

The Alaska Nurse AaNA

The Official Publication of the Alaska Nurses Association
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Pain Awareness Month

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AaNA President, Shannon Davenport is happy to announce our new editorial chair, Mat Thomas, RN. Mat has been active in Critical care and Hospice nursing for 10+ years and is a nonfiction essay writer, editor, contracted nurse writer and organizer. Mat is looking forward to utilizing those skills to uplift the voices of Alaska's nurses. Mat can be reached at mat@aknurse.org or editor@aknurse.org.

AUTHOR GUIDELINES FOR THE ALASKA NURSE: The Editorial Committee welcomes original articles for publication. Preference is given to nursing and health-related topics in Alaska. Authors are not required to be members of the AaNA. There is no limit on article length. Include names and applicable credentials of all authors. Articles should be Microsoft Word documents. Photos are encouraged and should be high resolution. Please include captions and photo credits at time of submission. All content submitted to The Alaska Nurse becomes property of the Alaska Nurses Association. Submit all content by email to editor@aknurse.org.



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The Alaska Nurse is produced in Anchorage, Alaska and published four times a year.

From our President



As the glorious sunshine and epic salmon run begin to wane the advent of fall is fast approaching. The smell of sharpened pencils and crisp autumn leaves is in the air and with it comes the back-to-school hustle and bustle and a special session of legislation to clarify and determine how our educational funding will commence. With the passing of the presidential bill on Medicaid cuts, uncertain times in healthcare are beginning to arise and with it concerns on the impact it will have on our patients, our hospitals, and the communities we serve; the AaNA will strive to keep all our nurses informed and updated on future changes and stand together to face whatever challenges come our way.

This issue of the AK Nurse looks to the issue of pain and pain management. We will focus

on how pain is perceived, treated, and current modalities in pain management. The Trending Topics 2025 Conference is fast approaching so don't forget to sign up for continuing education credits and engaging speakers covering a plethora of topics that nurses can encounter in the work we do. I am always open to meet for a cup of coffee and a chat, so please contact me at any time.

Stay Safe and Keep Warm,

Shannon J. Davenport

Shannon J. Davenport, BSN, MSN, RN
President, Alaska Nurses Association

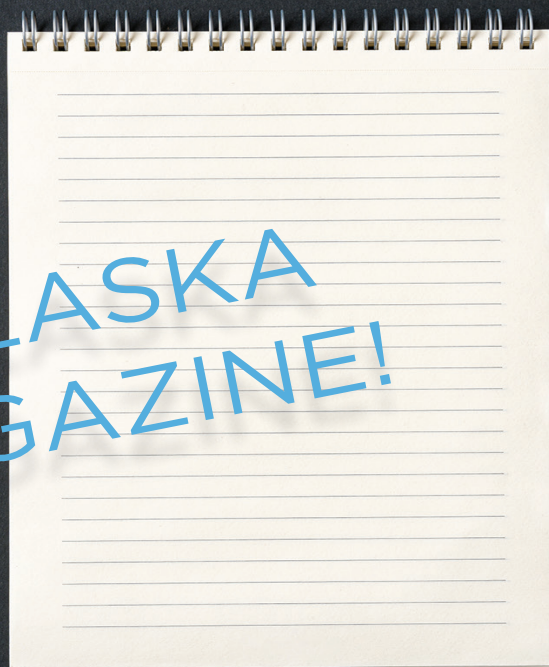


AaNA is taking on the staffing crisis. Fill out our survey to help win safe staffing standards in Alaska.



[WWW.SURVEYMONKEY.COM/R/SAFESTAFFINGAK](https://www.surveymonkey.com/r/safestaffingak)

Write FOR THE ALASKA NURSE MAGAZINE!



Do you have a perspective to share or knowledge that could benefit your fellow nurses? The Alaska Nurse magazine is looking for contributors for our upcoming issue! Whether you're a seasoned writer or just passionate about a topic, this is a great opportunity to highlight your work, share your experience, and connect with nurses across Alaska.

Each issue of our magazine features a different focus related to nursing and healthcare. Articles can be personal, educational, or just plain interesting. We welcome a wide range of formats, including well-researched articles, profiles, book reviews, reflections from practice, and more. If you have something to say related to one of these topics, or a fresh idea we haven't thought of yet, we want to hear from you!

Winter 2025 — Gastrointestinal Health

SUBMISSION DEADLINE: OCTOBER 25

We're seeking submissions along the whole spectrum of GI health. Ideas include, but are not limited to:

- Rise of colorectal cancer among young people
- Biologics & biosimilars for inflammatory bowel disease
- The low FODMAP diet
- GI disorders in childhood and adolescence
- Advancements in endoscopy, surgery, or post-surgical care
- Highlighting inpatient care topics (e.g. GI emergencies, pancreatic disease, c. diff, nutrition)

ARTICLE SUBMISSIONS

Submit by sending a pitch or completed piece to editor@aknurse.org by October 25.

SUBMISSION GUIDELINES:

- Articles should be your own original work.
- Articles typically range from 400 to 1,200 words, but word count is flexible.
- Submit all articles in Microsoft Word or Google Doc format.
- Include the full names and credentials of all authors. Author photos are appreciated when possible.
- Photos are encouraged! Please submit high-resolution images along with photo credits and captions.
- If applicable, include a list of references or sources used in your article.

Feel free to share our call for articles with interested friends and colleagues. We look forward to featuring your article in an upcoming issue!

2025 TRENDING TOPICS IN NURSING CONFERENCE

October 16 & 17, 2025
BP Energy Center, Anchorage



Join AaNA at the only conference dedicated to exploring the trending topics that matter to Alaskan nurses!

12+
CONTACT HOURS

Come for the affordable contact hours relevant to your practice. Stay for the unique & engaging presentations by Alaskan experts. Leave with the new friends you made from across the state.

10+
LOCAL SPEAKERS

This year's topics include:

- Non-accidental trauma
- Wilderness first aid
- Diabetes in pediatrics
- Infection prevention
- Workplace violence
- Stroke
- Communication types
- Research: nurse well-being



Alaska Nurses Association
*The unified voice of nurses in
the Last Frontier*

REGISTER TODAY
www.aanacconference.org





A Union of Professionals

AFT Nurses and Health Professionals ❤️ News Roundup

ABOUT AFT

AFT is a union of 1.7 million professionals that champions fairness, democracy, economic opportunity, and high-quality public education, healthcare and public services for our students, our families and our communities. AFT is the national affiliate of the Alaska Nurses Association.



AFT RAISES FUNDS FOR GAZA HUMANITARIAN AID

Nearly every person in Gaza needs urgent humanitarian assistance. Two million Palestinians have been displaced, and the entire population is facing dire food insecurity. According to UNICEF, 80 percent of those who have died from malnutrition during this war were children. This is an immediate crisis that requires our intervention. You can help by donating to the AFT Disaster Relief Fund for Gaza humanitarian aid.



Donate today to save lives: go.aft.org/gazarelief

ALASKA NURSE FEATURED ON AFT'S UNION TALK PODCAST

Alaska nurse Shannon Davenport, union member and president of the AaNA Board of Directors, was featured on the June 27 episode of AFT's Union Talk podcast. Shannon joined AFT President Randi Weingarten to unpack the dangers for working

people in the big, ugly bill pushed through Congress this summer. The bill will affect nearly every family in America through horrific cuts to healthcare, education and critical services to fund tax breaks for the rich.

[Listen to the podcast: aft.org/uniontalk](https://aft.org/uniontalk)

OREGON LEGISLATURE APPROVES WORKPLACE VIOLENCE BILL

The Oregon Legislative Assembly recently passed groundbreaking workplace violence legislation aimed at keeping frontline healthcare workers safe in hospitals as well as home health and hospice settings across Oregon. The bill, S.B. 537, is an update on laws passed in 2007 and 2019. Members of the Oregon Nurses Association worked hard to address members' concerns about workplace violence and fix gaps in the existing law. The measure, which is awaiting Governor Tina Kotek's signature, will take effect January 1, 2026.

[Check out what the legislation accomplishes: bit.ly/45wAFpl](https://bit.ly/45wAFpl)

AFT'S COLLECTIVE BARGAINING CONFERENCE COVERS WORKERS' MOST CRITICAL TOOL

At the AFT's Collective Bargaining Conference on July 23 in Washington, D.C., AFT President Randi Weingarten argued that collective bargaining is not only an essential tool for securing better wages and

working conditions, but also for enshrining civil rights and defending our basic freedoms at a time when they are under assault..

Understand the five principles of successful bargaining: bit.ly/4oiZA7f

LEGACY RESOURCE POOL NURSES VOTE TO JOIN THE UNION

In another victory for healthcare organizing, more than 200 resource pool nurses working at Legacy hospitals in Oregon and Washington voted July 8



to join the Oregon Nurses Association. Resource pool nurses float between Legacy's hospitals to fill vacancies in specialty units, including hospital emergency departments, operating rooms, family birth centers, pediatric care centers, behavioral health departments and more.

Read about their organizing win: bit.ly/4m5Ao2M

AFT CALLS ON OSHA FOR STRONGER HEAT PROTECTIONS FOR WORKERS

The AFT is asking the Occupational Safety and Health Administration to develop a strong, enforceable national standard to safeguard workers from the growing threat of excessive heat as record-breaking temperatures sear cities and towns all over the country. On June 26, five AFT leaders spoke

before OSHA on a virtual panel and told riveting, personal stories. They made it plain that no one should have to work in dangerous heat, whether they are inside or outside. The proposed regulation from OSHA, Heat Injury and Illness Prevention in Outdoor and Indoor Work Settings, would require employers to make heat safety plans and take reasonable efforts to protect workers from hazardous heat. The panelists said the stakes are high and the time is now to safeguard all workers who are exposed to heat on the job.

Learn about excessive heat in the workplace: bit.ly/4fiOmLK

SAVE ON YOUR MONTHLY PHONE PLAN WITH AT&T

As an AFT member, you can save monthly on your phone plan with AT&T, the only nationwide unionized wireless carrier. Save up to \$10 per line per month on AT&T's best unlimited plan, plus receive up to \$50 in waived activation and upgrade fees. Available to new AND existing customers!

Access your member benefit: bit.ly/3J1wIFP

AT&T Wireless Discounts
Exclusive Offer for Union Members
UNIONPLUS

AFT+ Member Benefits

AaNA union members have access to a rich array of discounts, services, and benefits that go beyond the workplace. Benefits include exclusive financial products, trauma counseling, pet insurance, scholarships, and savings on travel, computers, prescriptions, cell phone service, and so much more!

Explore your benefits at www.aft.org/member-benefits

HISTORIC OVERRIDE FOR EDUCATION AND OIL



Education Funding at \$700/student (\$50 M) and Audit Transparency for Oil Taxes

By Senator Cathy Giessel, MSN, RN, APRN, Fellow AANP

The last time a Governor budget appropriation veto was overridden was 1987 (Governor Steve Cooper). This year's historic accomplishment was made possible by the partnership of two bipartisan coalitions (House and Senate bipartisan majorities) who listened to Alaskans and the people of Alaska who made their support of education clearly known. The Education funding veto was overridden 28-12.

The Oil Tax Audit Transparency veto override was supported by 72% of Alaskans in a poll on July 21-27. Republicans support overriding the oil tax transparency veto by a +13-point margin, and respondents who work in oil and gas or a connected industry support the override by a wide +24-point margin. The Legislature overrode that veto 27-13.

Elections have consequences, and Alaska's voters are empowered by our election system which incorporates open primaries and instant run-off general elections.

The Special Session has not adjourned sine die ("without day" or the end). The next potential convening of this special session will be a technical session at 10AM on August 19. A technical session is one in which no quorum is present, no business is conducted. A regular session, with quorum present, could be convened by the presiding officers before the end of the Special Session. The 30-day Special Session will end on August 31, regardless.

The Education Task Force will hold a meeting on August 25 at 1 PM (Anchorage LIO) to review and discuss the 3 new bills (SB 1001, 1002, 1003) offered by the Governor. Topics are open enrollment, charter schools, literacy, tribal education compacts, education tax credits and more. The public is invited to attend or watch remotely. More information at AKLEG.GOV or call the Anchorage LIO office at 907.269.0111.

The Governor also introduced another Executive Order to create a Department of Agriculture. The EO was rejected by the Legislature during our regular session. This topic is currently in a Senate bill in the Resources Committee. Food security is critical in our Arctic state, where the growing season is short. I am not going to move anything on this topic until our regular session. Alaska farmers, dairy and livestock folks are all busy this summer season producing food. Their input is needed and will be available next January. Farmers Markets are booming with business all over our state. If Alaskans each commit to spending \$10-20 every week on Alaska Grown, our agriculture sector would boom! And we would be purchasing fresher, healthier food at the same time. The Governor could act right now to promote Alaska Grown by calling up the corporate grocery store chain corporate offices and strongly suggest that they sell Alaska Grown in their stores.



HEALTH PROFESSIONALS CHART A COURSE FOR CARE AND DEMOCRACY

By Adrienne Coles, AFT Communications Specialist

Nurses, doctors and other health professionals converged for this year's AFT Nurses and Health Professionals Professional Issues Conference in Chicago from June 11-13, determined to set a course for the



coming year: defending patients, protecting communities, and beating back the authoritarian tide washing over American democracy.

Several leaders from the Alaska Nurses Association attended the conference to represent our members

and bring knowledge back to their bargaining units: Caitlin Smiley, Trisha Pavlicek, and Marina Banks with Providence Registered Nurses (PAMC); Becky Hart with RNs United (CPH); Caitlin Brady and Jori Nicholson with Ketchikan Registered Nurses (PHKMC); and Shannon Davenport, president of the AaNA Board of Directors.

This year's theme, "Protecting Patients, Healthcare and Communities," was the rallying cry for attendees. Two intensive preconference meetings set the tone. One, aimed at doctors and advanced practice clinicians,



CONTINUED ON PAGE 10

addressed the unique challenges they face. The other, led by mass mobilization trainers, walked participants through the mechanics of peaceful resistance.

“Turning around democratic backsliding is not easy but it can be done. Especially when unions are part of the resistance, ... it takes team democracy; joining with others and exercising our people power and mobilizing, said Kelly Nedrow, assistant to the president, AFT Strategic Priorities, described the mass mobilization as one focused on how the labor movement can challenge authoritarian incursion. “This training will give you the tools to implement peaceful resistance and nonviolent non-cooperation.”

Monica Hunken, a veteran organizer who has run nonviolent action boot camps across the country, urged participants to see mobilization as a skill everyone can master. “There is this massive authoritarian takeover happening at every level in the fabric of our lives, so we need to create a resistance that is within the fabric of our lives by finding what you can do within your skill set to intervene.”

A Call for Coalition

Chicago Teachers Union President Stacy Davis Gates formally welcomed attendees on the opening morning. “Let me welcome you to the beautiful city of Chicago, where the labor movement has helped to shape a space where workers feel very freely to behave as if we own this space, because we do.”

She called on attendees to think about labor’s work in collective bargaining, organizing and building community as a revolutionary act of bargaining for the common good and to understand why it’s important to bargain for the common good. “Common good requires coalition, because coalition is the only way that you can create the community that’s going to be necessary to push back on things called big and beautiful bills that will gut the society that we understand now,” said Davis Gates, who is an AFT vice president.

Davis Gates described the current political climate as “a game of ‘Survivor,’” in which the only path to victory is coalition. “Labor. We are the anchor to how we make

it better, and the only way we do that is through the practice of solidarity.” She called on attendees to rise to the occasion and to challenge their members to lead and organize. Don’t be afraid to “flex your union as an agent of revolutionary change.”

John Brady, AFT Connecticut vice president and co-chair of the AFT Nurses and Health Professionals program and policy council picked up the thread. “I’ve never been prouder to know that we are united and ready to mobilize to protect our democracy, our patients, the healthcare industry and our communities. The word ‘unprecedented’ seems to take on new meaning every day, but our healthcare members continue to fight on the frontlines, demanding safe staffing ratios, an end to workplace violence, and the right to a voice on the job.”

Building Power from Within

In an opening session, healthpolicy analyst Dr. Vin Gupta warned what potential cuts to federal healthcare programs and the elimination of federal funding for gender-affirming care and Planned Parenthood would mean to healthcare. He also stressed the critical need to combat health misinformation and protect healthcare access for vulnerable populations, including immigrants and those on Medicaid.

“We’re in a really difficult, tender moment,” Gupta said. In terms of health misinformation and how the country can push back, Gupta noted that most Americans don’t want the country to go in this direction. “I don’t think that they’re looking at [the Advisory Committee on Immunization Practices] and what’s happening with the [Centers for Disease Control and Prevention] and the [Food and Drug Administration], and approve of that, but we have to figure out a way to reach people in a scalable way” with the facts before the cuts hit home.

A panel brought the concepts of safeguarding democracy with real-world examination. Anne Goldman, co-chair of the AFT Nurses and Health Professionals program and policy council and United Federation of Teachers vice president for non-Department of Education and private sector members; Richard Botterill, Oregon Nurses Association bargaining unit chair at Providence Portland Medical Center; and Ramiro Hernandez, an AFT regional director, dissected recent organizing wins.

Goldman described how her bargaining unit at NYU Langone Health filed 6,000 staffing grievances, then bought a local TV ad during the Super Bowl to shame the hospital for spending on commercials instead of nurses. “The most recent win for us was the contract averting a strike, but it was indeed a very vicious, vicious battle with NYU, which is now a big conglomerate on the East Coast. But as big as they are, we beat them, and we’re proud. This has never been easy, and the focus is unending, but so are the stakes. There’s nothing more important than



succeeding, because the outcome is to care for everyone in a particular way that is dignified and respectful, and it's unacceptable to compromise that," said Goldman.

Botterill recounted a 46-day strike by members at Oregon's Providence hospitals that ended with a 95% ratification vote and thousands in retro pay for some caregivers. Keeping momentum after a strike, he said, comes down to "communication, communication, communication. I don't think you can overdo it."

Hernandez described how bus drivers in Albuquerque, N.M., built a union through card check. He advised identifying existing networks and leaders within the workplace and providing small, manageable tasks to build their confidence and involvement.

Democracy or Autocracy

In a keynote that stretched the evolution of the labor movement, AFT President Randi Weingarten laid out the stakes as she sees them: a choice between a democracy or an autocracy.

"The people in power today ... actually want themselves and their families to stay in power. They don't really care about anybody else," she said.

Weingarten argued that the nation stands at the same fork in the road faced by workers in South Korea's pro-democracy uprising. Authoritarians test, she warned, noting that members have to fight for the America we want. "The only way we can really fight it is through peaceful, nonviolence on the streets. That's the only way."

Weingarten argued that labor's public approval makes the movement indispensable to preserving constitutional rights. "What I know from history is this: The backsliding is here; we are in that moment where it could be democracy, or dictatorship, but people beat back dictatorship," said Weingarten. "You can beat it back by doing nothing; that has happened in 7 percent of cases; but in 50 percent of cases, it gets beaten back if there's civic engagement on a routine basis. In 80 percent of cases, it gets beaten back when the labor movement is involved," she said. "When you got nurses and hardhats and teachers and doctors and welders and machinists all together saying, no, we want a voice at work, and we want a voice in this democracy, and we want that voice, so our families have a better life tomorrow than they had today. That's the road we're taking."

By late afternoon, the theory turned into practice. Members, wearing their AFT-branded scrubs, spilled into the downtown Chicago streets, with handmade signs held high to join protests of the Trump administration's stepped-up immigration raids.

Knowing—and Exercising—Your Rights

A "know your rights" panel featuring Leila Levi, senior counsel at the National Women's Law Center; Matthew Lopas of the National Immigration Law Center; and Jessica Rutter, former general counsel at the National Labor Relations Board armed participants with practical defenses against the criminalization of healthcare.

A panel focused on the outlook for health policy featured Jane Sheehan of Families USA and Tennessee state Rep. Aftyn Behn.

Sheehan detailed the reconciliation bill's cuts that would hit millions of Americans. Behn discussed Tennessee's healthcare crisis, including high maternal mortality and rural hospital closures. Both emphasized the need for advocacy and organizing, particularly in conservative states. They also discussed the importance of protecting Medicaid, addressing medical debt, and the impact of private equity on healthcare. The conversation underscored the urgency of defending healthcare access and equity.

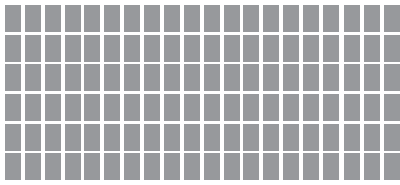
A panel on "expert storytelling" focused on the importance of storytelling in healthcare advocacy. Scott Palmer, chief of staff for the Oregon Nurses Association, emphasized the power of storytelling to connect personal experiences with broader issues. Nicole Gaudiano, AFT director of media affairs and storytelling, highlighted the success of story banks in amplifying local stories nationally. The panelists also discussed strategies for effective media pitches, stressing the need for timeliness, human interest and making reporters' jobs easier.

Between plenaries, workshops covered topics such as artificial intelligence in healthcare, advancing health equity, workplace violence prevention, and immigration policy in healthcare settings. By the end of the conference, attendees were prepared to fight for better healthcare and a functional democracy.



Americans With Pain

An estimated



100 MILLION
people suffer from chronic pain (AAMP)

Headache



16.1%

suffer from headaches

- Among the most common pain complaint
- Headaches can be triggered by environmental factors (stress, noise, lighting, weather and odors)
- Headaches can also be triggered by diet (Nitrates, MSG, alcohol, caffeine, chocolate)

Back Pain



28.1%

suffer from back pain

- Back pain is the leading cause of disability in Americans under 45
- More than 2 million Americans between the ages of 20-64 experience frequent back pain
- Back pain is more common as you get older
- Poor physical illness and being overweight can also lead to back pain

Neck Pain



15.1%

suffer from neck pain

- Neck pain is a common condition and is more frequently seen in women than men
- Neck pain is usually caused by trauma, injury, stress, sleeping in unnatural position and prolonged computer use
- Neck pain can often lead to headaches

Knee Pain



19.5%

suffer from knee pain

- Common knee pain problems stem from the patella
- People often complain of dull achy pain of the knee made worse by running, squatting, jumping or walking up or down stairs
- Often knee pain is related to repetitive movement or direct trauma

≥ \$635
billion / year

Total annual cost of health care due to chronic pain

4.6
hours

Workers lose as average of 4.8 hours per week of productive time due to a pain condition

\$61.2
billion / year

Lost from loss of productive time from common painful conditions

Side Effects of Chronic Pain...



Depression



Trouble Concentrating



Inability to Sleep Well



Sources: American Academy of Pain Medicine (AAPM)
Created by Atlanta Medical Clinic | www.AtlantaMedicalClinic.com



SEPTEMBER IS PAIN AWARENESS MONTH

Pediatric Pain Fast Facts:

- © About 30% of children experience chronic pain
- © Pediatric pain is commonly undertreated and overlooked
- © Up to 5% of pediatric patients receive opioids more than 90 days after surgery
- © According to a recent survey, up to 36% of patients get their pain management from their primary care doctor, and reported finding comprehensive pain care difficult



Tips for Pediatric Pain Management:

- © Consider the use of multi-modal analgesia where appropriate including medications like:
 - * Acetaminophen, NSAIDs, muscle relaxants, topical agents (lidocaine, capsaicin), etc.
- © Opioids are important medications for the treatment of acute pain, however it is recommended to follow opioid best practices when prescribing:
 - * Discuss safety in the home, involvement in state prescription drug monitoring program, consider home naloxone prescription
- © A multidisciplinary treatment consisting of pain rehabilitation has been shown to have good outcomes:
 - * Includes physical and occupational therapy, psychological therapy, and integrative medicine
- © Consider the use of non-pharmacological treatments like massage, aromatherapy, & acupuncture

Resources for Pediatric Pain

- © SPPM Resource Website:

<https://pedspainmedicine.org/patients-and-families-useful-links/>

- © International Association for the Study of Pain-Special Interest Group on Pain in Childhood:

<https://childpain.org/index.php/resources/>

- © The Comfortability Website:

www.thecomfortability.com/



ECHO SPOTLIGHT

Pain and Opioid Management

Interview with Erinn Barnett, POM ECHO Coordinator

1. WHAT IS THE PROJECT ECHO PROGRAM?

The Center for Human Development (CHD) is a University Center for Excellence in Developmental Disabilities (UCEDD) housed within the University of Alaska Anchorage's College of Health. CHD's mission is to improve the quality of life for people with disabilities through interdisciplinary training, technical assistance, exemplary service development, applied research and dissemination of information. Its work is rooted in values like inclusion, self-determination, cultural sensitivity, and community-based support.

Project ECHO (Extension for Community Healthcare Outcomes) is a collaborative learning model that uses videoconferencing to connect community providers and stakeholders with specialists and subject matter experts to increase access to local, evidence-based, health services. Originating from the University of New Mexico, Project ECHO fosters knowledge sharing and mentorship through case-based learning and group discussion. At CHD, the ECHO framework supports ongoing education by elevating community and lived expertise alongside professional knowledge to improve health and disability outcomes across Alaska.

CHD's Project ECHO hosts multiple series on public health topics, one of the longest-running and most well-attended being our Pain and Opioid Management (POM) ECHO. This series supports Alaska's healthcare providers in strengthening their knowledge of evidence-based non-opioid interventions for pain management and focuses on interdisciplinary care strategies.

WHY POM ECHO?

Chronic pain affects an estimated 21% of adults in the U.S., with 8% living with high-impact chronic pain that interferes with daily life. Only 1 in 10 people with chronic pain fully recover. As Dr. Helene Langevin of the National Center for Complementary and Integrative Health (NCCIH) notes, "we have an urgent scientific imperative to expand

our tools to fight pain so we can restore many more to a pain-free life." While Alaska-specific prevalence data is limited, we know that many people across the state are struggling to manage chronic pain—often with limited access to the care and support they need.

With 586,412 square miles and only 20% of towns connected by road, Alaska's geography presents serious challenges to accessing and delivering care. The state's complex healthcare system—spanning tribal, military, regional, and community-based systems—adds another layer of navigation for both providers and patients. According to HRSA, 86% of Alaska's boroughs and census areas are considered Medically Underserved.

This is where the ECHO model becomes such a powerful tool. By using virtual platforms, we're able to connect providers across vast distances and systems to learn together, share resources, and build a network of care and support that might otherwise be out of reach.

2. CAN YOU SHARE ABOUT A TALK OR TWO THAT YOU'D LIKE TO HIGHLIGHT?

Absolutely! A standout from last year's series was our inaugural session featuring guest expert and pain psychologist Beth Darnall, PhD, director of the Stanford Pain Relief Innovations Lab who helped us explore behavioral approaches to pain management. Another session highlight was led by Christine Simko, ND, an Alaska-based provider and member of our core planning team. Dr. Simko presented on nutritional interventions for chronic pain, weaving in Alaska-specific foods, like local berries, and traditional dietary practices.

This is one of the things I value most about the ECHO model and space—we can draw from national and international subject matter experts while also benefiting from local expertise. That balance of broad, evidence-based knowledge and place-based, community-rooted wisdom is what makes the learning both credible and relevant. It isn't just one or the other—it's complementary.

And I think participants feel that, and benefit from it.

3. HOW PARTICIPATORY IS IT?

The space is designed to be participatory, but never pressured! People are welcome to join however works best for them. Some may choose to listen in; others engage actively in chat or discussion, or bring forward a case presentation for consideration and feedback by the group. We try to offer different ways to participate—this is part of our Center's ethos on disability and accessibility —through verbal sharing, polling, typing in chat, or submitting a case study or vignette for discussion.

The case-based learning component allows participants to bring forward real challenges or issues they're seeing in their work. The group then reflects together—sharing feedback, identifying barriers, surfacing what's worked elsewhere. That kind of multi-perspective, interdisciplinary problem-solving makes the conversation richer and helps translate sometimes abstract knowledge into something much more grounded.

And beyond the content itself, what people often say they appreciate most is the feeling that they're not alone in their work.

4. WHAT SETS PROJECT ECHO APART?

At its heart, Project ECHO builds a community of practice—one that includes providers, people with lived experience, and those rooted in community. It's not a one-way, top-down transfer of knowledge; it's about exchange, reflection, relationships and real-time problem-solving.

Each session includes a didactic presentation offering the latest evidence, updates, and tools—and case-based discussion that makes space to explore how that knowledge shows up (or falls short) in real-life contexts. Together, they support a more honest, applied, and effective approach to learning.

These sessions also provide a meaningful platform for feedback. Many of our ECHOs are run in partnership with the State of Alaska Department of Health, which means participants often have opportunities to speak directly to state program leads and representatives. That's not just informative—it's important for shaping systems that better reflect community needs.

But in my experience—the real magic happens after the session ends. The connections built in the ECHO space become bridges—people continue to collaborate, share, and problem-solve together long after our sessions conclude. What I've loved seeing is how an ECHO becomes a springboard for deeper work and more sustained learning across disciplines, systems, and communities.

5. FINAL THOUGHTS

When I think about the realities of living with chronic pain—especially in a place like Alaska, with its unique

barriers to access—there's no question to me that we need more pathways to connection, knowledge, and care. And we need those pathways to be rooted in empathy and equity.

There's so much stigma still surrounding pain—especially when it overlaps with substance use disorder. But people deserve care that honors their dignity and complexity. To me, the POM ECHO brings that intention vibrantly to life. It's a series that offers access to high-quality education, yes—but it's also one which builds a space where people can show up as whole humans. I think that people stay involved with our ECHO because it's useful. But they also stay because it feels human.

That's what makes it work, and (I hope) what makes it endure.

6. HOW CAN PEOPLE JOIN?

Our 2025 series has concluded, but the POM ECHO is anticipated to return January 2026 and will take place on the 2nd and 4th Mondays of the month from 12-1pm Alaska time.

People can access past sessions via the links I included below.

They can also register for the series to stay in touch and learn more about/register for other ECHO programs at akecho.org

Access previous series content and recordings: <https://chd.box.com/s/h3j4kfwznzwmddtaq2oul0e9j5wtoby06>

Access POM Series Youtube Video Playlist: https://www.youtube.com/watch?v=hHtLEulLm7g&list=PLrod5IWcln7DBwukU9C-PPMco_8tTatX2

Series Landing Page/registration link: <https://iecho.org/public/program/PRGM1695843940719RO8JMSZ8GS>

Series QR Code:



Erinn Barnett is a queer femme, gay divorcee, and proud auntie living on the unceded lands of the Dena'ina people. They believe in pleasure as both a personal practice and a political ethic—pleasure rooted in the belief that all people have the right to move through the world with joy, and with the dignity of embodiment, belonging, healing, interdependence, and self-determination.

ENHANCED RECOVERY AFTER SPINE SURGERY

A Systematic Review

By Mazin Elsarrag MS, Sauson Soldozy BA, Parantap Patel BS, Pedro Norat MD, Jennifer D. Sokolowski MD, PhD, Min S. Park MD, Petr Tvrdik PhD, and M. Yashar S. Kalani MD, PhD

OBJECTIVE

Enhanced recovery after surgery (ERAS) is a multidimensional approach to improving the care of surgical patients using subspecialty- and procedure-specific evidence-based protocols. The literature provides evidence of the benefits of ERAS implementation, which include expedited functional recovery, decreased postoperative morbidity, reduced costs, and improved subjective patient experience. Although extensively examined in other surgical areas, ERAS principles have been applied to spine surgery only in recent years. The authors examine studies investigating the application of ERAS programs to patients undergoing spine surgery.

METHODS

The authors conducted a systematic review of the PubMed and MEDLINE databases up to November 20, 2018.

RESULTS

Twenty full-text articles were included in the qualitative analysis. The majority of studies were retrospective reviews of nonrandomized data sets or qualitative investigations lacking formal control groups; there was 1 protocol for a future randomized controlled trial. Most studies demonstrated reduced lengths of stay and no increase in rates of readmissions or complications after introduction of an ERAS pathway.

CONCLUSIONS

These introductory studies demonstrate the potential of ERAS protocols, when applied to spine procedures, to reduce lengths of stay, accelerate return of function, minimize postoperative pain, and save costs.

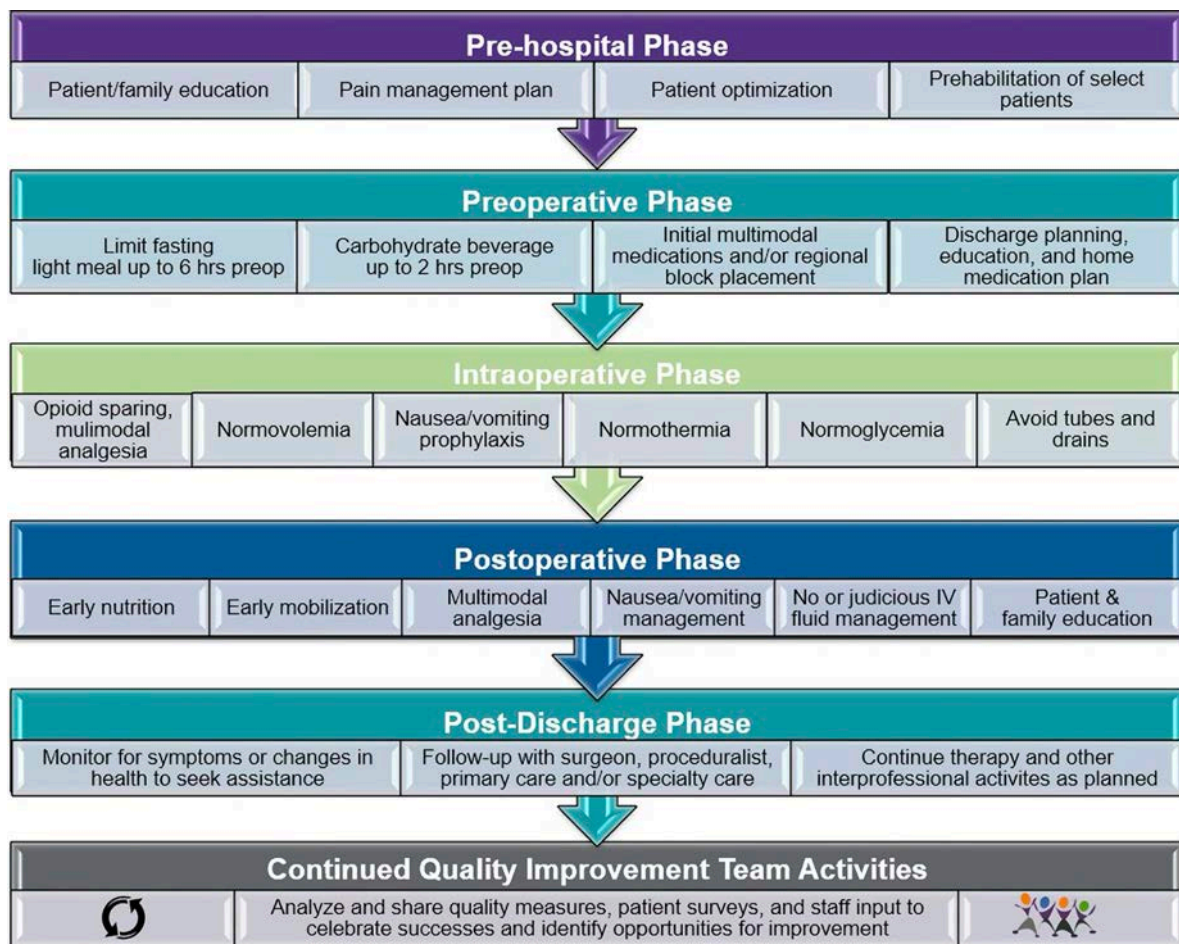
Enhanced recovery after surgery (ERAS) is a multidisciplinary, multimodal approach to improving surgical outcomes by using subspecialty- and procedure-

specific evidence-based protocols in the care of surgical patients.³³ Peer-reviewed ERAS protocols are available for various surgical disciplines and procedures. Despite technical differences in these protocols, a common motif is present: minimization and improvement of the stress response. The proposed rationale suggests that by maintaining homeostasis, untoward effects such as postoperative catabolism, pain, and immune dysfunction can be attenuated.^{25,32,47} Components and workflow of a typical ERAS pathway are demonstrated in Fig. 1.

Components and workflow of a typical ERAS pathway. Copyright American Association of Nurse Anesthetists. Published with permission.

Although Fearon et al.¹³ became the first to formalize such protocols, similar systematic approaches to perioperative care were espoused as early as the 1990s. Initially described as “fast-track surgery” designed to expedite recovery and decrease length of stay (LOS), ERAS has since evolved in both language and approach to focus on optimizing the perioperative experience of surgical patients.²⁵ To date, ERAS has been implemented in various surgical specialties.^{4,5,7,22,30,38,41,45,49,57} As the earliest discipline to implement ERAS, colorectal surgery offers a substantial body of literature supporting its benefits.¹⁰ For example, a meta-analysis of 16 randomized controlled trials (RCTs) of patients undergoing colorectal surgery found a significant reduction of overall morbidity and LOS with use of an ERAS protocol.²¹

From a healthcare management perspective, ERAS demonstrates financial benefits as well.²⁹ A meta-analysis of 10 RCTs consisting of patients undergoing noncolorectal abdominal surgery calculated a mean cost reduction of \$5109.10 ($p < 0.001$) in the ERAS versus control groups, which was attributed to the combined



effect of decreased LOS and no increase in postoperative readmission in ERAS groups.⁵¹ Furthermore, cost savings often surpass the initial ERAS implementation costs.^{28,29} Patients' positive experiences following an ERAS protocol also indicate subjective benefit.³¹ A study of 95 patients undergoing colorectal surgery observed an increased sense of readiness for discharge (41st to 99th percentile), satisfaction with pain control (43rd to 98th percentile), and likelihood of the patient recommending the hospital (32nd to 89th percentile) in the ERAS group compared to the control group.⁴⁸

Given the apparent benefits of ERAS programs in other surgical disciplines, it is not surprising that its implementation in spine surgery is becoming increasingly common. Wainwright et al.⁵² provided an excellent overview for recovery barriers in the postoperative period with regard to spine surgery, citing that spinal procedures are associated with high amounts of pain, slow return of function, and prolonged hospital stays, among other complications. Although they performed a wide literature review examining the adoption of ERAS protocols in spine surgery, the majority of studies identified at the time examined only individual components of ERAS pathways rather than comprehensive programs. Nonetheless, the evidence they reviewed indicated that ERAS principles would likely expedite return to function and minimize postoperative morbidity.

The aim of this systematic review was to identify and examine studies investigating the application of formal ERAS programs to patients undergoing spine surgery.

DISCUSSION

The majority of reviewed studies found that implementation of enhanced-recovery protocols in spine surgery was feasible and associated with a shorter LOS and accelerated return to function without increasing rates of complications or readmissions. This benefit was observed across several procedures and patient cohorts. Common elements seen in many enhanced-recovery pathways are the utilization of minimally invasive surgery when possible, use of multimodal analgesia, and early rehabilitation and enteral nutrition.

The use of minimally invasive approaches is increasingly common in spine surgery.²⁴ Several of the reviewed studies incorporated these techniques as part of their enhanced-recovery pathways. Numerous systematic reviews and meta-analyses^{18,34,39} have found minimally invasive spine surgeries to be associated with shorter LOS, while having comparable long-term outcomes. Nevertheless, surgical planning must consider other variables besides recovery time and ultimately is to be decided on a case-by-case basis.

Although several of the aforementioned ERAS protocols differed in the exact analgesic regimen,

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multimodal pain control was a common theme. In their article on perioperative principles related to complex spine surgery, Lamperti et al.²⁷ listed and reviewed evidence surrounding several nonopioid medications that may be utilized to decrease postoperative pain. Given the extensive side effect profile of opioid medications, the use of adjunct analgesics whenever possible is encouraged.

There is evidence that early oral intake after surgery is safe and may hasten return of bowel function and reduce the duration of hospitalization in other surgical disciplines.^{9,17,23,37,55} While evidence targeted specifically at spine surgery is lacking, acceleration of postoperative enteral nutrition was a cornerstone of many of the aforementioned enhanced-recovery programs and is routinely incorporated in ERAS pathways in other surgical fields.³³

The benefits of early mobilization following spine surgery and other procedures were reviewed by Epstein.¹² Many studies revealed reduced rates of infections and medical complications along with decreased average LOS after instituting early-mobilization protocols. In addition to hastening a return to baseline level of function, accelerated ambulation and rehabilitation also serve to emphasize the patient's role in recovery.

The majority of studies we found examined the benefits of ERAS for degenerative disease and stenosis of the lumbar spine. While these are certainly among the most commonly encountered pathologies, we especially note a lack of investigations addressing adults undergoing reconstruction for spinal deformity and degenerative scoliosis. This is an important area of further research given the rising frequency of and tremendous costs associated with correction of adult spinal deformity.⁵⁸

Lastly, no studies addressed intradural lesions of the spinal cord itself; these surgeries may also be amenable to the application of enhanced-recovery principles.

Despite the increasing rates of spine procedures,²⁶ standardized criteria for perioperative management for specific surgeries are lacking. This variation in practice may be a cause of extended hospitalizations in patients undergoing lumbar and cervical spine surgeries.^{1,2} Given their nature as evidence-based platforms intended to streamline care and reduce waste, enhanced-recovery strategies enforce the use of standardized principles to minimize variations in practice among surgical teams. Enforcing consistency of postoperative care may underlie some of the benefit imparted by the adoption of ERAS programs.

There are limitations to the reviewed data and our study that should be noted. As there is no technical definition for an ERAS protocol, there is a risk of bias at the reporting level when deciding which studies to include. A quantitative synthesis was not performed due to heterogeneity in the reviewed studies with regard to design, populations, procedures, methods, and outcomes. Not all studies had formal control groups. Some outcomes, such as pain control and cost, were not reported across all studies. We therefore focused on outcomes that were most likely to be consistently reported. Lastly, many studies compared rates of complications between intervention and control groups; however, the exact definition of this outcome varied among studies.

Full article available at <https://thejns.org/focus/view/journals/neurosurg-focus/46/4/article-pE3.xml>

REWIRING PAIN WITH SCRAMBLER THERAPY | LINE ONE

A new FDA-approved process called scrambler therapy retrains how the brain processes pain in a non-invasive way.

Chronic neuropathic pain, often described as burning, shooting, or unrelenting, affects nearly 10% of Americans and can be tough to treat without drugs or surgery. A relatively new FDA-approved process called scrambler therapy retrains how the brain processes pain in a non-invasive way. On this Line One, host Dr. Jillian Woodruff and her guest discuss scrambler therapy and the changing field of how we manage pain.



Chronic Pain and PTSD

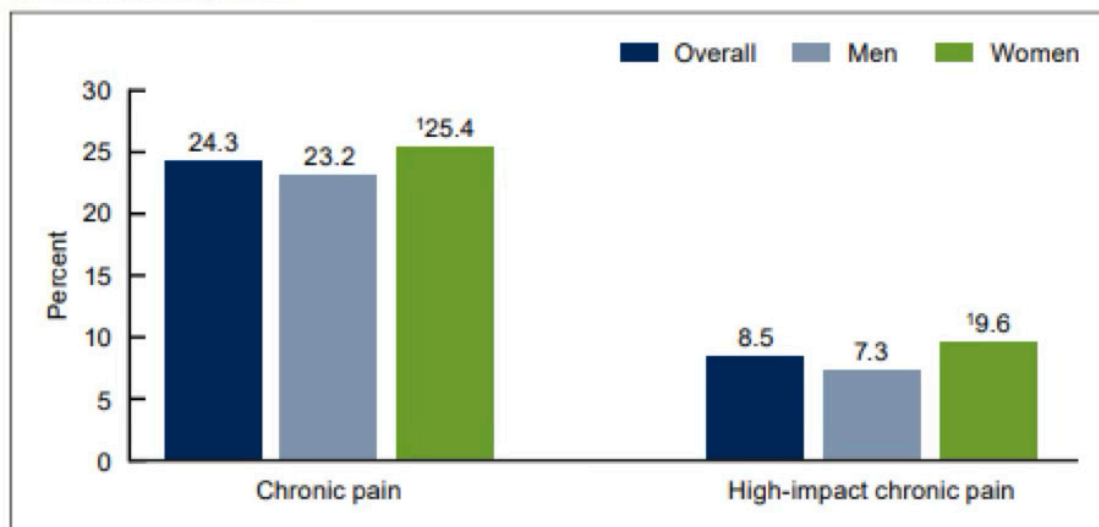
By Nelly Ayala, MSN, RN, PMHNP-BC

Why do we care about chronic pain?

Chronic pain is a common problem affecting approximately 1 in 5 adults within the United States (Duca et al., 2023). Chronic pain is a type of pain present most days, affecting an individual's ability to function, not showing much improvement in severity and persisting for at least 3 months (Aaron et al., 2025).

Chronic pain is one of the most common reasons people visit a health care professional. It is also one of the main reasons for opioid misuse, lower quality of care, and behavioral health comorbidities (Lucas & Sohi, 2024). Approximately forty percent of individuals with chronic pain are also affected by behavioral health conditions, such as; depression, anxiety, and post-traumatic stress disorder. This leads us to believe that individuals with adverse life experiences and psychological distress are at higher risk of developing chronic pain (Aaron et al., 2025).

Figure 1. Percentage of adults age 18 and older with chronic pain and high-impact chronic pain in the past 3 months, overall and by sex: United States, 2023



¹Significantly different from men ($p < 0.05$).

NOTES: Chronic pain is based on responses of "most days" or "every day" to the survey question, "In the past 3 months, how often did you have pain? Would you say never, some days, most days, or every day?" High-impact chronic pain is defined as adults who have chronic pain and who responded "most days" or "every day" to the survey question, "Over the past 3 months, how often did your pain limit your life or work activities? Would you say never, some days, most days, or every day?" Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2023.

Is there a relationship between chronic pain and PTSD?

New research demonstrates a distinct relationship between chronic pain and post-traumatic stress disorder (PTSD) (Karimov-Zwenenberg et al., 2024). We know neural pathways, which are important for the processing of various sensations including pain, may be affected by "severe chronic traumatization" (Kearney & Lanius, 2022).

A person's childhood can affect a person's ability to function within society. How does this happen? Let's go back and think about a key period in development: childhood. What would happen if a child was often neglected or exposed to physical abuse? Biology demonstrates these situations can often lead to hyperactivated regions in the brain. Over time, this could alter the neurobiology in that child's brain, thus making them more vulnerable to the development of some type of disorder, most often a somatoform disorder, PTSD, or problems with pain regulation (Kearney & Lanius, 2022).

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Figure 5

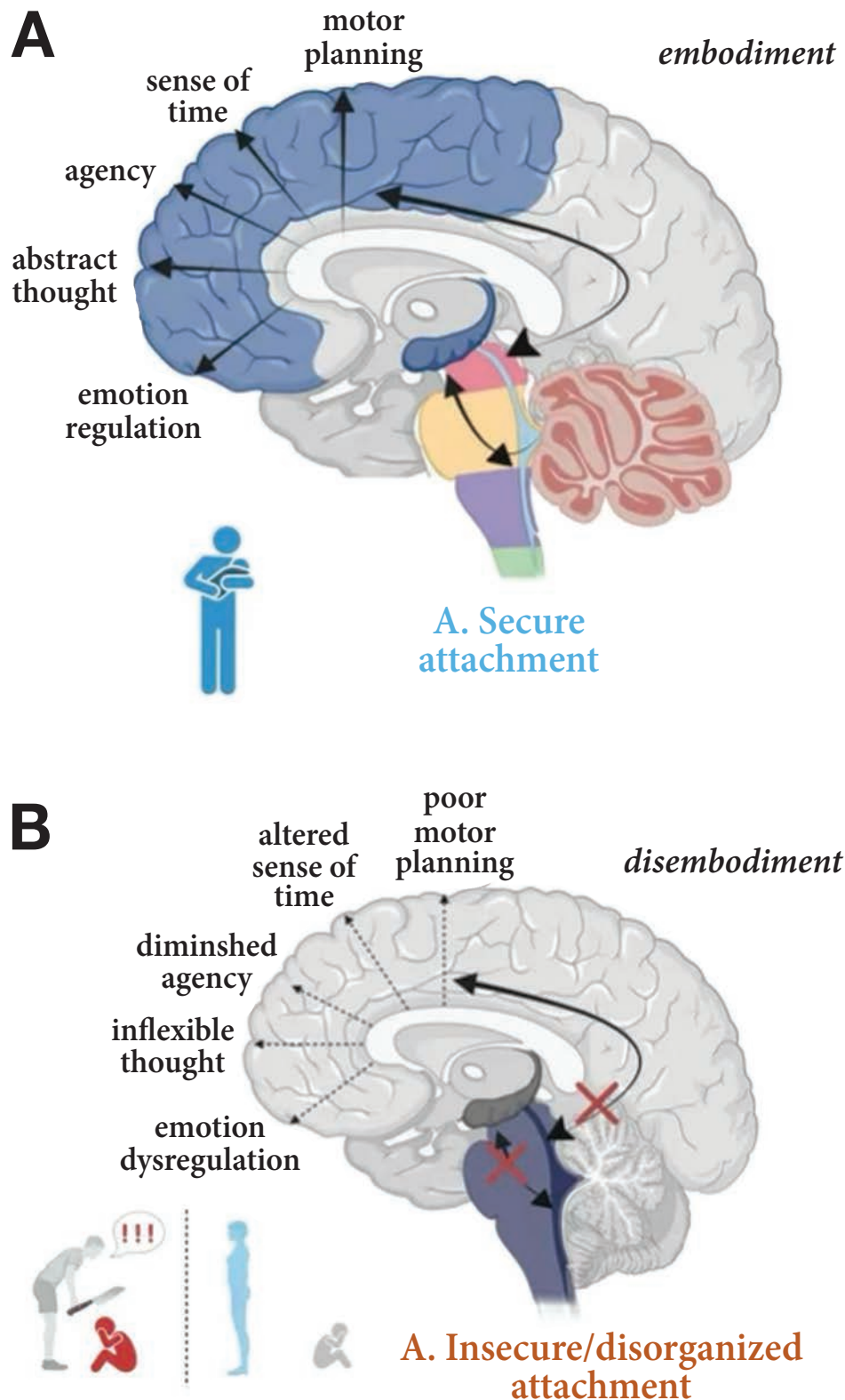


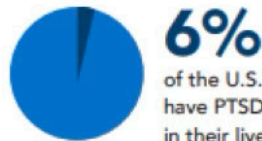
Figure 5. (A, B) Good versus poor somatic sensory integration during development with a secure versus insecure attachment figure, respectively.

(A) Healthy brainstem level multisensory integration as a result of attuned, nurturing, somatic sensory-rich caregiving provides the foundation for higher-order limbic and cortical capacities.

(B) An overwhelmed or malnourished brainstem due to abusive or neglectful caregiving. The child does not receive comforting touch or attuned rhythmical movement with a safe affective caregiver. Somatic sensory experiences are paired with unsafe or insecure attachment relationships, which has cascading aversive effects on higher-order limbic and cortical capacities.

WHAT IS PTSD?

Posttraumatic stress disorder, or PTSD, is a mental health concern that some people develop after they see or experience a traumatic event.



What it's like to have PTSD may be different for everyone. There are four types of PTSD symptoms.



Reliving or re-experiencing the event

- Nightmares
- Flashbacks
- Triggers



Hyperarousal or being on guard

- Being jittery or overly alert
- Difficulty sleeping or concentrating
- Feeling angry or irritable



Avoidance

- Avoiding Crowds
- Avoiding certain smells, sights, or sounds
- Avoiding talking or thinking about the event



Negative changes in beliefs and feelings

- Losing interest in things you used to enjoy
- Feeling guilty or ashamed
- Unable to trust others



Do you have PTSD Symptoms?

- Answer 5 questions to see if your thoughts and feelings are related to PTSD: www.ptsd.va.gov/screen
- Learn about and compare effective treatment options using the PTSD Treatment Decision Aid: www.ptsd.va.gov/decisionaid
- Explore the National Center for PTSD website for information, videos, and tools to help manage PTSD: www.ptsd.va.gov



VA



U.S. Department of Veterans Affairs

PTSD is a condition consisting of symptoms such as flashbacks, hypervigilance and avoidance, that may occur after witnessing or experiencing a traumatic event (Karimov-Zwenenberg et al., 2024). The direct relationship between PTSD and pain is uncertain, as is how each disorder affects the other. Research has not been conducted to identify if they have a direct effect/causal

relationship. However, we do know that understanding the patient's behavioral health symptoms can directly affect the efficacy of pain treatment (Karimov-Zwenenberg et al., 2024). Also, trauma type may affect pain thresholds (Akerblom et al., 2023).

PTSD is often seen amongst people who suffer from chronic pain and vice versa (Akerblom et al., 2023). The

CONTINUED ON PAGE 22

prevalence of PTSD is up to 57% amongst individuals with chronic pain (Karimov-Zwenenberg et al., 2024). Highest rates of comorbidity are found amongst refugees, noted to be up to 87% (Akerblom et al., 2023), and 50% amongst veterans (Manhapa, 2025). The disabilities resulting from PTSD and chronic pain as well as the possibility of other comorbidities may lead to a treatment resistant condition and further disable the patient.

What can we do?


- Be aware that chronic pain may be caused by nociplastic factors (real but non-physical factors) (Manhapa, 2025)
- Keep in mind that remission of a mental health issue can impact the patient's pain severity (Manhapa, 2025)
- Chronic pain is a multitude of symptoms constantly evolving with the patient's biopsychosocial factors (affect, mood, cognition, sleep, fatigue, appetite, libido, isolation, limitations, etc.) (Manhapa, 2025)
- Help the patient identify and manage the biopsychosocial factors that are preventing them recover from pain (Manhapa, 2025)

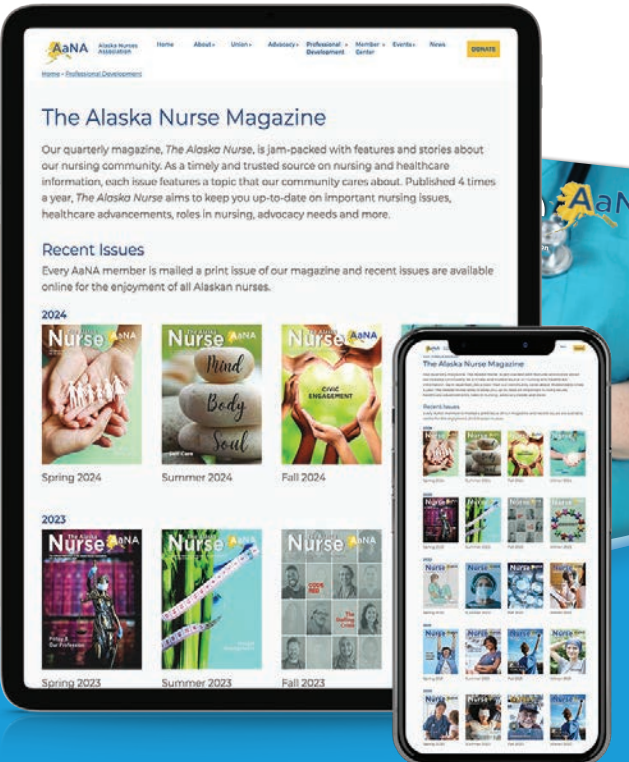
What types of non-pharmacological types of treatment are available for chronic pain?

Cognitive behavioral therapy or CBT based programs addressing chronic pain have proved to be effective in reducing some types of pain (Debar et al., 2025). Some of these types of CBT programs are available on-line, they are:

- Pain Trainer 8 week program, available online and free of charge at <https://mypaintrainer.org>
- Health coach programs that can help with pain as well as other chronic illnesses, in the state of Alaska, they are available via: https://health.alaska.gov/media/tfeb1vir/freshstart_poster_wa-2025.pdf
- There is also a resource guide that you can use with your therapist/provider to help guide your treatment plan and include other ways to manage your pain: <https://painnews.stanford.edu/news/2024-acpa-stanford-resource-guide-chronic-pain-management-comprehensive-free-resource-people>.

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AaNA Calendar of EVENTS

Upcoming Events

Nursing Narratives

- October 8 – 6:30 PM
- Bear Tooth Theatrepub
- Tickets go on sale September 9

2025 Trending Topics in Nursing Conference

- October 16 & 17
- BP Energy Center, Anchorage
- Register today at aanaconference.org

2025 AaNA General Assembly

- October 17 at 1 PM
- BP Energy Center, Anchorage

Holiday Helping Hands

- Program offering holiday assistance to AaNA families in need
- Look for opportunity to donate or nominate a nurse in early November!

Recurring Events

Tuesday Talks

- Free CE opportunity
- Held on the 3rd Tuesday of the month at 6 PM via Zoom
- No Tuesday Talks in October or December
- Upcoming dates:
 - September 16 – Topic TBD
 - November 18 – Corrections Nursing
- Point of contact: Emlynne Villanos, CE nurse planner, emlynne@aknurse.org

Book Club

- Free CE opportunity
- Usually held every other month (group vote determines next meeting date)
- Next event will be in October – date and book TBD
 - Interested in joining book club?Email krista@aknurse.org
- Point of contact: Krista Kandrick, CE nurse planner, krista@aknurse.org

Board of Directors

- Email geri@aknurse.org if interested in attending meeting in fall
- 4th Wednesday of the month at 4:30pm

Labor Council

- 4th Thursday of the month at 4:30pm

- Email geri@aknurse.org if interested in attending meeting in fall

Providence Registered Nurses Bargaining Unit Meeting

- Held on 3rd Thursday of each month at 4 PM
- Email invites sent to members each month

Ketchikan Registered Nurses Bargaining Unit Meeting

- Held on 1st Thursday of each month at 5:30 PM
- Text invites sent to members each month

RNs United (Central Peninsula General Hospital) Bargaining Unit meeting

- Next meeting October 8 Denali Room-CPGH 4:30-6:30PM

Upcoming Events

AaNA Board & Labor Council General Elections

- Happening August-September 2025
- Notice & online voting access will be mailed to all members

AaNA Lift the Cap Vote

- Happening August-September 2025
- Ballot will be mailed to all union members

Providence Registered Nurses Nominations & General Election

- Happening November-December 2025
- Call for nominations will be emailed to all members
- Election notice & online voting access will be mailed to all union members

RNs United CPH Nominations & General Election

- Happening November-December 2025
- Call for nominations will be emailed to all members
- Notice & online voting access will be mailed to all members

Visit www.aknurse.org/events for frequent updates and information on AaNA events and local continuing education opportunities.

Want to list your event in The Alaska Nurse Calendar of Events and at www.aknurse.org. Send information to editor@aknurse.org

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