

From the President's Pen

Jillian Inouye, PhD, RN



Happy Year of the Ox!

According to Wikipedia, the Ox is the sign of prosperity through fortitude and hard work. I think that is prophetic for us this coming year. I would like to take this time to look back at 2008 and then talk a little about 2009.

First of all for 2008, I hope you all had a chance to check out our new website which was activated about two months ago. I think it looks very professional and we have been getting a lot of feedback and questions. Many vendors have approached us about postings and listings and we are still sorting things out. Our newsletter editors and supporters will get a new template and trained to post it directly to the site.

Second, our conference chairs, Drs. Merle Kataoka-Yahiro and Dianne Ishida and their hard working committee are finalizing plans on the conference program, hospitality, vendors/sponsors, abstract reviews, and registration. We've extended the abstract submission date to January 15th so please consider submitting to this conference. They have a lot of exciting professional and entertaining events planned. Remember March 20-21, 2009 as the date.

Third, AAPINA also endorsed the initiative to establish an Office of the National Nurse under

the Surgeon General's office. This position would elevate the Chief Nurse Office to the National Nurse for prevention and bring visibility to the critical role nursing occupies in promoting, protecting, and advancing the nation's health.

Fourth, as for our revised Bylaws, President-Elect, Dr. Oisaeng Hong continues work with her committee and hopefully we will have it distributed so it can be reviewed before our business meeting at the conference. If anyone else would like to volunteer to help please contact her directly at OiSaeng.Hong@nursing.ucsf.edu.

For the coming year, AAPINA has been invited to be listed as a founding member of the World Academy of Nursing Science. Dr. Hong (President-elect) and I plan to attend the first planning meeting in Kobe this September. We will let you know more details after the meeting. If you're interested in attending their First International Nursing Research Conference their URA is <http://wans.umin.jp/>.

AAPINA will continue to be represented on the National Coalition for Ethnic Minority Nurses Association (NCEMNA) with two Board members. The President and President-Elect are automatically on the Board and I've also been elected Secretary beginning in March. The NCEMNA conference will also be held this March with 10 mentees and 5 mentors selected to attend. They are:

Mentees: Marife Aczon-Armstrong, Marsha Sato, Mihyun Park, Hyunkyung Choi, Yun-Ping Lin, Wonju Hwang, Lixin Song, Mijung Park, Alice Neycheril, and Minju Kim



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Mentors: Wei-Ti Chen, M. Christina Esperat, Elizabeth W. Gonzalez, Mi Ja Kim, and Oseang Hong.

CONGRATULATIONS TO YOU ALL!!

Finally, we had one nominee who was elected unanimously for our next secretary. I'm happy to announce that Dr. Eunjung Kim will continue as our secretary for the next two years. Thank you Eunjung for your willingness to serve! I also, want to give a big Mahalo, or thank you to all our committee chairs and members who have helped the organization through tireless efforts, especially our newsletter editor, Dr. Melen McBride and her team.

I am looking forward to our new bylaws which will allow more participation in decision making activities by our members. I am also looking forward to new members and new faces in our year of prosperity! Aloha all!

From the Editor's Desk

Melen McBride, PhD, RN

**Jennie Chang DeGagne, PhD, MSN, MS, RN-BC,
Co-Editor**

Transition (*noun*): passage from one state, stage, subject, or place to another; a movement, development, or evolution from one form, stage, or style to another (www.merriam-webster.com/dictionary/transition).

In this issue, there are many indicators of transitions. Dr. Inouye, Dr. Kataoka-Yahiro, and Dr. Kim remind us of the dynamic nature of being a professional. The upcoming AAPINA and NCEMNA conferences offer many opportunities to develop or evolve into a new

phase of professionalism and new leadership in the White House makes the Year of the OX a call for action in health care. Building a research program on older Korean American's health (Dr. Yeom), taking on a health care challenge while airborne (Dr. Ma), and the reports on how our members are doing suggest our collective body of registered nurses with Asian or without ancestral origins are on the move.

It is an honor for us, the AAPINA newsletter team, to bear witness to these transitions through this publication. We continue to reach out to members for their stories; encourage research and practice related articles; and infuse the fun side of life.

We begin Year 2009 with new technological support to publish the newsletter through a professional contracted by our AAPINA Executive Committee. Our appreciation goes to Jing Wang, a team member, who stepped up to the plate to help with the technical preparation of this issue in collaboration with Jennie. While the team considered three issues for 2009, we agreed with the AAPINA Executive Committee to have two issues this year and work towards additional issues in upcoming years. It is truly rewarding to have a team of active volunteers and if you see them in Hawaii next month give them the "thumbs up"! !

Our team members are Mary Blackeman, Angela Chia-Chen Chen, Joanne Chien, Kyung Hee Lee, Misook Jung, Annie Kao, Chris Orbeta, MinKyung Song, Yvonne Hsiung, and Jing Wang. We welcome others who wish to join the team.



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Leadership Lessons from President Barack Hussein Obama

Mi Ja Kim, PhD, RN, FAAN
Professor and Dean Emerita
University of Illinois at Chicago
College of Nursing

On January 20, 2009, we witnessed an extraordinary event in U.S. history. I watched the inauguration of Obama to be the 44th President of the United States with excitement and awe. His long journey to presidency against all odds redefined the meaning of "possibility" to me. Possibility is no longer close to impossibility; instead, he made it closer to probability or reality. This significant shift of thinking suggests the possibility for Asian American nurses to be political leaders at the national level.

The roadmap for his success is instructive. He maximized the opportunity he was given to be a keynote speaker at the Democratic National Convention in 2004. It was a stunning speech that impressed the nation enough that they remembered him. This opportunity was a key to his rapid ascension to national prominence in politics. His politics of hope, including "...the hope of a skinny kid with a funny name who believes that America has a place for him, too. The audacity of hope!" (Inauguration, 2009) made a thunderous sound in the minds of citizens who needed to affirm the beauty of the democratic process in America. His biracial background and upbringing in diverse places including Jakarta, Indonesia, Hawaii, California, New York, Boston, and Chicago have made him learn to tolerate diverse cultural and religious practices, and respect social justice and community. Reaching the pinnacle of

being the president of the Harvard Law Review epitomizes his extraordinary intellect, while he honed his discipline in confronting his own questions with a courage born from humility and honesty. Living and working in Chicago, a model American place, made him realize that it takes far more than gut feeling and bullying, more than fuzzy-warm nationalism and fantasies of greatness, to run a country as vast and complicated as is his hometown Chicago (Bayuni et al., 2009).

His message of hope and inspiring leadership remind me of lessons I learned from Eleanor Roosevelt during the Great Depression in the 1930s. Her unwavering belief about a better future and unflagging commitment to helping make that future a reality is one of the hallmarks of her leadership traits that Obama shares. Her painful childhood days and humiliating and suffocating marriage to her distant cousin, Franklin D. Roosevelt, did not deter her from being a great leader and role model for us all. She, in fact, found the strength from her pain to have compassion and commitment to those who were in even greater pain. During her years as first lady, 1933-1945, she was the country's strongest champion of the downtrodden and voice for America's Depression-era poor. She fought for civil rights, women's rights and economic justice (Abrams, 2008).

I see her in Obama, who lived through an unusual and what must have been a painful childhood. Yet, he overcame the pain and worked as a community organizer in Chicago for the welfare of the socially disadvantaged rather than pursuing wealth as a corporate lawyer. It turned out that this experience has



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served as the cornerstone for his grassroots campaign for presidency. He gathered together many small groups that all wanted change from the current dominant culture and forged them into a community large enough to take on the dominant culture. This could have been a part of his long-term strategy, and when the timing was right, after his surge of popularity from his electrifying speech at the national democratic convention, combined with the country's yearning for new leadership, it became the winning recipe for his victory, making possibility into reality. Perhaps we need to work with other smaller nursing groups to have a stronger combined voice in nursing. Obama's gifted speeches have earned him the title, "orator in chief" (Inauguration, 2009) as they have powered Obama's rise to the top. His temperament and emphasis on reconciliation and optimism are similar to Abraham Lincoln's calming reassurance. As the third president from Illinois, Obama has shown maturity, self-confidence, and strong belief that the country deserves to have the best qualified persons for his cabinet, including his rivals. His appointment of Hillary Rodham Clinton to the Secretary General is a notable example. This is similar to Abraham Lincoln's stunning appointments of all three of his rivals into his cabinet. His simple explanation was, "We needed the strongest men of the party in the cabinet." (Goodwin, 2005). Both presidents have demonstrated their deep emotional strength and great courage equaled by none. I look forward to seeing Asian American nurses learn from Obama's example how to make what once seemed impossible into possibility and even reality in the near future.

References:

Abrams (2008, October 10). Strategies: Eleanor Roosevelt's story inspires, especially now. USA Today. Retrieved January 10, 2009 from http://www.usatoday.com/money/smallbusiness/columnist/abrams/2008-10-10-lessons-from-eleanor-roosevelt_N.htm

Bayuni, E. M., Yamanaka, L., Mifflin, M., Baker, K., Matteson, J. & Hemon, A. (2009, January 18). Places he remembered. NY Times. Retrieved January 18, 2009 from <http://www.nytimes.com/2009/01/18/opinion/18intro.html>

Goodwin, D. K. (2005, July 4). The master, the game. Time, p. 49

Inauguration 2009 (2009, January 18). Chicago Tribune, Special section, p. 2.

AAPINA Conference

Merle R. Kataoka-Yahiro, DPH, APRN, RN-BC
Conference Co-Chair
Associate Professor and Graduate Chair
University of Hawaii at Manoa

The Asian American Pacific Nurses Association (AAPINA) is holding its 6th Annual Conference to be held in Honolulu, Hawaii on March 20-21, 2009. The Sixth Annual AAPINA Conference immediately follows the Pacific Institute of Nursing (PIN) 2009 Conference. AAPINA conference theme is entitled "State of the Art and Science: Nursing Care of Asian American and Pacific Islanders." It will bring together Asian American, Pacific Islander, and other nurses who provide care for these populations and are concerned about their



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health and well being. The conference objectives are to explore current evidence-based care of Asian American and Pacific Islanders (AAPI), and to identify strategies that incorporate cultural beliefs and behaviors into nursing education and practice. Dr. Marjorie Kagawa-Singer from UCLA who is well recognized in the area of health disparities and cross-cultural research will be our Keynote Speaker. The schedule of events includes relevant concurrent sessions, poster presentations and exhibits, and a local Hawaiian-style dinner reception and entertainment night. We hope that you can join us and we look forward to welcoming you to the lovely island of Oahu and the beautiful beach at Waikiki. To download the conference brochure go to http://www.aapina.org/files/u1/2009_Final_Conferenc_Brochure_final_small.pdf

GERO-SECTION

Culturally-relevant Physical Activity Interventions for Improving Mobility in Older Korean Americans

Hye A. Yeom, PhD, RN
Assistant Research Professor,
Claire M. Fagin Postdoctoral Fellow
Hartford Center of Geriatric Nursing Excellence
Arizona State University College of Nursing and
Health Care Innovation

Intact mobility is a major goal for maintaining independence in older adults. Mobility limitation occurs when an individual experiences a limitation in achieving physical movement independently (Shumway-Cook, Ciol, Yorkston, Hoffman, & Chan, 2005). About 44% of community-dwelling older adults report some

type of impairment in mobility, with the majority reporting this complaint for longer than one year (Iezzoni, McCarthy, Davis, & Siebens, 2000; Shumway-Cook et al., 2005). Impaired mobility is associated with negative health consequences including loss of independence (Rubenstein, Powers, & MacLean, 2001), decreased quality of life (Netuveli, Wiggins, Hildon, Montgomery, & Blane, 2006), increased chance of institutionalization (von Bonsdorff, Rantanen, Laukkanen, Suutama, & Heikkinen, 2006), and higher risk for mortality (Hirvensalo, Rantanen, & Heikkinen, 2000; Lyyra, Leskinen, Heikkinen, 2005).

A variety of personal and environmental factors contributes to progression of mobility limitation in older adults. In a previous review of risk factors for mobility limitation (Yeom, Fleury, & Keller, 2008), Yeom and colleagues used the social ecological model (Sallis & Owen, 1999) as a framework to understand mobility limitation as a phenomenon in which multiple levels of personal and environmental factors are inter-related. Personal factors related to mobility limitation include co-morbidity, advanced age, low socioeconomic status, lack of motivation (i.e. dependent personality, decreased self-efficacy), and physiological factors including vitamin D deficiency. Interpersonal risk factors related to impaired mobility include weak social networks and limited social activities. Geriatric clients may also experience a decline in mobility when they encounter environmental challenges such as an inconvenient home environment and lack of availability of services in their community (Yeom, et al., 2008).

A primary, modifiable risk factor for impaired



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mobility in older adults is lack of physical activity, possibly due to low levels of social and contextual resources and motivation to engage in physical activity (Yeom, et al., 2008). An updated review of physical activity intervention studies designed to enhance mobility in older adults (Yeom, Keller, & Fleury, 2009) suggests that prescribing regular physical activity including aerobic and resistance training program in primary care setting can be a beneficial approach to minimize progression of impaired mobility in older adults. Effective interventions for enhancing mobility in geriatric clients include walking, aerobic exercise, and resistance training focusing on strength, balance, and flexibility. Group based interventions have significant beneficial effects in increasing mobility. The typical dose of the physical activity program is 20-60 minutes of aerobic activity 3 times weekly. To obtain significant benefits of physical activity interventions, an older adult need to participate in the physical activity programs for at least 12 weeks. Adherence by older patients to mobility enhancement recommendations can be followed up through in-person interview or use of mobility monitoring tools such as physical activity diary or log (Yeom, et al., 2009).

To date, the majority of previous physical activity interventions have focused on non-minority populations, with variable inclusion of diverse ethnic groups. A major limitation of current research on mobility is lack of attention to culturally relevant intervention strategies with limited inclusion of diverse ethnic groups as research participants (Yeom, et al., 2009). This may reflect current understanding of mobility limitation as a primary physiological model of functional impairment, rather than as a

complex phenomenon in which multiple physiological and psychosocial domains are involved. The higher prevalence of mobility limitation in minority elderly compared with their non-minority counterparts (Means, O'Sullivan, & Rodell, 2000) suggests that social and cultural contexts may be involved in the process of progressing mobility limitation in diverse ethnic groups. Research on mobility should be extended to explore possible contextual dynamics that can impact the development of mobility limitation in diverse cultural groups as well as developing culturally-competent interventions designed to reduce mobility limitation in subgroups of geriatric population.

Korean Americans are one of the fastest growing Asian subgroups in the U.S., representing the fifth largest Asian group (U.S. Census Bureau, 2002). The actual size of the Korean population in the U.S. is likely to be even higher due to low participation rates by Korean Americans in census surveys (Min, 1995). Descriptive studies conducted with older Korean Americans indicate that risk factors for impaired mobility in this population include a lack of physical activity (Sin, LoGerfo, Belza, & Cunningham, 2004), social isolation, (Moon & Pearl, 1991), low level of motivation and a lack of access to needed contextual and culturally relevant resources. (Belza, et al., 2004; Sin, et al., 2002; Sohng, Sohng, & Yeom, 2002). A survey to explore the health promoting lifestyles of older Korean immigrants (Sohng, et al., 2002) showed that among the multiple domains of health promoting behaviors, exercise was the health promotion behavior that was least practiced by older Korean Americans. This suggests the need to design

and implement culturally appropriate, community-based exercise programs for this group of older Asian Americans.

Older Korean Americans have lower levels of physical activity compared with Korean elders who live in Korea (Sohng & Lee, 2000) and general population of older Americans. (Kim, Ahn, Chon, Bowen, & Khan, 2005). Kim et al. (2005) compared exercise engagement of older Korean Americans with age and gender matched participants in the Third National Health and Nutrition Examination Survey (NHANES III). Older Korean Americans were more sedentary compared to their White and Black counterparts. Although majority of older Korean Americans are advised to exercise by their primary care providers, the rate of engaging in physical activity is lower (34.4%) than that of the White (80.8%) and Black (81%) older adults. These behavioral differences may be due to a cultural perception in the Korean community that health behaviors are relatively unimportant compared with medication use for health maintenance (Kim, et al., 2005). Thus, it would be important to study health promotion interventions for older Korean Americans that incorporate cultural awareness, motivational approaches and health education.

Providing culturally-relevant, community-based interventions has been emphasized (Resnicow, Braithwaite, Dilorio, & Glanz, 2002), as a key public health goal. To meet the health needs of immigrant and ethnic groups, culture-specific mechanisms should be essential aspects of these interventions (Kim, Cho, Cheon-Klessig, Gerace, & Camilleri, 2002). However, there is limited intervention research that addresses prevention or management of mobility limitation

in diverse ethnic and racial groups at high risk for mobility limitation. Further, few interventions have acknowledged the relevance of the older adults' interaction with their environment, including social, contextual, and cultural factors. Although there is lack of culturally relevant health promotion interventions for older Korean Americans, there are helpful approaches in working with this group. Inclusion of bilingual, bicultural researchers in the research team, partnership with cultural community advocates (Kim, et al., 2002), and attention to the setting in which cultural and emotional support is provided (Sin, et al., 2004) are valuable suggestions to consider. .

The current study emphasizes the importance of intervention feasibility, acceptability, and evaluation of the effectiveness of a culturally relevant motivational physical activity intervention in a community setting and will clarify the design of future mobility research on diverse Asian American groups by providing further understanding of intervention critical inputs and culturally relevant approaches to enhance functional mobility of older Korean Americans.



Korean elders capture a new lease on living.

A study in progress at the Arizona State

University, School of Nursing is testing a theory-based, multi-component physical activity intervention for sedentary older Korean Americans. The intervention combines moderate intensity physical activities (i.e. walking, flexibility) and culturally relevant strategies to enhance motivation and social contextual resources to initiate and maintain physical activity and to promote mobility. The study emphasizes the importance of intervention feasibility, acceptability, and evaluation of the effectiveness of a culturally relevant motivational physical activity intervention in a community setting and may help to inform the design of future mobility research on diverse Asian American groups by understanding interventions and culturally relevant approaches to enhance functional mobility of older Korean Americans.

The project is led by Drs. Hye Yeom, Julie Fleury, and Colleen Keller at Arizona State University College of Nursing and Healthcare Innovation, partly funded by John A. Hartford Foundation.

Due to space limitation, the list of references are not included. To request the cited references, please contact the author at hye.yeom@asu.edu.

A Gero-Resource

www.ConsultGerRN.org is an evidence-based online resource for nurses in clinical and educational settings. ConsultGerRN.org has geriatric protocols, evidence-based for managing common geriatric syndromes and conditions, linkage to specialty nursing associations, hospital competencies,

opportunities to acquire continuing education materials and much more!

ConsultGerRN.org is funded in part by a grant from The Atlantic Philanthropies (USA) Inc. and The John A. Hartford Foundation.

Science and Art of Nursing

An Unusual Vacation Experience

Amy Ma, DNP, APRN, FNP-BC

Assistant Professor & Clinical Coordinator
Nurse Practitioner Program
Long Island University, Brooklyn Campus

After a long and extensive planning, my family of four finally was on an airplane. en route to China, then on to Singapore for the 19th International Research Congress where I was going to present my research. I was happy to have my family with me.



In Singapore, Amy Ma, with Sulin Jiang, RN, PhD, her husband and Summer, her daughter

The flight was going smoothly, food was tolerable, drinks were complimentary, and the children were well behaved. I watched the movie, occasionally fantasizing about having first class accommodation.... Suddenly, the movie stopped followed by an announcement: "All passengers, if you are a medical doctor,

please let us know. We need help." I looked around, and hesitated. It was not a domestic flight. The cabin was quiet. "Maybe everything is OK now." I thought. Seconds later, I heard the announcement again. I took a deep breath, explained to my husband and kids, and stood up like a hero going to a war. "I am a nurse and a nurse practitioner, can I help?" After giving my name and work place, the flight crew took me to the front cabin restroom. Curled up on the floor was a middle-aged man groaning and curled up in pain, the co-pilot. Thirty minutes ago, he experienced vomiting, diarrhea, and severe abdominal pain. After the history and physical exam, my diagnosis was acute gastroenteritis possibly related to eating left over food the night before.



Amy Ma with her son, Allan and daughter Summer in Malaysia

After communicating my assessment and diagnosis to a physician on the ground, the crewmember asked, "Do you think we have to land now? The closest airport is Anchorage, Alaska." "Alaska? I have to decide?" I felt my body heating up, and my breathing get deeper. "I am on an airplane!" Luckily, I quickly calmed down, assessed the patient again and checked the available first aid kits. I was happy that

there was a have decent supply of equipments and drugs. I decided my patient was stable enough to stay on the plane. The ground physician gave instructions to administer IV Gravol with IV fluid and repeat if needed. But before I could ask questions, the doctor hung up! "Gravol, what is that?" I went into the internet using my Palm Pilot and learned that Gravol was the Canadian Brand name for Dimenhydrinate. Talk about having resources within your grasp! Technology – I love it!

The flight crew helped the patient into a small and dark cabin used by pilots to rest. It was about 4 feet high from floor to ceiling with two chairs and not quite a full size bed that was pinned against the walls. The patient laid down with his feet tucked in. Kneeling on the floor, I could barely see his face. He had his eyes closed and was still moaning with the pain. I have been teaching and working as a NP for the last few years. I have not started an IV for a while. Despite my apprehension, the instability of the plane and patient's inability to keep his arm straight, I was able to insert the IV catheter easily under a flashlight. It took time to figure out how to get the inlet out and connect the tubing because these were non-US brand. Then I found there was no place to hang the IV bag! Summoning my creative juices and handiness without boring a hole on the air tight compartment, I finally hung the bag on the ceiling using rubber bands and gloves...Finally, I gave the Gravol by IV push.

Twenty minutes later, my patient felt some relief from the medication and the fluid. I was exhausted. It was about 2:00am eastern standard time. We were still 4-5 hours away from our destination. I repeated the dose of

Dimenhydrinate and gave him a total of 1500 ml of normal saline. For the rest of the journey, he remained stable and relatively comfortable. I stayed with him, held his hand, and talked to him.

We landed in China on schedule. I talked to the local doctors in Chinese and translated the information to my patient - where he was going to be taken and answered all his questions. By this time, he was able to sit up to get dressed. He shook my hand and thanked me. He said my soft voice got him through. I was proud of myself. The flight crew treated me like a hero. I received a bottle of wine. It is a small taste of first class. I shared the wine with family and friends in China while I happily narrated with pride, my "heroic" moment on the air.



Family time in Hong Kong

We always say – “Once a nurse, always a nurse, no matter where and when.” I have practiced emergency nursing in odd places such as the supermarket, subway, and now on an airplane. I never thought my first international nursing practice would be like this. I had a chance to apply my knowledge and

skills in a challenging environment and. I am proud to be a nurse and nurse practitioner.

When I returned to the US, I received from the airline company a reward of 10,000 flight miles. It does feel good when one’s work is acknowledged.

Members' News

Jennie Chang DeGagne, PhD, MSN, MS, RN-BC has successfully completed her doctoral program. After her defense, a committee member said: "Jennie, that was one of the very best Ph.D. defenses I have ever attended. Thank you for being such a wonderful learner and scholar. Dr. De Gagne, It was a pleasure working with you!" Let's give Jennie a hand !!!

Gilda Villareal, MS, RN, Pediatric Nurse Practitioner at the University Medical Center of Southern Nevada, a new AAPINA member, is currently enrolled in a DNP program at the University of Utah. She is looking for scholarships for this year. Her goal is to enter academia after her doctoral program. She can be reached by email at Gilda.Villareal@umcsn.com.

Jing Wang, BSN, RN presented her work titled "Cultural Beliefs and Chronic Disease Self-management: Focus Group Findings from Elderly Chinese Immigrants" at the Gerontological Society of America's 61st Annual Scientific Meeting "Resilience in an Aging Society: Risks and Opportunities" (<http://www.agingconference.com>), held at National Harbor, MD on November 21 - 25, 2008. This meeting provides a forum for

researchers to share their findings that are cutting edge information. Great job, Jing.

Dr. Angela Chia-Chen Chen and hubby YK Lu are the proud and "thrilled" parents of baby boy Darwin Lu, their second son, born September 2008. He is the third Virgo in the family and has a lovely temperament. Congratulations!



Welcome aboard Darwin!

On the professional side, Angela has four articles in press, two manuscripts accepted for publication, and three accepted/invited papers for conference presentations. She expects to complete one NIH funded research project this Fall and is pursuing new funding opportunities. Way to go Angela - this is indeed the year of the OX for Angela.

Kimberly Yong-Jones, BSN, RN wrote, "I recently graduated in December 2007 from the University of Texas Health Science Center at San Antonio. I started my MSN-Community Health at UNM (the University of New Mexico) in January 2008, started my first job...with the Indian Health Service as a Public Health Nurse, working on the Navajo Nation Reservation in a very remote part of Arizona. I will start my MSN-Public/Rural Health Nursing at Northern Arizona University this fall. Send you words of encouragement to Kimberly at

kyongjones@gmail.com. Keep us posted Kimberly.

Announcements

TIME TO REGISTER

for the Sixth Annual AAPINA Conference in Hawaii, March 20-21, 2009 to be held at the Pacific Institute for Research Conference Center. Go to www.aapina.org. For more info contact the Conference Co-Chairs, Dr. Diane Ishida (808-956-5405; email: Dianne@hawaii.edu or Dr. Merle Kataoka-Yahiro (808-956-5329; email: merle@hawaii.edu).

MINORITY NURSES WILL MEET IN NEW MEXICO

The National Coalition of Ethnic Minority Nurses Associations (NCEMNA) will hold its fifth annual meeting on the theme "Creating Research Careers: Leading the Way" on March 13-15, 2009 at the Sheraton, Albuquerque in New Mexico. For more information go to www.ncemna.org, call 310-258-9575, or send an email to info@ncemna.org.

RECRUIT MEMBERS TO AAPINA

Help grow your organization. Recruit new members and encourage AAPINA and non-member colleagues to attend the Sixth Annual AAPINA Conference in Hawaii. Potential members can get information and download the membership form at www.aapina.org. Tell them about the value of professional networking in building a career in nursing and the special friendships created over time!