

LA NAHN CONNEXION



President's Message



This was a very successful event, thanks to Diane Sanchez our Gala Chair, who worked hard to organize and plan all the details. Kelly Guzman who goes above and beyond to get donations from friends, relatives, members, and vendors for the raffle and silent auction. Kathy Lopez, chair of scholarships who made sure we selected the best, brightest and most in need nursing students. And of course the rest of the board, Sylvia Estrada, VP, Mario Chavez, Angelica Flores, and Sergio Aguirre, who donated gifts and helped with all the last minute needs. Thank you!

make a difference in recruiting, mentoring, and providing scholarships to you our community.

Happy Holidays
Angie Millan, RNP,
MSN
Chapter President
NAHN President-Elect

I want to end this year by thanking our 2008/09 LA/NAHN Board for all of their hard work and dedication to the mission of NAHN.

I am not sure how many of you know how special this board is, they are very hard working, share their time, money and even family to accomplish our NAHN activities and goals.

The LA/NAHN Scholarship Gala Dinner and Dance held on 12/18/09 is a very good example of how hard the board works.

Lastly, I want to thank you the membership for all of your support during my 4 years as President of LA/NAHN. I have enjoyed it and I believe we did

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Special points of interest:

- Health Care Reform
- Importance of Mammogram.
- Welcome New Madame President
- Scholarship Gala

Roundtable Discussion on Health Care Reform.

Sylvia S. Estrada, RNC, WHCNP, CBCN, MSN, MSHCM, BSN



On October 9, 2009 I had the distinct honor of representing LA NAHN and CANP at the panel discussion "Health Care Providers' Roundtable on Health Care Reform held at the Los Angeles Cathedral. The three hour panel discussion was sponsored and organized by California Partnership for Access to Treatment and Plaza Community Services. The panel was led by Dr. Walter Zelman, Chair of the Department of Health Sciences at California State University, Los Angeles and representatives from the following community-based clinics/and or organizations were represented: Bienvenidos, Community Clinics Association, Community Health Alliance of Pasadena, Downey Regional Medical Center, JWCH, LA Care, Latino Coalition for a Healthy California, Old Timers Foundation, PhRMA, Plaza Community Services, Providence Center for Community Health Improvement, Southern California Alcohol and Drug Program, Inc., Tarzana Treatment Centers, Inc., The Walls-Las Memorias, and Valley Care Community Consortium .

Our panel participants were encouraged to take on the momentous task of undertaking and discussing the following seven health care reform topics:

1. Insuring the unemployed and poor

2. Provisions on preventative and reproductive health care

3. Mental health and substance abuse

4. Seniors and the Medicare system

5. The Public Plan Option

6. Health care access and the uninsured and undocumented

Costs in Health Care Reform

As the only nurse representative at this panel, I had the privilege to contribute my perspective not only as a nurse but as a nurse practitioner. As a member of the health care community and as a patient advocate devoted to making our health care system more navigable and accessible for patients, I consider our current health reform efforts as an unprecedented opportunity to shape our health care system into one that is more patient-centered and team-oriented. By focusing on taking advantage of the perspective and expertise of the nursing profession, our leaders can not afford to discount nurses at the forefront of the planning and implementation for health care reform.

In my 25 years as a patient advocate, I can say that nurses are more in tune not only with patients' needs, but with what works in our system and what is broken. Like patients, nurses need to be heard throughout this reform process. They are attuned to critically important subtleties in their patients needs and wants as well as knowing how to get the most out of our health care system.

As a nurse practitioner, I instill in my patients that they must take responsi-

bility not only for their health but for their health care. I see my relationship with patients as a partnership in which we make decisions about their care together. Patients deserve the right to understand the choices available to them and to be an active participant in choosing the type of health care they receive. This may not always be easy. It is a culture shift from the days in which the "good" patient always followed the advice of their doctor without questioning whether there is an alternative. Nurses on the other hand, help our patients understand and interpret what their doctors are telling them. As nurse practitioners, we make sure our patients understand what we are telling them and make sure that the patient is a critical player in helping them become educated health care consumers.

Similarly, we need to empower nurses to speak out when something isn't working well and when they envision a better way of doing something. Our health care culture must become one in which nurses can readily call out a problem and not be criticized or judged negatively. Nurses carry a tremendous amount of responsibility that directly affects patient safety and the quality of health care. As we struggle to work on health care reform, we need to successfully ensure that the experience and expertise of the nursing profession is heard. This will truly enhance the probability of our chance to have a meaningful reformed health care system.

Off the Annual Mammogram Squeeze to Biennial Stretch
Sylvia S. Estrada, RNC, WHCNP, CBCN, MSN, MSHCM, BSN
Clinical Program Coordinator
Wasserman Breast Cancer Risk Reduction Program
Cedars-Sinai Medical Center

The controversial 2009 US Preventive Services Task Force (USPSTF) guidelines on mammography and breast examination have created a firestorm. A flurry of news headlines, blogs, Twitter, Facebook, and emails have hosted this controversial topic.

Breast cancer, the second most commonly diagnosed cancer in women, claims more than 40,000 each year -- second only to lung cancer as a killer. It is the cancer and probably the disease that women fear most. Mammography has a long track record in the diagnosis and treatment of breast cancer. For years, the USPSTF has recommended mammograms every 1-2 years for women when they hit 40 years of age. However, the new guidelines, published in the *Annals of Internal Medicine*, advise starting at age 50 and continuing through age 74, and they double the interval between screenings, from one a year to every 2 years.

The panel says that its recommendations are about maximizing benefits by reducing needless radiation exposure, false-negatives, and false-positives -- with the anxiety they create. According to the USPSTF report, starting screening in your 40s compared with starting at age 50 means about 60% more false-positives per 1000 exams. Furthermore, early



screening adds only 2 lives saved per 1000 women screened. Screening women in their 50s averts "only" 1 death in every

1300 women screened, and screening women in their 40s prevents only 1 death in every 1900. Statistically, that one woman may be negligible, but probably not if that one woman is your mother, your daughter, your sister, your patient, or you.

Which is more preferable? To misdiagnose breast cancer when using mammography or to miss a diagnosis by playing what the USPSTF says are the odds. The American Cancer Society is candid and clear: "The new guidelines are essentially telling women that mammography age 40 to 49 saves lives...just not enough of them." They point out that although 22% of breast cancer deaths occur in women in their 50s, 17% occur in women in their 40s.

The USPSTF also recommends screening every 2 years, but not to miss your deadlines. Waiting longer than 2 years between exams may reduce the

benefit. This really has me worried. Like most women, I know what it's like trying to match breast center schedules with busy personal schedules and insurance company coverage rules. My concern is that many women may exceed the 2-year window and so miss the opportunity to catch a cancer early, when it's treatable and curable.

The new guidelines discourage teaching breast self-exam to patients, citing studies that this practice just leads to more procedures, too many false alarms and unneeded biopsies, and doesn't reduce breast cancer mortality. They reach no conclusions on the value of clinical breast exam. I've been working in a breast center for the last five years, and I can say that 50% of "new breast mass/lump" was self-discovered by the patient herself. I will continue to teach breast self-exams to my patients. (Continue on page 4).

As to the preferable screening method (plain film, digital mammography, or MRI), there is no recommendation. Again, the evidence is insufficient. We now have much more modern imaging technology to add to our armament for breast health surveillance. Deciding which one to utilize is at the discretion of the healthcare provider, payer, and availability of imag-

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Putting Off the Annual Mammogram Squeeze to Biennial Stretch: [Continued from page 3](#)

ing technology at the provider's institution.

The USPSTF disclaimer says: "This recommendation applies to women age 40 and older who are *not* at increased risk (of breast cancer) by virtue of a known genetic mutation or

The American Cancer Society is candid and clear: "The new guidelines are essentially telling women that mammography age 40 to 49 saves lives...just not enough of them."

a history of chest radiation." With this said, every woman should have a conversation with their healthcare provider to adequately assess their own personal risk for breast cancer.

As a healthcare provider, I know that mammography is not perfect. All groups agree on certain factors: Mammography can miss cancers. It sometimes "finds things that really aren't there," which means unnecessary procedures, treatments, and worries for some women. Younger women have denser breast tissue, which is harder to evaluate, and the risk for breast cancer also increases with age.

However, as a women's healthcare nurse practitioner and as a woman who has gone through the annual mammography squeeze now for several years, I'm not so comfortable with the USPSTF guidelines -- and I'm not alone. The American Cancer Society, the American College of Radiology, and the American College of Obstet-

rics and Gynecology are also concerned. They're not budging and are sticking to previous guidelines. They all say starting mammograms at age 40 is still the way to go, and so do I.

November was Diabetes Awareness Month By Diane Sanchez

Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. The cause of diabetes continues to be a mystery, although both genetics and environmental factors such as obesity and lack of exercise appear to play roles.

Most people with diabetes have type 2. Untreated, diabetes leads to increased risk for heart attack, stroke, kidney damage, vision loss, and nerve damage. It is estimated that over nine million women in the U.S. have diabetes. And 3 million of them don't know it. As of 2005, 8.3% of women in LA

County were diagnosed with diabetes. African American women and Latinas are disproportionately at risk at 12% and 10% respectively. The burden of diabetes on women is unique.

Diabetes can cause difficulties during pregnancy such as a miscarriage or a baby born with birth defects. As a woman ages, her risk for diabetes increases and she becomes more likely to have a heart attack than women without diabetes. Obesity is a major risk factor for type 2 diabetes. Women with body types that store more fat around the waistline are especially at risk. As women age, their metabolism tends to slow and body fat is likely to accumulate,

thereby increasing her risk of diabetes. Other risk factors include sedentary lifestyle, high blood pressure, family history, and being of African American, Native American, Hispanic, or Asian American/Pacific Islander descent.

Symptoms of diabetes include: frequent urination, increased hunger or thirst and fatigue. Most people with diabetes have no noticeable symptoms.

Lifestyle measures for prevention of type 2 diabetes include staying active and maintaining a healthy weight. The U.S. Department of Health and Human

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November was Diabetes Awareness Month: *continued from page 5*

Services guidelines recommend a minimum of 150 minutes per week of moderate to vigorous aerobic least two days a week. physical activity and, for increased health benefits, incorporating muscle-strengthening activities such as weight-lifting or heavy gardening at

A low calorie diet will promote weight loss and has been found to reduce insulin resistance and blood sugar levels.

There is some evidence that a Mediterranean style diet is beneficial in blood sugar control even when it

The staples of the Mediterranean diet include moderate portions of fresh fruits and vegetables, whole grains, nuts and seeds, legumes, seafood, yogurt and olive oil. It is essential for people with diabetes to quit smoking because they have high susceptibility to cardiovascular diseases exacerbated by smoking.

Be Active, Eat Smart, Don't Smoke, and Get Checked - Prevention Matters!

For additional information: <http://www.diabetes.org>

(1) American Diabetes Association: <http://www.diabetes.org>

(2) FDA Office of Women's Health Diabetes Fact Sheet: <http://www.fda.gov/downloads/ForConsumers/ByAudience/ForWomen/UCM121869.pdf>

Driving Your Business

Sylvia S. Estrada, RNC, WHCNP, CBCN, MSN, MSHCM, BSN



On Saturday, October 3rd I attended a Brunch and Golf Clinic, sponsored by the National Latina Business Women's Association (NLBWA) at the Montebello Golf Clinic.

It was a great opportunity to learn more about golf and how this sport helps build professional success and business opportunities. Guest speaker, Adrienne Cisneros, former Associate Director of the DOE's Small Business Office, brought her insight experience as she shared her golf experiences with the group starting off with her "hole in one" story. A delicious brunch was served followed by door prizes and the golf clinic.

There was a putting clinic with expert advice from the Latina Golfers Association volunteer Raul Moreno, who reviewed "short game" advice and "golf rules". This was followed by a driving clinic where Eddie Fierro, the head golf pro at the Montebello Golf

Course, shared his expertise on driving the golf ball. And yes, I was able to make a few golf balls go pass the 100 yard mark!!

I decided to participate in this golf clinic since I've attended two golf tournaments for LA NAHN along with my LA NAHN golf buddies, Mario Chavez, Kathy B. Lopez, and Kelly Guzman.

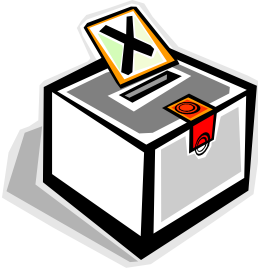
I am a true golf novice and I want to get more involved in this sport since it incorporates walking, breathing in some fresh air, and taking out your frustrations by hitting a little white ball. I also figured I'd learn something new and hopefully improve a little.

I enjoyed networking with the other ladies from the NLBWA and I joined the Latina Golfers Association (LGA) and met the founder, Azucena Maldonado. Azucena founded LGA to introduce women of all ages to the game of golf for professional development and personal enjoyment. It's **free** to join LGA at latinagolfers@me.com

We will be linking LGA on to our LA NAHN website and announce other LGA sponsored events. I am looking forward to having more nurses join NLBWA and LGA.



A New President for NAHN-LA By Mario Chavez



NAHN LA held its election for the 2010-2011 board. The vote was casted and it spoke loudly that Kathy B.

Lopez will be the next president for our local chapter. Kathy brings many qualities that will lead the board. Kathy no nonsense approach will be the guiding light the next couple years. Kathy accepted the appoint-

ment during NAHN-LA annual scholarship dinner.

Also elected where Diane Sanchez to the position of Vice-President. Diane worked hard as the treasure for NAHN-LA. She brings a solid foundation to her new role as Vice-president.

Angie Millan will be stepping down as NAHN-LA president but will be taking over the role of treasure. Angie is also assuming the role of National President in July during the next na-

tional conference in Washington D.C.

Angelica Flores was elected the new secretary of NAHN-LA. With Angelicas strong work membership rose significantly the past two years. Angelica will continue being a strong force for NAHN-LA.

Re-elected members of the board also include Kelly Guzman, Sergio Aguirre, and Mario Chavez.

NAHN-LA Annual Scholarship Dinner

The National Association of Hispanic Nurses-Los Angeles Chapter hosted their Annual Scholarship Gala December 18, 2009 at the Westin Pasadena. The event is held annually to highlight students who currently are enrolled in a nursing program in the Los Angeles area. This year NAHN-LA awarded five nursing students \$1000 dollar scholarships. The five students where:

- Guadalupe Olono Guzman a BSN Student at California State University-Los Angeles.
- Tanya M. Cobas an Associate in Nursing Student at Rio Hondo College.
- Moises Martinez an Associate in Nursing Student at East Los Angeles College.
- Veronica Sanchez an Associate

in Nursing Student at El Camino Compton Center

- Karla Santillano an Associate in Nursing Student at Glendale Community College.

The annual scholarship gale brought together nearly two hundred people to celebrate these five exceptional students.

NAHN-LA members and supporters received an introduction to our new local president Kathy B. Lopez. Kathy was grateful for appointment and is looking forward to move NAHN-LA forward.

The event was capped off by dancing into the late hours of the night. The event was a great success.





LA NAHN Board Members and Norma Martinez Rogers



Kathy B. Lopez and Scholarship Recipients



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Visit our website
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Executive Board 2008-2009

President: Angie Millan, RNP

Vice-President: Sylvia S. Estrada, RNP

Secretary: Katherine B. Lopez, RN, MSN

Treasurer: Diane Sanchez, RN, MSN/MPH

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Angelica Flores, RN, BSN, PHN

Kelly Guzman, RN, MS

Sergio Aguirre, RN, BSN