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Encourage your API colleagues to join
AAPINA.
Help keep our organization stay strong.

From the President's Pen

Yu (Philip) Xu, PhD, RN, CTN, CNE, FAAN



The flowers are in bloom and preparation for the summer issue of the AAPINA Newsletter is underway. As the 2012-13 AAPINA President, I have two specific objectives: (a) to increase AAPINA active members by 10 percent based on the 2011 data; and (b) to implement a mentoring initiative that began in the pre-conference session at the 2012 annual conference. To achieve the first objective, I will work collaboratively with the Membership Committee whenever possible. To achieve the second objective, I have sought and will continue to seek assistance and expertise from AAPINA members and beyond. I would like to thank Drs. Eun-Ok Im of the University of Pennsylvania and Patricia Alpert of the University of Nevada, Las Vegas for their contribution to the success of the pre-conference workshop on promotion and tenure.

We have a new member on the AAPINA leadership team - Dr. Elizabeth Gonzalez of Drexel University, our president-elect. She brings a wealth of knowledge and experience to the AAPINA board as a federally funded researcher, research mentor for minority students and educators, seasoned educator, and an advanced practitioner in mental health. Dr. Gonzalez is studying the effects on caregiver and patient outcomes by enhancing resourceful skills in family caregivers of persons with Alzheimer's disease.

I am so pleased to have meet many AAPINA members at the 9th conference in Las Vegas in March and discuss various issues regarding the organization. I am happy to report this meeting had the largest attendance of AAPINA conferences! Indeed it was a very successful, well-attended conference. As one veteran AAPINA member said, *“Although AAPINA is small (compared to some other professional nursing organizations), it is unique: “I was convinced that the AAPINA had established a unique quality. Perhaps [a] size does not matter. We have found a niche on [a] the map... I felt as if my own child's growth.”*

Although the Board has not made a final decision on the site for our 2013 conference, AAPINA members are actively exploring options in the Philadelphia-New York area. Please stay tune on the Board decision regarding this matter. I am looking forward to working with the AAPINA Board and members to make this organization stronger and better! Thank you for this exciting opportunity and please feel free to contact me or other AAPINA officers if we can be of assistance.

Enjoy a wonderful and productive Spring & Summer season.
Philip Xu (yu.xu@unlv.edu)

From the Editor's Desk

Melen McBride, PhD, RN, FGSA, Editor
Jing Wang, PhD, MPH, RN, Co-Editor

On behalf of the Newsletter Team, we welcome the 2012 AAPINA Leadership Team. We are in the second decade of the 21st century and there is much to anticipate in the field of health care that may modify our professional practice, educational models, and research endeavors. Our newsletter provides a forum to highlight significant trends, bring to your attention resources available through our members' activities, publications, or via internet technology, and celebrate our members' contributions to clinical care, education, science, and the community.

On April 16, 2012, Kathleen Sebelius, Secretary of US Health and Human Services, announced the creation of the new Administration for Community Living (ACL) that brings together the Administration on Aging (AOA), the Office on Disability (OD) and the Administration on Developmental Disabilities (ADD) into a single agency that supports both cross-cutting initiatives and efforts focused on the unique needs of individual groups, such as children, youth, and adults with developmental disabilities or older adults/seniors with dementia.

The ACL will focus on increasing access to community supports; achieving full community participation for people with disabilities and older adults/seniors; and seek to enhance and improve the broad range of supports that individuals may need to live with respect and dignity as full members of their communities. In addition to health care, these supports may include availability of appropriate housing, employment, education, meaningful relationships and social participation. Visit <http://hhs.gov/acl> to find out how nursing can participate to develop innovative, collaborative community-based programs. Sixteen practices are now participants in the ACL/Medicare/ Independence at Home Demonstration projects. For questions about these demonstrations, send an email to: IndependenceAtHomeDemo@cms.hhs.gov.

The above resource is one of many that could help build a nursing career. Also, we continue to invite our members to share their professional activities, learn from each other, become partners for mutual support and/or collaborate on a project such as writing for publication. Authors of articles in our newsletter have contact information for your use.

We thank all the contributors to this issue and our hard working newsletter team. We would like to welcome Reimund Serafica, PhD, MSN, RN, Assistant Professor in Nursing, Gardner-Webb University, who joined us as the technology unit director. Welcome, Rei!!!! We continue to encourage and welcome new

members to our team and look forward to working with our 2012 AAPINA President and his leadership team.

Have a productive and fun Summer!

Melen (mcbride@stanford.edu) & Jing (Jing.Wang@uth.tmc.edu)

SPECIAL FEATURE: Expanded Abstract

Factors Associated with Overweight/Obesity in Taiwanese Adolescents

Shu-Min Chan, MS (Doctoral Student)
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Introduction: The prevalence rate of obesity in adolescents has become one of the most important public health problems in Taiwan. Obesity is associated not only with health problem (e.g., high blood pressure) but also with mental health issues (e.g., low self-esteem; Chou & Pei, 2010; Chen, Fox, Haase, & Ku, 2010). A survey of campus health in 2009 indicated that the prevalence rates of overweight/obesity for boys and girls in Taiwan were 11.0% and 8.9%, respectively (Hsu, Chen, Tsai, & Hsiao, 2011). In addition, the evidence indicated that unhealthy lifestyle behaviors, including intake of sugar-sweetened beverages and excessive hours of watching TV, led adolescents to being obese (Hsu et al., 2011). Lack of physical activity and sedentary behaviors are generally considered risk factors for obesity in Taiwanese adolescents (Chou & Pei, 2010).

Guided by the cognitive behavioral theory (Freeman & Roy, 2005; Wright, Basco, & Thase, 2006), this study aimed to test a model to predict healthy lifestyle behaviors, physical activity, and body mass index (BMI) in Taiwanese adolescents by assessing their physical activity knowledge, nutrition knowledge, healthy lifestyle beliefs, and

perceived difficulty in performing healthy lifestyle behaviors. Data was collected from 453 participants.

Method: With approval from the university Institutional Review Board, we surveyed a convenience sample of students in two middle schools in Taiwan. Inclusion Criteria for the adolescent participants were (a) 13 to 15 years of age from the two middle schools in Taiwan; (b) able to read and write Chinese; (c) completion of the assent form; and (d) completion of the parents/legal guardians consent form. Before collecting data, the primary researcher explained to the students the purpose of the study, potential benefits and risks, confidentiality of the data, and forms to be signed (parental consent and adolescent assent). Students then filled out a survey questionnaire consisting of five scales measuring health lifestyle beliefs, perceived difficulty in performing healthy lifestyle behaviors, health lifestyle behaviors, knowledge about nutrition, and knowledge about physical activity. Valid and reliable instruments that have been pilot tested on Taiwanese adolescents by the primary researcher were used to measure study variables.

Measurements and Data Analysis: Height and weight data were obtained from school nurses' records measured with standardized stadiometers and weight scales. The BMI was calculated as body weight (kg) divided by the square of height (meter). Healthy Lifestyle Beliefs Scale (HLBS) was used to assess adolescents' healthy lifestyle beliefs, e.g., whether they add salt to their foods. HLBS is a 5-point Likert scale of 1 (strongly disagree) to 5 (strongly agree). Physical activity was assessed with a question about time spent in physical activity (e.g., "over a typical or usual week, on how many days were you physically active for a total of at least 60 minutes per day?"). Descriptive statistics were used to describe sample characteristics, and path analysis was used to test a model predicting BMI in Taiwanese adolescents.

Results: The sample (N=453) were females (53%, n=238) and males (47%, n=215) with a mean age of 13.42 years ($SD = .64$). The mean BMI for females and males were 19.84 ($SD = 3.44$) and 21.83 ($SD = 4.89$), respectively. BMIs for both groups were within normal range. For path analysis, the chi-square was 426.82 ($df = 22, p < .01$). The CFI of .62 and the RMSEA of .20 suggested that the model less than an adequate fit (Hu & Bentler, 1999).

As expected, the results suggested that adolescents who reported higher level for healthy lifestyle beliefs had more healthy lifestyle behaviors ($\beta = .41, p < .01$). Adolescents who perceived more difficulty in performing healthy lifestyle engaged in fewer healthy lifestyle behaviors ($\beta = -.54, p < .01$) and less physical activity ($\beta = -.42, p < .01$). However, adolescents who reported higher level of healthy lifestyle beliefs engaged in less physical activity ($\beta = -.18, p < .05$), a finding that is inconsistent with our hypothesis. We did not find a significant relationship between healthy lifestyle behaviors and BMI ($\beta = .01, p > .05$) and between physical activity and BMI ($\beta = .02, p > .05$).

The unexpected negative relationship between healthy lifestyle beliefs and physical activity in Taiwanese adolescents needs further exploration. High parental expectations and emphasis on their children's academic performance, may limit Taiwanese adolescents' opportunities to engage in physical activity. The findings did not support our hypothesis that increasing healthy lifestyle behaviors and physical activity would decrease BMI. This may be related to the invariance in the BMI data because majority of the sample had normal BMIs.

Our findings suggested that adolescents' higher healthy lifestyle beliefs were positively associated with their healthy lifestyle behaviors. Thus, nurses who work with middle-school students in Taiwan may facilitate students' healthy lifestyle behaviors by promoting their beliefs in healthy lifestyle.

Further investigation on associations between BMI, healthy behaviors, and obesity are necessary to generate evidence base interventions for adolescents in Taiwan and in the U.S.

To request the references, please contact Dr. Chan at Angela.CCChen@asu.edu



GERO-SECTION

Minority Aging and Health Disparities

Yeonsu Song, PhD, RN
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With increased number of minority groups, especially in the older population, health disparities have been getting more attention. Multiple factors such as socioeconomic status, education, race/ethnicity, gender, and lifestyle may be associated with health disparities. For example, older African-Americans and Hispanics are proportionately more likely to have Alzheimer's disease and other types of dementia than older whites¹. This could lead to a significant difference in their health and their well-being.

As a nurse, researcher, and/or educator, we could make a difference in many ways to help reduce or prevent health disparities in minority older population. One of the very important roles would be to conduct research in this area. Total number and amount of health disparities grants funded by National Institute on Aging (NIA) has increased over the last 10 years². Yet, more studies targeting ethnic minority older adults such as Asian Americans are still needed. If you are interested in submitting a research grant on minority aging and health disparities to the National Institutes

of Health (NIH), visit the website:
<http://www.nia.nih.gov/about/minority-aging-and-health-disparities>.

For those who are new to the NIH application process, there will be a technical assistance workshop on November 13 through 14, 2012 in San Diego, California. Online application deadline is July 20, 2012. For more information go to <http://www.nia.nih.gov/about/events/2012/taking-next-step-grants-technical-assistance-workshop-2012>

1. Alzheimer's Association. 2012 Alzheimer's disease facts and figures. *Alzheimers Dementia* 2012; 8(2):131-68.
2. Kim G, Decoster J, Huang CH, Parmelee P. (2010) Health Disparities Grants Funded by National Institute on Aging: Trends Between 2000 and 2010. *Gerontologist*, in press 2012

For more information, please contact Dr. Song at song.yeonsu@gmail.com

ART and SCIENCE SECTION

Patient Care and Venous Thromboembolism

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An estimated range of 300,000 to 600,000 cases of deep vein thrombosis (DVT) and pulmonary embolism (PE) are reported annually in the U.S. One-third will have a recurrence of DVT within 10 years and a third of them die within a month of diagnosis. Among those with DVT history, one-third will have long-term complications (post-thrombotic syndrome) such as swelling, pain, discoloration, and scaling in the affected extremity; for some, the symptoms can be so severe that a person can become disabled. Sudden death is the first symptom in about 25% of cases who have PE (CDC http://www.cdc.gov/ncbddd/blooddisorders/documents/BBV_PNV_C0_1159_Thrombosis_R1mtr.pdf, accessed 4/26/2012).

DVT is one of the complications to watch for in an Orthopedic unit. When a patient develops symptoms of possible DVT, an evaluation is performed in the Vascular Lab (see Figures 1 & 2). If the result is positive, a Heparin drip is started immediately. Blood is drawn every six hours to monitor the patient's coagulation time until it is stable. When the INR (International Normalized Ratio) is stable, the patient can transition to an oral anti-

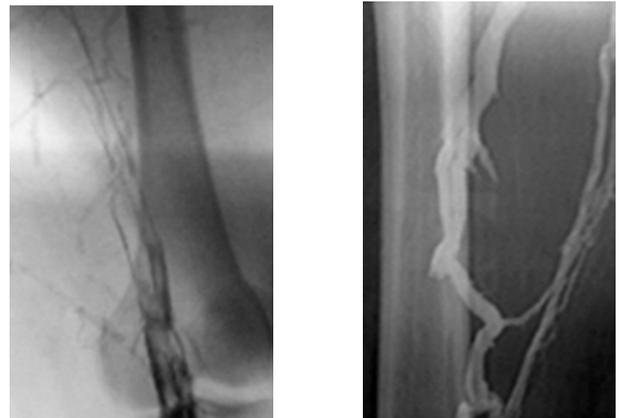
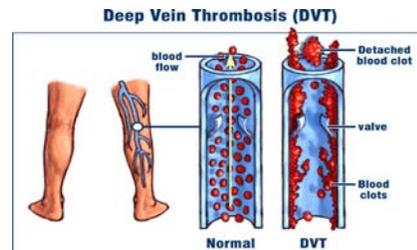


Figure 1. Lower-extremity venogram shows outlining of an acute deep venous thrombosis in the popliteal vein with contrast enhancement.

Figure 2. Lower-extremity venogram shows a nonocclusive chronic thrombus. The superficial femoral vein (lateral vein) has the appearance of 2 parallel veins, when in fact, it is 1 lumen containing a chronic linear thrombus. Although the chronic clot is not obstructive after it recanalizes, it effectively causes the venous valves to adhere in an open position, predisposing the patient to reflux in the involved segment.

Source: <http://emedicine.medscape.com/article/1911303-overview#a0104>

coagulant. However, if the patient is on restricted oral intake, i.e., NPO, the heparin drip continues or may be given subcutaneous (SQ) Heparin 5,000 units twice a day or three times a day.

Upon admission of an ortho patient at risk of DVT, a sequential compression device (SCD) is applied on the lower extremities, unless it's contraindicated such as partial amputation. In the Post Anesthesia Care Unit (PACU, part of the post-operative nursing care is the application of an SCD. The intermittent compression is below the knees. For patients who had knee surgery, the SCD is not used on the operated leg. However, in post hip surgery the SCD can be applied on the involved extremity. Patients on bed rest may take off the SCDs during AM and PM care. In addition to SCDs, some patients on bed rest are prescribed SQ Heparin 5,000 units twice a day or three times a day.

In our hospital, patients who will have hip or knee surgery are required to attend a "pre-surgery" class. The class covers pre and post-operative care including complications after surgery such as DVT. A Nurse Practitioner teaches the class and one of the topics is about Lovenox, a low molecular weight heparin, administered as a subcutaneous injection in the morning of Day 1 postop. The medication is given once or twice a day to prevent DVT (<http://emedicine.medscape.com/article/1911303-medication#3> ; accessed 4/26/2012)

Lovenox is such an important medication that the patient is given a prescription to be filled before admission. To prepare for postop discharge, the patient learns to self-administer the medication or a caregiver is taught to give the injection. The treatment may last 10-14 days after surgery. For patients who are discharged to a rehabilitation or skilled nursing facility, learning to self-administer is still emphasized in case the patient goes home before completion of the treatment.

Early post-op mobilization is encouraged prevent pooling of the blood in the lower extremities that can lead to DVT. Some orthopedic surgeons include on the post-op orders to "mobilize patient on post-op day 0". This means the patient who had hip or knee surgery in the morning, spends the afternoon in

the PACU, transfers to the acute care floor in the late afternoon and sits on a chair for dinner, all on the same day. Contraindications for this aggressive mobilization are orthostatic hypotension and severe pain.

For patients with a history of DVT, lifelong use of anticoagulants is usually prescribed. However, medications such as Aspirin and Coumadin are discontinued two or more days before surgery to prevent excessive bleeding. The surgeon or the pharmacist on the surgical team educates the patient on their new medication regimen which includes when to restart home meds such as Coumadin and Aspirin.

Nursing assessment for prevention, early detection, appropriate treatment, and preventing complications, i.e., post-thrombotic syndrome (PTS) and PE is critical to reduce morbidity and mortality among at-risk patient populations. Clinical nursing research is also needed to increase evidence-base knowledge in this area (<http://ccn.aacnjournals.org/content/29/2/46.full>)

For more information, please contact Ms. Orbeta at cristina6927@sbcglobal.net

Appreciations and Impressions: 2012 AAPINA Annual Conference

Conference Report



Participants at the 9th Annual AAPINA Conference

The 9th Annual AAPINA Conference; “Health Care Reform: Impact on Education, Research and Practice” was held in the city that never sleeps. Not New York, the other city that never sleeps; Las Vegas, Nevada and it was a great success! The two and a half day conference took place from March 22-24, 2012 drew 66 attendees, the largest turnout in our conference history.



Participants were engaged

This conference was different from previous conferences in the fact that there were many “first time” features. For one, AAPINA joined forces with the Siliman University College of Nursing Alumni Association International (SUCNAAI). To commemorate this event T-shirts with both organizations’ logos were produced and were available to attendees. Many of the nursing scholars from SUCNAAI also shared their research, education, and clinical expertise via poster, podium, and panel presentations.



UNLV student volunteers: Gregg Feinstein and Mary Joy Yadao

Another first event was the offering of a preconference workshop. Together with Xu, Dr. Eun-Ok Im (Professor at the University of Pennsylvania, School of Nursing) presented the preconference workshop entitled: *Mentoring: Teaching, Research, & Service-Tips for Tenure & Promotion* which provided insights to novice researchers especially to faculty who were on tenure track. In addition, for the first time a silent auction and raffle drawings were also part of the festivities. Show tickets, a Kindle and ballroom dance lessons topped the raffle list while gift baskets, jewelry, beautifully framed pictures were some of the items available during the silent auction.



Dr. Aczon-Armstrong and Dr. Im (keynote speaker)

Prior to the continuing education offerings held on Friday, the business meeting and reception to kick off the conference was held on Thursday, March 22nd. On Friday, AAPINA President, Dr. Yu (Philip) Xu, provided the welcome remarks and conference highlights. Keynote presentations addressing ethnic minority research, including future directions in minority health research and the impact of health care reform were provided by Dr. Eun-Ok Im.

Health care disparities and the impact of the affordable care act were delivered by Dr. Melva Thompson-Robinson, Executive Director of the Center for Health Disparities at the University of Nevada, Las Vegas (UNLV).



Dr. OiSaeng Hong and Dr. Patricia Alpert

The symposium which was the highlight of the conference was presented by Dr. Eun-Ok Im and her research team addressing the Asian Women's Health Research Network (ASIA-WH) - current and future directions for research and collaboration.



Presenters: Drs. Alona Angosta, Rei Serafica, Marifce Azcon – Armstrong and Ms. Marianne Tejada.

At the Friday lunch, March 23rd, our guest speakers, Drs. Kate Korgan and Barbara Brents from UNLV presented a talk on the *Working Girls in Nevada*, which provided information on health policy, issues affecting prostitutes in Nevada.

The conference also had twelve concurrent podium presentations, highlighting research studies on chronic diseases, physical activity, health disparities, health care reform and nursing, maternal and women's health, nursing leadership, innovative approach to nursing practice such as the use of community health care workers and movies in nursing education.

AAPINA conference reporters – Alona Angosta, Patricia Alpert, and Reimund Serafica.
We thank you.



Panel Speakers (R-L): Drs. Robinson, Danzey, Ea, Inouye and Ms. Windle

On Saturday morning a panel session by nursing leaders in research, education, and practice highlighted the challenges and current issues on practice, research, education, policy, leadership issues, and shared their vision on the future of nursing in the context of the health care legislation - Patient Protection and Affordable Care Act (PPACA).



AAPINA President- Dr. Philip Xu and Dr. Alona Angosta with one of the raffle winners.

There were also seventeen poster presentations focusing on evidence-based nursing practice and education, primary health care, chronic diseases, use of synchronous online learning, community based nursing research, and health of Nevadans and the Pacific Islanders.

For those who were unable to join us, we hope to see you at the 10th annual conference in 2013 which is tentatively planned be held in Honolulu, Hawaii. The planning committee is already hard at work. Watch for the announcement to confirm the location.

MEMBER'S NEWS

Congratulations to **Angela Chia-Chen Chen, PhD, RN, PMHNP-BC**. She is the *Principal Investigator* for a study on “Developing bilingual, tailored messages for HPV vaccination promotion targeting Latino parents/guardians.” The 2012 grant is from the Arizona State University College of Nursing & Health Innovation Pilot Grant. She is also the PI for the “Pilot testing of a web-based HIV/STI prevention intervention for Latina adolescents”, a subcontract with the University of California San Francisco Center for AIDS Prevention Studies (UCSF/CAPS)(NIH/NIDA R25DA028567). The PI for the 3-yr NIH funded project, Dr. Marguerita A. Lightfoot collaborated with Dr. Chen when she began a 3-year Visiting Professor program in 2011 at UCSF/CAPS. This year, she has also co-published in juried journals for two papers, one of which had a student as primary author. She was invited to write a chapter on “Treatment for Psychotic Disorders” for the *Nurses' Clinical Consult to Psychopharmacology*, a book edited by Rhoads and Murphy, published this year by Springer Publishing Company. For more information on her research and scholarly activities contact Dr. Chen by email Angela.CCChen@asu.edu

A warm welcome is extended to a new member, **Irma BN. Ancheta, RN, PhD, RN, FPCNA**, assistant professor at the University of North Florida, Nursing, Brooks college of Health. She has been involved in cardiovascular research since her graduation in 2007 from the University of South Florida. Her areas of expertise include CVD, heart disease among Filipino American women and other Asian groups, genetics specific to the mediating effects of inflammatory biomarkers, and quality of life. She is conducting a heart health study and the relationship of diabetes and cholesterol levels among Filipino American women in Florida and Chicago. Her goal is to have 400 participants and if you know a Filipino American woman, encourage her to contact Dr. Ancheta by phone (904-620-1454) or at

i.ancheta@unf.edu>. Learn more about Dr. Ancheta's impressive accomplishments at <http://www.unf.edu/bio/N00596639/>

Congratulations, **Dr. Jillian Inouye, PhD, APRN, FAAN**, Associate Dean for Research at the University of Hawaii at Manoa, on being elected to be the American Academy of Nursing 2012 Class of Fellows!

AAPINA researchers (**Drs. Christina Esperat, Jillian Inouye, Elizabeth Gonzalez, and Jing Wang**) presented at the 33rd Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine, New Orleans, LA, 2012.

1. Christina Esperat, RN, PhD, FAAN, Jillian Inouye, RN, PhD, Elizabeth Gonzalez, RN, PhD, Du Feng, PhD, and Huaxin Song, PhD presented on “Effects of Patient Navigation on Chronic Disease Self-Management.”
2. Elizabeth W Gonzalez, PhD, Marcia Polansky, ScD, MS, MSW, and Carol F Lippa, MD presented on “The Relationships of Resourcefulness, Worry and Demand on Anxiety on Family Caregivers.”
3. Wang, J., Ye, L., Styn, M.A., Beatrice, B.N., McGhee, L.M., Sereika, S.M., Burke, L.E. Barriers to Healthy Eating Impact Dietary Intake and Weight in a 24-Month Weight Loss Trial.

Future of Nursing: Campaign for Action

AAPINA is working in support of the [Future of Nursing: Campaign for Action](#), which envisions a health care system where all Americans have access to high-quality care, with nurses contributing to the full extent of their capabilities. The campaign is coordinated through the [Center to Champion Nursing in America](#), an initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation, and includes 49 state Action Coalitions and a wide range of health care providers, consumer advocates, policy-makers and the business, academic and philanthropic communities. The campaign's efforts are grounded in the recommendations of the

landmark Institute of Medicine report, [*The Future of Nursing: Leading Change, Advancing Health*](#).

The campaign seeks to emphasize the issues of diversity and inclusion as key to implementing the Future of Nursing recommendations. To do so, the campaign has organized a Diversity Steering committee, which includes AAPINA to inform and guide the campaign on issues of diversity including increasing the diversity of the nursing workforce and faculty, narrowing the health disparities gap, and others. The momentum around this campaign provides an unprecedented opportunity for nursing organizations focused on diverse constituencies and communities to advance their goals as related to the Future of Nursing.

Recommendation 4: Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020. *Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50 to 80 percent by 2020.*

Recommendation 5: Double the number of nurses with a doctorate by 2020. Schools of nursing, with support from private and public funders, academic administrators and university trustees, and accrediting bodies, should double the number of nurses with a doctorate by 2020 to add to the cadre of nurse faculty and researchers, with attention to increasing diversity.

Please visit this link for more information:
<http://championnursing.org/CFA-diversity-steering-cte>



Diversity Steering Committee, March 2012

ANNOUNCEMENT

WATCH for information on the **2013 AAPINA annual conference** at www.aapina.org

2012 ANA Healthy Nurse Conference
Nurses as Models of Wellness in Action
Thursday, June 14, 2012
Gaylord National® Hotel & Convention Center,
Washington, D.C.

On-Line Registration:
HealthyNurseConference.org

For more information, go to
<http://www.nursingworld.org/HomepageCategory/UcomingEvents/ANA-2012-Healthy-Nurse-Conference.html>

The National Human Genome Research Institute of NIH collaborates with Smithsonian for a new genome exhibit.

To celebrate the 10th anniversary of researchers producing the first complete human genome sequence — the genetic blueprint of the human body — the Smithsonian Institution in Washington, D.C., will open a high-tech, high-intensity exhibition in 2013. The exhibition will result from a collaboration of the Smithsonian's National Museum of Natural History (NMNH) and the National Human Genome Research Institute (NHGRI) of the National Institutes of Health.

For more information about the exhibit go to
<http://www.genome.gov/27548870>

For information on grant applications, visit
<http://www.genome.gov/GrantApplicants/>



**CONGRATULATIONS
AAPI NURSING GRADUATES**