Where There’s a Will, There’s Wellness

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

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

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

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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!

“Try’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.20

“This is the Frontline”

Where There’s a Will, There’s Wellness

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“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

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Features

Penn Nursing
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.

One: The IRA Charitable Rollover.

Age 72 or older? Satisfy all or part of your Required Minimum Distribution (RMD) while helping to make an immediate impact. You can make a qualified charitable distribution up to $100,000 from your IRA directly to Penn Nursing without having to recognize the transfer as income.

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Simply name the University of Pennsylvania School of Nursing as a full, partial, or secondary beneficiary of your 401(k), 403(b), or similar retirement account. Naming the School as a beneficiary of your retirement plan can help reduce the size of your taxable estate and minimize income taxation of your heirs. Request a “change of beneficiary” form from your plan administrator. It’s that easy!

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"We simply cannot develop the nursing and health care leaders of tomorrow without a solid foundation in social justice."
On the evening of April 28, 2020, Linda S. Kocent, RN, MSN ’84, GNP ’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 MD RN, director of the Holene Field 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.

**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. Therese S. Richmond PhD RN FAAN, the Andrea R. Luparte 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. Villaluteli 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.

**COVID-19 Breastfeeding Guidance**

Diane Lynn Spatz PhD RN BC FAAN, Professor of Perinatal Nursing and The Helen M. Shuster 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.”

**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.”

**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 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.

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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.

But the situation is different for COVID-19 patients. With the exception of giving birth, many hospitals don’t allow adult patients 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.

Appointments and Awards Round-Up

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 education and practice, and the need for positive nurse retention. Her work has transformed nursing by demonstrating the value of baccalaureate education on patient outcomes, the impact of safe nurse staffing on saving lives, and global health communities in planning for equitable allocation of vaccines against COVID-19. Butterfield is a social scientist and a biobehavioral 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.”

“What can we exercise our duty to care while humanizing the dying experience under such extraordinary circumstances?”

Martha A.Q. Curley PhD RN FAAN

Penn Nursing — Fall 2020
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 of global health nor the work of global health disappears because we cannot travel.”

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.

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.

Number of visiting scholars and leaders during the pandemic

“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

Kata Hanselman ’20 and Charliess Ahmed ’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 grantsee, 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.

3

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 FNP, an assistant professor and Global Bites coordinator, creatively adjusted her course, Hong Kong At Home—Global Bites, to maintain the interactive 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 ’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.”
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 including contact tracing with Penn Medicine’s Center for Community Health; and community outreach to assess needs related to COVID-19.

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 Tech Program as a means of inspiring the next generation of nurses. Paullette 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 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.

Centering Community Champions

Pediatric acute care nurse practitioner students Alyssa Gersten BSN CCRN, Aubree Little BSN RN CCRN CDP, Laura Keehn BSN RN, Aran Park BSN RN CCRN, and undergraduate BSN student Jacoby 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.”

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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.”

Summer Health Education for Teens

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Inspiring the next generation of nurses through summer health lessons. (Pre-pandemic photo)
It’s so different, but I think it’s important to send 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 in the 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 has 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 everyone. People started asking, “Can I see my family? Can I see my cousins?” 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 afterwards 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.

America the Policy Lab

With public health best practices butt ing 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.

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, you 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.

Policy

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 and more.

POLICY

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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 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 (repeat, clear, consistent, simple messaging) is hard in the current pandemic is that our evidence is evolving really fast.”

“Sometimes behavior changes for a while, but then there is slippage.” — Cristina Bicchieri, p. 15

POLICY

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POLICY

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**A Blueprint for Equity and Inclusion**


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**THE PROBLEM**

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, Latino, and Native American. Meanwhile, these URM groups represent close to one-third of the U.S. population.

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**Ways To Uphold Institutional Accountability**

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

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**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.

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**Pathways to Tenure and Promotion**

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

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**EVEN BACHELOR AND DOCTORAL STUDENTS SHOW A DISPROPORTIONATE NUMBER OF WHITE STUDENTS, AND A SEVERE UNDERREPRESENTATION OF THESE URM GROUPS.**

**BACHELOR STUDENTS**

<table>
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<td>White</td>
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**DOCTORAL STUDENTS**

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<th>Race</th>
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</thead>
<tbody>
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</tr>
<tr>
<td>African American</td>
<td>5.5%</td>
</tr>
<tr>
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<td>0.2%</td>
</tr>
<tr>
<td>White</td>
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**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’ commitment to connecting with their research communities.**
4. **In-depth, sustainable anti-bias education for leaders and faculty.**
5. **And family-friendly policies.**
6. **No URM isolation. Holding multiple URM faculty within/across disciplines.**
7. **Proactive, inclusive recruitment of a diverse faculty.”**

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**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. Villaruel PhD RN FAAN

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**To view the full guidebook, visit:**

www.nursing.upenn.edu/guidebook.
A temporary research lab shutdown leads one researcher to find an innovative new way to help a community in need.

By Molly Petulla

**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.

**Discovery & Innovation**

pection 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 am not a clinician. I am 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 available to 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 provoca-tive 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 recommend-ed 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?

“I’m proud of it.”

But I feel like this is important work, and I’m really, I now see the people,” he says. “I’m committed to seeing this through to publication,” he says.

While his days were once focused solely on lab experiments and cells, Dávila’s second test site will be located—as Philadelphia’s ZIP code with the most hospitalizations for COVID-19.

**Four times more hospitalizations**

Nationwide, 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.

**By the Numbers**

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.

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

**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)
The Nerdy Girls Tweet it Out

From glitter to poetry to politics, the folks behind Dear Pandemic are determined to ensure social media holds with a healthy, factual source for accurate COVID-19 information.

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’re wondering about how useful/safe masks are. We at DP are here to help fight the infodemic, so let’s dive in!
8:05 PM • Jul 27, 2020

Q: If I could only have one piece of advice to prevent COVID-19, what would it be?
A: Wash your hands, wear a mask, and stay 6 feet apart. We’re excited to share that the CDC recently provided new guidelines to help prevent the spread of COVID-19.
3:37 PM • Jul 26, 2020

Q: What’s next?
A: We’re exploring new ways to engage with our audience and share important information about COVID-19.
9:00 AM • Jul 21, 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! For more details, visit the CDC’s website.
1:53 PM • Jul 15, 2020

Q: Is sex dead?
A: With the extra household duties, the Zoom fatigue, and the existential anxieties, the mood for sex is not what it used to be.
5:12 PM • Jul 9, 2020

Q: Can mosquitoes spread COVID-19?
A: No, that’s just a myth. Mosquitoes can carry diseases like Zika, yellow fever, dengue, and West Nile, but not COVID-19.
9:00 PM • Jul 3, 2020

Dr. Aparna Kumar demonstrates how to wash hands effectively for kids, while Kelly Byrd shares a cartoon to help kids understand the importance of handwashing.

![Tweet it Out](https://example.com/tweet-it-out)
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
“As midwives, our number one goal is to see the whole person and to acknowledge the system wasn’t created for everyone.”
— Jatolloa Davis

"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 spasm-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 go to prenatal care appointments. “Our job is to not make assumptions. Maybe the 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. “I think 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 at 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 intervention 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.”

"It was a little bit hard 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 Dallas, California, they decided to assemble care kits to distribute to protesters. 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, asthma inhalers, 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.”

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.”
Personal trauma gave Vivian Echeverria a desire to help others.

“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

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 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...
Jason Lee was in the Community Health Nurse Advocating on All Fronts.

Tarik Khan has two MSN RN-PNP-BC GP’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 those 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 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 stations, and is active on his Twitter account (@ Inc weldedInPhilly; Rnc: Nurses will lead us out of 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 a challenge. “And to low-income communities of color, this typically haven’t access to testing. (Both efforts are ongoing.)” (This is a time where leadership is needed, especially explicit 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 on 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 too 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.”

Michelle Holshue MPH BSN CNRN TCRN CNRN

THE COMMUNITY HEALTH NURSE

Advoating on All Fronts

THE COMMUNITY HEALTH NURSE

Advoating on All Fronts

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

THE CDC NURSE WHO Worked with COVID Patient Zero

Michelle Holshue was waiting. As a CDC epidemiologic 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 before someone would come down with COVID-19. That person was Holshue. She 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.

“If I think it’s one of those ones once-in-a-lifetime sorts of situations,” Holshue says, looking back at her career, “you always hope your work has an impact. In this way, I hope it teaches us all about the health care disparities we’re seeing every day.”

Jason Lee BSN RN CCRC TN-CHN Nurse student

THE NURSING STUDENT

Leaving a Legacy of Inclusion

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 classmates Therese Parker and distributed a survey to all Asian undergraduates, 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. “Some-thing 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 behavior.

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 a collaborative group to help address health disparities within our community,” says Lee. Both missions are equally important to Lee. “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 one another. Our 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 PHNP-BC CGS’07 Nu’09

GCS’07 Nu’09

BY THE NUMBERS

Despite a widespread belief to the contrary, not all patients who contract COVID-19 develop severe symptoms or complications. The CDC’s data shows how the virus is far more dangerous for certain populations. For example, in a sample of 18,657 U.S. patients hospitalized with COVID-19, the attack rate for Black patients was 16.4%, compared to 4.2% for the overall population. Asian/Pacific Islander patients had an attack rate of 15.4%. In a study of 218 patients hospitalized with COVID-19, 75 were Hispanic and the attack rate was 58.7%; the attack rate was 25.9% among non-Hispanic patients. Women had a lower attack rate than men (4.6% vs. 7.2%). In studies of patients with COVID-19, patients with disabilities were found to have higher attack rates than those without disabilities (17.6% vs. 5.9%). The attack rate for people aged 85 and older was 28.5%, compared to 3% for those aged 20-29. It is also believed that there is a correlation between smoking and the chance of getting COVID-19, with patients who smoke having a higher chance of severe disease than those who do not.
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 pressuring for changes surrounding the delivery of emergency medical services in the field during policing—such as Black Kentucky EMR 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 MNP MSN CRNA, is one of the few African American Nurse Anesthesia Program Directors in the country. She, along with assistant director Angelarosa Didonato MNP CRNA, helped move the needle forward.

F OR 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 doing something else—can’t do something else 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 in a hospital, confronted with what former Penn and Christiana Hospital co-workers and friends from nursing school were dealing with. “Hearing the stories from 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, 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 what she had 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 had left a lasting impression. She and her sister had been taking regular walks around their neighborhood and realized that there were always so many 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.”

Consulting gave way to community testing for Janelle Mirabeau MSN RN CCN CRCP CFC A
PHOTO BY NATE PALMER

THE CONSULTANT WHO Dropped Everything to Help Her Own Community

Janelle Mirabeau
Senior Associate at PwC

THE AUCI PSYCH PSYCH Nurse who Pivoted to Virtual Treatments

Nicolas Rojas APN MHNP BC GNu’18
Practicitioner, 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—and among other things—mental health services for the city’s Latinx population and without legal status. It’s really cool for the future in psychiatry. “It helps 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 CCN CRCP CFC A GNu’17
Where There’s a Will, There’s Wellness

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

Illustrations by Hohyoung Kim
the flow of COVID-19 cases slowed to a trickle in Northern New Jersey. Penn Nursing alumna Cedar Wang wen RN, MSN, BC, CNOR 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.

"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."

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

Allison Gelfarb, a Penn Nursing alumna who jumped into crisis management 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 raged up in Hong Kong. Then concerns over a novel virus arose. When the course was cancelled, Gelfarb stayed in Hong Kong 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 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 experiencing mental health distress that she realized how prevalent and widespread the problem was.

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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 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 unfilled 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 Reno, RN, FAAN, CNOR, 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 to patients 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 work place 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 that 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 maintain their moral 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 precariousness 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’ve 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 a 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, no 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 clinical nurses and nursing home staff for mental health referrals,” says Brightigh Gannon, PMHNP-BC, MSN, GPA. “The narrative I kept hearing was that the therapists and psychiatrists 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 an expert-level teletherapy platform, Lavender. Gannon had befriended Dhillon-Chattha years earlier when the two completed their Doctorate of Nursing Practice degrees at Yale. “We decided that the time-sensitive need in New York for a nurse-driven online psychotherapy and therapy office,” Gannon says. Gannon and Dhillon-Chattha launched Lavender, an online practice that has served over 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 not just 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 have the option 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 quickly because Gannon already had a provider team: 15 psychiatric nurse practitioners at Ivy Psychiatry. “What’s exciting about this model is that 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 revenue, and maybe have a more flexible life,” says Gannon.

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Congressional Care: Nurse Impact On Public Policy

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

G overnment response can make or break public health efforts, something that has become clear during the novel coronavirus outbreak. Lauren Underwood, 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.

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 us. 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 to 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 you’re looking for a nurse. We bring so much 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.

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 hierarchies 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 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.

Illustration by Miles Donovan

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

“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’ve got 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 post-partum 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.

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.

Calling all HUP Nursing Alumni!

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

September 17-19, 2021
Philadelphia, PA
Bringing Simulation Alive Virtually

A dynamic team ensures quality clinical experiences for students.

Ann Marie Hoyt-Brennan
Director, Helene Fuld Pavilion

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05:00AM
Ashly's alarm sounds—with two kids under six, it's the only quiet time she'll have. She responds to overnight emails, writes a medication or assessment exam, brains a virtual simulation, and sets up calls with course directors and IT to figure out how best utilize Canvas to enhance online learning.

06:00AM
Ann Marie calls Julie Soczalski, RN, a Professor of Nursing and Associate Dean for Academic Programs, to discuss clinical and simulation PPE requirements. "What's required for students entering partner collaborations? Goggles, face shields, N95 or surgical masks, gowns?" Needs change daily, and they must know policies and distribution so students are safe. Doesn't everyone talk to their boss at 6AM?

08:00AM
Ashly checks emails and makes sure Epic, the electronic health record, is good for the day while playing a game or reading a book with one of her children.

08:30AM
Anderson assists faculty by creating multiple BlueJeans conference lines in Canvas for all of the students' online simulation sessions while also learning himself: new B-line technology for audio visual capture and how to enter orders and create patients in Epic.

09:00AM
Aleaha logs into BlueJeans to greet her N165 (Integrated Pathophysiology, Pharmacology, and Therapeutics) students for a synchronous simulation session. Today she reviews injections and electronic health record integration, and runs a simulation that focuses on room surveillance, patient identification, physical assessment, SBAR, and medication administration. Usually this sim is facilitated "in person" in the Helene Fuld Pavilion but was previously taped to accommodate remote learning.

09:30AM
Allanna's persistence pays off: USPS just delivered a Surface Pro to a N165 student so they can fully engage in the sim experiences. Chris follows up with the midwifery faculty and students—did they receive their pellets task trainers for their online teaching sessions?

10:00AM
Ann Marie takes a trip to the simulation center—with the kids in tow—to pick up supplies to mail to the standardized patients acting in telehealth visits for N380, Nursing in the Community. Diana, Jamie, and Debbie finish up calls with faculty to assist in planning their sim sessions for Fall 2020. Pandemic requirements: 25 percent capacity in simulation rooms, six foot circumference between each student, live streaming simulation into classrooms, and the list goes on. A challenging task!

11AM
Lunch time for Ashly since the pandemic—she eats, catches up on emails, and watches her daughter dance around in a tutu and scream, "I’m hungry!" Before she hits "send" on her email, there’s an appendage on her leg: Her son begs her to listen to knock-knock jokes. Her lunch break may be more joyful but ends with hunger pangs.

1PM
Ann Marie packs the moulage and supplies to be mailed to N380 actors—her kitchen is now a staging center! She preps the faculty for telehealth visits.

Aleaha and Ann log in to the second N165 session to teach medication administration concepts and facilitate simulation scenarios. Caffine is key: They'll teach until 8PM.

3:00PM
Ashly sets up the kids for naps and play time. (Woohoo! They earn one hour of screen time if they are quiet!)

3:30PM
Anderson films simulation scenarios for online sim sessions while Debbie inserts oxygen devices and other supplies into kits for N245 (Nursing of Young and Middle Aged Adults) instructors to teach and reinforce skills for fall 2020 remote simulation sessions. Oh, and that Play-Doh is used to create ostomies!

3:50PM
Christina plans a photo and video shoot for an upcoming course—she'll film airway and central line equipment, obtain photos of hospital rooms and the surrounding environment, and stage scenarios on airway management and blood administration. She calls Spirit Communications to secure standardized patients for online mental health televists for N235, Psychiatric Nursing.

4:30PM
Ann Marie tries to figure out geometry and how to teach it to her son while making dinner. She also prepares for her N380 content expert/actor orientation that runs from 7PM–8PM.

5PM
Aleaha and Anne remove their headsets, take deep breaths, and adjust to “in person” communication with their families. Aleaha turns on the lavender diffuser and preps a bath—tomorrow’s 9AM session comes very quick.

10PM-5AM
Fuld Pavilion Faculty and Staff dream about scheduling, planning, PPE, triaging connectivity issues, BlueJeans, live streams, masks, lights out until tomorrow.
1960s

Joan Bowers, Nu’61, GNu’62, 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 since 1983. She has been a registered nurse for 46 years, having graduated from the Nursing program of California (TRDRP) in 1974. Carol has served on the Advisory Board for Caron Philadelphia Regional since 1989.

Sarah (Sally) Foster, Nu’73, is the founder and President of Families Partnering for the Firstborn. She is a practicing nurse practitioner working with the Indian Health Service in rural Northernmost Western New Mexico, on the Navajo Reservation. She recently retired in 2021, after serving for 30 years, as a Clinical Nurse Specialist at a community college and as a school nurse on the Navajo Reservation for four years before returning to the HHS as a federal civil servant.

1980s

Phillip Greiner, GNu’80, RN’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 Enrichment Project (GEWP), 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 (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 the research to change local rules and policies.

1990s

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 three weeks before the event was supposed to be held, my 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 and wanted to participate or if people still respond to our desperate call? I set a goal of getting all 50 states to participate as many states as possible. Well, amazingly, within 3 weeks, we more than surpassed our fundraising goal with 206 teams, 2220 participants, and $80,000 raised, and only 1% of participants did not make it to the finish line. 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 selected BSN class of 2021.

Maribeth Schroeder Lefebre SNV, RN, CNRN, APN-BC, GNu’91, Nu’95, was a Care Partner for the tobacco-use family Partnership empowerment first-time moms to transform their lives by creating 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 Himes 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 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.

FROM THE PENN NURSING ALUMNI BOARD PRESIDENT

Dear Penn Nursing Alumni,

The novel coronavirus has shown the world the strength, brilliance, ingenuity, and indispensible 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 we 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 invoked protesters across the nation to speak their truth and fueled a movement that refused 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 -of new and novel program to 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 community. We are all a part of a 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 continue to listen to, 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 support one another.

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

Very Best,

Maya N. Clark-Cutala
phd, apn-bc, snv, nu’03, gnu’06
President, Penn Nursing Alumni Board
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.

Sarah Rolling, Nu’18, and her family welcomed son Luke Rolling on December 27, 2019.

Katie Olivaras, Nu’11, GNu’15, and husband Matt Olivaras, W’11, welcomed their second son, Aubry Frances Marker, on April 15, 2020.

Beechy Coyle Muller, GNu’10, and her family welcomed their second daughter, Aubrey Frances Muller, on April 15, 2020.

Katie Bhadra, GNu’12, and her husband Aaron welcomed their daughter, Ava Grace on October 21, 2020. She loves tummy time and her family welcomed their new son, Jaxx Bhadra, on January 11, 2021.

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 Penn Nursing onesie (6 month size). Photos are encouraged.

2000s

Sheldon D. Fields, GR’02, was elected to the position of First Vice President for the Black Nurses Association, Inc. (2021 – 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’09, serves as a Nurse Practitioner at Children’s Hospital Colorado.

Elizabeth Thorley, Nu’09, is the Associate Director of Risk, Quality, and Patient Safety at ARMS.

Kathryn Saybolt, Nu’02, is a Nurse Practitioner at Koskoff, Koskoff and Resnick.

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. Dowers 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 Supervision, and Health Education at the Maplewood Public Health Department in Essex County, New Jersey.

Megan Ward, Nu’97, GNu’98, is a Nurse Practitioner at New Jersey Medical School.

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

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

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 155th 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 look forward to seeing many of you in person again soon.

Linda S. Knox, PhD, RN, HUP’74, Nu’81, GNu’86, GRN’99, President, HUP Nurses Alumni Association

Penn Nursing Alumni Board, is 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 at Mednex. As a neonatal nurse practitioner and researcher, she has incorporated a neonatology, infant health, and developmental pediatrics lens throughout her career to provide 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’20, 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 Duhl, Nu’21, GNu’16, is a Nurse Practitioner at Memorial Sloan Kettering.

Gerardo M. Melendez-Torres, Nu’11, is currently a Professor of Clinical and Social Epidemiology at the University of East Anglia in England and will be inducted into the American Academy of Nursing.


**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 by the Young Alumni Award of Merit, recognizing outstanding leadership and service to Penn prior to the awardee’s sixteenth Reunion.

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 was a first-generation college graduate—and she and her husband have three children.

Our alumni board member and POPJessica Decastro, GNU’19, is a Nurse in the Cardiac Care Unit at Children’s Hospital of Philadelphia.

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

Jenna Lasley, GNU’19, is a Certified Registered Nurse Anesthetist at Georgia Medical Center.

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

Reanne Mastromarino, GNU’19, is a Nurse Practitioner at Children’s Hospital of Philadelphia.

James Reyes, GNU’19, is a Hospitalist Nurse Practitioner at Belford Hospital.

Vibhuti Patel, GNU’19, is a Registered Nurse at Penn Presbyterian Medical Center.

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

Amanda Sangston, Nu’19, is a Nurse Practitioner at Children’s Hospital of Philadelphia.

Elena Skouras, Nu’19, is a Registered Nurse in the Cardiac Care Unit at Children’s Hospital of Philadelphia.

Amanda Sutliff, Nu’19, is a Nurse Practitioner at 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).

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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?**

Ritter 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, collaboration with others—realize the value of this relationship. Our collective knowledge, strengths, and experience are stronger together. Through this work, I’ve met amazing students and alumni...Penn Nursing continues to keep me engaged and informed.

**What are your biggest challenges as a geriatric nurse practitioner?**

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—policy-makers, 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 trying. Once in a while, your effort makes a difference: a patient gets his electric scooter after months of paperwork, a family member expresses gratitude, and someone you’ve mentored is welcomed with open arms after a difficult decision. I am very satisfied.

If you won the lottery, would you 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-Mars, HUP’72, Nu’76, GR’75, PhD RN FAAN Outstanding Alumni Award

Carol Hove, C’83, BS ’86, GNU’88, PHD RN CDE Alumni Award for Clinical Excellence

Terri Maxwell, GNU’85, GR’06 PHD APRN Lifetime Achievement Award for Innovation

Mary Walton, Nu’76, GNU’81, GR’10, GR’12, MSN MSN RN Alumni Spirit Award

Elena Skouras, Nu’19, is a Registered Nurse in the Cardiac Care Unit at Children’s Hospital of Philadelphia.

Joan Caris, GNU’19, is a Nurse Practitioner at Children’s Hospital of Philadelphia.

Grace Eckels, GNU’19, is a Registered Nurse at Pennsylvania General Hospital in Boston.

Lisa Gruos, GNU’19, is a Registered Nurse at Hospital of the University of Pennsylvania.

Rosario Jaime-Lara, PhD, GNU’19, was awarded a fellowship from the NHN on Compulsive Behaviors (CCB). This fellowship secured Dr. Jaime-Lara outstanding clinical and basic science researchers who are striving to advance scientific discovery in the field of compulsive behaviors. In addition to teaching, Dr. Jaime-Lara will participate in professional development activities, including training on grant-writing, career planning, oral presentations, and leadership developments.

Suje Kim, GNU’19, is a Registered Nurse at Hospital of the University of Pennsylvania.

Amiee Whitley, GNU’18, is a Nurse Practitioner at Women’s Health at Temple University.

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

Jenna Lasley, GNU’19, is a Certified Registered Nurse Anesthetist at Geisinger Medical Center.

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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 Administrative Program at Penn; she was a member of the Rates 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.

1940s

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 biography of Sarah Tyson Rorer, often considered America’s first dietitian.

1950s


1960s

Grace Cretella, HUP’52, on May 18, 2020. Grace was a graduate of St. Gabriel High School in Hazelton, 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 Hazelton, Berwick Hospital, Berwick Retirement Village, and a school nurse at Mulberry Street Elementary School in Berwick, retiring in May 2007. Sylvia B. Little, HUP’51, Nu’56, on April 20, 2020. Jane Rawley Merrill, Nu’54, on April 28, 2020.

1970s

May Belle Huber Ball served as an operating room RN.

1980s

Barbara was born and raised in Oaklyn, NJ. After graduating from HUP she worked in Washington, DC, then joined fellow grad 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 passions were sample collection and needlepointing. She is survived by her two sons and five grandchildren.

1990s

Karen A. Talerico, GNu’91, GR’99, on February 8, 2020. Karen was a brilliant nurse, scientist, and educator—teaching, caring, and infusing 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 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 genetics, studies which would serve as the foundation of her career accomplishments.

2010s

Elihel Fabriahne Fannin, GR’19, on February 8, 2020. Karen was a brilliant nurse, scientist, and educator—teaching, caring, and infusing 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 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 genetics, studies which would serve as the foundation of her career accomplishments.

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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.”

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.

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

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.

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.

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.

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.

Whether it’s leadership development, updates on the latest science and clinical guidance, mentoring opportunities, interest group networks, or volunteer opportunities, Penn Nursing Alumni is your home for lifelong learning and support. Our world is constantly changing, and your alumni programming should change to meet it.

With that in mind, we’ve developed a comprehensive alumni survey to better understand and meet your needs and interests. By taking just a few minutes to provide your feedback, you can help us to craft relevant and timely programming designed to support you and your fellow alumni, and to continue to enhance your professional growth.

Provide your feedback today!
https://www.nursing.upenn.edu/survey

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
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.