

NURSING IN ACTION

STORIES FROM RUSH NURSING STUDENTS, EDUCATORS,
CLINICIANS & RESEARCHERS

The Future of Nurse Practitioners

As the world changes, so does the training of RNs and NPs

New Models of Care

How nurses are impacting the health of populations ranging from homeless youth to formerly incarcerated people

Lifelong Health Begins Early

These nurses are influencing children to improve their chances for a healthy lifestyle



With over 520,000 residents, the **WEST SIDE OF CHICAGO** is larger than Atlanta, Miami or New Orleans. Yet the health and life expectancy are in stark contrast to Chicago's Downtown Loop.

A collaborative of anchor institutions has **STARTED A REVOLUTION** by committing more than traditional health care resources to these neighborhoods. They are investing in education, economic vitality, and the physical environment to remove social barriers to

EQUITY AND JUSTICE.

THIS IS WEST SIDE UNITED.

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Rush's roots run deep on the West Side of Chicago. A drive to improve community health has been part of our DNA from the beginning —and was top of mind as we worked with the Alliance for Health Equity (healthimpactcc.org) to gather data about the neighborhoods near our main campus during our 2016 Community Health Needs Assessment. During that process, we made a disheartening discovery: Despite decades of Rush community outreach and the work of community-based social service agencies, startling gaps in life-expectancy remain on the West Side.

**EAST AND WEST
GARFIELD PARK
SOUTH AND NORTH
LAWNDALE
NEAR WEST SIDE
HUMBOLDT PARK
BELMONT CRAIGIN
WEST TOWN
LOWER WEST SIDE
& AUSTIN.**

MORE THAN 520,000 PEOPLE

live in *these ten West Side* communities of Chicago.

Each neighborhood is home to vibrant assets and resources, engaged community members and demographic diversity.

Yet across the West Side, long-term disinvestment has resulted in higher-than-average unemployment rates, incidents of violence and housing vacancies. Decades of structural racism and economic deprivation have led to racial segregation and concentrated poverty, with devastating effects on those who live there.

In 2017, Rush helped lead the launch of the West Side United collaborative. Through the development of the Root® Learning Map® experience that produced the visual on our cover, stakeholders identified assets and opportunities that exist on the West Side today — and are crafting a vision for a healthier future.

Rush University College of Nursing has always been involved in innovative and forward-thinking approaches to the health of our surrounding community. The leadership of our visionary and passionate faculty has allowed our college to be at the forefront of public health for decades. In this magazine you will hear more about our institutionwide collaborative and the impact our nursing students and faculty have on this comprehensive mission to create a better future for our neighbors.



Marquis D. Foreman

Marquis D. Foreman, PhD, RN, FAAN
John L. and Helen Kellogg Dean of Nursing

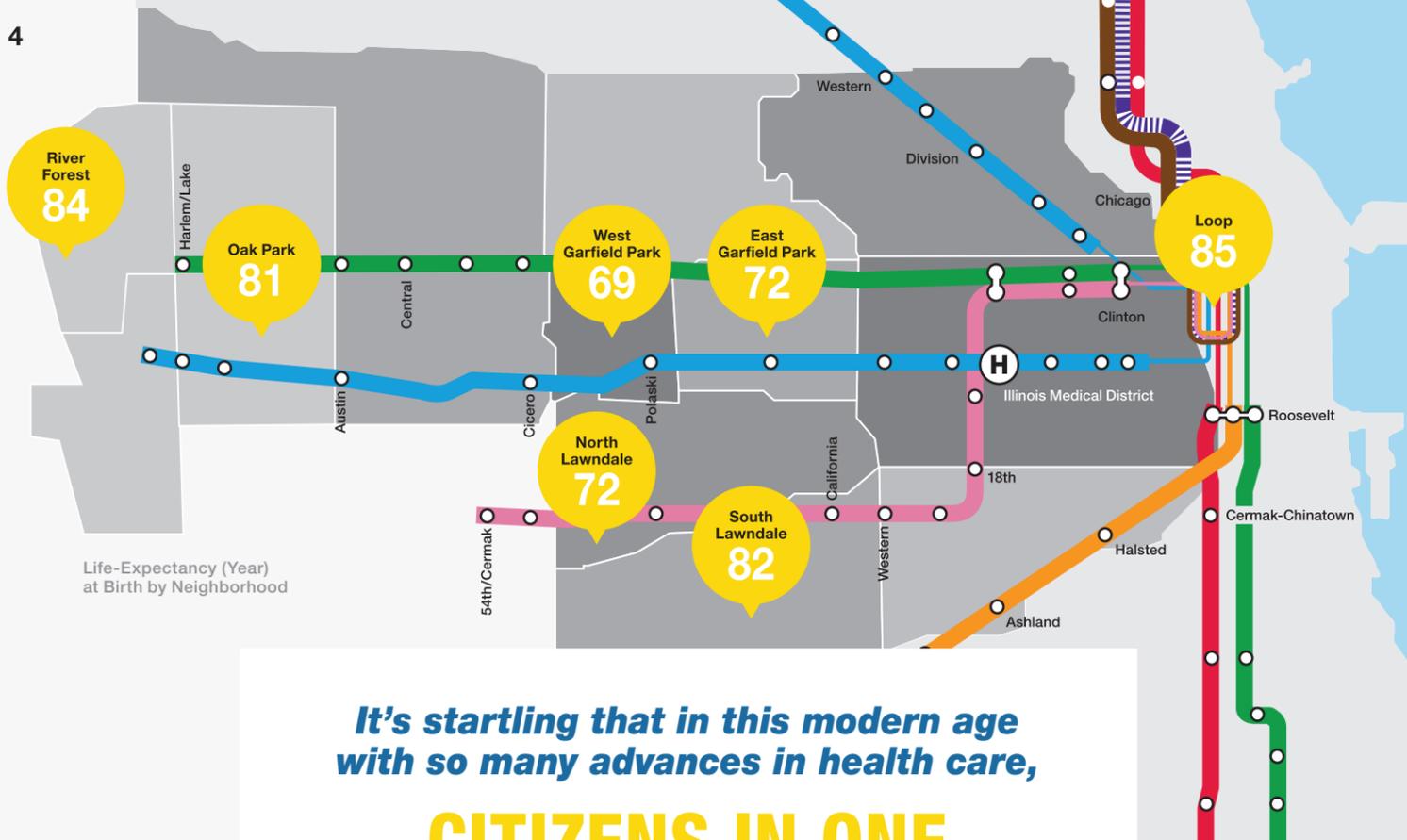
WEST SIDE UNITED

we stand

How Rush is engaging with its community partners to improve health care disparities in ten neighborhoods on Chicago's West Side



by Dana Fouchia



It's startling that in this modern age with so many advances in health care,

CITIZENS IN ONE PART OF A CITY LIVE SIGNIFICANTLY SHORTER LIVES THAN THOSE IN ANOTHER.

The Rush System for Health and other health care partners in Chicago have a new vision.

A 16-minute bus ride — just 7 miles — separates Chicago's West Side and the Chicago Loop. But those 7 miles represent a 16-year life-expectancy gap for neighborhood residents.

The cause of this startling "death gap" is not explained solely by violence statistics. Poverty, unemployment, systemic racism, access to healthy food, insecure housing and lower high school graduation rates have had a devastating effect on access to health care.

Rush University Medical Center and the College of Nursing, located in the Illinois Medical District — next to the West Side — are part of a health care revolution of sorts, aimed at increasing the life expectancy of its neighbors.

Though Rush supports many organizations, its most recent partnership is with West Side United (WSU), a collaborative effort

of people and organizations who work, live and congregate on the city's West Side.

WSU has a clear mission: to build community health and economic wellness and make West Side neighborhoods stronger, healthier and more vibrant places to live.

WSU is a collaborative consisting of health care institutions (Rush, UI Health, Sinai Health System, Presence Health, Cook County Health and Hospital System, Ann & Robert H. Lurie Children's Hospital), residents, civic leaders, community-based organizations, businesses and faith-based institutions. WSU launched in 2016 after Rush conducted a community health needs assessment that uncovered a considerable life expectancy gap between affluent Chicago communities and the under-resourced West Side.

They wanted the report to be impactful, but the unexpected level of disparity it uncovered required much more action.

The cause of this startling "death gap" is not explained solely by violence statistics. Poverty, unemployment, systemic racism, access to healthy food, insecure housing and lower high school graduation rates have had a devastating effect on access to health care.

"West Side United is really focusing on the root causes of disparities," explains Sally Lemke, DNP, APRN, WHNP-BC, director of community-based practices at Rush University Medical Center and an instructor at Rush College of Nursing.

"It's a very purposeful, strategic effort that requires the participation of not only people who live on the West Side but also the entire community of businesses and organizations. It's organically coming from the community, and it's looking at hard issues that a lot of people don't want to talk about."

Goal: Decrease the life expectancy gap 50 percent by 2030

An age 69 life expectancy is startling for a few reasons: Not only would one expect a well-resourced city like Chicago to see higher numbers, but this life expectancy rate also dates back a half-century. And it seems inexcusable that a person who lives in the downtown Loop area is expected to live until 85, while someone living a few miles away has a life expectancy of 69.

To make matters worse, West Siders also are sicker. More than 500,000 people — a population greater than the city of Miami — live in the ten neighborhoods on the West Side (Austin, East Garfield Park, West Garfield Park, Humboldt Park, Lower West Side, Near West Side, West Town, North Lawndale and South Lawndale). Residents of these neighborhoods experience rates of diabetes, asthma, hypertension and infant mortality far above the national average.

These problems are not all due to biology. They are primarily social in origin.

"If we want to move the needle on life expectancy, you have to look at other underlying factors that impact whether or not someone has a healthy life," says Darlene Hightower, JD, associate vice president of Rush University's office of community engagement and practice. "And those are things like education levels, economic viability, access to health care and the neighborhood and physical environment where they live."

Through a "place-based strategy" that brings health care to people where they are, and the many partners working together to coordinate investments and share outcomes, WSU hopes to decrease the life expectancy gap by 50 percent by 2030.



As the author of "The Death Gap: How Inequality Kills," Ansell sees this issue as critical.

David Ansell, MD, MPH
Senior Vice President,
Community Health Equity

SET YOUR WATCH BACK 68 YEARS

West Garfield Park is about seven train stops from the Rush office of David Ansell, MD, but in terms of life expectancy, it's 1950.

Residents in that West Side neighborhood and others live an average of 69 years — far below those in Chicago (78), Illinois (79) and nationwide (79).

As Rush's senior vice president for community health equity, Ansell is acutely aware of how those numbers reflect the factors that claim lives. In fact, only 25 percent are biological or genetic. The more important factors (listed below) are behavioral and social.



10%: Have poor air and water quality, lack of housing and public transportation.



20%: Experience reduced availability of quality health care.



30%: Engage in risky behavior that affects health such as drug and alcohol abuse, unprotected sexual activity and suboptimal diet.



40%: Suffer from unemployment, lack of education, insufficient income, inadequate family support, etc.



Rush is the largest private employer on the West Side of Chicago and one of the largest in the city of Chicago. We have an opportunity to think about this in a bigger way and make an impact.

David Ansell, MD, MPH

In South Lawndale, nearly 35% lack health insurance

Of course, proper health care is essential when talking about life expectancy, and the West Side's lack of access plays a significant role in this crisis.

According to the 2016 report, median household income in North Lawndale is \$23,066, and in River Forest, which is also in Rush's service area just a few miles away, it is \$113,317. The rate of unemployment ranges from 27.4 percent in West Garfield Park to 5.4 percent in River Forest. In South Lawndale, 34.8 percent of residents lack health insurance; in River Forest, 3.7 percent are uninsured.

Earlier this year, WSU announced its priorities, which include plans to find opportunities to co-locate health services (share a location or facility) in West Side neighborhoods. For example, provide mental health counseling directly in schools and local YMCAs and expand the Community Health Workers model by

providing funds to help increase the number of community health workers who are trained and offer services on the West Side.

Health systems can be challenging to navigate for patients without regular checkups and access to information about common chronic diseases, and these health workers act as a bridge between the community and health institutions, not only helping to educate patients but to make them more comfortable with the process.

"A lot of this work we are doing is unprecedented and we're getting health institutions to work toward common goals. It's very exciting," says Hightower.

Outside of health care, West Side United has initiatives in employment, education, affordable housing, and neighborhood and physical environment.

"This isn't just about health care," says Hightower. "There are so many things that affect the quality of life, and frankly, affect how long someone lives."

Beyond hiring locally, WSU hopes to build a laundry facility that would employ West Siders and service the several hospitals in the area.

"We need to make sure that everybody — the community — is at the center of the work we do," she says.

The largest collaborative of its kind

The reality: WSU is a long-term program. An impact of this magnitude could take up to 15 years to achieve, but short-term wins are what drive this organization forward, Hightower says.

The social impact investment, the number of people WSU has hired and the number of businesses they engage on the West Side are all part of the long journey toward better life expectancy. These are the interim successes they will — and have already — achieved.

"WSU is the largest collaborative of its kind in the country. If we get it right, we will impact the health and vitality of 10 neighborhoods, and that is huge," Hightower says. 📍

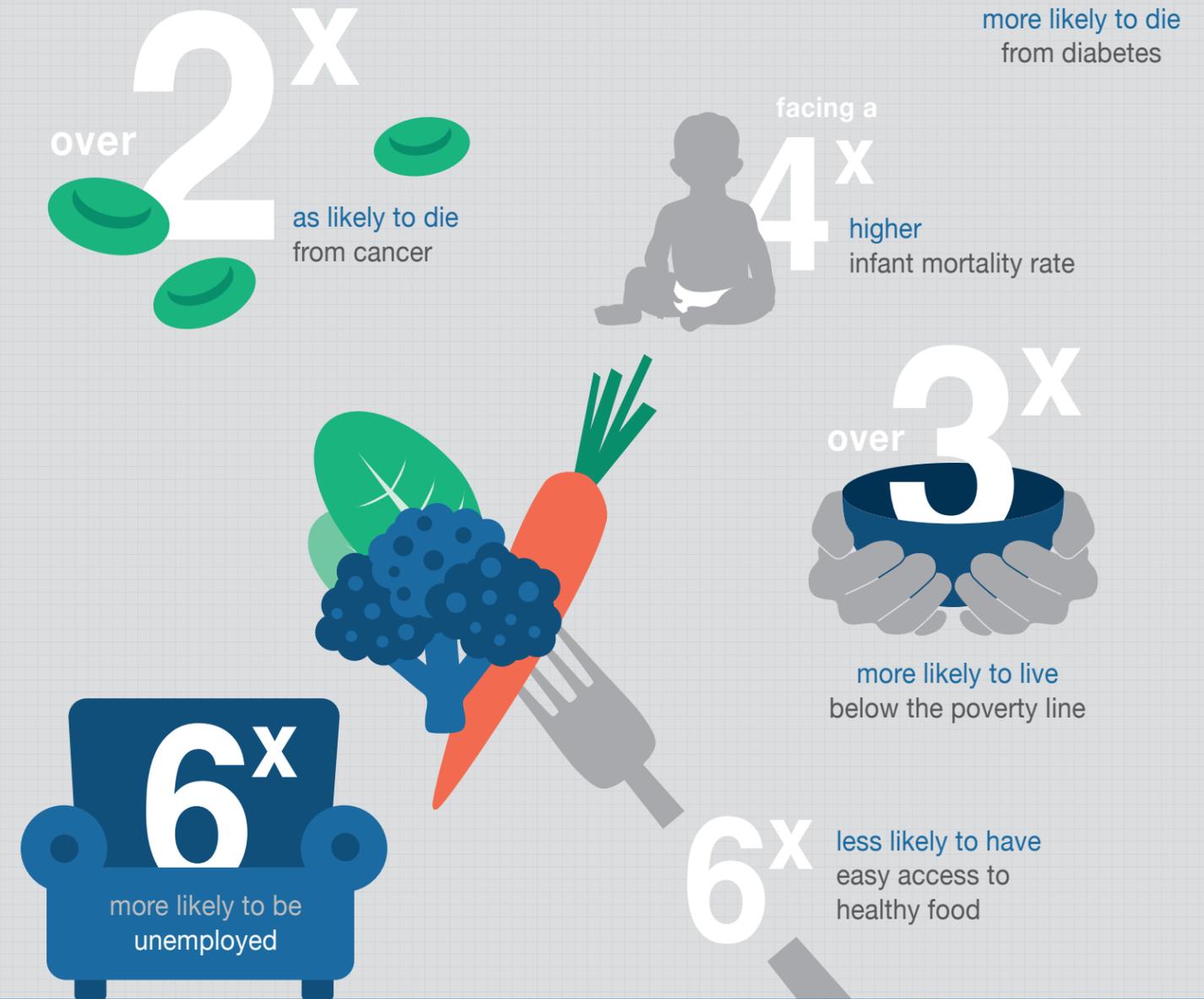


Sally Lemke, DNP, APRN, WHNP-BC
Darlene Hightower, JD



COMPARED TO SOMEONE LIVING IN THE LOOP, A PERSON IN WEST GARFIELD PARK IS:

Source: Illinois Department of Public Health and Census Bureau, CMAP: [1], [2], [3]



The average Loop dweller lives to be **85 years old.**

The average West Garfield Park resident dies **16 years earlier, at 69.**

THAT'S THE SAME LIFE EXPECTANCY AS IN IRAQ.

A VISION TO REACH THE FUTURE

How nursing faculty and students are leading change in Chicago's West Side neighborhoods

CREATING THE VISION

Nurses, who work closely with patients across a continuum of care and settings, are well-suited to finding solutions that will improve health outcomes.

To that end, nurses such as Angela Moss, PhD, RN, APRN-BC, assistant professor and assistant dean of faculty practice at Rush University College of Nursing, want to do just that — improve outcomes for all patients. Like many nurses, Moss is concerned that people with the least means and highest risk often view health care as a luxury. These patients feel intimidated by the system and cannot easily take a day off work to go to the doctor. They might be unable to read English, and they often distrust authority.

A trip to the emergency room takes the place of an appointment with a family physician.

Yet, because of the efforts of dedicated, tenacious nurse visionaries like Moss, the future is encouraging.

“If we want to improve health outcomes, we cannot accept that patients are solely responsible for these problems. They are our problem and nurses are well equipped to do something about it,” she says.

Moss shares this vision with other nurse leaders at Rush. They are determined to be health care disruptors. “This includes changing the way we think about health, the way we design and implement programs to improve health, and the way we deliver individualized care,” she says.

Indeed, Rush College of Nursing is leading this charge. “In many ways, we have become a ‘think tank’ of sorts for these new care delivery models,” she says.

The new vision for health care

This new grassroots care model disrupts the traditional office model of health care. Instead, health care providers are embedding themselves in the community, setting up nurse-led primary care and specialty clinics in nontraditional locations, such as employers, schools and shelters, convenient to patients.

“Wherever they are — at their house, at work, at school — we are bringing health care to them,” Moss says.

Rush’s community presence has grown exponentially over the last few years. Ground zero for that growth is the Rush nursing Office of Faculty Practice. Rush is a leading college of nursing in the area of faculty practice, with vibrant and robust outcomes.

One might say this new model, this new vision for health care, is a back-to-basics approach for nursing. “If you go back to Florence Nightingale, she was providing care on the battlefield. She wasn’t waiting for patients to come to her,” Moss says.

Critical to the success of this endeavor is implementing strategic partnerships headed by leaders in the college, including Moss; Kathy Delaney, PhD, PMHNP, FAAN, a professor in the department of community, systems and mental health nursing; and Beth-Anne Christopher, MSN, RN, CNL, assistant professor of adult health and gerontological nursing.

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Nurse leaders at Rush are determined to be health care disruptors. This includes changing the way we think about health, the way we design and implement programs to improve health, and the way we deliver individualized care.

WHAT IS FACULTY PRACTICE?

At its core, faculty practice is a generic term used to describe clinical work in which nursing faculty engages. In addition to helping individual faculty meet professional licensure requirements, faculty practice work contributes to the education and professional development of nursing students, and to the college's overall community engagement mission.

At Rush College of Nursing, faculty participate in "faculty practice" a number of ways. Some establish a formal contract to provide direct clinical services, others provide consultation and still others pursue individual innovative approaches. Faculty and community partners have the opportunity to make their own faculty practice whatever they'd like it to be, and our goal is to support and encourage these partnerships.

With more than three decades of experience, the Rush University College of Nursing Office of Faculty Practice (OFP) is a nationally recognized leader in providing comprehensive, innovative nursing services.

Building on Rush University Medical Center's mission of offering the best health care for individuals and diverse communities, OFP remains committed to increasing health care access for populations in need.



Kathy Delaney,
PhD, PMHNP, FAAN

ACHIEVING THE REACH

THE MODEL

The Rush OFP is a self-sustaining model that consistently provides excellent nursing services at an affordable price to our community partners. It focuses on reinvestment in clinical staff, so the office continues to grow and to provide the most cutting-edge, evidence-based care possible. The OFP acts as a liaison between community practice and the faculty role, enabling faculty to maintain a presence in the health care community while also contributing to the overall mission and vision of the college — a practitioner-teacher model.

Additionally, OFP strategically couples the college's network of sites with a strong foundation of fiscal responsibility, ensuring the OFP continues to be a self-sustaining model. Salary costs for all administrative and clinical staff, as well as research and development costs to grow the practice, are financially supported by the practice itself. An administrative staff consisting of the faculty practice director, data coordinator and administrative coordinator serves as the central support system for the practice.

Rush University College of Nursing is proud of the work its faculty, staff and students produce through the practice,

and most importantly, of the positive outcomes realized by community partners and individual patients.



Strategic expansion

growing national interest in health equity and community-based health has likely buoyed the sharp growth of practice partnerships for the College of Nursing at Rush. "We are also at the forefront of developing new population-based care models and training students in innovative practice," says Kathy Delaney, PhD, PMHNP, FAAN, professor in the Department of Community, Systems and Mental Health Nursing.

"As program director of the PMHNP program, I have a long-standing interest in practice models. That interest overlapped with my focus on health policy and how service delivery is shaped by both science of treatment and funding streams."

Those threads took shape when the College of Nursing was awarded the Graduate Nursing Education (GNE) Demonstration — a federal program that funded five schools of nursing to expand NP education. The Rush application held a basic

premise: It sought to create a workforce for the 21st century, particularly trained to address population needs in innovative models of health care.

With the GNE, Rush began to partner with training sites that were shaping service delivery in line with population needs. For example, one partner is a Federally Qualified Health Center that serves largely immigrant populations. Rush also partnered with free and charitable clinics that are meeting the needs of the underserved. "From those experiences we began to write about competencies students needed to develop to upon graduation work with underserved populations," says Delaney.

Which brings us to the nursing college's strategic plan that focuses on the development of community partnership, both via academic-practice partnerships and faculty practice. A small group of faculty meets monthly to track partnerships both in the community and within Rush. It all blends rather seamlessly as the aim is clear: to develop models of care that meet population needs and train students in innovative practice.





A lot of this work we are doing is unprecedented, and we're getting health institutions to work toward common goals. It's very exciting.

"My work nationally with the Behavioral Health Care Workforce Research Center informs me both on the need for providers and the competencies that will be demanded to address 21st century health care demands," says Delaney.

In this regard, an important partner is the Rush Department of Psychiatry, particularly the Community Psychiatry Program's child division. Here Delaney is working with Niranjana Karnick, MD, PhD, to develop community psychiatry sites focused on child mental health promotion. The goal is to develop interdisciplinary training in these community sites that are serving largely vulnerable youth.

Internal and external partnerships are key to strategic expansion. Moss and Delaney have executed a thoughtful inclusion of key personnel within the Rush Health System — including the departments of psychiatry, social work, research and health equity, and philanthropy, as well as senior executives in business development, hospital operations, clinical nursing and strategic planning.

"As we're moving out into the community, there are lots of ways we can supply services, so we're always looking at that now. ... So far, Rush has been succeeding, and it's a win for everyone," Delaney says.



Good outcomes encourage more partners

The Office of Faculty Practice has been around for years, but over the past three to four, "it's become a core identity of the College of Nursing faculty, with more faculty involved to support the work," says Moss.

Currently, about 60 faculty members participate. Rush students, meanwhile, put in 30,000 to 40,000 hours of service per year across all of the office's sites. Thanks to rapid growth, the office is hiring more staff, plus adding a faculty member to manage student work. The benefits of practicing and educating more students throughout the community go beyond filling a seemingly bottomless need.

"Our growth tells me that community partners are interested in this concept of embedded faculty and students working in their organization," Moss says. "But it also tells me we have a good product — we are delivering good care, and patients are happy."

Moss says she has witnessed successes firsthand. She tells the story of a patient in his early 50s who worked two jobs. He appeared at a primary care worksite clinic she founded within his place of employment. "He looked pretty healthy," she recalls. "But his blood pressure was sky high. He had diabetes. He had the beginning stages of dementia from not getting enough sleep for so many years. He never took time to go see anybody because he didn't feel sick."

Moss built a relationship with him, earning his trust. He followed her health recommendations. "Today, his dementia has reversed, he no longer has high blood pressure and he no longer has diabetes." He still comes in every week to have his blood pressure checked.

Community organizations are benefiting too. One program at a shelter for homeless veterans where Rush provides on-site nursing for 40 residents has now been funded for a third year. And word is spreading. "It's like a network has formed. We have become known as a place that, if you've got a practice model and you have a need for a provider, we will see how we can make it happen," Delaney says. "It's opened the door for people to contact us with all sorts of needs."

Developing a workforce for the future

Students get a new type of hands-on training thanks to Rush's reach. "They tell us they learn a great deal because of the complexity of the patients and their health care needs," Delaney says. "They learn how to move their way through a complicated history, how to prioritize and a process of critical thinking that is very valuable."

For example, many of the patients have multiple chronic conditions that have gone untreated for years, as well as poor health literacy. At the housing center for

the recently incarcerated, hypertension is common thanks to salty prison food. "Many patients are also on a lot of meds but don't really know what any of them are for," Delaney says. "They haven't had anyone talk to them about their health."

Rush's reach also creates more opportunities for students post-graduation. "Practice sites and partners get to know us and see our students as a pipeline to develop their staff group," Delaney says.

Moss remembers one nurse practitioner student who told her she originally went to nursing school to make the world a better place. She hadn't done her initial training at Rush, and said that throughout school, something hadn't felt right. However it all clicked during her residency at Sue Gin Health Center, a Rush faculty site on the campus of a low-income housing complex. Moss recalls the student's words: "This is what nursing should be. This is my calling. This is why I became a nurse — so I could work with people who really need me."



Beth-Anne Christopher, MSN, RN, CNL

Looking long-term

The future holds much promise, according to Moss and Christopher. The plan is for more health care out in the communities to reduce health inequality.

"Homelessness, food security and such are not just society's problems, they are health care's problems," Moss says. "That's what West Side United is about. That's what Rush is about. This is a core identity for the College of Nursing — promoting health equity in vulnerable populations."

Christopher emphasizes there is still more work to do. "When people get sick, we need to make sure there's a safety net, and there are resources so people can get to appointments, know how to get their medications, and we make sure that they feel safe in their environment."

The success of Rush's efforts in this strategic partnership is staggering. "We've grown over 550 percent in the last 3 1/2 years," says Moss. "I think we should triple that in the next 10 years. With this growth, there will be more community-based clinician experts, more patients impacted, more community partners and more positive outcomes. I think the need is really limitless."

Rush leaders are proud of the College of Nursing's efforts. "A lot of this work we are doing is unprecedented, and we're getting health institutions to work toward common goals. It's very exciting," says Darlene Hightower, JD, associate vice president of Rush University's office of community engagement and practice.

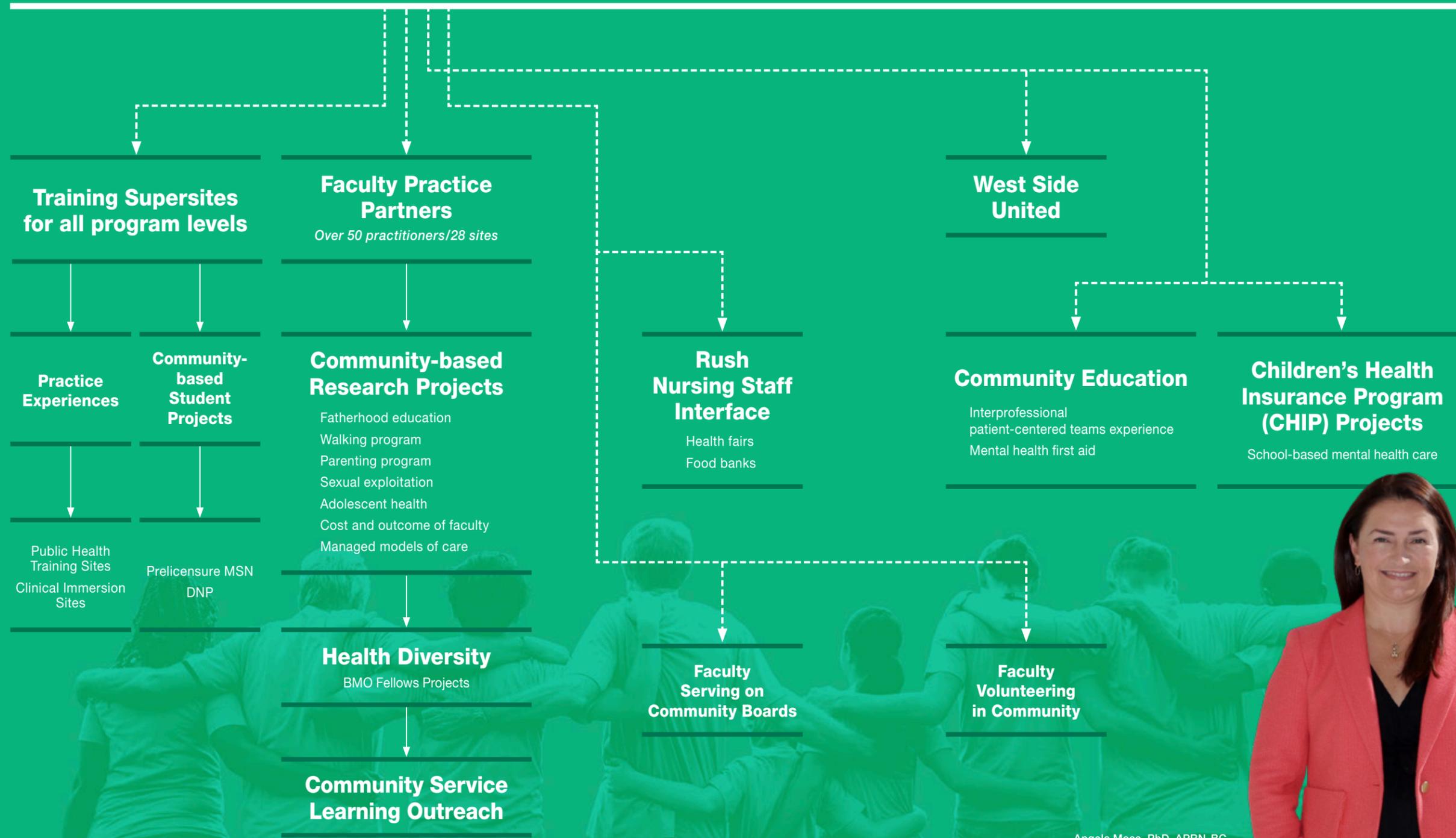
The vision and mission in the West Side United initiative is about helping those who are underserved live a better life, says Lisa Rosenberg, PhD, RN, associate dean of students. "The challenging part is building a complex strategic initiative that requires multiple efforts on different levels to raise up the quality of life of communities in need. Perseverance is what makes it happen — and taking every opportunity to collaborate. This is where Rush has become instrumental in creating a revolution."

A free clinic that delivers care to underserved immigrants. A temporary housing center for those in low-income housing complex. A shelter for homeless veterans. A violence-prevention program you'll find Rush University College of Nursing faculty and students bringing health care to those

recently released from prison. A primary-care clinic in a for kids. These are just a few of the roughly 40 sites where in need.

COMMUNITY TOUCHPOINTS

College of Nursing



Angela Moss, PhD, APRN-BC
Kathy Delaney, PhD, PMHNP, FAAN



community health

THE FUTURE OF NURSE PRACTITIONERS

Committed to improving health equity

NP training stresses care for underserved populations

by Amy Lynch



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Nurse practitioners (NPs) are going a step further by focusing on risks among specific patient populations, advising on prevention and early detection, and treating advanced stages of disease.

By the time the 54-year-old woman found her way to the CommunityHealth free medical facility on the West Side of Chicago and to nurse practitioner Margaret Bavis, DNP, she needed serious help.

Not only had she lost her insurance when her husband became unemployed, but her undocumented status disqualified her for coverage under the Affordable Care Act.

“When she came to me, her diabetes was poorly controlled and she had already suffered an above-knee amputation as a complication,” says Bavis, who is also an assistant professor at Rush University College of Nursing.

This story has a better ending thanks to

COMMUNITY HEALTH,

the largest volunteer-based free clinic in the nation, and its partnership with Rush University.



Bavis adjusted the patient's treatment plan to regulate her blood glucose levels, provided medications and performed necessary health screenings through CommunityHealth's extensive primary care resources.

Ultimately, the patient regained control of her diabetes and found a new primary care provider in Bavis.

In fact, most patients return to CommunityHealth after treatment for primary care services. Patients see Bavis regularly, building a relationship over time. The College of Nursing supports her time at the clinic, and in return she's able to direct graduate-level nursing students working at the site.

Because of this new model of primary care, patients are experiencing improvements in existing conditions such as blood pressure control and cholesterol management. They're also receiving greater access to much-needed vaccines, mammograms and colon cancer screenings. These outcomes are a tribute to the success and the compassion of volunteer providers like Bavis who are broadening health care's reach and redefining its future.

Background

CommunityHealth estimates that as many as 513,000 Cook County residents are uninsured. This population often neglects preventive care like regular checkups, seeking help only when serious problems arise.

Practicing in this environment is challenging — and assessing and managing acute and chronic conditions are a critical part of population-based care. But nurse practitioners are going a step further by focusing on risks among specific patient populations, advising on prevention and early detection, and treating advanced stages of disease.

“Uninsured, low-income patients often perceive health care as unaffordable,” says Judith Haasis, MSSW, ACSW, executive director of CommunityHealth. “They view health care not as a right, but as a privilege only available to those who can afford it. That can interfere with their ability to make good choices.”

That, in turn, can lead to serious illnesses.



(From left to right) Amy Milroy, DNP, CPN, Jin Hee Kim, Margaret Bavis, DNP

“By the time patients walk through our doors, our nurses are confronted with very sick individuals who may not know they have an undiagnosed chronic condition like diabetes, high cholesterol or hypertension,” Haasis explains. “We help patients understand what their conditions are and what needs to happen in terms of treatment, taking into account living situation, lifestyle, cultural influences and eating habits.”

Immigrants are a significant portion of the uninsured, especially in sanctuary cities like Chicago, creating additional concerns such as inflexible work schedules, language barriers and fears of deportation.

“We (at CommunityHealth) strive to provide health education, resources and social support in a safe space,” Haasis says. “We have interpreters available during every clinic session. Many of our nurses, providers and staff are bilingual. On the medical side, we’ve developed interdisciplinary care teams. ... We also offer support groups, cooking classes, art therapy and other specialized programs that can become lifelines for patients who are feeling isolated and depressed.”

Training for the future

Because the vulnerable patient population is enormous, Rush University College of Nursing is committed to improving health equity and preparing students for the future through these types of partnerships.

For the past five years, Rush has provided clinical training in partnership with CommunityHealth that focuses on vulnerable populations. “Students are learning how to care for these patients and how to deal with scarce resources,” Bavis says.

Melissa Martinez, RN, and FNP student in Rush’s Doctor of Nursing Practice program, has worked with Bavis during her NP clinicals.

“The clinical you get placed in as an NP student greatly affects your training. I requested to stay at CommunityHealth with Dr. Bavis because I enjoy working with undocumented immigrants and the uninsured population,” Martinez says.

Amy Milroy, DNP, CPN, recently graduated from the nurse doctorate program, completing her clinical residency with Bavis at CommunityHealth.

“Rush is located in a city rich in diversity, and that diversity manifests itself in life circumstances leading to a variety of different health care experiences and challenges,” Milroy explains. “As a student, I felt very supported by Bavis in my aspirations to provide care for underserved patients, and I believe Rush will continue to lead the way in preparing advanced practice nurses who will care for these populations.” 📍

THE HEART OF NURSING

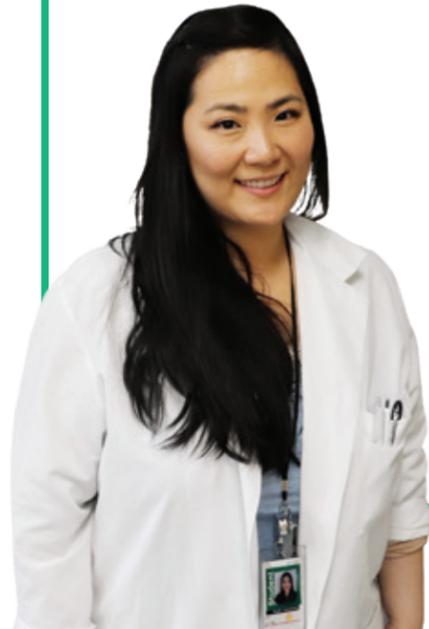
by Jin Hee Kim

As a former art teacher, I began to realize my true calling was in healthcare and decided to make a career change. Before I decided what profession to pursue, I volunteered at Community Health to get a feel for what it is like to work in health care.

You see such a variety of cases and scenarios that people live in – I was drawn in by how creative the nurses were in helping with patients who had limited resources to get what they needed. The nursing care I witnessed made my path clear – the human-to-human contact and heart that kept patients coming back resonated with me, and I decided to enroll in nursing school.

My ultimate goal is to travel for medical mission work; my heart is dedicated to the underserved and those who are ignored by society.

During my clinical rotations at CommunityHealth, it became clear that patients just want to walk away feeling acknowledged, knowing that their provider actually cares about them. This is the heart of nursing.



TRANSITIONING BACK TO SOCIETY

A nursing partnership provides health care and hope for formerly incarcerated people

by Korey Huyler



RESTORING HEALTH REBUILDING LIVES

Imagine being incarcerated for years and then being released with limited access to health care and little idea of how much society has changed. Unfortunately, this is an all too common real-life scenario.

But on the West Side of Chicago, a dedicated team of professionals has focused on helping individuals reintegrate into the community after prison.

Founded in 1954, St. Leonard's Ministries provides comprehensive residential case management and employment services for people released from prison, specifically for those without the necessary resources to rebuild their lives.

Health care and education

Over the past 60 years, St. Leonard's has served thousands of residents. Compared to the national recidivism rate of 50 percent, only 20 percent of former St. Leonard's residents return to prison. It's a remarkable place — one that Rush University College of Nursing can now call a partner as faculty and students have stepped forward to help ease the residents' transition by helping restore their health.

Two Rush College of Nursing professors, Angela Moss, PhD, RN, APRN-BC, and Kathy Delaney, PhD, PMH-NP, FAAN, spearheaded the creation of an on-site health care center to serve residents and employees of St. Leonard's. The center also offers educational programming to reinforce a healthy lifestyle.

Kirsten Book, MSN, FNP-BC, a nurse practitioner from the Rush Nursing Office of Faculty Practice program, was the first Rush University nurse practitioner at St. Leonard's Ministries, working one day per week developing health care programming and serving as the primary care provider for the residents and employees on site. Her first goal at St. Leonard's was to slowly build trust and rapport with each resident.

"The residents have had limited exposure to basic primary care, and many struggle with feeling empowered in making their own health care decisions," Book says. "I want the residents to learn to become comfortable enough with me to teach them primary care prevention and how to manage their own chronic diseases."

Rush DNP student's INNOVATIVE PROJECT MAKES AN IMPACT

When Ella Mathieson, DNP candidate, learned that formerly incarcerated people (FIPs) experience disproportionately higher rates of chronic health conditions and higher associated mortalities than those never in prison, she made this the focus of her DNP capstone project.

Her goal: To empower this population by implementing a chronic disease self-management program at St. Leonard's House on Chicago's West Side. St. Leonard's House provides interim housing and supportive services for FIPs.

Among 103 St. Leonard's House residents who've served time, more than 70 percent reported having at least one chronic health condition such as



high blood pressure



asthma

or



diabetes

And because many have never been taught how to communicate about their conditions, they find themselves at increased risk of serious problems. Once released, a lack of trust in providers and systems creates continued reluctance to address health concerns.

Key stakeholders at St. Leonard's hoped that increasing resident self-management would not only improve health behaviors but would also have a positive impact on their transition back into the community.

In a collaboration between St. Leonard's and the College of Nursing, an onsite nurse-managed primary care health and wellness clinic was created and made available to all residents of St. Leonard's House. This included a chronic disease self-management program. Today, the program is making strides to improve residents' health and behaviors by teaching them how to monitor their conditions as they return to the community.



They want to learn new things and learn how to successfully function and grow in this society.

A typical work day

Most patients are walk-ins. "When I first started, I really had to take a step back and first assess each individual resident's educational literacy and place myself in their shoes," Book says.

Many of the residents were never taught how to take care of their own health care needs. "I am continually challenged with each new resident's initial distrust and skepticism about the health care system. I am mindful to be consistent, open-minded and nonjudgmental with all my patients," she explains.

The goal of the on-site clinic is to ensure each resident is medically cleared by the nurse practitioner before transitioning to an outside health care provider. This clearance requires a complete medical history, physical exam, labs, TB testing, STI and HIV testing, and a review of the resident's medications.

Book says working with the residents at St. Leonard's has been a wonderful experience. "The residents I work with are so humble and willing to learn how to take care of their health after leaving a traumatic situation such as prison. They want to learn new things and learn how to successfully function and grow in this society."

Students at work

Two DNP students — Ella Mathieson (specialty: adult gerontology primary care) and Patty Luevano (specialty: psychiatric nursing) — help with health inquiries and setting up all the Rush policies and protocols at St. Leonard's.

While Luevano is working to build patients' trust in the health care system and helping define the permanent role of the Rush team, Mathieson is working on a project to improve health outcomes for the residents, specifically those with chronic conditions.

"I started by going to the site in January and doing a needs assessment of the residents," explains Mathieson. "Since then, I have come up with a strategy of what is feasible, of what we can do here. It will roll out this fall."

In her efforts to measure trust and set up protocols, Luevano goes to St. Leonard's once a week to help define the services provided by Rush. "We're looking at a systematic approach," she says. "St. Leonard's doesn't get much medical information [from the correctional system] on their residents, so we are trying to get as much medical background as we can. I've learned that these men just want to better themselves — they are so grateful that we're treating them with respect."

Health workshops

Rush is planning six workshops on topics such as "diet, exercise and diabetes," "asthma" and "smoking cessation." The goal is to create a continuing program involving future Rush nurses and nurse practitioners.

"It is our goal to be able to help the residents ease the transition from prison back into society. We want the residents to learn to become confident in taking care of their health, making healthy choices and empowering them to lead happy, productive lives back in society," Book says. 📍



Sam Cerniglia, MSN Clinical Nurse Leader student

Learning to read leads to BETTER HEALTH

by Daniel Vasquez

Sometimes the best medicine for children is a good book and someone to read it to them. That’s especially true for kids who have not yet learned to read, kids who’ve fallen behind classmates due to poor health or a lack of resources and, most of all, kids without a place to call home. These children face a tough hurdle, but it’s not insurmountable when community members lend a hand.

For years, staff and students from Rush University College of Nursing have served underprivileged children throughout Chicago, says Sharon Gates, senior director of community engagement at Rush University Medical Center.

Through established and pilot programs with acronyms like ROAR (Reach Out and Read) and Kids-SHIP (Kids Shelter Health Improvement Project), Rush has demonstrated its goal of finding innovative yet pragmatic ways to help underserved children with reading and writing as adjuncts to improving overall health. Those efforts include arranging for nursing students, along with students from other disciplines, to read to children waiting to see doctors at the Rush pediatric clinic.

Good health helps set the stage for learning

Research suggests that healthy students are more alert and engaged, and therefore better able to concentrate and learn. Improving literacy skills has a positive influence on health in childhood and over a lifetime, according to the Journal of General Internal Medicine. The ultimate goal of these programs is to reduce the racial and socioeconomic disparities that increase morbidity (disease) and mortality rates.

Gates explains that Rush’s participation in these community programs helps children maintain proper brain development and healthy communication with parents, teachers and health care professionals, while increasing the likelihood of their success in school and in finding good jobs or careers later, especially those that offer health care benefits.

“Our nursing students are there to provide these children clinical services, but they also work with kids who are not at the reading or grade level they should be,” says Gates. “The only reason these programs exist is because our clinicians, our faculty and our students take leadership roles in the community.”

Gates says many children in the programs are minorities and come from homes with single or unemployed parents. They lack proper health care, attend schools where books are scarce and grow up in households where literacy is not a priority.

Donated books along with volunteer nursing students willing to spend their lunch hour reading to children are emblematic of the literacy and mentorship programs Rush is involved in citywide, Gates says.

The most recent example of Rush University’s work to help children in need falls under the umbrella of the Kids-SHIP program. One of its goals is to replicate the reading program and offer it at local domestic violence and homeless shelters.

Nurse leader and reader

Gates handpicked a nursing student she believed has the talent to work with children and physicians in hardscrabble neighborhoods: Sam Cerniglia, a candidate in the prelicensure Master of Science in Nursing (MSN) Clinical Nurse Leader (CNL) program. Cerniglia then spearheaded the Kids-SHIP program, which he fondly refers to as his baby.

Cerniglia is rolling out his version of the national Kids-SHIP literacy program in two phases at Rush. The first phase, ROAR, has already begun. He and other nursing students and clinicians spend time at homeless and domestic violence shelters across Chicago reading to children in group settings and one-on-one.

The books are donated. Cerniglia hopes these donations increase so each child can keep a book.

“We need more donations,” Cerniglia says, “but we leave as many as possible at each shelter for the children and encourage parents to read to them. We are not quite in a place to give away all of our books yet, but (our goal) is to supply all children in the shelters with books they can keep.”

The second phase of the Kids-SHIP literacy program will call upon speech-language pathology students and audiology students to work with the children, playing games and doing activities they’ve designed to further improve literacy skills.

What compels students like Cerniglia with an already heavy school workload to donate so much energy and time to programs like Kids-SHIP? In his words: “the small wins.”

“I was reading a book about colors, shapes and counting to a 3-year-old girl,” he recalls. “She was quite shy when I first asked to play and read with her. But as I read and interacted with her more, she began to open up a little, smiling and giggling at the funny voices and faces I made as I read. By the time the book was finished, she was practically in my lap asking for the book to be read again.”

Whether it’s seeing a young girl delight in a story, learn to read, or get well and return to school, Cerniglia is pleased with the early successes he’s seeing with Kid-SHIP. And that’s just a start.

“We haven’t truly begun the full scale of interventions we have planned yet, but I know we’re already helping to improve the lives and learning of children in need in our communities,” he says. 📖

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The only reason these programs exist is because our clinicians, our faculty and our students take leadership roles in the community.

ADULTS WITH LOW READING SKILLS can have

3.5x higher health costs

and

3x worse health results

(The Nemours Foundation)



RUSH COMMUNITY SERVICE INITIATIVES PROGRAM (RCSIP)

Community service is an integral part of the culture at Rush. It is who Rush is and what Rush does.

Through the Rush Community Service Initiatives Program, or RCSIP, Rush University students, faculty, residents, fellows and staff can use their distinctive skills and talents to make a difference in our community and beyond.

RCSIP started in 1991 and has grown into a robust interprofessional program with volunteers from all four of Rush University's colleges. RCSIP provides services to more than 10,000 community members annually.

WHO CAN BE INVOLVED IN RCSIP?

RCSIP opportunities are available to all students, faculty, residents, fellows and staff at Rush University.

For students

RCSIP offers students a chance to support the community, while also honing students' health care skills with hands-on experience. A recent study at Rush found that the opportunities available through RCSIP influenced 66 percent of current students to choose Rush.

For faculty, residents, fellows and staff

RCSIP provides a venue for giving back to the community while also giving students an opportunity to mentor children and guide the next generation of health care providers.



WHAT DOES RCSIP DO?

To serve the community surrounding Rush, RCSIP programs do the following:

- Align volunteer experiences with the health needs of some of our surrounding communities on the West Side of Chicago.
- Develop community programs that align with Rush's community health improvement plan to address the health needs of our community.
- Provide appropriate support and training for student volunteers.



Sharon Gates
Senior Director,
Community Engagement

OUTREACH PROGRAMS

Buddies: A program that takes place in Rush's Children's Hospital and Emergency Room (ER) in which Rush students do fun activities with ill children.

Rush REMEDY: A medical supply recovery and recycling program.

Rush Harmony: A group of students with strong musicianship and people skills that play music for patients.

videoPEACH: A service program developed by students to create amazing YouTube videos with kids.

Tobacco Cessation Initiative: Students deliver behavioral intervention to hospitalized patients at Rush.

Correctional Health Initiative: An interprofessional organization focused on jail and prison health.

The Road Home Program: Helps veterans and their families by providing timely and confidential support, counseling, and veteran health services.

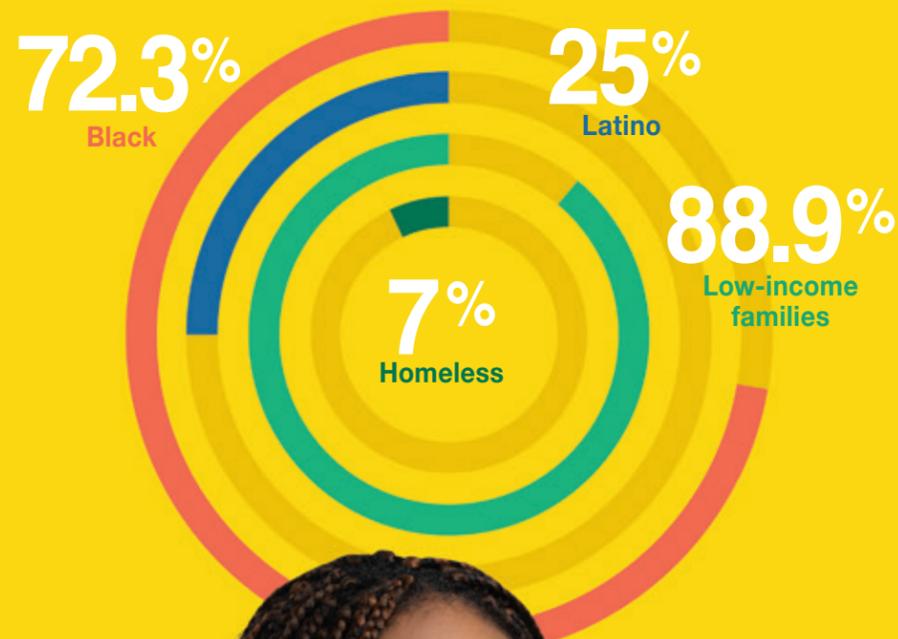
Musical Minds Project: Providing personalized music therapy through curated playlists while bridging the divide between young providers and elderly patients.

With these programs, Rush reaches out to those in need both within the medical center and beyond.

A COMMUNITY PROJECT TO IGNITE FUTURE LEADERS

by Ronisha Johnson

2016-17 Illinois Report Card:
Public School Racial/Ethnic Diversity



As a Schweitzer Fellow, MSN student Ronisha Johnson was tasked with designing and implementing a service project that addresses an underserved Chicago community's unmet health needs.

Johnson developed "Igniting LEADers" (Leadership Engagement and Development). The target population is low-income black and Latino high school students at Richard T. Crane Medical Prep. According to the 2016-17 Illinois Report Card, 72.3 percent of students are black, 25 percent of students are Latino, 88.9 percent of Crane students are from low-income families, and 7 percent of students are homeless.

The goal of Johnson's project is to increase the number of diverse health care professionals by helping a group of minority high school students develop a career plan. A "vision portfolio" will outline students' plans for reaching their educational, leadership and career goals while exploring relevant health care disparities.

Johnson's activities include pre- and post-assessment of student knowledge of college opportunities and health disparities. Her goal is to have at least 80 percent of participants develop a vision portfolio. She will also create a peer-tutoring program to provide these high school students with leadership opportunities and resume-building activities.

"My goal is to build rapport with the high school students and faculty through face-to-face interactions," Johnson said. "I'm visiting with the students and meeting them at their level." Sharing her own story with the students is also important to Johnson. "The knowledge I share is built on my personal philosophy of nursing and health disparities that ignited my passion for health care."

Johnson knows that passion is contagious. Being a role model for these students is crucial to the program's success, so Johnson is also going to engage them in real-life extracurricular experiences. "We're going to give them opportunities to participate in health care related events in Chicago, such as health fairs and 5K runs/walks."

This project is not limited to Johnson's time as a Schweitzer fellow. "Developing these leadership and college prep skills for Crane High School students is something that can continue after I graduate from nursing school," she said. "I'm developing a program toolkit so future Rush nursing students can carry on this project as a professional development opportunity."

TRANSFORMING WOMEN'S LIVES THROUGH PARTNERSHIP

The Health Legacy Program

by Laura Lambert



It's a weeknight at a church on the West Side of Chicago. The pastor's wife — aka the first lady — greets the two dozen African-American women who are filing in. Most are older. One in three is likely diabetic; twice that will have hypertension. And all of them are looking for positive change.

Among them, dressed casually in T-shirts and jeans, is a team from Rush University's Health Legacy Program. The health care providers — and the occasional chef or Zumba teacher — are there to partner with the women to improve health and manage chronic disease.

PROVIDERS PARTNER TO

- **improve** health
- **manage** chronic disease



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The beauty of the program is . . . you get to hear their stories . . . you have to figure out what the real barriers are that need to be overcome.

“It’s not a top-down approach,” says Crystal Crawford, RN, a doctor of nursing practice (DNP) candidate in the advanced public health nursing program at Rush. “We’re all working together. We’re all women. And it’s about building relationships.”

Since May 2017, Crawford has been listening to the women talk about their lives and the barriers they face. As part of her doctoral project, she’s designing an intervention to help them even more.

A four-pronged approach

Robin Pratts, MHA, manager of community health and faith initiatives at Rush University, founded the Health Legacy Program (HLP) in 2013. The successful six-week program strives to lessen the health disparities experienced on the West and South sides of Chicago. It’s a four-pronged approach: health education, exercise, meal planning and nutrition, and a weekly support circle.

“We do see that one-third of the women have diabetes. And when we talk about pre-diabetes, it’s much higher,” says Pratts. “How do you get ahead of this?”

Crawford’s proposed answer is to add a session in which Rush nursing students work directly with women managing diabetes. It’s a seemingly modest enhancement, but Crawford says it’s one with incredible promise when it comes to reducing hospitalizations and amputations associated with the disease.

Plus, says Crawford, “It’s coming from what the women want.”

What the women want can be surprisingly basic, explains Pratts, including learning how to use a glucometer.

Personalized interventions can have far-reaching effects

Traditionally, the HLP program has opened with the same general health education talk for all women. “(The nursing session) is

laser-focused on those women who are diabetic,” says Pratts.

But the interventions are much larger than that.

“The beauty of the program (is) it’s not just about blood pressure or diabetes. You get to hear their stories,” says Crawford. One woman who was failing to lose weight and take her medication confided in Crawford that she struggled with depression. “As a nurse, you have to deal with the whole person,” says Crawford. “It’s not just a surface interview, you have to figure out what the real barriers are that need to be overcome.” Crawford connected the woman with the mental health resources she needed, and by the end of the program, the woman had begun to lose weight — an early positive change that can serve as a long-term motivator.

And then there’s the long-term impact.

”
A single mother of three who took part in the program two years ago recently completed her first marathon. She lost a total of 50 pounds.



A single mother of three who took part in the program two years ago recently completed her first marathon. She lost a total of 50 pounds. “It was about all of these small changes,” explains Crawford. “And she just continued it. The program sparked that for her.”

This is the power of meeting individuals where they are — literally and figuratively.

“For prevention to occur you have to go where people are,” says Crawford. Her adviser, Pamela Levin, PhD, agrees.

“In health care, we expect people to come to us and for everyone to adjust their lives to what we expect. The Health Legacy Program recognizes that it is important to go to where people live, work, play and pray.” Only then can you truly partner with someone to find the real-life changes that can somehow transform their own life.

And by transforming one woman’s life, the hope is to transform a community. Women are, as Pratts explains, the “axle and hub” of lifestyle decisions in a home. And the typical household of a woman in the HLP is four or more.

“We’re seeing 25 women,” says Pratt. “But we’re helping 100.”

Crystal Crawford’s pilot program launched Sept. 30, 2018, with participants from Pleasant Grove Baptist Church in Chicago. 📍



Crystal Crawford, RN

A NEW CARE MODEL

to protect
at-risk & homeless youth

by Beth Janes

Finding and utilizing mental health services is never easy. But imagine what it's like for a teen who doesn't realize the harm done by daily exposure to gang violence. Or a boy who languishes while waiting months for an appointment at a psych clinic. Or a homeless girl who's been sexually exploited and engages in risky behavior.

They and others like them are those most vulnerable and in need of services, yet they're most likely to slip through the cracks.

Dawn Bounds, PhD, PMHNP-BC, assistant professor at Rush University College of Nursing, is working to change that. Through her combined roles in clinical practice, research and outreach, Bounds is helping community organizations expand their services to at-risk youth, with a specific focus on mental health.

She's part of a new interdisciplinary section of psychiatry at Rush called Population Behavioral Health. The goal of this team of nurse practitioners, psychiatrists and others: Bring mental health services into communities by partnering with organizations already embedded and programs already helping at-risk subpopulations.

This new care model does more than ease access to services, however. "It reduces the stigma surrounding mental health," Bounds says. "[Kids] don't have to go to an office; it's just part of their programs. So it normalizes things in terms of seeking care and taking care of your emotional well-being."

Helping kids cope with violence

One organization Rush partners with is the YMCA, which received a grant for violence prevention programs and asked Rush to deliver the mental health care component. The program rolls out soon to three Y's in areas known for gun and other violence.

"Being a victim, witnessing violence or just living in a community where it's occurring can have a significant impact on kids' mental well-being," Bounds says. "This trauma and the trauma responses can be pervasive in kids' ability to function, whether academically, socially or within their families."

COMMUNITY PARTNERING TO

- **identify** at-risk youth
- **stop** the cycles of mental illness, violence, sexual exploitation and homelessness



Niranjn Karnik, MD, PhD

Bounds and the Rush team will help identify kids who show signs of difficulty and try to intervene before they turn to gangs or other destructive behavior. "My role is to go deeper into how the kids are dealing day to day," she says. "It's doing a little detective work, too — engaging with families and the staff, potentially even schools, to find out what's going on with this child and how can we best provide support."

Niranjn Karnik, MD, PhD, a professor of psychiatry and director of Population Behavioral Health, says this type of high-quality, community-based care is unique. "These young people would otherwise largely be missed by the system until things got to a point of crisis."



Dawn Bounds, PhD, PMHNP-BC

Supporting homeless young people

Bounds and Karnik have seen this model work magic through their partnership with the Night Ministry's West Town facility, a shelter for young adults.

Bounds travels to West Town weekly to evaluate residents, determine treatment and manage their medications — helping them stabilize. These young people often have experienced multiple types of long-term trauma. Some suffer from untreated, chronic mental illnesses like schizophrenia, affecting their ability to finish school or find and keep a job.

But when patients' housing and mental health needs are met, Bounds says, they thrive. "This is the most resilient group of people I've ever met. You would literally go curl up into a ball if you looked at all the adversities they've experienced. But they're functioning and aspiring to do so many different things and making those things happen."

The integral role of nurse practitioners

It makes sense that greater access to services leads to greater success. But nurses like Bounds play a vital role, says Karnik. "Nurse practitioners have unique skills and their training is different than what physicians bring to the table." These unique skills include nurses' holistic approach to health care — caring for the body, mind and spirit.

In fact, while Karnik started the program at the Night Ministry, Bounds has taken over its leadership, he says. Different disciplines working together as a team helps make these programs sustainable and scalable.

"We're trying to build this blanket that covers regions of the city that are particularly in need so we can intervene with these kids at different points," Karnik says. "It's really nice if we see a kid at the YMCA or Night Ministry, then find out they're enrolled at one of the schools where we have clinical services. To be able to follow up with them is a great thing."

What's next

Bounds' work at the Night Ministry will likely expand as she embarks on a new research endeavor. The recipient of two prestigious grants, she's piloting a program to help sexually exploited homeless youth re-engage with their families and prevent recurrent exploitation.

While the staff at the Night Ministry is ultraprotective (and leery of researchers who may further "use" these young people), Bounds has earned their trust and respect, Karnik says. "Now that she's doing some of her most charged and difficult work, she's in a good position," he says. "The folks at the Night Ministry see the benefit and that she can help these kids in a really profound way."

Indeed, Bounds is optimistic. The program is the only one of its kind shown to actually reduce high-risk sexual behavior in this population. And if it shows it can stop exploitation from happening again, the sky's the limit. "I'd love to then take a look at whether it works for homeless youth in general," she says. "And see whether we can prevent sexual exploitation from happening ever." 📌



We're trying to build this blanket that covers regions of the city that are particularly in need so we can intervene with these kids at different points.

Chicago Public Schools (CPS) reported serving

17,894

HOMELESS STUDENTS

during the 2017-18 school year. This is

4.8% OF TOTAL ENROLLMENT.



CPS data shows that

88% of homeless CPS students live **DOUBLED-UP**

in the homes of others due to hardship, usually in **overcrowded conditions.**

Another **10.7%** or **1,918** students

lived in **shelters.** About 1% of students lived in motels (151), in a park or other public place (52), or in a temporary foster care placement (12).



Other CPS data shows that **11%** (2,041) were

"UNACCOMPANIED YOUTH,"

defined as teens who are homeless and living on their own, without a parent or guardian.

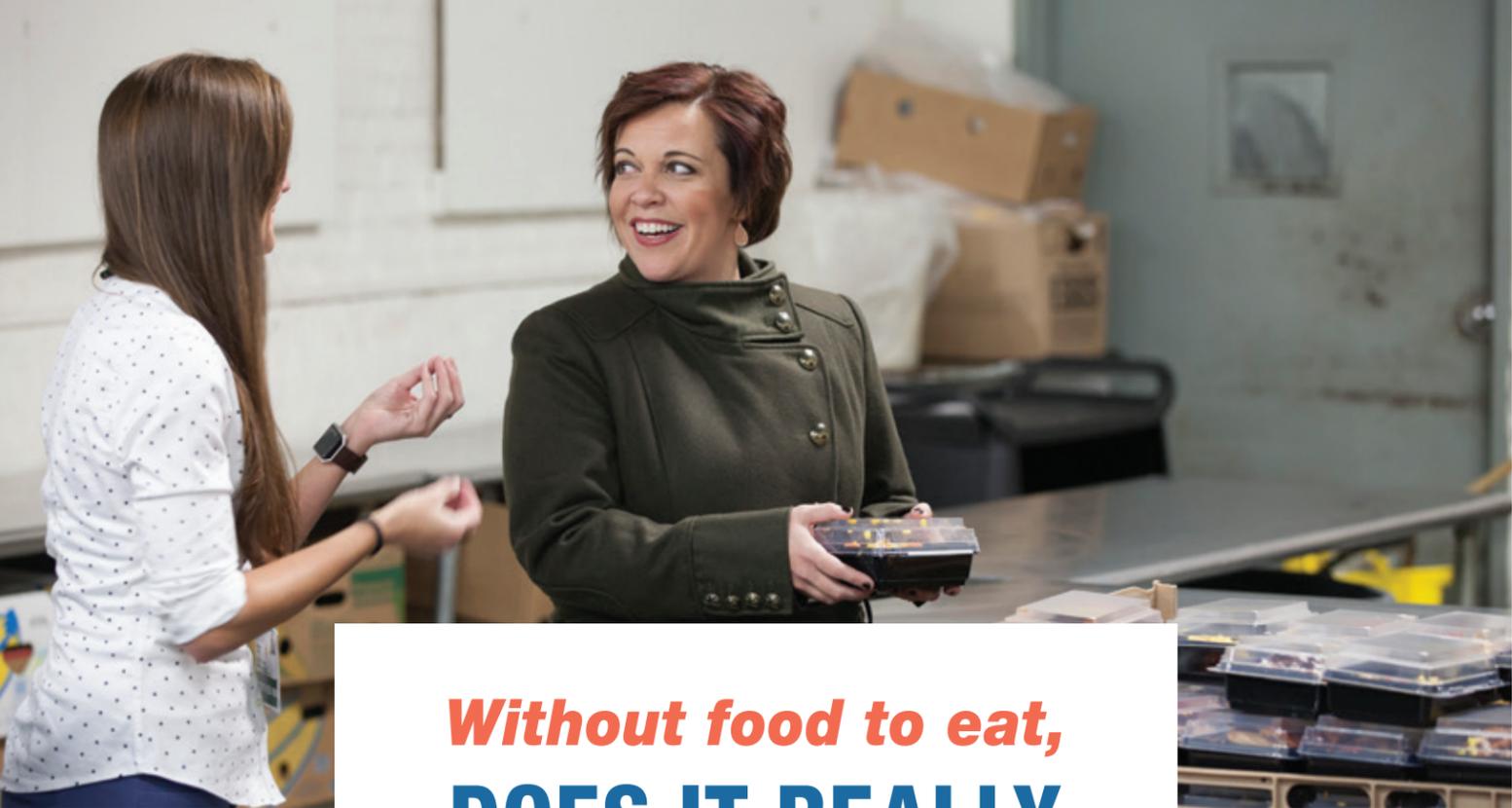
<http://www.chicagohomeless.org/faq-studies/>

WHEN FOOD IS MEDICINE

A new take on health care



by Laura Lambert



Jennifer Grenier, DNP, RN-BC

Without food to eat, DOES IT REALLY MATTER IF YOU'RE TAKING YOUR MEDS?

That's one question vexing health care providers today. When medicine itself contributes only 10 to 20 percent toward healthy outcomes for a population, how can a hospital or an individual health care provider make more of a difference?

By addressing the bigger picture, for one — including the complex social issues at play in a patient's life. The real breakthrough, says Robyn Golden, LCSW, Rush University professor and associate vice president of population health and aging, "is acknowledging that social needs are medicine."

One small but powerful place to start is food.

A surplus of good

Rush University, in robust partnership with other community groups and service providers, participates in West Side United, a social justice initiative dedicated to improving the lives of those on Chicago's West Side. The Surplus Project is an example of this mission and what one nurse with a good idea can do.

In 2015, Jennifer Grenier, DNP, RN-BC, then the nursing director of telemetry at Rush Oak Park Hospital, was paired with Beth Klein,

of the Oak Park River Forest Food Pantry, as part of a leadership development program. For their joint project, they took on food insecurity — and launched The Surplus Project, where extra food not served to patients from Rush Oak Park's three kitchens is packaged up midday, three times a week, and delivered to the food pantry.

Less food waste; fewer hungry people in the community. A resounding win-win.

With Rush's ongoing commitment to improving community health, getting the administration on board was easy, says Grenier. It took a meager \$3,000 investment (to purchase a refrigerator) for the volunteer-run program to begin. Now, staff at all levels participate — and are making an impact.

In 2017, when Grenier joined the much larger Rush University Medical Center as director of nursing rehab, The Surplus Project came with her — and has only expanded. More than 20,000 meals were donated in 2017, and, in one instance, Rush was able to hire a food pantry participant — a mother who had lost her job as a bank teller — as a part-time project planner, making a strong community partnership even stronger.

The bigger picture

There's an old African proverb that Janice Phillips, PhD, RN, CENP, FAAN, director of nursing research and health equity at Rush University Medical Center, likes to share: "When spiderwebs unite they can tie up a lion."

Here, the intricate webs are the partnerships Rush is making with community groups and other service providers. The lion is their common mission — which is to erase the 16-year life expectancy gap between the residents of the West Side and residents of the Loop by 2030.

"We're really trying to dive into the food insecurity space," says Christopher Nolan, MPA, manager of community benefit and population health at Rush University Medical Center. "But that's just one part of a larger social determinants of health strategy at Rush as an institution."

Indeed, the intakes the nurses are doing are broad-ranging, assessing not just food insecurity but access to primary care,

housing, education, insurance, even transportation. Nolan is responsible for the various interdisciplinary working groups that address each of these issues, with diverse stakeholders — nurses, community groups, social workers, and sometimes physicians. He himself sits on the food insecurity work group with Grenier.

It's all made more powerful by a new tool called NowPow. When any Rush health care provider does an intake, they input the health data directly into the patient's electronic medical record (EMR). Rush is now one of the few institutions to also include the patient's social determinants of health. NowPow then scans the EMR for social need and queries its database of

local service providers — connecting, say, someone who has diabetes and is food insecure with a local food pantry. All of the stakeholders can then communicate digitally about whether and when the referral is being used.

"It goes beyond the walls of our institution now," says Nolan. "That's why we screen for social need. They're with us one day of the year. What's going on those other 364 days?"

It's an ambitious goal, but not an insurmountable one, thanks to the determination and compassion of a community and its leaders. 



We're really trying to dive into the food insecurity space . . . (as) one part of a larger social determinants of health strategy.



Janice Phillips, PhD, RN, CENP, FAAN



At Rush, the issue of food insecurity is being tackled by a program that provides food to patients in need.



As the world changes,
 — **so does the** —
**TRAINING OF
 NURSES**

by Korey Huyler

The practice of nursing is rapidly evolving, and faculty is keeping up with the pace to ensure RNs are trained to best meet the needs of society.

“We have traditionally trained our nurses to work in hospitals,” explains Kathy Swartwout, PhD, FNP-BC, associate professor at Rush University and BMO Harris Bank Health Disparities Research Fellow. “The face of health care is changing. There is a lot of documentation on how health care is moving out of hospitals into the community. Primary care is delivered in many different settings, including federally qualified health centers, charitable care clinics and school-based health clinics.”

Most of these health settings in Chicago work with vulnerable (Medicaid or uninsured) populations, so at Rush, Swartwout is leading the development of new curriculum options that will teach RN students the best ways to improve health outcomes while reducing health care costs and unnecessary emergency room care.

RUSH TEACHES RN STUDENTS THE BEST WAYS TO

- **improve** health outcomes
- **reduce** health care costs
- **prevent** unnecessary ER use

”

We are teaching the nurses coaching skills, motivational interviewing skills and ways to better communicate with patients.



Kathy Swartwout, PhD, FNP-BC

New care-management approach

Swartwout explains that Rush University Medical Center has already started using new care management and coordination models that partner each patient with a nurse, a social worker and a patient navigator (a team member who provides guidance to patients as they move through the health care system). These three-pronged care teams, called “triads” at Rush, address both medical and social complexities while also making sure the patients get to important appointments and can pick up medication.

Some Rush patients receiving care management are part of the Medical Home Network (MHN), a not-for-profit collaborative that unites provider communities and diverse health care entities around a common goal: to redesign health care delivery and transform the way it is managed at the practice level.

According to MHN, the triads drive engagement by developing relationships with patients that extend beyond primary care. By connecting providers and delivering real-time information, MHN enables coordinated care management, improves transitions of care and promotes timely follow-up.



Research is suggesting that empathy can play a key role in obtaining better patient outcomes, and additional training could help RN care managers have more impactful interactions with their patients.

Swartwout emphasizes the most important part is that patients receive better care where and when they need it. Research from MHN shows that patients who are involved in making their own health care decisions tend to be healthier and have better outcomes.

One Rush RN, Victoria Levin, current MSN student in the post-licensure Clinical Nurse Leader program, works in a pediatric triad. “Pediatrics is one of the biggest primary care populations at Rush,” Levin says. “Every morning, my team meets to discuss all the patients we are working with and to figure out the needs of the day.” Then the team telephones patients to make sure treatment is going well, answer questions and see if they have any issues.

Discovering a new world

While there is still a high number of unnecessary emergency room visits with vulnerable populations, the goal is to get patients (and their parents) comfortable with seeing a primary care provider.

“What I am doing now is very different from what I learned in nursing school,” she says. “Care management is so new — it’s a different skill set. Yes, it’s important to have your standard nursing competencies, but it’s also important to learn about the outpatient world. I have always felt that there are so many opportunities within nursing. If your calling isn’t at the bedside, there are a lot of different things you can do.”

Regarding the College of Nursing and this new style of care, Swartwout explains her vision: “I am working on developing

learning modules for the RN students. Eventually, I would love for some of our nursing students to participate in intensive primary care training. Nurses have a lot of skills that will allow them to drive some primary care patient visits on their own. We are teaching the nurses coaching skills, motivational interviewing skills and ways to better communicate with patients. Nurses could be in the room and do shared visits with the provider.”

Feelings are important

In fact, Levin is researching “empathy training” for RNs as part of her MSN capstone project. “Research is suggesting that empathy can play a key role in obtaining better patient outcomes, and additional training on this topic could help RN care managers have more impactful interactions with their patients,” she says.

For a little background, much of Swartwout’s recommendations are in alignment with the well-regarded “Registered Nurses: Partners in Transforming Primary Care” study from the Josiah Macy Jr. Foundation. This document states the nation’s 3.7 million RNs are the ideal team members to expand primary care capacity in the United States.

Swartwout agrees that expanded nursing care in primary care settings will be the solution — but emphasizes that change doesn’t come quickly even when it is vitally important.

“This would save time, money and lives,” she says. 🗨️

3.7 MILLION RNS ARE THE IDEAL TEAM MEMBERS
to expand primary care capacity in the United States



WHO IS
best suited
to teach sex ed in schools?

IT'S ANOTHER WAY THE UNIQUE SKILLS OF NURSES

are **making** a difference.

Remember sex ed class in school? Who can forget the cringeworthy sight of watching a teacher put a condom on a banana?

It hasn't gotten any easier teaching school kids the facts of life. But Rush University College of Nursing generalist entry master's (GEM) students are braving the giggles in two Chicago Public Schools, and everybody's learning.

Heide Cygan, DNP, RN, PHNA-BC, assistant professor, and Diane McNaughton, PhD, RN, PHNA-BC, associate professor, launched the program in 2014, serving Chicago Public School students in grades four through 12 at Robert Lindblom Math & Science Academy in West Englewood and Mason Elementary in North Lawndale.

"The program started after CPS wrote a policy in 2013 requiring that every student K-12 get comprehensive, medically accurate, age-appropriate sexual health education. Legislation passed in Illinois at the time required all schools that receive state funding



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There are studies out there that show nurses are more effective delivering education on sexual health for several reasons.

and teach sex ed to do the same. Coupled with rising rates of (sexually transmitted infections) and teen pregnancy in the city, creative interventions were needed,” Cygan says.

Nurses understand, relate to students

Are nurses better suited than teachers to explain the birds and the bees? The answer is yes.

“There are studies out there that show nurses are more effective delivering education on sexual health for several reasons,” Cygan says. “In this program, the nursing student is not the CPS students’ regular teacher, so they tend to open up more. It leads to a great rapport. Nursing students also are (often) closer to their age, so there is that relatability. Plus, they are health care professionals. When young people ask questions about everything from biology to infectious disease, nurses have a rich resource base to give comprehensive answers.”

Though it is difficult to gauge whether the new sexual health classes are preventing pregnancy or STIs, there is proof that the messages are sinking in. Using pre-tests and post-tests, one sample school boasted a 32.7 percent increase in test scores after taking the six-week class. CPS students also report being more comfortable talking to peers and family members about these sensitive topics.

Anecdotally, the nursing students and the public school students alike love the program, Cygan says. “After we have spent six to eight weeks with them, they give us hugs and make us cards.” It takes a special type of nurse to talk frankly about sex to a classroom of 30 to 50 kids. Nursing students are carefully screened and trained before they enter the classroom.

“The ones who do it are already committed to sexual health education. Afterward, many say they want to continue working with youth in Chicago, public health nursing or even volunteer for CPS. This is unique, as many new nurses are attracted to the more technical areas of nursing these days,” Cygan says.

Carly Tribbia, MSN, RN, was one of those special student nurses. She taught

seventh-grade students sex ed at Lindblom when she was at Rush.

“It is intimidating to be in a room with 40 students who giggle any time you mention a reproductive body part. We told them it is OK to laugh or feel uncomfortable. They knew that we were also students learning to present the information. That made it more casual,” Tribbia says.

Yes, they have no bananas

In case you were wondering, Tribbia reports that the banana demonstration is (fortunately) a thing of the past. However, students do get to examine various methods of birth control close up to see what they look like.

After graduating from Rush, Tribbia spent one year as an ICU nurse. Then she jumped at the chance to switch to public health nursing when an opportunity with the Integrated Wellness in Supportive Housing program opened up on Chicago's South Side.

IWISH is a new federal pilot program that aims to support seniors in HUD-assisted housing, with the goal of minimizing hospitalizations and improving medical and social services and safety for folks in independent living. Tribbia works as a patient advocate and educator from her office in a Bronzeville senior living community.

“I always wanted to be a teacher, but then I decided to be a nurse,” Tribbia says. The Chicago Public School teaching experience taught her she could do both. “It is really amazing when you get to impact an entire community,” she says. “It is an incredible feeling.”



Heidi Cygan, DNP, RN, PHNA-BC

PREEMIES & PARENTS

Nurses partner with local quilting club
to help NICU families



by Laura Ramos Hegwer

Having a newborn in a hospital's neonatal intensive care unit, or NICU, can be extremely isolating for parents, who often must wait weeks or months to cuddle their baby at home. To ease this separation, nurses in the Rush University College of Nursing and a local quilting club are sewing handmade fabric hearts to help newborns and their parents bond by sharing their scents.

HANDMADE FABRIC HEARTS

help newborns and parents
bond through scent



The Oakley Square quilting club sews fabric hearts for families with infants in the NICU to help them bond and reduce stress. Members include Janeen Allen, Audrey Adair, Donna Lewis, Mary Batups, Darlene Brown, Carol Smith and Kattie Harris. The Oakley Square residents have been sewing together since 2011 and have more than 120 years of sewing experience combined.

Sense of smell develops early

"The sense of smell is one of the earliest senses to develop," says Christie Lawrence, DNP, RNC-NIC, APN/CNS, clinical nurse specialist and assistant professor in women, children and family nursing. "Fetuses can actually recognize their mothers' amniotic fluid while still in the womb." Amniotic fluid, which babies swallow and breathe during their time in utero, contains the smells of food the mother eats as well as of the mom herself.

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Having the mom's
familiar scent can really
help ease an infant's
stress and discomfort.

Because of this fact, in late 2017 Lawrence and Terry Gallagher, DNP, APRN, FNP-BC, CNL, assistant professor also in the department of women, children and family nursing, discussed the benefits of using "smell cloths" in the NICU.

"After birth, the sense of smell continues to develop, and it is one of the senses that helps the infant recognize the mother," says Lawrence. "So having the mom's familiar scent can really help ease an infant's stress and discomfort."

For new parents, being able to smell their baby also brings a sense of calm. Lawrence says parents can feel overwhelmed and disconnected when they see their infants in incubators in a NICU, but familiar scents can help families forge a closer connection.

Threading together a community

To create the 8-inch cloth hearts, the nurses joined forces with a quilting club of residents from Oakley Square Apartments, a mixed-income residential complex on Chicago's West Side. Most of the residents receive care at the Sue Gin Health Center at Oakley Square, an on-site primary care clinic founded in 2015 by the College of Nursing's Office of Faculty Practice. Each year, the clinic provides primary care and education to approximately 500 Medicaid or uninsured patients of all ages.

"Our goal is to provide high quality care in a nurse-managed clinic to people who previously did not have access to primary care," says Gallagher, who is also a nurse practitioner at the clinic.



The sewing club and Terry Gallagher, DNP, APRN, FNP-BC, CNL, dropping off the first batch of hearts to Christie Lawrence, DNP, RNC-NIC, APN/CNS, and the Rush NICU team.

The clinic provides much more than care — it's also a direct link to active community residents like Janeen Allen, a member of the Oakley Square quilting club. Allen and her fellow quilters have been sewing the NICU fabric hearts since December 2017.

Each year, the level III NICU — which has the capacity to take care of infants who are critically ill — admits 800 babies born prematurely, who often spend weeks or months in the unit getting stronger before they can go home.

The College of Nursing is committed to continue funding for the program annually and plans to purchase enough materials to produce as many as 1,600 hearts per year.

“Sewing the hearts gives us an opportunity to give back,” Allen says. “It’s fun to know that with the little hearts we’re making right now, somebody may have them forever.”

Hearts and scents travel from parents to baby and back

When families in the NICU receive cloth hearts, parents pin them inside their clothes. When the parents return to the NICU, the hearts are unpinned and placed inside the incubator so the baby can be comforted by their scent.

The process also works in reverse. After the hearts are in the incubator for a while, the cloth picks up the baby’s scent. Once returned to the parents, the baby’s scent comforts the parents. After laundering, the process can be repeated.

Though Allen prefers to sew hearts by hand, other quilters use the sewing machine provided by Rush two years ago. The machine was a thank you gift to the quilters for their help with another project: making blankets for young mothers at the

Simpson Academy for Young Women, a school for pregnant women and young mothers on Chicago’s West Side.

Lawrence says the project is an example of the family-centered care and cross-generational community outreach that the College of Nursing faculty tries to foster. Their goal: to help people support each other.

“Sometimes the programming is a way to get people together,” she says. “It’s a way to assign hope.”

Training nurses while providing service to the community

The Sue Gin Health Center at Oakley Square, named for the late CEO of a retail- and airline-catering company and longtime Rush Board of Trustees member, is one of more than 20 partnerships formed by the College of Nursing’s office of faculty practice to give nurses educational and outreach opportunities around Chicago.

“Our mission is to provide training sites for nurses and nurse practitioners, but also for the faculty to serve the community,” Gallagher says. “Our programming is based on what the residents tell us they need and want.”

Gallagher says the partnership with the residents at Oakley Square demonstrates Rush’s respect for its community, as well as the community’s respect for the quality of care provided by nurses at the on-site clinic.

“We work here, we live here, and we want to be a community partner,” Gallagher says. “This creates a thriving, healthy and happy community.”

NURSING IN ACTION

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