



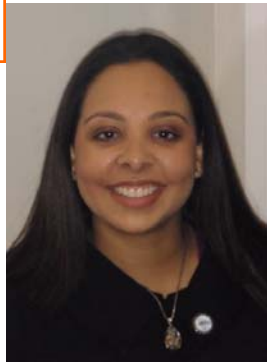
LA NAHN CONNEXION

Newsletter Editors

Sylvia S. Estrada, WHCNP

Angelica Flores, BSN

President's Message



As summer is coming to an end I hope that everyone had a restful and adventurous one. NAHN has been very busy with the National Conference which was held on July 21st-24th in Washington, D.C. On

Wednesday, July 21st, a few of us met with Congresswoman Grace Napolitano in her office inside the Longworth Building. We personally invited her to be our keynote speaker for our own annual conference which will be held on Friday, March 4, 2011. The theme for next year's conference will be on mental health and Congresswoman Napolitano is a huge supporter of mental health. The chairs for the event are Mario Chavez and Angelica Flores and they both can be reached at mariou-cla@yahoo.com and scullyxgirl@aol.com if you would like to volunteer for the Conference Planning Committee. They can definitely use any ideas or help from our LA NAHN members to make it a successful conference.

Our very own Angie Millan is now the national president for NAHN. A big CONGRATULATIONS to her and all the other newly elected NAHN board members from California. We are well represented now at the National level.

A big THANK YOU to all of those who attended and supported LA NAHN on August 22nd for the Dodger fundraiser. Although the Dodgers lost to the Cincinnati Reds, we all had a great time in the very sunny right field pavilion.

One of my personal goals is to have an event each month. Whether it is a general membership meeting or a fundraising event. And in speaking of general meetings, our Fall general membership meeting will take place on September 16th. Please make sure you RSVP directly through the meeting planner for this event. Our next fundraiser is a SPA day on September 19th and LA NAHN will be receiving a percentage for all treatments made on that day. Please remember that through our fundraising events we are able to raise monies for scholarships. These events are a great way for you to network and be involved in your professional nursing association. We hope to have you attend our future events and help support our chapter.

I strongly encourage you to write about your adventures this summer and turn it in your article to Sylvia Estrada, or co-newsletter editor at

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Special points of interest:

- Please visit our website for additional information on local chapter events www.lanahn.com
- Please submit any articles, job announcements, special events, etc. that you feel are of interest to share with other chapter members to Sylvia Estrada, LA NAHN Newsletter Editor at estradasmp@hotmail.com

President's Message Continued from Page 1

estradasrnp@hotmail.com. With Fall just around the corner and the holidays soon upon us, our Scholarship Dinner will be held on Friday, October 29th at South Hills Country Club in West Covina. This year it will be a Halloween Costume Party. We can't wait to see you dressed up ready to mingle and of course congratulate our scholarship winners. So if you or anyone you know are a NAHN member and are in nursing school, we highly encourage him/her to apply to our nursing scholarship. As you can see, your

LA NAHN board is busy at work. Without your continued support none of this would be possible...so we THANK You...Gracias.

Sincerely,
Kathy Lopez, RN, MSN, PHN

Welcome New LA NAHN Members



July

Sonia Gonzales
Monika Jaurequi
Olivia Olmos
Keyli Romero

August

Dulce Gutierrez-Reyes
Margherita Payan
Alonzo Ramirez
Gladys Sanchez

Congratulations

Linda Maldonado graduated from Rio Hondo College and passed her NCLEX in August

Laura Romero became a proud grandmother to twins. Her daughter Vicky Jensen had twins: a boy-Abner Augustine and a girl-Violet on July 1th.



A Meeting With Congresswoman Grace F. Napolitano

by Sylvia S. Estrada, RNC, WHCNP, CBCN, MSN

One of the activities that were planned for the 35th Annual NAHN Conference was a meet and greet opportunity with either your state congressional and or senate representatives. After meeting with your respective legislator, there was a reception hosted by the Congressional Hispanic Caucus and Congresswoman Lucille Roybal-Allard, from the 34th District of California, who addressed all the NAHN conference attendees who participated in this Legislative event.

Our LA NAHN chapter had requested a group meeting with U.S. Congresswoman Grace F. Napolitano, from the 38th District of California. Our group consisted of Kathy B. Lopez, LA NAHN chapter president, Maria Elena Ruiz, LA NAHN member, Douglas Keiller, LA NAHN member, Mario Chavez, LA NAHN board member, and I. We met the very busy Congresswoman and her Legislative Representative Ane Romero in her Longworth Building office.

One of the topics that we discussed with the Congresswoman is to partner with her in upcoming health and educational events that are coordinated by her local district office. We'd like LA NAHN to become more committed in local community events that will help improve health access and education for our Hispanic/Latino community. The Congresswoman has a past relationship with LA NAHN and is very supportive of nurses. As such, she was very delighted to hear that our current LA NAHN board is also committed in partnering with her efforts in future community events.

Congresswoman Napolitano co-chairs the bipartisan Congressional Mental Health Caucus along with Representative Tim Murphy (R-PA). She promotes access to mental health for children and

adolescents, improved mental health resources for veterans, and increased mental health coverage by insurance providers. We wanted to make sure we utilize her expertise and contacts as we plan for our future LA NAHN educational conference for 2011. Next year's conference will be dedicated to the topic of mental health and we plan to cover issues that confront children, teenagers, adults, veterans, and the elderly. She was delighted to hear that we plan to bring this very important health issue to our LA NAHN members and has committed her local district office to help us secure topics and speakers for this event.

Our thirty minute meeting was cut short as her pager went off requesting her presence back to the House of Representatives to cast her vote. Before leaving, she gave us all a plastic wristband denouncing Arizona's SB 1070 immigration law and she posed for a picture with our group. We'd like to thank Congresswoman Grace Napolitano and her D.C. office staff for giving us the opportunity to meet with her and secure our mutual support future for



L-R: Kathy Lopez, Congresswoman Napolitano, Sylvia Estrada, Maria Ruiz, Mario Lopez, Douglas Keiller

Trying to Solve the Nursing Shortage

by Sylvia S. Estrada, RNC, WHCNP, CBCN, MSN



Legislation is making its way through the California Senate that would allow the California State University (CSU) system to independently grant the DNP degree. The reason, said **AB 867** co-authors Pedro Nava (D-Santa Barbara) and Juan

Arambula (D-Fresno), is to address a severe nursing shortage in the state.

Nava said the measure would allow the CSU system to train its own faculty and faculty for community colleges. Currently, state nursing programs are turning away up to 40 percent of qualified applicants because they do not have sufficient faculty. AB 867 would bridge that gap.

"This measure will enable nursing programs across California to expand appropriately to meet the enrollment demand in nursing education programs and the state's critical need for registered nurses," Nava said in a release. "Our state's higher education system cannot currently meet our healthcare workforce needs. This measure is an important step toward rectifying this problem."

Currently, the only doctoral degree the CSU system can confer independently is the education doctorate, the EdD. The University of California system and private universities are the only ones in the state to confer doctoral degrees in nursing; most grant the doctor of philosophy, or PhD.

AB 867 would authorize the CSU system to establish the DNP degree pilot program at three campuses across the state, selected by the system's board of trustees. The program would be limited to a total of 90 full-time students and would focus on the preparation of clinical faculty. The faculty would then teach in CSU nursing programs or at the community college level, enabling programs to expand to teach additional cohorts. In addition, nurses earning DNP degrees could work as advanced practice nurses or nurse leaders in the healthcare setting.

Arambula said the bill will go a long way toward solving the nursing shortage, especially in traditionally tough job markets.

Pat Fry, president and CEO of Sutter Health, believes so strongly in the proposed legislation that he wrote a guest editorial about it in the *Sacramento Bee*. He noted that the CSU system currently graduates some 65 percent of the state's BSNs.

"AB 867 is common-sense legislation that addresses a critical health care issue," Fry wrote. "An inadequate pipeline of nurses jeopardizes the health of all California residents. We must train the trainers for California's nursing programs, and CSU is best equipped to take on that responsibility. The time has come to allow CSU to train its own nursing faculty by offering the doctorate of nursing practice degree."

According to the legislation, the CSU system will use grants or other non-state funds to start the pilot program. A report on the program's success or failure will be due to the legislature by Jan. 1, 2017.

...the CSU system currently graduates some 65 percent of the state's BSNs.

A Trip to Tanzania by Margot Cisneros, RN

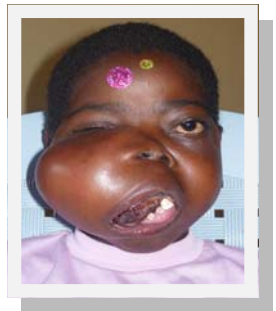
Many years before becoming a registered nurse, I read about amazing organizations going around the world and aiding individuals by providing specialized and basic medical care. I read articles that chronicled the volunteers' experiences and the individuals they aided. This past July, I was given the opportunity to join USC medical students and doctors in East Africa to provide medical services.

We spent 2 weeks in beautiful Shirati, Tanzania under the direction of Dr. Esther Kawira who is the Medical Director of Shirati Health, Education and Development Foundation (SHED) and runs the Sota Clinic in Tanzania. SHED not only assists the residents of Shirati and nearby villages with medical care, but they strive to empower their patients and families through education in order to improve their lives. In addition, the Sota Clinic treats patients with Malaria, Tuberculosis, Schistosomiasis and HIV/AIDS which are prevalent among the village people. At least 90% of the patients that arrive to the clinic everyday come to receive care for these illnesses under the skillful and dedicated hands of Dr. Kawira and her amazing nurse.

The Sota Clinic is located 30 minutes away from Shirati. It had no electricity or running water, a constant high patient flow, and limited supplies. As a nurse working in an underserved community, I know the challenges that plague small, understaffed and overcrowded clinics. However, even with all these limitations the nurse manages to see every patient that walks daily through its doors, while providing quality care in a timely manner. The nurse was truly amazing as I watched her deliver a child, treat injured villagers and perform biopsies. However, her skills, as I came to learn shortly before our departure, did not end there.

Late one morning after completing health surveys in the surrounding villages, we were informed an interesting case had presented in the clinic. Without hesitation I headed towards the examination room in a rush, only to be stopped at the entrance in complete shock. At the far end of the room sat a young child with a significant facial disfigurement. She was visibly scared as she cautiously answered the multiple questions being asked by Dr. Kawira and the medical students. The young child had traveled from Kisumu, Kenya with her mother after being diagnosed with Burkitt's Lymphoma. For 3 months the mother had been trying unsuccessfully to obtain treatment in Kisumu. Finally, after months of frustration and watching her child's condition worsen, she learned of the Sota Clinic. The Sota Clinic is one of the few facilities that offer treatment thanks to generous contributors.

One day after arriving to the clinic and being admitted, the young child was prepped to receive treatment. Her treatment consisted of intrathecal chemotherapy which would be administered by the skilled nurse. The students as well as myself were astonished at how skilled and confident the nurse was; to perform a procedure that delicate in a facility with no modern technology and limited resources is worthy of recognition and admiration.



Thanks to the dedication and hard work of this amazing nurse and Dr. Kawira, within days there was noticeable improvement in the child's face. In addition, the difficulty in breathing caused by the disfigurement had resolved, and the swelling causing excessive gum

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A Trip to Tanzania Continued from Page 5

bleeding had also reduced, which allowed the child to eat with decreased pain. Thanks to medical students still in Shirati, I was able to obtain pictures of the child at different stages of her treatment.

Since my trip to Shirati, I have been told that the child is doing great and both she and her mother are grateful for everything the clinic has done for them. She is expected to make a full recovery.

I highly encourage any nurse who wishes to become involved in this program or others like this, to visit the SHED web site at <http://www.shedfoundation.org/>. There you will find more information about the SHED foundation and there wonderful work. This experience enriched my life and I am positive it would do the same for you. Without hesitation I would gladly do this again.



Can a BRCA Mutation Link Jewish and Hispanic Women: Promising Test Flags This as Possible

by Sylvia S. Estrada, RNP, WHCNP, CBCN



Recent research by Dr. Jeffrey Weitzel, chief of the Division of Clinical Cancer Genetics at City of Hope in Duarte Calif, and others show that certain deleterious mutations in the Breast Cancer (BRCA) genes, which increase the risk of breast and ovarian cancers, are common in

Hispanic women than in white or black women. The ability to detect these mutations in a high-risk woman is a very tedious research endeavor. Some say it's like looking for a needle in a haystack. For Dr. Weitzel and his research staff, discovering the BRCA gene sequencing among this ethnic group would mean being able to help more women who have these mutations-and therefore a higher risk of early, aggressive cancer-tap into the benefits of preventive care and early cancer detection.

Working with Hispanic women with breast cancer in the City of Hope Cancer Screening & Prevention Program Network, Dr. Weitzel and his colleagues have developed a multiplex panel that tests for 18 mutations in two genes that normally help control cell growth, BRCA1 and BRCA2. More than a decade of cancer genetics research has revealed that these 18 BRCA mutations, which substantially increase breast cancer risk, recur in Hispanic families.

In a pilot test of DNA samples from 23 consecutive Hispanic women with breast cancer who had been referred for genetic cancer risk as-

essment, the panel detected 57%, or 4 of 7, of deleterious mutations in the samples. Using state of the art sequencing technology, positive assays were confirmed in laboratory sequencing of specific segments; negative assays underwent BRCA sequencing and were reported within 72 hours.

This looks promising for Dr. Weitzel and his research team. They still need to get their testing refined to achieve enough sensitivity so that there is a predictive value. He's compared the new panel to one already in use that tests for just three mutations to screen Ashkenazi Jewish women for breast cancer. Among the Ashkenazi Jewish population, if they have breast cancer associated with a BRCA mutation, 90% of the time it's 1 of the 3 founder mutation.

The majority of the patients referred to City of Hope's cancer screening and prevention program are underserved, and many are Hispanic. Dr. Weitzel hopes to seek a less expensive alternative to full gene sequencing to detect such mutations for Hispanic women. Lower costs for BRCA mutations for Hispanic women will enable him to test more patients, an important consideration in Hispanic populations that often have large families. According to Mendelian laws of genetics, half of the offspring or siblings of women with BRCA mutations also would have the mutation.

Elena Martinez, PhD, of the University of Arizona, is co-leader of a study examining breast cancer risks and disease patterns in women of Mexican descent living in the United States and Mexico.

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Can a BRCA Mutation Link Jewish and Hispanic Women (Continued from Page 7)

She said that as Hispanic populations increase in the United States, healthcare providers must become aware of culturally appropriate ways to explain inherited cancer risks, why a full family history is needed, and why genetic counseling may be indicated.

Dr. Weitzel's research team is currently seeking cooperation in enrolling study subjects in the Hispanic Mutation Project that investigates the genetic epidemiology of breast cancer in Hispanic women. To be eligible for the study, Hispanic women need to be referred to the City of Hope Clinical Cancer Genetics Division and

must have a personal or family history of breast and ovarian cancer. They will then be consented to participate in a research registry. If you have a patient, family member, colleague, or friend who is Hispanic and would be interested in participating in a breast cancer research registry specifically to help Hispanic women, please contact Raquel Ogaz, Research Coordinator for this project. She may be reached by phone at (626) 256-4673 x 65163 or via email, at rogaz@coh.org.

Risk-reducing Surgery Beneficial for Women with BRCA Mutations

by Sylvia S. Estrada, RNC, WHCNP, CBCN

Risk-reducing surgery reduced the risk for breast and ovarian cancer in a study of women with BRCA1 and BRCA2 mutations. Prophylactic salpingo-oophorectomy also reduced all-cause and cancer-specific mortality in these high-risk women.

The prospective, multicenter study by Timothy R. Rebbeck PhD, of the University of Pennsylvania Medical School, Philadelphia, and associates included 2482 women with BRCA1 and BRCA2 mutations (*JAMA*. 2010;304:967-975). Only 10% of these women chose risk-reducing mastectomy (RRM) and 38% underwent risk-reducing salpingo-oophorectomy (RRSO).

None of the 247 women who under went RRM

were diagnosed with breast cancer during the 3-year follow-up period compared with 7% of those who did not have RRM. RRSO reduced the risk of ovarian cancer by 86% (6% vs 1% in women with a prior diagnosis of breast cancer; 6% vs 2% in those without a prior diagnosis of breast cancer). Risk of first breast cancers was reduced by 37% in women with BRCA1 mutations and by 64% in those with BRCA2 mutations.

Compared with women who did not have RRSO, those who did also had lower all-cause mortality (10% vs 3%), breast cancer-specific mortality (6% vs 2%), and ovarian cancer mortality (3% vs 0.4%).

Nation's Obesity Epidemic Continues to Worsen

by Sylvia S. Estrada, RNC, WHCNP, CBCN



Adult obesity rates climbed in 28 states during the past year and now exceed 25 percent in more than two-thirds of the states, according to *F as in*

Fat: How Obesity Threatens America's Future 2010. The report, by Trust for America's Health and RWJF, concludes that the nation's response still fails to measure up to the magnitude of the problem. At the same time, it highlights public recognition of the issue and results of a new survey showing Americans' acute concern about childhood obesity—and their willingness to invest significantly in prevention programs.

During the past four decades, obesity rates have soared among all age groups, increasing more than four-fold among children ages 6 to 11. Today, nearly a third of children and adolescents are overweight or obese. That's more than 23 million kids and teenagers.

In addition, significant disparities exist. For example, 38 percent of Mexican-American children and 34.9 percent of black children ages 2 to 19 are overweight or obese, compared with 30.7 percent of white children in the same age range. There are also significant disparities in terms of access to healthy food and safe places to play. A study of more than 200 neighborhoods found four times as many supermarkets in predominantly white neighborhoods as in black neighborhoods. And communities with high levels of poverty are significantly less likely to have places where people can be physically active, such as parks, green spaces, and bike paths and lanes.

If we don't act to reverse the childhood obesity epidemic, we're in danger of raising the first generation of American children who may live sicker and die younger than the generation before them. Preventing obesity during childhood is critical, because habits that last into adulthood frequently are formed during youth. Research shows that an obese older teenager has up to an 80 percent chance of becoming an obese adult.

Overweight and obese children are at higher risk than their healthy-weight peers for a host of serious illnesses, including heart disease, stroke, asthma and certain types of cancer. Obese children already are being diagnosed with health problems previously considered to be "adult" illnesses, such as type 2 diabetes and high blood pressure.

Obesity also poses a tremendous financial threat to our economy and our health care system. It's estimated that the obesity epidemic costs our nation \$117 billion per year in direct medical expenses and indirect costs, including lost productivity. Childhood obesity alone carries a huge price tag—up to \$14 billion per year in direct health care costs.

Today, nearly a third of children and adolescents are overweight or obese.

By reversing the epidemic of childhood obesity, we will make our nation healthier, save countless lives, increase economic productivity for the next generation of American workers and ease the tremendous financial strain on our health care system caused by

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Nation's Obesity Epidemic Continues to Worsen

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obesity-related illnesses.

What Causes Childhood Obesity?

In the simplest terms, childhood obesity results from energy imbalance—children consuming more calories than they burn through physical activity and normal growth.

The latest research shows that the environments we live in and the public policies our leaders enact directly impact the foods our children eat and how much activity they get. When schools have healthy foods and beverages

in their cafeterias and vending machines, students eat better. When communities have parks and bike trails in their neighborhoods and vigorous physical education programs in their schools, children are more active. When neighborhoods have supermarkets and farmers' markets that sell affordable healthy foods, families eat more nutritiously. But when communities are dominated by fast food, with few places to play, our children eat worse and are less active, and their health suffers. And we all pay a price—in higher health care costs and lost economic productivity.

UCLA Study Finds Rising Levels of Obesity, Diabetes in California

from California Healthline

Nearly 60% of California adults are overweight or obese and almost 8% of adult residents have diabetes, according to a recent report by the UCLA Center for Health Policy Research, *HealthLeaders Media* reports. The report estimated that 9.3 million California adults are overweight and an additional 6 million are obese. It also found that more than 2 million adult residents have diabetes.

Researchers noted that the prevalence of both conditions has increased over time. They found that between 2001 and 2007:

- Adult obesity rate rose from 19.3% to 22.7%; and
- Adult diabetes rates increased from 6.2% to 7.8%

Although obesity rates increased significantly

among all ethnic groups, the rates remained highest among American Indian, Black, and Hispanic residents. In addition, the report found that nearly 28% of California adults with annual incomes below the poverty level are obese, compared with 20% of those with higher annual incomes. California adults who lack a high school education were two times more likely to be obese and three times more likely to have diabetes than their counterparts with college degrees.

Although there have been increased efforts to reduce diabetes and obesity rates in California, researchers said more time would be necessary to gauge the success of such initiatives. They also stated that preventive efforts could include more opportunities for physical activity and improved nutrition in low-income areas.

Digestive Health by Veronica Sanchez, LAc, RN

Nurses are always on the go. We are active and always running whether it be on the job or at home with our families. Unfortunately, many of us are also eating on the run too. It is hard to sit calmly while having a nourishing meal, and chew each bite of food 30-45 times for adequate digestion. Who has time? On the contrary, we gulp down our food in order to be ready for the next crisis that comes our way. Below are a couple of “pre” and “post” meal tips that can boost your digestive health and decrease some of the gas, bloating, and pain that comes from the fast paced lifestyle of so many nurses.

Try the following simple, effortless, qi gong exercises to improve your digestion, stimulate your metabolism, and decrease food cravings.

Qi Gong for Weight Loss

2 minutes before you eat, do this metabolic boosting breathing exercise:

- For the first minute of this exercise, place your hands below your belly button and take a few long slow deep breaths. Feel your hands rising on the inhale and descending on the exhale—this is deep breathing. **Do this for the first minute.** It is important to note, a primary function of digestion is to break food into microscopic bits that can be sent to your cells and combusted with oxygen to release energy into the body. Over 90% of our energy comes from oxygen + food. That is why focused breathing is so important prior to each meal. Oxygen fuels the digestive fire within
- **For the second minute** of this exercise, squeeze all the air out on your exhale by bringing the abdomen toward the spine. Now do not worry about inhaling; just focus on bringing your belly toward your spine. Do it as quickly and as comfortably as you can. Imagine you are fanning a fire with bellows of air to make the fire grow.

After your meal, do the following for long term digestive health.

Bring both hands over the left side of your rib cage, below the heart. This is where the stomach is located.

- Circle your hands over the stomach area about 50 time-100 times moving from the right (liver) side of your body toward the left (heart) side of your body.

Congratulations, you just increased your metabolism! This is also a very simple yet powerful practice you can do each and every day. It can decrease discomfort associated with eating too quickly and improve your over all digestive health.

Be Well!



Veronica Sanchez is a registered nurse, licensed acupuncturist, has a Master's in Traditional Asian Medicine, and attended the UC Berkeley. Veronica Remedios Sanchez fuses knowledge of western, eastern, and indigenous practices. Growing up in such a richly diverse area; southern California became the source of inspiration for her practice. Please email her at acupunctureplusinla@yahoo.com for more information.

Get the Skinny on Living Well from Everyday Health.com

Quit the Clean Plate Club



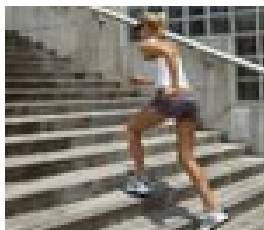
If your eyes are bigger than your stomach, don't feel badly if you can't finish everything on your plate. Just eat when you're hungry and stop when you're satisfied.

Skip the Spirits



While those cute little martinis may be fun to sip, alcoholic beverages contain almost 200 calories per glass. Stick to sparkling water with lime or a class of wine with club soda to cut back on the calories...and the headache the next morning.

Get Moving!



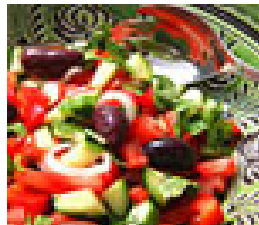
Challenge yourself every day to find new ways to move your body and get your heart pumping. Take the stairs, enjoy some deep stretching or take Fido for an extra lap around the neighborhood.

You, Unplugged



Shut down your laptop and put your cell phone on "silent" for a healthy relaxing evening at home with your best gal pals or your favorite book. Cook up some healthy hors d'oeuvres and enjoy the art of conversation.

Color Your World



Choose healthy colorful foods like fresh fruits and vegetables so you fill up on the good stuff and won't gorge on the junk.

Save Room for Dessert!



Grab your favorite low calorie dessert from your freezer and enjoy your treat. After all, you're worth it.

Nursing in Today's Job Market by Edith Garcia Trujillo, NP

I graduated with my BSN degree from the University of Arizona in 1998. To finance my college education and pay for my living expenses I worked various jobs and eventually took a position as a patient care technician (PCT) at St. Mary's Hospital in Tucson, Az. A PCT performs the same duties a CNA from today. Compared to my previous jobs, as a PCT I had a more flexible schedule, and was always being called in to work extra since the need was great. I knew that this was just a glimpse of what was to come: a nursing career where I would be more financially stable, have flexibility, would always be called to work more if wanted to and job security.

As soon as I graduated from nursing school my manager offered me a position as a new graduate nurse on the medical-surgical floor. I, of course, said "yes" with great enthusiasm! It seemed eternal from the time I accepted the position to the time I actually took the NCLEX, received my license, and I could start my orientation. I recall looking at my ID badge and smiling at the writing underneath my picture that had my name followed by "RN". Those two letters after my name "R. N." represented everything I had worked so hard for and the start of a new chapter in my life. Orientation began and my enthusiasm grew with each day I showed up to the unit ready to learn more. Three weeks into my orientation I received a phone call from my manager, Doris, as she liked to be called. She simply said I needed to come into her office to "discuss" my position in the unit "...as soon as possible." She said. My reply was "of course..." I couldn't imagine what she wanted to discuss ASAP! Had I done such a terrible job in three weeks, did one of my patients die? Her words echoed in my head, and I sat in silence at my kitchen table. "What did I do wrong?" I kept asking myself this question over and over....and over.

Doris wasn't smiling (which she usually did) when I came to see her the next day. I sat next to her desk while she explained to me that the hospital had made changes in the recent past that had detrimental effects financially. She explained that the hospital had too few

patients for the number of nurses it had on staff. She continued talking but I'm not sure, to this day, what she said until she stated, the hospital is being forced to "layoff all the new hires from the last three months." There was only silence... and she continued, "you were hired as a RN less than a month ago." She looked at me sadly for she knew what that meant. I was being laid off!

This took place more than ten years ago but it currently resonates with what many people in our country are experiencing, dwindling job markets, layoffs, companies shrinking or closing and an increasing unemployment rate. More and more the news are flooded with financial instability in our country accompanied by rise in unemployment. According to the Bureau of Labor Statistics the current unemployment rate is 9.6 percent, this is more than double compared to 10 years ago when the rate was 4 percent. Furthermore, in the last 70 years the current unemployment rate is the highest. But where does the nursing profession stand in regards to these dismal statistics?

My friend, who is a RN, recently lost her job. She was employed by a non-profit organization that provided breast cancer detection services to underserved woman Los Angeles. The organization was largely supported by state funds and as cuts take place organizations can cease to exist. When my friend tells people that she is a nurse there is shock in their expression. It seems that the general population believes that nurses are exempt from layoffs. Also, I have new graduate nurses approaching me in the hospital stating that they are "having a hard time" finding a job. A LPN

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Nursing in Today's Job Market (Continued from Page 13)

working in the same unit as I do obtained her RN license and then spent six months waiting for a RN position to open. I became curious as to where nursing as a profession stands in the current job market.

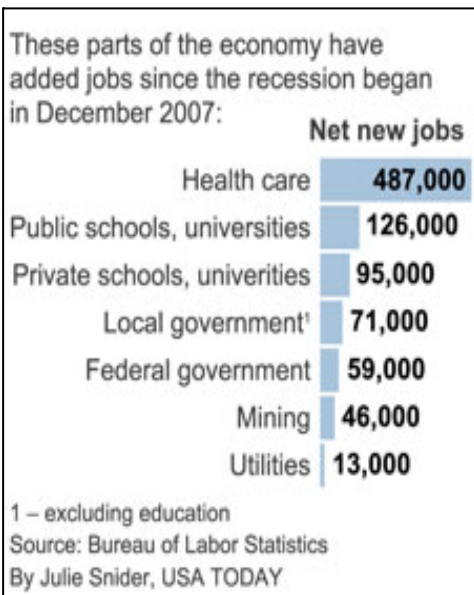
I would like to emphasize that nursing as a profession continues, for me, to be one of the most diverse and satisfying careers available. I do not cease to encourage people to pursue a career in nursing. I am happy to share that nursing continues to be a highly satisfying profession with great demand.

Compared to other professions in the U.S., Health-care is the industry that has added the most jobs in recent years. For example, in November of 2009 there were 85,000 jobs lost in the U. S. That same month, however, the healthcare industry added approximately 21,000 jobs. Nursing is currently among the industries with the most need to fill positions. In addition, there is no doubt that in future years the demand for RNs and LPNs will increase by 22 percent. The USA today put it plainly stating that a "handful" of industries have added jobs at a remarkable rate throughout the recession.

ington Post states that the recession has caused nurses to: delay retirement, seek overtime, change from part-time to full-time positions, and to change from travel and per diem positions to permanent staff positions.

The change made by current nurses has made the job market a bit tougher for new graduate nurses. It means that new graduates are now competing with seasoned nurses for a job. Employers many times will turn to the experienced nurses first given that they require much less training which translates to dollars saved. Also, statistics state that 35 percent of new graduate nurses leave their first job within a year. There is no doubt that vacant positions exist for new and not so new nurses, however, it is imperative to understand that vacancies may not be where we want them to be.

In recent years a new graduate RN had his/her choice of where to work, from California to New York jobs were abundant. A new graduate could pick a specialty and easily be hired and trained. Today, the job market is different. Hospitals are healthcare's largest industry but employment is expected to grow more slowly in hospitals when compared to other healthcare industries. The number of patients who remain in the hospital for more than 24 hours is not likely to grow. Patients are being discharged earlier, and more procedures are being done on an outpatient basis, both inside and outside hospitals. Rapid growth is expected in outpatient facilities, such as outpatient surgery centers, rehabilitation centers, and nursing homes. According to the Bureau of Labor Statistics the predicted growth of employment in the next ten years within nursing will be as follows:



It would be wrong to say that the current recession has had no effect on nurses. As stated earlier with personal examples, nurses have been affected. But it is important to point out that as a whole, the effects have been minimal. The Wash-

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Nursing in Today's Job Market (Continued from Page 14)

Industry	Percent
Offices of physicians	48
Home health care services	33
Nursing care facilities	25
Employment services	24
Hospitals, public and private	17

Currently, new graduate nurses may be forced to take a position in an area that is not their first choice or relocate to a location not expected. Nevertheless, though, a career in nursing continues to offer flexibility, job satisfaction, job security, and financial stability. The healthcare industry continues to contribute jobs at an incomparable rate and the demand for nurses is projected to significantly in-

crease making nursing an excellent career choice. After being laid off from my first nursing position I found myself with one door closing and many more opening simultaneously. I was soon hired at another hospital and started a wonderful career as a nurse in a heart transplant unit. Currently, I work at UCLA Medical Center as a liver transplant Nurse Practitioner. Changes in our career, whether they are layoffs or other can be the change that drives you in a direction of even further accomplishments and satisfaction. Despite my bumpy beginning as a nurse who was laid off within three weeks of being hired, I am thankful to those who encouraged me to become a nurse and I am grateful that more than ten years later in the midst of a recession my knowledge and skills of a nurse are in high demand.

Mental Health Conference 2011 by Mario Chavez, RN



Have you ever asked yourself why not much is heard on mental health for the Latino community? Well LA NAHN wants to find the answer. On March 11, 2011 LA NAHN will be holding its annual conference at the

California Endowment Center. The Endowment center is nestled in the heart of the Los Angeles. The goal of the conference is to enlighten participants on mental health issues within the Latino Community. The conference is an all day affair that will bring together specialist in mental health that spans from childhood to

older adult. Any members interested in volunteering for the conference will need to contact me at mario-oucla@yahoo.com.

Surgeon General Fact Sheet

Division of SAMHSA (Substance Abuse and Mental Health Services Administration).

Hispanic/Latino community is expected to increase to 97 million by 2050 compared to the estimated 35.3 million that reside in America now. In general, the Hispanic/Latino and white Americans have similar rates of mental health disorders. The difference is the socioeconomic status in the Latino/Hispanic community. On average only 56% of Latinos graduate high school. The poverty rate for Lati-

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Mental Health Conference 2011 (Continued from Page 15)

nos on average is 27%-31%, compared to 13.5% of all Americans.

Latino youth experience more anxiety and depressive disorders compared to their white counterparts. Latinos have lower incidences of suicide, 6% compared to 13% of the white community, although Latino adolescents demonstrate higher rates of suicidal ideation and attempts compared to white/black adolescents. An interesting fact is that Latinos born in the US have higher incidence of mental health disorder and substance abuse compared to Latino immigrants. Older Latino's experienced a rate of depression by 26% if they had health problems, compared to 5.5% depression rate if they had no health problems. Studies find that 24% of

Latinos with depression and anxiety received appropriate care compared to 34% of whites.

Overall mental health services for Latinos are less available compared to the white community. The average employee based insurance coverage for Latinos is at 43% compared to 73% for whites. Studies find that 1 in 11 American born Latinos seek mental health specialist, while 1 in 20 immigrants seek mental health specialist. Only 1% of all licensed psychologists identify themselves as Hispanic. On average there are 29 Hispanic mental health professionals per 100,000 people compared to 170 white mental health professionals per 100,000 people.

Recognizing Moral Distress: Steps Toward Recovery

By Linda Camacho, RN, BSN

How many of us have heard this term and either identified with moral distress or have no idea what is moral distress. Moral distress is defined as a physical or emotional suffering that is experienced when limitations prevent one from practicing or accomplishing a course of action that one believes is right. The values one has established/maintained as an



individual, through our community or culture maybe in question. Going against our values, beliefs in a fashion contrary to what one believes. Symptoms commonly present as physical, emotional, behavioral and spiritual.

- Physical: fatigue, headaches, impaired sleep

- Emotional: anger, fear, guilt, anxiety, depression
- Behavioral: apathy, depersonalized workplace (defensiveness), avoidance

Spiritual: loss of faith, loss of meaning

Nurses are directly impacted by moral distress.

- Nurses physically withdraw from bedside
- Lose capacity for caring
- Avoid patient contact
- Fail to render good physical care
- Experience physical and professional problems
- Leave the profession

Moral distress has been directly correlated to nurse dissatisfaction and nurse burnout. There is a higher prevalence rate of moral distress in spe-

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Recognizing Moral Distress (Continued from Page 16)

cialty nursing areas. As healthcare professionals, we must learn to care for the caregiver/provider. The 4 A's to rise above moral distress,: ask, affirm, assess and act. A model created to help healthcare professional address moral distress in the workplace.

- **ASK**

- o Am I a member of the nursing team showing signs of suffering (physical, emotional, behavioral, spiritual)

- **AFFIRM**

- o Affirm your distress and commit to taking care of yourself and create a healthy work environment

- **ASSESS**

- o Identify sources of distress. Determine severity of distress. Determine readiness to intervene

- **ACT**

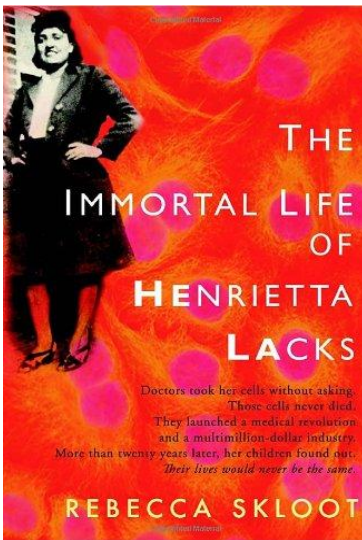
Prepare to act. Develop a self-care plan. Identify external and internal barriers. Identify sources of support (co-workers, managers, social worker, employee assistance program (EAP), chaplain, advance practice nurse, counselor) most important:

TAKE ACTION TOWARD RECOVERY (IMPLEMENT STRATEGIES) and CREATE A HEALTHY WORK ENVIRONMENT

Book Review: The Secret Life of Henrietta Lacks

Author: Rebecca Skloot

By Monika E. Jauregui



As nurses or future nurses as myself, we are taught to always observe and take-in as much history of our patients as possible, in order to grasp a detailed, overall view of our patients. With that idea in mind, I believe it is important to understand the history of the science, which surrounds us every day knowingly or unknowingly. This book reveals

how a routine biopsy of cervical tissue from a 31 year old, “colored” woman named Henrietta Lacks has revolutionized medical science since the 1950’s. HeLa cells, appropriately named after Henrietta, became the first “immortal” human cell

line used in research. As a young student Rebecca Skloot became intrigued with HeLa cells, and wanted to know more than just the name of the person, which contributed, to endless discoveries such as the polio vaccine or how human cells reacted in space. Rebecca dedicated years of her life researching the humble beginnings Henrietta came from, her life, and the immortal life she gained through HeLa. Rebecca embarks on her journey and meets Henrietta’s youngest daughter, Deborah Lacks. Deborah, who is often conflicted and wary about trusting a stranger to tell the story of her mother, learns about the mother she lost as a young child. The Lacks family copes with the lack of informed consent, the years of not knowing their mother was being “used” for research, the impact HeLa cells have

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Book Review (Continued from Page 17)

on the world, and the billions earned by the Biotech industry, while they struggle to maintain adequate health care. This book provides insight of how clinical research became what it is today, and provides an opportunity for people of all walks of life to learn the name Henrietta Lacks, to who, we are all deeply in-

debted too. For more information on The Immortal Life of Henrietta Lacks or Rebecca Skloot please visit <http://rebeccaskloot.com/the-immortal-life/>.

Announcements



Los Angeles, California: Alumni Day

Los Angeles County School of Nursing Alumni Association is having their Alumni Day at the LAC+USC Medical Center College of Nursing, 1237 North Mission Road, Los Angeles, California 90033. Tours of old and new hospital offered. Continental breakfast provided, lunch

\$10.00. For more details: phone 323-226-4911 - ask for Joan Kohl, or email jkohl@dhs.lacounty.gov



Southern California Chapter for
Assembly for Men in Nursing

The American Assembly for Men in Nursing (AAMN.org) has formally recognized the newly formed chapter for Southern California. The SOCALAAMN mission is to provide a supportive and encouraging environment for nurses to meet, discuss, advocate and influence factors that affect men as nurses as well as networking and mentoring. The Southern California Chapter of the American Assembly of Men in Nursing invites you to attend any of our quarterly meetings. For further information about membership and meetings visit our website at <http://socalaamn.org> or contact any of us below.

Current Executive Board Elect:

President	John Cordova	jcsocalaamn@charter.net
Secretary	Robert Luna	robert.luna7@verizon.net
Treasurer	Patricia Luna	nursepatti78@yahoo.com



Announcements (Continued from page 18)



Grounds for Health (a Vermont based international women's health organization) is seeking experienced women's health providers to volunteer. Our community-based program uses a model of early detection and treatment for cervical pre-cancer. We partner with coffee growing communities and focus on acetic acid (VIA) and cryotherapy, technologies appropriate for screening and treatment in low resource settings.

Our volunteers participate in the training of in-country doctors and nurses. Volunteers spend two weeks working side-by-side with local medical providers, first in a conference setting and then as preceptors in the outpatient clinic where a community screening campaign takes place.

Our clinical volunteers are nurses, nurse practitioners, physician assistants, ob/gyns and general physicians. We currently have sites in Mexico, Nicaragua and Tanzania.

Strong Spanish language skills are required for all sites in Latin America. Three of our four current sites are in Latin America, thus our demand for Spanish speaking clinicians is significant.

A willingness to work with interpreters is necessary for anyone interested in participating in Tanzania. Kiswahili and English are the languages in Tanzania. There is currently a lengthy wait list for our work in Tanzania.

We have openings for volunteer health professionals on our upcoming trips:

November 2010 to Northern Nicaragua

March 2011 to Northern Nicaragua

April 2011 to Chiapas, Mexico

June 2011 to Kigoma, Tanzania

More information about Grounds for Health and volunteer application are available on our website at www.groundsforhealth.org or by calling 802-241-4146. You can also contact Sylvia S. Estrada, RNP for further information regarding volunteer opportunities. She can be reached at estradasrnp@hotmail.com

Announcements (Continued from Page 19)



THE HEALTH SCIENCES ACADEMY HIGH SCHOOL IS IN NEED OF VOLUNTEERS FROM LA NAHN TO SPEAK TO THEIR HIGH SCHOOL STUDENTS. PLEASE SEE THE REQUEST BELOW.



HEALTH SERVICES ACADEMY HIGH SCHOOL

GUEST SPEAKER REGISTRATION FORM

Thank you so much for your interest in addressing the students of Health Services Academy High School!

By sharing the experiences you gained through your education and career, you will be helping students to build vital connections between their current academic classes and real world occupations in health services, making their learning more relevant and meaningful.

In order to ensure that we book you at a time that works best for you and our students, please complete this form and return it, via email, fax, or mail to:

Erin Stryffeler
Work-Based Learning Coordinator
Health Services Academy High School
12226 South Western Avenue, Los Angeles, CA 90047
E-mail: estryffeler@laalliance.org
Fax: (323) 905-1578
Phone: (323) 377-5070 (*don't hesitate to call if you have any questions*)

Please also include a current cv/resume to that we can be sure to properly highlight your work and accomplishments when introducing you to our students.

Our dates for guest speakers are listed below. All speaking events will take place during lunch on Wednesdays. Once we receive the form a confirmation email containing event and visit logistics will be sent.

Thank you again for your support of Health Services Academy High School and our students!

CONTACT AND BIOGRAPHICAL INFORMATION:

Name: _____

Organization: _____

Address: _____

Phone(s): _____ (office) _____ (cell)

E-mail: _____

Your Career Field: _____

Position Title: _____

Years in Career Field: _____

Other Related Positions Held: _____

Education Background: _____

Have you addressed/worked with a group of high school students before? c Yes c No

AVAILABILITY:

Our speaker series is hosted on Wednesdays during lunch from 11:00 am to 11:45 am. The series is geared towards our 9th grade students.

Please review the schedule options below and indicate **all** options that would be feasible for you. We will contact you as far in advance as possible about the specific event.

Wednesday (11:00 am to 11:45 am)*:

<input type="checkbox"/> October 13, 2010	<input type="checkbox"/> February 2nd
<input type="checkbox"/> October 27th	<input type="checkbox"/> February 16th
<input type="checkbox"/> November 10th	<input type="checkbox"/> March 2nd
<input type="checkbox"/> November 24th	<input type="checkbox"/> March 16th
<input type="checkbox"/> December 8th	<input type="checkbox"/> March 30th
<input type="checkbox"/> January 5, 2011	<input type="checkbox"/> April 13th
<input type="checkbox"/> January 19th	<input type="checkbox"/> April 27th

Signature_____
Date

* Please note, if the dates and times above do not work with your schedule and you would like to address our students during an alternative time, please let Erin Stryffeler know and she will work to facilitate a time that accommodates your schedule and the needs of our students.

Announcements (Continued from Page 21)

Scholarship Information

****APPLICATION DEADLINE 10/09/2010****

Did you know?

Los Angeles Chapter of National Association of Hispanic Nurses sponsors a yearly Gala every year where hundreds of dollars in scholarships are awarded. These scholarships are awarded to nursing students of Hispanic descent who demonstrate financial need and academic merit.

How can I apply?

The 2010 Scholarship application and information can be downloaded from the LA NAHN website at:

www.lanahn.com

Contact Information

Diane Sanchez, RN, PHN, MSN/MPH, CNS
LA NAHN Scholarship Chair
dsanchez@ph.lacounty.gov

Announcements (Continued from Page 22)

National Association of Hispanic Nurses Los Angeles Chapter Scholarship Awards Dinner Dance Friday, October 29, 2010 6 PM– 12 Midnite

**** Halloween costumes highly encouraged****



Please log onto website at:
www.lanahn.com for application
form



**National Association of Hispanic Nurses Los Angeles
Chapter**

P.O. Box 91714

City Of Industry, CA 91745

Phone (626) 533-1644

Visit our website

WWW.LANAHN.COM



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