MISSION

Samuel Merritt University educates students to become highly skilled and compassionate healthcare professionals who positively transform the experience of care in diverse communities.

VISION

Samuel Merritt University will become nationally recognized as a premier, multi-specialty health sciences institution. Expert faculty and staff will shape an inclusive learning environment where all students experience best teaching practices and state-of-the-art learning approaches. The University will select and support students who will flourish in the rigorous academic programs, learn to practice expertly, and pass licensure or certifications examination on first attempt.

VALUES

At Samuel Merritt University, we value: 1 A learning environment where we challenge ourselves and our students to think critically, seek mastery, and act compassionately. 2 A collegial environment where we are fair, respectful, and behave with integrity. 3 A collaborative environment where we partner with one another and with others in the community. 4 An innovative environment where we take reasoned risks and move nimbly. 5 A results-oriented environment where we provide and expect exceptional performance and service.
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Be the Change

At Samuel Merritt University we talk a lot about change.

Changing the way healthcare is learned. Changing the way healthcare is provided. Changing health outcomes for the underserved, and changing health disparities for all.

In essence, changing the world.

It’s an invigorating discussion, and one I felt compelled to share with you in the 2016 Report to the Community. Our mission at Samuel Merritt University (SMU) is to educate future generations of healthcare professionals who will positively transform healthcare in underserved communities. We are making considerable progress, and acknowledge the work that still needs to be done.

In March, as part of our year long “Community Reads” initiative, we invited the anthropologist and physician Seth Holmes to discuss his book, Fresh Fruit, Broken Bodies, to engage our students in a broader discussion about becoming providers who will serve with compassion of the heart and a “structural competence” of the mind.

“Structural competence is a consciousness and awareness that will make you a better healthcare provider, and make your communities healthier,” Holmes told SMU students, staff, and faculty.

One way our students are already improving the health of our communities is through their work in clinics across Northern California. In this issue, we feature the services that our Family Nurse Practitioner students provide to patients at Brighter Beginnings in Richmond, which is one of the only faculty-led clinics in the Bay Area and where SMU students learn by working side by side with their teachers. You’ll
April, three SMU students from the Sacramento campus were selected to attend the international Clinton Global Initiative University and present their plan to create a mentorship program for ethnically diverse healthcare students.

“A more diverse healthcare workforce will help reduce health disparities for all communities in the long run,” said student Carmen Craven, one of the program’s co-founders.

It is a goal also embraced by SMU. We’re proud to report our enrollment showed an all-time high of 17 percent Latino and Latina students in 2015, which exceeded the five-year goal set in our Diversity Plan.

Still, as our analysis also showed, we need to work diligently to increase African-American student enrollment to better reflect the populations our students will one day serve.

To help build a more inclusive University, you’ll read about our new partnership with the Ethnic Health Institute, a community education and outreach program that will enable our students and faculty to volunteer in ministries and organizations located in ethnically diverse and underserved neighborhoods. We’ve also deepened our ongoing relationship with Allen Temple Baptist Church by expanding the popular Community Learning Forum, where our faculty and students host free educational health forums for East Oakland residents and families.

It is all a reflection of our University’s efforts to be part of the change we seek. As an academic institution, we do not create healthcare policy nor do we set the national agenda on how healthcare is delivered. But we do play a critical role in educating the future practitioners who will make healthcare more compassionate, more diverse, more accessible and most importantly, more equitable.

Sincerely,

Sharon C. Diaz, PhD (hc)
President and Chief Executive Officer
Samuel Merritt University

also read about our undergraduate nursing students in San Mateo who developed an exercise program for senior citizens at a MidPen Housing facility nearly two years ago. The residents now run the program on their own, illustrating how students can empower communities to sustain healthier routines.

Diversifying the healthcare workforce is another way that SMU students hope to improve health outcomes. In
As patients stream into the waiting room at the Brighter Beginnings Family Health Clinic on a Friday morning, SMU Assistant Professor Jane Perlas, DNP, discusses the day’s caseload with a dozen of her Family Nurse Practitioner (FNP) students around a conference table in the back of the Richmond clinic.

The healthcare needs of the patients are varied and complex: A 76-year-old man with diabetes, hypertension, and a mysterious left shoulder pain; a sick baby whose siren cry can be heard from the waiting room and whose parents speak only Spanish; a middle-aged woman suffering from mind-altering levels of anxiety.

“If this is not the type of population you want to deal with, then you’re in for a long haul as a nurse practitioner,” Perlas tells her students. “No one has a single diagnosis, and all of your cases will challenge you.”

Continued on next page
Such are the real-life stakes in the clinic-as-a-classroom, where SMU students get the opportunity to work side-by-side with their teachers. Brighter Beginnings, staffed four days a week by a different SMU faculty member and a dozen students, is one of the only faculty-led clinics in the Bay Area and gives SMU students a unique learning experience to work with underserved clients in an under-resourced community.

“There’s how it is in academia and there’s how it is in the real world,” says Perlas. “Cases are not always going to present as they do in the textbooks.”

“It’s not just the complexity of healthcare needed, but the complexity of their patients’ lives,” Perlas adds. “For some of their patients, they’re making decisions such as, ‘Do I pay for my inhaler? Or do I buy food for my family? There are many social issues the students have to figure out; they can’t prescribe something their patients can’t afford to buy or can’t do.”

Before the students close their laptops and head into exam rooms, Perlas offers a word of advice.

“Own the diagnosis,” she says. “Do your work, make the call. Don’t worry, no one is going to let you get it wrong. We’re going to guide you, but you’ve got to own it first.”
For students, the clinical experiences offered at SMU are viewed as a critical distinction from other universities. Owing to the philosophy that learning is doing, and that students can make an immediate impact in communities, students from all five of SMU degree programs are placed in a clinical setting as soon as possible — often within their first school year.

For nurse practitioner students, clinical rotations are available from East Oakland to Sacramento, and give students the preparation and confidence they’ll need to work with populations who often fall through the cracks of the U.S. healthcare system.

At Brighter Beginnings, clients are low-income, sometimes uninsured and often undocumented.

Between patients, student Jasmin Moultrie says she’s studying to become an FNP because she wants to change the way patients get access to healthcare. FNPs deliver primary care, often practicing in areas where doctors and hospitals are out of reach.

“I want to help change health outcomes, especially the outcomes of the marginalized,” says Moultrie. “We all live in this community together, we all have to care for each other. Somebody has to care for them, and someone will have to care for me.”
To make conditions more challenging, an invisible barrier existed between the well-intentioned healthcare providers and residents in the community. “We had to build trust with the residents,” Perlas says. “It was a trickling of patients at first. Undocumented residents needed to learn they wouldn’t get reported if they came to get care. Once the word-of-mouth spread that it was safe here, that trickling turned into a stream.”

Assistant Professor Noelene Moonsamy, FNP-C, supervises the cohorts of SMU students who work at Brighter Beginnings and observes the positive impact they have on their patients’ lives. Moonsamy recalls a woman who was suffering from leukemia, but had few resources to afford treatment. The patient’s husband was homebound and could not care for her or take her to appointments. Perlas purchased a wheelchair for the patient, and another faculty member, Valerie Dzubur, EdD, and her students drove the client to treatment appointments. Once they connected the patient with Alameda Health Services, they pitched in to cover the patient’s co-pay costs. “It’s satisfying that we’re able to make a difference in people’s lives,” Moonsamy says. “It goes with what our mission is as a university: To serve the underserved, to create a feeling of trust and equality with the communities we serve.”

Brighter Beginnings has come a long way in the past three years. The clinic now houses two in-take rooms and four examination rooms, all with examination tables and proper supplies. Between 40 and 50 SMU students rotate into the clinic each week. In the near future, Perlas says, she hopes to bring in students from other SMU degree programs — physical therapy, occupational therapy, podiatry — and make the clinic an interprofessional education experience.
“Working with other practitioners is the next step,” Perlas says. “That’s also how it’s going to be in the real world.”

Back at the clinic, student Paul Kiruuta is about to meet with a middle-aged woman complaining of serious ear pain. Before attending SMU, Kiruuta worked in his native Uganda with women who had HIV/AIDS.

“My happiest time is working with the poorest of the poor,” Kiruuta says. “Every day I can see my impact on their lives and the community I am working in. In hospitals, you see someone once, and then perhaps never again. In a primary clinic, or volunteer work, you are needed in a critical way and your impact is in front of you to see.”
Campus Notebook

Scholars visiting campus, free community health forums, groundbreaking research, high marks from President Obama and more—a look at news and highlights from the past year.

Cerebral Fun at Brain Awareness Event

FOR THE SIXTH YEAR, SMU students hosted the free Get to Know Your Brain! Expo on the Oakland campus, where kids and parents had the unique opportunity to experience the cerebral gross anatomy in a hands-on way.

Hosted and organized by Barb Puder, PhD, associate professor of neuroscience, the event allowed more than 100 residents to learn about the human body’s most complex organ.

“Our goal is to educate, engage and inspire people of all ages about the amazing brain and how it plays an important role in everything we do,” Puder said. “Students, teachers and community members can learn how to prevent unnecessary brain injury and make lifestyle choices that promote brain health.”

Aside from more than 20 interactive exhibits for children and adults, leading brain scholars hosted discussions and answered questions from residents on how keep their brains fit, decrease stress, and improve memory.

2015 Student of the Year Enters Public Health

SHANDA WILLIAMS (BSN ’15), featured in the 2014–2015 Report to the Community, began her career this year as a public health nurse caring for patients who are suffering from multiple, chronic health conditions.

Working in the complex case management division of the Solano County Health and Social Services Department, Williams alternates between conducting home visits and treating patients in a clinic in Fairfield.

Data released shows that SMU graduates receive an excellent return on their investment.

Kids get a hands-on intro to the brain.

Former student Shanda Williams fulfills her commitment to diversifying healthcare.

A cancer patient who underwent chemotherapy treatment participates in Professor Guy McCormack’s neurofeedback study that aims to alleviate “chemo brain.”
“It gives me an opportunity to see all of the factors that impact my patients’ health and affect their lives,” she said.

An Oakland native, Williams had wanted to get a clinic-based position in her own community helping patients with chronic illnesses from falling through the cracks or winding up in the hospital. She said her new position will likely give her the chance to treat patients from her hometown because the rising cost of living in Oakland has forced many to relocate to Solano County.

Williams, who has been tutoring since her second semester in the Bachelor of Science in Nursing program, also hopes to continue working with SMU students through Skype and weekend sessions.

“I love tutoring,” said Williams, who is considering teaching one day to help diversify nursing faculty so students have more people of color as role models.

SMU Ranks High on President Obama’s College Scorecard

SMU GRADUATES EARN higher salaries 10 years after they start college compared to graduates from every other university in California, according to data released in President Obama’s first-ever College Scorecard released in September 2015.

Several metrics on the College Scorecard weigh items such as tuition costs and graduation rates, but in the critical “salary after attending” metric, SMU places first overall among 157 higher education institutions in California — ahead of Stanford and the California Institute of Technology.

SMU students who graduate with bachelor’s degrees from the School of Nursing will earn a median salary of $111,500 a decade after entering the program, the highest when compared to alumni from any healthcare university west of New York.

“This data shows that SMU graduates receive an excellent return on their investment,” said Terry Nordstrom, EdD, vice president of enrollment and student services.

Study Aims to Alleviate ‘Chemo Brain’ in Breast Cancer Survivors

WHEN OCCUPATIONAL THERAPY (OT) student Ariana Perez-Mansfield learned that her professor was researching whether neurofeedback can help cancer patients suffering from post-chemotherapy cognitive impairment, she knew she wanted to take part in the study.

Perez-Mansfield was diagnosed with leukemia the day after her high school graduation and experienced the mental fog known as “chemo brain” for more than a year after her chemotherapy ended. Her symptoms included memory lapses, poor attention, and difficulty with word retrieval.

“I wanted to assist in the research because I feel like having someone to talk to who’s been through it would help the patients,” she said. “I know what they’re going through.”

SMU Occupational Therapy Professor Guy McCormack, PhD, initiated the study to determine if breast cancer survivors suffering from chemo brain can benefit from neurofeedback, also known as Electroencephalogram biofeedback, a technique often used to teach the brain to stay focused. McCormack has previously used neurofeedback on children with autism and hyperactivity.

McCormack borrowed a brain fitness program called NeurOptimal® from the Zengar Institute for his pilot study. The technology’s combination of visuals and sounds is designed to stimulate neuroplasticity, boosting memory and attention.

Preliminary study results that McCormack compiled with the help of eight OT students, including Perez-Mansfield, are promising. The frequency of the participants’ brainwaves elevated, according to McCormack, suggesting an improvement in wakefulness. Other reported improvements were better sleep patterns, more focus on tasks that take divided attention, and better working memory.

The results also suggest, he said, that it takes at least six sessions before the participants begin to feel a difference in their daily lives.

Premlata Vazirani joined the study because she was forgetting everyday tasks like turning off the stove and closing the garage door, and was unable to retain information. She said her symptoms improved after just 10 training sessions with McCormack and she was able to return to work.
Community Learning Forum Expands

THE COMMUNITY Learning Forum has grown significantly in the five years since faculty members Richard Rocco, PhD, and Christina Lewis, PhD, founded and developed the health education lecture series. Participation by faculty and students continues to increase and larger audiences are attending the three monthly seminars in East Oakland at Allen Temple Baptist Church and Allen Temple Arms, a retirement community for low-income seniors. The program expanded in 2015 to include monthly Saturday sessions in an effort to also attract a broader, family-based audience.

The forum was designed to educate, empower and engage the local community on primary health matters, with a particular goal of reaching underserved minorities. Each seminar focuses on a specific health-related topic taught by an SMU faculty member with expertise in that area, who also answers audience questions and provides printed handouts with additional resources. Topics covered so far this year included lectures on arthritis, the brain, dementia and Alzheimer’s Disease, fall prevention, mental health, the benefits of exercise, and making the most of healthcare provider visits.

SMU Surpasses Latino Enrollment Goal

AS THE DEMOGRAPHICS of California have shifted and Latinos are now the largest ethnic group in California, the student population at SMU is also growing more diverse as the number of Latino students has tripled over the past five years.

Latino students now represent more than 17 percent of students enrolled across all five SMU healthcare programs — up from just over 6 percent in 2010, according to enrollment statistics compiled by SMU’s Office of Institutional Research and Evaluation.

The encouraging growth means that SMU has met and surpassed its goal for attracting more Latino students to the University. Five years ago, the Board of Regents approved a Diversity Plan that called for 12.5 percent Latino enrollment by the end of this year.

“I’m really elated,” said Chief Diversity Officer Shirley Strong, MEd, “We’ve made great progress.”

SMU is working to increase the number of Latino and African American students to help ensure that the healthcare workforce better reflects the communities where care is needed most. In communities of color, residents often lack access to preventative care and suffer from higher rates of disease than those in predominately white neighborhoods.

Podiatry School Wins National Hoops Tourney

FOR THE FIRST TIME in 23 years, SMU’s California School of Podiatric Medicine (CSPM) won the annual national basketball tournament among the country’s nine podiatric medicine universities.
In February, the team played a two-day tournament in Cleveland, Ohio, and defeated Temple University 84-40 in the championship game.

“Our game was similar to the Golden State Warriors,” said shooting guard Ryan Sherick, Class of 2017. “The majority of our guys could drain three-pointers. We passed a lot. We played defense, we played fast, and we played smart.”

The team’s average margin of victory per game was 40 points.

“We probably had the home court advantage,” said Abhin Kumar, Class of 2017. “A lot of our parents, family, and friends made the trip to support us.”

The team and their entourage won’t have to travel in 2017. The tournament will be hosted by CSPM, and University officials are already seeking facilities, sponsors, and alumni support.

Civil Rights Icon Challenges SMU Students

DOLORES HUERTA, the 85-year-old civil rights icon, stood inside Bechtel Hall in October and pumped her fist into the air as if she were leading a rally in 1965.

“Viva Cesar Chavez!”

The crowd of 130 students and faculty shouted it back to Huerta.

“Viva healthcare workers!”

The crowd roared again.

Huerta, who traveled from her home in Stockton to speak as part of the Hispanic Heritage Month celebration, delivered a fiery and inspired sermon that called on future healthcare providers to serve with compassion and help overhaul the inequalities created by the U.S. healthcare system.

“We’ve got to get civically involved and engaged,” Huerta said. “We have to make politicians accountable, so they put the money where they need it. So please vote, and vote for the progressive candidates who will help make us a healthier society for all.”

Patricia Gomez, a Bachelor of Science in Nursing student, said she was inspired by Huerta’s dedication to the working poor and would one day like to work in an underserved community.

“Huerta is a role model for students of color like myself,” Gomez said, “and for students who are seeking to continue empowering our underrepresented community.”

DeGruy Calls on Students to Understand, Then Heal

IN APRIL, Dr. Joy DeGruy, author of 2005’s seminal, Post Traumatic Slave Syndrome: America’s Legacy of Enduring Injury and Healing, spoke at Allen Temple Baptist Church in East Oakland as part of the Office of Diversity’s Social Justice Speaker Series.

DeGruy’s talk to more than 400 people was titled “Healing the Healers.”

She led a provocative discussion based on her research that showed how many of the societal ills suffered within the black community today—health disparities, poverty, and high incarceration rates to name just a few — are connected to the original trauma first suffered by the enslavement of Africans. The initial trauma was only compounded by the systemic white-washing of the brutality of slavery that followed — and continues to this day.

Individual stressors such as hypertension, increased levels of cortisol and diabetes, all appear in higher rates among black communities compared to others, DeGruy said.

“If you’re going to be a healthcare professional, it’s about relationships,” DeGruy told her audience. “It’s not about your papers or the letters behind your name. It’s about knowing people, their communities, their needs, and their history.”
‘Pictogram’ Invention Creates Universal Language for Medical Instructions

TWICE A YEAR students and faculty from SMU travel to a remote region of Panama to provide free healthcare and medications to indigenous populations.

A few years ago, on a return trip, Mike DeRosa, PhD, chair of the Master of Physician Assistant program, made a startling observation: Many of the bags of medications students had distributed were tossed into the corner of huts, unused by their patients.

It turned out the indigenous residents had trouble reading and comprehending the instructions, which were written in Spanish — a second language for many. Leaving meds behind — and if used improperly by children or the elderly — presented a potentially dangerous outcome for the residents and created a dilemma for the healthcare providers.

“If we were going to do more harm than good,” DeRosa recalled, “then we didn’t want to come back.”

DeRosa and his collaborator Suzanne August, DNP, adjunct instructor in the Family Nurse Practitioner program at SMU, set out to design instructions for medication that anyone could understand, no matter their native language or reading level.

But how would they illustrate and convey “morning” or “breakfast time” when the clients don’t use a plate and fork to eat in the morning?

And how would they convey “take meds at bedtime” if the patients don’t sleep in a bed?

With a helpful suggestion from a high school art student, DeRosa created what he now calls the “Pictogram” — illustrated instructions for medications that use the sun and moon as the time reference.

After distributing the Pictogram with meds on a subsequent trip, DeRosa and students collected data to determine whether the new system worked, and whether patients were taking their pills properly.

The results were astounding: using the Pictogram was twice as effective as using written instructions.

And the broader implications are that anyone who has trouble reading instructions on pill bottles — no matter where they live or their reading level — may have found a solution.

“Literacy is a social determinant in health,” DeRosa says. “People who can read do better… And so, by finding an innovative solution to that problem, whether it’s in Panama or our community here in Oakland, we’re able to provide care with greater confidence and greater safety and hopefully, greater efficacy for the patients we serve.”

The image shows a sheet of the Pictogram with illustrations of the sun and moon to represent different times of day.
The results were astounding: using the Pictogram was twice as effective as using written instructions.
Structural Competence: Changing Healthcare by Focusing on Social Structures

FOR A YEAR, author Seth Holmes traveled with migrant farmworkers from the apple fields of Washington state to the high deserts of Mexico and back to the United States. “A lot of the workers couldn’t understand why I was there if I was a white guy,” Holmes told an SMU audience that filled the Bechtel Room when he visited the Oakland campus in March. “They assumed I owned the farm or I was spying on them. I had to earn their trust to understand their lives and it took time.”

Holmes, who is also a physician, anthropologist, and professor at UC Berkeley, immersed himself in the lives of the farmworkers to get a 360-degree understanding of the social, political, and economic forces that affect their health. The result was his seminal work, “Fresh Fruit, Broken Bodies: Migrant Workers in the United States,” which was selected as the title for the 2015–16 SMU Community Reads initiative and was required reading on all campuses. The book demonstrates how — among other social determinants — market forces, anti-immigrant sentiment, and racism can all work together to undermine health and healthcare.

Holmes stressed to SMU students, staff, and faculty that future healthcare providers would be better prepared if they understood the big-picture social issues that impact health. For too long, Holmes argued, healthcare professionals in the U.S. have treated a patient’s ailment with a laser-focus that leads to quick-fix remedies to make the problem go away, but have failed to create long-lasting solutions. This consideration of the social structures that contribute to a patient’s wellness or illness is described as “structural competency.”

“Structural competence is a consciousness and awareness that will make you a better healthcare provider, and make your communities healthier,” Holmes said.

Indeed, the emerging educational movement is under consideration as a possible addition to the SMU curriculum. Terry Nordstrom, EdD, vice president for enrollment and student services, said preparing healthcare
practitioners to understand and act on the social, political, and economic forces that influence health and illness has the potential to result in better health outcomes at the individual and community levels.

“The challenge in health professions is that the people who come to see us often have problems that are complicated by these structural issues and if we don’t understand those issues, we can’t serve them effectively,” said Nordstrom.

After reading his book, SMU’s Marjorie Hammer, FNP, assistant professor of nursing and co-chair of the “Community Reads” initiative, contacted author Holmes.

He introduced Hammer and Shirley Strong, director of the SMU Office of Diversity and Inclusion, to a group of physicians and doctoral students he was working with to promote structural competency as a way to reduce health disparities. That collaboration led to a training on the SMU campus in February.

Dozens of students and faculty from SMU, UCSF, and UC Berkeley attended the training and learned that structural competency is rooted in cultural anthropology and the work of Dr. Paul Farmer, an internationally renowned public health expert who has written about “social arrangements that put individuals and populations in harm’s way.”

As an example, the trainers pointed out that blaming obesity on individual behavior places the full responsibility on the individual and can shame or victimize that person. Even acknowledging the role of living in “food deserts” that characterize low-income neighborhoods only goes so far.

“Even with good intentions, we can do harm,” said Dr. Jenifer Matthews of Oakland’s UCSF Benioff Children’s Hospital. “Our way of talking about obesity and weight harms families by creating a feeling of poor parenting by saying ‘feed you children more fruits and vegetables.’”

During the training, participants split into small groups to consider the case of a 37-year-old Mexican man brought to an emergency room smelling of alcohol after he was found unconscious on a park bench. Notes from the medical provider referred to the patient as a “frequent flyer” with a history of hospital visits for alcohol-related trauma and noted that he was “muttering incoherently in Spanish.”

Participants were asked to name social, political and economic factors that could be contributing to his problems. Many pointed to his apparent homelessness and possible illegal immigration status. What they later learned from the trainers was that the patient was a fourth-generation corn farmer from Oaxaca, who could no longer make a living after the North American Free Trade Agreement flooded the Mexican market with cheap U.S. corn. He moved to San Francisco to work as a day laborer, got injured and couldn’t pay his rent, so he became homeless and began to drink heavily.

The trainers said homelessness, U.S. immigration policies that restrict access to healthcare, the stigma associated with drug addiction, lack of health insurance and other social inequalities all lead to a higher risk for disease.

For Nordstrom, structural competency may work as a component of interprofessional education — an initiative he has been spearheading at SMU. He said the issues raised by the training also dovetail with the University’s mission.

“If we’re going to transform healthcare, the only way to do that is to change the organizational and societal systems that perpetuate ill health and diseases,” said Nordstrom.
AS AN UNDERGRADUATE nursing student, Rory Caygill-Walsh (BSN ’09) had a passion for providing healthcare to underserved communities.

She’d received a highly competitive NURSE Corps scholarship that helped pay for tuition and provided a living stipend to help her pursue this dream.

Now, seven years after graduating from SMU and later receiving a graduate degree from UC San Francisco, Caygill-Walsh works as a family nurse practitioner at Lifelong Medical Care, a community health center in West Berkeley where she received care in her twenties.

“I feel like the luckiest person to work at a place that I feel so connected and committed to,” Caygill-Walsh said. “We serve a huge number of patients, and what I love most about working in primary care is focusing on preventive healthcare, and being able to educate people on how to stay healthy long-term and out of the ER.”

Caygill-Walsh said that her desire to work in communities that lacked access to healthcare services was strongly supported by faculty at SMU, who challenged students to one day help reduce health disparities.

“Dr. Karen Wolf, Dr. Margaret Early, and Dr. Patricia Brennan all took time to nurture my development and let me know that what I wanted to do — which was work with underserved communities — was both possible and important,” Caygill-Walsh said. “I really wanted to be part of the solution to the primary care crisis we have in this nation.”

Caygill-Walsh’s passion for preventive healthcare stems from her family history. She grew up in Illinois, the fifth of six children. When she was 4 years old, her mother was diagnosed with metastatic breast cancer, too late for life-saving treatment.

Then, in her early 20s, after Caygill-Walsh had moved to California, her 25-year-old sister was diagnosed with cervical cancer. She moved to Michigan to become her sister’s main support and health advocate, but after several remissions, her sister passed away.

“Both my mom’s and sister’s conditions could have been prevented with better access to healthcare,” Caygill-Walsh said. “This is why I am so passionate about working in underserved communities. I want to help the people who need it the most.”

Caygill-Walsh said her career in nursing could not have been possible if it were not for the NURSE Corps scholarship she received while studying at SMU.

NURSE Corps is a federal government program administered by the U.S. Department of Health and Human Services, Health Resources and Services
Administration. The program’s goal is to build healthier communities in urban, rural and frontier areas by supporting nurses and nursing students committed to working in communities with inadequate access to care through scholarships and loan repayment. Caygill-Walsh is 1 of 2,200 nurses currently serving in the NURSE Corps nationwide.

“It made a huge difference,” Caygill-Walsh said. “I was able to come out of nursing school without a huge debt and that overwhelming feeling that it needs to be paid back.”

The NURSE Corps funding allowed her to focus on her studies, as well as the ideals that led her into the nursing profession.

“I believe that healthcare is a human right and that everyone deserves access to high quality and affordable care,” Caygill-Walsh said.

“I really wanted to be part of the solution to the primary care crisis we have in this nation.”

— RORY CAYGILL-WALSH
Twin Brothers Overcome Rough Start, Find Passion in Physical Therapy
TINO AND TRON Hardy were the first in their family to graduate from high school and college. And they are likely the only twins who have ever enrolled in SMU’s Doctor of Physical Therapy (DPT) program.

The brothers are used to doing things together. They played football and ran track beginning in high school, though were careful to choose different positions so they wouldn’t have to compete against each other. Both majored in kinesiology at San Jose State University and briefly considered becoming athletic trainers, but decided instead to become physical therapists.

“We wanted to do something that involved movement, and we’ve always been into sports, so physical therapy was a natural fit for us,” Tino said.

Tron began the DPT program a year earlier than Tino, so he helped his brother with the introductory classes while refreshing his memory on the class materials.

“We push each other to be the best we can be,” said Tron.

Tino and Tron grew up in South San Jose with their mother and five siblings. They remember a couple of stretches when they lived in homeless shelters but otherwise lived in two-bedroom apartments. Because of the tight quarters, the two had to share a bedroom with their three other brothers and sleep in a single bunk bed until they were 12 years old.

Their family struggles made them very close.

“We didn’t have too much growing up, so we always relied on each other to get us through,” said Tron. “Our mom was often working two jobs to support us, so it was up to us to find some direction.”

Unlike their older siblings, Tino and Tron gravitated towards sports, and they say it gave them the focus to stay in school. And thanks to receiving SMU Hope Scholarships and federal Health Resources and Services Administration (HRSA) scholarships for disadvantaged students, the two were able to attend SMU together.

“I got the sense from the first time I got here that I was home,” said Tino. “Samuel Merritt is like a family. It’s a very tight-knit community.”

Though not identical twins, the 29-year-old brothers share a strong resemblance and similar athletic builds. They say their classmates have no trouble telling them apart, but their teachers often confuse them.

“The DPT faculty appreciate both Tron and Tino for their high, consistent level of engagement with their coursework, peers, and faculty,” said Associate Professor and DPT Co-Chair Nicole Christensen, PhD. “They both are relatively quiet, but also are not afraid to speak up with insightful comments, even when the topic is not an easy one. When either one of them speaks, their peers listen.”

Tron said working with patients during his first eight-week clinical rotation reinforced his passion for physical therapy.

“It’s a rewarding profession because you get to spend more time with patients than in any other health field,” he said.

Tino and Tron share a small apartment near Oakland’s Lake Merritt but get together with the rest of their family every Sunday in San Jose to watch or play football.

“Our family is very proud of us and happy that we’re doing this and making a better life for ourselves,” said Tron.

The brothers intend to open their own physical therapy clinic eventually, and envision offering a pro bono service on Saturdays for low-income residents.

In addition, Tino said he hopes to someday serve as a mentor for disadvantaged youth like himself.

“I know I want to give back to my community,” said Tino. “Through mentoring I can show that it’s possible to have a bad beginning, but still have a good ending.”
SMU Hosts National Symposium on Motion Analysis in November

THE MOTION ANALYSIS Research Center (MARC) will hold its second annual symposium on November 4 and 5 featuring a diverse group of experts in biomechanics, neurology, physical therapy, and podiatry.

The theme of this year’s symposium is Motion Analysis in Interdisciplinary Healthcare Education and Practice.

The symposium in the Health Education Center will provide an opportunity for SMU alumni, faculty, and students as well as community members and healthcare practitioners to explore human motion analysis with speakers from across North America.

“We want to expose people to cutting-edge ideas and look beyond the boundaries of Samuel Merritt University,” said MARC Director Drew Smith, PhD.

“I’m very excited about this particular group of participants,” said Smith. “Many of these speakers would not necessarily be available to people at Samuel Merritt University or definitely not otherwise come to the Bay Area all together.”
Keynote Speakers for the 2nd Annual MARC Symposium

Nicholas Stergiou, PhD
Nicholas Stergiou is the Distinguished Community Research Chair in Biomechanics and the director of the Biomechanics Research Building at the University of Nebraska at Omaha. An international authority in the study of Nonlinear Dynamics, Dr. Stergiou’s research spans from infant development to older adult fallers.

Keynote Address: Harnessing Movement Variability to Treat and Prevent Motor-Related Disorders

Mandy F. Levin, PhD
Mandy Levin is a professor in the School of Physical & Occupational Therapy at McGill University in Montreal, where she trained as a physiotherapist, and holds a Tier 1 Canada Research Chair in Arm Motor Recovery and Rehabilitation. Dr. Levin’s research focuses on the mechanisms underlying motor deficits after neurological injury as well as motor recovery and motor learning regarding movements related to reaching and grasping, using novel therapy approaches including virtual reality technology.

Keynote Address: Using Virtual Reality for Motor Learning in Neurological Rehabilitation

Fay Horak, PhD
Fay Horak is a professor of Neurology at Oregon Health and Science University. As director of the university’s Balance Disorders Laboratory, Dr. Horak studies neurological disorders that effect balance and gait.

Keynote Address: Wearable Technology for Mobility Assessment and Rehabilitation

Invited Speakers

Kevin Kirby, DPM
California College of Podiatric Medicine ’83
Kevin Kirby is an adjunct associate professor in the Department of Applied Biomechanics at the California School of Podiatric Medicine and has a full-time podiatric biomechanics and surgical practice in Sacramento, California. He has lectured extensively on foot and lower extremity biomechanics, foot orthoses, and sports medicine.

Tom McPoil, PhD
Tom McPoil is a professor of Physical Therapy at Regis University in Denver, Colorado; an Emeritus Regent’s Professor of Physical Therapy at Northern Arizona University, and specializes in the evaluation and management of foot and ankle disorders.

Douglas Richie, DPM
California College of Podiatric Medicine ’80
Douglas Richie is a fellow and past president of the American Academy of Podiatric Sports Medicine and a fellow of the American College of Foot and Ankle Surgeons. His research interests have included studying prevention and treatment of the ankle sprain and he holds five patents in footwear, ankle brace design, and foot orthotic design. Dr. Richie is currently in private practice in Seal Beach, California.
Military Veterans Seek to Heal Battle Wounds Through Occupational Therapy

BECOMING AN OCCUPATIONAL THERAPIST appealed to Alondra Ammon and Joshua Stoudt because both SMU students value a holistic approach to recovery from illness and injury. Ammon and Stoudt each served in the military and explored other professions before discovering that occupational therapy (OT) offered them the opportunity to connect with patients on an emotional as well as a physical level.

“This is the field I was meant to be in all my life,” said Ammon. “I’m helping people be able to function to the best of their ability so they can live to their fullest potential.”

Both students say they would like to someday use their OT skills to help veterans recover from amputations, traumatic brain injuries, and post-traumatic stress disorder (PTSD).

Occupational therapy was introduced in the 18th century as a way to treat mental illness by using music, physical exercise, and work to improve a patient’s ability to perform activities of daily living. After World War I, occupational therapists were called on to treat the physical injuries that soldiers sustained in battle.

“Occupational therapy is much more than physical rehabilitation,” Stoudt said. “It also takes into account a patient’s emotional and spiritual needs and find activities that are meaningful to patients so they’re able to recover from adversity.”

SMU Professor Guy McCormack, PhD, said his experience serving in Vietnam as a U.S. Navy Seabee contributed to his decision to become an Occupational Therapist. “I wanted to help people and it was the best choice I ever made,” he said.
The profession has a long history of helping veterans who experience PTSD, according to McCormack. A recent pilot study showed that neurofeedback, also known as Electroencephalogram biofeedback, significantly reduced the symptoms of chronic PTSD and McCormack said he is interested in using the brain training technique to help veterans.

Similarly, Ammon and Stoudt say they would like to work with combat vets suffering from PTSD. The students are among more than 30 military veterans currently studying at SMU across all programs, with more expected to enroll later this year.

Growing up as one of eight children of a single mother who worked three jobs, Ammon said college didn’t seem like an option so she joined the Air Force when she was 18. She worked as a dental assistant on a base in North Dakota that prepared soldiers for deployment after 9/11.

In the years that followed her military service, Ammon trained to become a dental hygienist and a massage therapist. Giving in to her desire to travel, she later joined the ground crew of the MetLife blimp known as “Snoopy One,” an airship that films sporting events in Florida and Texas.

Once Ammon settled down in California, she earned a bachelor’s degree in kinesiology and began the Master of Occupational Therapy program at SMU last year, also serving as a President’s Ambassador. In the future, she said she hopes to work with vets struggling with battlefield injuries.

“I think they need help, but it’s a hard thing for veterans to reach out,” said Ammon, who said her sister has PTSD after deployments in Iraq and Afghanistan.

Like Ammon, Stoudt enlisted in the military right after high school and spent two years as an Army cavalry scout.

“It gave me the self discipline I needed to get through college,” said Stoudt.

After earning a master’s degree in psychology, Stoudt worked at a residential substance abuse facility and then at a regional center that serves people with developmental disabilities. He soon found that rather than connecting people to services, he wanted to become a service provider.

Stoudt assessed his skills — problem solving, mental health knowledge, ability to work well with his hands, and make people feel comfortable — and said they all added up to OT.

Stoudt said he wants to help veterans like his father, who served as a medic in Vietnam and continues to suffer from PTSD. He noted that the suicide rate is high among veterans and that they can benefit from OT’s holistic approach to healing the mind and body.

“OT helps people engage in activities to their maximum ability,” said Stoudt. “Through that engagement, a kind of magical thing happens which gives them a renewed sense of self-confidence that alone has the ability to heal.”

“This is the field I was meant to be in all my life. I’m helping people be able to function to the best of their ability so they can live their fullest potential.”

— ALONDRA AMMON
Sutter Health’s Chief Nurse Officer Becomes New Regent

ANNA J. KIGER (DNP, DSc, MBA, RN) became the newest Samuel Merritt University Regent this year, several months after joining Sutter Health as the not-for-profit network’s chief nurse officer.

Dr. Kiger provides strategy for nurse executive leadership across Sutter Health to advance the safety, value and high quality of care provided by nurses, professional and technical staff for Sutter Health’s 3 million patients.

Dr. Kiger has over 30 years of clinical expertise and more than 20 years of healthcare executive leadership experience. She previously served as chief nurse officer and vice president of patient care services at Tenet Healthcare, an investor-owned health system headquartered in Dallas. Before that, she was the associate vice president for nursing at Tulane University Hospital & Clinics.

Dr. Kiger holds a doctorate of nursing practice from Texas Tech University Health Sciences Center’s School of Nursing. She also holds a doctorate of science in public health and health services research from Tulane University’s School of Public Health and Tropical Medicine. Additionally, she earned master’s degrees in business administration from Averett University and in nursing administration from Duquesne University. Dr. Kiger studied undergraduate nursing at West Virginia University’s School of Nursing.

Following is a Q&A we conducted with Dr. Kiger:
Can you describe your new role at Sutter Health?

As Sutter’s first chief nurse officer, I am accountable for systemwide executive nursing leadership, professional nursing practice, clinical operations, care management, quality and safety, the patient experience, performance improvement, and workforce planning. I will be working closely with members of the Office of Patient Experience and Sutter Health leadership to deliver exceptional patient care in a variety of settings. In addition, I hope to further develop our academic partnerships to ensure that there are a sufficient number of competent nurses to practice at Sutter Health. Finally, I see substantial opportunity to lead in areas of population health management and nursing informatics.

You have initiated a Nursing Workforce Summit. How will SMU be involved in that?

The Nursing Workforce Summit is focused on building a highly competent nursing workforce across the Sutter Health system. The four major goals of the Summit teams are to:

• Recruit and retain a highly competent and compassionate nursing workforce.
• Build and deploy a new, evidence-based nursing residency program to safely introduce new nursing graduates to professional clinical practice.
• Develop and implement a transition-into-practice program for experienced nurses to move into areas of specialization such as obstetrics, emergency nursing, perioperative and intensive care.
• Create a nursing leadership academy to adequately prepare our nursing workforce to become tomorrow’s nurse executives.

Samuel Merritt University’s School of Nursing, with the help of key faculty representatives, will be an important partner for achieving each of these four goals. This academic-practice partnership will enable both SMU and Sutter Health to develop mutual goals, share knowledge, and work together in building a competent clinical nursing workforce. Also, there will be opportunities to cooperate on nursing leadership development and research. Together we will create systems to help our nurses to achieve educational and career advancement, prepare them to practice and lead, and provide opportunities for lifelong learning.

What opportunities do you see for the University and Sutter Health to work together to better serve the community?

Sutter Health’s mission is to “enhance the well-being of people in the communities we serve through a not-for-profit commitment to compassion and excellence in health care services.” Working collaboratively, Sutter’s executive nursing team and the SMU School of Nursing leadership will strive to provide our communities with a workforce that provides the highest quality of care, from entry level to professional practice to specialization in areas such as perioperative nursing, critical care, and community health. One area of interest given our state’s diversity is determining how best to provide healthcare across a diverse and multi-generational population.

How can our work together on nursing be broadened to apply to the other healthcare disciplines at SMU?

An important part of our future healthcare systems will be the ability of several professional disciplines to work collaboratively and within an interdisciplinary model of care. While many healthcare professionals are educated within their specific professions’ domain of knowledge, there are tremendous opportunities to support evidence-based practice as an interdisciplinary team where each team member contributes their area of expertise to the patient’s overall treatment and plan of care. One opportunity that Sutter Health’s nursing leadership team will have as a result of its partnership with SMU is to advance nursing’s position in providing quality healthcare within the interdisciplinary team.

2016 REPORT TO THE COMMUNITY
THE NEWS THAT THE 20-YEAR-OLD
Ethnic Health Institute (EHI) would join SMU in 2016 was in some ways a long-delayed homecoming.

In 1996, SMU President Sharon Diaz was among a group of local healthcare professionals who wanted to address a critical problem: How to extend outreach services to the most ethnically diverse neighborhoods in the Bay Area where health disparities are the most severe.

Initially, EHI found a home at the Alta Bates Summit Medical Center, where it flourished and built relationships with local ministries, community groups, and local healthcare organizations such as UCSF, Highland Hospital, and the Alameda Public Health Department.

Diaz served on EHI’s Advisory Board as the institute grew into a household name among those concerned with community health.

Now, two decades later, Diaz was happy to announce that EHI would move from Alta Bates to join SMU as the newly named Ethnic Health Institute at SMU.

“I’ve always wanted EHI to be part of us,” Diaz recalled during an April Town Hall Meeting to announce the formal partnership. “We realized back then we could make our most vulnerable communities healthier and stronger if we could reach out to them. And now, working with our students and faculty, imagine the potential we have for outreach, community service, community health, and research.”

EHI Program Director Joyce J. Gray said the two partners share a similar mission.

“We’re here to do the human work we were put on this earth to do — and that’s take care of each other,” Gray said. “We’re not worried about a person’s status, background, or color of their skin. If they need care, we will provide it.”

Today, EHI is staffed by Gray and three outreach coordinators who work directly with the Latino, Asian American, and African American communities. EHI has established relationships with hundreds of organizations in the Bay Area, Gray said, and her team hosts weekly outreach events in diverse communities.

One example of how the new partnership will provide unique opportunities for SMU students took place in February, when EHI hosted its annual “Hypertension Sunday” event.

More than 50 SMU student volunteers, along with up to 300 healthcare providers, fanned out across the Bay Area to more than 40 churches, community centers, and recreation halls to provide free blood pressure screenings.

The small army of healthcare volunteers treated thousands of people, and educated countless families on how to recognize the signs of heart disease. EHI focuses its outreach work around the health issues that concern diverse communities most, such as hypertension, asthma, diabetes and cancer.

“It’s a real opportunity for growth for us, and for SMU students,” Gray said. “Can you imagine everything we can do for the community when we work together?”
More than 1,500 students are enrolled in degree programs at SMU. In addition to a growing online presence that allows students from across the U.S. to enroll in courses, the University also has three learning communities located in Northern California: the Oakland Campus, the Sacramento Campus, and the San Francisco Peninsula Campus in San Mateo.
Hope to Improve Health in Rural Uganda Drives Nursing Student
“For me to have this liberty to go to school, I’m not going to let anyone stop me.”
— JALIA KIZITO

“I am constantly driven by the promise I made to my mother and the people in my village that I will someday make a change,” she said. “For me to have this liberty to go to school, I’m not going to let anyone stop me.”

Kizito was raised in a remote, rural village in Uganda where there was poor sanitation and no running water. Many people, especially children, died from preventable diseases like cholera, typhoid, and malaria because the only available healthcare professionals were a midwife and an herbal doctor 25 miles away.

After coming to the United States at the age of 23, Kizito began her educational journey by earning nursing and medical assistant certifications. She later joined the U.S. Navy as a hospital corpsman to ensure that her future education would be funded.

“I knew that American education can take you anywhere in the world,” she said.

Kizito’s interest in disease prevention led her to pursue a bachelor’s degree in health science at San Jose State University. During her last year of undergraduate study, she learned of the child soldiers of Northern Uganda — children as young as 5 years old who had been kidnapped to serve as rebel fighters. Upon their return to their communities, the young people showed severe psychological trauma.

That awareness, combined with her experience working with homeless U.S. veterans, convinced Kizito that she wanted to gain the skills necessary to help rehabilitate those who struggle with mental illness. She completed a master’s program in social work, but soon realized that she was still lacking the ability to medically treat patients, so she decided to pursue a nursing degree at SMU.

“Jalia is an amazing and determined student who struggles to balance her family with a very demanding educational program,” said Rene Engelhart, MSN, managing director of SMU’s Sacramento Campus. “From the start, Jalia has voiced the importance of her education to give back to her homeland, where medical care is not like it is in the United States.”

Ultimately, Kizito hopes her education will help her change that.

“The more degrees I have, the better I will be able to help change Ugandan society and improve its medical system,” said Kizito.

While growing up in a small village in Uganda, one of the poorest countries in the world, Jalia Kizito felt like she was living in the shadows. Her father had four wives and 37 children in a culture where girls were not expected to accomplish much more than getting married and having children.

Now, 18 years after leaving Uganda, Kizito can no longer be ignored. She is studying in the FNP DNP program and serving as a SMU President’s Ambassador while working as an admission nurse at Sierra Vista Hospital, a mental health facility in Sacramento. In addition, the mother of two is in the early stages of fulfilling her dream to build a community health clinic in Uganda.
President Bill Clinton launched the annual conference in 2007, modeled after his successful Clinton Global Initiative, to inspire college students “to develop innovative solutions to pressing global challenges.” Applicants create “Commitments to Action” that address issues on campus, in local communities, or around the world.

Craven, Dwork, and Myers — graduate nursing students on SMU’s Sacramento Campus — won admission to the Clinton Global Initiative University for their plan to address the shortage of culturally diverse healthcare professionals and decrease the readiness gap that exists for lower-income students.

A more diverse healthcare workforce, Craven said, will help reduce health disparities for all communities in the long run.

“We came from different backgrounds but have similar goals in diversifying the healthcare system,” said Craven, a Family Nurse Practitioner (FNP) student who is part Peruvian and Japanese and grew up in the Bay Area. “We knew as nurses we wanted to reach out, and work with people who don’t have the access to resources, or help them through their academic struggles. Coming from those backgrounds, it isn’t the easiest road to take to becoming a nurse and getting through college.”

THREE SMU STUDENTS, who want to start a mentorship program to help ethnically diverse undergraduates with limited resources succeed as healthcare professionals, shared their proposal at the prestigious Clinton Global Initiative University.

Nga Dwork, Shante Myers, and Carmen Craven (pictured above left to right) were among 1,000 students from 80 countries chosen to attend the event at UC Berkeley in April.
The idea for the nonprofit was sparked by a story Dwork read last year that showed SMU’s 2015 enrollment figures had reached 17 percent Latino and Latina students — a high-water mark that signaled progress toward the University’s goal to diversify its student body.

“That was when I thought, ‘I wish I had a (mentoring) program that assisted me to get where I am today, but faster,’” said Dwork, who is Vietnamese and returned to school to become an FNP. “I am 33 years old and have been in school on and off for over 15 years — that is a long time.”

The selected mentors will help inspire the college students to become adequately prepared for the rigors of a healthcare profession through guidance, academic support, and networking, Myers said.

Myers, who is African American and studying in the Case Management program, also created the name for the budding nonprofit: BRIDGE — Building Relationships In Diverse Groups Equally.

“We would like to see more minority professionals and culturally sensitive professionals in healthcare,” Myers said. “I think a lot of time students of color are intimidated to pursue education in healthcare because it’s expensive, or they feel they can’t because there’s no one like them in the profession, or they don’t know anyone in their community who’s a nurse or a doctor.”

“But,” Myers added, “we are hoping to change that. We believe that by diversifying providers we can increase those communities’ feelings of trust toward healthcare systems.”

The three students were in the early stages of discussing the new venture when they learned the Clinton Global Initiative University was accepting applications and the international event would be held in the Bay Area.

The three-day event allowed the SMU students to network, seek out seed money, and learn from others who’ve started similar endeavors.

Dwork sees the BRIDGE project as an immediate opportunity to change healthcare.

“Having a diversified group of healthcare professionals will increase cultural competence and decrease health disparities among minorities,” she said. “We hope this program will open doors and create opportunities for minority populations. Our vision is to see a BRIDGE program at every university and to expand it to high school and middle school students.”
Student’s Project Promotes Breastfeeding in African Nation to Prevent Infant Mortality

DANIELLA JOHNSON’S longtime interest in global health led her to work as a nurse in Morocco and Eastern Europe. When she wanted to make it into a career that would have greater impact, she enrolled in SMU’s Doctor of Nursing Practice Program (DNP).

In March, Johnson completed her capstone project in the West African nation of Mauritania, where she has been leading an effort to encourage exclusive breastfeeding among new mothers as a way to prevent infant mortality.

“It has been pure joy to watch infants grow on breast milk alone,” says Johnson.

The California native first visited Mauritania in 2014 and said she was struck by the poverty, limited resources and poor access to healthcare in Nouakchott, the capital and largest city of the Muslim nation.

At a clinic in the suburb of Dar Naim, where mothers bring in children suffering from severe malnutrition, the staff asked Johnson if she would be interested in a preventative health project focused on nutrition.

Johnson says taking an SMU course on epidemiology and population health at SMU played a critical role in researching and developing her project because it addressed how nurses can guide efforts to reduce health disparities. She learned through course materials that Mauritania’s infant mortality rate is about 65 deaths per 1,000 live births — as compared to six per 1,000 in the United States.

“The disparity was shocking to me and still is,” says Johnson.

She discovered through her research that the single most effective intervention to reduce all causes of infant mortality is...
exclusive breastfeeding for the first six months of life. That’s because feeding infants only breast milk provides them with passive immunity and prevents exposure to harmful bacteria found in contaminated water or food sources.

Johnson returned to Mauritania in late 2014 to plan her project in cooperation with Dar Naim’s Minister of Health. She kicked it off two months ago by training four women volunteers with breastfeeding experience to serve as peer counselors to new mothers, considered one of the most effective methods of promoting the duration of exclusive breastfeeding.

The group visited local birthing centers and invited all women who had given birth in January to participate in the project. Once a week, the counselors visited the 26 new mothers who enrolled to give them support with their breastfeeding and help solve problems like engorgement and dealing with fussy babies. In addition, Johnson and a local nurse twice conducted home visits to weigh the infants and collect data about whether they had been given anything other than breast milk.

Johnson said it has been inspiring to work with the women involved in the project and watch their confidence grow. “They have a passion for their community and a desire to see their children flourish,” says Johnson. “They welcomed me into their world of limited resources and helped me grasp, in a small way, what they are up against in realizing health here.”

The project faced some challenges. While all of the mothers breastfed, not all did so exclusively. Some of the mothers offered their babies prelacteal feedings, a religious practice in which newborns are fed food such as mashed dates, orange juice or sugar water on their first day of life before a mother begins breastfeeding. Also, according to Johnson, many of the women were not aware that an infant does not need to drink water.

The nurse in Dar Naim will meet with the mothers again when their babies are six months old to determine how many have continued to breastfeed exclusively.

Johnson’s project is consistent with the goal of the DNP program to prepare nurses with the skills to apply research and evaluate data in clinical practice to produce the profession’s future leaders.

“This has been the highlight of my journey towards my DNP degree. Without the instruction I received from the program’s courses, I would not have been in a position to facilitate and implement this project,” Johnson says. “I am hopeful and more motivated than ever to see what nursing leadership can accomplish in implementing similar projects.”

Michelle DeCoux Hampton, PhD, director of the DNP program, said she is impressed with Johnson’s commitment to increasing access to evidence-based care in Africa. “She feels so passionately about this work and has established relationships with providers and agencies in Mauritania all on her own,” said Hampton. “Daniella is an example of the potential impact a Doctor of Nursing Practice degree can have on healthcare nationally and internationally.”

Daniella is an example of the potential impact a Doctor of Nursing Practice degree can have on healthcare nationally and internationally.”

— MICHELLE DECOUX HAMPTON, PHD, DNP PROGRAM DIRECTOR
Building a Healthier Community on the Peninsula

ABOVE
An ABSN student provides free blood pressure screening.

BELOW AND RIGHT
Students lead clients through exercise routines.
EVERY THURSDAY MORNING, a group of older adults living at a MidPen Housing facility in Mountain View gather in the first floor dining room to exercise. A few arrive with the help of a walker, some by cane, and others on two spry feet.

During a recent session, Judith Nolan, a student at SMU’s San Francisco Peninsula Campus (SFPC), encouraged the group as she led their routine over the riffs of rock music.

“Reach as high as you can, and then srrrrrtttechh those arms back... if you can.”

The comment got a warm laugh from the residents, and they carried on for another 15 minutes before they shared the rest of the morning with a visiting cohort of SMU students. The students made crafts with the seniors, cooked lunch, inquired about the residents’ grandchildren, and provided free blood pressure screenings.

“I like working with our clients here because we’re focusing on health and wellness instead of illness,” Nolan said. “We’re in preventive mode. We’re not in a hospital trying to fix things after they’re broke. We’re working with a community to keep it healthy today, and to help sustain it into the future.”

Like all nursing students on the SFPC campus in San Mateo, Nolan is enrolled in the Accelerated Bachelor of Science in Nursing program (ABSN) — a 12-month program of intensive nursing courses and clinical education.

For many students like Nolan who already have a bachelor’s degree in a non-nursing field, the ABSN is attractive because it’s a one-year fast track to becoming a registered nurse. It also allows for a mid-career change without having to return to school for several years.

“I was in the pharmaceutical industry for 13 years,” Nolan said. “Healthcare is an important field, and one that’s changing. It’s moving out of the hospital and into prevention, and I wanted to be part of that change.”

With such an accelerated timeline, the opportunities for students to work in their community come quick and often. ABSN students complete five preceptorships in the fields of mental health, medical and surgical nursing, maternity, pediatrics, and community health.

The students who visited the MidPen facility this spring were on their community health rotation.

“Working with a vulnerable population is important for students because they get to see people outside of an acute care setting,” said Associate Professor Loretta Camarano, PhD. “If they treat a senior client in a hospital one day, now they’ll know what they’re sending them home to. They know what their client’s lives look like outside of a hospital, and they’ll be better prepared to give them better care.”

SMU has particularly close ties with the residents at MidPen’s Ginzton Terrace facility in Mountain View. It all started in 2011 when a cohort of students offered an early morning exercise class to the community. A dozen residents showed up, but only a few spoke English. Most spoke Russian, Cantonese, and Mandarin, and a few others spoke Korean.

The residents bonded and after the 10-week SMU-led class ended, they agreed to continue meeting each week in the courtyard. And to this day, the same group exercises together and the residents take turns facilitating the class.

“One day you’ll hear them counting their stretches to 10 in Russian,” said Thuy Le, the manager for Senior Services Programs at Ginzton Terrace. “The next week they’re counting in Korean. It’s amazing they keep at it, but it’s what we like to see our residents doing: getting out of their rooms and staying fit.”

“The students give them the social interaction they need,” Le added, “to maintain their happiness and quality of life.”

For SMU student Nolan, the hands-on experience at MidPen led to a few epiphanies. She might one day like to work with older adults. Most of all, she’s impressed by her fellow students.

“In my last profession, I hadn’t worked on big teams,” she said. “Give me a project and I’d do fine. But in healthcare, when you’re working on a high-functioning team, you can see the change in a community and how it impacts people’s lives. You can see how much you can accomplish together. You can see that good medicine is really good teamwork.”

ABOVE: An ABSN student provides free blood pressure screening. BELOW AND RIGHT: Students lead clients through exercise routines.
Student satisfaction and retention rates are high among SMU’s online education programs, which are reaching some who would not otherwise be able to pursue an advanced practice nursing degree due to work responsibilities or geographical location.

“These online programs offer a huge potential for nurses around the country, who may not be able to attend traditional schools, to become practitioners in their desired specialty,” said SMU Vice President for Academic Affairs and Provost Scot Foster, PhD.

While most SMU online students are from California, there has been an increase in out-of-state learners each semester. And due to the support systems in place, the student retention rate among SMU’s online programs is more than 90 percent.

“We’re thrilled by the diversity of our students,” said Ellie Hoffman, director of online nursing programs. “We have students from urban centers as well as from rural areas.”

In particular, said Hoffman, the online Master of Science in Nursing (MSN) Family Nurse Practitioner (FNP) program is booming. There are 96 students enrolled in the first three cohorts of the program, which began in May of 2015, and 37 new students are expected to join the program this summer.

Dr. Foster said major healthcare organizations have a critical need for advanced nursing practitioners who specialize in case management, which he called “an emerging and important specialty.” Students in SMU’s pioneering cohort of the new online MSN Case Management (CM) program begin their studies in May.

The Doctor of Nursing Practice (DNP) program, which was launched in 2011 and led the way for SMU’s foray into online education, remains small.

That could change in the years ahead. Foster said an educational trend in nursing is for advanced practice nurses to graduate with a DNP degree in their desired specialty. In addition, he said,
professional nursing associations have signaled that over the next decade they will require all of their specialty nurses to obtain a DNP degree.

A recent survey of FNP online students showed overall satisfaction with the program, with some offering particular praise for their instructors.

“My experience with my SMU professors has been, by far, the most inspiring of my healthcare career,” said Jeevan Suhas, MSN, who joined the first cohort of online FNP students last year. “I have had the opportunity to experience caring and support from professors who truly care about the next generation of nurse practitioners.”

Suhas said his professors make time to answer questions even after hours to ensure his success in weekly assignments, quizzes, and exams.

Advanced technology is enabling students in the online nursing programs to work together on group projects and interact with their professors at times when it’s convenient to their busy lives.

“The key to creating community in the online environment is to offer multiple options for interactions,” said Hoffman. “Students love the flexibility of the online modality because they can do homework at times that work for them with their busy schedules.”

To make the digital classroom just as stimulating as the campus environment, online students use web conferencing, blogging, discussion boards, and collaborative documents. This year, video conferencing and storage was added so students can make presentations and their instructors can offer digital feedback. Later this year, FNP and CM students will be able to interview standardized patients in conjunction with the Simulation Center on the Oakland Campus.
Students by the Numbers

Enrolled Student Demographics
Fall 2015

Ethnicity

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Age

- 21% 30–34
- 40% 25–29
- 7% 18–21
- 15% 22–24
- 17% 35+

Headcount enrollment by program

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<tbody>
<tr>
<td>Accelerated Bachelor of Science in Nursing</td>
<td>257</td>
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<tr>
<td>Bachelor of Science in Nursing</td>
<td>249</td>
</tr>
<tr>
<td>Doctor of Podiatric Medicine</td>
<td>187</td>
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<tr>
<td>Entry Level Master of Science in Nursing (Family Nurse Practitioner)</td>
<td>167</td>
</tr>
<tr>
<td>Master Physician Assistant</td>
<td>130</td>
</tr>
<tr>
<td>Entry Level Master of Science in Nursing (Case Management)</td>
<td>109</td>
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<tr>
<td>Master of Occupational Therapy</td>
<td>116</td>
</tr>
<tr>
<td>Doctor of Physical Therapy</td>
<td>108</td>
</tr>
<tr>
<td>Master of Science in Nursing (Nurse Anesthesia)</td>
<td>76</td>
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<tr>
<td>Master of Science in Nursing (Family Nurse Practitioner)</td>
<td>63</td>
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<tr>
<td>Master of Science in Nursing Post Professional (Family Nurse Practitioner)</td>
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<tr>
<td>Undergraduate Non-Degree Seeking</td>
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<tr>
<td>Master of Science in Nursing Post Professional (Family Nurse Practitioner)</td>
<td>49</td>
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<tr>
<td>Doctor of Nursing Practice (includes Post-Baccalaureate Family Nurse Practitioner — Doctor of Nursing Practice)</td>
<td>31</td>
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<tr>
<td>Master of Science in Nursing Post Professional (Case Management)</td>
<td>01</td>
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</table>

TOTAL ENROLLMENT: 1593
First year retention rates by program

<table>
<thead>
<tr>
<th>Program</th>
<th>National Average</th>
<th>77%</th>
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<tbody>
<tr>
<td>Accelerated Bachelor of Science in Nursing</td>
<td></td>
<td>98%</td>
</tr>
<tr>
<td>Bachelor of Science in Nursing</td>
<td></td>
<td>98%</td>
</tr>
<tr>
<td>Master of Science in Nursing</td>
<td></td>
<td>95%</td>
</tr>
<tr>
<td>Master of Occupational Therapy</td>
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<td>97%</td>
</tr>
<tr>
<td>Master Physician Assistant</td>
<td></td>
<td>98%</td>
</tr>
<tr>
<td>Doctor of Nursing Practice</td>
<td></td>
<td>93%</td>
</tr>
<tr>
<td>Doctor of Podiatric Medicine</td>
<td></td>
<td>94%</td>
</tr>
<tr>
<td>Doctor of Physical Therapy</td>
<td></td>
<td>90%</td>
</tr>
<tr>
<td>ALL PROGRAMS</td>
<td></td>
<td>96%</td>
</tr>
</tbody>
</table>

Top 5 reasons to attend SMU

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>ONE Reputation of the Program</td>
<td>84%</td>
</tr>
<tr>
<td>TWO Location</td>
<td>73%</td>
</tr>
<tr>
<td>THREE University Philosophy</td>
<td>44%</td>
</tr>
<tr>
<td>FOUR Campus Facilities</td>
<td>29%</td>
</tr>
<tr>
<td>FIVE Received Financial Aid</td>
<td>24%</td>
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</tbody>
</table>

Source: Entering students survey Fall 2015
WHAT DO YOU WANT TO CHANGE IN HEALTHCARE?

“I would like to change accessibility in healthcare. I believe as clinicians, it is our responsibility to maintain a patient-centered perspective, rather than an insurance driven or a financially motivated practice. I hope to direct my efforts towards underserved populations, find alternative solutions to financially-limited care, and remain engaged politically in order to rectify such discrepancies from a systemic approach.”

MARC LOPEZ (DPT)

“I’d like to see more health clinics for low-income people located closer to their communities. What I’ve seen working in the clinic is that compliance for follow-up appointments is low when a patient doesn’t have a car and taking public transportation is not easy.”

HALEY LONG (MPA)

“I would like to see a healthcare system that is not primarily run by insurance. Payment for a medical emergency or procedure should be the least of a patient’s worries. There should be more focus on the healthcare aspect of medicine, rather than the business model.”

ANMY VU (DPM)

BSN Bachelor of Science in Nursing  DPM Doctor of Podiatric Medicine  DPT Doctor of Physical Therapy  ELMSN CM Entry Level Master of Science in Nursing – Case Management  FNP DNP Family Nurse Practitioner – Doctor of Nursing Practice  MOT Master of Occupational Therapy  MPA Master Physician Assistant
“I’d like to make healthcare more personal in terms of patient interaction, being able to spend more time with them and ask what they’re going through. I think the way the system is, nurses are rushed. Having more time might give better care.”

“I would like to see lower costs and more access to preventative healthcare. I know family and friends who can’t even afford to go to the doctor. Hospitals and pharmaceutical companies profit and doctors make a lot of money to pay for their insurance and their student loan debt, but it’s a domino effect and patients are the ones who pay the price.”

“I would like to see a lot more preventative care. I think people forget how important preventative care is, and a lot of people come into podiatrists’ offices with problems that could have been treated more conservatively if they had preventative care. My own health insurance doesn’t even cover preventative care. In podiatry, we see a lot of diabetics so we should be emphasizing leading a healthy lifestyle and taking care of their feet.”

“I would make it more affordable for everyone. Sometimes the people that need healthcare the most don’t have access because they simply can’t afford it. So how do they get treated and what are the repercussions of not getting treated? The lack of healthcare affordability needs to change.”
WHAT DO YOU WANT TO CHANGE IN HEALTHCARE?

JAVIER MONTENEGRO (BSN)

“I’d like it to be more available to everyone who needs healthcare. What’s getting in the way of that is politics and financial issues; how we are allocating our resources as a society. Every human being deserves medical care.”

TINO AND TRON HARDY (DPT)

“We would change the impact of socioeconomic status in relation to health disparities because we believe that everyone should have equal access to healthcare regardless of their status.”

MEGAN ISHIBASHI (DPM)

“I would like to see more patient-centered care; spending more time with patients and getting to know them. When you go to the doctor, it’s just in and out. I would like to see it more personalized. Instead of just looking at patients’ charts, I would like to see more time spent listening to them.”

ALEXIA GREEN (BSN)

“I know that Obamacare intends to make healthcare more accessible, but it seems like patients in underserved communities still don’t know how to get care. We need to find some way on a large scale to educate people about where and how to get healthcare. Many people are also uninsured and don’t know where to get insurance, so I think there needs to be more education about that as well.”

JAVIER MONTENEGRO (BSN)

“I want to help change health outcomes, especially the outcomes of the marginalized. We all live in this community together, we all have to care for each other. Somebody has to care for them, and someone will have to care for me.”
“In an ideal world, I’d like to see two things change. One, a single-payer healthcare system because when people access healthcare, it’s a vulnerable time for them. To add to that the confusion about insurance networks and what’s covered and not covered, it doesn’t make sense. Second, increasing the diversity in the healthcare workforce because it’s such a personal relationship you are building with your provider that being able to interact without any cultural barriers makes a huge difference.”

HELEN WOLDAI (ELMSN CM)

“On a local level, I hope to help reduce maternal substance use disorders by engaging in research that supports universal prenatal drug testing, as early detection of mothers at risk would enable early interventions. Babies born by mothers that struggle with substance use disorders are susceptible to many medical and psychiatric problems. Something has to be done, as the numbers are overwhelming.”

JASMIN MOULTRIE (MSN FNP)

“On a local level, I hope to help reduce maternal substance use disorders by engaging in research that supports universal prenatal drug testing, as early detection of mothers at risk would enable early interventions. Babies born by mothers that struggle with substance use disorders are susceptible to many medical and psychiatric problems. Something has to be done, as the numbers are overwhelming.”

SHANTE MYERS (MSN FNP)

“I would change how we approach people with mental illness and put more emphasis on treating it. You have to treat the whole person, not just the physical body.”

JOSHUA STOUDT (MOT)

“I've noticed a lot of difficulties and controversies about nursing staffing shortages in hospitals. During clinical rotations, I’ve also witnessed a lot of nurse fatigue so one issue I’d like to see more emphasis on is the regulation of nurse-patient ratios. I know California has a 1:5 ratio but I’ve still noticed problems in hospital units in providing efficient patient care.”

CLYDE ORTEGA (BSN)

“I would like to see more minority professionals and culturally sensitive professionals in healthcare. I think a lot of time students of color are intimidated to pursue an education in healthcare because it’s expensive, or they feel they can’t because there’s no one like them in the profession, or they don’t know anyone in their community who’s a nurse or a doctor. But I’m hoping to change that. I believe that by diversifying providers we can increase those communities’ feelings of trust toward healthcare systems.”

JALIA KIZITO (FNP DNP)

“I would like to see two things change. One, a single-payer healthcare system because when people access healthcare, it’s a vulnerable time for them. To add to that the confusion about insurance networks and what’s covered and not covered, it doesn’t make sense. Second, increasing the diversity in the healthcare workforce because it’s such a personal relationship you are building with your provider that being able to interact without any cultural barriers makes a huge difference.”

JASMIN MOULTRIE (MSN FNP)
## Operating Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total tuition</td>
<td>$62,302,430</td>
</tr>
<tr>
<td>Fee</td>
<td>$1,117,099</td>
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<tr>
<td>Other revenue</td>
<td>$1,600,351</td>
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<tr>
<td>Transferred for operations</td>
<td>$94,798</td>
</tr>
<tr>
<td>Endowment income</td>
<td>$121,298</td>
</tr>
<tr>
<td>Release from restrictions</td>
<td>$1,543,735</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$66,779,711</strong></td>
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## Deductions

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other deductions and scholarships</td>
<td>$3,691,401</td>
</tr>
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</table>

## Net Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Revenue</strong></td>
<td><strong>$63,088,310</strong></td>
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</table>
## Operating Expenses

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instruction</td>
<td>$36,130,648</td>
</tr>
<tr>
<td>Academic support</td>
<td>$8,511,464</td>
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<tr>
<td>Student services</td>
<td>$4,725,079</td>
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<tr>
<td>Institutional support</td>
<td>$10,667,364</td>
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<tr>
<td>Auxiliary enterprises</td>
<td>$696,882</td>
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<tr>
<td>Release from restrictions</td>
<td>$1,543,735</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$62,275,172</strong></td>
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## Income

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Operating income/(loss) pre-allocation</td>
<td>$813,138</td>
</tr>
<tr>
<td>Interest income/gains</td>
<td>($769,515)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$43,623</strong></td>
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## Investment Activity in Restricted Funds

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<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Investment income</td>
<td>$937,546.84</td>
</tr>
<tr>
<td>Realized gains/(losses)</td>
<td>$202,022.76</td>
</tr>
<tr>
<td>Unrealized gains/(losses)</td>
<td>($3,793,109.73)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>($2,653,540.13)</strong></td>
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Royce and Sue Valencia
On May 27, an estimated 670 graduates from SMU celebrated Commencement at the Paramount Theatre in Oakland.

Keynote speaker Martin Waukazoo, CEO of the Native American Health Center, shared his inspiring story from homelessness to healthcare leader, and called on SMU graduates to deliver compassionate care to those in underserved communities.
“There will be times in your healthcare careers when you are challenged. Rely on the spirit of perseverance within to overcome.”

— MARTIN WAUKAZOO, 2016 COMMENCEMENT SPEAKER

2016 Graduates by the Numbers

<table>
<thead>
<tr>
<th>Program</th>
<th>Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>School of Nursing</td>
<td>510</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>41</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>37</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>40</td>
</tr>
<tr>
<td>California School of Podiatric Medicine</td>
<td>42</td>
</tr>
<tr>
<td>Total graduates</td>
<td>670</td>
</tr>
</tbody>
</table>
PRINCIPLES OF COMMUNITY

Samuel Merritt University is committed to creating a diverse, equitable, and inclusive learning community, workplace, and campus environment. We demonstrate this commitment by ensuring that SMU is a community where:

- We affirm the value of human diversity, respecting our differences, while acknowledging our common humanity.
- We affirm the inherent dignity and value of every person and strive to maintain a climate based on mutual respect, fairness, and inclusion, calling for civility and decency in our personal interactions, regardless of position or status in the academy.
- We respect the right of freedom of expression within our community and value the difference perspectives of others; recognizing and appreciating these differences builds trust and contributes to the excellence of the university.
- We challenge all forms of behavior that are prejudicial, discriminatory, and detrimental or contrary to the values expressed in this document; and we take responsibility for increasing our own understanding of these issues through education and our interactions with one another.

As a community, we are committed, individually and collectively, to embodying and safeguarding these principles.