



AAPINA

ASIAN AMERICAN / PACIFIC ISLANDER NURSES ASSOCIATION, INC.

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

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Table of Contents

PRESIDENT’S MESSAGE	Page 1
FROM THE EDITORS’ DESK	Page 2
GERO SECTION	Page 3
RESOURCES SECTION	Page 4
ARTS AND SCIENCES	Page 6
AAPINA CONFERENCE	Page 6
MEMBER NEWS	Page 7

President’s Message: *A Message from AAPINA President*



I have great news to share! We have added another chapter to our organization. The North Carolina (NC) chapter has been approved by the AAPINA Executive Committee in spring 2018. The NC chapter is also hosting the 15th Annual Conference in NC this coming September. Most NC chapter members are also involved in the conference planning. Thanks to the planning committee for their time and effort in making this conference happen. The *Call for Abstracts* is out, I encourage that you submit an abstract for a poster, podium, and/or symposium presentation. Attending the conference is important for networking and provide opportunity for research collaborations. Please plan to attend our upcoming conference to share important information about your research, education, and /or practice with colleagues.

Another wonderful news is, AAPINA has been recently approved to be the Publisher/owner of the online open access journal, *Asian/Pacific Island Nursing Journal*. Thanks to Dr. Jillian Inouye for continuing to be the Editor-in-Chief of this journal. More information about the journal and website information are forthcoming.

I will be working closely with our Past-President, Dr. Pat Alpert, with regard to operationalizing the strategic plan prior to implementation. Our strategic plan objectives include:

- Network with local, national, and international organizations and address the health care and nursing concerns of AAPI nurses in the United States, its territories, and in other countries
- Identify the health care needs of AAPIs to promote healthy living and better health outcomes.
- Formulate and implement strategies to act on issues, legislation and public policies affecting the health of AAPIs
- Collaborate with other health and professional organizations that support the mission of AAPINA
- Promote professional development of members through training and education
- Promote leadership development in in research, practice, and education.

To expand membership, I encourage you to invite your colleagues to join AAPINA and share the mission, philosophy, and objectives of our organization. To increase visibility and membership, please join our AAPINA Facebook, Instagram, and/or Twitter.

To be informed about what’s happening with AAPINA, please make sure we have your *current email address* on your membership file at aapina.org.

Thanks for all that you do to the nursing profession and AAPINA. Have a wonderful summer!

Sincerely,

Alona D. Angosta PhD, APRN, FNP, NP-C

Associate Professor & Graduate Program Coordinator (MSN & Post-Master’s Certificate)
School of Nursing at University of Nevada, Las Vegas

From THE EDITOR’ DESK

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

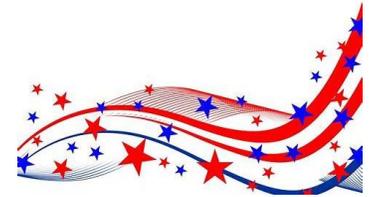
We hope you all have an enjoyable summer break!

This issue covers several timely topics including “Connecticut Hospital Reduces Pressure Injuries Using AHRQ Toolkit”- summary excerpt by Dr. Melen McBride and “Promoting anticipatory guidance as part of chronic progressive disease management” by Dr. Jenice Guzman. In the ‘Resource Section’ we also include important information regarding “Effectiveness of Some Non-Opioid Alternatives for Managing Chronic Pain”, “Database For Illness And Select Pathogens in Food”, and “Veterans Access to Private Care.”

Finally, the last article by the President Elect Dr. Eun-Ok Im features AAPINA’s 15th annual national conference “Local to Global: Future Directions for Research on Health Disparities”. We look forward to meeting both new and returning members at the conference on Sep. 22-23, 2018 in Durham, NC. More details regarding conference registration, accommodations, and other relevant information can be found at <http://aapina.org/conference/2018-conference/> Please join us for this wonderful annual event and remember to register early to attend the conference.

We hope you'll find this issue informative reading.

Have a wonderful Summer! Happy July 4th!



Yu-Ping and Melen

GERO SECTION:

Connecticut Hospital Reduces Pressure Injuries Using AHRQ Toolkit

Summary excerpt by **Dr. Melen McBride**, co-editor for AAPINA newsletter

Each year, more than 2.5 million people in the United States develop pressure ulcers which are painful, risks for serious deep tissue infection, longer hospitalization and an increase in health care utilization. A toolkit, *Preventing Pressure Ulcers in Hospitals: A Toolkit for Improving Quality of Care* (<https://www.ahrq.gov/professionals/systems/hospital/pressureulcertoolkit/index.html>) developed by AHRQ inter-professional team to assist hospital staff in implementing effective pressure ulcer prevention practices through an interdisciplinary approach to care.

Saint Francis Hospital and Medical Center (617-bed; Hartford, CT), used the AHRQ toolkit and reduced hospital-acquired pressure injuries by 60+ percent. It was key to the hospital's effort in preventing an estimated 114 pressure ulcers and avoiding nearly \$2 M in excess hospital costs. The program started with a "deep dive" with a survey of nurses and other clinical staff to determine current practices and how pressure injuries were measured and reported. This involved the quality and data staff to obtain current common terms and measurement approaches used. An interdisciplinary intervention team evaluated, piloted, and selected practices, followed by the implementation of the toolkit.

Major steps included: measuring staff's knowledge of and attitude about pressure injuries; implementing new policies and procedures in two hospital units—critical care and medical-surgical—which had the highest number of pressure injuries; educating clinical staff, with a focus on nurses and certified nursing assistants; staging pressure injuries on a 1-4 scale; and using "skin rounds" to check skin condition for high-risk patients.

Amanda R. Safer, D.N.P., director of nursing professional practice, education, and research emphasized the importance of an awareness process that involved having two nurses conduct a skin assessment within 24 hours of admission which helped with perfecting the process. If one RN thought there was a pressure injury, a confirmation from a second RN is required. Discussion of the results reinforced the protocol and ensured appropriate treatment.

Internet Citation: Preventing Pressure Ulcers in Hospitals. Content last reviewed October 2014.

Agency for Healthcare Research and Quality, Rockville, MD.

<http://www.ahrq.gov/professionals/systems/hospital/pressureulcertoolkit/index.html>

Source: [https://www.ahrq.gov/news/newsroom/case-](https://www.ahrq.gov/news/newsroom/case-studies/201802.html?utm_source=AHRQ&utm_medium=EN&utm_campaign=AHRQ_IC_S_T_FRANCIS_2018&utm_term=ICS&utm_content=8)

[studies/201802.html?utm_source=AHRQ&utm_medium=EN&utm_campaign=AHRQ_IC_S_T_FRANCIS_2018&utm_term=ICS&utm_content=8](https://www.ahrq.gov/news/newsroom/case-studies/201802.html?utm_source=AHRQ&utm_medium=EN&utm_campaign=AHRQ_IC_S_T_FRANCIS_2018&utm_term=ICS&utm_content=8)

RESOURCES SECTION

1. Report Affirms Effectiveness of Some Non-Opioid Alternatives for Managing Chronic Pain

A new AHRQ **evidence review** concludes that exercise, cognitive behavioral therapy, chiropractic care and acupuncture are among non-drug treatments that can effectively manage some chronic pain conditions for more than one month after treatment. The report follows an update to Centers for Disease Control and Prevention guidelines, which recommend non-pharmacological interventions as a first line of treatment for chronic pain before initiating opioid therapy. Authors of AHRQ's report reviewed the evidence on non-pharmacological therapies for common conditions including chronic low back and neck pain, knee and hip osteoarthritis, chronic headache tension and fibromyalgia. The AHRQ review found no published studies that directly compared opioids to alternatives for pain management, and most lacked evidence on long-term effectiveness. The findings in this report can help clinicians, patients and policymakers make better-informed decisions to improve the management of chronic pain.

This report is available in PDF only ([Full Report](#) [15.2 MB]; [Evidence Summary](#) [280.3 KB]). People using assistive technology may not be able to fully access information in these files.

Full Report: https://effectivehealthcare.ahrq.gov/topics/nonpharma-treatment-pain/research-2018?utm_source=ahrq&utm_medium=en-2&utm_term=&utm_content=2&utm_campaign=ahrq_en6_12_2018bn

Executive Summary: <https://effectivehealthcare.ahrq.gov/sites/default/files/cer-209-evidence-summary-non-pharma-chronic-pain.pdf>

Suggested Citation: Skelly AC, Chou R, Dettori JR, Turner JA, Friedly JL, Rundell SD, Fu R, Brodt ED, Wasson N, Winter C, Ferguson AJR. Noninvasive Nonpharmacological Treatment for Chronic Pain: A Systematic Review. Comparative Effectiveness Review No. 209. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 290-2015-00009-I.) AHRQ Publication No 18-EHC013-EF. Rockville, MD: Agency for Healthcare Research and Quality; June 2018. Posted final reports are located on the Effective Health Care Program [search page](#). DOI: <https://doi.org/10.23970/AHRQEPCER209>[link is external].

2. Database For Illness And Select Pathogens in Food

CDC's FoodNet, Fast (<https://wwwn.cdc.gov/foodnetfast/>) is an interactive tool to display data on graphs, maps, and tables for select pathogens transmitted commonly through food. With FoodNet Fast, you can create custom searches and download data from the Foodborne Diseases Active Surveillance Network (FoodNet) (<https://www.cdc.gov/foodnet/index.html>), which covers about 15% of the United States population. FoodNet Fast makes it easy to see how rates of illness have changed over the past 20 years for nine pathogens: Campylobacter, Cryptosporidium, Cyclospora, Listeria, Salmonella, Shiga toxin-producing Escherichia coli (STEC), Shigella, Vibrio, and Yersinia. The updated FoodNet Fast has preliminary 2017 data. Now, you can get information on illnesses reported to FoodNet from 1996 through 2017. CDC has added the ability to search by geographic area – in addition to pathogen, year, age group, sex, and race – by selecting one of FoodNet's 10 sites: Connecticut, Georgia, Maryland, Minnesota, New Mexico, Oregon, Tennessee, and selected counties in California, Colorado, and New York. Information may not be available for some sites before 2004.

3. Veterans Access to Private Care

Congress passed legislation that would allow veterans to seek care from a private care physician with the approval of a VA health care provider, when they feel that the VA's health care system cannot provide the care they need. Veterans can also seek care in the private sector when they experienced long wait times, or the treatment was not at the level they expected. The bill would also expand a VA caregivers program to allow families of veterans of all eras, not just those from the post-9/11 era, to receive monthly stipends through the department. The president intends to sign this bill.

Source: <https://www.cnn.com/2018/05/23/politics/veterans-health-care-senate-vote/index.html>

Senate passes proposal to expand private health care for veterans

Juana Summers and Elizabeth Landers, CNN, May 23, 2018,

ART AND SCIENCE OF NURSING

Title: *Promoting anticipatory guidance as part of chronic progressive disease management*

Author: **Jenice Guzman**, PhD, RN, GNP-BC; Southern Arizona Healthcare System, Tucson AZ

Author contact: JeniceRia.Guzman@va.gov

Every year, when I take my daughters to see their pediatrician for their well-baby/kid visit, I always appreciate the patient education handout and discussion they have with me regarding what to expect as the kids go through another birthday – e.g., normal developmental milestones. This helps me determine what to look out for, what is the expected normal and abnormal, and when to seek a clinic visit for an evaluation. I cannot help but reflect on what we can do to adopt this “anticipatory guidance” for our frail, aging patients with chronic progressive diseases so that they and their families can also be prepared to anticipate the changes that occur when living with a progressive disease such as heart failure, chronic obstructive pulmonary disease, and diabetes.¹

Dr. Kate Lorig from Stanford University years ago introduced us to the Chronic Disease Self-Management Program where she identified common symptoms that patients with chronic conditions have and strategies for self-management to help them successfully live with their chronic conditions.² However, as the disease progresses, there has to be a conversation about when a disease is considered “end-stage” and what the potential ramifications are to the patient’s quality and quantity of life so that the patient and family can start planning for the changes that can be expected to occur. This I learned has been described by others as Primary Palliative Care, where we address not just the patient’s disease process, but also the symptoms (physical, spiritual, emotional, and functional) and decision-making involved with goals of care and advance care planning (e.g., code status, transitions to hospice care, etc.).³

I urge nurses to reflect upon our role in primary palliative care and our own comfort in discussing progression of diseases with patients and their families because with the aging population, we will only see more, not less, of such cases that would require our expertise in navigating the health care system and in being the patient advocate for quality care experience. I suggest the following recent articles, which has resources for clinical practice improvement, for further reading on this topic:

- American Nurses Association (2017). Calling for all nurses to lead and transform palliative care. American Nurse Today, 12(5). Accessed from <https://www.americannursetoday.com/calling-nurses-lead-transform-palliative-care/> on 5/8/18.
- Wheeler MS (2016). Primary palliative care for every nurse practitioner. Journal for Nurse Practitioner, 12(10):647-653. Accessed from [https://www.npjournal.org/article/S1555-4155\(16\)30503-7/pdf](https://www.npjournal.org/article/S1555-4155(16)30503-7/pdf) on 5/8/18.

References:

1. Centers for Disease Control and Prevention. Chronic Disease Prevention and Health Promotion: Chronic disease overview. Accessed from <https://www.cdc.gov/chronicdisease/overview/index.htm> on 5/8/18.
2. Lorig K (2006). Living a healthy life with chronic conditions: Self-management of heart disease, arthritis, asthma, bronchitis, emphysema and others. 3rd ed. Boulder, CO: Bull.
3. Schenker Y & Quill TE, 2018. Primary palliative care. Accessed from <https://www.uptodate.com/contents/primary-palliative-care> on 5/8/18.

AAPINA CONFERENCE: AAPINA’s 15th Annual International Conference

Theme: “Local to Global: Future Directions for Research on Health Disparities”

Website <http://aapina.org/conference/2018-conference/>
 Register Here: <http://memberarea.aapina.org/event-2871193>

Save the Date

The AAPINA’s 15th Annual Conference

September 22-23, 2018

Hilton Garden Inn Durham Southpoint, North Carolina

“Local to Global: Future Directions for Research on Health Disparities”

The 2018 Annual Conference planning committee has been diligently working on the preparation of the conference that is planned on Sep. 22-23, 2018. The conference chairs are: Dr. Hyeoneui Kim, PhD, MPH, RN, Assoc. Prof. at Duke Univ. and Dr. Jeeyae Choi, PhD, RN, Associate Prof. at Univ. of North Carolina, Wilmington.

This year’s conference planning team is a multi-institutional team from diverse professional sectors – faculty, clinical practitioner and trainees from Duke, UNC-Wilmington, VA-Durham, NCCU, and UNLV. The conference venue, Hilton Garden Inn at Durham Southpoint is centrally located – close to RDU International Airport, Southpoint mall, Duke University, NCCU, VA, UNC-Chapel Hill, and research triangle park. This year’s special event rate at the conference venue includes breakfast; you don’t need to worry about having a breakfast outside the hotel.

Although a finalized conference program will be uploaded soon, the temporary Program-at-a-glance has been posted on the AAPINA website. This year's program has stellar special sessions with international nursing leaders, world-class disparity researchers, and two NIH program officers (NCI & NINR). We are hoping that the AAPINA members would have great opportunities to get connected with international leaders and researchers from six countries and have some tangible advice from NIH program officers.

This year, a notable change is that we are now having more student involvement. We will continue advertising and reaching out to students across the nation. Help from a larger AAPINA community would be desirable. If you are interested in, please contact the conference chairs: Dr. Kim (hyeoneui.kim@duke.edu) or Dr. Choi (choij@uncw.edu).

Please encourage your colleagues and trainees to submit abstracts for conference presentations. The deadline for abstract submissions has been extended to June 30, 2018. If you have any questions on abstract submissions, please do not hesitate to contact Dr. Choi, Jeeyae (choij@uncw.edu).

Thanks for reading this and I will look forward to seeing all of you at the 2018 AAPINA annual conference in Durham, NC!

Eun-Ok Im, PhD, MPH, RN, CNS, FAAN

AAPINA President-Elect
Mary T. Champagne Professor & Professor
Duke University School of Nursing

MEMBERS' NEWS:

Abraham (Ab) Brody, PhD, RN, FAAN, Associate professor and associate director at the Hartford Institute for Geriatric Nursing at NYU Rory Meyers College of Nursing.
Email: Ab.Brody@nyu.edu

Dr. Ab Brody receives \$3.8 million from National Institute of Aging to study dementia and home healthcare. The purpose of his study is to examine an evidence-based intervention for home healthcare clinicians to improve the quality of life and reduce unnecessary healthcare utilization for people living with dementia and their caregivers. To read the original news:
<https://nursing.nyu.edu/news/prof-ab-brody-receives-38-million-national-institute-aging-study-dementia-and-home-healthcare>

Dr. Rhea Faye Felicilda-Reynaldo, EdD, RN, Associate Professor in the School of Nursing and Dental Hygiene of University of Hawaii at Manoa.
Email: rff@hawaii.edu

Dr. Felicilda-Reynaldo is a Sigma Theta Tau International Small Research Grant awardee for the year 2018-2019. She is the primary investigator of the study, "Knowledge, Attitudes, and Safety

Interventions of Medical-Surgical and Telemetry Nurses regarding Medical Pluralism Engagement of Patients from Multicultural Backgrounds: A Mixed Method Study." Her research team includes Dana Monday, DNP, RN; Lydia Kim, BSN, RN, and Jonas P. Cruz, PhD, RN.

Melen McBride, PhD, RN, FGSA
Email: mbsrcorg@verizon.net

The third edition for the "Ethnicity and Dementia" edited by G. Yeo, L. Gerdner and D. Gallagher-Thompson, will be released by Routledge (Taylor & Francis Group) this Fall 2018. Dr. Melen McBride authored a chapter on "Working with Filipino Americans" (chapter 14) and is co-author with Dr. David Coon, on "Working with LGBT families" (chapter 8). To request a copy for review, please complete the publisher's online form at <http://pages.email.taylorandfrancis.com/review-copy-request>

Sujayalakshmi Devarayasamudram, PhD, RN, Assistant Professor, North Carolina Central University Department of Nursing.
Email: sdevarayasamudram@ncsu.edu

Dr. Devarayasamudram published an article on *Effectiveness of a Structured Teaching Program on Knowledge and Attitudes toward HIV among Young Women in India*. She also made numerous podium and poster presentations regionally, nationally, and internationally. Below are her publication and selected presentations.

Devarayasamudram, S., De Gagne, J. C., Kurudi, N.P., & Kang, H. S. (2018). Effectiveness of a Structured Teaching Program on Knowledge and Attitudes toward HIV among Young Women in India. *Journal of Community Health Nursing*. 35:2. 49-56. DOI: 10.1080/07370016.2018.1446632.

Devarayasamudram, S. (March, 2018). "Technology used in Nursing profession." 21st Annual Helen S. Miller Lectureship and Luncheon, NCCU, Durham, NC.

Devarayasamudram, S. & Malone, L. (March, 2018). "Cooperative Learning: A Remedy for Quality Teaching in Nursing Programs." 21st Annual Helen S. Miller Lectureship and Luncheon, NCCU, Durham, NC.

Devarayasamudram, S (April, 2018). "Resiliency Workshop." 13 Sigma Theta Tau International Regional Workshop, Lynchburg, Virginia.

Devarayasamudram, S. (20 June, 2018). "International workshop on Emotional Resilience", Symbiosis College of Nursing, Pune, India.

Devarayasamudram, S (21 June, 2018). Podium presentation: "Opioid Crisis Prevention". Sree Vidyanikethan College of Nursing, Tirupathy, India

CONGRATULATIONS!

