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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



Serving as AAPINA President has been one road full of wonderful challenges and surprises and I am extremely grateful for this opportunity.

There are many colleagues as well as members who have inspired and supported me through the years serving as President. It is important to remember that AAPINA is an organization with a foundation based on ideals of internationally educated and U.S. educated nurse scholars to advocate for equity in healthcare for the Asian American communities and for Asian American and Pacific Islander nurses. AAPINA members are so diverse and as an organization we need to capitalize on our diversity and build leadership capabilities among members.

Since this is my last Presidents' Message, I want to take a moment to highlight my leadership journey.

- **Growth:** Now in its 24th year, AAPINA is strong and fiscally healthy. AAPINA membership has grown and continues to grow. Specifically, AAPINAs' membership has increased by 286% (N=43 to 133 from 2013 to 2015). I anticipate that this growth will continue as AAPINA pursue its goals to be relevant to its constituents.

- **AAPINA Website:** The AAPINA website has been finally changed, modified and reorganized making it user friendly. To join or renew membership, writing checks was replaced with an electronic method.
- **Leadership Initiatives:** On building collaborative relationships with other professional, government and consumer organizations, partnerships were created with the Stanford Geriatric Education Center (SGEC), Stanford University School of Medicine and Silliman University College of Nursing Alumni Association (SUCNAAL: Philippines).

Furthermore, AAPINA is a founding member of the Nurses on Board Coalition (NOBC), 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. The Coalition is developing a national strategy to bring nurses' valuable perspectives to governing boards as well as state and national commissions with an interest in health for implementation.

The goal is to place 10,000 nurses on boards by 2020. The effort is supported by the Robert Johnson Foundation and AARP as part of their collaborative effort to implement the recommendations of the Institute of Medicine (IOM) report presented in *The Future of Nursing: Campaign for Action*. To date, several workgroups have been formed that include creating effective board placements, targeting key board positions, public relations, messaging, communication, connecting education and preparation for Board service and mentoring and support methods for Trustees.

Additionally, AAPINA was involved in a national workshop on board

development at the *Nurses on Boards: Opening Doors for Leadership*, held on November 8, 2015 in Philadelphia sponsored by the independent Blue Cross Foundation (BGF), National League for Nursing (NLN) and the Nurses on Board Coalition (NOBC). Dr. Gonzalez moderated a panel session on *A Journey Through Open Doors* composed of nurses who are serving on diverse boards. They are – Debra Barksdale, PhD, RN (University of North Carolina, Chapel Hill), Christina Esperat, PhD, RN (Texas Technology, Health Science Center) and Kimberly McNally, PhD, RN, McNally & Associates).

The Okura Mental Health Leadership grant (2014-2016) to AAPINA focuses on capacity building for leadership in mental health among nurses from Asian American and Pacific Island communities. Currently, we have 16 Okura Mental Health Fellows. In 2016, 10-12 more API Fellowship trainees will be admitted to the program.

Professional API Nursing Journal: On September 4, 2014, the Sage Publishing Company agreed to be the publisher for AAPINA's official journal called the Asian Pacific Islander Journal with Dr. Jullian Inouye as editor. However, the agreement was discontinued a year later due to the company's business concerns. To continue this important resource, AAPINA pursued other options and was successful in obtaining support from Dean Carolyn Yucca, School of Nursing at the University of Nevada Las Vegas (UNLV). The outcome is an agreement between AAPINA and the Board of Regents of the Nevada Systems of Higher Education on behalf of the UNLV SON who agreed to own the journal with AAPINA as the sponsor. Dr. Inouye will continue as journal editor.

- **AAPINA Conferences:** Annual conferences have revitalized memberships, collaborations, and networking among members, professional organizations and non-profit organizations. The 2016 Annual AAPINA conference on *Global Health and Nursing* is scheduled on March 4-7, 2016. We look forward to seeing you there and your colleagues who may have interest in API health and working with API nurses.
- **AAPINA Chapter:** The Executive Committee approved the establishment of an AAPINA Hawaii Chapter with Dr. Marife Aczon-Armstrong as President. For information about forming a Chapter, please contact the Membership Chair,
- **Standing Committee:** The Executive Committee approved the creation of a new standing committee in March 2015. The Committee on Communications has been very active in making sure that AAPINA members are informed of the organization's activities through our newsletter and by adding media sites on our website. We are now using Facebook and other sites such as Instagram and LinkedIn to increase visibility, recruit members and reconnect with API's who may renew their membership at www.aapina.org
- **New Ad-Hoc Committees:** Please watch for future updates on the Ad Hoc Committee on Global Health and the Ad Hoc Committee on Health Policy.
- **New AAPINA Leadership:** Please welcome Dr. Patricia Alpert who will assume the President's role in January 2016.

And MOST of all, I want to express my gratitude to all AAPINA members and our friends for their commitment and support in making our organization relevant to its constituents and the populations it serves.

Moving forward, we need to continue to engage in activities that benefit our members specifically in building leadership knowledge, capabilities, skills and self-confidence to incorporate our individual cultural legacies and enhancing career opportunities in our profession and in the broader healthcare arena.

*Wishing you a memorable
Holiday Season and
a New Year
full of possibilities and opportunities.*

Beth Gonzalez

*Thank You Beth for
Your Leadership.*



**Asian American Pacific Islander
Nurses Association's
13th Annual Conference**

Global Health and Nursing:
**Advancements through
Research, Education and Practice**



SAVE THE DATES:
March 4 -7, 2016
AAPINA Conference at Sea
Carnival Inspiration: 3-Day Baja Mexico Cruise
Departure Port : Los Angeles
www.aapina.org

CONTACT: Dr. Patricia Alpert, Conference Chair.
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From the Editors' Desk



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

It seems like yesterday when we were welcoming 2015 and now we are about to begin 2016. Before we archive this year, we wish to thank the AAPINA members, Communications Committee and Executive Committee who sent us information about their activities, contributed articles, gave feedback, and kept the Newsletter Team focused on each issue to help meet the organization and members' needs to stay informed, connected, and supported. Special hi-fives go to Drs. Weiwen Wang and Meng Zhao for dedicating precious time to completing this newsletter.

We are excited and impressed by the surge of new members due mostly to the Communications Committee's work in redesigning the website, use of social media, and intensive marketing of the 2015 annual conference. The event brought in first-time attendees as well as returnees who cleared their calendar and re-activated their memberships. We look forward to meeting new and returning members at the 2016 conference-at-sea, March 4-7, 2016 on *Global Health & Nursing: Advancements through research, education, and practice* at the Carnival Inspiration Cruise - Baja, Mexico.

To our new members and continuing members, we hope the 2015 Fall/Winter issue provides you with useful information to create connections and find support. The feature article about Dr. Marife Aczon-Armstrong's Fulbright Fellowship and the Members' News section show various career pathways from which you can draw inspiration and motivation. The sections - Arts & Science, Gero, Resources, and Announcements offer a range

of materials for practice, research, and teaching.

The Newsletter Team and the Communication Committee are pleased to launch a new section "Healthcare Social Media" with Dr. Reimund Serafica's question for us: *How are your social networking skills?* It is perfect timing for a New Year self-assessment and for adding an upgrade to your smart phone or computer to your wish list.

The last two pages of this issue are a holiday gift to you from the Team. Enjoy, share with family and friends, LoL, and celebrate the holiday season with gusto! We thank you for your support.

*May this Season be the Best Time
for Rest and Relaxation.
Wishing you a Memorable and
Happy Holiday Season.*



SPECIAL FEATURE

My Fulbright Journey

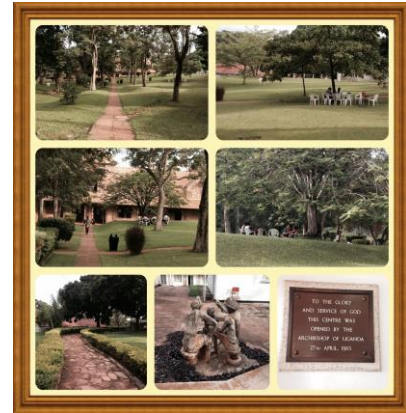
Marife Aczon-Armstrong, PhD, MSN, MSCP, RN-BC

Passion is what drives us to success. As the guitarist Christopher Parkening stated in his writing, "I suggest that you pursue a commitment to personal excellence rather than success, based on your own God-given potential. Success and excellence are often competing ideals. Being successful does not necessarily mean you will be excellent, and being excellent does not necessarily mean you will be successful. Success is attaining or achieving cultural goals, which elevate one's importance in the society in which he lives. Excellence is the pursuit of quality in one's work and effort, whether the culture recognizes it or not. Success is to please men. Excellence is to please God."

I choose to aim for excellence and it is the most rewarding accomplishment thus far. I had the privileged to travel as a Fulbright scholar to Uganda, Africa last year. I stayed at Uganda Christian University (UCU) Mukono campus teaching in the Masters of Science Nursing (MSN) program, the only functioning MSN program in all of Uganda. The culture, the food and pockets of poverty reminded me of my birth country, the Philippines. The highlight of this Fulbright grant was the opportunity to have the freedom to teach nursing with bible scriptures and praying before, during and after each class session. I shared my knowledge and skills with writing in APA format as required for their dissertation manuscripts. The first class was about "Teaching and Learning in Adults" and basic "Nursing Research."

I was at UCU the whole month last June 2014. It took me almost two days traveling from Honolulu Airport to reach my final destination, Entebbe Airport. To be honest, I was scared traveling alone and arriving at almost midnight wondering who is going to pick me up at the airport. Vanessa, Director of Hospitality who is

now a good friend showed up at Entebbe Airport with a UCU sign with my name on it.



UCU Mukono Campus

My Fulbright journey was not all about teaching in nursing. Prior to my June 2014 trip, I was blessed to be part of a 21-member Bless Africa Team from our church, Kailua Community Church during 2012-2013.

Another highlight of my 2014 journey was the opportunity to visit the beautiful people of Uganda whom I met during my first trip to Africa. As part of my students' Community Learning Experience (CLE), we toured the town Jinja, approximately 3-hour drive from Mukono. We also visited Siita Nest, an orphanage in Jinja as part of their CLE. This enabled my students to increase their awareness of the communities around them and identify their needs. We also visited Gospel of Light Church and the Living Hope Centre where our Bless Africa Team provided medical care in 2013.



My UCU-MSN students, before (bottom) and after (top) completing the class.



Our visit at Siita Nest (2014)



Gospel of Light Church and Living Hope Centre (2013)

I am currently preparing for my next Fulbright grant project at UCU in June 2016. This time I will be mentoring the MSN 4 and 5 cohorts and assisting them with their nursing research proposal development.

If you are interested to experience a Fulbright journey, I encouraged you to log on at www.cies.org. You need a terminal degree to be considered for a grant project. Use the category "public/global health" to find a grant for your nursing project.



ART and SCIENCE SECTION

Impact of Music Therapy on Breast Milk Secretion in Mothers of Premature Newborns (Abstract)

Jayamala AK, Preethi Bangalore Lakshmanagowda, Pradeep G C M, and Jaisri Goturu

Introduction: The promotion of breastfeeding is a simple and efficient strategy in reducing morbidity and mortality in neonates worldwide. Milk from the mother of a Preterm New Born (PTNB) infant contains a higher concentration of nutrients and energy than that produced by mothers of a full-term infant. Studies have shown that music therapy can reduce maternal anxiety, helping mothers cope with the hospitalization of their newborns in Neonatal Intensive Care Unit (NICU).

Objective: To evaluate the impact of music therapy on amount of breast milk secretion among mothers of premature newborns by reducing maternal stress.

Materials and Methods: Mothers of premature babies who were admitted to NICU at a tertiary health care centre were included as subjects. Mothers of premature infants were enrolled in the study once they came to NICU to express breast milk from Dec 2012 to May 2013. Each subject was assessed for 4 sessions on MT (Music Therapy) and 4 sessions on NMT (No Music Therapy) over 4 days. Breast milk was expressed using breast milk pump and quantity was measured for two sessions each day once at 11.00am and another at 4.00pm. *Raga malkauns* and *yaman* by flute was used for music therapy. MT was administered for 4 sessions in a randomized manner during the study period of 30mins (15mins prior to and 15mins during breast milk expression). To assess the psychological stress, Perceived Stress Scale (PSS-14) questionnaire was administered on day 1 and day 4 of MT. Mother's saliva was collected to estimate salivary cortisol level on the last day of study during the sessions with MT and NMT.

Results: Music therapy was associated with a significant reduction in stress level as shown by improved PSS score and reduced salivary cortisol. Subjects who received music therapy had significant increase (p-value- 0.033) in breast milk expression when compared to mothers who didn't.

Conclusion: Music therapy can be easily used in the breast milk expression room as a method to increase breast milk secretion in mothers who are stressed because of their neonates being admitted in NICU.

Keywords: Maternal stress, Neonatal Intensive Care Unit, Salivary cortisol

Source: Abstract reprinted from:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4437063/>

Citation: J Clinical Diagnosis Research. 2015 Apr; 9(4): CC04–CC06.

Published online 2015 Apr 1.

doi: 10.7860/JCDR/2015/11642.5776

PMCID: PMC4437063

Describing nurses in the role of technology change agents for introducing Patient Education Videos in an acute care setting (Abstract)

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Elizabeth M. La Rue, PhD, MLS

Technology change agents play an important role in the introduction of new technology into a hospital unit because they continually reinforce the positive aspects for the changes. Nurses make excellent technology change agents because of their vital role in patient education and care. Those with change agent personality characteristics and have passion for technology gadgets can operate naturally as a technology change agent.

In this project, nurses with these traits acted as technology change agents in an acute care setting and brought improvement in using new technology in patient-centered education and care. The effect of having two nurse technology

change agents in an acute care hospital setting providing health related SmartRoom® Patient Education Videos (SRPEVs) was evaluated. During a four month implementation of the SRPEVs with the technology change agents, the usage of the SRPEVs increased and many nurses and patients who accessed the SRPEVs had positive feedback towards the implementation of this new educational technology.

KEY WORDS: *SmartRoom® Patient Education Videos, technology change agent, nursing informatics specialist*

Source: ANIA (Dec, 2015), *Nursing Informatics Today*, 30(4), 16-18.

https://www.ania.org/sites/default/files/documents/vol30_no4/index.html

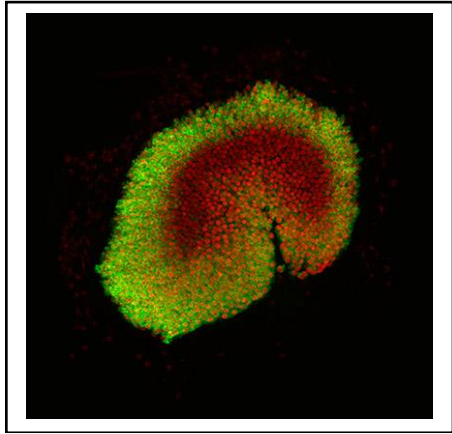
Scientists develop genetic blueprint of inner ear cell development

[NIDCD Press Release](#): Thursday, October 15, 2015; contact: 301-496-7243

Using a sensitive new technology called single-cell RNA-seq on cells from mice, scientists have created the first high-resolution gene expression map of the newborn mouse inner ear. The findings provide new insight into how epithelial cells in the inner ear develop and differentiate into specialized cells that serve critical functions for hearing and maintaining balance. Understanding how these important cells form may provide a foundation for the potential development of cell-based therapies for treating hearing loss and balance disorders. The research was conducted by scientists at the National Institute on Deafness and Other Communication Disorders (NIDCD), part of the National Institutes of Health.

In a companion study led by NIDCD-supported scientists at the University of Maryland School of Medicine and scientists at the Sackler School of Medicine at Tel Aviv University, researchers used a similar technique to identify a family of proteins critical for the development of inner ear cells. Both

studies were published online on October 15 in the journal Nature Communications.



Hair cells (red) and associated supporting cells (green) in the sensory path of a mouse utricle, part of the balancing apparatus of the inner ear. Credit: Joseph Burns, PhD, NIDCD.

“Age-related hearing loss occurs gradually in most of us as we grow older. It is one of the most common conditions among older adults, affecting half of people over age 75,” said James F. Battey, Jr., M.D., Ph.D., director of the NIDCD. “These new findings may lead to new regenerative treatments for this critical public health issue.”

Specialized sensory epithelial cells in the inner ear include hair cells and supporting cells, which provide the hair cells with crucial structural and functional support. Hair cells and supporting cells located in the cochlea — the snail-shaped structure in the inner ear — work together to detect sound, thus enabling us to hear. In contrast, hair cells and supporting cells in the utricle, a fluid-filled pouch near the cochlea, play a critical role in helping us maintain our balance. These cells detect how we move our heads and how our heads are positioned; this information tells our brain, for example, whether we are standing or lying down. The utricle is one of several structures and organs in the body that provide our sense of balance; together, they comprise the vestibular system.

Hair cells and supporting cells can be damaged by medications, infections or disease, injury, or aging, leading to hearing loss and balance

problems. In humans, these cells cannot naturally repair themselves, so effective treatments are limited.

In addition, there are only a few thousands of these sensory cells; they are tucked deep in a bony channel, making them difficult to study. To gain a better understanding of inner ear cell development, [Matthew Kelley, Ph.D., chief of the Section on Developmental Neuroscience at the NIDCD](#), and his research team used single-cell RNA-seq, a new technology that can extract comprehensive gene activity data from just one cell. Other methods for obtaining this type of data typically require thousands of cells. Knowing which genes are active can tell scientists a lot about a cell’s individual characteristics and function.

Kelley’s team analyzed 301 cells — some hair cells and some supporting cells—taken from the cochlea and utricle of newborn mice. By comparing the cells’ gene activity profiles, the researchers found unique patterns in hair cells and supporting cells. They also uncovered evidence for subgroups of cells within each of these classes. While little is known about these subgroups, the researchers speculate that the cells’ distinct gene activity patterns may reflect specialized functions.

The data also allowed the scientists to identify distinct developmental patterns of gene activity. Cells in the vestibular part of the inner ear develop at somewhat different rates, so each cell was at a slightly different point in its maturity when the researchers examined it. By analyzing the cells’ gene activity profiles, the scientists were able to identify genes that are active at each stage of development, bringing to light important clues about how the specialized hair cells are formed.

“Using this single-cell profiling technique provides a new option to identify the genetic activity of cells, particularly in systems with limited numbers of cells, like the inner ear,” said Kelley, senior author of the study. “Identifying the gene expression maps for the development of inner ear cells is essential to

understanding how they form, and may help us create ways to regenerate these cells.”

In the second study, researchers also took advantage of RNA-seq technology.

Researchers used a computational-experimental approach to search for common regulatory regions in the genes expressed in the hair cells. The scientists found that a group of gene regulators called Regulatory Factor Xs (RFX) helps to drive genes that are preferentially active in hair cells.

The researchers also showed that RFX genes have an essential role in hearing. Mice lacking two RFX proteins began to lose their hair cells and their hearing about two weeks after birth. After three months, these mice were completely deaf. The researchers concluded that the RFX gene regulators, while not crucial early in the development of hair cells, are necessary for the cells’ maturation and long-term survival.

The first study was supported by the NIDCD Intramural Program funds (DC000059 and DC000039). The second study was funded by the NIDCD (grants R01-DC013817, R01-DC003544 and R01-DC014658) and the NIH’s National Institute of Diabetes and Digestive and Kidney Diseases (grants K01-DK092402, R01-DK102001). The Triologic Society, Swiss National Science Foundation, Fondation pour la Recherche Médicale, ANR Ciliopath-X, and Nebraska Tobacco Settlement Biomedical Research Development Funds also supported the second study.

The NIDCD supports and conducts research and research training on the normal and disordered processes of hearing, balance, taste, smell, voice, speech, and language and provides health information, based upon scientific discovery, to the public.

For more information about NIDCD programs, go to: (<http://www.nidcd.nih.gov/Pages/default.aspx>).

Source:

<http://www.nih.gov/news/health/oct2015/nidcd-15.htm> [National Institute on Deafness and Other Communication Disorders \(NIDCD\)](#)



GERO-SECTION

Vulnerable Populations: Sleep Problems in Veterans and Their Caregivers

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Did you know that veterans are at higher risk of insomnia or sleep disorders (e.g., sleep apnea) than the general population? A study found about 40% of outpatient veterans reported insomnia and almost half of the respondents were at high risk of sleep disorders such as sleep apnea and restless legs syndrome.¹ The causes are complex but they might be due to comorbid conditions (e.g., obesity) or mental illness such as post-traumatic stress disorder (PTSD), anxiety, depression or other conditions from service related injuries or illnesses (e.g., traumatic brain injury [TBI]).

Caregivers of veterans also experience significant sleep problems. In 2010, a survey was conducted in 462 family caregivers of veterans from combat eras dating from World War II to the wars in Iraq and Afghanistan. Six out of ten caregivers were at least 50 years of age. Compared with caregivers of adults in the general population, caregivers of veterans were (a) mostly women, (b) spouses, (c) in their role for more than 10 years, (d) primary caregivers, and (e) living with the care recipient. Moreover, they had higher emotional stress and physical strain, experienced more financial hardship, and more had to stop working or took early retirement than caregivers in general.² Many caregivers of veterans experienced stress or anxiety (88%) and sleep deprivation (77%). This is likely due to caregiving responsibilities, aging, or physical and psychological health. Because family caregivers’ are involved with managing the health needs of post-combat veterans, it is important to include both groups when planning

any program to help meet their needs. I have been developing an intervention program to improve sleep and health status in those two groups since I joined the Veterans Administration, Greater Los Angeles Health Care System as a postdoctoral fellow in 2014.

As a Fellow at the VA, I observed some family caregivers of veterans tend to become anxious and frustrated with things around them whereas caregivers on non-veterans are relatively healthy, adjusted and satisfied with their caregiving responsibilities. As you might know, not all caregivers experience burden, stress, or other negative health condition. The recently proposed “Healthy Caregiver Hypothesis³” explains that healthy adults are more likely to become caregivers and maintain caregiving activities which help them to maintain health. While research in caregivers focuses on general population, little is known about caregivers of veterans with a variety of medical condition. Assessing and understanding the caregiving situation and specific needs would be a necessary first step for healthcare providers to help both caregivers and veterans.

The VA has been developing a positive service culture by transitioning from “sick care” to “health care” in various settings.⁴ One setting where I have my clinical practice as a nurse practitioner is the Home Based Primary Care (HBPC). The HBPC is designed for the veterans who have complex health care needs that require a healthcare provider’s expertise beyond a routine clinic check-up. It is also for caregivers who experience burden so during home visits the providers can lessen their load by helping with specific services and activities of daily living for veterans. The Adult Day Health Care (ADHC) at the VA is also a much needed and a wonderful program to maintain the veterans’ physical functions as well as a short-term break for family caregivers. The caregivers at the ADHC also support each other through regular caregiver support meetings. I hope that other nurse care providers or researchers at the VA could actively participate in improving care for both

veterans and caregivers in the future. Below are links to VA resources related to veterans and family caregiving.

<http://www.caregiver.va.gov/>

http://www.va.gov/geriatrics/guide/longtermcare/home_based_primary_care.asp

http://www.va.gov/geriatrics/guide/longtermcare/Adult_Day_Health_Care.asp

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4. Department of Veterans Affairs, Veterans Health Administration Blueprint for Excellence. Sep 2014.

Haiku X23 – Christmas 2013
by Anne Lise Andresen

The lights are shining
all the children should sleep now
Christmas tomorrow

~ ~ ~ ~ ~

No children crying
a night with good sleep sweet dreams
Gifts under the tree.

~ TECHNO WORLD ~ HEALTHCARE SOCIAL MEDIA

How is your social networking skills?



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Welcome to the “selfie” century! Social media, including microblogs (e.g. Twitter), social networking sites (e.g. Facebook, Instagram, Flickr, Tumblr, etc.), and media sharing sites (e.g. YouTube) influence us every day. Today, social media is considered a global cultural phenomenon. Social media are dynamic and interactive computer-mediated communication tools that have high penetration rates in the general population in high-income and middle-income countries. However, in medicine, nursing and general healthcare, many stakeholders (e.g., clinicians, administrators, professional colleges, academic institutions, etc.) are still unaware of social media’s relevance, potential applications in their activities, including inherent risks and how to attenuate and mitigate.

Wikipedia, the online user-generated encyclopedia, expands on this definition with a number of concepts below:

A social networking service is an online service, platform, or site that focuses on facilitating the building of social networks or social relations among people who, for example, share interests, activities, backgrounds, or real-life connections. A social network service consists of a representation of each user (often a profile), his/her social links, and a variety of additional services. Most social network services are Web-based and provide means for users to interact over the Internet [through] instant messaging. Online community services are sometimes considered as a social network service,

though in a broader sense, social network service usually means an individual-centered service whereas online community services are group-centered. Social networking sites allow users to share ideas, activities, events, and interests within their individual networks.

An important facet of most social networking sites is that third-party applications (apps) can be created within these services. Third-party applications work through integration of application programming interfaces (APIs) that allow outside software and data to be visualized (Gossman & Hartmaier, 2001). In Facebook, the most prominent of these is Zynga’s Farmville Game, which allows people to create a virtual farm. By interacting with Facebook friends, a virtual currency is acquired to buy virtual goods, e.g., tractors or animals.

Social media enable healthcare providers and policymakers to communicate health issues with the public and answer health questions



© Can Stock Photo

(Sarasohn-Kahn, 2008). It facilitates patient-patient dialogue to gain perceptions and experiences from each other. More objectives, including health education, health promotion and stigma reduction are achievable. Many healthcare organizations have developed these tools to communicate with the public.

Researchers identified major advantages when using social media in healthcare. They are: better relationship between patients, providers and policymakers, social support, self-care, access to more information, information sharing and greater access to health information commensurate with users’ needs, public health surveillance and positive influence on health policy making. However, social media users encounter challenges such as lack of reliability; lack of privacy and confidentiality; users’ and patients’ ignorance of potential risks of health information disclosure; inaccurate medical advises; adverse health consequences; negative health behaviors and information overload (Lucas & Borisov, 2008). Patients may refuse to consult with healthcare

providers due to social media usage. Furthermore, there is no guarantee patients would apply appropriately a retrieved health information specific to their conditions.



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These challenges may endanger patients and community health. Most of healthcare stakeholders, i.e., clinicians, administrators, professional institutions, and academic institutions are not fully aware and informed of social media impact, potential applications on daily activities and related procedures to minimize inherent risks to patients and they are not ready to face these challenges.

A number of indicators suggests social media use in healthcare is growing (Cheston, Flickinger, & Chisolm, 2013). The number of articles indexed on PubMed has nearly doubled each year for the last four years; social media policies are being adapted and tested in various healthcare settings; journals are discussing how social media facilitate knowledge-sharing and collaboration; and theories on social changes from their adaption are being developed.

AAPINA as an organization has been using Facebook as a platform for members' interaction and collaboration for almost five years now. We recently added other social media sites - Instagram, Twitter, and LinkedIn to increase visibility and recruit new members. Instagram is a free online photo-sharing and social network platform that allows users to upload, edit and share photos with other members through the Instagram website, email, and social media sites. Twitter is a free social networking microblogging service enabling members to broadcast short posts

called tweets. Twitter members broadcast tweets and follow other users' tweets using multiple platforms and devices. Tweets and replies to tweets can be sent by cell phone text messaging, desktop computer, or posting at Twitter.com.

Professional networking sites are for interactions only related to a person's professional career or business. LinkedIn is the most popular of such sites, focusing on medicine or healthcare and other fields; it allows people to publicly display a curriculum vita along with personal and institutional affiliations. LinkedIn uses connections vs Facebook's "friending" each other. Connections publicly show people they have worked together or know each other. Should a person be new to the site, connections can also be used to visualize the number of degrees of separation between two or more people.

AAPINA members are encouraged to use other social media sites not only for member interactions but also to engage potential AAPINA members to learn about our memberships and to better understand our philosophy and mission to serve as a unified global voice for AAPI nurses. You can access these social media sites directly at www.aapina.org.

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MEMBERS NEWS

A Leader on the Move

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In August 2015, **Dr. Chang** was promoted as the Interim Associate Dean for Research and Scholarship at School of Nursing, University at Buffalo, The State University of New York. Part of the Summer was devoted to learning/ understanding the needs of faculty in order to support them in their research and scholarly activities. She was also interviewed by Forbes magazine about her research on prescription opioid abuse in older adults. Go to the link below for detail

<http://www.forbes.com/sites/cjarlotta/2015/12/10/combating-prescription-opioids-among-baby-boomers/>



Luz S. Porter, PhD, ARNP, FAANP, FAAN

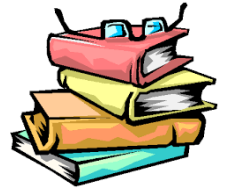
Professor Emerita
College of Nursing and Health Sciences
Florida International University
Email: luzporter@comcast.net

Dr. Porter attended the Sigma Theta Tau 25th International Research Congress in San Juan, Puerto Rico (July 25-28) and the American Academy of Nursing Annual Conferences in Washington, D.C. (October 15-17).

Last November 14, 2015, she presented a paper on "A Cross-Cultural Study of Obesity among Black, Filipino, and Hispanic Families in South Florida" on November 14, 2015.

Julaine Ching, BSN, RN

Doctoral Candidate, School of Nursing
University of Hawaii at Manoa
Email: julainec@hawaii.edu



To **Julaine** - a Toast and Congratulations for successfully advancing as doctoral candidate at the University of Hawaii at Manoa.

Joy of Teaching

Sunny Wijesinghe, MS, MPH, PhD, RN

Educator, College of Micronesia
Email: sunnywijesinghe@hotmail.com

Dear AAPINA community,

In summer 2014, I mentioned I was in Micronesia working as a public health nurse. Well, now I have finished my one-year service with the U.S. Peace Corps Response in Federated States of Micronesia. I worked as an educator in non-communicable diseases (NCDs) and focused on 5 areas to enhance NCD knowledge, practice & attitude by building capacity at the following levels: College of Micronesia, community health assistants, elementary school teachers & students, general community, and religious leaders. Some of my most enjoyable events included writing two story books on NCDs and making stage productions of them.

At the time of writing I am in Maputo, Mozambique. This time, I'm exploring ways to contribute to prevention of communicable diseases.



Saying farewell to my colleagues on the island of Pohnpei in the Federated States of Micronesia. Sunny is third from the left all decked up.

Tam H. Nguyen, PhD, MSN/MPH, RN
Assistant Professor,
Boston College, Connell School of Nursing
Email: tam.nguyen@bc.edu

Dr. Nguyen received the 2015 Mentorship Award from Boston College's Keys to Inclusive Leadership in Nursing Program. *Way to Go!!* She has been busy with publications as well.

1. **Nguyen, T.N.**, Nguyen, T.N., Fischer, T., Ha, W., Tran, T.V. (2015). Type 2 diabetes among Asian Americans: Prevalence and prevention. *World Journal of Diabetes*, 6(4): 543-547 [doi: 10.4239/wjd.v6.i4.543]
2. Kim, T.M., Kim, B.K., Huh, B., **Nguyen, T.H.**, Han, H.R., Bone, L.R., Levine, D. (2015). The Effect of a Community-Based Self-Help Intervention: A Case of Korean Americans with Type 2 Diabetes. *American Journal of Preventive Health*, 49(5): 726-737 [doi:10.1016/j.amepre.2015.04.033]
3. **Nguyen, T.H.**, H.J. Park, Han, H.R., Chan, K., Paasche-Orlow, M., Haun, J., Kim, M.T. (2015). State of the science of health literacy measures: Validity implications for minority populations. *Patient Education and Counseling*. (Accepted, epub ahead: <http://dx.doi.org/10.1016/j.pec.2015.07.013>)
4. **Nguyen, T.H.**, Paasche-Orlow, M., Han, H.R., Chan, K.S., Kim, M.T. (2015). Modern measurement approaches to health literacy scale development and refinement: overview, current uses, and next steps. *Journal of Health Communication*. (Accepted, [http://dx.doi.org/10.1080/10810730.2015.1073408])

Nita Jane Carrington, EdD, RN, ANP, MSN, MBA, MPA
Professor of Nursing
Hawaii Pacific University
College of Nursing & Health Sciences
Email: ncarrington@hpu.edu

Dr. Carrington presented recently to Nursing Administrators from Hamamatsu General

Hospital, Japan. Currently, she is the Editor-in-Chief of the GSTF Journal of Nursing and Health Care, a global nursing and health care publication whose headquarters are in Singapore.

Last July, Dr. Carrington and her husband went on a cruise on the River Danube that started in Budapest, Hungary, and other ports of call in the countries of Serbia, Bulgaria, and Romania. This is a very interesting itinerary and I invite you to experience it also.

Edna R. Magpantay-Monroe Ed.D., APRN

Associate Professor, School of Nursing
Chaminade University of Honolulu Faculty
Consultant, Hawaii Student Nurses Association (HISNA)
VP for Chaminade University, Sigma Theta Tau International (STTI), Gamma Psi-at-Large Chapter
Email: edna.magpantay-monroe@chaminade.edu

Dr. Magpantay presented a poster on "Integration of Military and Veteran Health in a Psychiatric Mental Health BSN Curriculum" at the International Military Veterans Conference - *Joining Forces Across the Atlantic to Restore Lives: Research, Education, and Practice for Military and Veteran's Health* on October 2, 2015 in Grange Over Sands, Cumbria, UK.



At the Poster Session

She is currently on her second term as Vice President for the Chaminade University of Honolulu, STTI Gamma Psi at Large Chapter.

While serving her second year as the Faculty Consultant/Adviser to the Hawaii Student Nurses Association (HISNA), Dr. Magpantay assisted the Executive Board to coordinate the association's second annual conference held October 10, 2015. The conference theme was "Ho'oulu Hawai'i: Inspiring the Passion of Nursing Within" and a highlight of the event was the screening of an Emmy award winning documentary film "*Searching for Augusta*"



Dr. Magpantay (L Front row, first) with HISNA Executive Board at the 2nd Annual Conference, October 10, 2015.

Melen McBride, PhD, RN, FGSA

Associate Director, Emerita
Stanford Geriatric Education Center
Stanford University School of Medicine
Email: mcbride@stanford.edu

Dr. McBride presented in a multidisciplinary symposium at the 2015, Gerontological Society of America Scientific Meeting (March 17-21, Orlando, FL) on the theme "*Alaska Native Elders, Ways of Knowing: Historical Context, Research Methods and Dementia*". Her co-presenters were: Rosellen Rosich, PhD and Maria Crouch, doctoral student both from the University of Alaska, Anchorage and Jordan Lewis, PhD from the University of Washington School of Social Work. She focused on *Evolution of Ethnogeriatrics and Selected Qualitative Outcomes*.

As co-convenor for the Aging and Disaster Interest Group, she discussed a competency-based curriculum on older adults and disaster (COAD) for health professionals developed at the National Center for Disaster Medicine and Public Health (NCDMPH) that consists of 7 modules and 27 lessons. Dr. McBride contributed two Lessons and the COAD is now available at <http://ncdmp.h.usuhs.edu/KnowledgeLearning/2015-OAC.htm>

ANNOUNCEMENTS



ANA Annual Conference at the Disney Coronado Springs Resort, March 9–11, 2016, in Lake Buena Vista, Florida!

Register at:

http://www.nursingworld.org/MainMenuCategories/Conference/2016-ANA-Conference/Registration?utm_source=member&utm_medium=email&utm_campaign=ANACon16&utm_content=EOY



September 1, 2015

RE: Appointment of New MFP Executive Program Consultant

Dear MFP Alumni:

On behalf of the American Nurses Association (ANA) President, Dr. Pam Cipriano, it gives me

great pleasure to announce the appointment of [Frieda Hopkins Outlaw, PhD, RN, FAAN](#)¹, as the Executive Program Consultant for the Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship Program at ANA. This appointment is effective as of September 1, 2015. Dr. Outlaw has a long-standing relationship with the program including participation as a Fellow from 1981 to 1983 and subsequently serving on the MFP National Advisory Committee.

ANA is pleased that Dr. Outlaw has agreed to provide academic and scientific oversight for this critically important program. She brings to the program significant expertise in the area of mental health and substance abuse in a variety of settings, with specific expertise with children and families. In addition, Dr. Outlaw is an accomplished researcher with a significant body of published literature.

Thank you for your ongoing engagement with this MFP program at ANA. If you have any questions, please contact Janet Jackson at janet.jackson@ana.org or 301-628-5247.

Sincerely,



Debbie Dawson Hatmaker, PhD, RN, FAAN
Executive Director

¹ <http://www.emfp.org/Main-Menu-Category/About/Advisory-Committee/Freida-Outlaw.html>



September 30, 2015

Marife Celebre Aczon-Armstrong, PhD, MSN,
MSCP, BSN, RN-BC
3095 Ala Ilima Street, Apt 305
Honolulu, HI 96818-2778

Dear Dr. Aczon-Armstrong:

On behalf of the American Nurses Association (ANA) Board of Directors, it is my pleasure to inform you that you have been appointed to the Minority Fellowship Program (MFP) National Advisory Committee. Your term commences January 1, 2016 and ends December 31, 2018.

ANA is served well by its members who commit their time and energies to volunteering. Your willingness to serve is a testament to your commitment to ANA and the nursing profession. Staff support for the MFP National Advisory Committee will contact you with additional information.

Congratulations on your appointment!

Sincerely,



Pamela F. Cipriano, PhD, RN, NEA-BC,
FAAN
President

cc: Dave Hanson, MSN, RN, CNS, NEA-BC, Chair,
Individual Member Division
Tina McRae-Phelps, MSM, Director, Constituent
Relations
Willa M. Doswell, PhD, Chair, MFP National
Advisory Committee
Freida H. Outlaw, PhD, RN, FAAN, Executive
Consultant, SAMHSA Minority
Fellowship Program
Marla J. Weston, PhD, RN, FAAN, ANA Chief
Executive Officer
Debbie Hatmaker, PhD, RN, FAAN, ANA Executive
Director
Janet Jackson, Project Director, SAMHSA Minority
Fellowship Program
Cheryl Peterson, MSN, RN, Senior Director,
Nursing Programs

Disaster Medicine and Public Health Preparedness Call for Papers

In 2016, the journal [Disaster Medicine and Public Health Preparedness](#), in collaboration with the

[National Center for Disaster Medicine and Public Health](#) (NCDMPH), will publish a special collection of papers on caring for **older adults** before, during, and after disasters.

As the number of disasters increase and the population ages, the care of older adults in disasters merits special attention. This Call for Papers aims to bring together the most relevant research, practice, and educational initiatives on the care of older adults in disasters. Submissions are welcomed that address issues related to disaster preparedness, response, recovery and resilience.

Submissions from a wide variety of disciplines are encouraged. Original research articles, editorials, responder tools, letters to the editor, or commentaries which fit the theme of this Call for Papers will all be considered. All submissions will be fully peer reviewed.

Guest Editors

Melen G. R. McBride, PhD, MSN, MEd, RN, FGSA, Associate Director, Emerita, Stanford Geriatric Education Center, Stanford University, School of Medicine

Kenneth Schor, DO, MPH, FAAFP, Acting Director, National Center for Disaster Medicine and Public Health

Kandra Strauss-Riggs, MPH, Operations Director, Henry M. Jackson Foundation for the Advancement of Military Medicine

Brian A. Altman, PhD, Education Director, Henry M. Jackson Foundation for the Advancement of Military Medicine

Kelly Gulley, MPH Candidate 2015, Project Coordinator, Henry M. Jackson Foundation for the Advancement of Military Medicine

Submission Guidelines

Full instructions on how to prepare a submission can be viewed at <http://mc.manuscriptcentral.com/dmp>.

Please contact dmpjournal@gmail.com if you have any questions regarding the submission process.

Thematic Areas

Contributions are welcomed in the following thematic areas related to caring for older adult in disasters (but not limited to):

Clinical care
Diverse ethnic and immigrant communities
Public health
Specific types of disasters
CBRNE
Ethical or legal issues
Specific care settings
Health vulnerabilities
Psychosocial
Access and functional need
Communication issues
Disaster human services
Caregivers
Education and training programs or tools
programs or tools.



Important Dates

Call for Papers Open	September 30, 2015
Deadline for Submission	May 20, 2016
Print Publication	August 2016

Accepted articles will be published online after editing
Editor-in-Chief: James J James, MD, DrPH, MHA

REMINDER 13th ANNUAL AAPINA CONFERENCE

GLOBAL HEALTH and NURSING
*"Advancements through research,
education and practice"*
MARCH 4-7, 2016

3-day Baja Mexico Cruise
Carnival Inspiration (Port: Los
Angeles, CA at Long Beach)

CHECK: www.aapina.org
CONTACT: Dr. Patricia Alpert, email:
palpert@arizonacollege.edu, ph, 702-
831-1250 and Dr. Jennifer Kawi (for
processing registration) email :
jennifer.kawi@unlv.edu.

RESOURCES

Dr. Kem Louie (ksslouie@juno.net) shared the Press Release below.

House Passes Legislation Introduced by Reps. Meng and Royce That Removes the Term "Oriental" from Federal Law
Press Release: Dec 3, 2015

The U.S. House of Representatives passed legislation sponsored by U.S. Reps. Grace Meng (D-NY) and Ed Royce (R-CA) that removes the term "Oriental" from federal law.

"The word 'Oriental' is an offensive and derogatory term that should no longer be used by the federal government," said Meng. "Nobody in our country, regardless of ethnicity, should be referred to in an insulting manner by the government. It's well past time to strike the legal use of this outdated term. It no longer has a place in federal law, and I look forward to the day when it's finally gone for good."

"Orientals is an offensive and antiquated term, especially so when referring to America's vibrant Asian American community," said Royce. "Using this term in federal law lends it a legitimacy it doesn't deserve, which is why Congresswoman Meng and I have moved to remove it."

The legislation removes all references to "Orientals" in federal law, and replaces the term with "Asian Americans."

The Meng-Royce legislation, which was approved unanimously last night by voice vote, is included in the North American Energy Security and Infrastructure Act.

In 2009, Meng – when she was a member of the New York State Legislature – passed legislation into law that eliminated the use of "Oriental" in all official New York State documents.

<http://meng.house.gov/media-center/press->

[releases/house-passes-legislation-introduced-by-reps-meng-and-royce-that-removes](#)

Families with Children From China
PO Box 237065
Ansonia Station
New York, New York 10023



Everyday Words

<http://content.govdelivery.com/accounts/USCDC/bulletins/1257fd8>

Centers for Disease Control and Prevention (CDC) sent this bulletin at 11/16/2015 07:00 PM EST

Everyday Words for Public Health Communication, a new document from CDC, offers expert recommendations from CDC's Health Literacy Council and other agency communicators on how to reduce jargon and replace problematic terms to improve comprehension.

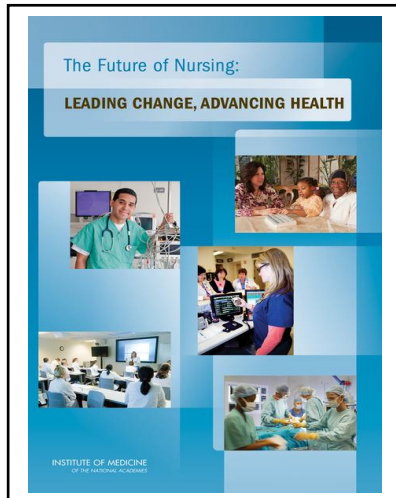
Everyday Words is based on years of experience and formative research by CDC's communication staff testing materials with diverse audiences. It provides:

- Substitute terms
- Real-life examples of difficult public health passages
- Revised wording
- Tips to reinforce meaning and avoid other common pitfalls.

Access the full document and more information by visiting the "[Develop Materials](http://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html)" (<http://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html>) section of our [health literacy website](http://www.cdc.gov/healthliteracy/) (<http://www.cdc.gov/healthliteracy/>).

Top 10 Most Read Reports

Five years later, the *Future of Nursing: Leading Change, Advancing Health* report still claims the number one spot in the IOM's top 10 reports list. Check out the November's list below to see what other reports made the cut.



1. [The Future of Nursing: Leading Change, Advancing Health](#)
Released: October 5, 2010
2. Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids
Released: September 5, 2002
3. Dying in America: Improving Quality and Honoring Individual Preferences Near
Released: September 17, 2014
4. Improving Diagnosis in Health Care
Released: September 22, 2015
5. Crossing the Quality Chasm: A New Health System for the 21st Century
Released: March 1, 2001
6. To Err is Human: Building A Safer Health System
Released: November 1, 1999
7. Adverse Effects of Vaccines: Evidence and Causality
Released: August 25, 2011
8. Beyond Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Redefining an Illness
Released: February 10, 2015
9. Dietary Reference Intakes for Calcium Vitamin D
Released: November 30, 2010

10. Physical Activity: Moving Toward Obesity Solutions: Workshop Summary
Released: November 13, 2015

Source:

http://iom.nationalacademies.org/Global/News%20Announcements/what-youre-reading-november-2015.aspx?utm_source=IOM+Email+List&utm_campaign=ca692b9770-top_10_most_read_reports_of_NOVEMBER&utm_medium=email&utm_term=0_211686812e-ca692b9770-180232341



The Asian/Pacific Island Nursing Journal (APNJ) is back and taking manuscripts. The AAPINA Newsletter Team strongly encourages AAPINA members to start writing and submit your manuscript! Stay tuned for more information!!

<https://us.sagepub.com/en-us/nam/asianpacific-island-nursing-journal/journal202326#submission-guidelines>

Editor-in-Chief, Jillian Inouye, PhD, ARPN, FAAN
Associate Dean for Research and Professor
The Tony & Renee Marlon Angel
Professorship
Schools of Nursing and Allied Health
Sciences
University of Nevada Las Vegas
Email: jillian.inouye@unlv.edu



© Can Stock Photo



HOLIDAY SPECIAL FOR AAPINA MEMBERS

Some Tips for Surviving and Enjoying the Holiday Season

Ellen Costello, MD
Director, Women's Partial Program
Butler Hospital, New England

Accept your limitations. Set realistic expectations for yourself and others. Delegate tasks; practice saying "no."

Pace yourself and prioritize. Develop a plan. Make a to-do list, set deadlines and write them on your calendar.

Keep it simple. Improvise. Think potluck, take out, or inviting people for the day after the holidays to feast on leftovers.

Accept a little help from friends. This is no time to go it alone or try controlling all.

Avoid coasting on empty. Make time for some nourishing activities. Keep up with your exercise; sleep; take some down time.

Do things that give meaning to the holidays. Volunteer, engage in spiritual activities; spend time to enjoy family/friends.

Savor life's little pleasures. Count your blessings. Express caring and gratitude to yourself and others.

Give the gift of yourself. Have a close friend or family member choose one activity that makes the holiday especially fun or meaningful for them, and do it with that person.

Accept change. If you've suffered a loss during the year, consider changing your routine and doing something different.

Be your own cheerleader. Breathe, laugh, watch a funny movie, and remind yourself that you can do it.

Have a peaceful holiday season!

Source:

<http://www.butler.org/patientsandcommunity/surviving-holiday-season.cfm>

Family Games

These games can be adapted to ethnic groups' practices during the holiday season.

Holiday Scattergories

This is the Holiday version based on the game of Scattergories. One person is the caller and calls out a category. Teams (or individuals) have 3 minutes to list as many things in that category as they can. Holiday category suggestions: Decorations, Holiday songs, Holiday Cookies, signs of Holidays, North Pole, and Holiday Food (just to name a few) You can add other categories.

After the timer goes off, each team reads their list. If no one had that on their list, that team scores a point. Each team in turn reads their list and totals their points for that round. Play another round and keep tallying scores.

Winner is the team with the most points after several rounds.

Christmas Statue

One person is "it". The rest of the players get into a position that they can hold for a while (they are the statues). The person that is "it", moves around looking at the Christmas statues. (you can use some fun Christmas props for this) Nobody can change positions. The "it" person leaves and the monitor asks one person to change something about their position or prop. "It" comes back in the room and tries to decide what is different. Decide the amount of guesses they get – vary with age and number of players.

Holiday Memory Game

On a tray, place 8-10 different holiday ornaments, candy, ribbon, bow, figures or other holiday items. Have each person look at the items displayed? Remove the tray of items. Individuals or teams try to list each item they saw on the tray. The team or person that remembers the most, wins! Another variation is to remove one item from the tray and see who can discover which one is missing.

Source: <http://grandparentsplus.com/grandparentsplus-comchristmas-games-printables-html/>



Flores de Noche

A charming story is told of Pepita, a poor Mexican girl who had no gift to present the Christ Child at Christmas Eve Services. As Pepita walked slowly to the chapel with her cousin Pedro, her heart was filled with sadness rather than joy. I am sure, Pepita, that even the most humble gift, if given in love, will be acceptable in His eyes," said Pedro consolingly.

Not knowing what else to do, Pepita knelt by the roadside and gathered a handful of common weeds, fashioning them into a small bouquet. Looking at the scraggly bunch of weeds, she felt more saddened and embarrassed than ever by the humbleness of her offering. She fought back a tear as she entered the small village chapel.

As she approached the altar, she remembered Pedro's kind words: "Even the most humble gift, if given in love, will be acceptable in His

eyes." She felt her spirit lift as she knelt to lay the bouquet at the foot of the nativity scene. Suddenly, the bouquet of weeds burst into blooms of brilliant red, and all who saw them were certain that they had witnessed a Christmas miracle right before their eyes.

From that day on, the bright red flowers were known as the Flores de Noche Buena, or Flowers of the Holy Night, for they bloomed each year during the Christmas season and thus, the legend of the poinsettia was born.

The plant we know today as the poinsettia has a long and interesting history. Native to Central America, the plant flourished in an area of Southern Mexico known as Taxco del Alarcon. The Aztecs used the plant decorative purposes but also put the plant to practical use. They extracted a purplish dye for use in textiles and cosmetics from the plant's bracts. The milky white sap, today called latex, was made into a preparation to treat fevers.

The poinsettia may have remained a regional plant for many years to come had it not been for the efforts of Joel Roberts Poinsett (1779-1851). The son of a French physician, Poinsett was appointed as the first U.S. Ambassador to Mexico (1825-1829) by President Madison. Poinsett had attended medical school himself, but his real love in the scientific field was botany. (Mr. Poinsett later founded the institution which we know today as the Smithsonian Institution).

Poinsett maintained his own hothouses on his Greenville, South Carolina plantations, and while visiting the Taxco area in 1828, he became enchanted by the brilliant red blooms he saw there. He immediately sent some of the plants back to South Carolina, where he began propagating the plants and sending them to friends and botanical gardens.

Among the recipients of Poinsett's work was John Bartram of Philadelphia, who in turn gave the plant over to another friend, Robert Buist, a Pennsylvania nurseryman. Mr. Buist is thought to be the first person to have sold the plant

under its botanical name, Euphorbia pulcherrima. It is thought to have become known by its more popular name of poinsettia around 1836, the origin of the name recognizing the man who first brought the plant to the United States.

Congress honored Joel Poinsett by declaring December 12th as National Poinsettia Day which commemorates the date of his death in 1851. The day was meant to honor Poinsett and encourage people to enjoy the beauty of the popular holiday plant.

<http://www.phoenixflowershops.com/pages/poinsettiahistory.htm>

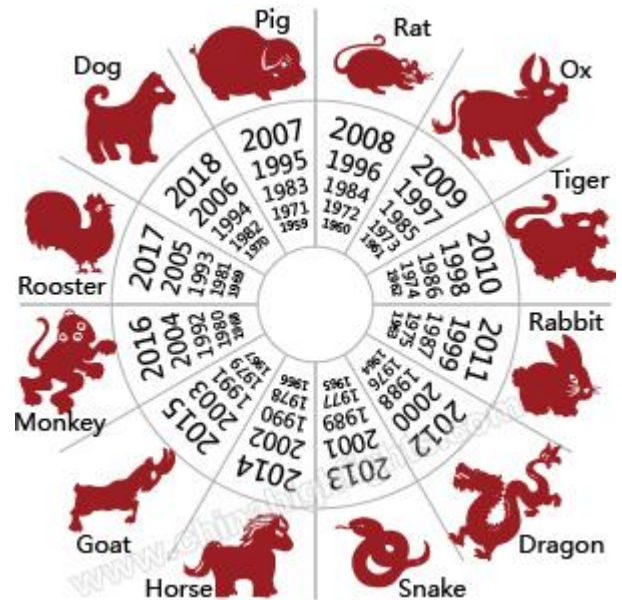


Chinese New Year 2016

The date for the Chinese New Year in 2016 is February 8th. This is the year of the Fire Monkey. The Year of the Monkey starts from Feb. 8, 2016 and lasts to Jan. 27, 2017.

The Chinese New Year Day is the new moon day of the first lunar month, according to Chinese Lunar calendar, The first lunar month is the second lunar month after the lunar month (11th lunar month) contains Winter Solstice, which is around December 23 in Gregorian calendar (western calendar). As a result, Chinese New Year Day might fall in the second half of January or the first half of February. The Chinese Zodiac, known as Sheng Xiao, is based on a twelve-year cycle, each year in that cycle related to an animal sign. These signs are the rat, ox, tiger, rabbit, dragon,

snake, horse, sheep, monkey, rooster, dog and pig. It is calculated according to Chinese lunar calendar. You can use the zodiac calculator to search for your Chinese zodiac animal sign.



<http://www.chinesefortunecalendar.com/NewYearDays.htm>

http://www.travelchinaguide.com/intro/social_customs/zodiac/

The AAPINA Newsletter Team wishes you the best in the upcoming months.



"Holiday Haiku" by John Freeman

virgin births a Son...

the season is Christmas day

the Father is love.

http://www.haikupoemsandpoets.com/poems/christmas_haiku_poems