor of Sociology in Penn's School of Arts & Sciences, and Senior Fellow in the Leonard Davis Institute of Health Economics—is a renowned researcher and advocate whose pioneering work has transformed nursing by demonstrating the value of baccalaureate education on garnering improved patient outcomes, the impact of safe nurse staffing on saving lives while reducing costs, and the need for positive clinical working environments to improve nurse retention. "Dr. Aiken's impact on health outcomes and policy research cannot be understated," said Margaret Bond Simon Dean

of Nursing Antonia Villarruel. "This honor is incredibly well deserved, and Penn Nursing takes great pride in celebrating her accomplishments."



Becker's Hospital Review named PIK Professor **Risa Lavizzo-Mourey MD MBA** to its list of 25 medical pioneers who have advanced medicine and race relations in the United States. Lavizzo-Mourey, a world-renowned expert in health policy and

geriatric medicine, has joint appointments in Penn Nursing, the Perelman School of Medicine, and the Wharton School. Becker's Hospital Review notes that Lavizzo-Mourey previously served as the first Black female president and CEO of the Robert Wood Johnson Foundation; she was also a professor of medicine and health care systems at Penn, directed Penn's Institute on Aging, and was chief of geriatric medicine at University of Pennsylvania's School of Medicine.

Joseph R. Libonati PhD FAHA, Associate Professor in the Department of Biobehavioral Health Sciences and former Director of the Laboratory of Innovative and Translational Research, received the 2020 Lindback Award for Distinguished Teaching. Libonati, who teaches pulmonary and cardiovascular physiology and advanced physiology and pathophysiology, focuses on helping students apply fundamental physiology concepts to clinical challenges. One group of his students noted, "Dr. Libonati's teaching was challenging and pushed us to the edge of our potential, stretching and growing us as lifelong learners."

Alison Buttenheim PhD MBA, the Patricia Bleznak Silverstein and Howard A. Silverstein Term Endowed Professor in Global Women's Health, was appointed the National Academy of Medicine's ad hoc committee on Equitable Allocation of Vaccine for the Novel Coronavirus. The goal of the committee is to develop an overarching framework for vaccine allocation to assist policymakers in the domestic

and global health communities in planning for equitable allocation of vaccines against COVID-19. Buttenheim is a social scientist and public health researcher who is widely recognized as an expert in the field of vaccine acceptance and vaccine exemption policy.



Alumni from West Philadelphia's Mercy Douglass Hospital School of Nursing, the first Black nurse training school in Philadelphia, made a \$10,000 gift to support the Barbara Bates Center for the Study of the History of Nursing. The archives of the Mercy Douglass Hospital School, which chronicle the historic training program and a critical chapter in the history of desegregation and civil rights, have been housed for decades at the Bates Center. **Patricia D'Antonio PhD RN FAAN**, Professor and Director of the Bates Center, says, "Mercy Douglass is one of our most important collections—one of our largest and most used. It documents experiences of discrimination, of power, of the experience of how change comes about both in nursing and the health care system, and how African American nurses as a clinical profession participated in the civil rights movement."

Media Spotlight

The Risk of Loneliness and Trauma from COVID-19

An excerpt from the American news site *Axios*, which featured Martha A.Q. Curley PhD RN FAAN, Professor of Nursing and the Ruth M. Colket Endowed Chair in Pediatric Nursing at Children's Hospital of Philadelphia.

THE CORONAVIRUS that's packing people in hospitals as they grapple with sometimes life-threatening complications is leading to another problem for some survivors: mental health issues.

What's happening: Many hospitals require adult patients to enter without family. Their stress, loneliness, and fear, sometimes magnified by invasive treatment procedures, place them at a high risk for disorders such as PTSD, some medical experts say.

Loneliness can affect all of us during a pandemic, as many people stay physically distant from each other and more than 36 million Americans live by themselves...

◀◀
"How can we exercise our duty to care while humanizing the dying experience under such extraordinary circumstances?"

But the situation is different for COVID-19 patients. With the exception of giving birth, many hospitals don't allow adults to bring a support person due to fears of infection and a limited supply of personal protective equipment...
 ● Being alone through the prolonged treatment process can be "heart-wrenching" to watch, although nurses and doctors try to comfort them, says Martha A.Q. Curley, professor of pediatric nursing at the University of Pennsylvania School of Nursing.
 ● "You have people who've lived 50, 60, 70 years together and they can't be with them when they're ill, they can't transition through the illness with them, and they can't be there when they die. [It] is just excruciatingly painful," Curley says...

The big picture: Research has shown many ICU survivors experience trauma...
 ● And Curley points out reports of post-intensive-care syndrome are growing after patients with COVID-19 are discharged, which can be further complicated by the fact that family members don't know what the patient went through.

What to watch: There are growing calls to implement more compassionate

measures in ICUs...
 ● Curley...suggests steps can be taken to safely allow a family member into the ICU with a COVID-19 patient. Family facilitators can help with the careful screening, preparation, and support needed to undertake this goal, she says.
 ● "We need to think of ways to make this happen. It will be different within each system, it will be different with each patient, but we ought to not just create a rule that families are not allowed," Curley adds.

The bottom line: Isolated and faced with uncertainty and fear, some COVID-19 patients are at risk for trauma that experts say should be screened for and addressed at all stages of health care. ❄

Excerpt from the original article by Eileen Drage O'Reilly, published online at Axios on July 16, 2020, www.nursing.upenn.edu/axios/risk.

Linked in the article: "Alone, the Hardest Part," an editorial in the journal Intensive Care Medicine, in which researchers—including Curley, and Elizabeth Broden, a Penn Nursing PHD student—suggest an alternative pathway to patients dying alone in a hospital.



▲ **Martha A.Q. Curley PhD RN FAAN**

Around the Globe



Creating Global Citizens

Around the World

A new Penn Nursing core requirement course for students pursuing a global health minor, Foundations of Global Health (N327/527), offers a broad overview of global health with the aim of helping students become more informed and active global citizens. Taught by **Jianghong Liu PHD RN FAAN**, the course explores global health problems resulting from social, economic, and political interactions as well as social determinants of health around the world. Dr. Liu says, “Now more than ever, it is critical for nurses to have a solid foundation in global health. The novel coronavirus, global poverty, health disparities, environment, and social issues—these influence health and interventions around the world, and this course will offer an important examination, not just for students in the global health minor but for all undergraduate and graduate students across Penn.”

Global Nursing Fellows Program

Worldwide

The Global Nursing Fellows (GNP) program launched last year, but due to safety concerns and border closures relating to COVID-19, the initiative was forced to pause. During a new academic year and with high hopes for a vaccine, the program is now accepting applications from host organizations that are engaged in health-related work and committed to serving vulnerable populations. Applications will be accepted through January 15, 2021 for a three- to six-month Fellowship. For more information about the program, visit the GNP website at www.nursing.upenn.edu/penn-global-nursing-fellowship

“When we imagine engagement in global health, many of us think about crossing international borders. COVID-19 makes that physical crossing extremely challenging, if not impossible. However, neither the importance of global health nor the work of global health disappears because we cannot travel.”

—Nancy Biller MPH MA,
Assistant Dean for Global Health Affairs

Global Bites

Sierra Leone and Eswatini

Kate Hanselman MSN MSCRN, GNu’20 and **Charisse Ahmed BSN RN Nu’18** presented on their global health experiences through the Global Health Affairs’ Global Bites initiative. Hanselman worked as a mental health coordinator with the King’s College Sierra Leone Partnership from 2018-2019, and Ahmed, a PhD student and Hillman Scholar in Nursing Innovation, conducted research in Eswatini (formerly Swaziland) as a 2016-2017 Fulbright research grantee, evaluating the roles/needs of HIV peer health workers who supported adolescents living with HIV. The Global Bites initiative will be expanded moving forward to include virtual events.

17

Number of Paul D. Coverdell Fellows* since the program began in 2016

*Graduate school scholarships for returned Peace Corps volunteers, a partnership between Penn Nursing and the Peace Corps.

3

Number of visiting scholars and leaders during the pandemic



Study Abroad—At Home

Hong Kong

When Penn rapidly transitioned classes online in spring 2020 and national borders began to close due to the global pandemic, many Penn Nursing students were cut off from coursework travel experiences. **Sarah Hope Kagan PHD RN FAAN**, the Lucy Walker Honorary Term Professor of Gerontological Nursing, received high marks from students for the way she creatively adjusted her course, Hong Kong:

Comparative Health Systems (NURS535). Students usually spend a semester preparing to study in Hong Kong. The course, taught jointly with the University of Hong Kong School of Public Health (HKU) and teaching assistant Claudia Wong (a nurse and health policy specialist at HKU), replaced three weeks in Hong Kong with a Zoom-based course timed to allow US and Hong Kong-based students to participate simultaneously. Content was altered to put COVID-19 into context, and assignments were made more relevant to students’ interests and roles in elder care. Kagan says, “Many HKU students prove reticent to speak in class when it is held in-person. With Zoom offering a variety of functions, including chat and breakout rooms, students were generally far more engaged and expressive compared to activity from past years. We plan to keep Zoom as part of our pedagogical platform even when travel is possible again so that we are able to capitalize on all the terrific benefits.”

Cancer Advances and Opportunities

Rwanda

Sandra Urusaro BSN Nu’19—a Penn World Scholar and Penn Nursing’s first alumna from Rwanda, Africa—co-authored a paper, “State of Cancer Control in Rwanda: Past, Present, and Future Opportunities,” published in July’s *JCO Global Oncology*. The paper explores advances in cancer treatment but points to the continuing need to build capacity for cancer awareness among the general population, cancer care workforce, and research. The authors conclude, “Further investment and ongoing collaboration between in-country and out-of-country clinicians, researchers, and policy makers will remain essential as we work toward having accessible and high-quality care available for all Rwandans with cancer.”



Practice & Community



▲ Penn Health-Tech project tests 3-D printed personal protective equipment.

Students Step Up for Community

Suspended campus and off-site activities did not stop Penn Nursing students from providing virtual support related to COVID-19 to new and existing community partners. Students are engaged with a variety of projects, including contact tracing with Penn Public Health; quality assurance efforts for 3-D printed personal protective equipment with Penn Health-Tech; and community outreach to assess needs

in vulnerable populations, including veterans from the Corporal Michael J. Crescenzo VA Medical Center, those with opioid use disorders in collaboration with Penn Medicine’s Center for Addiction Medicine & Policy, and the Latinx immigrant community of Puentes de Salud. **Eryn T. Johnstone BSN RN**, one of the graduate students involved in the contact tracing initiative, says, “Contact tracing is an experience that is uncomfortable but very necessary to contain the virus. By educating Penn contact tracers on de-escalation techniques, we hope that we are able to

engage individuals with COVID-19 in a therapeutic way that allows us to trace the virus while also providing them with connections to resources available to them in the community.”

Committed to Social Justice

Penn Nursing, when compared to other health professional schools and nursing schools, was ranked in the top quartile on the Georgetown University Social Mission Metrics Self-Assessment Survey, a national survey that measures health schools’ engagement with their social mission. Penn Nursing’s commitment to social justice is reflected by its programs and as well as the engagement of students, faculty, and staff; the School is actively advancing health equity and addressing society’s health disparities through education, practice, research, and service.

Telehealth for the Elderly

Penn Nursing students are gaining experience by virtually working with the elderly. The Penn Memory Center is offering telehealth physical activity lessons for elderly persons through the video conferencing app Zoom and providing a reprieve for caregivers. **Anna Jacoby**, a BSN student, says that her participation has, “given me the opportunity to build a relationship with older adults with dementia. While social interactions are limited, this program has made it possible for me to form a meaningful connection, from which I gain so much. The Penn Memory Center has enabled me to build a new friendship in a time of social isolation.”

Centering Community Champions

Pediatric acute care nurse practitioner students **Alyssa Gersten BSN CCRN**, **Aubree Little BSN RN CCRN CPN**, **Laura Keehn BSN RN**, **Aran Park BSN RN CCRN**, and undergraduate BSN student **Kendall Grasela** presented scientific posters on their engagement with Sayre High School and with Learning Central Preschool at the Netter Center’s virtual Academically Based Community Service summit in June. Robert Taylor, a Sayre

High School student and co-author, received a Certificate of Achievement for his involvement in the program. Robert reflected that engaging with Penn Nursing students was “one of the best parts of my high school experience.”

Summer Health Education for Teens

Penn Nursing’s partnership with the Netter Center for Community Partnerships continued during the pandemic, giving Penn Nursing graduate and undergraduate students the opportunity to provide virtual support to University Assisted Community Schools (UACS) and relay health-related information to teens enrolled in the Robeson High School’s Health Related Technologies program as a means of inspiring the next generation of nurses. Paulette Branson, Director of UACS Sports, Fitness, & Health, notes, “Nurse Practitioner students are a tremendous asset to our UACS summer virtual program, providing engaging virtual lessons and activities on nursing careers, health-related technology, nutrition, self-care, and first aid. We appreciate our collaborative partnership



▲ Marcus Henderson MSN RN Nu’17 GNu’20 tells his story for the Census Takes the Stage event.

with the School of Nursing which has enhanced teaching and learning for K-12 students in West Philadelphia.”

Census Takes the Stage

Penn Nursing and the Hospital of the University of Pennsylvania (HUP) contributed stories to the Philly Counts Story Share to highlight the need for

an accurate Census Count this year to ensure the necessary federal funds for communities most affected by the pandemic. **Marcus Henderson MSN RN** and **Jennifer Gil BSN RN**, recent graduates of the Health Leadership Program, and HUP nurses **Clare Bennett MSN RN CCRN** and **Frankie Panebianco BSN RN**, discussed the personal and professional toll of COVID-19 for the event, hosted by Philly Counts and We the People Stage.



▲ Inspiring the next generation of nurses through summer health lessons. (Pre-pandemic photo)

OPPOSITE PAGE, TOP: IMAGE BY DRAGONTREE MEDIA GROUP, LLC VIA WE THE PEOPLE STAGE

THIS PAGE, BOTTOM: PHOTO BY NETTER CENTER

Policy

America the Policy Lab

With public health best practices butting up against social norms during the pandemic, experts are determined to develop policies that incorporate scientifically sound precautions while balancing the likelihood of behavior change in our communities.

ON JULY 24, 2020, 284,191 new coronavirus cases were reported worldwide. Of those, 74,360 were in the United States. Governors, mayors, and school districts across the country were grappling with decisions about reopening schools. Politicians and health experts continued the debate over mandates aimed at stopping the spread of the disease, such as business closures, social distancing, and mask wearing.

On that day, we spoke with Cristina Bicchieri PHD, director of Penn’s Behavioral Ethics Lab, and Alison Buttenheim PHD MBA—the Patricia Bleznak Silverstein and the Howard A. Silverstein Term Endowed Professorship in Global Women’s Health at Penn Nursing and a public health researcher and behavioral epidemiologist—about policy’s role in the pandemic and impact on social norms. In terms of state and local health departments innovating and experimenting amid the crisis, Buttenheim noted, “We have a little policy lab going on right now in the U.S.” We discussed effective health messaging, the credibility of influencers, enforcement, and more.

Would a nationwide COVID-19 public health policy in the U.S. be more appropriate, or is letting each state or city set their policy more helpful when it comes to preventing spread?

ALISON BUTTENHEIM: The epidemic looks very different in different parts of the country right now. However, it would be helpful to have really clear national guidelines from the CDC that said, “When community transmission looks like X in your city, we recommend these guidelines. When transmission is down to Y, then the masking guidelines or the distancing guidelines should be this.” It would help to have that type of gating criteria. Policy solutions are useful because we remove burdensome decision-making from individuals. We don’t want individuals having to make zillions of decisions every day.

CRISTINA BICCHIERI: I think it’s very difficult in the U.S. because states are quite free to decide how much and when to use certain means of protection. I think the government should have been much clearer giving guidelines to all states.

Do public health experts have a rule of thumb on how long to get from a new mandate to social norm?

BUTTENHEIM: It’s so different, behavior to behavior.

How do you effectively communicate policy?

BUTTENHEIM: Repeated, clear, consistent, simple messaging. One of the reasons that’s hard in the current pandemic is that our evidence is evolving really fast. In July we had completely different masking guidance from what we did earlier in the year. That’s very distressing for people, cognitively.

BICCHIERI: And if there is a change, explain why there is a change. Another

thing that I think is very important is sending different types of messages to different demographics. What I’ve seen in recent research is that, and it’s quite obvious, younger people have different needs and behaviors than older people. Not only do they have other needs, but their perception of risk is very different. Young generations tend to be more optimistic, probably also because the common message, at least initially, has been that mostly old people and those with preexisting diseases tend to get sick.

What about getting so-called influencers to spread policy messages?

BICCHIERI: It’s absolutely true that using influencers is very important for a range of public health policies. I am interested in the influence that trendsetters may have, and the conditions under which they succeed, because they may not. It’s very important that an influencer’s message is credible to the people they address. You have to be very, very careful about that.

BUTTENHEIM: If Dr. Fauci is wearing his Washington Nationals mask, that’s great for folks who already look to him as a trusted source. It’s a little more complicated with the Surgeon General, who made some really nice attempts to promote masking. But if you don’t support the Trump administration, his credibility drops.

In educating people, is it better to take baby steps or aim for sweeping change?

BICCHIERI: At some point in Italy, there was a message that you could visit with some people, but not everybody. People started asking, “Can I see my family? Can I see my cousins? Can I see my close friends?” I’m sure there are a lot of situations where small steps lead you to behave in a better way

overall, but with COVID, incremental is a big risk. And the risk is, “Okay, so I should wear the mask in this particular environment, but maybe I may not wear the mask here.” People often try to find similarities among situations, where they are allowed not to wear the mask. I would not be incremental. I would be very clear where the mask has to be worn, without tinkering very much with that.

BUTTENHEIM: Would it be great if everybody wore their mask all the time? Yes. But that’s not realistic. So whether it’s a policy or, more likely a public health campaign, you ask: Which folks are having the most trouble with this? How do we get people who are not masking at all to mask a little bit? For folks who were already doing pretty well, how do we get them to increase the proportion of time they’re masking outside, or convince them to be a “mask champion” in their social network?

How should policymakers follow up on measures being put in place during COVID-19?

BICCHIERI: It’s very important to do longitudinal studies because when we do randomized control trials, and af-

terwards we recommend a particular policy, it’s not clear at that time whether the policy will keep being successful or if it is sustainable. Sometimes behavior changes for a while but then there is slippage, and at that point we’ll want to know why there was slippage, what went wrong.

What types of enforcement are helpful?

BICCHIERI: In Italy, it wasn’t left up to the individual to decide when and how long they could leave home, and behavior was closely monitored. You would download a form from the Internet to explain why you were going out—let’s say, “I’m going to the supermarket”—but otherwise you would be severely fined. In a situation where contagions are increasing, should the government introduce fines? I think so, in some very specific and controllable cases, keeping in mind that monitoring is costly. The policy was quite successful.

BUTTENHEIM: I’d say that the surveillance and enforcement costs of fining people for not masking probably exceeds its benefits. Also it could serve to highlight the fact that people aren’t masking.

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“One of the reasons [repeated, clear, consistent, simple messaging] is hard in the current pandemic is that our evidence is evolving really fast.”

Can you point to a public health policy success story?

BUTTENHEIM: Seat belt mandates! A few years ago, I got in my car just to repark across the street due to parking rules. As I started the car, I decided I didn’t need to put my seat belt on just to repark. I did the U-turn, reparked, opened the door to get out of the car, and — oof! I had actually put my seat belt on. Other people have reported similar stories. Seat belt laws and norms have made it such an automatic behavior for most of us that even when I decided not to do it, my habit overrode that decision. ❄

Did You Know?

Three in four Americans favor public mask-wearing requirements (Associated Press-NORC Center for Public Affairs Research poll, July 2020).

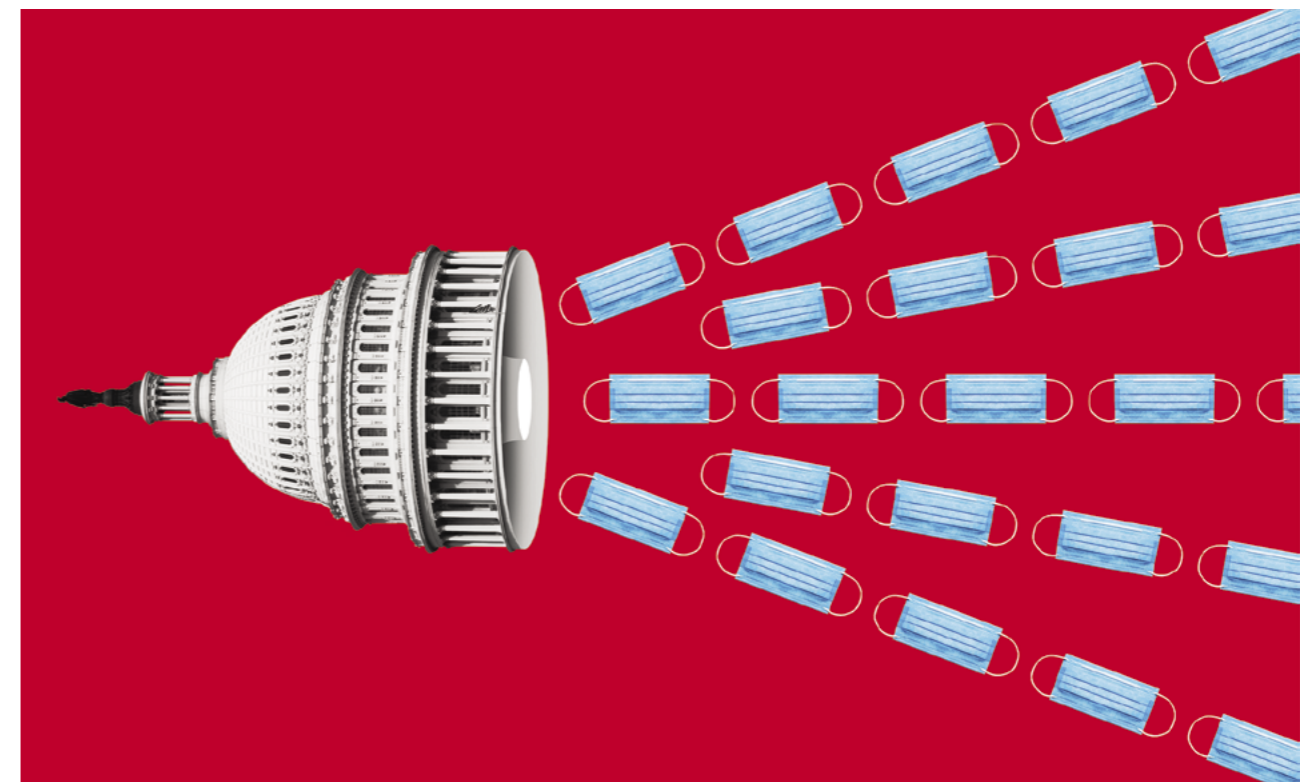


Illustration by Matt Chase

A Blueprint for Equity and Inclusion

A new guidebook offers responsive strategies for improving representation and institutional accountability.

IN SEPTEMBER OF 2018, more than 100 college presidents, provosts, and senior administrators gathered on Penn’s campus for a conference titled “Changing the National Conversation: Inclusion and Equity.” Along with partners Swarthmore College and the University of Maryland, College Park, Penn convened the meeting with one lofty mission in mind: addressing ways that institutions of higher education might shape the conversation around structural inequities in society and in the academic world.

Of course, one of the great challenges to equity in the world of academia is faculty diversity—or the lack thereof. Even as student bodies have become more racially and ethnically diverse, a scarcity of historically underrepresented minority (URM) faculty in higher education remains a stumbling block in the quest for greater inclusion and equity that many university and college leaders understand to be vital to their mission. But the issue, says Ruth Enid Zambrana PHD—a conference organizer and Distinguished University Professor, Department of Women’s Studies and Director of Consortium on Race, Gender, and Ethnicity at the University of

Maryland, College Park—is bigger than just how to simply diversify faculty in a general sense. The real question, she says, is this: “Especially in light of shifting demographics and divided politics, how can higher education reliably produce equity and inclusion in support of the recruitment, retention, and promotion of historically underrepresented minorities?”

This is the challenge Zambrana and five co-authors—including Penn Nursing Dean **Antonia M. Villarruel PHD RN FAAN**—tackle in the newly published paper, *Equity and Inclusion: Effective Practices and Responsive Strategies—a Guidebook for College and University Leaders*.^{*} Inspired by the September conference, the authors synthesized conversations and expert recommendations from the summit participants, as well as years of empirical studies, evidence, and scholarly narratives to offer up a blueprint for meaningful change. Their Guidebook aims to give leaders in higher ed concrete strategies, policies, practices, and even an essential reading list for improving the quality of life and providing greater support for URM faculty and doctoral students.

One of the goals of this project, Zambrana says, is to shed the “laundry list” approach to equity. “We need to shift from symbolic representations of ‘diversity’ to authentic and transparent commitments to inclusion and equity of students from undergraduate to post-doctoral students who represent defined URM groups in order to increase URM faculty representation,” she says.

So what, exactly, does that shift look like at an institutional level? How might leaders begin to make changes that move the needle? Here, a snapshot of some of the key insights from the Guidebook. ↯

“By translating these insights into tangible policies and practices, we can transform institutions of higher education into truly inclusive spaces for the next generation of civic and intellectual leaders.”

— Penn Nursing Dean **Antonia M. Villarruel PHD RN FAAN**

To view the full guidebook, visit www.nursing.upenn.edu/guidebook.

^{*}Authors: Ruth Enid Zambrana, Distinguished University Professor, Women’s Studies Dept and Director of Consortium on Race, Gender, and Ethnicity at the University of Maryland, College Park, author of the book, *Toxic Ivory Towers*; Debra J. Pérez, Simmons University Senior Vice President, Organizational Culture, Inclusion and Equity Dean; and Penn’s Anita Allen, Vice Provost for Faculty and Henry R. Silverman Professor of Law and Professor of Philosophy; Eve Higginbotham, Vice Dean for Inclusion and Diversity and Professor of Ophthalmology at the Perelman School of Medicine; JoAnn Mitchell, Senior Vice President for Institutional Affairs and Chief Diversity Officer; and Nursing Professor and Margaret Bond Simon Dean of Nursing **Antonia M. Villarruel**.

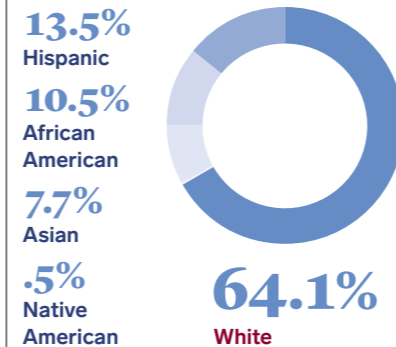
THE PROBLEM

10%

The approximate percentage of faculty in 2017 in the 4,000-plus colleges and universities in the U.S. that are underrepresented minorities (URM), e.g. Black, Latinx, and Native American. Meanwhile, these URM groups represent close to one-third of the U.S population.

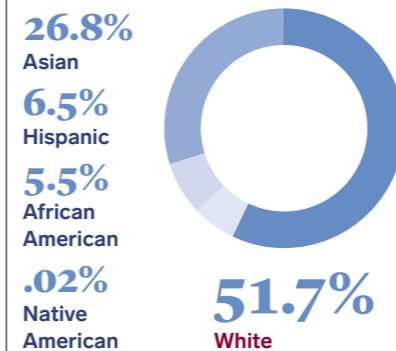
EVEN BACHELOR AND DOCTORAL students show a disproportionate number of white students, and a severe underrepresentation of these URM groups.

BACHELOR STUDENTS* †



*In 2017

DOCTORAL STUDENTS** †



**In 2018

† Detail may not sum to totals because of rounding.

THE RECOMMENDATIONS

How, exactly, might a school approach increasing URM representation in faculty and graduate schools? The authors looked at four main areas that affect overall inclusivity, offering several ideas for improvement in each.

1

Hiring

Quality hiring practices—including but not limited to the selection of committee members; creating a welcoming, inclusive environment; equality mandates; and valuing scholars who draw from critical theories—are vital for increasing representation.

→ Rather than striving for the minimal number of URM candidates, search committees should strive for as inclusive a candidate pool as possible.

2

Retention and Mentoring

Effective mentoring for all faculty is crucial; colleges and universities should ensure that mentors for URM faculty are aware of and sensitive to the issues that minority faculty face, and to the common barriers to ideal mentoring relationships.

→ Establish formal mentoring initiatives in which senior faculty volunteers within and external to the institution are trained to mentor early career faculty.

3

Work-Family-Life Balance

It’s important to address the often unique economic and social challenges of URM faculty. For example, a disproportionate number of URM faculty hold a caregiving role financially and emotionally for their family of origin and extended family.

→ Create stop-the-tenure-clock policies that faculty aren’t penalized for using. Provide standard language to explain the policy to promotion and tenure committees.

4

Pathways to Tenure and Promotion

Department heads, tenure committee chairs, and senior faculty play a major role in guiding early faculty: They can provide emotional, intellectual, and political resources along a tenure trajectory that’s often weighted against URM students and faculty.

→ Reward faculty who carry additional service or teaching burdens through strategies like summer salaries and recognition in dossiers submitted for tenure review.

Ways To Uphold Institutional Accountability

- Monitor hiring committees and search firms for equitable practices.
- Diversify the governing boards. Include URM alumni and community members.
- Engage with (and be responsive to) the communities surrounding the institution’s campus, especially those with the greatest need.
- Engage in periodic institutional self-evaluation, complete with feedback and analysis.
- Keep asking the hard questions ... especially if you’re a president or a provost. (E.g. “How far have we really moved the needle?” and “Are we contributing to and/or facilitating the status quo?”)

SEVEN STRATEGIES FOR A PATH TO CHANGE

1

A clear commitment to equity, inclusion, diversity ... from the top.

2

Intentional approaches to mentoring.

3

Support for URM faculty members’ commitments to connecting their research and communities.

4

Retaining a diverse, inclusive, power-sharing faculty.

5

In-depth, sustainable anti-bias education for leaders and faculty. And family-friendly policies.

6

No URM isolation. Hiring multiple URM faculty within/across disciplines.

7

Proactive, inclusive recruitment of a diverse faculty.

Greater Equity, Inclusion, and Diversity

Discovery & Innovation

Out of the Lab, Into the Public

A temporary research lab shutdown leads one researcher to find an innovative new way to help a community in need.

By Molly Petrilla

ANTONIO DÁVILA, JR. PHD never spent much time around patients, even though they were at the heart of everything he did.

As lab manager and senior research investigator for the Penn Acute Research Collaboration (PARC), Dávila helps Penn physicians conduct clinical research on ER patients. He’s involved in designing experiments, training research technicians, performing tests—keeping everything at the lab running smoothly.

When he’s not there or teaching chemistry to Penn Nursing students, Dávila is conducting his own research. He studies mitochondria in the immune cells of trauma patients, figuring out how those cells make energy after a trauma. And generally, that was as close as he ever came to working with patients: their cells.

But then COVID-19 swept in and turned Dávila’s work life upside down. Now he finds himself making weekly trips to a parking lot in Kensington—the center of Philly’s overdose crisis. In partnership with two organizations and the city’s Department of Health, he works with a team of volunteer nurses to lead a COVID-19 testing site there on Tuesdays. Many of the people who come are experiencing homelessness, battling opioid use disorder, or both. Dávila offers them free nasal swab tests (which he then analyzes in his lab) and antibody

tests (on behalf of a Penn microbiologist’s research) while also collecting valuable public-health data.

How did he get here? It’s a question Dávila asks himself often these days. “It’s been quite a ride for me because this is not what I do,” he says. “I don’t work with infectious agents. I am not a public health person. I’m not a clinician. I’m not a homeless advocate—but here I am doing all of this. My whole life kind of changed, actually. It’s been a very, very, very stressful summer for me. But I feel like this is important work, and I’m proud of it.”

It started in mid-March, when the PARC lab temporarily shut down along with other “nonessential on-campus research activities” at Penn. Soon ER physician Benjamin Abella, PARC’s clinical director, helped launch a research trial to investigate hydroxychloroquine as a potential COVID-19 treatment and prevention. Dávila began making tests that the study’s team could use.

From there, the question became, “We have this tool, now what else can we do with it?” Dávila remembers. Abella suggested they use Dávila’s test to help more people. Dávila proposed focusing on the city’s underserved Latino immigrant community.

He also saw an opportunity to gather elusive data while providing those tests. “We know that Black and brown people are disproportionately affected by [COVID-19], but nobody really had any data as to why that might be the case,” he says. So he developed a survey to determine how closely each respondent can actually adhere to the recommended guidelines: Are they social distancing and wearing masks? Can they work from home? Stay off public transportation? Are their workplaces following the rules, too? If they’re found to be COVID-positive, can they maintain a quarantine?

“My hypothesis is that the members of these communities cannot readily follow these guidelines for a lot of reasons,” Dávila says. “Because of that, they’re experiencing higher infection rates. There’s really a need that the city is not filling. They have general guidelines, but they need to think of [tailored approaches] for this specific population.”

He was preparing to launch a testing site at Puentes de Salud, a nonprofit that serves South Philadelphia’s Latino immigrant population, but then the City of Philadelphia opened its own site there instead. Dávila pivoted to Kensington, where he’s been testing between 30 to 35 people every week. He plans to test 500 people total over the coming months, including at a soon-to-open second site in nearby Hunting Park. He’s partnering with a clinic there that supports many Latino immigrants.

Early on in this new work, Dávila reached out to Damaris Chaidez, an undergraduate student in the School of Nursing who took his class her freshman year and who, like Dávila, is Mexican-American. He knew that she’s passionate about Latino public health. Now Chaidez has been researching for several months from her home in southern California, where she’s been since Penn shut down.

It’s Chaidez’s job to track the ever-evolving data around Philly’s COVID



“We know that Black and brown people are disproportionately affected by [COVID-19], but nobody really had any data as to why that might be the case.”



▲ Antonio Dávila Jr. PHD

cases and spread, as well as pulling information on the city’s general population and its Latino immigrant communities. She says her findings have underscored health disparities that existed long before COVID. “Many Latinx and Black Americans are the essential workers, so it makes sense that they’re more likely to get the coronavirus,” she says. “These populations are also more likely to have pre-existing health conditions,” she adds, which are associated with worse outcomes in COVID patients.

In mid-July, as PARC began returning to some of its usual research activities on top of its new COVID projects, and as Dávila helped devise courses

for Penn Nursing’s work with a new school in Vietnam and prepared to teach a summer class at Penn, he was feeling a bit overwhelmed. But he was still making time for his new public-health work, too. “I’m committed to seeing this project through to publication,” he says.

While his days were once focused solely on lab experiments and cells, “really, I now see the people,” he says. “For a long time, I’ve avoided pairing the number on the sample vial with an actual person. I’m very glad that I’ve opened myself up to meeting and talking with so many different people.”

“I guess that’s the hashtag for 2020,” he adds. “Pivot.” 🌟

BY THE NUMBERS

#1
in hospitalizations

As of mid-July, the rank for Hunting Park—where Dávila’s second test site will be located—as Philadelphia’s ZIP code with the most hospitalizations for COVID-19. (source: Philadelphia Department of Public Health)

Four times

more hospitalizations
Nationally, how many times higher the hospitalization rate for COVID-19 is for Hispanic or Latinx people compared to non-Hispanic white people. For both non-Hispanic Black people and non-Hispanic American Indian or Alaska Native people, the rate is five times higher than non-Hispanic white people.

(source: Centers for Disease Control and Protections)

6,128
Philadelphians hospitalized

The number of Philadelphia residents hospitalized for COVID-19, from the beginning of the pandemic through July 15, 2020. Of those, 3,570 were Black, 1,055 were white, and 855 were Hispanic.

(source: Philadelphia Department of Public Health)



▲ Aparna Kumar PHD CRNP explains effective hand-washing to kids, using glitter glue and glitter as a stand-in for germs.

Science With a Side of Fun

The women of Dear Pandemic bring facts and humor to fight misinformation on social media.

By Janine White

TOILET PLUMES. When the concept of fecal and urinary droplets launching into the air via a commode flush made headlines in April in connection with possible COVID-19 spread, you could almost hear the world's bewilderment. Really? This now? Also: Ewwwwwww.

The health experts going by the collective name Dear Pandemic on social media might have known that posting a Q&A on the topic would garner high engagement.

"It is just kind of gross, but people thought it was funny," says Shoshanna Aronowitz PHD FNP-BC GR'19, a postdoctoral fellow at Penn and part of the team behind Dear Pandemic. (Bottom line: Close the lid before you flush. Wash your hands.)

The project started after founding member Malia Jones PHD MPH, a social epidemiologist, wrote a letter about

COVID-19 to friends and family that went viral. Initially, Jones and Alison Bутtenheim PHD MBA (the Patricia Bleznak Silverstein and the Howard A. Silverstein Term Endowed Professor in Global Women's Health at Penn Nursing), who were friends from grad school, started collaborating on accessible, evidence-based tips and explainers about the virus for social media.

They launched on Instagram first, in mid-March, soon created a Facebook page, and then signed onto Twitter on April 1. A YouTube channel followed. Realizing how time-consuming the effort would be, they recruited volunteers. The group—10 people and counting—got a nickname, Those Nerdy Girls, when an early follower declared an intention to listen to "those nerdy girls for the rest of the pandemic."

In posts, interviews, and videos ever since, they've streamlined CDC messaging and "translated" emerging research for general public consumption. With over 40,000 followers across the four channels, they educate, joke, and, yes, talk about wiping down groceries, in this life amid the COVID-19 pandemic.

Going Viral

The trip from academic journal world to the outer space of influencers, likes, and

retweets is heady. "In academia, we were joking, if we publish a paper, maybe 20 people read the abstract and two people read the whole paper. Now, if Ashley writes a post, it's very likely that at least 7,000 to 9,000 people will read it, and the reach can go to 50K or 80K for some of our viral posts," says Bутtenheim. "Ashley" is Dear Pandemic team member Ashley Ritter PHD CRNP Nu'07 GNu'10, a postdoctoral fellow at Penn.

They haven't completely avoided the toxicity that brews on social media, but, says Nerdy Girl Aparna Kumar PHD CRNP Nu'10 GNu'16, "What I've found overall is that I see people I know sharing information, loving it." The fact that they avoid politics, embrace humor, and don't shy away from showing their humanity likely helps.

In Kumar's kid-friendly video about mask wearing, she let loose a fake sneeze that sends tiny colorful balls,

«
"[We aim to] communicate guidance to people in a way they're likely to follow it or at least try to follow."

which represent the virus, flying toward the camera. She used "glitter glue, glitter, and even more glitter" for a quick hand-washing lesson. (See below for the post about farts!)

They cover tips for staying safe while protesting racial injustice, maternal mental health, how racism impacts health outcomes, and death statistics, too. But thanks to the thoughtfulness that goes into creating a well-researched, balanced mix of content every week, Dear Pandemic manages to be a comforting antidote for doomscrolling.

"We recently made this Dr. Seuss poem video. We had so much fun laughing about that," says Kumar, who adds that all of the women are extremely funny. "On our back channels, we're laughing about 'how many different ways can we message, yes, wear a mask.'"

Trust the Experts

The Dear Pandemic team relies on science and their own diverse expertise—in mental health, substance use, nursing homes, primary care, vaccine acceptance, and more—as they write posts and respond to comments. Aronowitz says they aim to "communicate guidance to people in a way that they're likely to follow it or at least try to follow."

Given that what we know about COVID continues to evolve, they post, update, and re-update as necessary about everything from pool testing and vaccine

development to whether mosquitoes are transmitters and contact tracing. They interview experts outside the group and court guest writers. Aronowitz recruited her own mom, a nurse practitioner who specializes in college health, to contribute on schools reopening.

All the while, they are grappling with the same kinds of challenges—quarantine bubbles, visiting grandparents, multifamily beach house rentals—that everyone is facing. They are scientists, educators, public health researchers, and nurses, yes. They are also moms, best friends, neighbors, and daughters.

Despite the success, there's a refreshingly ego-less style to Dear Pandemic. Members of the group usually don't get bylines on Facebook posts, for example. "I think everyone's mom assumes that their Nerdy Girl wrote every single post," Bутtenheim says with a chuckle.

Well, maybe not everyone's mom, Kumar jokes. She had been part of Dear Pandemic for a couple months before her mom asked how she knew so much about COVID. "Well, first of all, I have a background in this stuff," she says she told her mom. "Second of all, I've been doing these posts for Dear Pandemic. She's like, 'Oh, you're doing those?' She had no idea."

Team Nerdy Girls

On a recent call with Ritter, Bутtenheim read aloud a Facebook message she sent to her friend way back on March 16:

"Ashley, Malia, and I are trying to recruit a couple more Nerdy Girls to help with the Facebook page. Would you be interested? Might look like a 30- to 45-minute shift approving posts and responding to comments. Welcome to generate new content as well."

Bутtenheim and Ritter laughed.

They say in reality the "side gig" easily adds up to 10 hours a week. "We had no idea what this was going to turn into," Bутtenheim says.

So, once the surgeon general "likes" one of your infographics and you have your very own branded T-shirts, what's next?

The group hasn't formally established Dear Pandemic as a nonprofit, but they're looking at setting up for donations and possible commercialization models. Even if the team eventually expands beyond the Nerdy Girls nickname (from an inclusiveness perspective, Aronowitz notes, members who join down the road may identify as male or nonbinary), Bутtenheim and Ritter agree that even a COVID-less Dear Pandemic holds endless promise.

"I don't know what the future holds, but I am very optimistic that the importance of sharing scientific knowledge with the masses is a science that we can grow moving forward," Ritter says. "Dear Pandemic is a beautiful example of how scientists and broad audiences can come together to share this information." ❄️



The Nerdy Girls Tweet it Out

From glitter to poetry to sex, the folks behind Dear Pandemic are determined to ensure social media has a witty and factual source for accurate COVID-19 information.

🐦 @DearPandemic

Q: If masks work, why can I still smell farts when I'm wearing one?

A: We know there are lots of folks out there who have similar concerns about masks. Maybe you've wondered about how useful/safe masks are. We at DP are here to help fight the #infodemic, so let's dive in!
 8:03 PM • Jul 27, 2020

Dr. Aparna Kumar demonstrates how to wash hands effectively JUST FOR KIDS using glitter glue, glitter, and even more glitter!!
 10:20 AM • Jul 8, 2020

"I Am Confused About My Mask," a poem from your friends at Dear Pandemic. Written by Dr. Jones, inspired by Dr. Seuss, read by a pack of smart ladies, backed by public health principles.
 #masks #maskup
 #StaySMART #COVID19
 #ThisIsPublicHealth
 9:52 PM • Jul 8, 2020

Q: Can mosquitoes spread SARS-CoV-2?

A: Thankfully, NO!
 We'll admit the Nerdy Girls had not even contemplated this SCARY prospect before an astute follower question, and it turns out you all aren't the only ones to wonder.
 8:11 AM • Jul 24, 2020

Q: How do I help fight the "infodemic?"

A: Kindness + curiosity + scientific skepticism.
 We're excited to share that a brand-new scientific field of "infodemiology" is emerging!
 1:53 PM • Jul 13, 2020

Q: Is sex dead???

A: With the extra household duties, the Zoom fatigue, the existential anxieties, the sadness all around us...it is no wonder that many of us may not be feeling remotely in the mood for sex. Whether you are partnered or not, COVID-19 can be an isolating time.
 1:41 PM • Jul 19, 2020

Nurses have been at the frontlines of every major health crisis—but what happens during a dual pandemic? → For Penn Nursing alumni and students addressing the novel coronavirus, systemic racism, or both, the answer is simple: jump in with both feet.

→ From the midwife focused on maternal mortality rates in the Black community to the student providing support for protesters in the streets to the health care consultant turned COVID-19 testing site nurse, the current and future nurses featured here embody the spirit of Penn Nursing's commitment to social justice and advancing science—and the essence of nursing in 2020.

→ **This is the frontline.** BY ASHLEY PRIMIS

→
Jatolloa Davis MSN CNM aims to empower and educate, making change that endures.
PHOTO BY KRISTON JAE BETHEL





THE MIDWIFE WORKING TO Reduce the Mortality Rate for Black Moms

Jatolloa Davis MSN CNM GNu'14
Nurse Midwife at Thomas Jefferson
University Hospital

IT'S NOT OFTEN you meet a teenager who knows exactly what she wants to be when she grows up. Even rarer: That she actually does it. But the high school anatomy class that Jatolloa Davis took during her junior year clinched it for her. "I was blown away," says Davis of the whole sperm-egg-baby phenomenon. The Philly native decided to get her BSN from the University of Pittsburgh, then her master's in nurse midwifery from Penn. That initial scientific wonderment hasn't eluded her. "I make sure my patients know how awesome they are... that they're doing an amazing thing and growing a human."

But the work she undertakes today goes beyond delivering healthy babies. As a Black woman, she's acutely aware of the challenges that Black and brown people face when it comes to pregnancies and births. African Americans have the highest rate of infant mortality of any racial or ethnic group in this country, and they are three to four times more likely to die during childbirth or within the first year after childbirth. Davis sees her job as threefold: caring for birthing folks and babies, being an advocate for pregnant people of color, and enlightening

medical professionals about racial disparities and biases.

She's done big things on all fronts. While working in Pittsburgh, Pennsylvania in 2019, Davis co-created a well-regarded anti-racism workshop for midwives, and she is now in talks to roll something similar out across the country. "If you were to check in with any Black or brown person, they would tell you how challenging navigating the health care system is—they don't feel heard," she says. "As midwives, our number one goal is to see the whole person and to acknowledge the system wasn't created for everyone." One example: There are legit reasons people don't show up to prenatal care appointments. "Our job is to not make assumptions. Maybe that person had to take three buses or can't take off work."

She also believes that people of color will get the best care when they feel comfortable with their providers. Data from 2016 says that 90 percent of midwives are white—this can create barriers to the most culturally appropriate care in many cases. To address that, Davis created a program to get Black high school students interested in nursing or midwifery. "It's important that the person that's taking care of you looks like you," she says.

In 2019, Davis returned to Philadelphia and joined the midwives from Hahnemann Hospital who, since the hospital closed in 2019, now work in the Jefferson Health System. There, she sees pregnant patients in community health centers, in private offices, and in the hospital. "Now we're able to help teach residents what normal labor and birth—with as little medical interventions as possible—looks like...and to check any implicit bias at the door," says Davis. "Often, folks don't think about midwives being on the frontline during a pandemic, but we see it as being at the very beginning."



"As midwives, our number one goal is to see the whole person and to acknowledge the system wasn't created for everyone."

— **Jatolloa Davis MSN CNM GNu'14**



THE UNDERGRAD WHO Helped the Protestors Safely Protest

Melina Lopez BSN'22 candidate
Undergraduate Student, Penn Nursing

MELINA LOPEZ'S SUMMER was sidelined by the pandemic. Her internship at Parkland Hospital in her hometown of Dallas was cancelled; a backup plan never came to fruition. When the protests swept the country in the wake of George Floyd's murder in late May, Lopez was not only moved to participate, she knew she had the time.

However, she was torn. "I was a little hesitant to go out because, you know, we are also in the middle of a pandemic, and it just seemed to be risky," she says. Lopez's friends shared a similar sentiment, so they began kicking around ways they could contribute. Inspired by a friend in California, they decided to assemble care kits to distribute to protestors. The women tapped into their own networks, posting on Instagram and Twitter, and quickly raised \$400. That was all they needed to get started.

With potential violence, reports of teargassing, and stories about people getting arrested—plus Texas heat and the pandemic—they created a kit that would address as many potential protestor scenarios as they could. They started hitting stores to purchase the obvious: water, snacks, Advil, first aid ointment, hydrogen peroxide, and gauze. They also

added helpful resources like Sharpies, so protestors could write vital information on their bodies in case they were arrested or victims of violence caught on camera (like phone numbers and names), and papers with the names of pro-bono lawyers that could be contacted immediately.

Within two weeks, the trio had raised \$1,500. They headed to City Hall and area rec centers to distribute the goods. When all was said and done, they were able to hand out 400 kits. (Leftover supplies were distributed to those experiencing homelessness in Dallas.)

The experience was motivating for Lopez, who has aspirations to be a public health nurse. "Being out in the community and seeing the different types of people standing up for the Black Lives Matter movement reinforced that passion," she says. "These are the people I want to serve with my education and nursing platform."



THE TRAVELING NURSE Tackling COVID Across the Country

Christian Perucho BNS RN CCRN Nu'17
DNP-NA Student, Thomas
Jefferson University

THE IDEA OF being a travel nurse was appealing to Christian Perucho. The New Jersey native had spent over two years working for Penn Medicine at

the Princeton Medical Center and was enrolled to start his Nurse Anesthesia degree at Thomas Jefferson University this fall. Why not take this time, before school started, to try something new? "I was curious what the culture was outside of the East Coast and wanted to get out of my comfort zone," says Perucho. The gig seemed ideal: he signed a three-month contract with American Mobile Healthcare to work in the Surgical/Trauma/Liver Transplant ICU at Stanford University Medical Center in Palo Alto, California.

What timing. He left New Jersey at the end of March, just as COVID-19 cases there were surging. He headed to California, where health care workers were watching what was happening on the East Coast. When he arrived in Palo Alto, half of his unit had been converted into a COVID ICU; eventually it was all COVID, all the time. "I signed this contract with the intention of gaining more experience in surgical-trauma," says Perucho. "But then I'm like, 'Okay, this is what we have to respond to now.'"

Perucho worked on a team—one that he was brand new to—that had to quickly adapt and experiment. The experience of what he saw in those first crucial weeks in Princeton helped guide decision making. "I'm pretty thankful we had time to figure out best practices." Some of the innovative things they figured out: how to use technology (like FaceTime) to virtually bring family members into care decisions and to comfort loved ones; how to jury-rig IV pumps with extension tubing to reduce COVID staff exposure; and how to smartly and safely preserve the life of PPE. He was also able to experiment with medicines and treatments like convalescent plasma transfusions. "Being at such a large teaching and research institution is nice. They have a lot of resources and can quickly adapt," he says.

When his three months were up, Perucho extended his contract through the summer. "I was pretty nervous before I started," he says. "I wasn't only going to a different health care system but one across the country during the pandemic. The whole experience reinforced the value of teamwork, even if you don't necessarily know any of your team."



THE NURSING STUDENT Helping Spanish Speakers Navigate Health Care

Vivian Echeverria BSC MBA,
BSN'21 candidate
Board Member, National Services
Center (NSC) & Undergraduate Student,
Penn Nursing

NURSES ARE DRAWN to the field to help others. For Vivian Echeverria, it's more personal. Echeverria—originally from Costa Rica—is a traumatic experience survivor, now a board member of an organization that helped her. The NSC helps immigrants and refugees—some of whom have been victims of human trafficking, torture, and domestic violence—thrive. The Philly-based organization is one of the three largest in the country that does this work. "Because of my challenges and what I've been through, I want to help others to recover and get back on their feet," she says.



Personal trauma gave Vivian Echeverria a desire to help others.

PHOTO BY LORI WASELCHUK

While Echeverria is pursuing her BSN, her goal is to be a psych nurse practitioner. The discipline resonates: She had to take time off from school last year when she was diagnosed with PTSD. That's also what inspired her to join Penn Nursing's Community Champions program—which connects undergrads with opportunities to make a change in their community while getting real-life experiences—where Echeverria was introduced to Puentes de Salud, a nonprofit that provides health care and educational services (among other things) to the city's Latinx population.

There, she's able to use her native tongue to help where she's needed. One recent assignment: To check in with individuals when the pandemic hit. "Most employers don't provide medical insurance," Echeverria says, so when the layoffs came it was critical to make sure people knew they had resources to turn to. But, in the mindset of treating the whole person, she saw something: "I noticed in this extensive over-the-phone survey, none of the questions were related to mental health." Echeverria huddled with supervisors to figure out the right questions. "We're able to get more people that need mental health services onto the correct path. There's just so much more going on than physical issues." What's interesting, she discovered, is that it's taboo to directly ask or talk about mental health in certain Latinx communities, making the phrasing of the question even more important. "In a way, the circumstances helped, because more people were able to access a counselor over the phone or through telehealth counseling," she explains.

Echeverria is looking forward to returning to school this fall to continue her studies. "After overcoming so much, I am ready to continue to pursue my goals. Nursing is all about caring—I know how important it is to get good quality care, and I want to care for others."



THE DATA EXPERT

Enabling a Quick COVID Cure

Becca Nock MSN Gnu'15

Manager, Data Analytics for HealthVerity

BECCA NOCK WASN'T expecting to be analyzing health care data for a living. She was introduced to the field in 2014; it was a well-paying summer job in graduate school. Now, she works for HealthVerity, a Philly start-up that provides critical data to health care companies. If you think of finding solutions to COVID-19 as a speeding car, HealthVerity provides the fuel.

Here's how it works: HealthVerity connects with partners around the country (from labs to electronic medical records systems to insurance companies) to gather data. Clients like pharmaceutical companies, consulting firms, and government agencies use that data to—among other things—create real-time, virtual studies. "We help companies look into the effectiveness of different drug and treatment options," says the Houston native.

One great example: Nock and her team are working with the FDA to figure out which medications are effective treatments for the coronavirus without having to set up a costly, lengthy, in-person clinical trial. "We're using real-world data with people already experiencing the disease," says Nock. "Because we have information coming in on a daily basis from labs that were

→ **"We're able to get more people that need mental health services onto the correct path. There's just so much more going on than physical issues."**

— Vivian Echeverria BSC MBA

maybe drawn yesterday, we can see how people who are testing positive for COVID are doing on drugs like Remdesivir.”

What’s equally amazing is that Nock is able to account for—in a HIPPA-compliant way—social determinants like race, education level, health habits, and even what a patient buys at the grocery store. “There’s so much data out there and companies are just starting to get used to the idea of using real world data versus collecting brand new fresh data,” says Nock. “But they can see results really quickly and see what is out there—fast.”

Nock credits her success in a seemingly tech career to clinical nursing experience. She works with clients to pull the right data, and it’s not just all line items and numbers. She hopes more nurses get into the field. “I look at the data differently,” she says. “My assumptions of how a patient will look comes from nursing. I have thoughts on how disease prevention and treatments should look.”



THE COMMUNITY HEALTH NURSE Advocating on All Fronts

Tarik Khan MSN RN FNP-BC GR’21
Nurse Practitioner with Family
Practices & Counseling Network

IT’S ALMOST LIKE Tarik Khan has two jobs. Well, more like 10. But he doesn’t see it that way. The Philadelphia native uses his nursing platform to address any inequities

he sees, head on. And these days, there are plenty of inequities to tackle.

At the federally-funded Family Practice & Counseling Network in Philadelphia, Khan treats over 2,000 patients—ranging from babies to older adults. As the news of COVID-19 became increasingly alarming, he knew the population he cared for was going to be particularly vulnerable. “In the second week in March, four of my first six patients had COVID-like symptoms. We had five tests for the entire network and couldn’t get enough personal protective equipment (PPE),” Khan says. “I realized our city was in big trouble and sounded the alarm.” That alarm, in this case, was public awareness. He penned an op-ed for the *Philadelphia Inquirer*, is regularly featured on local news station NBC10, and is active on his Twitter account (@InclusionPhilly; Bio: Nurses will lead us through this crisis), which has over 10,500 followers.

He also helped mobilize a team to bring COVID-19 tests into nursing and group homes—since sending residents to a facility is challenging—and to low-income communities of color that don’t typically have access to testing. (Both efforts are ongoing.) “This is a time where leadership is needed, especially in nursing care,” says Khan. “I wanted to step up.”

Khan isn’t shy about his political beliefs because he knows the kind of care he provides is reliant on who is in charge. He fights for funding for community care centers. “One of the most important jobs is to be an advocate. It’s keeping my foot to the pedal.” He was a part of a Zoom call with Congressional staffers to enlighten them on what was happening in the community in the early days of the pandemic. (Congress wound up giving \$1.2 billion to facilities like his.) And he was tapped to be in two commercials produced by Protect Our Care—a progressive PAC dedicated to health care advocacy—that ran in swing states.

For Khan, the pandemic is an immediate concern, whereas the racial inequities he experiences in his field are perennial. He wants to see more people of color in nursing—particularly African Americans—with abundant representation in the highest ranks of the profession. “This is such an important moment for Black Americans,” says Khan. “As an NP, I see so much injustice in health care.” One concrete action he’s taking: Working to bring more diversity to the Pennsylvania Nurses Association. “I’m the only person of color on the board,” says Khan. “When I look at health care, the people making all the decisions—CEOs, VPs, admins—are all white. That’s not right.”



THE CDC NURSE WHO Worked with COVID Patient Zero

Michelle Holshue MPH BSN
RN NHDP-BC CGS’07 Nu’09
Career Epidemiology Field Officer
at Centers for Disease Control
and Prevention

MICHELLE HOLSHUE WAS waiting. As a CDC epidemic intelligence service officer—basically, a disease detective—stationed in the Washington State Department of Health this past winter, she knew it was just a matter of time. “We were watching the news coming from

China in December and becoming more and more concerned,” says Holshue, who is originally from Pennsylvania. “A novel respiratory pathogen is kind of the worst-case scenario for us in public health.”

Given the amount of travel there is between Seattle and China, it wasn’t surprising that the first case in the U.S. was diagnosed in Washington state. That was on January 21. “In the back of our minds, it felt like it was just a matter of time before we started seeing cases.”

What happened next, explains Holshue, was an immediate response from the state and local health departments, medical community, and CDC. “It was really incredible to see how quickly everyone jumped into action.” Holshue and her colleagues in the state and local health departments launched a massive investigation to identify with whom the patient had close contact. “If the patient went to an urgent care clinic, we figured out how long he was there, who else was in the waiting room, and if he stopped anywhere on his way home.” Holshue’s team followed up with nearly 80 people. The CDC dispatched a group to Seattle to help administer tests to a large portion of the people that were potentially infected.

While COVID-19 was something Holshue had never seen before, she was ready: After getting her master’s degree in public health in 2018, she went on to complete a two-year fellowship with the CDC’s Epidemic Intelligence Service. There, she investigated the spread of several outbreaks, including measles, vaping-related lung injury, and tick-borne illness. “I had a lot of training, but this was obviously different because of the level of concern and alarm and just the world-wide attention,” says Holshue.

Within a few days of confirming the first case, the *New England Journal of Medicine* reached out to the Department of Health to ask for a case report. Holshue was asked to pen the paper—and was told

it was needed in a week. She and her colleagues began working with the patient to get all the facts. “We went over all the information again and again,” she says. “Our number one goal was accuracy. Number two was getting it done as quickly as possible.” Time was of the essence: Other health care providers needed to be armed with information before the inevitable spread. “We were straight forward and objective and recorded what we observed,” says Holshue. The article was published at the end of January and has been cited in more than 1,000 academic papers. It’s been viewed over three million times.

“I think it’s one of those once-in-a-lifetime sorts of situations,” Holshue says, looking back at her experience. “You always hope your work has an impact.” In this way, she hopes more future nurses consider her field. “You have to really think creatively, and it’s challenging every day.”



THE NURSING STUDENT Leaving a Legacy of Inclusion

Jason Lee BSN CCRN TCRN CNRN Nu’11
DNP-NA Student, Penn Nursing

IN 2011, WHEN Jason Lee was in the BSN program at Penn, he noticed that some of his Asian schoolmates were transferring out, changing majors, or

taking leaves of absence. Lee wondered if it might be possible that anti-Asian bias was a contributing factor for the exodus. Determined to better understand the root of the problem, he teamed up with classmate Therese Parker and distributed a survey to all Asian undergraduate, master’s, and PhD students at Penn. “We wanted to know if people were experiencing any form of cultural bias,” says Lee. The results were profound. Many students had experienced some level of bias or racial discrimination. “Something like 22 percent perceived some cultural bias in the lectures,” he says. Other revelatory responses included students who felt discriminated against and felt uncomfortable due to professor or student comments.

Lee and Parker considered publishing the findings (the Institutional Review Board approved their research) but—after presenting the results to faculty—decided that starting an on-campus group would be a greater catalyst to change. The Asian Pacific American Nursing Student Association (APANSA) was born. “We wanted to provide students with support and help address health disparities within our community,” says Lee. Both missions are equally important in Lee’s mind. “Nurses are the largest workforce in hospitals and the people that interact with patients the most,” he says. “The representation is important if we ever want to recognize and change the disparities in health care.”

Fast forward nine years. Not only is the group still in existence, but Lee was encouraged to see APANSA vocally showing their support of the Black Lives Matter movement in the wake of the George Floyd protests. “One of the other purposes of the organization was to work in solidarity with other campus affinity groups,” says Lee. “Historically, communities of color have been pitted against each other. Young leaders know the cycle must not repeat itself.”



“A novel respiratory pathogen is kind of the worst-case scenario for us in public health.”

— Michelle Holshue, MPH BSN RN NHDP-BC
CGS’07 Nu’09

But for Lee, it goes beyond police brutality. The statistics, when it comes to race and health care (e.g., Black women are 243 percent more likely to die from pregnancy or childbirth-related complications than white women), need to be addressed. “Where the medical community can make the most impact is pressing for changes surrounding the delivery of emergency medical services in the field during policing—such as Black Kentucky EMT Breonna Taylor, who went without medical attention for 20 minutes after being shot—and working to root out the inequalities in our health care system,” says Lee.

This past spring, after working at Mount Sinai Hospital in New York, Lee returned to Penn to pursue doctorate studies in nurse anesthesia. He was surprised that his class was over 50 percent students of color. “That’s unheard of in nurse anesthesia education,” says Lee, noting that just over one percent of NAs in this country are Black. He attributes this to a commitment to diversity by Penn and the fact that his program director, **Dawn Elizabeth Bent DNP MSN CRNA**, is one of the few African American Nurse Anesthesia Program Directors in the country. She, along with assistant director **Angelarosa Didonato DNP CRNA**, helped move the needle forward.



THE CONSULTANT WHO
Dropped Everything to Help Her Own Community

**Janelle Mirabeau MSN RN CCRN
 CRCR CPC-A Gnu’17**
 Senior Associate at PwC

FOR MANY PEOPLE, being a nurse is about so much more than a skill set. It might sound cheesy, but nurses—no matter how long they’ve been working in the field or, perhaps, how long they’ve been doing something else—can’t *not* do something when they see people in need of help. And when Janelle Mirabeau watched the novel coronavirus sweep across the country, her nursing background instincts took over and compelled her take action.

Before COVID hit, it had been a while since Mirabeau had seen patients. The Maryland resident has spent the past two years working at PwC, where she travels around the country helping health care clients work through a myriad of challenges. (Most recently Mirabeau assisted a large hospital system with scheduling to make them more efficient.) But she suddenly found herself homebound due to the pandemic, confronted with what former Penn and Christiana Hospital co-workers and friends from nursing school were dealing with. “Hearing the stories of what they were seeing on the frontlines—it immediately sparked something,” she says. Company policy allows clinicians to devote work time to fight the pandemic,

Consulting gave way to community testing for Janelle Mirabeau MSN RN CCRN CRCR CPC-A.
 PHOTO BY NATE PALMER

so Janelle immediately enlisted to volunteer. By mid-April she was in a Tyvek suit, administering COVID-19 tests in a drive-through clinic located in Prince George County as a volunteer for the Medical Reserve Corp. “It’s something so ingrained in me,” says Mirabeau. “You never really leave it.”

The clinic, which is about 20 minutes from her house, predominantly serves people of color and immigrants with and without legal status. It’s the hardest hit county in the state of Maryland. As a granddaughter of immigrants and a woman of color, Mirabeau saw herself and her loved ones in the people she was serving—and she quickly noticed many people coming through the clinic for testing only spoke Spanish. Luckily, so does she. “I’m able to provide the info they need in the language they are most comfortable with,” says Mirabeau. Being one of only three professionals that spoke Spanish at the testing site was a profound experience. She helped communicate where patients could get test results, when they could safely return to work, and that they don’t have to worry about paperwork—an issue that some feared. She helped craft critical handouts in Spanish, too.

Early in Mirabeau’s career, she had travelled to provide medical care in Kenya, Trinidad, and Guatemala. The fact that the pandemic and its effects were happening at Mirabeau’s own front door has left a lasting impression. She and her sister had been taking regular walks around their neighborhood and realized that there were always a ton of cars lined up on the streets on certain mornings. It turns out that a nearby church gives away food on Tuesdays. People, they noticed, would wait in line for hours. “I see the people who look like me, Black and brown,” she says. “I can’t ignore how much need there is right here in my own community.”



THE ACUTE PSYCH NURSE WHO
Pivoted to Virtual Treatments

Nicolas Rojas APRN PMHNP-BC Gnu’18
 Psychiatric Mental Health Nurse Practitioner, West Virginia University Medicine Health System

TO SET THE scene of Weston, West Virginia, where Nicolas Rojas currently works: “It’s an old coal mining town with two or three restaurants. It’s very, very small,” he says. “It’s in the mountains with limited cellular service.” It also happens to be where William R. Sharpe, Jr. Hospital is located—one of three state-run psychiatric hospitals. “The people we serve come from all around the state.”

Rojas, who is employed by West Virginia University Medicine Health System, moved to the state last year so his wife could finish her dental schooling. Before that, he worked for COMHAR in Philadelphia, an organization that provides—among other things—mental health services for the city’s Latinx population.

When the novel coronavirus went from an outbreak to a pandemic, it presented unique challenges for those in mental health, especially in Rojas’s situation. “We have forensic and civil patients,” he says. “A lot of times the acuity of the illness leads patients to lack good hygiene, present homelessness, or they are admitted directly from jails. We knew we needed to take precautions to

keep everyone safe.” However, so much of their care relies on face-to-face interactions. “The patients are in such an acute state.”

The need to move to telehealth was urgent—but rife with challenges. Possibly the biggest one: legislation that limits the use of telehealth services by advance practice professionals. Thankfully, NPs and Physicians Assistants around the nation pushed for quick government intervention, and special permissions were given.

Rojas and his team first tried software on laptops that were brought around to each room. Sometimes he would be working at home, other times he would be at a remote location in the hospital. But they noticed the size of computers could, in some cases, heighten symptoms of paranoia. They had to pivot. Smartphones were less intrusive and easier to use. “A nurse can put an iPhone in their pocket; it didn’t trigger anyone,” says Rojas. It took some time and adjusting, but it eventually worked. Within the first month of implementing FaceTime check-ins, patients became more comfortable, and some were even able to hold the phones themselves. “It helped that the legislation got moving pretty quickly. I don’t know any other hospital that was able to move at that speed.”

Not only did it work, but it was enlightening. “It shed light on what opportunities utilizing technology exist, especially in a setting like this, where there’s limited personnel and a location that’s hard to get to,” says Rojas. “I think it’s really cool for the future in psychiatry.”

He also sees how the whole experience—from quickly adapting to the rural setting to challenging recourses—left him with a changed perspective. “Coming here has help me become open-minded about what barriers people face. It would be a wonderful experience for any current students and alumni.”

→ **“Hearing the stories of what [former co-workers and nursing school friends] were seeing on the frontlines—it immediately sparked something.”**
 — Janelle Mirabeau MSN RN CCRN CRCR CPC-A Gnu’17

Where There's a Will, There's Wellness

Penn Nursing Rethinks Mental
Health in the Age of COVID-19.

Illustrations by Hokyoung Kim



By early July

the flow of COVID-19 cases slowed to a trickle in Northern New Jersey. Penn Nursing alumna Cedar Wang MSN RN GNP-BC CHSE at Holy Name Medical Center in Teaneck, New Jersey, watched in relief. She says, “Things have changed drastically in how much better prepared we are and how much more we know about the disease. The pressure has been lessened as far as that goes.”

But the emotional and psychic residue of working the front lines is not gone. Hundreds of patients have died from COVID-19 at her hospital. Nurses who jumped into crisis management without time to think are now feeling the weight of the endeavor. The isolation, exhaustion, and ethical uncertainties they compartmentalized in the spring are roaring back in difficult, individualized ways.

Like the virus itself, the mental toll of the pandemic is evolving. “It was a very numb experience. Almost like I couldn’t feel. Now I would characterize the feeling that I went through as surreal, even movie-like,” Wang says. “As things have started to open up and we’ve been with extended family in the backyard, people want to talk to me about COVID. But that’s not what I want to talk about.”

Organic support groups have popped up at Holy Name, in addition to weekly virtual resiliency rounds facilitated by a psychiatric nurse practitioner. The point of resiliency rounds is to invite hospital staff to share stories of perseverance and to provide a safe space for professionals to cope with stress and trauma.

“People don’t really understand what it’s been like,” Wang says. “We’re trained to take care of individual patients. Now we’re taking care of a whole population.”

Nurses have not yet seen the end of the crisis. In some parts of the country, those in the profession are experiencing the day-to-day stress that Wang once faced, depending on infection rates in their area. In other parts of the country, nurses are waiting for adequate workplace protections and personal protective equipment while bracing for a second wave. In New Jersey and elsewhere, there’s moral distress in the

semblance of a return to normal: Nurses ending self-quarantine, seeing their spouses again, and taking a weekend off, while fully knowing the pandemic is far from over.

In this climate, Penn Nursing has accelerated improvements of its own mental health support systems, not only for current frontline workers but for the future of the profession. A new digital platform launched during the pandemic gives nurses and other employees at Penn Medicine quick access to appointments for mental health. That digital platform, COBALT, a joint venture between Penn Medicine and United Health Group, also provides current students with opportunities to expose themselves to teletherapy while getting clinical hours. Elsewhere at the school, the pandemic has also emboldened researchers to look harder at the ethical and moral dimensions of the nursing field.

“Nurses are the most trusted professional group in the country, and one of the largest professional groups in the country. But we also have to care for them,” says Connie M. Ulrich PhD RN FAAN, a bioethicist and the Lillian S. Brunner Chair in Medical and Surgical Nursing at Penn Nursing. “I am very worried for our clinicians and how we move forward from this pandemic.”

Allison Gelfarb, a Penn Nursing senior, was supposed to be in Hong Kong during spring semester, taking a course on the cultural contexts of caring for seniors. But at the start of the year, anti-government protests flared up in Hong Kong. Then concerns over a novel virus arose. When the course was cancelled, Gelfarb stayed stateside to pursue an independent study on the mental health effects of COVID-19 instead. “I think everyone knows nursing is a stressful profession, but this has been different,” she says.

Gelfarb, who studied academic literature published about previous pandemics—like the SARS outbreak of



“The country has been thinking about nurses as being brave and selfless, and I agree.

But at the end of the day, mental health is an invisible illness.”

the early 2000s—underestimated how many stressors existed for nurses in a moment like this. There were the anecdotes of nurses living in hotels or basements to isolate, of course, but also the stress that accrued from working outside their specialties. “A lot of nurses were displaced from the populations they were used to working with. Labor and delivery nurses who are working on respiratory patients,” she says.

But it wasn’t until Gelfarb began externing at a psychiatric hospital in the suburbs of New York City that she says the independent study “really hit home.” One day this summer, a nurse was admitted to her floor with suicidal ideations. “It’s one thing to read about it and research, but another to see it in front of your eyes,” Gelfarb says. “The country has been thinking about nurses as being brave and selfless, and I agree. But at the end of the day, mental health is an invisible illness.”

The stereotype of nurses as unfailingly selfless, altruistic, and compassionate people often belies their own

wellness needs. The American Nurses Foundation published a survey in July that reported half of nurses continue to feel overwhelmed by the pandemic; roughly three out of four say they have trouble sleeping, and nearly 30 percent are experiencing depression. Perhaps most troublingly, the survey of 10,000 nurses also revealed that a mere three percent cite their employers’ mental health programs as being a helpful resource during the COVID-19 pandemic.

Surveys like these drove a conversation within Penn Nursing about how best to pull together as a community to help address the mounting psychological demands for practitioners. There was another void that had to be filled, too: Students whose semester got interrupted by the virus still had unfulfilled clinical hours needed for degree completion. The cancellation of in-person residencies presented an uncanny opportunity.

“When COVID hit and Penn was shut down, the [nursing] track directors were talking to our partners in

the health system about how we could think creatively,” says Susan Renz PhD DNP GNP-BC, Penn Nursing’s Primary Care Program Director and Practice Associate Professor. “Our students so desperately wanted to help out.”

The development of COBALT was already underway. When it launched in April, under the umbrella of Penn Medicine’s employee assistance program, COBALT was a 24-7 resource for all workers in the hospital network, from physicians to secretaries to janitorial staff. It offers virtual support, live groups, and access to expert content around coping with stress, ranging from anxiety to trauma from experiencing racism. The site is designed to lower barriers to get help by allowing staff to navigate the site anonymously. COBALT provides in-house referrals to prescribers of psychiatric medicine.

In its first 90 days, COBALT had more than 10,000 unique users, including almost 1,000 employees who booked mental health appointments through the platform.



“We must continue to discuss the connection between mental health and the moral obligations of the job.”

“But this was also an opportunity to meet the needs of our teaching departments and simultaneously meet the needs of the health system,” says Renz.

Renz and colleagues on the Penn Nursing faculty hatched the idea to have students on behavioral health and psychiatric tracks involved with COBALT. Starved of clinical hours, students have signed up to offer their own time slots—right alongside experienced mental health practitioners in the field—for hospital workers entering the platform, whether they’re looking for a needs assessment or some guidance.

“I love this model,” says Kate Hanselman MSN MSC RN, a soon-to-be

psychiatric nurse practitioner and recent masters program graduate. “So much of our education by necessity has to do with medication management. But with COBALT, we’re only really here to talk about therapeutic intervention and coping skills development. We’re only doing coaching, therapy, counseling type stuff.”

Hanselman worried that COVID-19 would throw her studies off track. “There were weeks and weeks of wondering how we’re going to graduate remotely on time,” she says. But COBALT has also given Hanselman a real-life test of her skills.

“Not only is this useful for my practice, it’s hugely helpful for health care workers struggling with a multitude of new, massive stressors who need that support,” Hanselman says.

The pandemic is also identifying deficits on the curricular front in the nursing field. “23 percent of nurses report receiving no ethics education or training,” says Dr. Ulrich, citing a study in *The American Journal of Bioethics*. “Thinking broadly, we must continue to discuss the connection between mental health and the moral obligations of the job.”

Ulrich has published multiple papers this year on the ways in which nurses are unsupported in dealing with the ethical and moral dilemmas found on

the front lines of a pandemic. Often, nurses are presented with conflicting opinions about how to approach their work in a crisis. For example, the 2015 American Nurses Association (ANA) Code of Ethics states that the primary responsibility of nurses is to the people (or community) receiving care. But the publication simultaneously upholds a responsibility for nurses to protect their own health and safety. Those two imperatives can’t always co-exist, Ulrich notes in one paper.

What’s worse is that many nurses are at the whim of hospital administrators who they don’t trust to have their best interests in mind, particularly with the allocation of resources. An ANA survey published in April noted that 58 percent of nurses were “extremely concerned” for their personal safety on the job, while 50 percent said their workplace didn’t provide adequate training for how to administer basic crisis response services like the COVID-19 test.

“We’re already facing a chaotic situation. Some nurses fear retaliation for skipping a shift. Some have already resigned,” says Ulrich. “Some of my earlier work stresses the importance of an ethical climate and belief in the mission of the organization in order for nurses to do their best job. Staff have to trust their organizations are doing all they can to protect them, and COVID has shown that’s not always happening.”

Ulrich hopes that one of the lasting effects of the pandemic will be getting

nurses a seat at the table when policies are crafted around crisis care. And she hopes that more health systems do what Penn Medicine has done with COBALT. “Seeing friends get hospitalized, not having PPE, managing their grief—these all require support if nurses are going to stay in their positions over the long term.”

If there’s one silver lining to COVID-19, it’s been the world’s celebration of medical professionals as true heroes. It’s been the reminder of life’s preciousness and the integral role that nurses play in protecting it for everyone else. But for

the nurses who look back on this moment years from now, how will COVID-19 be remembered?

“This year has definitely made me realize again why I became a nurse in the first place,” says Cedar Wang. “I watched some of my colleagues struggle with what they were being called to do, but I never felt reluctant or hesitant to go to work. This has given me greater resolve for the future. I’m a little bit more confident and secure in my decision-making.”

For many nurses, 2020 will go down in history as a time when their mental health was stretched thin. But it could also be a turning point for the profession, creating stronger and more

competent practitioners who’ll be on the frontlines of the next crisis.

“COVID has reaffirmed my choice to become a nurse in a bunch of ways,” says Allison Gelfarb. For one, the short-term outlook for the economy isn’t optimistic for recent grads, but health care is expected to be an exception. “I have job security because mental health is going to be an issue, now more than ever. I’ll be working with people in an area where there will be a high level of need.”

Incidentally, Wang’s daughter has decided to enroll at Penn Nursing, a decision she came to during the pandemic. “It made her realize she wants to do a noble profession,” Wang says. “Society has a need for nurses, and strong nurses at that.”

Barriers Be Gone: Nurse-led Solutions in Teletherapy

When the pandemic stifled New York City in March, the demand for mental health services skyrocketed. “I was getting bombarded from friends and colleagues and nursing home staff for mental health referrals,” says Brigid Gannon DNP PMHNP-BC GNU’13. “The narrative I kept hearing was psychiatrists and therapists are not responding to phone calls or email, or their practices were full.”

Within a couple weeks, Gannon—who owns Ivy Psychiatry, a psychiatric consulting business for nursing homes across the state—heard about a solution being conceptualized by Dr. Pritma Dhillon-Chattha. Gannon had befriended Dhillon-Chattha years earlier when the two completed their Doctorate of Nursing Practice degrees at Yale. “We decided that there was a time-sensitive need in New York for a nurse-driven online

psychiatry and therapy office,” Gannon says.

By mid-May Gannon and Dhillon-Chattha launched Lavender, an online practice that’s grown more than 400 percent by client volume over the course of the spring and summer. “It doesn’t seem like that’s going to slow down,” Gannon says. “People are being asked to tolerate a level of uncertainty that is just not feasible right now.”

Lavender provides expert-level teletherapy and medication management with the ease and convenience of a personal concierge. It has a streamlined website designed to be welcoming and responsive, reducing the risk of retraumatization by providing a positive user experience. New inquiries are answered by phone, email, and text on the same day they’re received. Then, clients are able to book medication and therapy appointments

with psychiatric nurse practitioners on demand. Lavender gives the option of variable session lengths, allowing clients to purchase quick 20-minute check-ins with providers or meet for longer sessions, depending on the client’s mental health needs at any given time.

Lavender was able to launch so quickly in part because Gannon already had a provider team: 15 psychiatric nurse practitioners at Ivy Psychiatry. “What’s exciting about Lavender using psych NPs exclusively is that we can provide both therapy and medication management,” says Gannon. “There isn’t that siloed care that happens when you have a therapist and a psychiatrist doing two different things. Plus, there’s also really good cost savings for people, and cost savings are important now.” Gannon says that Lavender services are 30 percent less than the average provider in New York City.

While the platform is friendly to Millennials, it also supports home bound older adults with its Senior Care Concierge

Program. Lavender accepts multiple forms of insurance, including Medicare.

For Gannon, Lavender’s early success demonstrates a long-term opportunity for reducing barriers to access within mental health services. “One of the positive things that’s happened in COVID is that health care was forced to modernize quickly. Providers and patients who were slow to adapt before are now using telehealth, increasing access to care,” she says.

But the platform is not only a boon for clients; it’s showcasing potential new career paths for nurses. “Nurses have never really been able to participate in the gig economy. I’m finding now with telehealth, a lot of nurses are able to pick up these side gigs, make a little extra money, and maybe have a more flexible life,” says Gannon.

Lavender, Gannon believes, is just one way to accomplish that. “I would love to see more nurses in entrepreneurship, starting their own businesses,” she says. “And I’m always happy to mentor and support them along the way.”

Leadership

Congressional Care: Nurse Impact On Public Policy

How one nurse got mad, got elected, and is changing U.S. health care

GOVERNMENT RESPONSE can make or break public health efforts, something that has become clear during the novel coronavirus outbreak. Lauren Underwood MSN/MPH RN, one of the few nurses—and the youngest Black woman—ever elected to Congress, spoke about the role nurses can play in informing evidence-based public health policy during a virtual May 2020 “Conversations with Nurse Leaders” event (sponsored by the Independence Foundation and hosted by Penn Nursing). What follows is a condensed and edited version of the conversation between Rep. Underwood (D-Ill.) and Margaret Bond Simon Dean of Penn Nursing Antonia M. Villarruel PhD RN FAAN, who mentored Underwood while the Congresswoman was pursuing her BSN at the University of Michigan.

VILLARRUEL: You told me the first time we met (when you were an undergraduate) that your long-term goal was to get a presidential appointment to a major U.S. Health and Human Services (HHS) agency. You’ve done that, working under the Obama administration on public health emergencies and disasters,

including shoring up inventory for the Strategic National Stockpile. How did you ultimately decide to run for Congress?

UNDERWOOD: To begin with, I knew I couldn’t stay in government when the next administration came in. I couldn’t help them repeal the Affordable Care Act (ACA), which I worked to implement before my appointment to HHS. So I moved home to Illinois. I found myself at my Congressman’s town hall, and he made a promise during a discussion about repealing the ACA—he would only support a proposal that let people with pre-existing conditions keep their health care coverage. Now, I’m a nurse with a pre-existing condition [ed., diagnosed with a heart condition in elementary school]—when he made that promise, I believed him. Then two weeks later he voted in the exact opposite way of what he promised. I got mad and decided, you know what, it’s on. I’m running.

A lot of nurses wonder how to go about getting involved with government policy. Tell me that story. For me, it started with a policy class that changed my life—it made the connection between policy and politics and nursing and clinical practice. I also had access to professional development opportunities at the HHS, including women in politics leadership development programs that had an aspect of how to run for office. But for so many of us, there’s this idea that we’re not enough. We don’t know enough, haven’t done enough, don’t know the right people. We don’t have enough money or we’re not successful enough, you know. That is just so flawed. The American people are desperate for our leadership. I’m not saying go off and run for President tomorrow, even

though we would support you if you did. What I’m saying is be involved and be engaged because you already have the skills to make a great difference and impact your communities right now. Think about things you can do concurrently with your career in nursing—we don’t have to make these hard decisions where we’re doing either/or. There’s no reason why you can’t be advocating, while at the same time talking to your legislator about the findings you’re seeing in practice, the findings you’re seeing in the community and the community you serve, and then offering specific recommendations. We bring such credibility to these conversations. And if your member of Congress or local legislators turn down outreach from you as a nurse, they should be ashamed of themselves.

You’ve talked about engagement with a wide variety of people. Are there other things our audience should be thinking about in cultivating leadership wherever it might be?

If we’re serious about transforming our health care system, if we really mean it when we say we want to lower health care costs, then we need more nurses at these decision-making tables. There are decision-making bodies at every level of government that can benefit from our collective expertise. Don’t self-select out of participating because a committee description doesn’t say they’re looking for a nurse. We bring such rich experience in our health care system, such deep knowledge of our communities, this incredible critical thinking and research ability, mastery of data and analysis. Those are all transferrable skills to public service, whether you advise the board of your county health department or decide to run for office.



And I’ve been encouraged that more graduate programs have been mandating that nurses take a policy course, understand how government works, etc. There’s more at stake than just the government funding available to your community. Literally every clinical decision you make is influenced by a policymaker in one way or another. What medications are available get determined by the Food and Drug Administration, the head of which is a political appointee. We don’t often think about the political ramifications of those types of things. But in all areas of our work we are being influenced by the political process, and we need to participate in it.

“It started with a policy class that changed my life—it made the connection between policy and politics and nursing and clinical practice.”

With your work on the ACA and in the HHS, you haven’t been a traditional nurse. I bet you’re not a traditional Congresswoman, either. You came at such an exciting time with such a wide influx of women and younger people. In your first days and weeks in office you talked about a number of hierarchies—how do you manage political change through this hierarchical component? Congress is very hierarchical.

It’s not easy—my new Congressional colleagues and I were walking into an institution that operates at the highest, most elite levels of power in this country, that at one time was only limited to wealthy white landowners. There are all these structures in place, historically and presently, that are not designed for young people, people of color, and the like. But we were there to get things done right now because this country was, and is, in an urgent time of need. It’s really important to use some of the core tools we walk in with—the value of relationships, not letting yourself be defined by

others. So in order to be effective, I need to build relationships with my committee chairman, with the leaders of the House of Representatives, with my colleagues, and with individuals more senior than me on committees. Without these relationships, I will not be able to pass legislation and deliver for my community.

That sense of urgency that you have has led to good actions. I can see nursing or a nursing lens in everything that you’re doing.

President Trump has signed three pieces of my legislation so far—one to lower insulin costs, one to make sure kids are not dying in U.S. custody at the U.S.-Mexico border, and one related to COVID-19. Things that just fit our moral code as nurses.

You have advocated heavily in the area of Black maternal mortality—you introduced a number of bills called the Momnibus—that cover this area and then some, and this speaks to the issue of relationship building. Talk to us about that.

«
“In all areas of our work we are being influenced by the political process, and we need to participate in it.”

Black women are three to four times more likely to die as a result of childbirth in the United States—a statistic unchanged for my entire lifetime. I’m 33 years old, and there have been no national initiatives, no surgeon general support. And most of these are preventable deaths—because of the disparity, the U.S. leads the industrial world in maternal mortality. I just couldn’t let it stand, so I teamed up with a colleague—Dr. Alma Adams, a Congresswoman from North Carolina—to start the Black Maternal Health Caucus. I thought it would just be us, but we launched with 50 members of the House of Representatives, including the House Majority Leader. Now we’re up to 100 bipartisan members and support in the Senate. Every Democratic presidential candidate over the last year has talked about this issue. We have introduced the Black Maternal Health Act of 2020, a suite of legislation that we’re calling the Momnibus, which addresses gaps in health care that impact maternal health. This includes expanding Medicaid to one year postpartum to connect moms with more screening, more access to treatment

and care. It’s one of the most important things we can do to save lives—Medicaid pays for more than half of all births, and certainly for communities of color. Among other things, the Momnibus increases the perinatal workforce, as well. Women of color need to be able to have a choice in providers.

How might we help in bringing support to the Momnibus bills?

Take a look at the bills and see if you want to write your representative or your senator—ask them to support this legislation. I have a commitment to leading in a data-driven, evidence-based way, so the bills are grounded in the evidence and science. And we’re working with experts and academics across the country to make sure that, if the bills pass, they will be implemented as intended. We’re really open to feedback and ideas that nurses have, things they’re seeing in their practice, or things they’re seeing from their research and program evaluations or the like, that might be ideas that are ready to be scaled up and implemented nationwide. We know that the ideas don’t originate in Congress. We just want to lift up good ideas, disseminate them, put some little bit of money behind it so that people can have the resources they need to do the work and save lives. ❄️

Did You Know?

Eight nurses have served and/or are serving in the United States House of Representatives.

Focus on Black Maternal Health

The Momnibus is composed of nine individual bills, each of which addresses a cause of the high Black maternal mortality rate in the U.S. Those bills include:

- Investments in the social determinants of health;
- Funding for community-based organizations specializing in improving Black maternal health disparities;
- Study of Black maternal health risk factors and care coordination in VA perinatal services;
- Growth and diversification of the perinatal workforce, allowing women of all ethnic backgrounds to see representation in their care teams;
- Improvement of data collection and quality measures assessing maternal health care;
- Investments in substance use disorder treatments for pregnant women;
- Improvements in clinical quality for incarcerated women;
- Investment in telehealth and other digital tools that can expand access to care; and
- Promotion of innovative payment models that would incentivize quality maternal care, as well as expansion of health insurance coverage.

To learn more about the Momnibus at Congresswoman Underwood’s website, visit <http://underwood.house.gov>, or follow @BMHCaucus on Twitter.

AP PHOTO/SUSAN WALSH



▲ Congresswoman Lauren Underwood (D-Ill.) on Capitol Hill.



Calling all HUP Nursing Alumni!



SAVE THE DATE

Join us for the 135th reunion of the **HUP Nurses Alumni Association!**

September 17-19, 2021

Philadelphia, PA

Alumni Notes

» We want to hear from you! Send us a personal or professional update at NursingAlumni@nursing.upenn.edu or call us at 215.746.8812. Photos are encouraged. Notes may be edited for space and style.

1960s

Joan Bowers, Nu'61, GNu'62, is now (as of last October) living at Horizon House, a CCRC in downtown Seattle. She was happy to be meeting neighbors and joining in the many activities available until they had to go into quarantine in March. Since early June they have more freedom of movement both indoors and out.

Stephanie Wright, GNu'68, is a Professor Emeritus at George Washington University.

1970s



▲ **Carol Ware, Nu'73**, has served on the Greater Philadelphia Regional Advisory Board for Caron Treatment Centers since 2016. In 2019, she established the Carol Ware Endowed Chair for Trauma Treatment at Caron, and it was recently announced that she is the 2020 Richard J. Caron honoree for the Philadelphia Gala.

1980s

Phillip Greiner, GNu'80, Nu'80, GRN'89, is beginning his ninth and final year as Professor and Director, School of Nursing at San Diego State University. He will retire in June 2021. He is the Project Director on a HRSA-funded Geriatrics Workforce Enhancement Project (GWEP), currently starting Year Two of the second round of funding focusing on Alzheimer's disease and related disorders across San Diego and Imperial Counties, CA.

Anne Peach, GNu'80, now serves as the Vice President at Future Vision Group II, LLC.

Lydia Greiner, Nu'81, completed her doctoral studies at Boston University School of Public Health. She works on several Tobacco-Related Disease Research Program of California (TRDRP)-funded projects through the San Diego State University Research Foundation. She is the Principal Investigator on a newly funded TRDRP research project that will describe the characteristics of a partnership that can support tobacco-related community science research and determine how effectively community science involves community residents in planning, conducting, and using research to change local rules and policies.

Sarah (Sally) Foster-Chang, GNu'84, retired from federal service in June 2019 and thought she'd be content to

do a bit of writing, reviewing, editing, and per diem work. With the COVID-19 crisis, she began a whole new role as the Chief Medical Officer for the Institute for Cognitive Prosthetics, a telehealth-based start-up company providing intensive Brain Injury Rehabilitation in patient's homes.

Carol Gullo Mest, GNu'84, was inducted as a Fellow of the American Association of Nurse Practitioners in June 2020.

Beth Latimer, Nu'85, is a Clinical Assistant Professor at the NYU Rory Meyers College of Nursing. This academic year she was honored with The Rose and George Doval Award for Excellence in Nursing Education at Meyers and recognized by the International Nursing Association for Clinical Simulation with the Award for Leadership Excellence Advancing the Field of Nursing Simulation.

Ann Marie McCarthy, GNu'85, is currently a nurse

practitioner working with the Indian Health Service in rural Northwestern New Mexico, on the Navajo Reservation. She retired in 2013, after serving for 20 years, from the IHS as a Commissioned Corps officer and worked as nursing faculty at a community college and as a school nurse on the Navajo Reservation for four years before returning to the IHS as a federal civil servant.

Teri Maxwell, GNu'85, GR'06, is the Chief Clinical Officer at Turn-Key Health LLC.

Kim St Clair, GNu'86, is the President at Kim St Clair and Associates, where she serves as a Cardiovascular Nurse Practitioner and Consultant.

Patricia Kieser, GNu'86, is working as a Nurse Practitioner at Children's Hospital of Philadelphia.

Nancy Lescavage, GNu'86, is a Rear Admiral, 20th Director Navy Nurse Corps in the United States Navy.



▲ **Susan Pereles** rallies racers for the Autism Speaks 5K, raising funds for autism solutions and support.

Susan Pereles, Nu'86, stated that, "For the last two decades, I've focused my efforts on supporting individuals with autism and their families, working for Autism Speaks. I created a race to raise funds for autism research back in 2001 when my nephew was first diagnosed with the disorder. On July 4 we celebrated the 20th anniversary of the event, the Autism Speaks 5K. However, as you might imagine, in the midst of COVID, our 20th race didn't look quite the same. By May, our community of Potomac, MD in the DC metro area was still in Phase 1. We made the decision to go 100% virtual. With only 3 weeks before the event, \$80,000 raised, and only a few participants, we decide to go nationwide. The nation was in the midst of protests and morale was low. We wondered if anyone was interested in the cause anymore. Would people still respond to our desperate call? I set a goal of getting all 50 states to participate and as many teams as possible. Well, amazingly, within 3 weeks, we more than surpassed our fundraising goal with 206 teams, 2200 participants, and ALL 50 states! People ran, walked, hiked, biked, and did a myriad of activities to support our loved ones on the spectrum! Over the last 20 years, we've raised more than \$4.35 million with our community event. I am so grateful to my classmates of '86, many who responded to my FB Fundraiser and supported the race/cause. THANK YOU!! PS. The Penn Nursing tradition continues! I am proud to say that my daughter Grace is now a member of the accelerated BSN class of 2021!"

Kathryn Siegrist, GNu'86, is the Chief Nursing Officer at Nurse-Family Partnership. Nurse-Family Partnership empowers first-time moms to transform their lives and create better futures for themselves and their babies. NFP works by having specially

trained nurses regularly visit young, first-time moms-to-be, starting early in the pregnancy and continuing through the child's second birthday.

Mary Hines Bowman, Nu'88, completed the DNP degree at the University of San Diego in January 2020. She published an evidence-based practice project, "Peer LED Education Expedites De-Prescribing Proton Pump Inhibitors for Appropriate Veterans" in *Gastroenterology Nursing*: volume 43, #3, May/June 2020. Dr. Bowman is working now toward passing AB 890 as an active member of the California Association of Nurse Practitioners on its Health Policy and Practice Committee. The intention of this bill is to allow for NPs to gain full practice authority in the state of California.

1990s



▲ **Maribeth Schreder LeBreton DNP, RN, CRNP, APN-BC, GNu'91, GNu'95**, was nominated and selected to be one of three finalists for the Nightingale Awards of Pennsylvania in the Advanced Practice Registered Nurse category. This award ceremony, held on November 8, 2019, celebrated 30 years of Honoring Nursing Excellence. Dr. LeBreton has been a registered nurse for over 38 years and is currently working with



FROM THE PENN NURSING ALUMNI BOARD PRESIDENT

Dear Penn Nursing Alumni,
The novel coronavirus has shown the world the strength, brilliance, ingenuity, and indispensable nature of nursing. Nurses have been redeployed to units and tasks foreign to us. We have left our homes and families and risked our safety and sanity. Yet, the stories I hear are of resilience, grit, will, and

perseverance. We have shown the adaptability of nursing and the expansive nature of our scope of practice. At the same time, COVID-19 has also reminded us of existing health disparities of the most vulnerable, minorities, and the marginalized

People of color face systemic injustice every day. The death of George Floyd invigorated people across the nation to speak their truth and fueled a movement that refuses to back down, but that injustice extends much further than issues of law enforcement—over the last several months we've seen congresswomen of color verbally attacked and news of a medical program trolling social media to arbitrarily blacklist female candidates. We must see to it that these injustices end—and Penn Nursing's mission, which includes a strong social justice statement, envisions us all as part of the effort.

The Penn Nursing Alumni culture is one of community, belonging, and inclusivity. As a nurse scientist of color, a mother of brown children (one of whom will become a brown man), and a partner of an ally, I am aware that we should do more to prioritize and communicate this. We, as an alumni board, we will do better to set an example and a high bar. We celebrate the diversity of our alumni, and we welcome you all.

Today instead of asking you to give your time, talents, and treasures to Penn Nursing as I normally do, I ask that you tell us what you need—what events you would like to see and participate in; what you need as a community to make us more inclusive, to understand one another better, to help us better advocate for our patients. **Let's make this a brave space** so that we may share injustices and act on them.

I leave you with the words of the late, great John Lewis: "Get in good trouble, necessary trouble." Let us do that together beginning in our Penn Nursing Alumni community. Please send your needs, stories of your experiences, updates, questions, comments, and concerns to NursingAlumni@nursing.upenn.edu.

Very Best,

Maya N. Clark-Cutaia
PHD, ACNP-BC, RN, Nu'03, GNu'06
President, Penn Nursing Alumni Board

the medically and socially complex patient population at Penn Medicine Lancaster General Health. She is the first Managing Clinician in the

outpatient practices of Penn Medicine Lancaster General Health. Dr. LeBreton was honored and humbled to have been nominated for

Penn Nursing Babies



^ **Katherine Chou, Nu'11**, and her husband Leon, SEAS'10, welcomed their son Spencer Eric Chou on February 22, 2020. He was born at Bryn Mawr Birth Center and joins big brother Everett (2). He's the sweetest addition to our little family.



^ **Katie Oliveras, Nu'11, GNu'15**, and husband Matt Oliveras, W'11, welcomed their second son, Owen Samuel Oliveras, on May 17, 2019.



^ **Kristen J. Bryant Nu'11, GNu'16** and her husband Emanuel E. Bryant W'11 welcomed their second child Ava Grace on October 29, 2019. She joins her big sister Mya Joy as a future Quaker!!



^ **Sarah Rolfing, Nu'18**, and her family welcomed son Luke Rolfing on December 27, 2019.



^ **Becky Coyle Mueller, GNu'10**, and her family welcomed their second daughter, Aubrey Frances Mueller, on April 15, 2020.



^ **Katie Bhadra, GNu'12**, and husband Aaron welcomed their daughter Christine Anne Bhadra on Jan 23, 2020. She loves tummy time now and was born with a full head of hair!

Do you have a new baby? We want to celebrate with you! Send a birth announcement and a picture to NursingAlumni@nursing.upenn.edu or call us at 215.746.8812. We'll send you a PennNursing onesie (6 month size). Photos are encouraged.

this prestigious award and looks forward to continuing to serve the Lancaster County community.

Carolann Oswald Risley, GNu'92, is a postdoctoral fellow at the NIH National Cancer Institute (NCI) and an assistant professor at the University of Mississippi Medical Center School of Nursing.

Stacey Huntington, Nu'94, GNu'99, is a School Nurse in the Spring-Ford School District.

Michelle Feil Nu'95, GNu'00, and Justin Feil C'96, are excited to announce that they have another Quaker in the family! Sonia Feil, Nu'24, will be starting her Penn Nursing journey this fall. Michelle offered Sonia a place to sleep in her office on the cardiac intermediate care unit at the Hospital of the University of Pennsylvania, but she will be opting for Hill House instead.

Allison Squires, Nu'95, is the Director of the Florence S. Downs PhD Program in Nursing Research & Theory Development at NYU Rory Meyers College of Nursing.

Jawanza Bundy, GNu'96, GNC'99, is an Assistant Professor at Widener University. **Joanna Imperial, GNu'96, GNu'97**, is working as a Clinical Assistant Professor and a Certified Nurse Midwife at University Of Texas Rio Grande Valley.

Candice Davenport, Nu'97, is the Health Officer, Public Health Nursing Supervisor, and Health Educator at the Maplewood Public Health Department in Essex County, New Jersey.

Megan Ward, Nu'97, GNu'98, is a Nurse Practitioner at Norton.

Judy Chang, GNu'98, is the Director of Marketing at American Express.

Michelle Zaugg, GNu'98, is a Registered Nurse serving as the Quality Consultant in Geriatrics at VA North Texas Health Care.

2000s



^ **Sheldon D. Fields, GR'00**, was elected to the position of First Vice President for the National Black Nurses Association, Inc (2020 – 2022). Dr. Fields also received the 2020 Towers Pinnacle Award from the American Association of Nurse Practitioners for his long-term work as a front-line family nurse practitioner (FNP) in the fight against HIV/AIDS.

Elizabeth Taylor, Nu'00, serves as a Registered Nurse at Children's Hospital Colorado.

Elizabeth Thorley, Nu'00, is the Associate Director of Risk, Quality, and Patient Safety at ARMS.

Kathryn Saybolt, Nu'02, is a Registered Nurse at Sharp Coronado Hospital.

Jewel Mendoza, GNu'02, is a Clinical Applications Analyst at South Shore Health.



^ **Maya Clark-Cutaia, Nu'03, GNu'06**, the current Penn Nursing Alumni Board President, was awarded the Outstanding Young Alumni Award from the University of Pittsburgh School of Nursing where she received her PhD.

Hannah Pop, Nu'04, is a Nurse Practitioner working



^ **Ashley Darcy Mahoney** selected as National Academy of Medicine Distinguished Nurse Scholar-in Residence.

in Critical Care at NorthShore University HealthSystem.

Leigh Poitevent, Nu'05, is a Nurse Practitioner at Pentucket Medical.

Maria Fusco, Nu'06, is a Registered Nurse at Koskoff, Koskoff and Beider.

Kimberly Dwyer, Nu'07, GNu'10, is a Nurse Practitioner at Robert Wood Johnson University Hospital.

Caitlin Hildebrand, Nu'08, GNu'11, is a Nurse Manager at San Francisco Integrative Health Service.

Julia Jurkiewicz, Nu'08, is now the Director of Population Health at Valley Health Partners.

Alicia Travis, Nu'08, GNu'10, is a Nurse Practitioner at Washington State University.

Ashley Darcy Mahoney, GNu'09, GR'10, was selected as the National Academy of Medicine (NAM) Distinguished Nurse Scholar-in-Residence in April, 2020. The Distinguished Nurse Scholar-in-Residence is a yearlong opportunity for a Fellow of the Academy to



FROM THE HUP NURSING ASSOCIATION PRESIDENT

Dear Fellow HUP Alumni,

I hope this letter finds you well and your loved ones healthy. While so much has changed since I wrote you in the spring, the Board and I remain hopeful that we can meet again in person soon.

As you are aware, it was necessary for us to cancel the Spring 2020 luncheon. We have also cancelled the Autumn 2020 luncheon. On behalf of the Board of Directors and all members of the Alumni Association, I would like to thank Mary Wilby who worked diligently to plan the Spring Luncheon.

We are still planning to hold our 135th reunion in Philadelphia in 2021 and are working with Penn Nursing to ensure a safe and accessible event. Please continue to save the dates of September 17-19, 2021, and watch for more details in our newsletters. We also ask that you communicate with your classmates to start planning for participating in the reunion. Remember, we hold reunions every

engage with scholars at NAM while helping to develop health policy at the federal level. Dr. Darcy-Mahoney, a member of the Penn Nursing Alumni Board, is a tenured Associate Professor at the George Washington University (GWU) School of Nursing and the Interim Director of the Autism and Neurodevelopmental Disorders Institute at GWU. She also continues to practice as a neonatal nurse practitioner with Mednax. As a neonatal nurse practitioner and researcher, she has incorporated a neonatology, infant health, and developmental pediatrics lens throughout her career to promote optimal outcomes for infants and children. This includes working closely with parents, teachers, nurses, other clinical colleagues, and government officials to bring both sound science and the reality of family lives in the development of new models, which ultimately influence health policy.

Zachary Trocheck, Nu'09, is a Medical Sales Representative at Edward Life Sciences.

2010s

Rebecca Coyle, GNu'10, is an Assistant Professor and Nurse Practitioner at Neumann University and Swarthmore College.

Megan Ratwani, Nu'10, GNu'15, recently started a new position at Penn Medicine Princeton Medical Center.

Amy Dahl, Nu'11, GNu'16, is a Nurse Practitioner at Memorial Sloan Kettering.



^ **Gerardo J. Melendez-Torres, Nu'11, W'11**, is currently a Professor of Clinical and Social Epidemiology at the University of Exeter in England and this fall GJ will be inducted into the American Academy of Nursing.

five years, and the next reunion will not be held until 2026.

In times like these, it is even more important that we stay connected and support one another. If you are looking to connect with a classmate, need encouragement or support, or wish to share news with the HUP Alumni Association, please reach out to any of us. We are all listed in the HUP School of Nursing database which can be found on the Penn Nursing website. If you are having difficulty accessing the HUP database, please feel free to contact me by email (lindaknox08@gmail.com) or by phone (267-980-2916).

As always, we encourage you to submit any news you would like to share to the Alumni Association Newsletter. Julia Davis is our newsletter editor; please submit the news you want to share directly to Julia (jtierneyd@gmail.com).

We look forward to seeing many of you in person again soon.

Linda S. Knox, PHD, RN, HUP'74, Nu'81, GNu'86, GRN'95, President, HUP Nurses Alumni Association



▲ **Adrianna Nava, GNu'11**, completed the 2019-2020 U.S. Latino Fellowship Program at the Center for Public Leadership at the Harvard Kennedy School, where she was also awarded a Masters in Public Administration (MPA) in May 2020. In July 2020, she was elected to serve as the 2020-2022 President-Elect of the National Association of Hispanic Nurses (NAHN).

Canhua Xiao, GR'11, is a Tenured Associate Professor at Yale University.

Linda Maldonado, GR'13, is currently working as an Assistant Professor of Nursing at Villanova University. She and her students, and local focus group participants, formed "Team Latina" to research ways to improve healthcare for Puerto Rican women in Kensington. The research team is studying why Puerto Rican women have the poorest maternal health and infant mortality outcomes of all Latina women subgroups. In 2016 Linda was named a National Institute of Minority Health and Health Disparities (NIMHD) Health Disparities Research Institute Scholar, and through her research she is focused on incorporating a community-based participatory research structure, that allows for more direct intervention models.

Eryn Battey, Nu'13, GNu'18, is a Travel Nurse at Post Healthcare.

Robert Austin, GNu'14, is a Pediatric Nurse Practitioner at Advocare Gloucester County Pediatrics.

Lindsey Aragon, Nu'14, is a Registered Nurse at Pennsylvania Hospital.

Cheryl Brenneman, GNu'14, is a Nurse Practitioner at Children's Hospital of

Philadelphia.

Joanne Mantilla, Nu'14, GNu'19, is a Registered Nurse at Hospital of the University of Pennsylvania.

Wendy Zhang, Nu'14, W'14, GNu'18, is the Director of Care and Innovation at Netrin Health.

Kelsey Deboer, GNu'15, is a Nurse Educator at Women's Health at Vanderbilt Medical Center.



▲ **Paule Joseph, GR'15**, was selected as one of the 2020 National Association of Hispanic Nurses 40 under 40 leaders. This award recognizes younger members of the organization who are helping to fulfill NAHN's mission, engaging the community on behalf of NAHN, and providing critical volunteer assistance at the chapter and national level.

Stefanie Jackson, Nu'15, GR'19, is a Registered Nurse at Melmark.

Bryn Czerniecki, Nu'16, GNu'19, is a Women's Health Nurse Practitioner at Hospital of the University of Pennsylvania.

Elena Kvak, Nu'16, W'16, is an Analyst working on Strategy & Pricing at Visa Inc.

Andre Rosario, Nu'16, left his position at the Hospital of the University of Pennsylvania to start the PhD program at Penn Nursing full-time this fall.

Rashika Kaushik, GNu'17, is a Structural Heart Nurse Practitioner at New York-Presbyterian Hospital.

Amanda Kazior, GNu'17, is a CPNP-AC at New York University.

Hillary Howe, Nu'17, GNu'19, is a Pediatric Nurse Practitioner at West Deptford Pediatrics.

Jordan Jaffe, Nu'17, W'17, is an Associate at Cowen

Sustainable Investments.

Joann Bezanisj, GNu'18, is a Nurse Practitioner at Penn Presbyterian Medical Center.

Stephanie Capoferri, GNu'18, is a Nurse Practitioner at Advocate.

Brooke Dame, Nu'18, is a Registered Nurse at Children's Hospital of Pittsburgh.

Grace Eckels, Nu'18, is a Registered Nurse at Massachusetts General Hospital in Boston.

Lisa Grous, Nu'18, is a Registered Nurse at Hospital of the University of Pennsylvania.

Rosario Jaime-Lara, PhD, GR'18, was awarded a fellowship from the NIH Center on Compulsive Behaviors (CCB). This fellowship recognizes

outstanding clinical and basic science researchers who are striving to advance scientific discovery in the field of compulsive behaviors.

In addition to funding, Dr. Jaime-Lara will participate in professional development activities, including training on grant-writing, career planning, oral presentations, and leadership skills.

Sujie Kim, Nu'18, is a Registered Nurse at Hospital of the University of Pennsylvania.

Annette Wightman, Nu'18, GNu'22, is a Registered Nurse at Nemours/Alfred I. duPont Hospital for Children.

Zachary Adams, GRN'19, is a Certified Registered Nurse Anesthetist at Hospital of the University of Pennsylvania.

Jacqueline Baker, GNu'19, was the first Pediatric Primary Care Nurse Practitioner hired at the Family Practice and Counseling Center, a nurse-run FQHC network in Philadelphia.

Dana Buckalew, GNu'19, is a Nurse Practitioner at Penn Occupational and Travel Medicine.

Zyryl Carilo, GRN'19, is a CRNA at Morris Anesthesia Group.

Thomas Carnahan, GRN'19, is a Certified Registered Nurse Anesthetist at

Penn Medicine.

Jessica Decastro, GNu'19, is a Nurse in the Cardiac Center at Children's Hospital of Philadelphia.

Tinsley Giese, GNu'19, is a Pediatric Nurse in the Intensive Care Unit at Memorial Sloan Kettering.

Jenna Lashley, GRN'19, is a Certified Registered Nurse Anesthetist at Geisinger Medical Center.

Kristin Mainzer, Nu'19, is a Registered Nurse at Presbyterian/St.Luke's Medical Center.

Breanne Mastromarino, Nu'19, GNu'20, is a Registered Nurse in University of Pennsylvania Health System.

Kara McGonigal, GNu'19, is a Nurse Practitioner at Children's Hospital of Philadelphia.

James Reyes, GNu'19, is a Hospitalist Nurse Practitioner at Birtua Health.

Vibhuti Patel, GNu'19, is a Registered Nurse at Penn Presbyterian.

Caroline Putnam, Nu'19, is a Registered Nurse at Children's Hospital of Philadelphia.

Amanda Sangston, Nu'19, is a Registered Nurse at Children's Hospital of Philadelphia.

Michele Strykowski, GNu'19, is a Registered Nurse at Garden State OBGYN.

Sandra Urusaro, Nu'19, coauthored an article that was published in An American Society of Clinical Oncology Journal entitled "State of Cancer Control in Rwanda: Past, Present, and Future Opportunities" ([org/doi/pdf/10.1200/JGO.20.00281](https://doi.org/10.1200/JGO.20.00281)).

2020s

Anita Itaman, Nu'20, is a Consultant at Accenture, Inc.

Lauren Valdes, Nu'20, is a Registered Nurse at Penn Medicine.



ALUMNI SPOTLIGHT

Ashley Z. Ritter NU'07 GNU'10 PHD CRNP The 2020 recipient of the Young Alumni Award of Merit

Ashley Z. Ritter was honored with the Young Alumni Award of Merit, recognizing outstanding leadership and service to Penn, prior to the awardee's sixteenth Reunion year. Ritter is a geriatric nurse practitioner and Postdoctoral Fellow with Penn's National Clinician Scholar Program; an Associate Fellow, Leonard Davis Institute of Health Economics; and a member of the NewCourtland Center for Transitions in Health, as well as Chief Clinical Officer of Dear Pandemic (see page 20). Her research and practice focus on improving post-hospital care for older adults with complex medical and social needs.

She has been a standout alumni leader for Penn Nursing, serving on the Alumni

Board, where she provided leadership as both the Vice President and President over the years, among other service to Penn Nursing and the wider university. Ritter is a first generation college graduate—and she and her husband have three children.

We asked Ritter a few questions about her connection to Penn Nursing and her career in health care:

What's driven your volunteerism at Penn Nursing, and what's satisfying about it?

Penn has always been my academic home. I have worked in community settings, not always nested in a culture of research. Maintaining strong ties with Penn Nursing early in my career facilitated work in building evidence-based programs in community settings—mentors, scientific rigor, continued education, networking. I volunteer with Penn Nursing to help others realize the value of this relationship. Our collective knowledge, strengths, and experience are stronger together. Through this work, I have met amazing students and alumni...Penn Nursing continues to keep me engaged and informed.

What are your biggest challenges as a geriatric NP and as a Postdoc Fellow?

Systemic problems in health care make individual patient care challenging at times. I struggle when I can't get my patients what they need. I pursued doctoral education to improve the systems of health care. As it turns out, focusing solely on health care

ignores societal drivers of poor health, like housing instability, trauma, disparities in economic opportunity, and social isolation. Aligning stakeholders with diverse goals—policymakers, patients, payers, providers—is equally difficult. I pursued diverse training in clinical practice, research, health policy, and economics to assist in dismantling silos of care to help as many individuals as possible, but particularly those with complex needs.

And what has been the most rewarding?

I give it my best every day. Most days are relatively thankless, but you must keep going. Once in a while, your effort makes a difference: a patient gets his electric scooter after months of paperwork, a family expresses gratitude after the painful but peaceful loss of a loved one, a manuscript you worked on for years is published ... a policymaker calls for your expert opinion. You soak in those visible moments of impact to fuel the persistence and dedication required to make lasting impact. I am honored to wake up every day to work on problems I really care about.

If you won the lottery, would do something different?

Other than wearing a brand new pair of socks every day, no—I am very fulfilled.

Due to pandemic-related campus-wide live event restrictions in 2020, this award will be presented at the Alumni Award of Merit Gala on November 5, 2021.

Congratulations to all of 2020's Alumni Award Winners!



Eileen Sullivan-Marx, HUP'72, Nu'76, GR'95, PHD RN FAAN
Outstanding Alumni Award



Carol Howe, C'83, Nu'85, GNu'88, PHD RN CDE
Alumni Award for Clinical Excellence



Terri Maxwell, GNu'85, GR'06, PHD APRN Lillian Sholtis Brunner
Award for Innovation



Mary Walton, Nu'74, GNu'81, GR'10, GR'12, MSN MBERN
Alumni Spirit Award



Stephanie Tran Rojas, Nu'20, BSN
Alumni Spirit Award for Graduating Students



Beth Hogan Quigley, GNu'89, GNu'06, GRN'20, MSN RN CRNP
Alumni Spirit Award for Graduating Students



Jaclyn Janis, Nu'11, MPH BSN RN
Early Career Alumni Award for Excellence



Steven Hoffman, C'91 W'91
Honorary Alumni Award

In Memoriam

Dorothy del Bueno, former Assistant Dean of Continuing Education (1978 to 1994) at the University of Pennsylvania School of Nursing, died August 18, 2020. Dr. del Bueno also served as the Acting Director of the Kellogg Administration Program at Penn; she was a member of the Bates Board from 2009 to 2016, as well. She obtained her diploma in Nursing from Philadelphia General Hospital in 1962 and earned a Doctorate in Education in 1976. Dr. del Bueno was a nationally renowned expert in measuring the competency of hospital personnel and developed effective methodologies to assess the skills of nurses in particular. She was the author of three books and more than 100 articles that focused on her area of interest, and she lectured extensively in the United States, Canada, New Zealand, and Australia. She was also a significant patron of the arts and a collector of 20th century work by Pennsylvania artists.



▲ **Emma Weigley**, adjunct associate professor emerita of nursing at the University of Pennsylvania, died April 18 at the Saint Monica Center for Rehabilitation & Healthcare in South Philadelphia from complications due to COVID-19. She was 87. Dr. Weigley was born in Reading, Pennsylvania. She earned a PhD in nutrition from New York University. For decades, she taught nutrition at Drexel University and the University of Pennsylvania. She worked at Penn from 1980 until 1986 as a lecturer, with stints as an adjunct associate and adjunct professor. During her academic career Dr. Weigley published numerous articles in scholarly journals, and she also authored a well-regarded book-length



▲ **Dorothy del Bueno** served as Penn Nursing's Assistant Dean of Continuing Education, 1978 to 1994.

biography of Sarah Tyson Rorer, often considered America's first dietician.

1940s

Beryl Kober, HUP'42, on May 16, 2020.

Margaret Dutra Palecek, HUP'46, Nu'60, on April 15, 2020.

Marion Woods, HUP'46, on January 8, 2020.

Marjory Richards, HUP'48, on February 5, 2020. After high school Marjory pursued her dream of becoming a registered nurse. She graduated from the University of Pennsylvania School of Nursing and later Messiah College with a Bachelor of Science degree in Nursing. Over three decades Marjory brightened the day for patients she cared for at Forest Park Nursing Home, Seidle Hospital, and Rehab Hospital of Mechanicsburg.



▲ **Frances Jordan Banks, ED'49**, on May 30, 2020 just shy of her 102nd birthday. As a young woman, she studied nursing and aspired "to see the world," so she enlisted in the U.S. Army, was commissioned as a Lieutenant, and joined four of her younger brothers in serving her country during World War II. After the war, Frances continued her education at University of Pennsylvania where she earned a degree in nursing. She worked as a nurse in Pennsylvania for a number of years before accepting

a position as Director of Nursing at the Maine Eye and Ear Infirmary in Portland.

1950s

A. Jane O'Brien, Nu'50, on May 5, 2020.



▲ **Grace Cretella, HUP'52**, on May 18, 2020. Grace was a graduate of St. Gabriel High School in Hazleton, Class of 1949, and she went on to earn her Nursing Degree at the University of Pennsylvania School of Nursing. She was employed as a registered nurse at St. Joseph's Hospital in Hazleton, Berwick Hospital, Berwick Retirement Village, and a school nurse at Mulberry Street Elementary School in Berwick, retiring in May 2007.

Sylvia B. Little, HUP'52, Nu'56, on April 20, 2020.

Neda Yarnall, HUP'52, on June 16, 2020.

Jane Rawley Merrill, Nu'54, on April 28, 2020.



▲ **Ann Louise Bernard Klaus, Nu'55**, on October 30, 2019. She was 88 years old. Louise was enormously proud of her connection to University of Pennsylvania Nursing School, that she was a lifelong participant of the Nurses' Health Study, and the

In Memoriam



▲ **May Belle Huber Ball** served as an operating room RN.

MA in Liberal Studies she earned from University of Delaware at 64. She's survived by her four children: Andrew Bernard Klaus, Adam Klaus, Dr. Robert Leonard Klaus Jr, Marley Klaus Dowling, and five grandchildren: Luke and Matthew Dowling, Samantha and Benjamin Klaus, and Marley Ann Klaus.

Katherine Di Mishler, HUP'56, on April 29, 2020.

Marianne K. Scanlon, Nu'56, on January 22, 2020. She attended the St. Francis Hospital School of Nursing in Hartford, CT, and she received a bachelor's degree in Nursing from the University of Pennsylvania and a Master's degree in Nursing from Yale University. Marianne worked for 34 years as a Clinical Specialist in Psychiatry at Griffin Hospital in Derby, CT until she retired at age 75. It was at UPenn that Marianne met her husband, Richard (Dick) Scanlon, to whom she was married for 50 years.

Natalie Jane Bloomburg Dengler, Nu'57, on May 4, 2020. Jane was a nursing educator at Bryn Mawr Hospital School of Nursing and also an Administrator at Bryn Mawr Hospital.

May Belle Huber Ball, Nu'58, on April 22, 2020.

May Belle graduated from the Woman's Medical College of Philadelphia Hospital School of Nursing and worked proudly as an RN at the hospital in both the operating room and teaching student nurses. She earned her Bachelor of Science in Nursing from the University of Pennsylvania. After her children were born, May Belle retired from nursing and was involved in many volunteer activities, including the American Cancer Society and the League of Women Voters where she edited the Montgomery County Voters Guide, was on the State Board, and worked in their state office.

Mary J. Foster, GED'58, on February 1, 2020.

Rosalie Ann Cook, HUP'59, on January 17, 2020.

Janet Kriebel Hesse, Nu'59, GNu'67, on June 3, 2020.

1960s



▲ **Barbara Barden Mason, HUP'60**, on May 3, 2020.

Barbara was born and raised in Oaklyn, NJ. After graduating from HUP she worked in Washington, DC, then joined fellow grads Marjorie Lambert, Patty Zeman, and Sandra Cassarella in San Francisco where they worked amid adventures. She continued her work at Kaiser SF. She met her husband Bob and raised three sons. Her favorite pastimes were sample collection and needlepointing. She is survived by her three sons and five grandsons.

Nancy Bowen, HUP'60, on January 29, 2020.

Eleanor Washington, Nu'61, on May 17, 2020.

Patricia Diehl, Nu'62, on April 10, 2020.

Susan Salek Holland, HUP'65, Nu'69, on April 2, 2020. Susan attended the University of Pennsylvania and graduated in 1965 with a Bachelor of Science in Nursing. Sue was passionate about her vocation as a nurse and spent her career lovingly caring for, accompanying, and advocating for her patients.

Letty Piper, Nu'69, GNu'76, on March 7, 2020.

1970s

Rose Kerchmar, Nu'70, on May 14, 2020.

Lieutenant Colonel Dorothy M. Klecka, Nu'70, on February 23, 2020.

Mary Hastings, Nu'70, on June 9, 2020.

Anita Schlegel Hess, Nu'72, on January 1, 2020.

Suzanne Zamerowski, GNu'79, on May 14, 2020.

Suzanne and her two sisters were encouraged by their parents to embrace education and pursue successful careers. She received a Bachelor of Science from Temple University in 1968 and a master's degree

in 1979 from the University of Pennsylvania. Suzanne held a profound interest and resilient sense of curiosity for the field of health with a focus on genetic studies, which would serve as the foundation of her career accomplishments.

1980s

Sally O'Neill, Nu'80, on February 24, 2020. Sally passed away at home with her brother, two nieces, cat, two dogs, and husband nearby, after a three-year battle with ovarian cancer.

Janet Fogg, GNu'88, on March 22, 2020.

1990s

Karen A. Talerico, GNu'91, GR'99, on February 8, 2020.

Karen was a brilliant nurse, scientist, and educator—teaching and caregiving infused much of her life's work. Her career included work as a Registered Nurse, a Clinical Nurse Specialist, an Assistant Professor and Scientist, and numerous consulting roles. Her unique background, bridging psychiatric and physiologic domains, made a lasting impact on the understanding of frail elders and their special needs for individualized care. She received numerous awards and recognitions throughout her career.

Sharon McClellan-Schwartz, Nu'95, GNu'97, on January 31, 2020.

2010s

Jerome Ian Urbano, GNu'18, on March 18, 2020.

Ehriel Fabriahne Fannin, GR'19, on June 16, 2020.

Path



Born in Allentown, PA. Mother is a student nurse, and grandmother is a midwife who makes a new outfit for every child she delivers because “every child should come into the world with something of their own.”

Graduates from Penn State University with BSN in three years. First job: nursing in a women’s locked ward at a psychiatric facility.

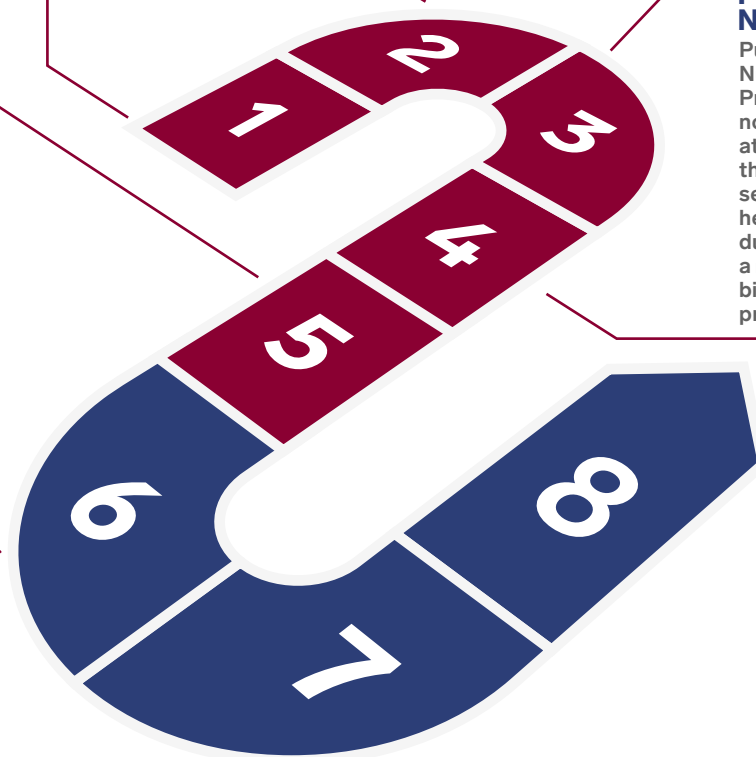


Marries and takes a gap year to reconsider her career. Concludes that she wants to provide primary care to people within the philosophical framework of nursing—and caring for women is the best way to make the largest impact on family health care beliefs and behaviors.

PENN NURSING

Pursues MSN at Penn Nursing in Family/Adult NP Program because there is no women’s health program at the time. Penn gives her the freedom to do as much sexual and reproductive health work as she wants during clinicals. Works as a nurse throughout and gives birth to a daughter while in program—and graduates.

Begins work at Planned Parenthood, where medical director helps expand the boundaries of her NP practice. Takes a physician basic and advanced colposcopy course and becomes the first non-physician to practice colposcopy in a Planned Parenthood, and one of the first in the U.S.



Along with another Penn Nursing alum, opens first NP-owned and run reproductive health care practice in PA to fill health care gaps for working poor. Precepts nursing students, including those from Penn Nursing, and discovers she enjoys teaching. Leaves practice to teach at Penn Nursing.

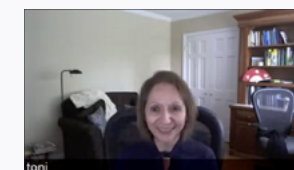
Pursues PhD at Penn Nursing to investigate sociocultural beliefs and folk practices in WV that contribute to high cervical cancer death rates. In partnership with community, leads annual trips with Penn Nursing students to rural WV to offer health screenings and education.

Appointed Afaf I. Meleis Director of Center for Global Women’s Health. Positions the Center and Penn Nursing at the nexus of women’s health worldwide through new collaborations, and helps to build Penn Nursing’s Global Fellows Program. Retires from Penn Nursing in June 2020; will return as a consultant and part-time instructor.



Wendy D. Grube
PHD CRNP FAAN
 Retired Penn Nursing Practice Associate Professor, Director for the Center for Global Women’s Health, and Director, Women’s Health Nurse Practitioner Program

Alumni Connections



Take the Alumni Survey today and help us develop the programming of the future.

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SCAN ME

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Due to the COVID-19 pandemic and in accordance with CDC guidelines, Penn Nursing has cancelled and/or rescheduled many events. We ask that you visit our online events calendar at **www.nursing.upenn.edu/calendar** for current information.

