REACHING NEW HEIGHTS:
An ultramodern learning environment for 21st century care
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Why I give

“Columbia Nursing’s ongoing progress in the promotion of innovations in nursing practice and education is impressive; support for present and future programs can provide continuity of similar favorable achievements. I choose to support the school because I want future nursing students to experience the best education possible.”

— Rose M. Hoynak ’45
A Responsibility for the Public Good

As nurse educators, we bear a tremendous responsibility to prepare our students to research, teach, and deliver 21st-century care, while at the same time empowering them to be activists and advocates for sound health care policy. This is one of the reasons why studying policy is one of the cornerstones and requirements of our curriculum. New students don’t always agree with this requirement. What, some ask, does policy have to do with patient care? I say: everything. Policy affects the care that nurses provide, with far-reaching ramifications for the patients we serve. Today, as efforts to “repeal and replace” the Affordable Care Act threaten society’s most vulnerable citizens and the programs created to prevent the underlying causes of poor health, it is more critical than ever that nurses advocate for policies to improve the health of all populations, assure health equity, and eliminate bias and intolerance. I believe this mindset can be fostered in the education setting. This issue features stories that underscore the role that nurses play as proponents of the policies that protect and advance health and wellness, especially among underserved or marginalized populations, and how we, as educators, can ignite a passion for activism in our students. One story illustrates the various ways that nurses can influence policy, whether by addressing Congress about the allocation of federal health care funds in the wake of challenges to the Affordable Care Act; using evidence of rising infection rates in nursing homes and hospitals to push for standardized infection prevention and control protocols; or by lobbying for legislation like the Nurse Practitioners Modernization Act, which won nurse practitioners with 3,600 or more hours of clinical experience the freedom to practice primary care without a written practice agreement with a physician. Another story describes how Columbia Nursing is harnessing education, research, and clinical practice to improve health outcomes among LGBT people and spur the creation of policies that will do the same. Part of this is accomplished through the Program for the Study of LGBT Health, a collaboration between Columbia Nursing, Columbia University Department of Psychiatry, and the New York State Psychiatric Institute. Research informs practice, and findings from the program’s studies on transgender and gender-nonconforming people, sexual minority women’s health, and the medical and mental-health needs of the aging LGBT population have informed the LGBT health services at our Nurse Practitioner Group in Washington Heights, the faculty practice of Columbia Nursing. This practice, where every staff member is LGBT health-literate and sensitive, is the first in northern Manhattan to offer a complete range of LGBT-specific services, including sexual and reproductive health, HIV pre- and post-exposure prophylaxis, STI testing and care, hormone therapy for gender transition, as well as psychiatric and mental-health counseling. Columbia Nursing’s commitment to educating nurses to meet the many challenges of 21st-century care keeps us at the forefront of the field. Nothing embodies this commitment better than our brand-new state-of-the-art facility in Washington Heights. The third article in this issue takes you inside our ultramodern learning environment, with its simulation center that offers every piece of cutting-edge technology students need to study and practice clinical skills for any health care setting. One of the features that I especially love about this building is its open interior space, which allows students and faculty to easily engage with each other. It is here that I envision spontaneous conversations taking place, allowing both students and faculty to exchange ideas about current health care policies, and the opportunities students will someday have to advance society’s health and well-being, not only as clinicians and scientists but as a driving force behind health policy that recognizes the needs of all. I have always felt strongly that the nursing profession shares a responsibility for the public good. It is by way of science, leadership, care, and advocacy that we all contribute to a more just, prosperous, progressive, and equitable society. It is more than an opportunity. It is our job.

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Fall/Winter 2017 Contents

4 Research Roundup

- Support to Practice Independently Fosters Role of NPs as Primary Care Providers
- Multi-Drug-Resistant Bacteria Pose Health Risks to Nursing Home Residents
- Patient Portals Studied as Methods for Improving Quality of Care
- Nursing Students Want More Education in Infection Prevention and Control
- HIV Research That Uses Mobile Technology Should Reflect Patients' Needs

22 School News

- Selected Faculty Publications
- Government and Private Research Funding
- Alumni Reunion 2017

ON THE COVER: Photograph by Frank Oudeman

CORRECTION: In the timeline feature of our story A School is Born (pages 7 to 13, Columbia Nursing, Spring 2017), we incorrectly identified Carrie J. Conser Henry ’57 as the school’s first African American student to graduate. In fact, Sylvia Whitehead was one of the first African American students to graduate in 1958.
A New Home for Columbia Nursing
By Laura Raskin

This fall students entered a new building and a new era for Columbia Nursing. The school’s 68,000 square foot structure, including a 2-story, high-tech simulation center, offers an ultramodern learning environment for teaching 21st century care.

NURSE. ADVOCATE.
By Devin C. Powell

Advocating for sound health policy is intrinsic to the nursing profession. Columbia faculty and alumni talk about how their careers have been shaped by policy, and how to encourage our future nurses to get involved.

Bringing Better Care to the LGBT Community
By Kenneth Miller

Understanding the health care needs of the LGBT community has been challenging for educators, scientists, and practitioners. Columbia Nursing is addressing this need through targeted research that informs practice, by offering specialized care for LGBT patients, and by fostering a culture of tolerance among faculty, staff, and students.
Nurse practitioners (NPs) whose employers encourage their independent practice are more likely than those working in unsupportive environments to have their own panel of patients (groups of patients to whom they deliver ongoing primary care), researchers from Columbia Nursing report. NPs need supportive environments with physicians’ backing of their patient care decisions, staff help in preparing patients for visits, and the freedom to apply their knowledge and skills to patient care to be able to deliver ongoing continuous care to their patients and help meet the health care system’s growing demand for primary care, according to Assistant Professor Lusine Poghosyan, PhD, and colleagues.

To investigate the role of NPs in health care delivery, and to understand how work environments affect this role, the researchers surveyed 807 NPs who were listed as deliverers of primary care in the Massachusetts Provider Database. They asked the NPs if they provided ongoing continuous care to a regular panel of patients, and also to rate their relationships with physicians and administrators, the support they received to practice independently, and their visibility within their health care organizations.

Overall, 314 NPs from 163 primary care organizations responded. Most were female. About 45 percent had their own patient panel to whom they gave ongoing primary care; among these NPs, most worked in community health centers. Support for independent practice was the one dimension of their work environment that had a significant positive effect on their role in care delivery.

As fewer physicians specialize in primary care, NPs represent a growing portion of the primary care workforce. With support to independently and continuously care for their own patients, NPs can help meet the nation’s growing demand for primary care.

This study was supported by the Robert Wood Johnson Foundation, the Agency for Healthcare Research and Quality, and the National Institute of Nursing Research (NINR), and appeared in the September 2017 issue of *International Journal of Nursing Studies*.
Patient Portals Studied as Methods for Improving Quality of Care

Using gestational age in electronic health records (EHRs), patient portals can target expectant mothers with maternity education tailored to their stage of pregnancy so that they can better manage their own health, research from Columbia Nursing found. Such content could fill knowledge gaps for underserved pregnant women who face substantial risk for health disparities, reported Assistant Professor Adriana Arcia, PhD.

Arcia analyzed pregnant women’s perceptions and usage of the Maternity Information Access Point (MIAP). Known commercially as Care Guide, MIAP is a tool that delivers maternity education through the Maternity Neighborhood electronic health record and patient portal. Eligible participants were at least 18 years of age, no more than 35 weeks pregnant, English- or Spanish-speaking, and enrolled in Medicaid, and had a Wi-Fi-enabled device.

Of 16 participants, 12 who logged in to MIAP during the four-week study reported high satisfaction with its usability. They gave the tool’s navigability and its content, which fostered informed health self-management, the highest scores. In focus groups, participants said they liked receiving weekly content and emails that were understandable and useful at their stage of pregnancy. But they cited having to remember a username and password and inexperience with technology as barriers to use. Most wanted an app that kept them logged in, despite the potential loss of privacy.

Few participants felt that their care provider fulfilled all their information needs, and preferred using MIAP to researching multiple websites or apps, which are not always accurate. Knowing their provider had vetted MIAP’s content increased their confidence in its reliability. Arcia noted that satisfaction with MIAP could portend its future use, such as providing vaccination and other health reminders. “This popular feature could be extended to other data elements within the EHR to support clients’ learning needs for a variety of health conditions,” she wrote.

This study was funded by the Columbia University Provost’s Grant Program for Junior Faculty Who Contribute to the Diversity Goals of the University, and appeared in the April 20, 2017, online issue of eGEMs (Generating Evidence & Methods to Improve Patient Outcomes).

Multi-Drug-Resistant Bacteria Pose Health Risks to Nursing Home Residents

More than one-quarter of nursing home residents are colonized by E. coli and other forms of multi-drug-resistant gram-negative bacteria (MDR-GNB), increasing their risk for other serious infections, according to landmark research from Columbia Nursing. In what may be the first systematic literature review and meta-analysis of its kind, Sainfer Aliyu, PhD, Arlene Smaldone, PhD, and Elaine Larson, PhD, found that, on average, 27 percent of nursing home residents were colonized by MDR-GNB, underscoring the need for robust infection-control measures in nursing homes and other long-term care facilities.

The research, which received wide press coverage, including in The Wall Street Journal, analyzed 12 studies, nine of which identified specific risk factors for MDR-GNB colonization among nursing home residents. Among the risk factors are advanced age, gender, comorbid chronic diseases, history of recurrent hospitalization, increased interaction with health care workers, frequent antimicrobial exposure, delayed initiation of effective antibiotic therapy, presence of medical devices, decreased functional status, advanced dementia, non-ambulatory status, fecal incontinence, severe sepsis present on admission, and residency in a long-term care facility. Colonization occurred most commonly in the rectum, nasal passages, sputum, urinary tract, and wounds.

Gram-negative bacteria can cause serious infections in health care settings, and an increasing percentage are drug-resistant, posing particular danger to nursing home residents, whose multiple comorbidities, advanced age, and immune dysfunction make them vulnerable and likely to introduce pathogens into hospital settings. “Residents could be colonized with these bacteria for long periods and spread them to other vulnerable residents,” Aliyu said. Stemming the crisis requires screening hospital admissions, toughening measures to detect and control bacteria, and recognizing the most at-risk patients. “Identifying these patients could guide infection prevention efforts,” she added.

This study appeared in the May 2017 issue of the American Journal of Infection Control.
Although most nursing students credit their nursing programs for stressing the importance of infection prevention and control, nearly two-fifths believe their programs need more such education. In fact, the less time programs dedicate to hand washing, personal protective equipment, isolation precautions, and aseptic technique, the harder it is for students to practice these measures when they are busy, a study from Columbia Nursing concluded.

Assistant Professor Eileen J. Carter, PhD and colleagues surveyed a national sample of student nurses to examine the relationship between the time their programs devoted to infection prevention and their knowledge, attitudes, and execution of infection-control practices. Besides quantifying the hours of their infection-prevention education, respondents assessed its quality, location (clinical setting, classroom, simulation lab), and the difficulty they had following infection-prevention protocol when they were busy.

Of 3,678 respondents, 91 percent were female, 67 percent were enrolled in a baccalaureate program, and 66 percent were age 29 or younger. The largest proportion received one to three hours of education in hand hygiene, personal protective equipment, and isolation precautions, and four to eight hours of education in aseptic technique. Those who received less than one hour of education in these practices were significantly more likely than others to report having trouble performing them when busy, Carter reported.

Additionally, those who received most of their education in simulation or clinical settings were more likely to report feeling confident in inserting and maintaining invasive devices using aseptic technique than those who received most of their education in lecture.

Approximately 12 percent of respondents reported lacking confidence in aseptic technique, while 16 percent reported difficulty with this practice when they were busy, which is notable, given that device-associated infections comprise the majority of health care infections, Carter wrote. And while most respondents said their classroom learning reflected their clinical observations, more than half said they had witnessed staff non-compliance with infection-prevention practices. “One of the greatest opportunities for improvement identified in this study is a need for better alignment between the infection-prevention education that student nurses are taught in the classroom and [what they] observe in the clinical setting,” she wrote.

This study appeared in the February 2017 online issue of Nurse Education Today.
Smartphones are promising tools for conducting HIV research, especially among hard-to-reach underserved patients. Yet performing such research could prove challenging among people living with HIV (PLWH), whose increased age, feelings of stigma, and social isolation make them less likely than others to use the mobile devices, according to research from Columbia Nursing.

Rebecca Schnall, RN, PhD, Assistant Professor at Columbia Nursing, Allison Webel, RN, PhD, Assistant Professor at Case Western Reserve University’s Frances Payne Bolton School of Nursing, and colleagues used secondary data from a prospective cohort study of PLWH to analyze current smartphone use, as well as the relationships between the patients’ self-reported use of smartphones and their willingness to use a smartphone for research, feelings of stigma, social isolation, and depression.

Eligible participants had to be at least 18 years of age, HIV-positive, undergoing HIV anti-retroviral therapy, and English-speaking. Among 93 participants, the mean age was 48 years, 56 percent were male, and 87 percent were African-American. Most had low or no monthly income; more than half received Medicaid; 90 percent owned cellphones, but only 31 percent of these were smartphones.

Researchers found that increased age, HIV stigma, and social isolation were inversely related to smartphone use. The odds of using a smartphone decreased as people got older; participants who were more comfortable using smartphones were less likely to report HIV stigma; and those who were willing to use a smartphone for research were less socially isolated.

HIV/AIDS disproportionally affects individuals from racial and ethnic minority groups, and those who are socioeconomically disadvantaged. Now a chronic disease, HIV/AIDS is also increasingly prevalent among adults age 55 and older who may be at increased risk for stigma and isolation and therefore hard to reach for treatment or research. Since most Americans—including those from racial/ethnic minorities and low socioeconomic groups—own smartphones, and since underserved populations use smartphones as their main source of internet access, the devices could help close the racial/ethnic gap in health care delivery and research, Schnall wrote. She added, “Age, stigma, social integration functions and social isolation need to be considered in research involving PLWH.”

This study was supported by funding from numerous agencies, including the National Institute of Allergy and Infectious Diseases; the National Center for Research Resources; the National Center for Advancing Translational Sciences; the National Institutes of Health; the National Institute of Nursing Research; and the Agency for Healthcare Research and Quality. The report appeared in the January 2017 issue of the International Journal of Medical Informatics.
A NEW HOME for Columbia Nursing

AN ULTRAMODERN LEARNING ENVIRONMENT FOR 21ST CENTURY CARE

BY LAURA RASKIN
Students who began classes this fall entered a new state-of-the-art facility, as Columbia University School of Nursing opened the doors of its new building and home. Completed as the school celebrates its 125th anniversary, the 68,000-square-foot building is designed to provide an ultra-modern learning environment for today’s students.

The new structure is the result of a collaboration between two architecture firms, FXFOWLE in New York and CO Architects in Los Angeles. Combining forces and expertise, the designers conceived of a seven-story building with a glass facade and concrete frame, featuring exposed concrete columns that extend all the way up through the building from the ground floor, to create an image of brightness, height, and elegance.

The new site also gives Columbia Nursing a striking and welcoming presence in the Washington Heights community. Rectangular in shape, the building’s glazed walls alternate transparent panels with translucent ones, a technique that helps block glare from the sun and at the same time creates a beautiful reflecting pattern. The architects then gave the building a faceted, dynamic form. FXFOWLE’s project manager Michael Syracuse likens the sculpted effect to a Waterford crystal vase. The project team also thought of the building as a welcoming “lantern” in reference to Florence Nightingale as the “Lady of the Lamp.” It is an evocative image that aligns with Columbia Nursing’s mission of shaping nursing education, research, and practice around the world in an increasingly complex health care system, as well as its position as a community landmark.

When Columbia Nursing invited designs for its new facility from architecture firms in 2011, its request for proposal laid out the parameters: the new structure needed to be a three-story building on a 20,000-square-foot lot, leaving room for the potential that another facility could be

PHOTOGRAPHS BY
FRANK OUDEMAN
built on top of it in later years. FXFOWLE and CO Architects broke the rules by changing the plan and designing a taller building that took up half the lot, still leaving room for future construction but giving the nursing school the iconic presence it deserved. “There was no question that the architects understood our vision from the start,” said Dean Bobbie Berkowitz, PhD. “The new building was designed with students in mind and the ways in which we thought students would use it,” said Dean Berkowitz. “It’s everything we hoped for.”

That vision is articulated right at ground level in the atrium, which has several different seating areas for students to socialize, meet, and study; a separate computer lab; and a cafe. A lime-green “ribbon” staircase that begins in the lobby creates a welcoming path that winds its way up through the seven floors.

The lobby also introduces the nursing school community and visitors to its history with a vintage photograph that stretches across an entire wall and can be seen from the outside. The image shows four public health nurses from the Class of 1961 walking on the very same streets in Washington Heights that nursing students now travel. In addition, it features the first in a series of thematic displays throughout the building that celebrate the school’s 125-year legacy with archival photographs and artifacts—all highlighting Columbia Nursing’s past, present, and future impact.

At the center of the building is the school’s two-story, 16,000-square-foot Helene Fuld Health Trust Simulation Center, which allows students to simulate clinical skills in a variety of health care settings using sophisticated technology in a safe educational environment. In a bold move, the school put the labs on display by surrounding them with glass walls, allowing anyone passing by to observe the action that takes place as students learn using manikins.

The simulation center’s high-tech audiovisual infrastructure means that students can be observed and recorded during their simulation classes, and then learn from watching themselves on video. Designated examination and debriefing rooms accommodate “standardized patients”—actors who help students role-play real-life scenarios and diagnoses. Students also practice on the school’s high-fidelity manikins that can breathe, get sick, die, give birth, react to medications, and be revived over and over again in the labor-and-delivery suite and operating room, which contain all of the equipment and technology one would find in a hospital. “We had several meetings with faculty to talk about what they needed, which even evolved over construction as staff and methodologies changed,” said Syracuse.

“Now, the simulation center captures the full spectrum of care that nurse practitioners, nurse anesthetists, and nurse midwives need to be prepared to deliver in the clinical setting,” said Dean Berkowitz. The simulation labs will also foster inter-professional education, providing a rich environment for research projects.
CO Architects brought its special expertise in health sciences education and team-based learning to the project, helping Columbia Nursing set the vision for the simulation center, design it, and bring it to life. “All of these spaces are highly mediated with technology. There’s a lot of audio and visual capture now,” said Jonathan Kanda, a principal at CO Architects. “The simulation center also gives Columbia Nursing spaces of different scales and allows them to be flexible in those spaces.”

On the upper floors, which are dedicated to work space for faculty and staff, the architects placed the offices around the perimeter of the building, giving them access to daylight and views, interior open spaces, and plenty of breakout areas for relaxing or meeting. Dean Berkowitz marveled at the ease with which teams can easily connect with each other in the new space. “This is a very modern building, built with the idea of more interaction. I just love that,” she said.

But perhaps the best part of the building is the events space with a prep kitchen on the seventh floor that allows the school to gather as an entire family, host conferences and seminars, and invite in the local community. Connected to the space is a 3,070-square-foot rooftop terrace with sweeping views that is open to students, faculty, and staff at all times. Designed by VODA Landscape + Planning, it features fragrant and medicinal plants in a nod to Manhattan’s native flora. There is even an area with reflexology pavers for the feet of tired nursing students.

Columbia Nursing officially dedicated its new building last June when over 250 faculty, staff, alumni, members of the Columbia University community, and the architects joined Dean Berkowitz; Lee Goldman, MD, dean of the Faculties of Health Sciences and chief executive of Columbia University Medical Center; and Columbia University president Lee C. Bollinger in the light-filled atrium to commemorate the occasion. “The school has always been a leader, in terms of nursing education and its commitment to its students and patients, but now we have the facility to match it,” said Midge Fleming, ‘69, who took part in the ceremony to reflect on the significance of this milestone in the school’s history.

Students this fall entered not only a new building, but a new era in Columbia Nursing’s 125-year legacy: one in which its physical infrastructure reflects, floor by floor, its enduring mission and values, resulting in an environment that facilitates collaboration, interaction, and excellence for the 21st century and beyond. ♦
FOSTERING NURSING EXCELLENCE:
An ultramodern learning environment for 21st century care.

COLUMBIA NURSING acknowledges the many donors who helped to make the new facility possible. The building includes 33 named spaces, 24 of which were underwritten by Columbia Nursing alumni. They include: A $6.5 million pledge from the Helene Fuld Health Trust to support the Helene Fuld Health Trust Simulation Center, which also underwrites an Institute for Excellence in Simulation and increases financial aid for students through the Helene Fuld Scholarship Fund; a $1 million gift from Mary Dickey Lindsay ’45 and her family that supports the Simulation Center with a skills laboratory on the second floor named for both Mary Dickey Lindsay and her daughter, the late Louise Lindsay Read ’74; a $1 million gift from Rose M. Hoynak ’45 to name the Rose M. Hoynak ’45 Skills Laboratory on the third floor; a $1 million commitment to name the lobby atrium, a gift from the Columbia University-Presbyterian Hospital School of Nursing Alumni Association; a $1 million gift from Roy and Diana Vagelos to name the fourth floor; and a $700,000 gift from an alumnus of the class of ’93 to name the northern terrace of the rooftop garden.
Bobbie Berkowitz, dean, Columbia Nursing, and senior vice president, Columbia University Medical Center dedicates the new building.

Video recording capabilities allow faculty to monitor, assess, and evaluate students’ performance through a one-way mirror in the control room.

The event space offers sweeping views of the city.

Dedication Ceremony in the atrium.

Nurse anesthetist students practice essential anesthesia skills in the OR including critical thinking, communication, teamwork, and crisis management.

Speakers who participated in the dedication ceremony of the new building: Marjorie Harrison Fleming ’69, chair, board of visitors; Kenneth Forde ’59P&S, Columbia University trustee; Lee Bollinger, president, Columbia University; Bobbie Berkowitz, dean, Columbia Nursing, and senior vice president, Columbia University Medical Center; Jonathan Schiller ’69CC ’73LAW, chair, board of trustees of Columbia University; Lee Goldman, executive vice president and dean of the Faculties of Health Sciences and Medicine, and chief executive, Columbia University Medical Center; Guy Geier, managing partner, FXFOWLE Architects; and Daniel Billings ’15 ’17, current DNP student.

A vintage photo of four public health nurses can be seen from the outside.
Health care policy has been a part of the curriculum offered at Columbia University School of Nursing for decades. But the class last winter was a special one. Donald Trump had just been elected president of the United States. He promised to upend the health care landscape by throwing out the Affordable Care Act (ACA). Needless to say, nursing students were paying particularly close attention to events taking place inside the beltway.

“Our students were more engaged than ever,” said Jacqueline Merrill, PhD, professor of nursing, who has taught the policy course for five years. “They were chomping at the bit and had a million questions.”

Switching gears from their pharmacology and physiology courses, the students grappled with the shake-up promised by the new administration. They split up into groups and studied how best to use the federal money President Trump planned to give to states after dismantling the ACA. Each team was assigned a state and drafted a proposal designed to appeal to the complex—and often conflicting—interests of stakeholders in that state.

The mock Kentuckians, for instance, argued for capping Medicare and Medicaid, a move popular with Republicans. They kept their state’s health care market for the unemployed, a win for Democrats. In a nod to both insurance companies and businesses, they offered incentives to employers to provide private coverage for their workers.

**ADVOCATES AND ACTIVISTS**

The purpose of the exercise—and of this class—was not to convince the next generation of nurses to switch career paths and become politicians and policymakers. The aim was rather to show them how their careers in nursing will be shaped by policy—the laws and rules enacted by governments and health care institutions—and to encourage the future nurses to get involved.

“Our goal is to empower our nursing students to be advocates and activists,” said Bobbie Berkowitz, PhD, dean of Columbia University School of Nursing. “We want them to see that paying attention to policy is part of their responsibility as a nurse, because it impacts their patients and it impacts their profession.”

Dean Berkowitz has a special affinity for policy; before coming to Columbia Nursing, she oversaw the creation of a plan for improving community health in Washington state as deputy secretary of the state’s department of health. As dean, she has now joined with deans of other nursing schools to build bridges with government officials. In February, this alliance, called the Deans’ Nursing Policy Coalition, penned a letter to members of Congress, cautioning against the repeal of the ACA without other legislation to replace it.
“We believe it is important that nursing be part of the national conversation on the repeal and replacement of the ACA,” the letter said. “[N]urses will provide care to those millions of patients who will be the recipients of care resulting from any changes to the coverage of their health care.”

The Deans’ Nursing Policy Coalition has also met with policymakers to sound the alarm about budget cuts. Concerned about scholarships for nursing students, they pushed back against a plan to take $403 million from training and health programs in the Health Resources and Services Administration. They also battled a proposed 24 percent reduction in funding for the National Institute of Nursing Research (NINR). As the former principal investigator of the NIH/NINR-funded Center for the Advancement of Health Disparities Research, and as dean, Berkowitz knows firsthand the impact these dollars can have in building a scientific foundation for clinical practice.

WORKING TOGETHER
Changing the conversation requires allies, like Stephen Ferrara, DNP, assistant professor of nursing and associate dean of clinical affairs, who began his career as a family nurse practitioner more than 15 years ago. At the outset of his career, he was required by law to partner with a physician. Ferrara questioned why this was the case, when studies have shown that, within their scope of practice, nurse practitioners have patient outcomes equal to those of primary care physicians. One such study conducted by Columbia Nursing researchers, published in the *Journal of the American Medical Association* in 2000, compared outcomes for patients randomly assigned to nurse practitioners or physicians after an emergency room visit. The findings showed that the quality of care provided by nurse practitioners was equal to that of physicians. So why the need for mandatory collaboration?

The challenge, Ferrara discovered, started with the state legislature in Albany. Some states—mostly Western states like Oregon, New Mexico, and Montana—allow nurse practitioners to practice without statutory collaboration, as their licensure and certification permits. But other states, including New York, have passed laws requiring a nurse practitioner and physician to enter into a written collaborative agreement. Such collaborative agreements outline items such as mandatory retrospective chart reviews of nurse practitioners. Some states place further restrictions on nurse practitioners, essentially meaning that in those states—without an established
written practice agreement with a physician—the nurse practitioner cannot legally evaluate or treat a patient despite how many years’ experience and expertise that nurse practitioner has.

“There’s a patchwork of state laws across the country that arbitrarily restrict practice,” said Ferrara, who also oversees the school’s faculty practice, ColumbiaDoctors Primary Care Nurse Practitioner Group, which provides primary care services in four locations across New York City. “There’s really no rhyme or reason to it.”

After attending a town hall about these curtailments, he decided to do something about it. For eight years Ferrara lobbied the legislature. Already a member of the Nurse Practitioner Association New York State, he became more active, taking on a leadership position. He met with local politicians and worked alongside Dean Berkowitz and the coalition of nursing deans, who were also eager to change the law. He even had help from within government. Sally Dreslin ’94, who was the assistant secretary for health in the governor’s office at the time, understood the issues at stake. She fought for change.

“We have a shortage of primary care practitioners in the state,” said Dreslin, now executive deputy commissioner at the New York State Department of Health. “Having nurse practitioners practice more independently is good for everyone.”

The law finally changed in 2014, when the New York State Legislature passed the Nurse Practitioners Modernization Act. Among other things, it allows nurse practitioners with 3,600 or more hours of clinical experience to practice without a written practice agreement with a physician.

Ferrara now leads Columbia Nursing students on a field trip to Albany every year to meet with legislators. “We find that legislators like to talk to students,” said Ferrara. “They realize that these are the future providers of care in their district.” The students, meanwhile, “have a thirst to become involved in a meaningful way.”

Much work still remains to be done, says Ferrara. Even though the laws on New York’s books have been changed, hospitals and other health care organizations still need to overhaul their policies to put these laws into practice.

“There are lots of issues that still exist at the institutional, state, and federal levels, and we all need to work together to fix them,” added Ferrara.

POLICY BASED IN EVIDENCE
Health policy should be based on sound evidence, says Berkowitz. Gathering that data is often the role of nurse scientists like Patricia W. Stone, PhD, Centennial Professor of Health Policy, and director of the school’s Center for Health Policy, which offers a policy course for PhD candidates, focused on what researchers can do to shape and influence policy.

Sixteen years ago, Stone responded to a call from Congress for more studies of patient safety issues, including infections acquired during hospital stays. Originally flagged by a 1999 report from the Institute of Medicine, this remains a difficult issue; 1.7 million people are infected in health care facilities every year.

While gathering data about the problem, Stone discovered disparities in how different hospitals reported such infections. These discrepancies spurred her to call for a uniform standard. She also found that some intensive care units are much better at complying with prevention and control programs than others. That’s important, because most infections caused by invasive devices like catheters usually start in the ICU. Staffing also matters; hospitals that rely on temporary staff tend to have higher rates of infection, as do understaffed ICUs.

“Nurses have a unique perspective to contribute to the science that informs policy,” said Stone. “Nurses have a way of thinking that’s holistic,” she said. “We think about the disease process, but we also think about patients as connected to their families and their communities.”

Working in the trenches, nurses may spot problems on the ground that policymakers aren’t aware of. At a hospital in North Dakota, a nurse manager in the infection control department brought one such issue to Stone’s attention. Residents of nearby nursing homes admitted into the hospital frequently had infections caused by multiple drug-resistant organisms that were acquired in those health care facilities.

“That raised a series of new questions. Had infection rates been rising in nursing homes? Stone’s research suggests yes. Are residents of different races and ethnicities vaccinated against infection at different rates? Yes, again. What interventions could address this problem? Early data suggest early staff training and the use of electronic records helps nursing-home personnel prevent infections. Stone is currently working with the Centers for Disease Control and Prevention to take steps to curb this problem.

The nation’s more than 3.5 million registered nurses and over two hundred thousand nurse practitioners may not think of themselves as activists. Their primary obligation, after all, is to ensure the highest-quality care for all patients. But they have a powerful ability to enact change. Like Sally Dreslin, many pursue careers in government, including Mary Dougherty, who earned her PhD from Columbia Nursing in 2009. As the former director of nursing education at the U.S. Department of Veterans Affairs, she developed a postgraduate program that prepared nurses to work with veteran populations. Others have an impact on the policies of health care organizations by serving on quality-control boards in their home institutions. Some find joining a professional group can also help the nurse's voice to be heard.

“Given the uncertainty clouding the political landscape today, there has never been a better time to get involved,” says Dean Berkowitz.

“A lot of the challenges and problems that patients face within a hospital setting—whether it’s falls or infections or ulcers or the wrong medications—often have a link to the lack of a clear policy,” she said. “Nurses are the ones at the bedside who see the effects, and that may be the most compelling reason of all for them to get involved.” •
When Jeffrey Kwong, DNP, was a nursing student in the early 1990s, he asked his primary care physician for an HIV test. The doctor was shocked to learn that Kwong dated men. “As a health care provider, you should know better!” she exclaimed. “You’re going to get AIDS and die!”

“Her tone, and her assumptions about me, made me feel horrible,” recalled Kwong, who is now an associate professor of nursing and director of the Adult-Gerontology Primary Care Nurse Practitioner Program at Columbia University School of Nursing. Such encounters with clinicians, he adds, remain all too common for members of the lesbian, gay, bisexual, and transgender (LGBT) community. “Many times, patients don’t talk about their health concerns, because they don’t feel their provider understands issues involving their sexuality or gender identity.”

That lack of understanding can have life-threatening side effects. HIV and other sexually transmitted infections are not the only serious health problems for which sexual and gender minorities are at elevated risk. Studies show that LGBT populations have the highest rates of tobacco, alcohol, and other substance abuse. Lesbians and bisexual women are more likely to be overweight or obese; they’re also more prone to breast cancer. Gay men have higher rates of anxiety and depression than the general population. LGBT youth are two to three times likelier to attempt suicide.

Such vulnerabilities, researchers believe, result partly from the stress of belonging to a group that (despite recent progress toward acceptance) has long been stigmatized by mainstream culture. But the damage is exacerbated, according to a landmark 2011 report by the Institute of Medicine (IOM), by barriers to health care—most notably, a dearth of providers “who are knowledgeable about LGBT health needs, as well as a fear of discrimination in health care settings.”

Under the leadership of Dean Bobbie Berkowitz, PhD, RN, Columbia Nursing is a national leader in efforts to improve care for LGBT patients at every stage of life. “Understanding the health care needs of the LGBT community has been challenging for educators, scientists, and practitioners,” said Dean Berkowitz. “Our goals are to identify very specifically what the research barriers are and what the priorities should be, to conduct research that can directly inform practice, and to use this research to enhance the health care of the patients we serve.”

ADVANCING LGBT RESEARCH

“In the field of nursing science, LGBT health is a vastly under-studied subject,” said Walter Bockting, PhD, who, with Anke Ehrhardt, PhD, both professors of medical psychology, is co-director of the Program for the Study of LGBT Health, a collaboration between Columbia University Department of Psychiatry, Columbia University School of Nursing, and the New York State Psychiatric Institute. The program’s mission is to promote the health and wellness of LGBT people through research, clinical practice, education, and training—and, ultimately, to influence public policy in the United States and beyond. “There’s a huge need for better data on the factors driving health disparities in this population, and for people who can work with these patients in a clinically and culturally competent way,” said Bockting.
The Program for the Study of LGBT Health focuses on five basic areas: youth and families, aging, lesbian and bisexual women’s health, transgender health, and the neuroscience of gender. One of the most ambitious of the program’s investigations, known as Project AFFIRM, is led by Bockting—an internationally known expert on the assessment and treatment of gender dysphoria, as well as the mental health of transgender children and adults. (He was also a co-author of the 2011 IOM report on LGBT health, along with Dean Berkowitz, who recruited him from the University of Minnesota soon after its publication.) The multi-year study follows more than 400 transgender and gender-nonconforming people in New York, San Francisco, and Atlanta, assessing the dynamics that influence their vulnerability, risk, and resilience. Project AFFIRM examines how participants’ mental and physical health changes over time, and how those changes are tied to their relationships with life partners and health care providers as well as their evolving sense of identity. “We’re interested not only in the stresses that wear on trans people’s well-being,” Bockting explained, “but also in the factors that can buffer the negative impacts, such as family and community support, acquired coping skills, a sense of pride in yourself, and good access to care.”

A sub-study, led by Columbia University School of Nursing postdoctoral research scientist Kasey Jackman ’05 ’10 ’17, investigates the role.

These dynamics play in non-suicidal self-injury. “As a psychiatric nurse practitioner,” said Jackman, “one of the things I’d like to see my patients do is self-injure less often. A better understanding of this behavior could inform clinicians’ approaches to working with trans people, and potentially with members of other stigmatized minority populations as well.”

“Most LGBT research focuses on epidemiology,” noted Roystone Martinez, an educator and activist who serves on the project’s board of advisers, and who identifies as gender-nonconforming. “Project AFFIRM also looks at the things that make people whole, and enables us to tell our stories in our own voices.”

The longest-running study of sexual minority women’s health currently in existence is the Chicago Health and Life Experiences of Women (CHLEW) study, led since 1999 by Tonda Hughes, PhD, RN. In February, Hughes left the University of Illinois at Chicago to become director of global health research at Columbia Nursing. She will continue to lead the CHLEW study, which centers on alcohol use and health among lesbians and bisexual women, from her new academic home. Meanwhile, she’s conducting other research on sexual minority women’s (SMW) health, ranging from the impact of marriage equality in the U.S. to substance abuse among SMW in Australia to the impact of stigma on health and quality of life among SMW in Rwanda. “There’s still far too little research on these populations,” Hughes observed. “Between 1989 and 2011, apart from studies of HIV/AIDS, only 0.1 percent of all NIH-funded studies focused on LGBT health—and of those, only 13 percent addressed issues concerning SMW. One of my goals is to increase visibility of SMW’s health across the globe.”

PUTTING IDEAS INTO PRACTICE

Using research to inform new models of clinical practice is one of the missions of Columbia Nursing. The school’s faculty practice, ColumbiaDoctors Primary Care Nurse Practitioner Group, has been delivering comprehensive primary care to New York City residents for over 20 years. “The vision for the practice is to provide care to populations of individuals who have traditionally been considered underserved,” said Stephen Ferrara, DNP, associate dean of clinical affairs, who oversees the Nurse Practitioner Group.

A groundbreaking effort to incorporate culturally competent LGBT care into nursing practice was launched in 2014 by Jeffrey Kwong, under the auspices of the Program for the Study of LGBT Health. The Elder LGBT Interprofessional Care Program (e-linc) was a demonstration project funded by a three-year, $1.5 million grant from the U.S. Health Resources and Services Administration (HRSA) to address common medical and mental health needs of the aging LGBT population. “Older LGBT folks tend to be reluctant to bring up their sexual identity or gender identity with clinicians,” said Kwong. “They may avoid seeking care at all until their health has deteriorated drastically.” The goal of e-linc was to get them the treatment they needed before that happened, using community outreach and interdisciplinary health care teams. Part of the grant involved referring patients to the Nurse Practitioner Group’s first location, in Midtown Manhattan.

In September 2016, when the Nurse Practitioner Group expanded and opened a new location in Washington Heights, it not only
brought quality primary care to the neighborhood, it also became the first practice in Upper Manhattan to offer a full range of LGBT-specific services, by drawing on that experience. Located on West 168th Street, on the ground floor of the Edge Hotel, the practice offers integrated primary and mental health care services to meet the needs of the largely low-income and Latino community. The 10-member staff are all educated in LGBT health; four are fluent in Spanish. In addition to providing primary care services, such as preventive care (including inoculations and health screenings), sick visits, chronic disease management, and minor injury treatment, the practice specializes in sexual and reproductive health, HIV pre- and post-exposure prophylaxis, STI testing and care, hormone therapy for gender transition, as well as psychiatric and mental-health counseling.

“Our patients have often had bad experiences with health care institutions,” said Roshnee Barrett, PhD, assistant professor of medical psychology at CUMC, who provides psychotherapy and counseling at the practice. “Many are grappling with the stresses of navigating American society, not just as an LGBT person but as someone from an immigrant background or a person of color. Part of what we try to do is say, ‘you don’t have to worry about all that here. Just come and be yourself.'” To help patients feel accepted, the practice has designed its intake forms to include preferred pronouns and names (which may differ from those found on an individual’s insurance card). Care providers and support staff attend ongoing training sessions in clinical and cultural issues relevant to the population they serve, usually taught by faculty members but sometimes by longtime residents of the neighborhood.

“As a gay man, I feel more comfortable at the Nurse Practitioner Group than at any other office I’ve been to,” said Stephen Koch, a 27-year-old bar manager who lives around the corner. “When I walk in the door, they know my name. There’s a sense of caring and personal attention that’s really unique. And I know I can ask any question that might pertain to my welfare.”

**LEARNING OPPORTUNITIES**

Columbia Nursing is committed to advancing education in LGBT health, whether in the classroom, in clinical settings, or in student research projects. PhD candidates who wish to focus on LGBT issues receive expert mentoring and opportunities for institutional support. The school is actively seeking to add to its roster of faculty members whose research interest centers on LGBT-related fields. In addition, LGBT issues are discussed in a growing number of the school’s courses, including Physical Assessment, Topics in Nursing, and Issues in Nursing in the Masters Direct Entry program, and Advanced Clinical Assessment and specialty modules in the Doctor of Nursing Practice program.

The school also offers an array of extracurricular programming in LGBT topics. Recent examples include screenings of the film *Growing Up Trans*, and a discussion with Rosalind Rosenberg, the author of *Jane Crow: The Life of Pauli Murray*, the biography of a pioneering African-American lawyer, priest, and civil-rights activist who questioned distinctions of gender as well as race. “We try to send a message to our own LGBT population—students, faculty, and staff—that this is a safe zone, and that we’re their allies in the strongest sense,” said Vivian Taylor, EdD, associate dean for diversity and cultural affairs.

For Jeffrey Kwong, Columbia Nursing’s wide-ranging leadership in LGBT health care is a reminder of how far the field has come since his doctor lectured him about his sexual orientation 25 years ago—and how far it has yet to go. These days, he spends much of his time at the Washington Heights practice, where he treats patients and works on a new HRSA-funded demonstration project aimed at developing and integrating team-based behavioral health services. “Part of our research is to evaluate our staff’s ability to provide welcoming and effective care,” he explained. “We’re surveying our patients every six months to learn about their experience, from their interactions with front-desk staff to their consultations with care providers.

“From my own experience,” he said, “I know how important it is to have a provider who understands where you’re coming from, and who can act as your advocate. We want this program to not just passively support the LGBT community, but to really engage it and promote its welfare. We’re dedicated to improving the lives of LGBT individuals everywhere, no matter their age, ethnicity, or cultural background.”
Our faculty’s research continues to create new knowledge that advances health care. Listed are selected articles published by leading peer-reviewed publications.

Sainfer Aliyu, PhD, Arlene Smaldone, PhD, professor, and assistant dean of scholarship and research, and Elaine Larson, PhD, Anna C. Maxwell Professor of Nursing Research, and associate dean of scholarship and research, were authors of “Prevalence of Multidrug-Resistant Gram-Negative Bacteria Among Nursing Home Residents: A Systematic Review and Meta-Analysis,” published in American Journal of Infection Control (AJIC).

Adriana Arcia, PhD, assistant professor, was author of “Time to Push: Use of Gestational Age in the Electronic Health Record to Support Delivery of Relevant Prenatal Education Content,” published in Generating Evidence & Methods to Improve Patient Outcomes (eGEMs).

Suzanne Bakken, PhD, professor, was an author of “SMASH: A Data-driven Informatics Method to Assist Experts in Characterizing Semantic Heterogeneity among Data Elements,” published in AMIA Annual Symposium Proceedings, and “Research Strategies for Biomedical and Health Informatics. Some Thought-provoking and Critical Proposals to Encourage Scientific Debate on the Nature of Good Research in Medical Informatics,” published in Methods of Information in Medicine.

Suzanne Bakken, PhD, professor, and Noémie Elhadad, PhD, associate professor, CUMC, were among authors of “Online Cancer Communities as Informatics Intervention for Social Support: Conceptualization, Characterization, and Impact,” published in Journal of the American Medical Informatics Association.

Suzanne Bakken, PhD, professor, and Nara Jang, PhD student, were authors of “Relationships between Demographic, Clinical, and Health Care Provider Social Support Factors and Internalized Stigma in People Living with HIV,” published in Journal of the Association of Nurses in AIDS Care.

Walter Bockting, PhD, professor, was an author of “Demographic Characteristics, Components of Sexuality and Gender, and Minority Stress and Their Associations to Excessive Alcohol, Cannabis, and Illicit (Noncannabis) Drug Use among a Large Sample of Transgender People in the United States,” published in The Journal of Primary Prevention.

Walter Bockting, PhD, professor, Dawn Dowding, PhD, professor, and Ragnhildur Bjarnadottir, PhD graduate, were among the authors of “Patient Perspectives on Answering Questions about Sexual Orientation and Gender Identity: An Integrative Review,” published in Journal of Clinical Nursing.

Walter Bockting, PhD, professor, Sigrid Gabler, PhD, and Jeffrey Kwong, DNP, associate professor, were among the authors of “Development of an Interprofessional Collaborative Practice Model for Older LGBT Adults,” published in LGBT Health.

Jean-Marie Bruzzese, PhD, associate professor, was lead author of “Asthma and Subjective Sleep Disordered Breathing in a Large Cohort of Urban Adolescents,” published in Journal of Asthma.

Kellie Bryant, DNP, assistant professor, and executive director of the Simulation Center, authored a chapter titled, “Profile: Kellie Bryant, Simulation Center Director,” in Joyce J. Fitzpatrick’s 301 Careers in Nursing.

Eileen Carter, PhD, assistant professor, Amanda Hessels, PhD, associate research scientist, Anna Kelly, PhD, assistant professor, and Elaine Larson, PhD, Anna C. Maxwell Professor of Nursing Research, and associate dean of scholarship and research, were authors of “Reported Hours of Infection Education Received Positively Associated with Student Nurses’ Ability to Comply with Infection Prevention Practices: Results from a Nationwide Survey,” published in Nurse Education Today.

Catherine Cohen, PhD, and Patricia Stone, PhD, Centennial Professor of Health Policy, were authors of “Isolation Precautions Use for Multidrug-Resistant Organism Infection in Nursing Homes,” published in Journal of the American Geriatrics Society.

Dawn Dowding, PhD, professor, was first author of “The Impact of Home Care Nurses’ Numeracy and Graph Literacy on Comprehension of Visual Display Information,” published in Journal of the American Medical Informatics Association.

Elizabeth Heitkemper, PhD, postdoctoral research fellow, and Arlene Smaldone, PhD, professor, and assistant dean of scholarship and research, were authors of “Do Health Information Technology Self-Management Interventions Improve Glycemic Control in Medically Underserved Adults with Diabetes,” published in Journal of the American Medical Informatics Association.

Carolyn Herzig, PhD, associate research scientist, Patricia Stone, PhD, Centennial Professor

Kathleen Hickey, EdD, associate professor, was the first author of “Evaluating the Utility of mHealth ECG Heart Monitoring for the Detection and Management of Atrial Fibrillation in Clinical Practice,” published in Journal of Atrial Fibrillation. She also co-authored “Genome Sequencing Technologies and Nursing: What Are the Roles of Nurses and Nurse Scientists?” published in Nursing Research, and “Evaluating the Utility of mHealth ECG Heart Monitoring for the Detection and Management of Atrial Fibrillation in Clinical Practice,” published in Journal of Atrial Fibrillation.


Brenda Janotha, DNP, assistant professor, was first author of “Oral Squamous Cell Carcinoma: Focusing on Interprofessional Collaboration,” in Nurse Practitioner’s DNP Special Issue on Cancer.

Rita Marie John, DNP, associate professor, and director, Pediatric Primary Care Nurse Practitioner Program, was second author of “Food-Dependent Exercise-Induced Anaphylaxis: A Review,” published in Journal for Nurse Practitioners.

Kristine Kulage, MPH, director, Office of Scholarship and Research Development, and Elaine Larson, PhD, Anna C. Maxwell Professor of Nursing Research, and associate dean of scholarship and research, authored “Intramural Pilot Funding and Internal Grant Reviews Increase Research Capacity at a School of Nursing,” published in Nursing Outlook.

Elaine Larson, PhD, Anna C. Maxwell Professor of Nursing Research, and associate dean of scholarship and research, was an author of “Building Evidence-Based Practice in Resource Limited Settings: Exemplars of Success,” published in Global Journal for Research Analysis.

Elaine Larson, PhD, Anna C. Maxwell Professor of Nursing Research, and associate dean of scholarship and research, and Mansi Agarwal, PhD, were coauthors of “Risk of Drug Resistance in Repeat Gram-Negative Infections among Patients with Multiple Hospitalizations,” published in Journal of Critical Care.

Elaine Larson, PhD, Anna C. Maxwell Professor of Nursing Research, and associate dean of scholarship and research, Bevin Cohen, MPH, Haomiao Jia, PhD, associate professor, and Meghan Murray, PhD student, were among the authors of “Incidence, Risks, and Types of Infections in Pediatric Long-term Care Facilities,” published in JAMA Pediatrics.

Elaine Larson, PhD, Anna C. Maxwell Professor of Nursing Research, and associate dean of scholarship and research, Bevin Cohen, MPH, Jianfang Liu, PhD, assistant professor, and Jingjing Shang, PhD, assistant professor, were among the authors of “Assessing Intensity of Nursing Care Needs Using Electronically Available Data,” published in Computers, Informatics, Nursing (CIN).

Maichou Lor, PhD, postdoctoral research fellow, authored “Systematic Review: Health Promotion and Disease Prevention Among Hmong Adults in the USA,” published in Journal of Racial and Ethnic Health Disparities. She was also an author of “How Could Nurse Researchers Apply Theory to Generate Knowledge More Efficiently?” published in Journal of Nursing Scholarship, and “Feasibility of Audio-Computer-Assisted Self-Interviewing with Color-Coding and Helper Assistance (ACASI-H) for Hmong Older Adults,” published in Research in Nursing & Health.

Jacqueline Merrill, PhD, professor, Penelope Buschman, MSN, assistant professor, and Jasmine Travers, PhD, postdoctoral fellow, were co-authors of “An Efficient Nurse Practitioner-Led Community-Based Service Model for Delivering Coordinated Care to Persons With Serious Mental Illness at Risk for Homelessness,” published in Journal of the American Psychiatric Nurses Association.

Lusine Poghosyan, PhD, assistant professor, was lead author of “Organizational Attributes of NP Practices: Implications for NP Modernization Act in New York State,” published in Nursing Research.
Lusine Poghosyan, PhD, assistant professor, and Allison Norful, PhD, postdoctoral fellow, were authors of “Primary Care Nurse Practitioner Practice Characteristics: Barriers and Opportunities for Interprofessional Teamwork,” published in *Journal of Ambulatory Care Management*.

Nancy Reame, PhD, special research scientist, was co-author of “The Mito-mom Conundrum,” published in *The Scientist*.

Rebecca Schnall, PhD, Mary Dickey Lindsay Assistant Professor of Disease Prevention and Health Promotion, was first author of “Predictors of Willingness to Use a Smartphone for Research in Underserved Persons Living with HIV,” published in *International Journal of Medical Informatics*. She was also an author of “Self-Management Strategies for Coping with Adverse Symptoms in Persons Living with HIV with HIV Associated Non-AIDS Conditions,” published in *AIDS and Behavior*; “A Health-Related Quality-of-Life Measure for Use in Patients with HIV: A Validation Study,” published in *AIDS Patient Care and STDs*; and a co-author of “Technology-Mediated Interventions and Quality of Life for Persons Living with HIV/AIDS: A Systematic Review,” published in *Applied Clinical Informatics*.

Rebecca Schnall, PhD, Mary Dickey Lindsay Assistant Professor of Disease Prevention and Health Promotion, and Patricia Stone, PhD, Centennial Professor of Health Policy, were authors of “Scoping Review and Evaluation of SMS/Text Messaging Platforms for mHealth Projects or Clinical Interventions,” published in *International Journal of Medical Informatics*.

Krista Schroeder, PhD, postdoctoral fellow, Hao-miao Jia, PhD, associate professor, Y. Claire Wang, ScD, associate professor, Mailman School of Public Health, and Arlene Smaldone, PhD, professor, and assistant dean of scholarship and research, were authors of “Implementation of a School Nurse-Led Intervention for Children with Severe Obesity in New York City Schools,” published in *Journal of Pediatric Nursing*.

Arlene Smaldone, PhD, professor, and assistant dean of scholarship and research, co-authored “Components of Interventions That Improve Transitions to Adult Care for Adolescents with Type 1 Diabetes,” published in *Journal of Adolescent Health*.

Arlene Smaldone, PhD, professor, and assistant dean of scholarship and research, Hao-miao Jia, PhD, associate professor, and Nancy Green, MD, professor, CUMC, were among the authors of “Randomized Feasibility Trial to Improve Hydroxyurea Adherence in Youth Ages 10–18 Years Through Community Health Workers: The HABIT Study,” published in *Pediatric Blood & Cancer*.

Patricia Stone, PhD, Centennial Professor of Health Policy, Catherine Cohen, PhD, and Harold Alan Pincus, MD, vice chair, Department of Psychiatry, CUMC, co-authored “Comparative and Cost-Effectiveness Research: Competencies, Opportunities, and Training for Nurse Scientists,” published in *Nursing Outlook*.

Patricia Stone, PhD, Centennial Professor of Health Policy, was an author of “Differences in Work Environment for Staff as an Explanation for Variation in Central Line Bundle Compliance in Intensive Care Units,” published in *Health Care Management Review*, and “Racial/Ethnic Differences in Receipt of Influenza and Pneumococcal Vaccination among Long-Stay Nursing Home Residents,” published in *Health Services Research*. She also authored “Determining Value in the U.S. Healthcare System,” published in *Nursing Economics*, and “Integration of Infection Management and Palliative Care in Nursing Homes: An Understudied Issue,” published in *Research in Gerontological Nursing*.

Carolyn Sun, PhD, associate research scientist, Jennifer Dohrn, DNP, associate professor, and director, Office of Global Initiatives, and Elaine Larson, PhD, Anna C. Maxwell Professor of Nursing Research, and associate dean of scholarship and research, were authors of “Delphi Survey of Clinical Nursing and Midwifery Research Priorities in the Eastern Mediterranean Region,” published in *Journal of Nursing Scholarship*.

Carolyn Sun, PhD, associate research scientist, Yu-hui Ferng, MPA, program manager, Office of Global Initiatives and WHO Collaborating Center for Advanced Practice Nursing, Kenrick Cato, PhD, assistant professor, Jennifer Dohrn, DNP, associate professor, and director, Office of Global Initiatives, and Elaine L. Larson, PhD, Anna C. Maxwell Professor of Nursing Research, and associate dean of scholarship and research, were authors of “Increasing Human Resource Capacity in African Countries: A Nursing and Midwifery Research Priorities Summit,” published in *International Journal of Africa Nursing Sciences*.

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**Congratulations to Elaine L. Larson, PhD, RN, FAAN on**

**being honored as a**

**Living Legend of the American Academy of Nursing.**
Dean Bobbie Berkowitz will lead a nursing delegation to India (Delhi, Jaipur, and Agra) open to alumni and friends of Columbia Nursing.

To register and for more information, visit: nursing.columbia.edu/delegation-india-dean-bobbie-berkowitz.
Government and Private Funding for Research and Training

July 1, 2016–June 30, 2017

Principal Investigator: Suzanne Bakken, PhD, RN
Project Title: New York City Hispanic Dementia Caregiver Research Program (NHDRP) R01NR014430
(Multiple PIs: Jose Luschinger, MD [Contact])
Program Funding Source: NIH-NINR
Total Budget: $2,662,135
Total Project Dates: 6/1/2013 - 3/31/2018

Principal Investigator: Suzanne Bakken, PhD, RN
Project Title: Precision in Symptom Self-Management (PriSSM) Center 5P30NR016587
Program Funding Source: NIH-NINR
Total Budget: $2,722,457
Total Project Dates: 8/16/2016 - 5/31/2021

Principal Investigator: Suzanne Bakken, PhD, RN
Project Title: Precision in Symptom Self-Management (PriSSM) Center Administrative Supplement (Yoon) 3P30NR01658702S1
Program Funding Source: NIH-NINR
Total Budget: $102,291
Total Project Dates: 6/1/2017 - 5/31/2018

Principal Investigator: Suzanne Bakken, PhD, RN
Project Title: Reducing Health Disparities Through Informatics (RHedi) T32NR007969
Program Funding Source: NIH-NINR
Total Budget: $1,332,795
Total Project Dates: 8/1/2002 - 6/30/2017

Principal Investigator: Bobbie Berkowitz, PhD, RN
Project Title: Ladies Christina Union Foundation (LCU) Fund 160299PG005072
Program Funding Source: Ladies Christian Union Foundation
Total Budget: $55,000
Total Project Dates: 4/1/2016 - 3/31/2017

Principal Investigator: Jean-Marie Bruzzese, PhD
Project Title: A Pilot Study to Improve Sleep Quality in Urban High School Students with Asthma R21HD086448
Program Funding Source: NIH-NICHD
Total Budget: $456,375
Total Project Dates: 9/1/2016 - 8/31/2018

Principal Investigator: Jean-Marie Bruzzese, PhD
Project Title: Multi-Component Technology Intervention for African American Emerging Adults R01HL133506
Program Funding Source: NIH-NHLBI (Wayne State University Subcontract)
Total Budget: $31,093
Total Project Dates: 9/1/2016 - 6/30/2021

Principal Investigator: Jean-Marie Bruzzese, PhD
Project Title: Mobile Technology and Online Tools to Improve Asthma Control in Adolescents 5R44HL127826GG011854
Program Funding Source: NIH-NHLBI (3C Subcontract)
Total Budget: $158,112
Total Project Dates: 6/1/2016 - 5/31/2017

Principal Investigator: Mary Woods Byrne, PhD, RN
Project Title: Shared Healthy Alliances for Reflective Parenting (SHARP): Training and Early Trials
Program Funding Source: Sills Family Foundation
Total Budget: $25,000
Total Project Dates: 10/1/2016 - 12/31/2017
Principal Investigator: Eileen Carter, PhD, RN  
Project Title: Exploring Nurses’ Role in Antimicrobial Stewardship: A Multisite Qualitative Study  
Program Funding Source: APIC  
Total Budget: $15,040  
Total Project Dates: 1/1/2017 - 3/31/2018

Principal Investigator: Kenrick Dwain Cato, PhD, RN  
Project Title: Finding the Safer Way: Novel Interaction Design Approaches to Health IT Safety R01HS023708  
Program Funding Source: AHRQ (Hofstra Northwell Subcontract)  
Total Budget: $15,040  
Total Project Dates: 7/1/2015 - 4/30/2019

Principal Investigator: Kenrick Dwain Cato, PhD, RN  
Project Title: Communicating Narrative Concerns Entered by RNs (CONCERN) 1R01NR01694101  
(Multiple PI: Sarah Collins, PhD, RN [Contact])  
Program Funding Source: NIH-NINR (Brigham Women’s Hospital Subcontract)  
Total Budget: $247,659  
Total Project Dates: 4/6/2017 - 1/31/2022

Principal Investigator: Jennifer Dohrn, DNP, CNM  
Project Title: Global Nursing Research Development Initiative UR008965 (Multiple PI: Elaine Larson, PhD, RN)  
Program Funding Source: Columbia University President’s Global Innovation Fund  
Total Budget: $150,000  
Total Project Dates: 7/1/2014 - 6/30/2017

Principal Investigator: Dawn Dowding, PhD, RN  
Project Title: Improving Pressure Ulcer Prevention in Skilled Nursing Facilities  
Program Funding Source: Elderly Health Promotion, Inc.  
Total Budget: $50,112  
Total Project Dates: 6/16/2016 - 6/15/2017

Principal Investigator: Maureen George, PhD, RN  
Project Title: Self-Care Decision-Making: Feasibility of the BREATHE Asthma Intervention Trial R21NR016507  
Program Funding Source: NIH-NINR  
Total Budget: $453,758  
Total Project Dates: 9/26/2016 - 7/31/2018

Principal Investigator: Michael Greco, DNP, RN  
Project Title: Nurse Anesthetist Traineeships A22HP30960  
Program Funding Source: HRSA  
Total Budget: $27,257  
Total Project Dates: 7/1/2016 - 6/30/2017

Principal Investigator: Amanda Hessels, PhD, RN  
Project Title: Impact of Patient Safety Climate on Infection Prevention Practices and Healthcare Worker and Patient Outcomes K01OH011186  
Program Funding Source: CDC  
Total Budget: $324,000  
Total Project Dates: 9/2/2016 - 8/31/2019

Principal Investigator: Kathleen Hickey, EdD, RN  
Project Title: iPhone Helping Evaluate Atrial Fibrillation Rhythm Through Technology (iHEART) R01NR014853  
Program Funding Source: NIH-NINR  
Total Budget: $1,988,000  
Total Project Dates: 8/1/2014 - 5/31/2019

Principal Investigator: Tonda Hughes, PhD, RN  
Project Title: Health, Stress, and Tobacco Use Disparities among Sexual Minority Populations R01CA212517  
Program Funding Source: NIH-NCI (University of Michigan Subcontract)  
Total Budget: $61,186  
Total Project Dates: 6/16/2017 - 5/31/2020

Principal Investigator: Haomiao Jia, PhD  
Project Title: Poisonings, Coroners, and Differential Suicide Undercounting: Evidence from Suicide Notes 04441CU  
Program Funding Source: CDC (West Virginia University Subcontract)  
Total Budget: $65,312  
Total Project Dates: 8/1/2015 - 7/31/2017

Principal Investigator: Jeffrey Kwong, DNP, RN  
Project Title: Collaborative Access for LGBT Adults (CALA) UD7HP29872  
Program Funding Source: HRSA  
Total Budget: $981,623  
Total Project Dates: 7/1/2016 - 6/30/2018
### Government and Private Funding for Research and Training

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<td>Michelle Odlum, EdD, RN</td>
<td>Racial and Ethnic Disparities in Chronic Disease Outcomes and Nurse Practitioner Practice R01MD011514</td>
<td>NIH-NINR</td>
<td>$2,558,012</td>
<td>6/13/2017 - 1/31/2021</td>
</tr>
<tr>
<td>Rebecca Schnall, PhD, RN</td>
<td>Video Information Provider for HIV-Associated Non-AIDS (VIP-HANA) Symptoms 5R01NR015737</td>
<td>NIH-NINR</td>
<td>$2,331,859</td>
<td>7/16/2015 - 5/31/2020</td>
</tr>
</tbody>
</table>
Principal Investigator: Rebecca Schnall, PhD, RN
Project Title: Video Information Provider for HIV-Associated Non-AIDS (VIP-HANA) Symptoms (Administrative Supplement) 5R01NR015737
Program Funding Source: NIH-NINR
Total Budget: $99,958
Total Project Dates: 6/1/2016 - 5/31/2017

Principal Investigator: Rebecca Schnall, PhD, RN
Project Title: The Wise App Trial for Improving Health Outcomes in People Living With HIV/AIDS (PLWH) R01HS025071
Program Funding Source: AHRQ
Total Budget: $1,989,445
Total Project Dates: 9/30/2016 - 9/29/2021

Principal Investigator: Rebecca Schnall, PhD, RN
Project Title: A Pragmatic Clinical Trial of MyPEEPS Mobile to Improve HIV Prevention Behaviors in Diverse Adolescent Men who have Sex with Men (MSM) U01MD011279
Program Funding Source: NIH-NIMHD
Total Budget: $7,882,836
Total Project Dates: 9/1/2016 - 4/30/2021

Principal Investigator: Rebecca Schnall, PhD, RN
Project Title: A Pragmatic Clinical Trial of MyPEEPS Mobile to Improve HIV Prevention Behaviors in Diverse Adolescent Men who have Sex with Men - Diversity Supplement 3U01MD01128002S1
Program Funding Source: NIH-NIMHD
Total Budget: $79,593
Total Project Dates: 9/1/2016- 4/30/2021

Principal Investigator: Rebecca Schnall, PhD, RN
Project Title: Use of mHealth Technology for Supporting Symptom Management in Underserved Persons Living with HIV R21NRG008114
Program Funding Source: AHRQ
Total Budget: $298,363
Total Project Dates: 4/3/2015 - 3/31/2017

Principal Investigator: Jingjing Shang, PhD, RN
Infection Control in Home Care and Predictive Risk Modeling R01HS024723
Program Funding Source: AHRQ
Total Budget: $1,391,760
Total Project Dates: 7/1/2016 - 4/30/2019

Principal Investigator: Arlene Smaldone, PhD, RN
Project Title: Columbia University Future of Nursing Scholars (3rd Cohort: 2 Scholars) 73510
Program Funding Source: RWJF
Total Budget: $75,000
Total Project Dates: 4/15/2016 - 7/31/2019

Principal Investigator: Arlene Smaldone, PhD, RN
Project Title: Jonas Nurse Leaders and Veteran’s Scholar Program JCNVHCU153329
Program Funding Source: Jonas Center for Nursing and Veteran’s Healthcare
Total Budget: $80,000
Total Project Dates: 6/1/2016 - 7/31/2018

Principal Investigator: Arlene Smaldone, PhD, RN
Project Title: Columbia University Future of Nursing Scholars (4th Cohort: 2 Scholars) 74336
Program Funding Source: RWJF
Total Budget: $150,000
Total Project Dates: 4/15/2017 - 7/14/2020

Principal Investigator: Pat Stone, PhD, RN
Project Title: Comparative and Cost-Effectiveness Research Training for Nurse Scientists T32NR014205
Program Funding Source: NIH-NINR
Total Budget: $749,008
Total Project Dates: 7/1/2013 - 6/30/2018

Principal Investigator: Pat Stone, PhD, RN
Project Title: Barriers and Facilitators for National Healthcare Safety Network (NHSN) Adoption in Nursing Homes 200201691952
Program Funding Source: CDC
Total Budget: $371,995
Total Project Dates: 9/20/2016 - 9/19/2018

Principal Investigator: Pat Stone, PhD, RN
Project Title: Prevention of Nosocomial Infections and Cost Effectiveness in Nursing Homes (PNICE-NH) R01NR013687GG007507
Program Funding Source: NIH-NINR
Total Budget: $2,484,785
Total Project Dates: 7/1/2012 - 4/30/2017
ALUMNI REUNION 2017

This year was the celebration of Columbia Nursing’s 125th Anniversary – we welcomed back more than 200 alumni, faculty, and guests in May for Reunion. The programming for the day included the presentation of three Distinguished Alumni Awards, a roundtable discussion with five alumni entitled, Emerging Trends and Expectations for the Future, and presentations of two Alumni Trailblazers. There was a special exhibition curated by Stephen Novak, Head of Archives at CUMC, titled “The Health of Humanity: 125 Years of the Columbia University School of Nursing, 1892-2017.” The day concluded with a jazz reception at the Georgian Building.

The day will take place in the new Columbia Nursing building at 560 West 168th Street.

Photographs by Michael DiVito
1: Members of the Class of 1952 mark their 65th reunion with Dean Bobbie Berkowitz and Alumni Association presidents: Nancy Gilbride ’52, Margaret Ridsdale Pomeroy ’57, Ruth Klawunn Randa ’52, Lois Mueller Glazier ’60, Martha Cohn Romney ’81, Carol Wagner Horst ’52, Marjorie Alexander Harbst ’52, Elizabeth Noroian Graham ’52, and Jean Willis Vernon ’52.

2: Members of the Class of 1967 celebrate their 50th reunion.

3: Jonathon Ringer ’16, Paul Brathwaite ’16, and Stefon DeAllie ’16.

4: 2017 Distinguished Alumni Award recipients pictured at reunion with Dean Bobbie Berkowitz: Rebecca Schnall ’09, Jesus Casida ’96, and Lora Peppard ’08.

5: Tahina Charles-Pierre, current student, demonstrates an intubation on a manikin for alumni Marie Diaczynsky Kalson ’62, Geraldine Meyer Brodnitzki ’67, and Velta Willis ’04 in the Georgian Building, the former nursing school home.

6: Members of the Class of 1957 gather to celebrate their 60th reunion: Diana Rogers Gray, Millicent Tschaep Rogers ’57, Margaret Eddington ’57, Teresita Maxwell Leonard ’57, Ralph Leonard, Kathleen Kladivko Gardner ’57, Martha Holbrook Doiron ’57, and Dorothy Simpson Dorion ’57.

7: Stephanie Kuhn-Wright ’65 and Brenda Barrowclaugh Brodie ’65.

8: Gail Bain ’72 and Ogla Brown Vanderpool ’70.

9: Kent Haina ’14, current student, demonstrates new technology on a manikin for alumni touring the simulation lab in the Georgian Building, the former nursing school home.

10: Trailblazer presenters: Rear Admiral Tina Alvarado Shanahan ’81 and Ramón Lavandero ’72.

11: Stephen Novak, head of Archives & Special Collections at Columbia University Medical Center, gives tours to alumni and guests of the special exhibition titled, “The Health of Humanity: 125 Years of the Columbia University School of Nursing.”


13: Sarah James ’97, Suhana de Leon-Sanchez ’06 ’09, and Olivia Veliz ’06 ’11.

14: Deirdre Fuller-Wiesner ’85 ’90 and Joy Favuzza-Taylor ’94 with simulation specialist, John Violante.
Your gift to the Annual Fund makes the future of nursing possible.

Please consider contributing to:

- New Building Fund
- Innovations in Simulation Fund
- Dean’s Discretionary Fund
- Global Fellows Fund
- Student Scholarship Fund

To make your tax-deductible contribution today, send a check payable to Columbia University School of Nursing or donate online at nursing.columbia.edu/giving.

For more information, please contact Janine Handfus, associate director, Annual Fund, at 212-305-0079 or jh2526@columbia.edu.
HELP INSPIRE THE NEXT GENERATION OF COLUMBIA NURSING.

By including Columbia Nursing in your estate plans today with a minimum value of $125,000, you will provide a student with an endowed scholarship in your name. It’s simple and easy and a once-in-a-lifetime opportunity!

LEAVING A LEGACY

Because of my decision to attend Columbia Nursing, I have enjoyed an extraordinary life and career spanning over five decades. As life circumstances changed, my Columbia education opened opportunities for me both as a volunteer and professionally as an educator, a researcher, and a clinician in private practice. With a sense of heartfelt gratitude, I have provided a gift in my will to pass on the opportunity for this amazing education.

— Sandra McLaughlin Johanson ’64

Contact us to discuss your legacy:

nursing.columbia.edu/giving/planned-giving

For more information, please contact Janice Grady, director of development, at 212-305-1088 or jar2272@cums.columbia.edu.