



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

Patricia T. Alpert, DRPH, MSN, APRN, FNP-BC, PNP-BC, CNE, FAANP



First of all, I would like to acknowledge Dr. Elizabeth Gonzalez for leading our organization as President over the past three years. She so graciously served as President for an additional year when Dr. Phil (Yu) Xu became incapacitated because of his failing health. Currently Beth serves as past-president on our Executive Board and she also serves as one of the two Vice-Presidents for NCEMNA. Thank you Beth for the years of service to AAPINA and I look forward to your continued support.

As I begin my tenure as President I am looking ahead at our future and there are things that I would like to work on to take AAPINA to the next phase in organizational development. We have come a long way over the past twenty plus years and there is still more we can do. Most recently we have surpassed the 100th active member milestone and I feel it is the right time to think about AAPINA becoming an even larger organization. Additionally, as I look at the distribution of Asian Pacific Islanders

(API) in the healthcare fields I see that we are greatly represented in areas of research/ scholarship and service activities. Where we are underrepresented are in leadership positions. There are very few API nurses in position such as Director of Nursing, Dean of Nursing, or Chief Executive Officer of healthcare organizations.

As mentioned at our 2016 conference, I would like to work on two initiatives; (1) increasing our membership and (2) developing some type of program to help APIs obtain leadership positions. To this end, I will be working with the Executive Council on developing a strategic plan to incorporate these initiatives and I will be reaching out to our membership for other thoughts/ideas about the way forward for AAPINA. We will then develop a scorecard so we can measure our progress toward our set goals.

I also wanted to report that our conference held in March was a nice change of venue. It was a conference packed with content and lots of food and drink. If you missed the conference but would like to review the abstracts of the presentations, you will be able to do so at the API Nursing Journal website very shortly. Also, for a brief overview of the conference Marianne Tejada put together a slide show that you can view on our official [AAPINA website](#). The Executive Council is finalizing the venue and dates for next year's conference. We will be making an announcement shortly on our AAPINA official website and on Facebook.

In closing I would like to say I'm excited about our plans over the next two years. I look forward to working with all of you on meeting our initiatives over the next two years.

Have a great summer.

Pat

Dean, School of Nursing, Las Vegas Campus
Arizona College, 2320 S. Rancho Road
Las Vegas, Nevada, 89102
Phone: (702) 831-5001
E-mail: PAlpert@ArizonaCollege.edu



Group Photo at the AAPINA conference at Sea, March 4-7, 2016.

Please visit AAPINA Facebook for more details. <https://www.facebook.com/groups/aapina/>

From the Editors' Desk

Co-Editors: Yu-Ping Chang, PhD, RN, FGSA
and Melen McBride, PhD, RN, FGSA

Welcome to the new AAPINA leadership, new or returning AAPINA members, and first time contributors to our newsletter. We hope you'll acquire knowledge and insights and identify colleagues who would be potential resources as you read through the pages. This issue has updates from the National Coalition of Ethnic Minority Nurses Associations (NCEMNA) and the Nurses on Boards Coalition (NOBC), two organizations where AAPINA is well represented. It highlights the strength and quality of the networking and collaborating that we value to help keep us on track with our career goals and AAPINA's objectives. Drs. Leo Saligan and Yeonsu Song's articles offer opportunities to raise questions that would open doors to search for new knowledge in the role of clinician, educator, and/or researcher. In the Resources Section, new applications of technology are described that make a difference in health outcomes and which can be expanded further into areas of nursing science and practice.

You may feel the pleasure and sense of accomplishment of members who shared the results of their hard work and commitment to high professional standards. Here we give high-fives, applaud, and congratulate each other for a job well done. We honor your sacrifices and join you in embracing laughter and fun such as the planned and unexpected happenings aboard a cruise liner. Do we need to say more?

To the new graduates –
stand tall and be proud!
Enjoy your moment of glory!
We got you covered.

Everybody - Think Hawaii – 2017.

Have a perfect and super safe Summer !!!

Yu-Ping and Melen

UPDATES From Our Network

The NCEMNA

NCEMNA Communique: An Update
from Mila Velasquez, MN, RN,
President, NCEMNA
through Pat Alpert, AAPINA President

At the last NCEMNA Board Meeting in February 6, the members agreed to provide an update of NCEMNA activities for each member organization's newsletter.

Mila Velasquez: Greetings from the National Coalition of Ethnic Minority Nurse Associations (NCEMNA) (<http://nceмна.org>) !

NCEMNA is a unified body advocating for equity and justice in healthcare. It is composed of five National Ethnic Minority Nurse Associations:

- Asian American Pacific Islander Nurses Association, Inc. (AAPINA)
- National Alaskan Native American Indian Nurses Association (NANAINA)
- National Association of Hispanic Nurses, Inc. (NAHN)
- National Black Nurses Association, Inc. (NBNA)
- Philippine Nurses Association of America, Inc. (PNAA)

Our Mission: Be the unified body to advocate for health equity and justice

Our Vision: To be a leading voice and driving force for ethnic minority populations

NCEMNA recently concluded a very successful Strategic Management meeting on February 27-28, 2016 in Las Vegas, Nevada. The two-day interactive meeting was led by Mila C. Velasquez, MN, RN, current President, and participated by the Board of Directors representing leaders of the five national member organizations.

The strategic planning focused intensively on four specific goals and related strategies identified as priorities to move NCEMNA forward:

- Advocate for accessible, equitable and culturally appropriate health care
- Promote ethnic minority nurse leadership in areas of health policy, practice, education and research
- Promote NCEMNA's professional growth and
- Promote financial sustainability

The NCEMNA Strategic Blue Print 2015-2017 served as an evolving framework for discussion to strategize and to advance NCEMNA's Mission, Vision and Goals. After a thorough review and analysis of the strategic blue print; each Strategic Team assigned to a specific goal presented their recommendations to the Board for approval and implementation. Each team is commended for a job well done; their commitment, and most of all, the teamwork to fulfil assigned responsibilities.

Other Highlights of the Meeting:

- Installation of 3 new Executive Officers for 2016-2018, by Dr. Betty Smith-Williams, NCEMNA President Emerita and Co-Founder:
 Vice Presidents: Elizabeth Gonzales, PhD, RN, and Jose Alejandro, PhD, RN
 Treasurer: Lee Anne Nichols, PhD, RN



NCEMNA BOARD of DIRECTORS, 2016

Panel presentation with the theme “Building a Culture of Health Together: Promoting Leadership, Diversity and Sustainability”. The program was supported by the Robert Wood Johnson Foundation and the American Association of Retired Persons. The panelists were:

- Dr. Antonia Villarruel and Deborah Washington, Future of Nursing Campaign for Action co- leaders of the National Diversity Action Steering Committee.

Both presented the Culture of Health Action Framework and discussed how NCEMNA can contribute to the national movement of Building a Culture of Health and be a partner to promote leadership and diversity.

- President Mila Velasquez addressed NCEMNA's Leadership Challenges and Opportunities in Building a Culture of Health Together.

- Dr Bette Keltner Jacob, Co-founder of NCEMNA, provided realistic insights to promoting sustainability of the organization.

An open forum followed the presentation. Issues on promoting diversity and advancing the future of Nursing were addressed. Dr. Debra Toney, NCEMNA Secretary, also invited members of the Nevada Nursing Action Coalition (NAC) who also sponsored lunch for the day. Overall, it was a great networking opportunity among the leaders of NCEMNA, the Future of Nursing Campaign for Action Committee, and the Nevada community.

Thank you very much for all your support! NCEMNA looks forward to strengthening partnerships, collaboration and synergy to lead, inspire and influence. Let us work together to realize our shared goals and be successful in meeting the challenges of building a healthier community.

Mila Velasquez, MN, RN,
 President 2015-2017, NCEMNA
 email: Milavelasquez@verizon.net

Seated from left: Leticia Hermosa(PNAA President); Debra Toney (NCEMNA Secretary); Jose Alejandro (Vice President); Mila Velasquez (President); Elizabeth Gonzalez (Vice President); Angie Millan(Interim Treasurer); and Victoria Navarro (Board Member).

2nd row from left: Dino Doliente (Board Member); Christina Esperat (Board Member); Eric Williams (NBNA President); Birthale Archie (Board Member); Betty Williams(NCEMNA, Co-founder, President Emeritus); Lillian Tom-Orme (Board Member); Patricia Alpert, AAPINA President); Sandra Littlejohn (Board Member); Oisaeng Hong (Board Member); and Lola Jefferson (Board Member)

The NOBC *

The Nurses on Board Coalition (NOBC) represents national nursing and other organizations working to build healthier communities in America by increasing nurses' presence on corporate, health-related, and other boards, panels and commissions.

The coalition's goal is to help ensure that at least 10,000 nurses are on boards by 2020. Last April, NOBC hired Laurie Benson, BSN, RN as its new executive director, effective immediately.

Here is the NOBC-wide progress, based on the recently concluded survey:

- 1893 nurses have entered 3009 boards
- Of this, 1994 boards count towards the 10,000 goal
- 2550 nurses want to serve
- 1232 nurses who are already on boards are interested in serving on an additional board.
- 5 Asian American / Pacific Islander (AAPI) nurses who responded to the survey is serving in various boards.
- 5 additional AAPI nurses have expressed interest in serving on boards.

Nurses are encouraged to sign up at www.nursesonboardscoalition.org to indicate if they are interested in serving on a Board; are already on a Board; and need training or more information.

The next meeting of the NOBC members will be July 28 in Chicago.

Laurie Benson, Executive Director, NOBC
Email: laurie.benson@ana.org
Telephone: 608-215-4425

** Editor's Note (MM): Information compiled from Ms. Benson's communications to representatives of organizations that composed the NOBC.*

SPECIAL FEATURE

Commentary on Article: "Largest Study Yet Shows Mother's Smoking Changes Baby's Epigenome" from NIH Director's Blog (4/12/16, Dr. Francis Collins)

By: Leorey N. Saligan, PhD, RN, CRNP, FAAN
Chief, Symptoms Biology Unit
Division of Intramural Research
National Institute of Nursing Research
National Institutes of Health
Building 3, Room 5E14
Bethesda, MD 20892
Email: saliganl@mail.nih.gov
Telephone: 301-451-1685



Smoking has long been linked to negative health consequences, yet the specific mechanisms of smoking toxicity are not well understood. A recent post on the NIH Director's Blog entitled "Largest Study Yet Shows Mother's Smoking Changes Baby's Epigenome" ¹ summarized the findings from several studies, which point to a potential mechanism for how toxin exposure from smoking while pregnant may cause severe and long-lasting effects. The researchers discovered a large, previously unknown number of smoke exposure-related epigenetic changes, an important process whereby cells alter gene expression patterns in babies born to mothers who smoked while pregnant ². Epigenetics is especially important for normal functioning and critical to periods of rapid

development of the growing fetus, when abnormalities or alterations to the epigenome can have serious health consequences. One important clinical implication of these findings is that by better understanding the specific reasons why smoking negatively affects health, healthcare providers have more tools to educate patients, especially in advocating for smoking cessation. These cutting-edge tobacco research studies mentioned in the NIH Director's blog that employed basic science and public health particularly provide an opportunity to examine the reasons behind the alarming rate of increased tobacco use among Asian Americans and Pacific Islanders (AAPI)³, notably among AAPI women⁴. Efforts at reducing smoking and tobacco use in the U.S. over the past several decades have been much less effective, especially among the AAPI population⁵. Researchers, community health practitioners, and advocacy organizations are interested in the reasons behind these trends and are working for effective strategies to promote awareness and find solutions.

Traditionally, research methods have lumped together all AAPI communities into a single category, with epidemiological surveys conducted in English⁶, hampering national smoking prevalence rate data for this particular population. This lack of accurate documentation and very limited published data remain major barriers to address disparities related to tobacco use among AAPI populations. Additionally, tobacco company documents show a concerted campaign in Asian countries, specifically targeting women⁷. A comprehensive plan put forth by the Asian Pacific Partners for Empowerment and Leadership (APPEAL) to increase resources, focus on at-risk populations, monitor tobacco industry targeting, and expand data collection and research has been developed and implemented to confront the multipronged challenges involved in addressing tobacco disparities in the AAPI populations⁴.

There are two recent epigenetic studies not mentioned in Dr. Collins' post that compared gene-environment interactions between

ethnicities, and how these differences between populations have important health implications. A study comparing epigenetic markers of European and South Asian smokers and non-smokers found that DNA modifications occurred in the same epigenetic regions in both ethnic groups, but the degree of DNA modifications had ethnic differences relative to smoking status³. Another study showed that Asian American women who smoked or were exposed to second-hand smoke during pregnancy had babies with modifications in specific areas of their epigenome known to be associated with non-syndromic cleft palate; however these findings were not observed in pregnant women with European ancestry⁸. Additional biomedical and epidemiologic studies are needed to understand the health effects of tobacco use, especially in the AAPI communities.

The disparity of data related to tobacco use in AAPI populations is a multifaceted problem, and likely requires a combination of policy, public programs, and commitment to changing attitudes within the research community, as well as community leaders from AAPI populations. With commitment from those driving these initiatives, it is surely possible to give parity in health and healthier habits a better chance to succeed.

References

1. Francis S. Collins MD, Ph.D.: **Largest Study Yet Shows Mother's Smoking Changes Baby's Epigenome**. In: *NIH Director's Blog*. Edited by Kendall Morgan PD: U.S. Dept of Health & Human Services; 2016. <https://directorsblog.nih.gov/2016/04/12/largest-study-yet-shows-mothers-smoking-changes-babys-epigenome/>
2. Joubert BR, Felix JF, Yousefi P, Bakulski KM, Just AC, Breton C, Reese SE, Markunas CA, Richmond RC, Xu CJ *et al*: **DNA Methylation in Newborns and Maternal Smoking in Pregnancy: Genome-wide Consortium Meta-analysis**. *American journal of human genetics* 2016, **98**(4):680-696.

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6. Asian Pacific Partners for Empowerment AL: **Tobacco Use in Asian American Communities.** In. Edited by Asian Pacific Partners for Empowerment AL. Retrieved on May 13, 2016 from www.appealforcommunities.org/: APPEAL.
7. **Smoking and Tobacco Use; Tobacco-Related Disparities; Asian Americans, Native Hawaiians, Pacific Islanders and Tobacco Use.** Retrieved on May 13, 2016 from <http://www.cdc.gov/tobacco/disparities/asian-americans/index.htm>
8. Wu T, Schwender H, Ruczinski I, Murray JC, Marazita ML, Munger RG, Hetmanski JB, Parker MM, Wang P, Murray T *et al.* **Evidence of Gene-Environment Interaction for Two Genes on Chromosome 4 and Environmental Tobacco Smoke in Controlling the Risk of Nonsyndromic Cleft Palate.** *PLoS one* 2014, **9**(2):e88088.

ART and SCIENCE SECTION

Discovering Balance Between Scholarship and Fun



Catherine Dingley, PhD, RN, FNP
 Associate Professor
 UNLV School of Nursing
 Email: Catherine.Dingley@unlv.edu
 Telephone: 702-895-4062

As I boarded the cruise ship docked in Long Beach I wondered what the next three days would bring. There were a many “firsts” to anticipate – my first AAPINA conference, my first experience as an OKURA fellow, my first cruise to Mexico, and my first meeting with a newly assigned research mentor. Now, as I reflect back on my time at the AAPINA conference, I am left with many indelible impressions that make me want to get even more involved. First, I found a new group of scholars and colleagues who exemplified collegiality and congeniality. Many organizations and groups discuss collegiality, but the AAPINA members actually appeared happy to be together and sincerely attentive to one another (which is not always the case with other organizations). There were conversations about shared research interests, presentations that challenged rote thinking, scholars who enlightened each other, and most important - there was good food and fun!

Through the OKURA fellowship, I was paired with a mentor, Dr. Yu-Ping Chang, Associate Dean for Research, State University of New York. Within minutes of our meeting, I found myself wondering how the OKURA committee could possibly have known that Dr. Chang and I would have such synergy of interests. As we continued to talk, she asked directed questions and guided the conversation in such a way that I was able to focus on goals and objectives for

my fellowship. Over the course of the conference, we met several times over coffee, dessert, and meals as she skilfully directed our discussion of shared research interests. With each meeting, I felt a sense of excitement and anticipation as I looked forward to working with Dr. Chang over the next year.

The OKURA fellowship and the mentorship with Dr. Chang will provide the opportunity for me to build on my previous work and further my program of research. In my post-doc research fellowship, I focused on family caregiving in home hospice and found that while families were activated and engaged in caregiving, they also experienced significant physical, mental, and spiritual challenges that constituted risks to their own health. Over the course of the OKURA fellowship, I plan to extend my research and focus on the unique caregiving experiences of Asian and Pacific Islander families during palliative and end of life care. I anticipate a number of cultural and contextual factors influence decision-making for advanced care planning and caregiving over time within these families.

I am grateful to be a part of the AAPINA organization and thankful for the opportunity provided by the OKURA fellowship. I have even begun recruiting future members as I've contacted other colleagues and encouraged them to join AAPINA. One of the "selling points" I stress as I encourage them to join is the high level of scholarship and quality of the research and other projects and the sincere, unpretentious nature of the members. I insure future members they will be received with a warm welcome and feel immediately included among this group of well-accomplished scholars, just as I did during my first AAPINA conference. I tell them this is a group who has found a balance between scholarship and fun. Then I simply ask, "what more could you want from a professional organization?"

Thank you AAPINA and OKURA!
Respectfully submitted by
Catherine Dingley



GERO-SECTION

Asian American Families: Key Issues for Caregiver Care and Research

Yeonsu Song, PhD, RN, FNP-C
Assistant Adjunct Professor
David Geffen School of Medicine, University of California, Los Angeles
VA Greater Los Angeles Healthcare System,
Geriatric Research, Education, and Clinical Center (GRECC)
Email: song.yeonsu@gmail.com
Telephone: 818-891-7711

Approximately 40 million adults in the United States are unpaid caregivers to adults or children. These numbers are expected to increase dramatically, thus caregiving costs will increase as well in the future^{1, 2}. While many studies target caregivers, further studies on their specific needs are critical as those information are essential to their health and wellbeing³.

This article identifies specific subgroups of caregivers whose needs require attention from health care providers and researchers. One group is caregivers who are providing hundreds of caregiving hours to care recipients. They are experiencing extreme levels of stress and are at risk of negative health outcomes. The second group is primary caregivers who are related to the care recipient and are employed either part or full time. They must juggle competing demands on their time between their caregiving and personal responsibilities. Often, the family caregivers adopt coping strategies such as leave work early, take voluntary early retirement or feel pressure to retire early. A third group is caregivers who are involved in complex needs of care recipients that require higher level of skills (e.g., advocating, arranging/coordinate health care) than skills for standard activities of

daily living. The last group is caregivers on fixed income, age 75 or older and are mostly unemployed. They use part of their income for the care recipients' health needs, thus putting themselves at risk of impoverishment ^{2, 3}.

Technology is used as tools for helping caregivers to access better quality of resources and needs. In 2015, AARP published "Caregiving Innovation Frontiers" and outlined six areas of market technology opportunity: daily essential activities, health and safety awareness, care coordination, caregiver quality of life, social well-being, and transition support ⁴.

While services for minority caregivers are available in community settings, little is known in regard to their unique needs and health impact of their caregiving ². About 2.7 million Asian American are providing care for adults, and majority of their care recipients have Alzheimer's disease or other types of dementia. Many also live with the care recipients and are involve with communicating with health care professionals. Asian American caregivers may experience greater demand from the family caregiver role than other ethnic or cultural groups ². Filial piety, an important belief system may play a key factor in this commitment, as family caregivers for certain Asian American cultural groups, such as Chinese American and Filipino American families. The study of Asian American caregiver groups report negative impact on overall health ², yet specific areas of health impact associated with their caregiving role is unknown. In addition, application of the technology to prevent or reduce negative effects of family caregiving among Asian Americans needs to be addressed as well.

Key references:

1 <http://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf>

2 http://www.caregiving.org/wp-content/uploads/2015/05/Caregiving-in-the-US-2015-AsianPacificIslander_CGProfile.pdf

3

<http://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>

4 <http://www.aarp.org/content/dam/aarp/home-and-family/personal-technology/2016-01/2016-Caregiving-Innovation-Frontiers-Infographics-AARP.pdf>

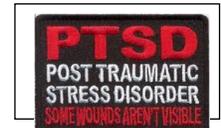
TECHNO WORLD

High-Tech, High-Touch Care

The year 2016 is dominated by virtual reality (VR) explorations that could revolutionize the way we provide health care. Blending high-tech with high-touch care (e.g., person-centered care) into mental health programs and other aspects of physical health care has potential to improve diagnostic and therapeutic

VR Simulation for Severe Paranoia

A report in the British Medical Journal (<http://bjp.rcpsych.org/content/early/2016/04/07/bjp.bp.115.176438>) describes how people with severe paranoia were helped to confront their fears in a supportive, safe and controlled environment.



Trauma Treatment

VR therapy from The University of Southern California's Institute for Creative Technologies uses the ICT's Bravemind Virtual Reality Exposure Therapy (<http://ict.usc.edu/prototypes/pts/>) to treat American veterans from Iraq and Afghanistan with PTSD. The titrated, self-paced VR exposure to the difficult memories help patients understand and move on from the trauma. Over 60 sites are now using this program.

Pain Management

At the University of Washington Seattle, SnowWorld

(<https://www.hitl.washington.edu/projects/vrpain/>) is an interactive VR video-game that helps multiple patients with severe burns at the University's Harborview Burn Center. It provides relief during wound care and treatment. The psychological aspect of pain perception heightens pain sensation and induces suffering. The patients' awareness is deviated to a calming, magical environment covered with snow, a snowman and a reindeer. MRI scans show reduce pain signals while playing SnowWorld allowing greater control over chronic pain management.

Source:

<https://www.researchandmarkets.com/blog/-vr-in-the-healthcare-industry-part-1-brain-games>

MEMBERS NEWS

AAPINA Hawaii Chapter!!

Marife Aczon-Armstrong, PhD, RN-BC

AAPINA Hawaii



1st Annual AAPINA Hawaii Potluck Picnic at Kapolei Regional Park; Monsato Employee Health Fair, AAPINA EB meeting.

AAPINA Hawaii Chapter was officially established on November 11, 2015 with founding members: Marife Aczon-Armstrong, PhD (President); Nafanua Braginsky, PhD

(President-Elect); Richelle Magday-Asselstine, PhD (Secretary); and Edna Magpantay-Monroe (EdD). AAPINA Hawaii Chapter members have since been involved with community outreach and represented our chapter in different areas of healthcare initiatives locally, nationally and globally.

Our very own AAPINA Hawaii Secretary, Dr. Asselstine has been recently named one of the 60 Outstanding Alumni of University of Hawaii at Manoa. Congratulations and job well done Richelle! AAPINA Hawaii members have been busy with community involvement. We hope to recruit more members to meet our goal of 50 members by the end 2016! Dr. Braginsky completed mentoring the American Samoa School of Nursing candidates in preparation for their NCLEX-RN board exam. Meanwhile Dr. Asselstine and Dr. Aczon-Armstrong participated in March at the First Annual Minecraft Feast Service Project which aim to feed the minds and bodies of homeless keiki in Hawaii. Dr. Magpantay-Monroe represented AAPINA Hawaii in the Monsato Employee Health Fair in April providing health information. We continue our partnership with 1270AM KNDI, Geronimo Broadcastings, Inc. hosting a radio program, "Healthy Mondays with Nurse Experts On-air" every Mondays at 6 pm in Honolulu, Hawaii broadcasting globally via TuneIn Radio. Our new initiative to help our Japanese community will be led by our AAPINA Hawaii member, Yuka Hazam who will be partnering with the Japanese Embassy General Consul here in Hawaii.

Dr. Aczon-Armstrong is currently at Uganda Christian University Mukono campus in Uganda, Africa for her second Fulbright grant project teaching in the Masters of Nursing Science Program in the Faculty of Health Sciences. She presented at the Annual Research Conference sponsored by Uganda Nurses and Midwives Union held at the famous Mandela National Stadium. The event was attended by about 500 nurses from all over Uganda, Africa.

There will be more great news as we plan for our next General Meeting before the end of the year. We are all excited for the upcoming 14th Annual AAPINA Convention to be held in Honolulu, Hawaii. Looking forward to see you all here in paradise. ALOHA!

Daisy Sherry PhD, CNP
Assistant Professor
Lewis University
College of Nursing & Health Professions
Department of Graduate Studies
Email: SherryDa@lewisu.edu

Dr. Sherry is a new member, and she recently had a manuscript accepted for publication:

Westbrook, A., Sherry, D., McDermott, M., Gobber, M., & Pabst, M. (2016 epub). Examining Practice Guidelines for Blood Glucose in the Cardiac Surgery Patient: A Nurses' Historical Cohort Study Evaluating Outcomes. *Journal of Nursing Care Quality*. Advanced online publication.

Leilani A. Siaki, PhD, FNP-BC, FAANP
Deputy Chief, Center for Nursing Science and Clinical Inquiry
Regional Health Command - Pacific (Provisional), Madigan Army Medical Center
Email: leilani.a.siaki.mil@mail.mil

CONGRATULATIONS to Leilani for being successfully inducted to the American Association of Nurse Practitioners.

Jianghong Liu, PhD, FAAN.
Associate Professor, School of Nursing and School of Medicine,
University of Pennsylvania
Email: jhliu@nursing.upenn.edu

Dr. Liu published an article "Sleep disordered breathing symptoms and daytime sleepiness are associated with emotional problems and poor school performance in children" in *Psychiatry Research*.

Lin Zhan, PhD, RN, FAAN
Dean and Professor, Loewenberg College of Nursing, Email: lzhan@memphis.edu

Dr. Lin Zhan has been invited to serve on AACN Diversity and Inclusion Advisory Council. She also chairs AACN Leadership Development Series Program.

Dr. Lin Zhan co-authored with health economist and policy analyst Drs. Cyril Chang and David Mirvis the document *Fully Utilizing Nurse Practitioners: A Health Policy Report* which has been distributed to state legislators, nursing and health care organizations.

Dr. Lin Zhan was honored to serve as senior consultant for Shanghai San Da University to advance nursing education

Jorgia B. Connor, PhD, RN
Assistant Professor
Director of 4-year BSN
Loyola University Chicago - Marcella Niehoff School of Nursing
Email: jconnor3@luc.edu

Dr. Connor has a recent Publication - Connor, J. B. (2016). Cultural Influence on Coping Strategies of Filipino Immigrant Nurses. *Workplace health & safety*, 64(5), 195-201.

She also received Sigma Theta Tau International Small Grants Award for the research proposal "Cumulative Life Stress, Cellular Aging, and Type 2 Diabetes Risk in Filipino Women."

Luz S. Porter, PhD, ARNP, FNP, FAANP, FAAN
Professor Emerita
College of Nursing and Health Sciences
Florida International University
Email: luzporter@comcast.net

Dr. Porter recently published 2 articles derived from her research on infant massage.

Porter, L. S & Porter, B. O. (2016). Does a Blended Infant Massage-Parenting Enhancement Program Improve Infant Health Outcomes? SOJ Nursing & Health Care, p.1-9.

Porter, L. S., Porter, B. O. McCoy, V., Bango-Sanchez, V., Kissel, B., Williams, M., & Nunnewar, S. (2015). Blended Infant Massage-Parenting Enhancement Programs on Recovering Substance-Abusing Mothers' Parenting Stress, Self-Esteem, Depression, Maternal Attachment, and Mother-Infant Interaction. Asian Nursing Research, p.316 - 327.

Dr. Porter attend the STTI conference in San Juan, in June. She was a speaker at the Philippine Nurses Association of South Florida (February) where she spoke on the topic of childhood obesity.

Finally, she took a 7-day cruise to the Caribbean Islands with her son's family (Brian).

Kaleo V. Correa, PhD, RN, CLC
Master of Nursing Student (FNP)
Native Hawaiian Health Scholar (2015-2017)
University of Hawai'i at Mānoa
School of Nursing and Dental Hygiene
Email: veary@hawaii.edu



Kaleo Correa (left) and Jennifer Hashimoto (right) recently became RNs and are both pursuing Master's of Nursing degrees as Family Nurse Practitioners at the University of Hawaii Manoa. They are also both Native Hawaiian Health Scholars under HRSA.

The Nurse in Washington Internship, NIWI, is a platform for political advocacy regarding federal legislation that improves and advances nursing

practice, education, and research. Jennifer and Kaleo were the only nursing advocates from Hawaii to represent the Nursing Community, an Alliance comprised of 62 national nursing organizations and nearly one million practicing nurses, nursing students, and nursing faculty.

For more information about the legislative meetings. Please contact Kaleo!

RESOURCES

Clinical Practice



Antiarrhythmic Drugs Found Beneficial When Used by EMS Treating Cardiac Arrest. National Institutes of Health, the National Heart, Lung, and Blood Institute (NHLBI) News Release, Monday, April 4, 2016
Email: nhlbi_news@nhlbi.nih.gov
Media Telephone: 301-496-4236

Researchers have confirmed that certain heart rhythm medications – i.e., amiodarone and lidocaine, when given by paramedics to patients with out-of-hospital cardiac arrest who had failed electrical shock treatment, improved likelihood of patients surviving transport to the hospital. The study was published online in the New England Journal of Medicine and helps answer a longstanding scientific question about the effectiveness of two widely-used antiarrhythmic drugs, amiodarone and lidocaine, for treating sudden cardiac arrest. *“This trial shows that amiodarone and lidocaine offer hope for bringing patients back to life and into the hospital after cardiac arrest.”*
Peter Kudenchuk, M.D., Principal Study Author
Source: <https://www.nih.gov/news-events/news-releases/antiarrhythmic-drugs-found-beneficial-when-used-ems-treating-cardiac-arrest>

Community Practice
Make the Connection (MTC)
for Veterans



No matter what the Veteran is experiencing, there is support for getting her/his life on a better track. Many Veterans have found the strength to reach out and make the connection. To find the Veteran resources visit the **Make The Connection site** (MTC) (<http://maketheconnection.net/resources>) of the U.S. Department of Veterans Affairs Resources. Fill in the ZIP code or state, then check the boxes to indicate the programs or topics the Veteran is interested in learning more about. Below are two additional links in this site that connects the Veteran to more resources.

The **SAMHSA Behavioral Health Treatment Services Locator** is an online source of information for persons seeking treatment facilities in the United States or U.S. territories for substance abuse/mental health problems.

The **National Resource Directory (NRD)** provides links to services and resources that support Service members, Veterans, families and caregivers. The NRD lists resources from federal, state and local government websites, as well as from nonprofit organizations and educational institutions.

ANNOUNCEMENT
Educational Programs

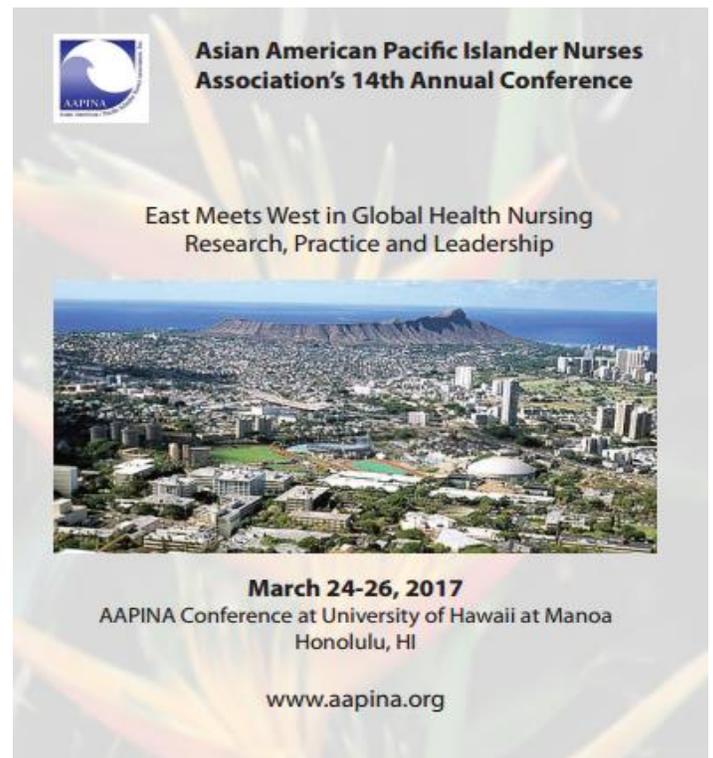
July 11-14, 23rd Annual RAND Summer Institute, Rand Corporation, Santa Monica, CA
July 11-12: Critical issues facing our aging population: a Mini-Medical School for Social Scientists
July 13-14: Workshop – Demography, Economics, Psychology and Epidemiology of Aging

Primary aim: To expose scholars interested in the study of aging to a wide range of research being conducted in fields beyond their own specialties. All interested applicants may apply

for fellowship support to pay for registration, travel, and accommodations. Both programs are described at: <http://www.rand.org/labor/aging/rsi/> For more information contact: Cary Greif (cary_greif@rand.org)

The Institute is sponsored by the National Institute on Aging and the Office of Behavioral and Social Sciences Research at the National Institutes of Health. Rand is an Equal Opportunity Employer Minorities/Females/Vets/Disabled.

AAPINA's 2017 Conference
March 24-26, 2017, Call for abstract
<http://aapina.org/wp-content/uploads/2016/06/Call-for-Abstracts-AAPINA-14th-Annual-National-Conference-Approved-by-EC.pdf>
<http://aapina.org/aapinas-2017-conference/>



*The AAPINA Newsletter Team
wishes you the best in the
upcoming months!!*

