



AAPINA

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Organization identifying the health care needs of asian americans / pacific islanders

An Annual Newsletter - Members Edition Volume 3 August 1, Summer - 2006

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From The President's Pen

Dear Friends:

Many things have happened to our organization since our last newsletter. We had the third annual conference in March in Chicago; we received funding for enhancing geriatric nursing care in various settings, through which we can also enhance our capacity to develop a solid organizational infrastructure; and we had a long over-due election.

The conference was a big success. Importantly, the conference did exactly what the theme dictated, "Building Our Professional Community: Networking, Role-modeling, & Developing Alliances." With critical support from Dr. MiJa Kim, one of the founding members of this organization, many of us from different parts of the country, with different interests, and from different Asian ethnic groups attended. Everyone felt a sense of belonging that I hope will continue to carry us forward. We shared many mutual social concerns surrounding us as students, nurses, and researchers. One emerging common pattern among us regardless of where we have come is the sense of isolation, both culturally and linguistically.

I am not getting into the details of the conference, as Dr. Ching-eng Wang, the program chair, reports on this in this newsletter. However, I want to convey our collective appreciation for all of

her efforts. This year's successful conference is one of the many ways that she has and continues to contribute to AAPINA. This conference provided us with rich qualitative information as to where we want to go from here. For example, the wide and diverse backgrounds of our members have forced me to articulate the role of our organization. Many of our members are either international students or first generation immigrants from various Asian countries. Some international students will become first generation immigrants in subsequent years, while others will return to their home countries. Should our organization develop strategic plans to facilitate students' needs in both directions? For professional members, the effects of language barriers, cultural isolation, and the glass ceiling phenomenon in the workplace were recurring themes throughout the conference. These are issues that are not currently addressed in the government's health disparity agenda. We have a social obligation to bring these issues to the table for federal and other agencies. These issues must be addressed before we address patient care, as without a healthy population of Asian and Pacific Islander nurses, there will be no quality patient care. It is my wish that we begin to strategically tackle these topics over the coming years.

Since our last newsletter, we also secured funding from the National Center for Aging and American Nurses Association. This topic also is fully described in this newsletter. Obtaining this

grant funding means many things to us as an organization. First, the money will help stabilize and foster our growth.

Second, it allows us to recognize that we, as an organization, can go out and secure funding. Third, the grant will support us as we focus on timely health issues that affect our communities. Lastly, the funds will allow us to financially support students to attend next year's conference where they will be given the opportunity to connect with senior colleagues from across the country. I hope to see other funding in the future that can support us as we fulfill the goals of our organization.

A long overdue election took place in March and April. The results were e-mailed to all the members on the list serve. The president elect is Dr. Jillian Inouye and the treasurer is Dr. Diane Ishida. Dr. Inouye will take over the Presidency on January 1, 2008. We will be conducting another round of elections this year for Secretary. Dr. Willgerodt's term will end when a new Secretary is elected. Please think about volunteering for this important position. Our organizational survival depends on the active participation of our members.

We must ponder our future. I have been asked many times whether we have local chapters. The concept of chapters needs to be carefully discussed. Do we wish to have local chapters of AAPINA or do we wish to have chapters for different ethnic groups? We must make a conscious decision on how we want to develop our membership. We also must start thinking about obtaining permanent office space and staff for AAPINA. These are two of several issues that the executive board will be grappling with over the next year. We look forward to hearing your voices and opinions about these issues; please feel free to email us.

I am optimistic that we will continue to grow. In my discussions with many of you at the conference, I noticed that we are all beginning to develop a sense of ownership for AAPINA. Let us not lose this momentum. As I often cite, "It is not what the AAPINA can do for you, but what you can do for the AAPINA."

I hope you are enjoying the lovely summer wherever you are...

SeonAe Yeo, RNC, Ph.D., FAAN

President

Chapel Hill, NC



Koi Courtesy of Motoko Baum, www.motokoart.com

Special contributions

Journey as a nurse

Lucy Fisher, RN, PhD

Nurses are "can do" people. Wherever we work, we prioritize clinical responsibilities with a dozen or so patients, work with grieving families, and manage young physicians. We take charge in emergencies. We know when someone is scared and listen to their fears. These technical, interpersonal, and organizational skills are honed by experience and education and influence the trajectories of our lives.

When I was asked to write about how I juggled work, school, and family life over the years, I thought that perhaps we take our nursing skills for granted. I am convinced that performing this balancing act helped me maneuver through several junctures in my personal and professional career. The first was deciding to leave high school teaching and enter nursing school. This long-term goal became a list of priorities, starting with finding a pre-school for my son and a community college for science pre-requisites for me. Interpersonally, it was negotiating with family to weigh emotional, financial, and household demands. Organizing these sometimes competing interests became easier as I completed my undergraduate degree, then two years later, entered a master's program in nursing. Almost 17 years later, I started the doctoral program at University of California, San Francisco.

Several factors are instrumental to make this possible. My family continues to be the essential, solid support for my schooling. A few good friends who began the program with me and several others I've met along the way share our joys and miseries. Mentors are exceptionally helpful. I've learned that we have several mentors: some open doors, some challenge our thinking, and others we seek for advice. They often have sufficient distance from our daily lives to help keep the "big picture" in mind. Finally, I take time for myself. I have practiced yoga for several years, but one friend walks in the early morning and another is active in local politics.

None of our circumstances, of course, is exactly alike. We find our center in different ways. Key principles for me are to keep goals firmly in mind while being patient and engaged in negotiations and mutual support. We can, however, call on our taken-for-granted nursing skills to navigate our everyday lives.

The International Nurse Migration Phenomenon: Discussion with

Dr. Yu (Phillip) Xu

Jorgia Briones Conner, BSN, RN

In May 2005, the Commission on Graduates of Foreign Nursing Schools (CGFNS) and the International Council of Nurses (ICN) launched the International Centre on Nurse Migration, in an effort to address gaps in policy, research and information with regard to the migrant workforce. Although the phenomenon of international nurse migration is not new, the concerns regarding the issues that surrounds it is increasing due to the ever-growing nursing shortage. The prediction that by the year 2010, the U.S. will have a deficit of 275,000 RNs increases the certainty that recruitment of internationally educated nurses will continue well into the future. Despite the attention that it has been receiving, much more work needs to be done to understand the issues surrounding this phenomenon. Dr. Yu (Phillip) Xu, RN, PhD, CTN, on faculty at the University of Nevada Las Vegas, has focused his research on the impact of globalization on Chinese nursing education, and the issues related to foreign nurses (particularly Asian nurses) in the U.S. Dr. Xu was interviewed regarding his views and knowledge about internationally educated nurses; he discussed the contributions that Asian Pacific Islander nurses have made to Western nursing as well as the challenges that internationally educated nurses face in their foreign health care environment.

According to Dr. Xu, Asian/Pacific Islander nurses make up the largest bulk of internationally educated nurses who are taking part of the global migration trend. Better pay and working conditions as well as the overall goal to pursue a better life are some of the major "pulls" that contribute to their decision to seek employment in other countries. Increasing representation of nurses from China, Japan, and Korea are also becoming evident.

In their secondary analysis of the 2000 National Sample Survey of Registered Nurses (NSSRN), Drs. Xu and Kwak (2005) found significant contributions made by API. In terms of experience as RNs, internationally educated nurses (IENs) in the U.S. worked an average of 22 years since graduating from their basic nursing education program as compared to 18 years for the U.S. educated RNs and moreover, the proportion of IENs with more than 15 years of experience as RNs was significantly higher than that for their U.S. counterparts (70% vs. 54%; Xu & Kwak, 2005). IENs are more willing to work more hours and provide direct patient care; there is also a high percentage of APIs who work in intensive care units and in long-term care says Dr. Xu. With the growing elderly population in the U.S., the need for nurses providing direct care in the long-term care settings is ever more in demand. Dr. Xu's research found that the propor-

tion of internationally educated nurses working in long-term care facilities has had an upward trend over time (from 1977-2000); in fact, long term care facilities are the second largest employers of IENs.

Challenges of Internationally Educated Nurses (IENs)

The challenges that IENs encounter, particularly those from Asian and African countries, are substantial and should not be overlooked. The most obvious sources of challenge come from language and cultural differences, particularly for nurses from China, Japan, and Korea because they were not exposed to American curriculum and English is not their official language. For many API nurses, however, the use of jargon or metaphoric terms popular in American conversations (e.g. "three-strikes and you're out") are difficult to comprehend. Lack of linguistic competence may cause some API nurses to limit or avoid socializing with American nurses, which can further alienate them and cause interpersonal conflicts.

Perhaps an even more difficult challenge is the differences between the Western and Eastern values and belief system. The Asian perspective is generally collectivistic and group harmony is valued. Above all, the patient's welfare comes first and nurses will often forgo their break times or stay well into the next shift in order to finish everything that was ordered for the patient during their shift. Dr. Xu explained that APIs were socialized with the expectation that all workers know their roles and duties and perform them without being told; delegating work or passing on work that was not completed is often very difficult. API nurses intellectually know that they must delegate but have difficulty doing this from their heart. This contributes to the general view that API nurses are very hard working, obedient, and rarely complain but does this "good nurse" image perpetuate the misconception that API nurses do not have needs or issues? Dr. Xu said that this perception could be dangerous because it overlooks our needs. Often, API nurses do not speak out about problems (e.g. conflicts with other nurses, increased workload, experiences of discrimination) that they are having until it is past the point of resolution.

So what can be done to help API nurses meet these challenges? First and foremost, more research needs to be done in this arena. There are many macro level studies about international nurse migration in terms of history, trends, and ethics but what is lacking is information on the individual level. What are their experiences in regards to acculturation and adaptation to their new environment? What types of orientation programs are available for IENs and are they effective? These questions need to be answered.

"If we don't know the individual level problems we cannot design effective interventions that meet the needs of IENs," said Dr. Xu.

Research is also needed to evaluate the quality of patient outcome of IENs. "If we can show that IENs provide comparable or better quality of patient care this will justify institution policy to hire internationally educated nurses and we can concretely show the value and contributions that API nurses bring to the U.S. health care system," said Dr. Xu.

What is Dr. Xu's advice for all API nurses in their quest to succeed in the U.S. health care system? Be ready to make some changes about yourself, learn and understand the culture so that you can maneuver through the system. This is difficult and perhaps a life long process but worth it!

Xu, Y. (2005). Clinical challenges of Asian nurses in a foreign healthcare environment. *Home Health Care Management & Practice*, 17(6), 492-494.

Xu, Y. & Kwak, C. (2005). Characteristics of internationally educated nurses in the U.S.: Findings from the 2000 National Sample Survey of Registered Nurses. *Nursing Economics: The Journal for Health Care Leaders*, 23(5), 233-238.

Xu, Y. & Zhang, J. (2005). One size doesn't fit all: Ethics of international nurse recruitment from the conceptual framework of stakeholder interests. *Nursing Ethics: An International Journal for Health Care Professionals*, 12(6), 571-581.

For a complete listing of publications by Dr. Xu, please visit: <http://nursing.unlv.edu/faculty/xu.html>

GERO Corner

Geriatric Content Delivered to AAPINA Members*

**Melen McBride, PhD, RN and
SeonAe Yeo, PhD, RNC, FAAN**

INTRODUCTION

The American Nurses Association (ANA) has granted AAPINA \$13,000 over two years to support the *Nurse Competence in Aging* program. *The Nurse Competence in Aging* is a 5-year initiative funded by The Atlantic Philanthropies (USA) Inc. to maximize the sustainability of geriatric competence-enhancing activities within specialty nursing organizations and to assure that organization members deliver improved care to older adults. We are delighted to have this opportunity to contribute to improving cultur-

ally competent geriatric care for Asian elders at home, in communities, and in institutions is an important issue for all of us. Our first opportunity to launch this topic collectively took place during the third annual AAPINA conference.

NCA/AAPINA PROJECT IMPLEMENTATION

The first series of geriatric training was held March 13 at the third annual AAPINA conference. Sixty nurses from all over the country in attendance. The 3.5 hour workshop on "Aging and Health" consisted of a panel presentation and three concurrent breakout sessions. The topics covered by three panelists included: care of older adults and special issues of ethnic minority elders; care of older Asian and Pacific Islander Women and the final hours of life. The breakout groups discussed what they learned from the presentations, how the acquired knowledge could be used in their professional roles, what aging related topics they would be interested in for future trainings, and what activities they would help with to plan and implement.

PANEL PRESENTATIONS

Melen McBride RN, PhD, Associate Director, Stanford Geriatric Education Center, Stanford University, provided an overview of aging and highlighted key ethnogeriatric concepts related to older adults from diverse ethnic backgrounds. The demographics of aging was reviewed to highlight the need for geriatric training of professional nurses in different specialty areas and to underscore the severe shortage of geriatric/gerontology nurses in the field. The altered presentation of illness in older adults was discussed to increase participants' awareness of important differences in clinical symptoms for the same illness in adult patients.

Geriatric assessment was discussed as a multidisciplinary team approach to collecting clinical data, developing a treatment plan, and evaluating the patient's responses. A battery of geriatric specific assessment tools were outlined so attendees are better equipped to conduct more thorough and appropriate assessments and hence engage in more "gerontology-friendly" competent practice. Samples of assessment tools (Katz Index of Independence in ADL; Instrumental ADL; Fall Assessment; Get Up and Go Test; Mini-Mental Status Exam; Geriatric Depression Scale; and Geriatric Oral Health Assessment Index) were provided as handouts. A list of recommended preventive screening for

older adults and a list of translated standardized instrument to measure cognitive, emotional, and functional domains were also included in the resource packet. Factors that contribute to health disparities in health care for older ethnic groups were identified such as language, low literacy, health beliefs, cultural practices, historical trauma, immigration history, and others. In addition, practical tips for culturally appropriate approaches to provider-patient interactions were provided.

Dianne Ishida, PhD, APRN, Associate Professor, School of Nursing, University of Hawaii stated that the 85.5% of the Asian elderly population are foreign born; an average of 12% live in poverty (range=5.6 to 29%); and 31% have less than 9 years of education. Of those Asians aged 65 and older, 30% are linguistically isolated, thus, interfering with their interaction with English-speaking individuals. Heart disease, cancer, and cardiovascular disease are the top three causes of death for Asian/Pacific Islander, Black, Hispanic, and White women age 65 and older. However, diabetes is the next cause of death for older all the minority women (API, Black, and Hispanic). Cancer is the leading cause of death for all API women. Breast cancer is the leading type of malignancy in 5 groups of Asian American women, i.e., Chinese, Japanese, Filipino, Korean, and Vietnamese, followed by colorectal cancer. However, for Vietnamese women, cervical and uterine cancer is the second leading type of cancer. Several types of cancer are particularly linked to acculturation (breast, colon, and for men prostate cancer). Geographic differences related to reproductive and gastro-intestinal cancers are reported for Asians and in general, Asians in the US have higher rates of both cancers than the women in their home countries. There may be environmental-genetic interactions that influence cancer incidence and survival rates. There is a great variation in API populations of breast cancer knowledge, attitudes, and beliefs that affect screening behaviors. Thus, culturally appropriate screening strategies and education are needed, particularly for women with limited health insurance coverage

Ching-eng H. Wang, PhD, ANP-C, Associate Professor, School of Nursing, North Park University emphasized the advocacy role of the Advanced Practice Nurse (APN) when the older patient is in the last stage of the dying process. Facilitating open, honest communication without escalating the patient and family's anxiety and stress is an

important skill for the professional nurse. Nursing interventions must include psychological support to help reduce fear of dying, fear of abandonment, and fear of the unknown, in addition to control of intractable pain and careful assessment of the physical signs and symptoms of imminent death. When the geriatric patient is at the threshold of death, the APN can provide reassurance to the family as they hold vigil; focus on family preferences, such as resuscitation or withdrawal of life support; and promote a supportive environment for the eventual pronouncement of death. The cultural context of accepting the finality of death and caring for the loved one immediately after the pronouncement can vary across ethnic groups. Dr. Wang described how, whenever possible, these practices should be discussed in the early preparatory phase of end-of-life care. Ideally, patient and family preferences can be discussed as part of the older person's healthcare program and noted clearly in documents such as Advance Directives and the patient's medical record. A post-death role for the Advanced Practice Nurse is to promote a supportive environment for the staff to mourn the loss of a patient through debriefing sessions, attending the family's memorial service or organizing a memorial service for the staff. Because, the experience with death and dying is highly personal, educating nurses about end-of-life care, especially about care when death is imminent is an important responsibility of the Advance Practice Nurse.

BREAKOUT SESSIONS

The discussion groups were facilitated by SeonAe Yeo, RNC, PhD, FAAN, President, AAPINA, University of Michigan; Jillian Inouye, PhD, APRN-BC, Vice President, AAPINA, University of Hawaii; and Masako Nagamatsu-Mayahara, RN, MSN, AAPINA member, University of Illinois. Each group shared the knowledge gained from the presentations and identified strategies to use these information. To improve access to resources, a health fair for specific ethnic communities could be organized in collaboration with a university. Language and cultural barriers should be addressed in planning research projects to increase participation of older ethnic adults. By consulting with the ethnic community, information about cultural practices of specific ethnic groups related to end-of-life care could be compiled and referred to for care planning. Researchers could include sufficient number of Asian American elders in the population sample, then disaggre-

gate the data for analysis. Students could be encouraged to study aging issues of Asian American elders for their dissertation projects to help increase scientific information for this group. These activities will add new knowledge or enhance existing information in geriatric nursing and expand the professional publications on older Asians.

Suggested topics for future programs included ethnic-specific health data; mental health; caregiving, health of Asian men; culturally appropriate community resources and services; long term care and transitioning to levels of care; successful programs for cardiovascular health and diabetes care; geriatric pharmacology and cultural competency training. Some of these topics will be considered for next year's annual conference and others may be developed for the AAPINA website.

Overall, the participants found the program informative and stimulating. There was strong interest and support from conference participants to include a geriatric focus in the activities of the organization. Members signed up for activities proposed in the Nurse Competence in Aging/ AAPINA project. A network of Asian nurses is developing within AAPINA that will help facilitate discussion and sharing of information as they use knowledge about aging in their professional roles. Lastly, future issues of the AAPINA newsletter will include a "Gero-Corner" where information similar to this workshop will be included for use by all AAPINA members.

Acknowledgment

Made possible by a grant from Nurse Competence in Aging, a 5-year initiative funded by The Atlantic Philanthropies (USA) Inc., awarded to the American Nurses Association (ANA) through the American Nurses Foundation (ANF), and representing a strategic alliance between ANA, the American Nurses Credentialing Center (ANCC) and the John A. Hartford Foundation Institute for Geriatric Nursing, New York University, The Steinhardt School of Education, Division of Nursing.

As a grant recipient, AAPINA is known as American Nurses Association - Specialty Nursing Association Partner in Geriatrics (ANA-SNAPG).



Water Garden Courtesy of Motoko Baum, www.motokoart.com

Conference Report

Reflections on the 3rd Annual Conference: Looking Back and Moving Forward

Ching-eng H. Wang, PhD, APN-C
Chair, the Planning Committee

The 3rd Annual Asian American Pacific Islander Nurses Association (AAPINA) Conference in March 2006 was a great success. The two-day conference drew sixty four attendees and brought in more than \$5000 in profit for the organization. The number seemed small compared to more established non-profit associations but it was a milestone for us. For the first time in our history, we organized, planned, and funded a conference on our own through sponsorships, exhibitions, advertisements, registrations and the grant from American Nurse Association. This conference also attracted many Asian nurses in the Chicago land area who were not AAPINA members.

AAPINA was established in January of 1992 when 100 minority nurse leaders were invited to the First Invitational Congress of Minority Nurse Leaders and met in Washington, D.C. For the next twelve years after its inception, AAPINA did not have an annual conference. The first conference, held in August, 2004 in San Francisco, was embedded in the National Black Nurse Association's (NBNA) annual convention. NBNA generously provided us with a meeting room, free of charge. Twenty members attended the one-day meeting. This conference was our

humble beginning. The following year, the conference was held in Seattle, Washington. The Center for the Advancement of Health Disparities Research from the University of Washington cosponsored the event. The center took care of most of the logistics and planning for us. The only cost for AAPINA members was a 15-dollar lunch box. Twenty members attended the second meeting.

The most important question for the third conference was: "How could we attract more Asian nurses to our conference?" The first local committee meeting was held at Wyndham Garden Hotel, the site of the conference. During the meeting, the focus of the discussion was how to market the program to Asian nurses in the Chicago land area. The program needed to be relevant to general nurses at an affordable price. We designed a one-day promotional rate and added raffles to it. The program was further revised to add a session called Career Advancement Panel Discussion. Initially, we set a goal of 50 attendees. Yvonne Hsiung was in charge of registration and marketing to University of Illinois Hospital and College of Nursing. I marketed the program to most hospitals. Masako Mayahara served as Exhibition/ Poster manager. Asako Katsumata made name badges and served as a general purchaser. Elizabeth Jackson was in charge of rewards and attendance certificates. Most of us had never met each other before the day of the conference. The planning committee communicated through emails and phone calls.

One of the things I learned from this conference was how to negotiate sponsorships and exhibitions. Persistence and patience are the key. I made numerous phone calls to different health-related agencies. The first thing people asked was the number of attendees. The agencies often rejected our proposal when they heard the number of estimated participants. We revised our plan accordingly to add a promotional table. The agency could mail us their promotional materials for display at a reduced rate. I also contacted different organizations to ask for sponsorship. For example, I went to meet the manager of MB Financial Bank in Morton Grove, Illinois. After some negotiation, she agreed to sponsor us and donate promotional materials. Some sponsors and exhibitors were through personal contact. Gloria Limo, who is the owner of CPR Associate in Chicago, was a colleague and a friend. After I phoned her, she graciously agreed to become an exhibitor and a speaker for the program. Mayumi Willgerodt got the Uni-

versity of Washington, School of Nursing, to sponsor a breakfast. SeonAe Yeo received \$200 from the University of North Carolina at Chapel Hills. The University of Illinois, College of Nursing contributed \$1000. Masako Mayahara contacted Baxter to donate tote bags and a Japanese bakery to donate cakes for snack.

A good program is very important for a successful conference. We invited two world-renowned keynote speakers, Drs. Mi Ja Kim and Rosemarie Rizzo Parse. They graciously accepted our invitation without speaking fees. The audience enjoyed their presentations thoroughly. The Career Advancement Panel Discussion was a hit. I invited panelists from our membership pool as we have many talented speakers among our members. Mayumi Willgerodt's presentation was informative and to the point. It was very useful for people interested in an academic career. Valerie Fong's speech was hilarious. She shared her experience of moving from a truck driver to a patient care practice leader in KP Healthcare. Jeffery Hudson, Assistant Vice President for Patient Care Services in McNeal Hospital, emphasized the importance of finding a mentor in the path for career advancement. Omana Simon, a family nurse practitioner and the tele-health Coordinator for the VA Medical Center in Houston, told us the importance of advancing education and receiving family support. Dr. McBride planned the Aging and Health Workshop for the afternoon program. The program generated many insightful discussions.

In conclusion, this conference taught us many things. The most important lesson is that we can achieve our goals and turn our vision into reality if we are committed and willing to put time and efforts in the project. Moreover, the conference would not have been possible without the efforts of dedicated members of the planning committee. Their commitment made this conference a success. Finally, I sincerely thank to all those who participated in this conference.

News Items

Member News

- Dr. SeonAe Yeo has accepted a faculty position at the University of North Carolina at Chapel Hill, starting January 2007.
- Keiko Hattori just published an article entitled, "Concept Analysis of Good Death in the Japanese Community" in Journal of Nursing Scholarship in 2006.
- Dianne Ishida's chapter entitled, "Asian Women and Cancer" in Karen Hassey Dow's book Nursing Care of Women with Cancer, was published in 2006 by Mosby Elsevier in St Louis
- Masako Mayahara gave birth to a beautiful baby boy, Rick John, on April 25th, 2006! Being 9 months pregnant didn't stop her from all her work during the AAPINA conference.
- Student member Yuqing Guo completed and passed her general exam at the University of Washington. She is now a PhD candidate.

Congratulations to everyone!

Have any news that you want to share with the membership? Send it to Mayumi Willgerodt at mayumiw@u.washington.edu and we will be sure to put it in the next newsletter!

Other News

- New report illustrates diversity among Asian Americans and Pacific Islanders. *A Community of Contrasts: Asian Americans and Pacific Islanders in the United States* details one of the fastest growing populations in the United States and examines both the contributions and the needs of this diverse community. The national report indicates that a large number of AAPIs are faced with poverty, overcrowded housing, and below average high school graduation rates. It is a publication of the Asian American Justice Center and its affiliates, in-

cluding the Asian Pacific American Legal Center, who was the principal researcher of the report. More information on the report may be found at Asian American Justice Center website at <http://www.advancingequality.org>.

AAPINA Welcomes New Members

Oisaeng Hong
 Sachiko Blair
 Nannar Orachorn
 Jeffery Hudson
 Kieth Koga
 Gloria Limos
 Manolita Calip
 Reimund Serafica
 Shin-Yong Lee
 Sushiang Su
 Heeseung Choi
 Andrew P. Carlay
 Jing Kong
 Vilma M. Vivo
 Christine R. Espina
 Joyce A. Trompeta
 Lynda L. Tan-Garcia
 Dian Lorene Baker
 Jorgia B. Connor
 Gloria O. Simon
 Oanarat Bhothachareon
 Hatsumi Taniguchi
 Marilyn L. Deykes
 Alice Neycheril
 Belen F. Zalgrilli
 Anna B. Northrop
 Wacharee Jamjun
 Mariam E. Rubio

Membership

We invite you to become a member of the Asian American Pacific Islander Nurses Association (AAPINA). Membership is currently open to anyone who

supports the objectives of the Association. For membership information, please visit our web site at <http://www.aapina.org> or contact us by email at info@aapina.org.

March, 2007. If you wish to present your paper at our 3rd National Conference, please fill out an application.

<http://www.ncemna.org/ncemnaconf07.html>

Conferences

SAVE THE DATES!!

4th AAPINA Annual Conference

Asian Pacific Islander Families: Bridging Intergenerational and International Health Concerns

**March 31 & April 1, 2007
San Francisco, CA, USA**

More information available at:

http://www.aapina.org/news/4th_AAPINA_Annual_Conference_Flyer.pdf



From San Francisco Convention and Visitor Bureau

National Coalition of Ethnic Minority Nurse Associations Annual Conference

NCEMNA 3rd Annual Conference

"Creating Research Careers: Your Pathways to Success"

March 16-18, 2007

Marriott Plaza San Antonio, TX

NCEMNA is now issuing calls for Abstracts, Mentees, and Mentors for the upcoming conference in

Some facts of Asians and Pacific Islanders

Did you know that...

- Asian elderly women have the highest suicide rate of any group in America?
- During 1988-1992, the highest age-adjusted incidence rate of cervical cancer occurred among Vietnamese American women (42 per 100,000), almost five times higher than the rate among non-Hispanic white women (7.5)?
- In Washington State for 1999 – 2001 combined, age-adjusted incidence rates from invasive cervical cancer were higher among Asians and Pacific Islanders compared to whites?
- In Washington State, crude incidence rates for tuberculosis during 2000 – 2002 combined were higher among Asians and Pacific Islanders, African Americans, and American Indians and Alaska Natives compared to whites? Over the three years, Asians and Pacific Islanders had a case rate that was more than 15 times higher than the rate for whites, while African Americans had a case rate 11 times higher than that of whites.

Treasurer's Report

Asian American Pacific Islander Nurses Association, Inc

Treasurer's 2006 Interim Report

July 6, 2006

Incorporated as non-profit corporation in Illinois (July 11, 2003)

File Number: N6297-925-9

Granted 501 (c)(3) tax-exempt status by IRS (July 11, 2003 – December 31, 2007)

ITEM	BUGETED AMOUNT	ACTUAL AMOUNT
Expenses (YTD)		
Annual due to NCEMNA	500.00	500.00
Programs		
2006 Board Meeting	150.00	81.38
2007 Annual Meeting	500.00	0
Hotel Deposit		
Printing**		
AAPINA Flyers	500.00	0
Membership Directory	500.00	0
Postage	100	16.11
Miscellaneous	100	43.49
Legal fees		
Annual Report	5.00	5.00
Membership Directory	500.00	0.00
Web Hosting		
Domain name	20.00	20.00
Annual Fee	95.40	95.40
Total	1970.4	761.38
Income (YTD)		
Balance from 2005	6802.32	6802.32
2006 conference profit	0	5609.06
Membership Dues	4500.00	4025.00
Advertisements	200.00	50.00
Miscellaneous	0	22
Wyndham deposit refund	500.00	500.00
Total	12002.32	17008.38
Current Balance		16247*

*Including \$5000 CD maturity date, May, 2007 ** The Membership Committee will undertake the projects.

Respectfully submitted,

Ching-eng H. Wang, RN, PhD
Immediate Past Treasurer

