



AAPINA

ASIAN AMERICAN / PACIFIC ISLANDER NURSES ASSOCIATION, INC.

Organization identifying the health care needs of Asian Americans / Pacific Islanders

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Encourage your API colleagues to join AAPINA. Help keep our organization strong.

From the President's Pen

Elizabeth W. Gonzalez, PhD, APRN-BC



As I approach the end of my first year as president, the Executive Committee had been very busy and I want to highlight our focus and activities since my April 2014 message:

- Our involvement and partnership with other organizations is growing: In June 2014, AAPINA joined eighteen national nursing organizations convened by the Robert Wood Johnson Foundation (RWJF) and AARP to implement the recommendations of the Institute of Medicine's (IOM) 2010 report, *The Future of Nursing: Leading Change, Advancing Health*, which recommended nurses play more pivotal roles on boards and commissions in improving the health of all Americans. As a result of our involvement, I am pleased to announced that AAPINA is a founding member of the *Nurses on Boards Coalition*, a group of national nursing organizations working together to increase nurses' presence on corporate and non-profit health-related boards of directors throughout the country. I want to thank Dr. Leorey Saligan (*NINR/NIH*) for representing AAPINA in the June 2014 National Nursing Leadership Strategy Meeting in Washington, DC and Dr. Melen McBride (*Stanford Geriatric Education Center*) for representing AAPINA in the Leadership Summit in Phoenix, Arizona in November 16-19, 2014.

- In response to the graying of America and the unique and complex needs of older adults in diverse health care settings, an AAPINA Seed Fund was established to support pilot studies in Mental Health and Gerontology. I invite members to compete for this grant. Additionally, AAPINA will continue its commitment as a member of a network called the American Nurses Association -Specialty Nursing Association Partners in Geriatrics (ANA-SNAPG) that allow access to other professional nursing groups that are involved in the dissemination of gerontology and geriatrics information. I want to thank Dr. Melen McBride for her contribution and commitment in this field.
- In September 7, 2014, AAPINA signed a contract with Sage Publishing Inc, as publisher for the official journal of the organization titled, *Asian/Pacific Island Nursing Journal*. The journal is a peer-reviewed, open access journal with quarterly publications. As the official journal for AAPINA, an international organization, the journal will provide an international forum among researchers, educators, and clinicians. The article processing charge for AAPINA members is \$500.00. AAPINA congratulates Dr. Jillian Inouye, the founding editor-in-chief of the *Asian/Pacific Islander Nursing Journal*. She is Professor and Associate Dean for Research at the University of Nevada at Las Vegas (UNLV), School of Nursing.
- The Nomination Committee chaired by Dr. Oi Saeng (*University of California San Francisco*) is currently soliciting candidates for Secretary. Dr. Merle Kataoka-Yahiro (*University of Hawaii*) is completing her position as Secretary in December 2014 and I extend my gratitude for her years of service and commitment to AAPINA.

Presidential Focus

First, I want to invite everyone in celebrating the valuable contribution of family caregivers during the month of November. Without family caregivers individuals with cognitive or functional impairment will not be able to stay in their homes. For most Asian American and Pacific Islander (AAPI) families, caring for parents and other older adult relatives is a deep rooted value and cultural belief. It is no surprise therefore, that the recent AARP Report (2014) indicated that AAPIs are more likely to provide care to older adults at home.

Second, I want to direct your attention to the AAPINA website. The AAPINA website is a crucial portal for the organization, and as President, I asked the Ad Hoc Committee for Communications chaired by Dr. Jing Wang (*University of Texas, Houston*) to evaluate the AAPINA website and make recommendations to the Executive Committee. In November, the Executive Committee will discuss the Ad Hoc Committee's recommendations. Look for updates on the website later this year.

Third, during my second year as President, I also hope to keep AAPINA committed to improving the health of people we serve. As a mental health advocate and professional, this goal is near and dear to me. With the growing aging population, the absence of a cure for Alzheimer's disease is troubling; cost of care for chronic illnesses continues to escalate; and health disparities remain a constant concern. These issues are severely impacted by persistent cuts in healthcare dollars.

AAPINA is grateful to the Okura Foundation for supporting the Okura Leadership in Mental Health Fellowship that is going in to Year 2. We are looking forward to the second wave of Fellows and Mentors. You are invited to submit your application [here](#). For 2015, there will be awards for 10 Fellows and 5 Mentors. In addition, the selected Fellows and Mentors will receive travel stipend to participate in a pre-conference meeting on March 25, 2015, a day before the 17th AAPINA Annual Conference.

AAPINA has a strategic role to make a difference in the quality of healthcare provided to the diverse populations who we serve. Part of this role involves focusing the AAPINA Annual Conference in 2015 on protecting the health of diverse and vulnerable communities.

2015 Annual Conference

The 17th AAPINA Annual Conference will be held in Las Vegas, Nevada, from March 26–28, 2015. The theme is “Protecting the Health of Diverse and Vulnerable Communities: Self and Symptom Management.” Special thanks to the hardworking members of the Program Planning Committee under the leadership of Dr. Patricia Alpert (*University of Nevada in Las Vegas*).

Thanks for Reading

I appreciate your time, and I welcome your input on the 2015 Annual Conference and other AAPINA activities. If you're already an AAPINA member, please help bring in a new member! If you're not currently a member, please consider becoming one. AAPINA members have access to opportunities to network with researchers, educators, clinicians and students, among other benefits. AAPINA is a supportive community of colleagues and friends and I hope you're thinking already that now is the time to become part of AAPINA's mission. I look forward to a wonderful and productive year!

All my best,
Elizabeth W. Gonzalez, PhD, APRN-BC
President

From the Editor's Desk

**Co-Editors: Melen McBride, PhD, RN, FGSA,
Jing Wang, PhD, MPH, RN,**

We hope you all had a wonderful Thanksgiving break!!! Soon, we'll be getting ready for the holiday season?!

First, we would like to share some exciting news with you about our AAPINA newsletter team. At the March 2014 annual meeting, we proposed an ad-hoc communications

committee to streamline communication matters within AAPINA including the newsletter, website, and social media efforts. It was approved by the general membership and will be presented for final approval at next year's annual meeting to become a standing committee for AAPINA. Stay tuned!

Since then, we have recruited new members to the ad-hoc committee. They are: Yu-Ping Chang (University at Buffalo), EunSeok Cha (Emory University), Emerson Ea (New York University), Du Feng (University of Nevada at Las Vegas), Meng Zhao (Texas A&M University), Weiwen Wang (University of Pittsburgh), Heeyoung Lee (University of Pittsburgh), Yeonsu Song (VA Greater Los Angeles Healthcare System, Geriatric Research, Education and Clinic Center), and Chris Orberta (University of California, San Francisco Medical Center). We are very excited to have them. They are committed to devote and support the growth of AAPINA. Of course, Melen and I are in!!! We were charged by our President to evaluate the current AAPINA website. The ad-hoc committee met and proposed to redesign the site. Got any suggestions for us? Comments and suggestions are welcome now! Feel free to send us an email at aapina_newsletter_team@aapina.org.

A reminder to AAPINA members, in the past few months, nurses have been in the news as frontline care providers for patients with Ebola. We learned a good lesson that we nurses need to advocate for ourselves and to be rigorous about protecting ourselves in clinical practice. Be thoroughly educated, and advocate! We need to be more active in advocating for and disseminating our research to the general public as well. Our newsletter can be a venue for you to share news about your research and practice models. We look forward to hearing from you!

There is also exciting news to share with you. First, AAPINA membership fee can now be paid online via PayPal; great news for those of us who are less inclined to use checks.

Second, AAPINA launched its first official peer-reviewed online journal, the Asian Pacific Island Nursing Journal (APNJ). Start writing your articles. Third, the 2015 conference will be in Las Vegas. It seems there will be a night bus this time for conference participants. Can't wait to join us, right?! Bring your friends also.

Hope you enjoy reading this issue. We wish you all a happy holiday season! Stay warm, safe, healthy and happy!

Melen and Jing

GERO-SECTION

Tempe Residents to Help Those Unable to Hang Decorations



The Tempe Neighbors Helping Neighbors (TNHN) began the season of light with volunteers who found ways to bring cheer and joy to neighborhoods and the people living there. They hang holiday lights on senior citizens homes and persons of all ages who are physically unable to climb ladders, go up rooftops or reach up towards the eaves.

TNHN, is a non-profit community organization established in 2010 as pilot project of the Maricopa Association of Governments and the Tempe Community Council. The mission was to help keep senior citizens independent in their homes for as long as possible. Currently, the program has added pet care, transportation services, technology support, friendly visits/phone calls and household jobs such as changing light bulbs, air-conditioner filters, and holiday lighting. For a fee of \$60 per person or \$90 per couple, Tempe residents can become "village members" to avail of these services at no extra cost.

The project is more than helping to maintain a person's home. "The basis of it all is really very social and intended to establish connections and to keep those social connections there so people feel supported," says Nancy Puffer,

executive director. She adds that these services will become more important in the coming years as large number of baby boomers retire. "People are really developing relationships here. People know there's someone here to care for them. It's really powerful what we're doing."

The village concept began in 1999 in Boston when a group of friends, gathered to talk about the future. They wanted to stay connected and engaged in their neighborhood in this historical and energetic city. Recognizing the need for support in the future, they established a self-governing, secular, non-profit 501(c)(3) organization and the Village Movement took off. The first village members were enrolled in January 2002 and had grown to 400+ members and 60+ Villages and still growing. For more information about the Beacon Hill Village, go to

http://www.beaconhillvillage.org/content.aspx?page_id=22&club_id=332658&module_id=75811

Read more about THNH go to

<http://www.azcentral.com/story/news/local/tempe/2014/12/03/tempe-residents-help-neighbors-unable-holiday-lights/19862285/>

ART and SCIENCE SECTION

Post-Surgical Hypotension: Preventive and Supportive Nursing Care

Cristina Orbeta, RN-BC
Nurse Clinician, University of California, San Francisco Medical Center

Post-surgical patients often develop hypotension. First, the patient experiences hypovolemia from blood loss during surgery. From midnight to the time of surgery, fasting and no fluids are imposed. This leads to dehydration. Add hypotensive effects of narcotic pain medications and you may find yourself taking care of a patient who is hypotensive and may be symptomatic such as dizziness when sitting up in bed or chair, pallor, complains of dry mouth,

and feels nauseous. There are simple ways to prevent hypotension in a post-surgical patient and ensure a safe recovery.

Anesthetics that have vasodilator effect can depress myocardial function and blood circulation is often low and presents as hypotension. Compression of major blood vessels when patients are positioned on the operating table contributes to low blood pressure. When the patient is placed on the supine position and normal circulation occurs, the blood pressure usually returns to baseline level.



To begin the first post-surgical ambulation, change positions slowly as the patient has been lying in bed for several hours. Raise the head of the bed slowly and explain to the patient what you're expecting her/him to do, i.e., whether to ambulate in the hallway with assistance or sit on a bedside chair. It "forces" the patient to stay awake and alert. If clinically safe, keep the patient on Fowler's or semi-Fowler's position a few hours before an out-of-bed mobilizing process to prevent the sudden drop in blood pressure induced by positional changes. Allow the patient to sit at the side of the bed (dangle) and monitor blood pressure.

If indicated per physician's post-operative treatment plan, a fluid bolus of 500ml of Normal Saline Solution may be given to prevent the hypotension that occurs with hypovolemia. The prescribed intravenous infusion of 500ml of Normal Saline or Lactated Ringers bolus would be infused over a one-hour period. This is a common practice before a patient gets out of bed especially for a first session with the physical therapist or the occupational therapist.

When the patient is on maintenance intra-venous fluids until s/he can eat or drink

adequately, monitor for fluid overload by checking infusion rate, measuring vital signs and keeping track of fluid intake and output. Avoid giving oral narcotic pain medication when the patient has an empty stomach. If allowed, give the prescribed narcotic with a light snack or meal. Narcotics are strong medications and hypotension is a major side effect.

Blood transfusion prevents hypotension, hypovolemia and anemia and is prescribed for patients with high blood loss from surgical procedures. Transfusion protocols vary according to institutional policy, typically one unit of packed red blood cells is given if a patient's hematocrit level is between 23-26%. Some patients get the blood transfusion during surgery to prevent post-surgical anemia and hypotension.

Implementing simple nursing care interventions to prevent post-surgical hypotension can create a more favorable outcome and enables a timely discharge to home or a rehabilitation facility.

For a web-based course on post-operative complications, go to <http://www.netce.com/coursecontent.php?courseid=797>

The Change of Uncertainty Over Time in Patients With Primary Brain Tumors (PBTs)

Lin Lin, PhD, RN¹; Alvina A. Acquaye, MS²; Elizabeth Vera-Bolanos, MS²; Mark R. Gilbert, MD²; Terri S. Armstrong, PhD, ANP-BC, FAANP, FAAN^{2,3}

1: Department of Family Health Care Nursing, The University of California, San Francisco

2: Department of Neuro-Oncology, The University of Texas M.D. Anderson Cancer Center

2: Department of Family Health, The University of Texas Health Science Center at Houston, School of Nursing

Background: Uncertainty is defined as the inability to define the meaning of illness-related events according to Mishel's (1988)



Uncertainty in Illness Theory. Patients with primary brain tumors (PBTs) face uncertainty related to prognosis, symptoms,

treatment response and toxicity. Our previous study has validated the Mishel's Uncertainty in Illness Scale-Brain Tumor form (MUIS-BT) and identified four distinct stimuli of uncertainty experienced by patients with PBTs. The four factors (subscales) that may produce illness-related uncertainty are ambiguity or inconsistency of illness-related events; unpredictability of disease prognosis; unpredictability of symptoms or other triggers; and complexity of the disease process. The research team also found that patients' level of uncertainty during treatment was as high as in the newly-diagnosed period and was significantly correlated to negative mood states and patient-perceived symptom severity and its interference with function.

Purpose: The longitudinal study further examines changes of the level of illness-related uncertainty after the newly-diagnosed stage. Understanding the nature of PBT patients' uncertainty and its relationships with mood disturbance and symptom distress through the illness process can help in designing and evaluating interventions for this patient population.

Method: Forty eight patients were recruited from the MD Anderson Cancer Center at Houston, Texas. The subjects completed the questionnaires twice during the illness trajectory. Twenty-four patients (50%) were in active cancer treatment (radiation, chemotherapy, or both) when they joined the study for baseline data collection and completed the second data collection during the time of follow-up only without active treatment. The other half of the participants (n=24) completed the questionnaires twice both at the time when they were being seen only for surveillance

imaging with MRI scans. Data collection tools included a demographic data sheet and the MUIS-BT which employs a 5-point, Likert scale with 1 = "strongly disagree" to 5 = "strongly agree." After reversing scoring of appropriate items, a total score is calculated by summing up all the items, with higher scores indicating greater perceived illness-related uncertainty. A research assistant also completed a clinician checklist for each patient at both time points of data collection. Demographic and clinical data were analyzed to describe the sample. Paired t-test was used to compare patients' levels of uncertainty and/or at different treatment stage on the four subscales of MUIS-BT: ambiguity /inconsistency of illness-related events (Ambiguity); unpredictability of disease prognosis (Unpredictability); unpredictability of symptoms/other triggers (Symptoms); and complexity of the disease process (Complexity).

Results: Participants were primarily white (83%) and male (52%) with a mean age of 44.8 ± 11.9 years at time 2. The rest of the sample were Asian/Pacific Islander (4%), African-American (2%), and other ethnicities or did not disclose (10%). For those whose treatment status changed from 'on treatment' to 'follow-up' (n=24), the mean score of Unpredictability, Symptoms, Complexity subscales reduced significantly at the second data collection (all $p < .05$) for the patients whose score for each subscale was higher than the average for the subscale at baseline. However, for those who scored the Complexity subscale lower than the average of the whole sample (n=24), the mean score increased significantly when they changed from being in active treatment to under surveillance only ($p < .01$). Patients 'not on treatment' at baseline with lower scores on Unpredictability subscale than the average had increased their mean score at Time 2 even when they remained without active treatment ($p < .01$).

Conclusion: The illness trajectory of patients with PBTs is associated with high incidence of uncertainty. Overall uncertainty remained

constant during the follow up period. Uncertainty related to the unpredictability of the disease and symptoms lessened after completion of treatment, whereas unpredictability related to the prognosis appeared to increase over time, even when the disease was considered medically stable (i.e., no indication of progression). Longitudinal evaluation of patients with different levels of uncertainty provides clarity and better understanding of the patterns of change in the patient response over time. The findings may help healthcare providers to develop a more individualized symptom management paradigm to lessen patient uncertainty and improve quality of life.

Due to space limitations, please contact Dr. Lin Lin (email: Lin.Lin2@ucsf.edu) for questions, graphs and references.

MEMBERS NEWS

Dr. Sunny Wijesinghe, MS, MPH, PhD, RN, Adjunct faculty at University of New Mexico Department of Nursing is currently working as a public health nurse on the island of Pohnpei in the Federated States of Micronesia. This is a beautiful green island with ample rain where anything grows. However, unfortunately people hardly eat any vegetables or walk around or dance to get physical activity. Dr. Wijesinghe's work involves raising awareness in non-communicable diseases (NCD), predominantly diabetes. She has a pilot study on ideal school health policies to combat NCDs at elementary school level and is teaching two courses at college level on lifestyle diseases and food microbiology. Currently she prepared for a stage play (based on a children's book she initiated) to enhance community awareness on NCDs on the World Diabetes Day.



Dr. Sunny Wijesinghe (in the middle) with her colleagues from public health.

Congratulations to **Dr. Luz Porter, PhD, ARNP, FAANP, FAAN,** Professor Emerita at College of Nursing and Health Sciences, Florida International University for her many accomplishments:

She attended the STT 25th International Research Congress in Hong Kong and had a podium presentation on Family Eating and Activity habits among Blacks, Filipinos, and Hispanics in Southeast Florida.

She spent four weeks at Silliman University in August and taught two online courses on Curriculum Development in Nursing (3 credits) and Models of Nursing Practice (3 credits). She had 14 students in each class and they were most highly motivated. Overall, this summer was a most gratifying experience she ever had.

She also attended the national AANP conference in Memphis, TN last June, and the American Academy of Nursing Conference in Washington, DC, in October 2014.

Dr. Weiwen Wang, DNP, MSN, RN, Assistant Professor in Department of Acute/Tertiary Care at University of Pittsburgh School of Nursing is lead author for two chapters for two podium presentation this year:

Wang, W. (2014, July). *Yet Again, Nurses Show Value - Now as Technology Change Agents in an Acute Care Setting*. 2014 Summer Institute in Nursing Informatics (SINI). University of Maryland School of Nursing. Baltimore, MD 21201

Wang, W. (2014, March). Using Video-Simulation and Role-Play Case Scenarios to Improve International Nursing Students' Communication Skills. The 2nd US-Sino Forum: Advancing Nursing Research and Education Across the Globe. Duke University School of Nursing. Durham, NC, 27705.

Let's give **Dr. Emerson Ea**, DNP, RN, BC, Clinical Assistant Professor at New York University College of Nursing, a round of applause for his accomplishments:

First, he received several awards/scholarships: he was selected as an American Academy of Nursing Jonas Policy Scholar for the Cultural Competence and Health Equity Expert Panel for 2014-2016; he was also selected as the PhD Jonas Nurse Leader Scholar for 2014-2016 at Duquesne University School of Nursing ; he recently received the Bachelor of Science in Nursing Alumnus Award, Most Outstanding Nursing Graduate (Nursing Research Category) awarded by the University of Saint La Salle, Philippines.

In addition, he had a chapter published at a newly-released book:

Ea, E. (2014). Acculturation theory. In Fitzpatrick & McCarthy (Eds.), *Theories guiding nursing research and practice: Making nursing knowledge development explicit*. New York: Springer Publishing.

Also, an abstract he co-authored won the poster presentation award at the RWJF New Careers in Nursing Program Liaisons Summit in Chicago in the "Other Topics" category:

Mauro, A.M.P., & **Ea, E.** (2014, October 9-11). The NCLEX Challenge: Unlocking the Key to

Success. [Award Winning Poster in Other Topics Category]. *Robert Wood Johnson Foundation Seventh Annual Program Liaisons' Summit, October 9-11, 2014, Chicago, IL.*

Dr. Magpantay-Monroe organized and coordinated the first international clinical immersion program for eight senior nursing students from Chaminade University of Honolulu in the Philippines and Chuuk in Spring 2014.

Highlights of the 5-week study included activities at the Talay Mental Health Rehabilitation Center, Labor and Delivery at the Negros Occidental Hospital, and physical examination of 86 students at the Bohol Deaf Academy. At the Silliman University, Medical Center Hospital, she gave a lecture to hospital staff on the "Use of self to manage care" and "Best practices in nursing care for older adults".



Dr. Magpantay-Monroe at Chaminade University of Honolulu with eight senior nursing students who participated in an international clinical immersion program in two regions.

At the School of Nursing she met with faculty and gave a talk on "Creative strategies to enhance teaching" that focused on emotional intelligence and case simulation. She also took the opportunity to re-immers herself in the Filipino culture after a hiatus of over thirty years.

She received the 2014 Harris Manchester Scholarship Award from Chaminade University of Honolulu to participate in a Summer Research Institute at Harris Manchester College at Oxford, England from June 29 to July 6. The Institute is open to colleges and

universities around the world which enables them to send annually one academic or senior administrator to Harris Manchester College to undertake research training or finish writing a project.

Her research goals are: to identify the importance of the understanding and managing one's emotions; the role of motivating students for success and the identify approaches to increase one's emotional intelligence. Two examples of activities to meet these goals include conducting an extensive literature review and consulting/discussing with colleagues who were at the Institute.

From May 27-29, 2014, Dr. Magpantay - Monroe was at the annual conference of the Quality Safety and Education for Nurses in Baltimore. She presented a poster on "Integrating QSEN Competencies in Psychiatric Mental Health Nursing Clinical Teaching: A Transformational Experience".

It's been a very productive 2014 for Dr. Magpantay-Monroe. Congratulations on your accomplishments.



Dr. Magpantay-Monroe receiving an Appreciation Certificate from faculty at Silliman University School of Nursing after the lecture on "Creative Strategies to Enhance Teaching."

Dr. Yeonsu Song at the VA Greater Los Angeles Healthcare System, Geriatric Research, Education and Clinic Center (VAHCS, GRECC) participated in the 2014 Grants In Aging (GIA) Fellows Program. Initiated in 1999, the program provides outstanding graduate students and post-doctoral trainees, from academic institutions in California, an opportunity to attend the GIA

conference to learn firsthand about challenges and opportunities in our aging society. Nominated and selected from a wide range of aging-related disciplines, the GIA Fellows are an important scholarly addition to the conference and an investment in the future. During the conference, the GIA Fellows report on aging research within their discipline. To participate in the 2015 GIA Fellows Program, contact Darla Minnich at dminnich@GIAging.org; www.GIAging.org telephone: 937.681.5213.

The 1-2 page nomination letter must contain the following: 1) Nominee's complete name, title, address, telephone, and email address; 2) Nominee's program area of specialization and expected date of program completion; 3) A statement of support for the nominated student; 4) Nominator's complete name, title, address, telephone, and email address; 5) Nominee's Curriculum Vitae; and 6) Nominee's one page letter of intent describing their current career focus, the topic on which they would address at the conference if invited, and their current career plan or outlook.

Dr. Jennie De Gagne has been elected to the Board of Directors for the National League for Nursing (NLN). She serves her term from July 2014-June 2016.

Dr. Alona Angosta and **Dr. Jennifer Kawi**, Assistant Professors at University of Nevada, Las Vegas (UNLV), School of Nursing (SON), recently attended the **Summer Genetics Institute (SGI)** training hosted by the National Institute of Nursing Research (NINR) at Bethesda, Maryland. The SGI is an intensive training program aimed to increase research capabilities and/or enhance clinical practice among participants who are seeking to develop and expand their research programs or advance their clinical practice to include a strong genetic component.

Dr. Angosta and Dr. Kawi, together with another UNLV SON faculty, Dr. Bruce Leonard, were chosen among several participants to

attend this training. They underwent a month-long extensive lecture and hands-on laboratory training on molecular genetics in biobehavioral research and developed knowledge and skills on some laboratory assays using a genomics approach. In addition, Dr. Kawi also received a 6-week Visiting Scholar award through a Mountain West IDeA Clinical and Translational Research –Infrastructure Network grant to mentor under one of the principal investigators at the NINR, Dr. Leorey Saligan, in genomics and proteomics.

Congratulations!!!!



ANNOUNCEMENT



**Asian American Pacific Islander
Nurses Association's
12th Annual Conference**

**Protecting the Health of Diverse and
Vulnerable Communities:
Self and Symptom Management**



SAVE THE DATES
March 27-28, 2015
Pre-Conference: March 26, 2015
Las Vegas, Nevada
www.aapina.org

One-Day Educational Event

Preparing for the Changing Horizon: Dementia Awareness and Caregiving for LGBT Older Adults from Diverse Communities

**Friday February 20, 2015
8:30am – 4:00pm, Pacific Time**

**The Milton Marks Conference Center
Hiram W. Johnson State Office Building,
Lower Level
455 Golden Gate Avenue
(between Larkin and Polk),
San Francisco, CA 94102**

According to a recent report published by the San Francisco LGBT Aging Policy Task Force, LGBT older adults have unique barriers to accessing information about and services for Alzheimer's and dementia care. This program will present the experiences and perspectives of LGBT caregivers and community members experiencing this challenges, and how the provider community can best respond to their needs. Speakers will focus on person-centered assessment, diagnosis, and treatment of dementia in diverse LGBT older adults; LGBT caregiver well-being; practical approaches to communication; family and cultural issues related to team-based health care; behavioral and other alternative interventions for dementia-related symptoms; and how to identify, access, and use effective healthcare/ social service resources in mainstream and LGBT-welcoming institutions.

Event Sponsors: Stanford Geriatric Education Center, Family Caregiver Alliance, Openhouse, Alzheimer's Association, Northern California/Northern Nevada Chapter, UCSF Northern California Geriatric Education Center/Institute on Aging Consortium, and the County and City of San Francisco, Department of Aging and Adult Services.

Continuing Education Units (CEUs): The Alzheimer's Association is an approved vendor

for providing 6 CE units/hours* for the following certified license entities:

Certified Nurse Assistant (CNA) and Home Health Assistant (HHA). Approved by the California Department of Health Services (Provider #06329).

Licensed Clinical Social Worker (LCSW) and Licensed Marriage and Family Therapist (LMFT). Approved by the California Board of Behavioral Sciences (Provider #1121).

Registered Nurse (RN) and Licensed Vocational Nurse (LVN). Approved by the California Board of Registered Nursing (Provider #CEP12415).

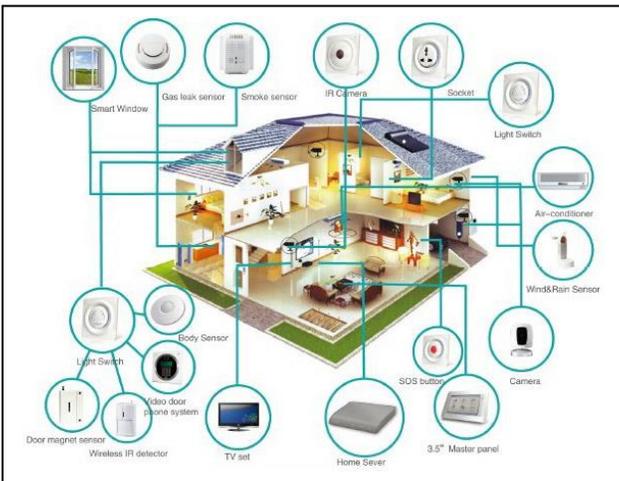
To register go to:

<http://sgec.stanford.edu/preparing-for-the-changing-horizon.html>

For additional information, contact Marian Tzuang: mtzuang@stanford.edu or call (650) 721-1023; fax: (650) 721-1026

TECHNO-WORLD

Have You Heard Of Smart Homes?



Definition:

A smart home, or smart house, is a home that incorporates advanced automation systems to provide the inhabitants with sophisticated monitoring and control over the building's functions. For example a smart home may

control lighting, temperature, multi-media, security, window and door operations, as well as many other functions.

In 2003 the UK Department of Trade and Industry (DTI) came up with the following definition for a smart home: "A dwelling incorporating a communications network that connects the key electrical appliances and services, and allows them to be remotely controlled, monitored or accessed."

Smart homes use 'home automation' technologies to provide home owners with 'intelligent' feedback and information by monitoring many aspects of a home. For example, a smart home's refrigerator may be able to catalogue its contents, suggest menus, recommend healthy alternatives, and order replacements as food is used up. A smart home might even take care of feeding the cat and watering the plants.

Many new homes are being built with the additional wiring and controls which are required to run advanced home automation systems. Retro-fitting (adding smart home technologies to an existing property) a house to make it a smart home is obviously significantly more costly than adding the required technologies to a new home due to the complications of routing wires and placing sensors in appropriate places.

The range of different smart home technologies available is expanding rapidly along with developments in computer controls and sensors. This has inevitably led to compatibility issues and there is therefore a drive to standardize home automation technologies and protocols. In Europe, Installation Bus, or Instabus is becoming a recognized smart home technology protocol for digital communication between smart devices. It consists of a two-wire bus line that is installed along with normal electrical wiring. Instabus lines links appliances to a decentralized communication system and functions like a telephone line over which appliances can be controlled. The European

Installation Bus Association is part of Konnex, an association that aims to standardize home and building networks in Europe.

Regardless of the technology, smart homes present some very exciting opportunities to change the way we live and work, and to reduce energy consumption at the same time. Imagine being able to check messages, open windows, operate lights and curtains and monitor how much money your house has made you from your renewable energy system, through your smart phone, from anywhere in the world! Home automation technology has developed so far that the only limit is your imagination.

As we enter the year 2015, consider how automation could change your home life and your career.

Source: reprinted from <http://smarthomeenergy.co.uk/what-smart-home>

RESOURCES

Study Finds Support for Newborn Genetic Testing Among Parents

Most parents would like to have their newborns genetically tested for medical conditions and disorders, according to a new study published this week in *Genetics in Medicine*.

The report, led by researchers at Brigham and Women's Hospital and Boston Children's Hospital, found a majority of parents surveyed — regardless of their demographic background — were interested in exploring newborn genomic testing if it became available.

“Several other studies have measured parents' interest in newborn genomic screening, but none focused on new parents in the first 48 hours,” said Dr. Robert C. Green, a geneticist and researcher at BWH and Harvard Medical School, and the study's senior author. “Since this is when genomic testing would be of the

greatest value, it is especially important to study parents' attitudes immediately post-partum.”

The testing, which would be performed shortly after birth with parental consent, would be a way to provide valuable personalized health information for newborns beyond what existing standard newborn genetic screening produces.

“Since this is when genomic testing would be of the greatest value, it is especially important to study parents' attitudes immediately post-partum,” Green said.

Researchers surveyed 514 parents at the well-baby nursery at BWH within two days of their child's birth, and gave them a brief orientation to the genome and its impacts on human health. Of the 82.7 percent of parents who chose to participate in the survey, 36 percent said they were “somewhat” interested in newborn genomic testing, 28 percent were “very” interested, and 18 percent were “extremely” interested.

The researchers found the responses were similar regardless of parents' age, gender, race, ethnicity, level of education, family history of genetic disease, or whether or not the infant was a first-born child.



Parents who had already experienced concerns about the health of their newborn were less likely to be interested in genomic testing, according to the report.

Source: Laurel Sweet, December 4, 2014, *Boston Herald*
http://www.bostonherald.com/news_opinion/local_coverage/2014/12/study_finds_support_for_newborn_genetic_testing_among_parents

The Future of Nursing Leading Change, Advancing Health Advising the Nation/ Improving Health

Institute of Medicine of the National Academies

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Key Messages

Nurses should practice to the full extent of their education and training.

Nurses should achieve higher levels of education and training through an • improved education system that promotes seamless academic progression.

Nurses should be full partners, with physicians and other health care professionals, • in redesigning health care in the United States.

Effective workforce planning and policy making require better data collection • and an improved information infrastructure.

Recommendations

Recommendation 1: Remove scope-of-practice barriers. Advanced practice registered nurses should be able to practice to the full extent of their education and training. To achieve this goal, the committee recommends the following actions.

Recommendation 2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts. Private and public funders, health care organizations, nursing education programs, and nursing associations should expand opportunities for nurses to lead and manage collaborative efforts with physicians and other members of the health care team to conduct research and to redesign and improve practice environments and health systems. These entities should



also provide opportunities for nurses to diffuse successful practices.

Recommendation 3: Implement nurse residency programs. State boards of nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.

Recommendation 4: Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020. Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50 to 80 percent by 2020. These leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.

Recommendation 5: Double the number of nurses with a doctorate by 2020. Schools of nursing, with support from private and public funders, academic administrators and university trustees, and accrediting bodies, should double the number of nurses with a

doctorate by 2020 to add to the cadre of nurse faculty and researchers, with attention to increasing diversity.

Recommendation 6: Ensure that nurses engage in lifelong learning. Accrediting bodies, schools of nursing, health care organizations, and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.

Recommendation 7: Prepare and enable nurses to lead change to advance health. Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care decision makers should ensure that leadership positions are available to and filled by nurses.

Recommendation 8: Build an infrastructure for the collection and analysis of interprofessional health care workforce data. The National Health Care Workforce Commission, with oversight from the Government Accountability Office and the Health Resources and Services Administration, should lead a collaborative effort to improve research and the collection and analysis of data on health care workforce requirements. The Workforce Commission and the Health Resources and Services Administration should collaborate with state licensing boards, state nursing workforce centers, and the Department of Labor in this effort to ensure that the data are timely and publicly accessible.

QUIZ TIME

1. How many nurses are there in the United States?

- a. 2 million, b. 2.5 million, c. 3 million. c. 3.5 million

2. When did the Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) launch an initiative to assess and transform the nursing profession?

- a. 2012, b. 2010 c. 2008, d. 2006

Answers: 1. c. There are 3 million nurses in the U.S.; 2. c. In 2008 the two-year initiative was launched

Read the report for this initiative at <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>

People Speak

At a plaza, people were asked “Do you believe in miracles?”

E.F. No, but I believe in kindness.

T.C. Yes. They happen everyday.

J.G. I believe in faith where things are more than just a coincidence.

C.F. In the true Christmas spirit I do believe in miracles. Every day is a miracle in itself.

S.H. Yes, I am actually living a miracle as I speak. I just moved here from the East Coast and this is one of my dreams growing up, to live in the West Coast. This is a miracle. I have to pinch myself. I’m here!

***Source:** Bartlett’s Bullets by Joan Bartlett, reprinted from the Pacifica Tribune, December 10, 2014.



*The AAPINA Newsletter
Team wishes you the
best memories of the
holiday season!!*

