

Novak, Julie, C.



Julie Cowan Novak was educated as a Pediatric Nurse Practitioner. She began her career as an ICU nurse, charge nurse for a trauma, transplant, and pediatric and adult cardiac surgery unit, and a few years later, a PNP. After obtaining her PNP certification, she started working in the NICU/newborn nursery. Later she became involved in academia, research, grant writing, and the development of rural and global health programs.

Interview Abstract

Dr. Novak took the first ever PNP certification exam offered by the Pediatric Nursing Certification Board (PNCB) and was the first PNP hired to work in the NICU/newborn nursery by the University Hospitals in Iowa. Among the multiple awards received throughout her career, in 2011 she was honored with the NAPNAP Henry K. Silver Memorial Award for her contributions to global pediatric

health care and the pediatric nurse practitioner role.

In the interview she discusses the challenges she faced in her various administrative roles. She characterizes racism as a major impediment for success and reinforces the importance of getting to know each team member, including their values, beliefs and goals, prior to accepting an administrative position.

She reminisces her participation in multidisciplinary programs throughout her career. She participated in nursing curriculum development, tobacco-free schools and cessation programs, as well as smoke-free workplaces.

She recalls her involvement in politics and health policies leading to securing more than \$50 million in grants and contracts to improve the health and wellness of children, their families, and their communities. The interview concludes with suggestions to prepare for major changes in our healthcare system as a result of full practice authority, and to become involved in politics to influence health policies.

Keywords: Advanced practice nurse, Pediatric nurse practitioner, Rural pediatric health, Global child and family health, Nurse-managed clinics

Biographical Sketch

Throughout her career as a nurse practitioner, academician, researcher and administrator, Dr. Julie Cowan Novak has been a champion for providing resources, care and support for children, families and communities who need it most. A few career highlights include: developing a state-wide nurse practitioner program focused on rural Southwest and Northwest Virginia that remains the backbone of

the region's primary care system; procuring a \$2.5 million Helene Fuld Health Trust grant in 2004 for the Purdue University Doctor of Nursing Practice program (fifth in the US); being inducted as a Fellow in the American Academy of Nurse Practitioners in 2004, and coordinating global child and family health promotion programs in Cape Town, South Africa and San Luis, Xochimilco in rural Central Mexico. In 2005, Dr. Novak received the Sigma Theta Tau International Elizabeth Belford Founders Award for her work in APRN education and early DNP program development. In 2008, as an elected City Councilwoman, Dr. Novak lobbied then-presidential candidate Barack Obama on the value, quality, effectiveness, and importance of nurse-led and managed clinics in rural Indiana. In February 2009, he returned to Indianapolis as recently inaugurated President Obama to hold a press conference and to announce funding for the two rural nurse-managed clinics that she described months earlier. She was able to obtain Federally Qualified Health Clinic status and funding for the two clinics (expanded to four clinics in 2017). In 2011, she was honored to receive the NAPNAP Henry K. Silver Memorial Award for her contributions to global pediatric health care and the pediatric nurse practitioner role.

Dr. Novak has secured more than \$50 million in grants and contracts that truly reflect her commitment to social justice and the health and wellness of children, their families, and their communities. In 2014, she was awarded the AANP Nancy Sharp Cutting-Edge Award for NP clinic system and faculty practice plan development and educational leadership. As Vice Dean for Practice and Engagement and an Endowed Professor for Primary Care at UT Health San Antonio, she was awarded a \$5.1 million CMS DISRIP contract for the development, implementation, evaluation, and sustainability of six nurse-managed clinics and inducted into the American Academy of Nursing. In 2016 after developing nurse-managed clinics in three states, Dr. Novak was recruited home to San Diego to develop a specialty NP-led NICU follow up clinic for Sharp Health Care (where her three sons were born decades earlier). As outgrowth and outreach from the specialty clinic, her fourteenth clinic is a partnership with San Diego Neighborhood House Association Head Start where she and her team provide health and developmental assessments and screenings for 7,000 Pre-K Head Start enrollees using Head Start sites, a health and wellness mobile van and virtual modalities through the 2020-2021 pandemic.

Dr. Novak also leads community philanthropic endeavors such as Rady Children's Hospital Behavioral Health Charity Ball Program; the Friends of Balboa Park promoting historical significance, cultural heritage, natural beauty, and architecture including the restoration of the 1910 Historic Menagerie Carousel; San Diego Zoo Global Wildlife Conservation and Education; San Diego History Center Board of Trustees; and the Patrons of the Prado, an organization of 60 dynamic women who raised over \$4.7 million dollars to support museums and the arts in San Diego's Crown Jewel, Balboa Park. She is married to Dr. Robert Novak, Professor Emeritus Purdue University, and Adjunct Professor in Speech, Language and Hearing Sciences at San Diego State University. They have three married sons and an adorable granddaughter.

Interview Transcript

When did you become an NP? What was the motivation?

Influenced by several family members, I knew that I wanted to be a nurse at age 5. My Mom presented me with a nurse doll at my fifth birthday party. I pursued my BSN at the University of Iowa and was hired by the University Hospitals ICU right after graduation at age 21. Within 6 months, I was charge nurse caring for trauma, transplant, and pediatric and adult cardiac surgery patients and families. After two years, I was offered a full scholarship for graduate school. After providing tertiary and quaternary care, I wanted to focus on pediatric cardiology with an increased emphasis on child and family development, health promotion/disease prevention and wellness. While continuing to work in the ICU for another two years, my graduate program allowed me to integrate a CNS in Pediatric Cardiology with the Pediatric Nurse Practitioner curriculum.

In 1977, I took the first ever PNP certification exam offered by the Pediatric Nursing Certification Board (PNCB). After completing my master's at IOWA, I was the first PNP hired to work in the NICU/newborn nursery in the mornings (the NNP role was in early developmental phase) then followed the infants and families in the pediatric primary care clinic every afternoon. After my husband completed his IOWA PhD in audiology, he was recruited to San Diego State University while I was recruited to The University of California San Diego (UCSD) to develop a Special Care Nursery/NICU follow up program. During that time, I was able to refine my developmental assessment skills with the UCSD Pediatric Neurology Fellows and Faculty and coach parents who had spent months on the emotional roller coaster of the NICU. The program was multidisciplinary and collaborative helping me to develop a strong foundation in the critical aspects of choosing highly competent culturally proficient team members. In 1982, I began teaching part-time in the UCSD Child Health NP program that evolved, with US DHHS HRSA funding, to the UCSF/UCSD Intercampus Graduate Studies program with FNP and CNM tracts.

After 17 years in San Diego, I was recruited by the University of Virginia to develop a Master's in Primary Health Care with pediatric, women's health and family nurse practitioner tracts. With several faculty, I wrote the new curriculum, a precursor to the DNP with new courses in healthcare systems, finance, health informatics, epidemiology, leadership, and, with close proximity to Capitol Hill, a stronger focus on health policy. We secured a million-dollar grant from HRSA to develop a Family Nurse Practitioner Master's program using early Distance Learning modalities. Over the next six years (1994-2000) and 45 NP graduates annually, 89% remained in the Commonwealth of Virginia and 59% accepting NP positions in rural areas. Many of these graduates developed clinics in remote areas leading to improved health outcomes throughout the state. They continue to be the backbone of primary healthcare in rural Virginia. The HRSA grant also provided an opportunity for me to begin to develop a faculty practice plan. My practice took place in the UVA pediatric and family medicine clinics and as School Health Coordinator for 23 Albemarle County schools. After developing the UCSD Tobacco Control Help- line years earlier and seeing teachers, parents and students smoking on K-12 Virginia school campuses, my focus became tobacco-free schools and cessation programs, achieving 23 smoke-free campuses in Albemarle County Schools, the heart of tobacco country.

My eldest son enrolled at Southern Methodist University to study history and play D1 soccer. My twin sons were graduating from high school and leaving for the University of Maryland and San Diego State

University to play D1 football and soccer, respectively. With each of them launched, my husband and I had accepted academic and clinical positions back home in California. Providence had other plans. With new family health challenges for my mother-in-law in Indiana and my Dad in Illinois and excellent job offers at Purdue University, we were suddenly headed to Indiana. With a progressive physicist engineer as the new president (arriving at Purdue the same year we were recruited), the stage was set to evolve the Purdue School of Nursing from BSN only to independent MSN and DNP programs. During my tenure, I wrote and received a \$2.5 million grant from the Helene Fuld Health Trust as well as HRSA and Indiana State Health Department grants for developing the fifth DNP program and five nurse-run clinics, two of which became Federally Qualified Health Clinics. In addition to the standard NP curriculum, we focused on systems engineering, health informatics, finance, health policy and leadership. As Professor and Associate Head of Graduate Studies and Community Engagement the first two years with promotion to Head of the School and Associate Dean for Pharmacy and Health Sciences in 2003, I learned the value of collaboration beyond the usual health science partners. Purdue's strong programs in engineering, agricultural economics, and business set the stage for new partnerships and tremendous support from those disciplines. My community engagement and leadership grew when I was elected to the Lafayette City Council. I wrote the city ordinance for smoke-free workplaces, something I had helped achieve on the Purdue campus and in the city of West Lafayette. Upon passage, 3,000 places of employment went smoke-free overnight, impacting over 100,000 Lafayette residents.

After nine years at Purdue, I was recruited to the University of Texas Health Science Center San Antonio as Vice Dean for Practice and Engagement, Executive Director, UT Nursing Clinical Enterprise, and Chief Wellness Officer. I was given the opportunity to lead the Student Health Clinic (SHC) for 3,300 nursing, medical, dental, PA and biomedical research students. With a successful SHC clinic, I was asked to develop an Employee Health and Wellness Clinic for 6,000 employees. Building upon the faculty practice plan (FPP) initially developed at UCSD and evolved at UVA and Purdue, FPP bylaws were submitted to the UT System VP for Health Science, Dr. Kenneth Shine and the UT Board of Regents for approval and adoption in January 2013. The six UT Nursing Clinical Enterprise clinics developed and/or expanded from 2009–2015 (including Head Start sites) are integrated models of discovery/research, teaching/learning, and engagement/practice. They continue to thrive. As Associate Dean for Practice and Engagement and Chief Wellness Officer at UT Health Houston, I led the Employee Health and Wellness Clinic, four university student health center initiatives and a Head Start Wellness Center partnership. I was able to secure over \$7million in grants and contracts during our seven years in Texas, was honored with two endowed and distinguished professorships and the UT Health San Antonio President's Clinical Excellence Award. In 2016 I went full circle moving back to San Diego to the Sharp Mary Birch (SMB) Hospital for Women and Newborns Neonatal Research Institute developing their own NICU Follow-up Clinic. Currently I am the Principal Investigator and Director of the Rita and Alex Hillman Foundations Innovations in Nursing Care grant with San Diego Neighborhood Association (NHA) Head Start with over 7000 Pre-K children enrolled.

What experiences did you bring into the role?

I believe my broad range of clinical experiences across a variety of settings, my "predoc" administrative residency in grant-writing at the University of Washington with Dr. Fran Lewis, my graduate programs at IOWA and the University of San Diego, my "post doc" at Boston's Children's and Harvard with Dr. T. Berry Brazelton and excellent mentors (gardeners of my life) prepared me for leadership, clinical,

teaching, and research roles. Each experience helped me to develop my Integrated Model of NP Clinic Sustainability and Innovation, (NP-CSI), ultimately developing 14 clinics with my teams and six on-line NP-CSI modules at the NAPNAP PedsCE website.

Did you experience any challenges? How were they resolved?

My greatest challenges in the work setting have been administrative idiosyncrasies. Changing leaders with differing values and levels of support for your work can deep six innovation and chloroform creative thinking. A healthy administrative team is critical for your success in garnering resources, accomplishing individual and team goals, and effective patient, family and community advocacy. When considering a position, do your homework in terms of reviewing vision, mission, values, and strategic plan. Meet as many administrative leaders and team members as possible. Make sure that their values and goals are consistent with your values and goals and that whomever you report to plans to stay in their position for at least several years. Find mentors who will help you navigate new systems “Trust is the coin of the realm”. (Schultz, December 13, 2020, Washington Post)

Are there any experiences that you would like to talk about?

International service-learning experiences with students in Mexico and South Africa were among the most enriching for every member of our team. During my pediatric cardiology chapter at UCSD, I traveled with the field clinic team to Tijuana and points South to screen children with heart murmurs to determine if surgical intervention was needed. On the US side of the border, of 20 children screened, 18 had innocent murmurs and two needed further evaluation. As we went deeper into Mexico, we found the reverse; of 20 children screened, 18 needed further evaluation and two of the children had innocent murmurs. Through reports of farmers working in the fields with their wives, we learned that many pregnant women were sprayed with insecticides by low-flying planes while working in the fields. Level of exposure and timing during the first trimester was highly correlated with pathologic murmurs. The farmers, many of whom had a sixth to eighth grade education, suspected what was happening long before the research team arrived. Some of your greatest mentors and teachers do not have advanced degrees.

What was most challenging in your career/ most important?

Dealing with racism among clinic team members, faculty and administrators was the greatest challenge of my career. Having the opportunity to choose your team and evaluate cultural proficiency is the ideal. Sometimes teams are set prior to your arrival; however, and the work to root out racism is challenging and critical and must be done. I have faith that we’re put in challenging situations for a reason.

Is there anything you would want to change?

When we were recruited to Virginia from California, we knew it would be difficult to uproot our three boys as they were born and raised in San Diego. Initially, they were disappointed about the move, but we had family in Northern Virginia who helped to make it a positive experience. It was quite a culture shock for all of us. The boys were used to a diverse population in California with 50 languages spoken in their public schools. In Virginia they encountered teachers and coaches who frequently made overt racist comments. It was a difficult time for all of us. Our sons describe their middle school and high

school years in Virginia as character building and good preparation for college.

What do you see as pivotal moments in the past years?

Working with diverse communities around the world taught me many valuable lessons. I learned to build empathic relationships and to develop relationship-based care models. Working with communities is a dance and the community leads the dance. Projects must be relevant and important to the community partner or they will not be meaningful or sustainable. It is important to find the right balance and where you fit in along the continuum, recognize when it isn't a good fit and move on when necessary. Timing is everything. I have really enjoyed my collaboration with Head Start in four different states, guided by my community partners, my graduate studies and working with Dr. Brazelton at Harvard Boston Children's Hospital. Scaffolding young parents as they become comfortable in their roles, listening closely, relationship-based care, enhancing resilience, empowering parents, and child and family health promotion are among the most rewarding, inspiring, and meaningful aspects of my work.

What advice would you give to new nurse practitioners?

It's important to remember that each one of us is a work in progress. Finding the right mentors is important to help one grow and develop professionally at each stage and in each setting. I encourage students to build culturally proficient teams that fit with their beliefs, values, work ethic and sense of community and global citizenship. One of my mentors, Dr. T. Berry Brazelton, said to me at age 90, "Julie, we must strive to be ever better!"

What do you see as the role of Nurse Practitioners in the next 25 years?

With the information explosion over the past several decades, medicine has become even more highly specialized. Medical students report an intent to travel the "ROAD to Success", an acronym for radiology, ophthalmology, anesthesiology, and dermatology. With this ongoing and increasing trend away from primary healthcare, full practice authority for nurse practitioners becomes even more critical. In 25 years, NPs will have attained full practice authority, barriers will be removed, and healthcare will be driven more fully by consumers, cost/value ratios, the changing cultural and demographic landscape, with nurse practitioners providing 80-100% of primary healthcare in the United States and beyond. We need a cadre of innovative nurse practitioners who continue to design new models of care, design new technologies, and have a passion and willingness to run for public office, to affect health and health policy from the local to global level.