35th Annual Conference

Transforming Policy to Support Healthy Communities for Latinos

July 22-24, 2010

Marriott Wardman Park Hotel
2660 Woodley Road Northwest
Washington, DC
KEYNOTE SPEAKERS

**Carmen J. Portillo, PhD, RN, FAAN**, is Professor in the School of Nursing at the University of California and Chair of the Department of Community Health Systems. Dr. Portillo is Director of the International Center for HIV/AIDS Research and Clinical Training in Nursing. Her program of research examines HIV/AIDS, symptom experience and management, depression, and stigma, with particular emphasis on Latino communities. Dr. Portillo is a Fellow of the American Academy of Nursing and member of an Institute of Medicine committee, Envisioning a Strategy to Prepare for the Long-Term Burden of HIV/AIDS: African Needs and U.S. Interests. Dr. Portillo currently has two international nursing projects in Africa.

**Callista Roy, RN, PhD, FAAN**, is a Professor and Nurse Theorist at the William F. Connell School of Nursing at Boston College, where she teaches doctoral, master’s, and undergraduate students. Dr. Roy is best known for her work on the Roy adaptation model of nursing. She has developed cultural assumptions for her model and conceptualized the adaptive modes to include groups such as communities and the global society. Her clinical research relates to involving families in cognitive recovery of patients with mild head injury and includes conceptualizing and measuring coping styles and strategies. Roy has numerous publications, including books and journal articles, on nursing theory and other professional topics. Her works have been translated into many languages globally. With her colleagues of the Roy Adaptation Association, she has critiqued and synthesized the first 230 research projects published in English based on her adaptation model. Dr. Roy also has delivered invited papers, lectures, and workshops throughout North America and nearly 40 other countries over the past 40 years on topics related to nursing theory, research, curriculum, clinical practice, and professional trends for the future. She has a baccalaureate degree from Mount Saint Mary’s College, Los Angeles, master’s degrees in pediatric nursing and sociology from the University of California at Los Angeles, where she also earned her PhD. She holds honorary doctorates from four other institutions. Her postdoctoral studies in neuroscience were at the University of California at San Francisco.

**Barbara Aranda-Naranjo, PhD, RN, FAAN**, has been a community health researcher and public health nurse with over twenty-five years experience in the promotion of health and the prevention of disease in underserved, resilient communities at both the local, state, national and international level. She has extensive “front-line” experience in planning, developing and coordinating research investigation and program evaluation related to health care delivery with African-American and Hispanic-American populations especially women and children living with HIV disease. She has an effective record establishing collaboration among federal, state and local stakeholders related to people living with co-morbidities such as substance abuse, mental illness and STD’s, primarily HIV/AIDS. Currently Dr. Aranda-Naranjo is the Director for the Global AIDS Program at HRSA under the President’s Emergency Program for AIDS Relief (PEPFAR). PEPFAR, is a five-year, $15 billion American Government initiative to combat the global HIV/AIDS epidemic. In this capacity she oversees a budget of 200 million and manages a portfolio of care and treatment cooperative agreements that include clinics, provider training and quality improvement programs.

**Join us in Washington, DC**, a crossroads of international culture and experience; a city with diverse people, global cuisine, an engaging diplomatic scene and a playground of national treasures. Discover inspiring museums, powerful monuments and memorials in Washington, DC. The city invites visitors to explore its charming neighborhoods, sample its hip shops and restaurants and experience its vibrant nightlife. Fascinating, free attractions and festive events make DC a favorite destination for travelers from around the world. Come for the conference and stay for the fun. Enjoy the hiking trails, peaceful parks and active tours on land and water that make for memorable outdoor adventures.
WHO SHOULD ATTEND?
Are you a nurse, nurse educator, researcher, clinician, and or student? We would love to have you share your knowledge, expertise, research, challenges and successes with us as we address issues related to Hispanic health disparities, Hispanic healthcare research, policy development, issues related to rural Hispanic health care, and behavioral and social environmental issues in Hispanic healthcare. This promises to be a great conference, come and network with colleagues, renew old friendships and experience the diverse culture.

CONFERENCE OBJECTIVES:
Participants will have opportunities to:

- Explain national and local chapter involvement in local, state, and federal policies that have implications for ameliorating health disparities
- Provide examples of innovative nurse-generated administrative polices that promote cultural proficiency in the workplace
- Discuss nurse-led innovative research and strategies that have implications for local, state, and federal policy formulation addressing health disparities
- Discuss innovative strategies that address the need to increase the enrollment of Hispanic nurses into graduate faculty nursing programs
- Disseminate nurse-led creative practice interventions and strategies that effectively address the root causes of health disparities

The conference is planned around four tracks:

- Research
- Best Practice
- Education
- Administration

CONTINUING EDUCATION:

NURSING: The University of Texas Health Science Center at San Antonio School of Nursing is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

This activity provides up to 13.0 Nursing Contact hours.

CONFERENCE SPONSORS:
THURSDAY, JULY 22, 2010

7:30 AM – 5:30 PM   Registration Onsite Check-in
7:30 AM – 8:30 AM   Breakfast
8:30 AM – 8:40 AM   Walter Reed Medical Center Color Guard
8:40 AM – 9:00 AM   Invocation
9:00 AM – 9:15 AM   Welcome – Norma Martinez-Rogers, PhD, RN, FAAN, President, NAHN
9:15 AM - 10:15 AM  KEYNOTE: Practical Considerations in Determining if a Research Career is Right for You
                    Carmen J. Portillo, PhD, RN, FAAN, Professor and Chair, Dept. of Community Health Systems Coordinator, HIV/AIDS Minor, University of California, San Francisco
10:15 AM –11:30 PM  Exhibit Hall Ribbon Cutting Ceremony and refreshments
11:30 AM – 12:30 PM Liquor on your own
12:30 PM – 2:00 PM  NAHN Association Membership Business Meeting
Despite our understanding of characteristics of sedentary individuals, the majority of cardiovascular education and intervention programs promoting physical activity have reached primarily non-minority, middle-income women and men; few have targeted older Hispanic women. This pilot project focused on the development and evaluation of the efficacy, acceptability, and feasibility of a theory-based intervention designed to promote cardiovascular health through regular physical activity among older Hispanic women. The Wellness Motivation Theory provided a theoretical basis for “Intervención de Motivación Para Actividad Física (IMPACTO).”

**Exploring Intra-person Mediators of Older Mexican American Women Who Exercise: A Life History Approach**  
Adelita G. Cantu, PhD, RN, University of Texas Health Science Center at San Antonio School of Nursing, San Antonio, TX

A descriptive qualitative design using a life history approach was conducted to understand the sociocultural context of physical activity in Mexican American women that exercise. Qualitative analysis reveals a much more complex sociocultural profile and individual variations than standard quantitative data would have allowed. The perceptions of the participants’ social, cultural, and contextual resources provided an overarching backdrop that guided their choice of exercise as well as their continued engagement in exercise. Life history themes describing affinity for family/kinship relationships, affinity demonstrated by “being there,” building independence, balancing cultural norms with exercise through resourcefulness, and making it safe to be active captured the sociocultural context of the participants. This data continues my work to provide a more complete understanding of how perceived sociocultural context may guide the development of culturally-tailored interventions that would encourage initiation and sustainability of exercise in older Mexican American women.

### Concurrent Session 1

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| **1-A** | Results of a Motivational Intervention to Promote Physical Activity Among Older Hispanic Women  
Adriana Perez, PhD, ANP; Julie Fleury, PhD, FAAN; Colleen Keller, PhD, RN-C, FNP; Michael Belyea, PhD; Nelma Shearer, PhD, RN, Arizona State University College of Nursing and Health Innovation, Phoenix, AZ  
Despite our understanding of the characteristics of sedentary individuals, the majority of cardiovascular education and intervention programs promoting physical activity have reached primarily non-minority, middle-income women and men; few have targeted older Hispanic women. This pilot project focused on the development and evaluation of the efficacy, acceptability, and feasibility of a theory-based intervention designed to promote cardiovascular health through regular physical activity among older Hispanic women. The Wellness Motivation Theory provided a theoretical basis for “Intervención de Motivación Para Actividad Física (IMPACTO).” |  |

| **BEST PRACTICE** |  |
| **1-B** | Empowering Diabetics in Our Community  
Sonia Valdez, RN, BSN, CNRN II, Clinical Coordinator Vascular Institute, St. Joseph Hospital, Orange, CA  
Learn techniques to teach and empower your diabetic patients to take control of their disease. Bring your community together to take control of the disease and not allow the disease to control your community. Learn how to create meal samples to fit the culture!  
Management of Post–Traumatic Stress Disorder in the Hispanic Community: Reducing Health Disparities Using Evidence Based Practices  
Dolores Elliot BA, BSN, MSN, RN, PMHCNS-BC; Michael Rosenthal AA, RN; Sandra Bowles, MA, RN-BC, NE-BC, National Institutes of Health, National Institute of Alcoholism and Alcohol Abuse and National Institute of Mental Health, Potomac, MD  
Post-Traumatic Stress Disorder (PTSD) occurs after exposure to traumatic events such as war zone experiences, natural disasters, terrorist bombings, and/or sexual/physical assaults. Recent evidence shows that Hispanics as a population may have a greater proclivity to the development of PTSD. PTSD pathology, statistics, diagnosis and treatment strategies will be highlighted during this presentation. Emphasis on reduction of health disparities through policy changes will be discussed. |  |

| **EDUCATION** |  |
| **1-C** | Hispanic Nurse Anesthetists: A New Frontier  
Wallena Gould, CRNA, MSN; Julia Feliciano, CRNA, MSN; Jose Max Acosta, CRNA, DNP; Wilfredo Arocho, CRNA, MSN; Yolanda Salas-Lee, CRNA, MSN; Elizabeth Florez, SRNA; Macario Acosta, SRNA; Thomas Jefferson University, School of Nursing, Philadelphia, PA; Jessica Juarez, SRNA, Virginia Commonwealth University, Richmond, VA  
According to the American Association of Nurse Anesthetists (AANA 2004 Statistics), there are only 37,000 CRNAs nationwide. It is reported that there are less than 7% of underrepresented groups in the United States and Puerto Rico. In fact, the composition of Hispanic Nurse Anesthetists is 2.3%. In order to address this issue and encourage a diverse profession an all Hispanic CRNA, SRNA, and RN panel have been assembled to discuss the admission, rigors of the program and Doctoral opportunities. A picture only slideshow of minority CRNAs, SRNAs, and RNs from across the country will be displayed followed by a question and answer period.  
Medical Reserve Corps: Nuts and Bolts for Nursing Professionals  
Jesús Reyna RN, BSN; Jesús Reyna RN, BSN; LTJG Katie Hager, RN, U.S. Dept. of Human & Health Services, Office of the U.S. Surgeon General, Office of the Civilian Volunteer Medical Reserve Corps, Office of the Regional Health Administrator – Region X, Seattle, WA  
The Medical Reserve Corps (MRC) is a national network of local groups of volunteers committed to improving the health, safety and resiliency of their communities. MRC volunteers include medical and public health professionals, as well as others interested in improving the public health infrastructure of their local jurisdiction. MRC units identify, screen, train and organize the volunteers, and utilize them to support routine public health activities and augment preparedness and response efforts. The Office of the Civilian Volunteer Medical Reserve Corps is headquartered in the Office of the Surgeon General. It functions as a clearinghouse for information and guidance to help communities establish, implement, and maintain MRC units nationwide. This presentation will provide a forum for nursing professionals to explore key principles of the MRC program and to identify opportunities for collaboration with local MRC units. Presenters will also discuss a U.S. Department of Health and Human Services’ Office of Minority Health sponsored initiative that provides preparedness education to minority populations in four communities in Federal Region X; WA, OR, ID, AK. |  |
The study's aims were to explore Mexican nurses' job stress and satisfaction with their profession as well as their intentions to stay in nursing and in Mexico. Semi-structured interviews were conducted with nine staff nurses at a public hospital in Puebla, Mexico. They were asked to describe what causes them stress at work, their attitudes about nursing, and whether they have considered leaving the hospital, the profession, and/or the country and why. Findings revealed that these nurses experience high stress at work due to interpersonal factors and/or workload yet most are proud to be nurses. Few intend to leave their job or the profession, but some would consider leaving Mexico, though only temporarily. Further research is needed about factors involved in nurse migration because higher pay, usually considered the motivating factor, was not a factor in the results of this study.

**Nursing In Puebla, Mexico: Job Satisfaction and Migration Intentions**

Rebecca Wheeler, RN, BSN, MA, Emory University, Atlanta, GA

This study's aims were to explore Mexican nurses' job stress and satisfaction with their profession as well as their intentions to stay in nursing and in Mexico. Semi-structured interviews were conducted with nine staff nurses at a public hospital in Puebla, Mexico. They were asked to describe what causes them stress at work, their attitudes about nursing, and whether they have considered leaving the hospital, the profession, and/or the country and why. Findings revealed that these nurses experience high stress at work due to interpersonal factors and/or workload yet most are proud to be nurses. Few intend to leave their job or the profession, but some would consider leaving Mexico, though only temporarily. Further research is needed about factors involved in nurse migration because higher pay, usually considered the motivating factor, was not a factor in the results of this study.

**Effects of SESNEP on Elderly Diabetic Mexican Americans with Depressive Symptoms**

Elias Provenorco-Vasquez, PhD, Dean of the School of Nursing; Leticia Lantican., PhD, RN; Julia Bader, PhD, The University of Texas at El Paso (UTEP) School of Nursing, El Paso, TX

This study addressed the burden of Type 2 Diabetes Mellitus (T2DM), a leading cause of disease and disability in Hispanics, particularly for Mexican Americans (MAs). Adherence to diabetes self-management is critical to ensuring positive health outcomes and quality of life for the person with diabetes. This study tested the effectiveness of a *promotora* (community health worker)-administered *Self Empowering and Social Support Enhancement Program (SESNEP)* on diabetes self-management adherence among elderly diabetic MAs with beginning depression symptoms. Positive study findings raised health policy implications especially on addressing disparities associated with T2DM self-management that may be aggravated by concomitant depression symptoms. The promotora-led SESNEP intervention is a sustainable strategy for enhancing diabetes self-management adherence among MAs with co-existing T2DM and depression symptoms.

**Diagnosing and Treating Tourette Syndrome**

Lawrence Sechill, MSN, MPH, PhD, Yale University School of Nursing and Child Study Center, Bayside, NY

With a view toward improved clinical care, the overall purpose of this session will be to provide authoritative education for nurses on the recognition, diagnosis, and treatment of TS. The definition, epidemiology, genetics, diagnostic criteria, course of illness, and common symptoms of TS will all be discussed. Information on differential diagnosis, common co-morbid conditions, living with TS, case management, and the latest treatments for TS and co-morbid conditions, including medication, comprehensive cognitive behavioral intervention, alternative interventions, and experimental neurology will also be provided.

**An Interactive Stress Management Session Addressing Compassion Fatigue and Burnout for Nurses**

Anderson Torres, PhD, LCSW-R; Stephen Brown, MSN, PMHNP-BC, Bon Secours New York Health System, Bronx, NY

How much do we give of ourselves to our patients, their families, our families, and to our jobs? How much can we help? Compassion Fatigue is a common and under-appreciated side effect experienced by professionals who help others. While Compassion Fatigue may have negative effects on nurses, it can also be a catalyst for positive change, transformation, and resiliency. “Nursing hygiene” or self-care strategy in the form of an interactive stress management intervention will be the blueprint to assess our balance in our personal lives and work. It is our commitment to ourselves to implement a long term healthy stress buster strategy.
Successful Strategies for Building a Diverse Student Body within a Predominantly White Campus Community

Fred Calixtro, PhD (c), MSN, EdS, RN, CLNC; Peggy Wros PhD, RN; Barbara May, PhD, APRN, BC; Cynthia Olivares, SN; Cathy Dong, SN, Linfield-Good Samaritan School of Nursing, Linfield College, Portland, OR

Many of the strategies for recruitment and retention of students from underrepresented populations have been developed in communities with large minority populations. Through program implementation, evaluation, and revision, and with the assistance of a Nursing Workforce Diversity Grant from the Health Resources and Services Administration, the nursing faculty at Linfield-Good Samaritan School of Nursing worked together to identify strategies that would be effective in the Pacific Northwest at a private liberal arts school where the student population has been predominantly middle class, white, and non-Hispanic, and were the faculty and staff are primarily white and female. The grant was used to support the Ayudando Podemos (AP) program to increase the number and the participation of minority nursing students. A program evaluation has demonstrated general satisfaction; the small size of campus is manageable for students, and they have found their voice as the student body has become more diverse. Specific evaluation data will be included in the presentation.

ADMINISTRATION

An Operational Approach to Transition Planning

Kelly Guzman, RN, MN, Glendora CA, Executive Director for Transition Planning at HTS, LLC, Glendora, CA

Nearly $200 billion of healthcare construction is expected to take place by 2015. Nurse leaders and managers must expand their knowledge and capabilities in healthcare design and construction to ensure that they are prepared for the future. Nurse leaders will learn how a successful transition planning process promotes involvement of all departments and personnel to ensure a safe, smooth and on time move into the new facility. Using the nursing model of Assess, Plan, Implement and Evaluate (APIE), this presentation will focus on the essential components required for a successful transition to a new space or facility. This process can be applied to other transition and change management projects that nurse leaders manage on a regular basis.

Using Workflow Planning to Approach Change in Your Work Environment

Kelly Guzman, RN, MN, Glendora CA, Executive Director for Transition Planning at HTS, LLC, Glendora, CA

Implementing and sustaining change is a key nursing leadership competency which can be supported by successful implementation of workflow planning. In complex organizations, with increased responsibilities and competing priorities, a no-nonsense approach to implementing change is essential. The successful use and implementation of this four step workflow analysis process will help nurse leaders fulfill their central role of successfully implementing change.

4:40 PM - 5:40 PM Concurrent Sessions 3 Select One

RESEARCH

Mandating Cultural Competency Training Through Policy- The Potential for Reducing Health Disparities

Guadalupe Pacheco, MSW, Office of Minority Health, Office of Public Health and Science; Rose Gonzalez, MPS, RN, Director, Government Affairs, American Nurses Association, Rockville, MD

This presentation will discuss cultural competency education as a strategy to eliminate health disparities, specifically focusing on those continuing education programs offered as part of the Office of Minority Health’s (OMH) Think Cultural Health initiative. Results from systematic, mixed-method evaluations of the OMH continuing education programs will be presented. Results provide evidence that the knowledge gained by completion of these programs helps providers develop cultural competency skills and ultimately helps mitigate racial and ethnic disparities in the provision of care. Further, additional research shows that mandating cultural competency training in New Jersey as a part of physicians’ licensure renewal led to large increases in participation in the OMH’s cultural competency continuing education program for physicians. Similar mandates for cultural competency education as part of nursing relicensure requirements could prove to be equally as effective, and ultimately help nurses develop the cultural and linguistic competencies required to improve the quality of care for ethnically diverse communities.

Quality of Mentoring and Practice Level Among Hispanic RNs

Aida L. Egues, DNP, RN, PHCNS-BC, CNE, New York City College of Technology of the City University of New York, Sewell, NJ

Hispanic registered nurses (RNs) are the most underrepresented, least educated group of RNs in relation to their population numbers. Mentoring facilitates both the personal and professional growth of RNs as they progress from the novice to expert levels of practice. However, it is not clear to what extent mentoring occurs among Hispanic RNs. Quality of mentoring experienced among Hispanic RNs and their level of practice have not been adequately explored. This study had three purposes: to describe the quality of mentoring Hispanic RNs experience, to describe how Hispanic RNs perceive their level of practice, and to examine the relationship between the quality of mentoring that Hispanic RNs experience and their perceived level of practice. Findings encourage: 1) that preparing mentors for the role at the administrative, faculty, practitioner and student levels, and ensuring that mentors understand the importance and meaning of mentoring to those they mentor may increase Hispanic RN education, recruitment, and retention, 2) that all institutions explore implementation and outcomes evaluation of mentoring programs for Hispanic RN students and Hispanic RNs, and 3) that Hispanic RNs’ experiences and meaning of mentoring, and rise through the levels of practice be further explored.

BEST PRACTICE

UnitedHealthcare PlanBienSM: Serving the Hispanic Community with Bilingual Excellence

Dawn Bazarko, MPH, RN, UnitedHealth Group, Minnetonka, MN; Jaime G. González, DrPH, MSSW, MSHA, Latino Health Solutions, UnitedHealthcare, Plano, TX

Of the major causes of health care disparities among ethnically diverse consumers of health care, some stem from communication and cultural barriers they experience when accessing healthcare services. Health insurance providers must design products and services
that meet and address, comprehensively, the cultural and language preferences of the target population in an effort to enhance their health and well-being and to ensure that they understand the full scope and benefits of their coverage. To respond to the cultural and language preferences of its Hispanic members, UnitedHealthcare developed a specialized portfolio of health insurance products entitled, “UnitedHealthcare PlanBienSM.” The program was specifically designed to facilitate the cultural and language experience of Spanish-speaking members by providing them with a variety of programs, services and resources that are Hispanic-centric, culturally-relevant and that facilitate a “bilingual connection” at almost every interaction. This presentation describes the infrastructure established to serve the Hispanic population and will describe the role of the UnitedHealth Group nurse and other care professionals actively contributing to the creation of an optimal member-centric care model that is culturally-relevant and linguistically-accurate.

**Condition H (HELP) to the Rescue: Empowering Patients and Families**

_Carmen Ferrell, MSN, CCRN, St. Joseph Hospital, Orange CA_

Condition H (HELP) is a program which allows patients and families to activate an emergency response team in the organization if they or their loved one feels the patient is deteriorating, or if there is a medical change unrecognized by the healthcare team. It empowers patient and families to access immediate care and be involved. Condition H helps solidify relationships between the patients and families and the healthcare team by responding to and addressing their concerns and needs when there is a breakdown in communication. Changing a culture to have hospital staff embrace the Condition H concept can be challenging. Tools for staff and outcomes from the calls for staff to review have resulted in many positive outcomes for patients, families, staff and the organization.

**3-C EDUCATION**

**Expansion and Evaluation of a Student-Led Peer Mentorship Program**

_Fred Calixtro, PhD (c), MSN, EdS, RN, CLNC; Peggy Wros, PhD, RN; Barbara May, PhD, APRN, BC; Claudia Garcia; Cynthia Olivares, SN; Cathy Dong, SN, Linfield-Good Samaritan School of Nursing, Linfield College, Portland, OR_

A peer mentorship program was developed in 2007 as a social and academic support strategy for students in Ayudando Podemos (AP), a nursing workforce diversity program at a small liberal arts college in the Pacific Northwest. The program was initially supervised by faculty and staff, but as the students were succeeded and gained confidence, they asked to transition the program to a student-led program. A diverse group of 21 students, including representatives from the AP program, attended a day-long leadership workshop to re-envision the peer mentorship program. The students named the new program the “Peer Resource Network” (PRN), and it was initiated in June, 2009. A qualitative survey of mentors was conducted after the first semester. Themes focused on communication challenges, including finding the best fit and maintaining a connection between mentors and mentees. Data from the survey was then sorted according to demographic characteristics and analyzed to evaluate achievement of outcomes and satisfaction with the program for specific groups of students, including Hispanic and ESL students.

**Growing Future Healthcare Leaders**

_Miriam Torres, MS, RN, BC; Betsy Arlene Tirado, BSN, RN, CLC, NewYork-Presbyterian Hospital, New York, NY_

New York-Presbyterian Hospital and the Children’s Aid Society of New York Afterschool Program partner in a special project that exposes middle school students in the Northern Manhattan community of Washington Heights/Inwood to the world of nursing and health careers. The after-school program “Nursing Club” meets to (1) provide science classroom lessons and (2) visit various hospital departments to interact with nurses and to learn about other health-related fields, and how we all work together to care for patients. The students enjoy the opportunity to visit and discover what goes behind the walls of the massive medical center in their community. It is our hope that with this exposure we plant seeds to grow the young children of our community into future healthcare leaders who will help to bridge health disparities that plague the Hispanic community as a whole.

**3-D ADMINISTRATION**

**Building Health Awareness: Reaching Out to the Latino Community**

_Rosa Sivaja, RN, BSN; Nancy Garcia- Naranjo, RN; Maria Rivera, Childress Memorial Hospital, Chicago, IL_

In response to the changing needs and demographics of Latino children and their families, Children’s Memorial Hospital in Chicago, one of the nation’s top pediatric hospitals, has made a commitment to improve health care to Latino children. To this end, Rosa Sivaja, RN, BSN, Maria Rivera, Nancy Garcia- Naranjo, RN, are part of a multidisciplinary group at Children’s Memorial working toward this goal by developing strategies to reach out the Latino community and improve healthcare to this core group. Some of those strategies include the development of a minority nurse recruitment program, improvement of interpreting services, and cultural diversity training for all staff. Childrens Memorial has successfully partnered with the Chicago Public Schools and has developed a program that will expose Hispanic teens to a wide range of healthcare. Rosa, Maria and Nancy are also active participants of a well established Latino Task Force at Children’s Memorial, which is engaged in ongoing work to reach out to the Latino Community.


_Adelita Tinoco, BSN Senior Student; Ronald E. McNair, Scholar; Michelle Tellez, RN, MS, PhD, California State University, East Bay, Livermore, CA_

The Hispanic population and its health care needs are growing dramatically in the United States. Although healthcare needs of ethnic communities are thought to be best met through culturally congruent, culturally competent nursing care, data from Census 2000 shows that only 2.4% of the total RN population was Hispanic. We examined the growth and characteristics of the Hispanic RN population in California over the past 10 years and evaluated if the Hispanic RN supply is adequate. This study will inform policy makers and administrators so that better labor supply policies can be designed.

6:00 PM – 7:00 PM Welcome Reception sponsored by the Marriott Wardman Park Hotel
FRIDAY, JULY 23, 2010

7:30 AM – 5:30 PM  Registration and Onsite Check-in
7:30 AM – 8:30 AM  Breakfast and Exhibit Viewing
8:30 AM – 9:30 AM  **KEYNOTE:**

Theory-Based Values and Strategies for Decreasing Health Disparities  
*Sr. Callista Roy, PhD, RN, FAAN, is Professor and Nurse Theorist at the William F. Connell School of Nursing, Boston College*

9:40 AM – 10:40 AM  
**Center for Nursing Advancement at UnitedHealth Group: Promoting and Enhancing the Profession of Nursing**  
*Dawn Bazarko, MPH, RN, Sr. Vice President, Center for Nursing Advancement, UnitedHealth Group*

The purpose of this presentation is to provide an overview of the innovative way in which UnitedHealth Group is promoting the profession of nursing and establishing strategic partnerships to solve shared problems. Nurses play a pivotal role in our company’s mission to help people live healthier lives. Recognizing the evolving role of nurses and the changing dynamics in our country's health care system, UnitedHealth Group established the Center for Nursing Advancement (Center). The Center serves as the company’s strategic focal point for the development of enterprise-wide programs to improve nurse retention, engagement, and personal and professional development. Since its launch, we have deployed a number of initiatives that are realizing positive impacts which we believe may serve as best practices.

10:40 AM – 11:30PM  Refreshments and Exhibit Viewing
11:30 PM – 12:30 PM  *Lunch on your own*
12:30 PM–1:30 PM  Poster Viewing Session (Authors Present)
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| Factors Associated with Latino Adolescent Preconception Health  
Mary Lou de Leon Siantz, PhD RN FAAN; Matilde Gonzalez-Flores MPH; Isabel M. Estrada-Portales MS, University of Pennsylvania School of Nursing Philadelphia, PA  
The incidence of adolescent pregnancy among Latina adolescents is twice that of white adolescents. Birth rates vary among Hispanic subgroups. In 2002, 15 – 19 year old Mexican-Americans had the highest teen birth rate, 94.5 per 1,000; among Puerto Ricans it was 61.4 per 1,000, and Latinas from South and Central America had a rate of 63 per 1,000. These numbers are of special concern as the Latino adolescent population continues to grow. It is estimated that Latino teenagers will grow by 60% over the next two decades compared to an 8% growth in the total teen population. By 2020 one in five teenagers will be Latino (Gilliam, Warden, & Tapia, 2002). Little is known about Latino immigrant adolescent knowledge of preconception health or about cultural factors that impact learning about preconception health.  
From Senoritas to SALSAH: Develop a Student-Led Program to Reduce Alcohol Abuse and HIV/Hepatitis Risk at a Hispanic-Serving University  
Sandra “Sande” Gracia Jones, PhD, ARNP, ACRN, CS, C, FAAN; Katherine Chadwell, MSN, GNP, GCNS, CCRN, CPHQ; Carol A. Patsdaughter, PhD, ACRN, CNE; Margaret Hamilton, DNS, RN; Irene DeJesus, BS; Robert Malow, PhD, College of Nursing and Health Sciences, Florida International University, Miami, FL  
Problem/Significance: Hispanics/Latinos have been disproportionately affected by HIV and other sexually transmitted diseases (STDs), particularly young Hispanic/Latino adults. Latino college students may be at risk related to unsafe sexual practices. Survey findings of 1,300 students at a Hispanic-serving institution (HSI) of higher education revealed a strong association between risky sex and alcohol use (Trepka et al., 2008). The purpose of this study is to develop an age- and culturally-appropriate educational intervention to address these at-risk health behaviors. |

| **4-B** BEST PRACTICE  |                      |            |
| Survey of Pediatric Patient Care Staff of Spanish Language Resources  
Diana Amaya Rodriguez, PhD, RN, University of Kentucky and Kentucky Children’s Hospital, Lexington, KY  
Language barriers in pediatric health care impact both children and their families, and the patient care staff (PCS). Although much has been written about the pitfalls of inadequate/improper communication with LEP children/ families, the impact of language barriers on pediatric patient care staff has received very little attention. If indeed language barriers contribute to perceptions of poor care delivery and job related stress on the part of the staff – this in turn may also impact the quality of care that limited English proficient children and their families receive. The results of this set of data support the need to for improved resources for nursing staff. Responses from the staff demonstrate that there is a perception that care was compromised when patient care staff encounter language barriers.  
BESAFE Cultural Fluency Training Program: Web-ROM Continuing Education For HIV/AIDS Health Care Professionals  
Carlite Jean-Gilles, PhD, FNP; National Minority AIDS Education and Training Center Howard University College of Medicine, Washington, DC  
The presentation will introduce participants to the BESAFE Cultural Competency Training Program developed by the National Minority AIDS Education and Training Center (NMAETC). Participants will be introduce to the Web-ROM BESAFE training program which combines the rich video capacity of CD-ROM with the network and database capabilities of the web to deliver a robust multimedia experience. At the end of the program, the participants will be able to: 1) Discuss the role of cultural competency as a key determinant to reducing HIV disparities among Latinos and Latin Americans; and 2) Identify the key components of the BESAFE cultural competency model to improve HIV care. |

| **4-C** EDUCATION  |                      |            |
| Clinical Faculty Entry Into a Nursing Education Career  
Sarah Marlene Ruiz RN, BSN, MA Education, Kaiser Permanente, San Diego, CA  
Attend this session and learn how to expand your nursing practice from Expert Bedside RN to Expert Clinical Instructor RN. Research shows that the best clinical instructors work part time in the clinical area to keep up with the latest developments in health care. Our study shows becoming a clinical instructor is an open door to advanced practice roles, higher education and nursing practice satisfaction. You can be that amazing clinical instructor you had as a student.  
Regionally Increasing Baccalaureate Nurses: Opening the Pipeline  
Vincent Hall, PhD, RN, CNE; Brenda Causey, MSN, RN; Maureen Wallace, EdD, RN; Anne Marie Menendez, MS, ANP, APRN-BC; Catherine D’Amico, PhD, RN, NEA-BC, School of Nursing, Western Carolina University, Cullowhee, NC  
This presentation will outline the development of a model to regionally increase the number of baccalaureate nurses (RIBN) between two community colleges and two universities in rural and urban settings. Issues, strategies, and successes in developing the collaborative partnership and implementing the model including shared admission policies, shared progression policies, and shared curriculum with dual enrollments will be discussed. The innovative RIBN Model creates an economically feasible opportunity for Hispanic, other racial and ethnic minorities, as well as low income students to complete a BSN degree without the financial outlay required in a four year university-based program. The RIBN project can serve as a model that can be replicated as an educational track in other community colleges and universities and potentially increase the number of nurses who pursue graduate education. |

| **4-D** ADMINISTRATION  |                      |            |
| Moving the Political Agenda of Nursing Forward: Crucial Conversations  
John Silver, RN, PhDc, MBAC, FINL, NOVA Southeastern University, Ft. Lauderdale, FL  
Healthcare systems around the world are in trouble, particularly during this period of economic turmoil. In the United States, the healthcare non-system is on the verge of economic collapse, and the current healthcare debate is polarizing the country. Professor Silver focuses on the crucial philosophical conversation needed by professional nursing to become the political force it should be. |
What has been missing is the political power required to sit at the tables as an equal with the decision makers, and the growing number of Latino nurses can make a great contribution to that effort given the emerging prominence of this valuable ethnic group to American society in general.

Motivating, Monitoring and Mentoring ESL Students
Suzanne Marie Carr, PhD, RN; Hazel Sanderson-Marcoux, EdD, RN, Long Island University, Brooklyn, NY

A large HRSA grant designed to improve the success of at-risk Hispanic/Latino students was expanded to include other ESL students. The purpose of this presentation is to describe strategies used by the HRSA grant investigators to mentor these at-risk students intrusively and to guide them in developing self-sufficiency in learning. Included is a detailed description of Nursing Journey courses developed to address student needs at a group level. The presence of accents and dialects among some of these students created communication difficulties and methods to increase speech intelligibility are discussed.

2:30 PM – 3:30 PM  Refreshments and Final Exhibit Viewing

3:30 PM - 4:30 PM  Concurrent Sessions 5  Select One

5-A  RESEARCH
Exposure to Community Violence and Children’s Academic Performance: A Review of the Literature
Mirian Zavala, MS, RN, Doctoral Candidate; Lehman College, Department of Nursing, Bronx, NY

Violence has been considered a public health issue only within the past thirty years. After the US became more successful in preventing and treating infectious diseases, violence in terms of homicide and suicide increased specifically in youth and minority populations (Center for Disease Control, 2009). Approximately 100% of urban children have been exposed to community violence (Boney-McCoy & Finkelhor, 1995). Exposure to community violence may lead to symptoms of posttraumatic stress disorder (PTSD) such as anxiety, depression and other symptoms as experiencing separation anxiety, inability to socialize, to concentrate, loss of sleep, and depression (Richters & Martinez, 1993; Fitzpatrick & Boldizar, 1993). These symptoms may influence the children’s academic performance.

Integrated Review: Medication Adherence in Hispanic Adolescents to Tuberculosis Treatment
Julie Ann Zuñiga MSN RN, The University of Texas at Austin, Austin, TX

The United States has had its first case of extremely resistant tuberculosis (XXDR) that is nearly impossible to cure and has been fatal in the majority of cases. Lack of adherence to medication regimen may be leading to the resistance of tuberculosis. The current research conducted in this area has focused on improving adherence in adolescents. This presentation looks at the current state of the literature, where we have been and where we need to go in research and care of adolescents with tuberculosis.

5-B  BEST PRACTICE
El Circulo de Cuidado (the Circle of Care): Removing Barriers to Improve the Delivery of Healthcare for Latinos in an Urban Community
Elizabeth Aristy, RN, BSN; Alfredo M. González, BA, Lifetime Care Home Health and Hospice, Rochester, NY

This presentation will introduce the Circle of Care, a community-based model of care that close the gaps commonly found in healthcare delivery systems based in urban communities. Emphasis will be on culturally competent healthcare delivery for Latino communities. Participants will learn how to identify common gaps and how they contribute to health disparities, as well as how to close the gaps by creating a continuous loop of care that encompasses a culture of trust, access, education, and early intervention.

Rapid Response Team: From Reactive Response to Proactive
Carmen Ferrell, MSN, CCRN, St. Joseph Hospital, Orange CA

In September, 2008 Saint Joseph Hospital changed the Rapid Response Team (RRT) model from a reactive model to a pro-active model with a dedicated rapid response RN available 24 hours a day. The pro-active model allowed for the rapid response RN not to have a patient assignment, to round on identified high risk patients in the Medical Surgical (MS) areas, to be available to RNs throughout the hospital for consultation and education, and to respond to emergencies in the MS areas as they occur. In the first three quarters post implementation of the Dedicated MET RN Pro-active Model there was an 18% decrease in the percentage of code blue events outside of critical care. Additionally, the staff report that one of the reasons they have chosen this facility for their employment is because of the pro-active MET team as they feel that the team provides an additional layer of support to their practice.

5-C  EDUCATION
Movers and Shakers: The Hispanic Nurse Leader
Mary S. Vidmar RN, BSN, CCRN; Xiomara M. Acosta RN BSN, Craig Rehabilitation Hospital, Englewood, CO

The Hispanic Nurse is uniquely positioned to make a difference for vulnerable populations by appreciating cultural influences in people’s lives and helping to identify negative responses of healthcare providers. This presentation will provide practical ideas to accomplish patient education and nursing care with an interdisciplinary team and limited hospital/community resources that minimize and prevent health disparities for patients with Limited English Proficiency, using a nursing case management model. Every Hispanic Nurse Leader can help decrease health disparities by increasing the number of future minority nurses in their own communities. The Hispanic Nurse Leader can be a powerful force in advocating for the identification and encouragement of young minorities in math and science subject areas in the K-12 public education system that will prepare students for successful outcomes in future nursing educational programs. Some examples of Hispanic Nurse Leadership within a public school district are presented.

Nurses Mentoring Nurses: The NAHN-Oregon/LANAHN Puente Project
Maria Elena Ruiz, PhD, RN, FNP-BC, Angie Millan, MN, RN, UCLA, School of Nursing, Pasadena, CA

The Puente Project was conceived as an exploratory venture between Latino nurses in high-density Latino communities and low density, isolated Latino communities (Southwest versus Pacific Northwest communities). In this presentation, the former Presidents

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At the end of breast cancer, and it is the leading cause of cancer death among Hispanic women. The lower incidence of breast cancer and the higher mortality rate in Hispanic women is a phenomenon largely unexplained. Research supports that early screening can greatly improve the chances for cure, extend life, reduce the extent of treatment needed, and improve quality of life for cancer patients. The purpose of this study was to give voice to the health beliefs and values that influence Hispanic women’s mammography screening behaviors in Southeast Florida and to gain an understanding about their everyday lived experience as perceived and comprehended by them in order to bring about culturally sensitive screening interventions.

Beliefs and Values that Influence Mammography Screening Behaviors In Spanish Speaking Hispanic Women in Southeast Florida: A Transcultural Caring Study
Rosario Medina-Shepherd PhD, ARNP, FNP-BC; Eugenia Millender, MSN, RN, CCRN, PhD Student, Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton, FL

Although Hispanic women do not have the highest incidence of breast cancer, it is the leading cause of cancer death among Hispanic women. The lower incidence of breast cancer and the higher mortality rate in Hispanic women is a phenomenon largely unexplained. Research supports that early screening can greatly improve the chances for cure, extend life, reduce the extent of treatment needed, and improve quality of life for cancer patients. The purpose of this study was to give voice to the health beliefs and values that influence Hispanic women’s mammography screening behaviors in Southeast Florida and to gain an understanding about their everyday lived experience as perceived and comprehended by them in order to bring about culturally sensitive screening interventions.

Cardiovascular Risk Factor Evaluation in the Latino Community at a “Health Screen Event”
Ana Mola, MA, RN, ANP-BC; Madeleine Lloyd, MS, FNP-BC, FMHNP-BC; Martha Laureano, RN; Francios Haas, PhD; Johnathan Whiteson, MD; Mariano Rey, MD, The Joan and Joel Smilow Cardiac Rehabilitation and Prevention Center of the Rusk Institute of Rehabilitation Medicine, New York University School of Medicine, New York, NY

In the U.S., underserved populations such as Latino-Americans have a higher prevalence of risk factors such as dyslipidemia, hypertension, obesity and diabetes mellitus. The level of growth combined with the projected trend in cardiovascular disease among older Hispanic women makes it imperative that researchers and health care providers focus on exploring cultural resources to promote cardiovascular health in this population. This paper describes cultural resources that may help guide clinicians in developing feasible intervention strategies that promote regular physical activity and cardiovascular health in older Hispanic women.

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4:40 PM – 5:40 PM  Concurrent Sessions  6  Select One

6-A  RESEARCH
Salud de Corazon: Cultural Resources for Cardiovascular Health Among Older Hispanic Women
Adriana Perez, PhD, ANP; Julie Fleury, PhD, FAAN; Nelma Shearer, PhD, Arizona State University College of Nursing and Health Innovation, Phoenix, AZ

The 2.2 million older Hispanic adults are expected to increase to more than 15 million over the next 40 years, making this the largest older group in the U.S. This level of growth combined with the projected trend in cardiovascular disease among older Hispanic women makes it imperative that researchers and health care providers focus on exploring cultural resources to promote cardiovascular health in this population. This paper describes cultural resources that may help guide clinicians in developing feasible intervention strategies that promote regular physical activity and cardiovascular health in older Hispanic women.

Elderly Hispanic Women and Health Literacy: A Literature Review
Adelaida Guzman, MD, Program in Medical Education for Women (PMEW), University of Minnesota, Minneapolis, MN

Health literacy is a concern for both the quality and cost of healthcare services and does not impact all people equally. Different ethnic groups experience this problem in greater degrees. While 36% of all U.S. adults have low health literacy, 65% of Hispanic Americans lack the necessary skills to read and understand basic information to manage their health. Today’s complex healthcare environment places greater demands on women to facilitate health care decision-making for themselves and often for others in their family and community. Women facing health literacy issues and/or language barriers are particularly challenged. In response to these opportunities, UnitedHealth Group deployed a number of strategic initiatives ensuring that the materials shared with health care consumers are “health literacy friendly” and supporting the important role that women play in managing health care decisions for themselves and others. The objective of this presentation is to describe best practices in tackling health literacy issues and strategies to support the important role of women as the “Chief Health Officer”.

Gaining Knowledge: How Hispanic Women of Mexican Origin Learn About Childbearing and Pregnancy
Lorena C. Guerrero, PhD, RN, FNP-BC, The UT Health Science Center at San Antonio School of Nursing, San Antonio, TX

Managing my Pregnancy was the grounded theory that emerged which described the process and interventions women executed that ensured they were doing everything possible to have a healthy pregnancy, a quick and uneventful labor, and that they delivered a healthy infant. Gaining Knowledge was the first stage in this process in which women learned about information on how to care for themselves during pregnancy. This stage has 2 subcategories, Reading Information and Listening to What Others Say. In Reading Information, women gathered active information from a variety of written sources. In Listening to What Others Say, women passively learned about culture-bound family traditions through telephone or face-to-face communications with loved ones. Each of these two subcategories will be discussed in further detail as it relates to nurses providing direct patient care to childbearing and pregnant Hispanic women of Mexican origins.

Health Literacy and the Role of Women in Health Care Decision-making Best Practice
Dawn Bazarko, MPH, RN, UnitedHealth Group, Center for Nursing Advancement; Kristin Echelbarger, RN, MPA, CCM, CDE, Optum Health Care Solutions, Minneapolis, MN

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An Intro to Forensic Nursing: Hymenology – 101 “My Part, su Parte”
Juana (Jane) Cantú-Cabrera, RN, DNP, University of Texas-Pan American, Edinburg, TX

With the era of “CSI” shows, forensics has recently become a popular topic. However, health professionals who practice women’s health have long performed some type of forensics, probably without even knowing it, with tasks as seemingly ordinary as identifying “normal” hymenal variations, collecting forensic evidence, documenting properly, and providing expert witness testimony.

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EDUCATION

Educational and Outreach Program to Increase Interests in Nursing as a Career Amongst NYC Public School Students
Michele Crespo-Fierro, RN, MS/MPH, AACRN; Christen Sturkie, BA, New York University College of Nursing, New York, NY
For 7 years, NYU College of Nursing and the Alex Hillman Foundation combined efforts to increase interest in nursing as a career among NYC public schools students in the Nursing Bound Program. Nursing faculty participated in career days both at local high schools and special programs held on campus. Scholarships were provided to rising juniors and seniors to attend NYU’s Pre-College Program during the summer months. The Current Trends in Nursing course for 2 credits included class time discussing nursing theory, nursing’s image and health care reform. Students attended skills labs and observed simulation labs of current NYU nursing students, in addition to spending an observational day on various units at NYU Langone Medical Center. The course culminated with poster presentations on diverse nursing topics to faculty, family and friends.

Cultivating an Idea: LESSONS LEARNED from PROJECT BEYOND Education
Juanita (Terrie) Garcia, MEd, RN, Doctoral Student; Josie Yeal, MSN, RN, Doctoral Student; Karen Robinson, PhD(c), RN, CNM; Leona VandeVusse, PhD, RN, CNM, FACNM; Gloria Rhone, MSN, RN, Marquette University College of Nursing (MUCN), Milwaukee, WI
This presentation provides an overview of Project BEYOND, a federally funded HRSA project, focused on improving nursing workforce diversity by encouraging and assisting students from educationally or economically disadvantaged backgrounds, including racially and ethnically underrepresented students to achieve academic success and become registered nurses (RNs) by obtaining BSN degrees. The focus will be on the reflective analysis process to identify program barriers and facilitators which led to academic success among the student participants.

6-D ADMINISTRATION

We Can!(TM): Science-Based Childhood Obesity Prevention
Melinda Kelley, PhD; Melinda Kelley, PhD, National Heart, Lung, and Blood Institute/National Institutes of Health, Bethesda, MD
This presentation will provide participants with an overview of the National Institutes of Health (NIH) We Can!® (Ways to Enhance Children’s Activity & Nutrition) program, a national education program that brings families and communities together to promote healthy weight in children ages 8 through 13. We Can!’s educational programming is comprised of four curricula: one for parents and three for youth. The presentation will also feature data on the prevalence of childhood obesity among Hispanic children, and describe science-based resources for and implementation of We Can! programming in various hospital and clinical settings. Practical tips regarding community mobilization, tailoring the program for Hispanic audiences, enhancing program visibility, and program evaluation will also be addressed. Participants will gain a stronger understanding of the science behind childhood obesity prevention and the program’s available resources, together with ways to implement the program in their own outpatient and office settings.

Improving Health Care Capacity to Reduce Environmental Health Disparities in Hispanic Children
Leyla Erk McCurdy, MPhil, National Environmental Education Foundation; Nsedu Obot Witherspoon, MPH, Children’s Environmental Health Network, Washington, DC
Disadvantaged and minority children, including Hispanics, are at higher risk for environmental health conditions because of higher exposure levels or other underlying factors due to socio-economic status. Health professionals often lack the knowledge, tools and resources necessary to fully address environmental health hazards within their communities. The National Environmental Education Foundation (NEEF) and the Children’s Environmental Health Network (CEHN) educate health professionals and provide tools and resources, including a number of Spanish materials available from NEEF. This session will highlight the linkages between preventing environmental exposure and protecting children’s health and review the tools and resources available for health care providers to address environmental health disparities.

SATURDAY, JULY 24, 2010

7:30 AM – 8:45 AM Continental Breakfast
9:00 AM –11:00 AM Retention of Hispanics in Nursing - Nursing students discuss experiences in clinical, followed by Hispanic nurses who will discuss their experiences in their first year of work, and recommendations for successful mentorship.
11:15 AM – 12:15 PM ENDNOTE: Supporting Health Systems to Increase the Capacity of Nurses to Provide ARVs to Patients: The HRSA HAB Global Story
Barbara Aranda-Naranjo, PhD, RN, FAAN, Director for the Global AIDS Program at HRSA under the Presidents Emergency Program for AIDS Relief (PEPFAR)
12:30 PM – 2:30 PM NAHN Board Meeting
6:00 PM – 7:00 PM Reception sponsored by Puerto Rico Federal Affairs Administration (PRFAA)
7:00 PM – Midnight Dinner & Gala
HOTEL INFORMATION
Our Host hotel is the Marriott Wardman Park Hotel, 2660 Woodley Road Northwest, Washington, DC.

Rooms can be booked at the special rate of $169 (plus tax) for single-quadruple occupancy. The special rate is guaranteed for reservations made on or before July 2, 2010 or until the room block is filled. Rooms remaining after this date will be returned to the hotel’s general inventory and the group rate will not be available. Make your reservation today.

To book a room at the Marriott Wardman Park Hotel go online to: http://www.marriott.com/hotels/travel/WASDT?groupCode=HNTHNTA&app=resvlink&fromDate=7/21/10&toDate=7/25/10 or phone: 1-800-228-9290 or 1-202-328-2000.

All reservations must be accompanied by a first night room deposit or guaranteed with a major credit card.

GROUND TRANSPORTATION/AIRPORTS
Ronald Reagan Washington National (DCA) – DCA
The following transportation options are available:
- Shuttle service from Super Shuttle
- Subway service at a $1.10 USD one-way fee
- Taxi service at approximately $18.00 USD one-way fee

Washington, DC/Dulles (IAD) – IA
The following transportation options are available:
- Shuttle service from Super Shuttle
- Taxi service at approximately $55.00 USD one-way fee

Baltimore/Washington International Thurgood Marshall Airport (BWI) – BWI
The following transportation options are available:
- Shuttle service from Super Shuttle
- Taxi service at approximately $60.00 USD one-way fee

SPECIAL ACCOMMODATIONS
All facilities are accessible to persons with disabilities. Please call the Marriott Wardman Park Hotel to describe your special needs. In order to assure accommodation, please call at least two weeks before the program. If you have special needs related to meals, please contact The University of Texas Health Science Center at San Antonio in writing at least two weeks prior to the meeting.

PERSONAL COMFORT
For personal comfort in rooms please bring a sweater or light jacket. Dress for the conference is casual. Please mute cell phones and pagers during the conference.
NAHN MEMBERSHIP BENEFIT:
To receive a discount on registration, please join the National Association of Hispanic Nurses (NAHN) at: www.thehispanicnurses.org before registering online.

After joining NAHN go to: https://www.surveymonkey.com/s/23JRJ3T to complete your registration (please follow directions listed on next page of brochure).

CONFERENCE FEE SCHEDULE:

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<th>Early Fees Payment postmarked on or before * June 4, 2010</th>
<th>Regular Fees Payment postmarked *June 5-July 2, 2010</th>
<th>Late Fees Payment post marked July 3-Onsite All gala ticket cost $150</th>
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<tbody>
<tr>
<td>NAHN Members Discount</td>
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<tr>
<td>Active/Associate/Retired Members</td>
<td>$350</td>
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<td>Student Member that is currently enrolled in an Undergraduate Nursing program (Student ID required)</td>
<td>$125</td>
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<td>Non NAHN members</td>
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<td>Nurses/Non-nurses</td>
<td>$425</td>
<td>$500</td>
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<tr>
<td>Student that is currently enrolled in an Undergraduate Nursing program (Student ID required)</td>
<td>$150</td>
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<td>Extra Gala Dinner Tickets (these are non-refundable)</td>
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<td>Registrations made after July 2, 2010 will need to pay $150 for their first and any additional tickets</td>
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*A complementary Gala ticket is provided to individuals whose paid registration is received on or before July 2, 2010 and who check the required box to receive a Gala ticket on their registration application. After this cutoff date Gala tickets will cost $150.00 each. NO EXCEPTIONS

Podium Presentation –the first author only will receive a $50 discount off registration if payment is received/postmarked by June 4, 2010. Poster Presentation –the first author only will receive a $30 discount off registration if payment is received/postmarked by June 4, 2010.

Registration Fees Include
- Breakfast
- Daily Refreshment Breaks
- 1 Dinner Gala ticket (if ticket is reserved on registration form and payment post marked by July 2, 2010)
- Continuing Education Credit
- Education Sessions
- Exhibit Hall
- Networking Opportunities
- Receptions
- Conference Bag & Syllabus
ONLINE CONFERENCE REGISTRATION:
1. PLEASE FOLLOW INSTRUCTIONS CAREFULLY.
2. IMPORTANT: Registrations are required to be completed online. Phone registrations will not be taken. There is an option to print the online form, which can be used to submit with a check payment or as a backup record.
3. Please have the brochure with you when you are registering.
4. Registration must be made online: [https://www.surveymonkey.com/s/23JRJ3T](https://www.surveymonkey.com/s/23JRJ3T)
   a. (Click the link or copy and paste into your web browser).
5. Complete each registration question carefully, clicking DONE at the end. You have the option to go back to a previous page if you need to make a change. Click PREVIOUS button.
6. All registration fields require an answer. If an answer is not provided, you will not be able to advance to the next page.

PAYMENT INFORMATION:

Check or money order: if payment is made via check or money order you must include a copy of the registration PAYPAGE with your payment.

Make check payable to UTHSCSA School of Nursing

Mail to: UTHSCSA School of Nursing
7703 Floyd Curl Drive MSC 7946
San Antonio, TX 78229-3900
Attn: Sherece McGoon, Continuing Nursing Education

Credit Card payments must be made online at the time you register. You will be directed to pay at the end of the completed online registration process at this link: [https://www.surveymonkey.com/s/23JRJ3T](https://www.surveymonkey.com/s/23JRJ3T)

NOTE: If someone other than yourself is responsible for the credit card payment, please ---

- Complete your registration forms,
- Submit your registration forms,
- E-mail the individual responsible for submitting credit card/payment information following link: [http://www.uthscsa.edu/SONPay/nahn/PayPage.aspx](http://www.uthscsa.edu/SONPay/nahn/PayPage.aspx)
- They will be prompted to answer questions about your registration and then prompted to make payment.

CAUTION: The payer will need to reference your name on the payment options so we can match payment to registration.

CANCELLATION AND REFUND POLICY:
If a circumstance arises and you need to cancel, we understand, please be aware no matter what the circumstance you are required to adhere to this policy. Suggestion, you are encouraged to send a substitute. All cancellations must be submitted via email to mcgoon@uthscsa.edu and received by July 2, 2010. Cancellations emailed by July 2, 2010 will be issued a refund less a 20% administrative fee deducted from the total amount received. Absolutely no refunds can be granted if notification is made after July 2, 2010. Cancellations will not be accepted over the phone. Gala tickets are non-refundable. Refunds will be processed no later than 30 days following the conference. The conference hosts reserve the right to substitute speakers or cancel and reschedule sessions due to any unforeseen circumstances.

FURTHER INFORMATION
Contact: Sherece McGoon, Conference Coordinator II, Continuing Nursing Education
UT Health Science Center at San Antonio School of Nursing
Phone (210) 567-5850Email: mcgoon@uthscsa.edu