



AAPINA

ASIAN AMERICAN / PACIFIC ISLANDER NURSES ASSOCIATION, INC.

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

Member Edition
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From the President's Pen

Jillian Inouye, PhD, RN



Aloha Members of AAPINA,

Aloha means many things in Hawaiian but conveys the value of unconditional love. It has also been used by many to mean both hello and goodbye. In my last newsletter message as

President of AAPINA, I send my Aloha to you, encompassing all those definitions!

The last two years have been busy for us all. We had two annual conferences, one in Hawaii (2009) and one in Las Vegas (2008), both wonderful sites, both with much diversity. Thanks to all the volunteers and committee chairs; the conferences were well attended with great evaluations! Next year, North Carolina promises to carry the momentum and spirit forward. Drs. SeonAe Yeo and Jennie De Gagne, as co-chairs, have a hard working committee and promise us a stimulating agenda. Submit your abstracts and prepare to attend in February 2010.

As you are all aware, our website has been upgraded and thanks to LimPac, Inc. and Kristine Lim, we have had many requests, comments, solicitations from it. The Board agreed on a fee structure for ads so we may be able to cover some of the costs once it is up and running. There is much more we can do.

Thanks to all, our bylaws have finally been revised to include an advisory board and more member involvement. There are still positions needed for certain committees, and our Secretary, Dr. Eunjung Kim can send you the information. We need all the help we can get.

AAPINA was invited to the planning conference of the World Academy of Nursing Science (WANS) held in Kobe, Japan. Dr. Oiseang Hong and I represented our organization as one of the founding organization members. Private support made this participation possible. Visit the WANS website (<http://wans.umin.jp/index.html>) to learn more about the group. Membership is by organization only and no fee is involved. The location for the next meeting/conference is being discussed and is tentatively scheduled to be held in the U.S. sponsored by Sigma Theta Tau and the Council for the Advancement of Science. After that, the Korean Nurses' Association volunteered to sponsor it in Korea. I highly recommend attending these professional meetings, especially because issues of world health needs and how nurses can respond will be the focus.

Our relationship with the National Coalition for Ethnic Minority Nurses Association (NCEMNA) continues. AAPINA is represented in the NCEMNA Executive Committee Secretary position (J. Inouye) and two NCEMNA Board of Director members (O. Hong and the 2010 President-Elect). Their supplemental and revised grants were submitted, and we are awaiting word on the outcome. NCEMNA has been a constant support for our organization, and I encourage everyone to support them as they have supported us.

Elections will be held soon, and I hope you give your support to the next President-Elect and Treasurer. Mahalo, or thank you to our outgoing Treasurer, Dianne Ishida and all our committee chairs and members who have helped the organization these past two years. Although, somewhat in the background, one person has spread the word outwards for AAPINA, and a special thank you to our newsletter editor, Dr. Melen McBride. On behalf of our members and the Board, I wish her a smooth and full recovery!!!. In addition, our appreciation goes to the co-editor Dr. De Gagne and the members of the AAPINA newsletter team.

Our President-Elect, Dr. Oisaeng Hong, formally takes office in January, 2010 with many initiatives. The discussion about AAPINA chapters continues. Increasing membership remains a priority. The Board would like to offer more scholarships and initiate and submit more research proposals. I'm sure she has her own priorities and I urge all members to support your board members and the organization. AAPINA has no paid staff; its engine is driven by energy from volunteers. I know there are many of you who have much to offer our organization. Please do not be shy or hesitate to contact us.

Aloha, Happy Holidays, and a Happy 2010!



From the Editors' Desk

Parts Make a Whole

Melen McBride, PhD, RN, Editor
Jennie Chang De Gagne, PhD, MSN, MS, RN-BC, Co-Editor

Once again, our newsletter applauds many milestones reached by AAPINA and its members. The 2009 annual conference in Hawaii was a great success; two members received a conference scholarship, and an expanded abstract of their presentations is included in this issue. An eyewitness writes about the Pacific Institute in Nursing's (PIN) contribution to nursing science, and AAPINA members are marching through various academic challenges. They are examples of accomplishments we collectively acknowledge with pride.



The newsletter team values sharing, and we work diligently to keep members connected. We welcome your feedback. Write us a letter, and we will start a "Letter to the Editors" section. Short notes (50-100 words) such as "I finished my data collection, and I need a vacation..."; "My patient asked if he could clone me..."; "My power point slides went on the blink during a presentation. It turned out there was a brown out..."; "Here's a few tips to get past anxious moments before the dissertation



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defense....”, etc. You may have heard this statement, “A picture is worth a thousand words,” and this is so true. In this age of digital cameras, take a few shots of yourself and colleagues and send them to us for the newsletter photo gallery.

The newsletter is your voice. Cheryl Saban, an author, urged the audience at a conference to find their own voices. AAPINA has a voice composed of many diverse tones. It is an amazing force. Embrace it by speaking up, sharing, and contributing.

Happy Holidays and see you all in 2010 at the next AAPINA conference to be held in Chapel Hill, North Carolina. P.S. For those who have yet to watch the 2009 AAPINA Honolulu Conference video on Youtube, it is available on AAPINA’s website or directly on Youtube.com (just type ‘AAPINA 2009’ in the search box).

FEATURE ARTICLE

Tips for Surviving and Thriving in the Tenure Process

**Katherine Abriam-Yago, Ed.D., R.N.
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New faculty hired in a tenured track position will find it challenging. At times the individual may feel overwhelmed and stressed. The process for receiving tenure and promotion requires determination and a belief that it can be achieved. Having survived the process, I would like to share some tips that maybe helpful. Some will focus on building an individualized

faculty dossier needed for the periodic tenure review.

1. Know the criteria for tenure and promotion at the institution.

Research or teaching focused institutions have specific criteria for awarding tenure and promotion. Research-intensive institutions expect academic faculty to acquire extramural funding for their research projects. Few institutions stipulate the type of funding although faculty may be encouraged in subtle ways to have federal funding for at least one project. Both types of institutions will expect outstanding teaching evaluations completed by peers and students, publications in peer reviewed journals, scholarly presentations, leadership positions in professional organizations and community service activities for the tenure and promotion process. If an institution has a Faculty Union, a manual from the organization will provide additional information for the tenure process.

The School of Nursing would also provide you the criteria for tenure and promotion and the appointment letter you receive will contain criteria for awarding tenure. Reviewing these documents will be helpful for planning. For example, a faculty would write and publish several papers before a major event such as starting a family or buying a home for the first time in order to have some down time.

2. Obtain documentation of Teaching, Service, and Scholarly Activities.

Keep a file folder for each year and store documents such as thank you letters, invitation to speak, newspaper articles about yourself notes, and other relevant materials that you can include in your dossier. In your dossier,



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you will include a personal statement, which describes your philosophy about teaching, your research agenda and service. Identify someone at the beginning of the year that would do your peer evaluations and offer to reciprocate. Pick one area you want to focus on in a given year and make sure you show significant improvement. The Dean or Director for the nursing program assigns the required peer evaluators. You can request the names of the faculty who will be evaluating your courses at the beginning of the academic year. Provide the peer evaluators with your course syllabus and teaching materials to be discussed on the day of observation. Discuss with the evaluators how they plan to evaluate. Sometimes, an evaluator may ask to talk with students. Be prepared to adjust your teaching time in case this is requested by the peer evaluator. It is common practice for students to evaluate the course and their instructor when the course is completed, using a standardized evaluation form provided by the institution. Be familiar with the content of this form.

At San Jose State University (SJSU), the instructor has the opportunity to decide which courses students will evaluate. The faculty should have documentation of peer and student evaluations from a variety of courses. It is critical to review periodically these evaluations so modifications can be made in your teaching before the annual reviews, promotion reviews, and eventually the tenure review. Varieties of evaluations are helpful. Include in the packet information on how you have been responsive to feedback and demonstrate how you have changed to meet the students' needs. The reviewers are not looking for perfection. Concrete evidence of

progression is an important key to a smooth review process. At SJSU, the Center for Faculty Development offer work-shops to improve instructional strategies and provide peer partners who attend the faculty's classes and give feedback on your teaching ability.

In the category for Service to the institution, you need to have documentation from the chairpersons of committees you have served at all levels, i.e., the department, college, university, and community. The later maybe considered by some institutions to be just as critical to their faculty's performance as service to the school. This documentation must include evaluative information on the work you have completed and in addition to the appreciation for your service on these committees. Community service activities also need evaluative information that documents your work.

Evidence of scholarly activities will require a copy of publications. Know what your institution considers as acceptable evidence and how they are weighted. For example, data based publications, peer reviewed articles, book chapters, books, and other professional activities are interpreted differently depending on the overall school's academic mission and goals and other criteria. When providing a podium presentation or poster presentation at a professional conference, the event sponsors may collect evaluative information from participants that document your work. If the organization does not provide evaluative data, ask a colleague at the event who attended your session or a peer from your department to evaluate (in writing) your presentation. Another approach is to develop an evaluation form, ask the Director or Personnel Chairperson to

review it, and request the attendees to complete the form at the end of your presentation. Collect the completed forms and request the office staff to tabulate the evaluation data. Positions held in professional associations and your contributions in these roles are services that need to be included in the evaluation documents for tenure review. Remember to verify from your institution what evaluations are needed for the tenure and promotion reviews to ensure that you are focusing your time and energy on the issues and activities that matter.

3. Know your institutional resources.

During Orientation at the University and School of Nursing become knowledgeable of the Faculty Resources offered to you. These resources may include a Faculty Union, Office of Faculty Affairs, Foundation Office (grant development) Center for Faculty Development, and more. The University and School of Nursing may sponsor faculty Development Programs. At SJSU, the Center for Faculty Development offers several workshops on instructional strategies, technology support, and more. The faculty can get help with poster presentations for professional conferences and the like. At my school, we have a monthly "Conversations on Teaching" and a Faculty Support Group that meets three times per semester. We have peer mentors who assist with dossier preparation. We are assigned peer mentors to help with our career development, and there are monthly meetings for faculty who are interested in developing a research or writing project. Having several mentors with many areas of expertise is important because they help you stay focused and they provide practical advice

on which scholarly activities and committees are supportive of your goals. SJSU has a Communication Disorders Department with services that faculty can access if they wish to improve their communication skills or develop elocution skills.

4. Develop relationships and network with Faculty.

Developing relationships and networking with faculty means knowing the culture of the institution. It is important to know your Dean and the faculty on the Personnel Committee at the School, College, and University levels. These individuals get the opportunity to know you and your research agenda. They can give suggestions on where you can present your research, and some maybe reviewers for journals that are considering your research agenda for their publication. Attend faculty receptions and meetings that provide networking opportunities. Such opportunities may offer collaborative scholarly partnerships with tenured and non-tenured faculty. The Director in our nursing programs meets with the tenured and tenure track faculty twice a year to discuss opportunities for grant writing and research. She is also available to assist with the dossier preparation so that the portfolio has the essential pieces of evidence that the faculty meets the criteria for tenure.

These are a few tips that may be helpful. While there is more to this challenging process, it can be achieved. Please email me (abriam@son.sjsu.edu) if I can assist you on your tenure track journey.





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GERO-SECTION

The International Scene

An Aging World: 2008 is the ninth cross-national report in a Census Bureau series on the world's older populations. The report looks at past, current, and projected numbers, proportions, and growth rates of older populations. It summarizes socioeconomic statistics for both developed and developing nations. Comparable data are included for as many as 52 nations when the categories are reasonably consistent. For a starter, the authors posed twenty questions to see what readers know about worldwide population aging in the early twenty-first century. Below are four of these questions. Try your hand at it.

Questions:

1. The world's older population (65 and over) is increasing by approximately how many people each month in 2008?

- a. 75,000 c. 600,000
b. 350,000 d. 870,000

2. Which of the world's developing regions has the highest percentage of older people?

- a. Africa c. The Caribbean
b. Latin America d. Asia

3. *True or false?* More than half of the world's older people live in the industrialized nations of Europe, North America, Japan, and Australia.

4. Japan has the highest life expectancy among the major countries of the world. How many years can a Japanese baby born in 2008 expect to live, on average?

- a. 70 years c. 82 years
b. 75 years d. 90 years

Answers:

1. **d.** The estimated change in the total size of the world's older population between July 2007 and July 2008 was more than 10.4 million people, an average of 870,000 each month.

2. **c.** The Caribbean, with 7.8 percent of all people aged 65 and over in 2008. Corresponding figures for other regions are Latin America, 6.4 percent; Asia (excluding Japan), 6.2 percent; and Africa, 3.3 percent.

3. **False.** Although industrialized nations have higher percentages of older people than do most developing countries, 62 percent of all people aged 65 and over now live in the developing countries of Africa, Asia, Latin America, the Caribbean, and Oceania.

4. **c.** 82 years, up from about 52 in 1947.

Source: Kinsella, Kevin and Wan He (2209) U.S. Census Bureau, International Population Reports, P95/09-1, *An Aging World: 2008*, U.S. Government Printing Office, Washington, DC,

Available from the Superintendent of Documents, U.S. Government Printing Office; Internet: bookstore.gpo.gov Phone: toll-free 866-512-1800; DC area 202-512-1800; Fax: 202-512-2250 Mail: Stop SSOP, Washington, DC 20402-0001.

Science and Art of Nursing

A Reflection on My Pacific Institute of Nursing Experience

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On March 18-20, I attended and presented at the Pacific Institute of Nursing (PIN). The theme for 2009 is "Advancing Practice,



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Education, and Research.” This is the first time I presented at this academic venue. Reflecting on my experience at the conference, three things stand out.

High quality keynote presentations. The invited keynote speakers are nationally and internationally known nurse researchers and scholars. Dr. Marita Titler, from the University of Michigan opened the conference to review the growing evidence on healthcare delivery that can be translated into bedside care. Dr. Marilyn Chow emphasized the use of research evidence to improve patient care at the institution, unit, and individual practice levels. I was impressed by Kaiser Permanente’s clinical innovation center, which serves as an “incubator” for many exciting studies. One of the projects presented was testing uniforms for nurses. If a nurse wears a sash, it means that he or she is doing an important. The sash is to deter interruptions during important nursing tasks, such as medication preparation and administration, in order to prevent/reduce medication errors. Finally, Dr. Christine Tanner offered thought-provoking ideas on how to educate future practitioners of evidence-based care. Together, these keynotes set the tone for a dynamic conference discussion.

Military presence. I was also impressed by the quantity, quality, and diversity of health research in the military. The focus of the projects include: addressing immediate needs, readiness for application, smaller scale and short time frame time, etc. Essentially, the results can be translated immediately into the battlefield. For example, one project on patient transport emphasized efficiency and safety. Later, I learned that PIN (previously called Pacific Nursing Research Conference) has

been a collaboration between the military and the University of Hawai’i for many years. I tip my hat to the military for these high quality research projects!

International flavor. Hawai’i is known as the bridge linking East and West. It is no surprise to see international participants. This year, about half of the participants were from Australia, Canada, Japan, New Zealand, Singapore, Taiwan, the Philippines, the Middle East, etc. The international presence enriched the scholarly exchanges during the conference.

Of course, attending a conference in Hawai’i is not complete without enjoying the natural beauty of the island and its diverse cultural environment. At the conference, the Honolulu Festival showcased the cultural heritage of various ethnic groups in the local communities. And most memorable is the warm hospitality of the conference hosts.

I would not hesitate to go back to Hawai’i any time in a heart beat!

Cultural Samoan Dance to Promote Physical Activity

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Introduction: This literature review explores cultural dance as a mode of physical activity in the community to improve health. Culturally-specific dance takes place within a community to perpetuate the arts, traditions, and culture; it promotes social acceptance and connectedness to other community members (Jain & Brown, 2001). In many cultures, cultural music and dance are passed down through



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generations. Culturally-specific dance involves visual, tactile, and auditory stimulation enabling emotional release and creative expression of feeling and mood (Conner, 2000).

Because of the health problems faced by Samoans in the United States and the importance of physical activity, the Samoan cultural dance has great potential as an activity to engage them in a group setting. Dance encodes and communicates the worldview of a people through movement or non-verbal text. Socially, dance serves as a powerful form of communal activity, unifying and identifying social groups. Historically, dance reveals past cultural experiences that illuminate the present (Jain & Brown, 2001).

Background: The Samoans are among the minority ethnic groups with the highest prevalence of obesity in the world (Davis et al., 2004). Massive adiposity and high prevalence of obesity characterizes modernizing adults in this population (McGarvey, 1991). Obesity is defined as having a Body Mass Index (BMI) of ≥ 30 as a result of energy imbalance over a long period of time (Sanchez-Johnsen et al., 2004). Clinicians and health care providers should be aware that in some Asian populations, the proportion of people at high risk of type 2 diabetes and cardiovascular diseases (CVD) is significant at BMIs of $>23 \text{ kg/m}^2$ (WHO, 2004). The cornerstones of treatment for obesity are physical exercise and modified eating habits (Wilborn et al., 2005). According to ethnic classifications, people with Samoa background is part of the minority groups aggregated under Asian Americans and Pacific Islanders (AAPI), Asians, and Native Hawaiians and other Pacific Islanders

(NHOPI). Report from the Centers for Disease Control & Prevention (CDC) indicated that in 2001 -2003, only 15 percent of Asians and Native Hawaiians and other Pacific Islanders engaged in recommended levels of moderate-intensity physical activity, compared with non-Hispanic whites (16%). Moreover, 17 percent of Asians and NHOPIs engaged in recommended levels of vigorous physical activity, compared with 25 percent of non-Hispanic whites (CDC, 2004). It is important for health care providers who take care of these populations to be creative in determining the types of physical activity these groups will most likely engage in. It is also important to consider cultural beliefs and practices while caring for individuals from ethnic minority groups.

Ethnic groups may be more likely to participate in physical activities tailored to their specific needs. A study conducted in a Hispanic community was designed to determine if local culturally-specific dance programs could increase physical activity (Whitehorse, Manzano, Baezconde-Garbanati, & Hahn, 1999). The culturally specific dances included salsa, cumbia, quebradita, merengue, Macarena, and other Latin dances. The results showed these dance programs were successful in recruiting sedentary Latino women, and these programs have the potential to improve their health.

In many African communities, dancing is a vehicle for rhythmic and cultural expression, especially during times of celebrations and major life events, including birth, initiation, marriage, and death. Physical expression and creativity are also apparent through dance in the African American culture. Hip-hop dance

style, which is the culmination of rap music and dance, is a means to formulate African American identity in adolescents. Farr (1997) argues that hip-hop and other cultural dance forms in African American communities may serve as an effective mode to reach out to African American adolescents who are at risk for emotional or behavioral disorders and stress-related health conditions. Other health related benefits of cultural dance include improvement in functional capacity in sedentary individuals (Murrock & Gary, 2008) social, emotional, and physical well-being; cardio-respiratory fitness (Tumiati et al., 2008), and body composition and cardiovascular function (Hovell et al., 2008). Cultural dance also improves balance in the elderly and bone mineral density of those with osteoporosis (Kudlacek et al., 1997).

Literature Review: The purpose of the literature review is to explore if cultural dance has been integrated as an intervention in the community to increase physical activity to improve health. Cultural dance is defined in this review as dance particular to a cultural or ethnic group that is rooted in ethnic community celebration or community influence. Culturally specific dance in groups has been associated with health related benefits (Murrock & Gary, 2008); however, this review focused on physical activity related to weight control.

Method: A comprehensive literature search on cultural dance as a physical activity was undertaken. Online information was retrieved using multiple computer databases: Google Scholar, PubMed, CINAHL (Cumulative Index to Nursing and Allied Health Literature), Academic Search Premiere, JSTOR (Journal Storage) Archive, and the Pacific Hawaii

Journal Index. There were three broad areas for the search: 1) Samoa(n) Pacific Islanders and/or African American and/or Hispanics/ Cultural dance and obesity, 2) dance for health; weight; BMI, and 3) dance as physical activity/ exercise. The search used also these areas as key words; however, the review was narrowed to studies that utilized cultural dance as a physical activity to prevent weight gain or reduce weight. The search was further limited to the categories of English language, humans, abstracts, and full texts of randomized controlled studies published from 1980 to 2009. This period includes most of the research studies related to obesity done in Samoa.

Results: There is no information on Samoan or Pacific Islanders' cultural dance as a means of physical activity; therefore, it was important to learn from other cultures if cultural activities had been integrated as a mode of physical activity. Only three articles met the review criteria specific to cultural dance and weights or BMI of the subjects.

The first study by Murrock and Gary (2008) involved a community partnership of two African American churches to develop an intervention for obesity. The culturally specific dance intervention was delivered two times per week for 8 weeks. The intervention was choreographed to gospel music chosen by the experimental group and taught by an African American woman. Body fat and BMI were assessed at three time points and revealed significant differences between the experimental and the control groups. The precise values for body fat or BMI were not available; however, the authors noted that participation in a minimum of seven classes

was adequate to show a change in body fat and BMI. The dance intervention was found to be culturally specific, and this type of community partnership was an effective way to provide culturally specific dance intervention to improve the health of this population (Murrock & Gary, 2008).

The second study examined the efficacy of after-school dance classes as a family-based intervention to reduce television viewing, thereby reducing weight gain among African-American girls. This was a twelve-week, 2-arm parallel group, randomized controlled trial where sixty-one 8-10-year-old African-American girls and their parents/guardians participated. The intervention group attended after-school dance classes at three community centers and a five-lesson intervention in the participants' homes, designed to reduce television, videotape, and video game time. The control group received newsletters and health education lectures. Recruitment and retention goals exceeded expectations and high rates of participation were achieved for the assessments and intervention activities. The treatment group exhibited trends toward lower body mass index (adjusted difference = $-.32$ kg/m², 95% confidence interval [CI] $-.77, .12$; Cohen's $d = .38$ standard deviation units) and waist circumference (adjusted difference = $-.63$ cm, 95% CI $-1.92, .67$; $d = .25$) compared to the control group (Robinson et al., 2003).

The third study involved a small-scale controlled trial to determine the effect of Dance for Health on aerobic capacity, weight control, and attitudes toward physical activity and physical fitness in African American and Hispanic adolescents. Students made music recommendations, usually hip-hop or

contemporary music. Dance sessions occurred three times a week for fifty minutes each, consisting of 40 minutes of moderate-to-high intensity aerobic dance and 10 minutes of warm up/cool down.

In year one of the programs (1990-1991), approximately 110 boys and girls ages 10-13 years participated in an aerobic dance pilot program three times a week for 12 weeks. In 1992-1993, the program continued with seventh grade students. Forty-three students were randomized to Dance for Health and 38 students to usual physical activity. The intervention group received given health education twice a week and a dance oriented physical education class three times a week. The control group had regular physical activity, mostly playground activities. Students in the intervention group had a significant decrease in body mass index ($-.20$) compared with the control group ($-.06$) (Flores, 1995).

Implication for Nursing: Based on the three studies, cultural dance has the potential to generate health benefits, with the appropriate dose of physical activity among Samoans who are obese. There is beginning evidence that support the positive effects of cultural dance for health promotion and cultural awareness. Research is needed on cultural dance as a clinical tool to reduce physical inactivity, cardiac risks, stress, and the negative effects of obesity. Other studies can also focus on the value of cultural dance as a mean for cultural expression. With the growing problem of obesity in children, more studies of innovative physical activity, such as choreographed dance programs, would be useful to treat and manage overweight issues in youth groups. Future



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nursing studies in Samoan youths could utilize an experimental design with culturally appropriate music and dance with appropriate dance-genre measures. Sensitivity to cultural norms, and use of validated measurement instruments, would be an important contribution to the scientific understanding of cultural dance in specific cultural groups.

Due to space limitations, references are not included. Please contact Nafanua Braginsky at <nafanua@hawaii.edu>.

Nafanua S. Braginsky PhD, APRN RN, received the 2009 AAPINA Scholarship that supported her participation at the AAPINA annual conference held in Hawai'i. She has just completed her PhD program at the University of Hawaii at Manoa, will be graduating in December 2009. Currently she has been a medical surgical RN for 13 yrs at Queen's Medical Center in Honolulu, a family nurse practitioner at Kalihi Palama Community Health Center in Honolulu for 6 years; and a lecturer for the School of Nursing and Dental Hygiene at the University of Hawaii at Manoa. Her passion in the community is working in the Diabetes Clinic for the uninsured. She cares for patients from all Asian American and Pacific Islander groups and others who need help.

Listening to Women: Prenatal Concerns of Women in Hawaii

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Joan E. Dodgson, PhD, MPH, RN
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Background: Improving maternal and newborn health is a fundamental goal in the United States. Despite increased funding for and access to perinatal services, critical health indicators (e.g., late entry into prenatal care and preterm birth) have not improved in many states, including Hawaii (NCHS, 2005). When prenatal health systems fail to reduce risk and improve outcomes, the current system of prenatal care is called into question. It suggests a weak system of prenatal care. Health care providers have been concerned about these issues for many years. Federal and state pregnancy health surveillance systems were created to explore factors that could contribute to suboptimal perinatal outcomes (Phares, Morrow, Lansky, et al, 2004). The literature rarely discusses experiences of pregnant women as recipients of health care. Their viewpoints are seldom discussed in the literature. Perinatal researchers are interested in the pregnant women's perspectives as they have the potential to add knowledge to understanding perinatal issues. Personal narratives can be rich sources of information that may help guide the development of clinical nursing interventions.

Purpose: The purpose of the study was to listen to the prenatal concerns of pregnant women receiving health care in Hawai'i, using the Pregnancy Risk Assessment Monitoring System (PRAMS). The goal was to describe the women's experiences that enhance or prevent health-promoting behaviors and identify environmental or social issues that support or discourage healthy behaviors.

Sample: The sample consisted of comments written by women about their antenatal experiences during their prenatal period. The data were extracted from the PRAMS 2000 – 2003 mailed survey of the Hawai'i State Department of Health

Method and Data Analysis: The question "What were the concerns experienced prenatally by women receiving health care in Hawai'i?" guided the extraction of qualitative information from the PRAMS database. A two-phased content analysis was applied to the written comments to generate conceptual categories (Elo & Kyngas; Hsieh & Shannon, 2005).

Results: The descriptive qualitative approach using cross sectional prospective data produced five categories of concerns that emerged from 22 codes. The women's concerns were Facing Health Issues, Experiencing Health Services, Feeling Unsuccessful, Being Left Out, and Relating to Family and Friends. These maternal concerns were similar to those reported by researchers in other geographic areas (Kanoira, D'Angelo, Phares, Morrow, Barfield, & Lansky, 2007); however, maternal concerns unique to the socio-cultural dimensions of the Hawaiian Islands were also found.

Facing Health Issues: This concern described how mothers thought about their health and how they framed their health issues and worked through the concerns and issues they had that needed to be done during their pregnancies. **Significance:** Learning directly from women about how they quit smoking or quit using drugs can serve as concrete

examples of behavior changes. Prenatal care done in groups that allows for the opportunity for women to share information (e.g. Centering Pregnancy) could possibly improve personal behaviors that can directly influence birth outcomes.

Experiencing Health Services: This concern described the mothers' perceptions of interactions with individuals who provided health-related care or information (e.g., physicians, midwives, nurses, and program staff). **Significance:** Although some women in this study were satisfied with their prenatal care, many had strong criticisms of their care. If prenatal care as experienced by women does not meet their physical and emotional needs, then the goal of prenatal care to improve perinatal outcomes may be limited. Although many women faced difficulty accessing care, prenatal care content that is meaningful and satisfying to them needs also to be developed.

Feeling Unsuccessful: This concern described the women's experiences of personal barriers to good health. The barriers included drug abuse and other personal issues that were perceived to be insurmountable. **Significance:** Information on how and why the women were unsuccessful in overcoming health issues is important for program planning. Many women stated they knew certain behaviors they engaged in were harmful to themselves and to their unborn babies, but they needed constructive advice and support to overcome these adverse behaviors. Strategies that take into account women's complex contextual lives along with concepts of social support and role modeling positive behaviors need to be explored and



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incorporated into the development of prenatal care policies and programs.

Being Left Out: This type of concern described experiences with not getting services or needing services that were not available. These are barriers to care. Women who expressed these concerns were the uninsured, the underinsured, or the voices from those who lived in rural or remote areas of the state.

Significance: This concern revealed systemic barriers to health care for pregnant women. It reinforced the lack of services and tangible resources such as equipment particularly for the uninsured, underinsured, or residents of geographically isolated areas. With 46 million people in the U.S. without health insurance, listening to the voices of the uninsured is important.

Summary and Recommendations: The five categories that emerged reflected the context of the women's prenatal experiences. Although these findings are not generalizable, building upon the information, in future research would further delineate factors and strategies that may influence perinatal health outcomes. In addition, focusing on the perceptions of mothers about their ante partum health care experiences has the potential to impact prenatal care policies and programs based on needs identified by the population being served.

Maternal and newborn health indicators established by HP 2000 and HP 2010 remain a challenge – nationally and within the state of Hawai'i. Helping women to meet these goals is important. One of the factors that can assist us in meeting these goals is to seek out

information from women about their personal experiences that have assisted and/or interfered with accessing prenatal care services. Access to prenatal care is vital, and there is a need to help women engage in and pay for their care. Strategies that will foster their entry into early antepartum care must be initiated. However, how prenatal care is provided (i.e., how satisfying and competent that care is) is an area that needs more attention. Continued use of PRAMS data to monitor maternal behaviors and maternal concerns is important for implementing, evaluating, and setting priorities for future maternal and newborn initiatives at the state and federal levels.

Conclusions: Research on pregnant women often focuses on maternal behaviors that might adversely affect health outcomes. Many of these studies are about women and are not from the standpoint of the pregnant women themselves. This study described the experiences reported by women that enhance or prevent health-promoting behaviors and revealed environmental or social issues that support or discourage healthy behaviors. Our research uncovered common concerns of these women from the standpoint of women themselves (an emic perspective). Using qualitative data such as the comment sections of the PRAMS data system, we explored the socially constructed nature of women's realities and the situational (contextual) constraints that shaped their experiences. The concerns of prenatal women in Hawai'i were related to their socio-cultural context. The information may help increase understanding of other similar populations. Our findings underscore the value of differentiating how many women living in



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Hawai'i have not met the Healthy People 2010 objective of adequate access to prenatal care from learning how and why this objective is not being met from the women's personal expressions about their prenatal care.

Acknowledgments: The researchers would like to thank the Centers for Disease Control and Prevention and the PRAMS Office, Maternal & Family Health Division of the Hawai'i State Health Department for their assistance in providing the data.

Due to space limitations, references are not included. Please contact Annette Manant at <manant@hawaii.edu>.

Annette Manant, CNM, MN, received the 2009 AAPINA Scholarship that supported her participation at the AAPINA annual conference held in Hawai'i. She is a doctoral student at the University of Hawai'i at Manoa. She has 25 years of maternal/child nursing experience and is currently an Assistant Professor at Hawaii Pacific University, Kaneohe, Hawaii.

Dr. Joan Dodgson's research has focused on community perinatal health issues with an emphasis on the affects of culture. At the time this project was undertaken, she was an Associate Professor at the University of Hawaii.

Understanding the Complexity of Asian American Family Care Practices

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Catherine A. Chesla, RN, DNSc, FAAN, Professor and Vice-Chair for Academic Personnel, Shobe Endowed Chair in Ethics and Spirituality,

Department of Family Health Care Nursing, University of California, San Francisco, School of Nursing

After the AAPINA conference in Waikiki, Hawai'i, Dr. Park has been working very hard to disseminate the results of her doctoral dissertation. The Archives of Psychiatric Nursing published one of her papers. It is also available online as "articles in print." This article is a synopsis of the publication.

The study describes the perspectives of mental health providers regarding the strengths and challenges of Asian American (AA) families in the management of mental illness of a family member. We analyzed data from face-to-face, in-depth interviews of twenty expert mental healthcare providers, using Interpretive Phenomenology.

Clear distinctions between family strengths and challenges were difficult to draw. Working with the family to provide care for the mentally ill member was situation-dependent. The providers' narratives showed that in some situations, what constituted a family strength was equally a hindrance to care for in other situations. For example, strong family ties and support were distinctive positive characteristics of AA family care. At the same time, a strong emphasis on family ties and responsibilities created burden for some patients who felt responsible to reciprocate this care when their family members fell ill. Categories from aspects of AA family care practices were positive and negative types that correspond with strengths and challenges, respectively. Family strengths comprised of persistent and loyal engagement in care of the mentally ill member and the capacity to create a space for the ill member in everyday productive life.

The challenges included: a) difficulties in transitioning the patient into and out of



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professional care, b) deeply intense family involvement that potentially inhibited patient improvement, c) family care practices that highlighted the patient's needs with little regard for the well-being of non-family members, and d) family difficulties in revising expectations for the ill member. The complexity of AA family caregiving is relevant not only in mental health settings but also in other types of health care settings since the cultural pressure of caring for a person at home applies to all illness experiences.

Health care providers must be mindful of culturally specific family dynamics and cultural expectations when caring for an AA patient and family. At a minimum, awareness of cultural and social pressures on the family is important for sensitive direct care. Being excluded in the treatment process would likely result in confusion and frustration for AA families. On the other hand, inclusion of family in treatment decisions, treatment activities (e.g., medication teaching and administration), and in the general inpatient care environment is often culturally acceptable.

Involving the family in discharge planning early in the hospitalization phase is uniquely important in AA families. A high percentage of AA patients with mental illness will live with family over the long-term. Even when discharge to home is not the disposition plan, a belief in the possibility of returning home in the future may sustain the patient's or family's hope and emotional well-being. Often the families' ambivalence towards the transition care is a relevant factor to consider in regards to treatment failures versus a provider's perception of passive aggressive response to

sabotage the placement plan. It is imperative to include substantial emotional support to the family when discharge to a place other than home occurs.

Results from the study also support the recommendation that mental health providers assess the level of acculturation and immigration history of AA family members who are caregivers for the patient. Acculturation influences the person's beliefs about mental illness, help seeking behaviors, treatment choices, and expectations of mental health services. Acculturation is also associated with communication and conflict resolution strategies. Differences in acculturation level among family members contribute to interpersonal conflict, increase stress for patients and caregivers, and hinder the family's capacity to cope with mental illness.

AA families may require broader education on biomedical treatment options beyond those suggested in the literature. The AA immigrants may lack an understanding of Western psychiatric medicine practices. Treatment options in the patients' countries of origin may have been similar to those provided in the U.S., or they may have been extremely different. Immigrants and their descendents may also subscribe to Traditional Asian Medicine or folk medicine beliefs about mental illness and its treatment. Providers must develop skills to negotiate mental health care that bridges the patient's and family's belief systems.

Mental health providers have a critical role in negotiating culturally difficult social practices. For example, mental health providers in the course of care discovered possible emotional

and physical abuse in arranged marriages that overrode the individual rights of vulnerable immigrant women. Providers often served as the advocate and the primary interventionist on behalf of the women. Additionally they provided AA families a more culturally nuanced understanding of the social fabric of life in the U.S. and the legal ramifications of certain behaviors.

There is urgent need for institutional change to foster culturally sensitive mental health care for AAs. The current mental health system is not well equipped to provide services to diverse ethnic and cultural groups. System-level reforms are necessary to ensure that mental health care is congruent with diverse cultural beliefs and practices. Many patients benefited by they receive culturally nuanced care delivered by provider-interviewees who had worked with ethnic group for decades. Such care is a rarity outside of population centers that serve large numbers of AAs. Reforms in mental health care should not be limited to increasing the number of minority health providers. Continuing education for providers of all ethnicities should include content on culturally congruent approaches to care specific to AA service users. There is increased need of practical supports for family caregivers such as financial incentives, easier access to visiting nurses, tax credits, and other approaches tailored to cultural beliefs and practices of AA patients and their families. The perspective of mental health providers in this study is an important building block for a better understanding of the mental health experience of Asian American groups.

Due to space limitations, references are not included. Please contact Mijung Park mijungp@hawaii.edu

MEMBERS' NEWS



Dr. Mijung Park in Norway, June 2009, where she attended the International Human Science Research meeting held in Molde. En route, she stopped in Iceland, to attend the International Family Nursing Conference.

Congratulations !!!

Four AAPINA members have successfully completed their Comprehensive Examination.

Bomin Shim at Duke University, Durham, North Carolina (bomin.shim@duke.edu) is focusing on "Finding meaning and the relationship in spousal dementia caregiving".

Yeongmi Ha at the University of North Carolina Chapel Hill (ha@email.unc.edu) is working on "Overweight in children with intellectual disabilities".

Jeongok Logan at the University of North Carolina Chapel Hill (gang@email.unc.edu) is pursuing "Arterial stiffness and psycho-behavioral risk factors for Hypertension in Korean Americans".

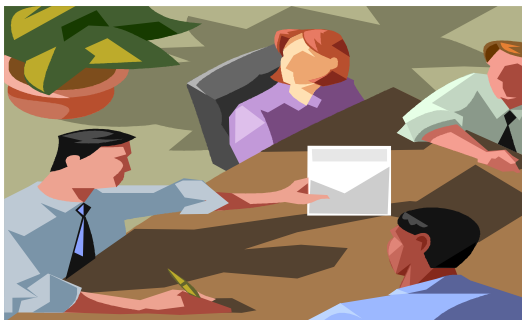
Jing Wang at the University of Pittsburgh is studying on “Social Problem Solving and Adherence to Self-Monitoring in association with Changes in Weight and Cardiometabolic Risk Factors in a Behavioral Weight Loss Trial”.

Well done. Each step makes history!!

Professionals on the Move

Jennie De Gagne, PhD, MSN, MS, RN-BC, has joined the faculty as Assistant Professor of Nursing at North Carolina Central University in Durham. She is the founder of North Carolina Korean Nurses Association and is Co-chair for the 2010 AAPINA annual conference. She is an author of a book titled *Online Teaching Theory to Practice: A Multi-Method Qualitative Study*. She can be reached at idegagne@ncu.edu.

Katherine Abriam-Yago, Ed.D., R.N., Professor at San Jose State University, School of Nursing was selected as one of the 100 influential Filipino Women for 2009. The Filipino Women's Network conferred the recognition at an award ceremony on October 30, 2009 at the Claremont Hotel in Berkeley, CA.



Announcements

2010 AAPINA CONFERENCE TO BE HELD AT CHAPEL HILL, NORTH CAROLINA

Message from Jennie De Gagne, Co-Chair of the 7th AAPINA conference

The seventh AAPINA conference will take place in North Carolina on February 19 and 20, 2010, hosted by the University of Chapel Hill, School of Nursing. The theme of the conference, “Creative Solutions in Turbulent Times,” embraces topics around the healthcare system, health disparity, economic and financial challenges, nursing migration, and the like. See y’all in 3 months in Chapel Hill where you will cherish the beauty and scenery of North Carolina!



RECRUIT MEMBERS TO AAPINA

Help grow your organization. Recruit new members and encourage AAPINA and non-member colleagues to attend the Seventh Annual AAPINA Conference in North Carolina. 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!