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ASIAN

HEALTH REVIEW

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








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FROM THE BOARD MEMBERS

A Significant Milestone for the Asian Community Health Coalition – the Grand Opening of the New Facility

Greeting from the Board of Directors! In this issue, we are happily to announce that, finally, we have a new home – and the new home is right in the heart of the Asian American community in downtown Philadelphia. We are so proud of this accomplishment and it has been a long journey from where we started to where we are today. What does this new facility mean to the Board, the organization, and the Asian American community at large? This is another beginning and a new way for the Asian Community Health Coalition (ACHC) to continue its mission of ensuring equity of health care for Asian Americans by working to eliminate health disparities. With this new facility, ACHC will be the center point to transfer beneficial scientific findings of community-based participatory research to the community at large. With its academic and research partner, the Center for Asian Health, the grand opening of this new facility has completed the circle of scientific research, outcome findings, research theories testing, and service delivery to Asian American communities.

As we look forward to using our new facility and reflect on our accomplishments of the past 10 years, we are excited about the new great things we can do and the important new services we can provide to the Asian American community. We also recognize the challenges ahead of us and know we must continue to work to - fulfill our mission. However, we made it happened, and we are ready to take on more challenges in order to achieve the ultimate goal: to eliminate health disparities among Asian American communities.

Warm Regards,
Board of Directors
Asian Community Health Coalition



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CONTENTS

HEALTH NEWS AT A GLANCE	3
◆ Health benefits of cranberries	
◆ What calcium rich foods are beneficial for osteoporosis?	
HEALTH EDUCATION CORNER	4
◆ Colorectal cancer	
◆ Osteoporosis	
COMMUNITY NOTEWORTHY EVENTS	7
◆ HepB free in Philadelphia	
◆ Osteoporosis education and screening event	
◆ Focus group training webinar	
◆ Summer Health Research Camp for high school students	
MY STORIES	11
◆ A story about a Chinese woman with cervical cancer	
WHAT'S NEW?	13
◆ ACHC grand opening ceremony	
◆ ACHC routine screening day	
◆ New staff---Candy Chou	
HEALTHY LIVING	15
◆ Calcium: Shopping list	



HEALTH NEWS AT A GLANCE

HEALTH BENEFITS OF CRANBERRY?

During the fall and winter, people often eat more cranberry sauce. But what are the health benefits of eating cranberry? Cranberries are often cited among the top foods with proven health benefits. Cranberries are full of antioxidants and many researches have shown positive effects of cranberry juice on the prevention of heart disease, yeast infections and other conditions. Cranberries have also been found to protect against cancer, stroke, and viral infections. Research has also found that drinking cranberry juice can prevent urinary tract infection; can reduce plaque formation on teeth; and can help kill bacteria which can cause stomach cancer and ulcers. Some preliminary research also shows that cranberry juice may increase the levels of good cholesterol and reduce the levels of bad cholesterol. Evidence also suggests that cranberries may help prevent tumors from growing rapidly or starting in the first place.

WHAT ARE CALCIUM RICH FOODS FOR OSTEOPOROSIS?

The recommended daily intake of calcium for adults is 1,000 mg per day, but research shows the average American adult is only getting about 600 mg of calcium per day from their food. If you avoid dairy, it is almost impossible to get adequate calcium in your diet.

Try to include as many foods rich in calcium in your diet as possible to help prevent osteoporosis. Below is a chart of foods high in calcium.

Food with Calcium	Serving size	Calcium per serving (mg)*
<i>Dairy products</i>		
Milk	1 cup	290-300
Swiss cheese	1 oz (slice)	250-270
Yogurt	1 cup	240-400
American cheese	1 oz (slice)	165-200
Ice cream or frozen dessert	1/2 cup	90-100
Cottage cheese	1/2 cup	80-100
Parmesan cheese	1 Tbs	70
Powdered nonfat milk	1 tsp	50
<i>Other</i>		
Sardines in oil (with bones)	3 oz	370
Canned salmon (with bones)	3 oz	170-210
Broccoli	1 cup	160-180
Soybean curd (tofu)	4 oz	145-155
Turnip greens	1/2 cup, cooked	100-125
Kale	1/2 cup, cooked	90-100
Corn bread	2 1/2-in. square	80-90
Egg	1 medium	55
Calcium-fortified food (bread, cereals, fruit juices)	1 serving	Varies

COLORECTAL CANCER

What is colorectal cancer?

Colorectal cancer, commonly known as bowel cancer, is a cancer caused by uncontrolled cell growth in the colon, rectum, or vermiform appendix. Colorectal cancer starts in the lining of the bowel. If left untreated, it can grow into the muscle layer underneath the bowel, and then through the bowel wall. Most of the cancer cells start as a small growth on the bowel wall – a colorectal polyp or adenoma (benign tumor). These mushroom-shaped growths are usually benign, but some can, over time, grow into cancer cells. If left untreated, the cancer can spread to regional lymph nodes and eventually spread widely around the body, which is usually not curable.

The incidence (new cases) of colorectal cancer varies greatly between different regions of the world. Much of this variation is attributed to differences in diet, lifestyle, or environmental factors (particularly the consumption of red and processed meat, fiber, and alcohol), body weight, and physical activity levels. The incidence of colorectal cancer is often higher for “westernized” countries and lower elsewhere. Studies have shown that Japanese, Chinese, and Filipino people who were born in Asia and later migrated to the United States have a higher risk of colorectal cancer than those who stay in Asia.

Asian Americans and Colorectal Cancer

Among Asian Americans, colorectal cancer is the second most commonly diagnosed cancer, and it is the third highest cause of cancer-related mortality. This can be explained by the fact that Asian Americans are often less likely to undergo screening if they are older, male, less educated, recent immigrants, poor, or uninsured. Asian American populations, especially Koreans and Filipinos, are under-screened for colorectal cancer. Recommendations for improving the colorectal cancer screening rate include increasing outreach efforts focusing on helping Asian Americans to understand the importance of colorectal cancer screening and providing accurate information in

Signs and Symptoms

Colorectal cancer often takes many years to develop and early detection of colorectal cancer greatly improves the chances of a cure. Colorectal cancer can be present without any symptoms at all. Screening is essential because it can help find cancer early when it is still curable. Common signs and symptoms of colorectal cancer include:

- ♣ A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool that lasts for more than a few days.
- ♣ A feeling that you need to have bowel movement that doesn't go away after doing so.
- ♣ Rectal bleeding, dark stools, or blood in the stool.
- ♣ Cramping or stomach pain.
- ♣ Weakness and tiredness.

These signs and symptoms may be caused by something other than colorectal cancer. However, if you have any of these signs or symptoms, it is very important to see your doctor right away; so if it is cancer, it can be treated early.

What are some factors that may put you at risk for developing colorectal cancer?

In general, the lifetime risk of developing colorectal cancer in the United States is about 7%. There are certain factors that may increase your risk of developing cancer. Some important factors include:

Age

The risk of developing colorectal cancer increases with age. More than 90% of colorectal cancer cases are diagnosed in people aged 50 years and older. It is uncommon for cases to be diagnosed before age 50 unless a family history of early colorectal cancer is present.

Personal or family history of colorectal cancer

People who have previously been diagnosed and treated for colorectal cancer are at risk for developing colorectal cancer again in the future. Women who have had cancer of the ovaries, uterus, or breast are at higher risk of developing colorectal cancer.

People whose close relatives (parents, siblings, or children) have had colorectal cancer are somewhat more likely to develop colorectal cancer themselves, especially if their close relative's colorectal cancer was diagnosed at a younger age. The risk of getting colorectal cancer increases even more if multiple family members have had colorectal cancer.

Polyps of the colon

Adenomatous (benign) polyps are a risk factor for colorectal cancer.

Smoking

Smokers are more likely to die of colorectal cancer than nonsmokers. An American Cancer Society study found that women who smoked were more than 40% more likely to die from colorectal cancer than women who never smoked. Men who smoked had a more than a 30% increase in the risk of dying from the disease compared with men who never smoked.

Diet

Studies show that a diet high in red meat and low in fresh fruit, vegetables, poultry, and fish increases the risk of colorectal cancer.

Physical inactivity

People who are physically active are at lower risk of developing colorectal cancer.

Environmental factors

People who live in industrialized countries are at a relatively increased risk compared with those that live in less developed countries, especially those where, traditionally, a high-fiber/low-fat diet was more common.

How is colorectal cancer diagnosed?

Most people with early colorectal cancer don't have symptoms. Symptoms usually appear with more advanced disease. Below is a summarized list of tests that doctors used to find polyps and cancers.

Tests that mainly find polyps and cancer

Tests	How often does the test need to be done?
Colonoscopy	Every 10 years
Flexible sigmoidoscopy	Every 5 years
Double contrast barium enema	Every 5 years
Virtual colonoscopy	Every 5 years

Tests that mainly find cancer

Tests	How often does the test need to be done?
Fecal occult blood test (FOBT)	Every year
Fecal immunochemical test (FIT)	Every year
Fecal stool DNA test (sDNA)	Interval uncertain

HEALTH EDUCATION CORNER

OSTEOPOROSIS (THIN BONES)

What is osteoporosis?

Osteoporosis is a disease of bones that causes thinning of bone tissues and losses of bone density over time, and leads to an increased risk of fracture. Osteoporosis happens when the body fails to form enough new bone and/or when too much old bone is reabsorbed by the body.

For individuals who have osteoporosis, the bone mineral density (BMD) is reduced (not as hard as healthy bones), the bone structure is deteriorating, and the amount and variety of proteins in bone is changed. Calcium and phosphate are two minerals that are essential for normal bone formation. Throughout youth, your body uses these minerals to produce bones. If you do not get enough calcium, or if your body does not absorb enough calcium from the diet, bone production and bone tissues may suffer.

As you age, calcium and phosphate may be reabsorbed back into the body from the bones, which makes the bone tissue weaker. This can result in brittle, fragile bones that are more prone to fractures, even without injury. Usually, the loss of bone density occurs gradually over years. Many times, a person will have a fracture before becoming aware that the disease is present. By the time a fracture occurs, the disease is in its advanced stages and damage is severe.

Osteoporosis is most common in women after menopause and is particularly more common among people aged 75 years and older. The ratio of females to males in terms of developing osteoporosis is about 2 to 1.

Another type of osteoporosis is not linked with age and can happen at any age. This form of osteoporosis results from chronic predisposing medical problems or disease, or prolonged use of medications, such as glucocorticoids. This form of the disease is also called steroid- or glucocorticoid-induced osteoporosis.

The risks of developing osteoporosis can be reduced with lifestyle changes and sometimes medication. For people with osteoporosis, treatment may involve both methods. Lifestyle change includes diet and exercise, and making efforts to prevent falls. Medication includes the intake of calcium, vitamin D, bisphosphonates, and several others.

continue page 5

What can you do to prevent colorectal cancer?

Most colorectal cancer should be preventable, through screening and improving lifestyle. Colorectal cancer begins with a growth (a polyp), which is not a cancer yet. Testing can help your doctor tell whether there is a problem; some tests can find polyps before they become cancer. Most people who have polyps removed never get colorectal cancer. Through testing, if colorectal cancer is found, you have a good chance of treating it if it is found early.

The following are factors that will help your doctor to determine when, how often and what test you should have:

Your risk of getting colorectal cancer: average, increased, or high risk.

If you are at increased or high risk, the type of test used and how often it is done will further depend on whether you have had polyps, cancer, or certain other diseases, as well as aspects of your family history.

In general, both men and women at average risk of colorectal cancer should begin screening tests at age 50. But you should talk with your doctor about your own health and your family history so that you can choose the best screening plan for you.

Signs and Symptoms

Osteoporosis has no specific symptoms, particularly in the early stage. Its main consequences include the increased risk of bone fractures (broken bones). Osteoporosis fractures are those that happen in situations where healthy people would not normally break a bone. Typical fragility fractures happen in the vertebral column, rib, hip, and wrist. Symptoms occurring late in the disease include:

1. Bone pain or tenderness
2. Fractures with little or no trauma
3. Loss of height (as much as 6 inches) over time
4. Low back pain due to fractures of the spinal bones
5. Neck pain due to fractures of the spinal bones
6. Stooped posture or kyphosis, also called a "dowager's hump"

HEALTH EDUCATION CORNER

What are the risk factors of developing Osteoporosis?

Risk factors for developing osteoporosis can be broken down by: (1) non-modifiable (can not be changed) and (2) potentially modifiable (can be changed). In addition, there are specific diseases and disorders in which osteoporosis is a recognized complication. Osteoporosis causing by medication is considered changeable, but in some cases, the use of medication that increases osteoporosis risk is unavoidable.

Non-Modifiable

- Advanced age in both men and women
- Among females, estrogen deficiency following menopause
- Ancestry: people of European or Asian descent are at an increased risk of developing osteoporosis
- People with a family history of fracture or osteoporosis are at an increased risk of developing osteoporosis

Potentially Modifiable

- **Drinking too much alcohol**—Chronic heavy drinking (alcohol intake greater than 3 units/day) may increase fracture risk.
- **Vitamin D deficiency** - Mild vitamin D insufficiency is associated with increased Parathyroid Hormone (PTH) production (PTH increases bone desorption, leading to bone loss).
- **Tobacco smoking** - Many studies have found an association between smoking and decreased bone health, but the mechanisms are unclear.
- **Malnutrition** - Nutrition has an important and complex role in maintenance of good bone health. Identified risk factors include: low dietary calcium and/or phosphorus, magnesium, zinc, boron, iron, fluoride, copper, and vitamins A, K, E, and C.
- **High protein diet** - Research has found an association between diets high in animal protein and increased urinary calcium.
- **Underweight/inactive** - In adults, physical activity helps maintain bone mass; on the other hand, physical inactivity can lead to significant bone loss.
- **Soft drinks** - some studies indicated that soft drinks (many of which contain phosphoric acid) may increase the risk of osteoporosis.

What are my treatment options if I have osteoporosis and what can I do to manage it?

There are several different treatments for osteoporosis, including lifestyle changes and a variety of medications. The goals of osteoporosis treatment are to control pain from the disease, slow down or stop bone loss, prevent bone fractures with medicines that strengthen bone, and minimize the risk of falls that might cause fractures. In addition to medication treatment, the following recommendations are important to help a person managing his/her osteoporosis: **regular exercise, proper diet, lifestyle change, and prevent falls.**

Regular exercise can reduce the likelihood of bone fractures in people with osteoporosis. Some of the recommended exercises include:

- ♣ Weight-bearing exercises—walking, jogging, playing tennis, or dancing
- ♣ Resistance exercise - free weights, weight machines, or stretch bands
- ♣ Balance exercises - tai-chi, or yoga
- ♣ Riding a stationary bicycle
- ♣ Using rowing machines

Avoid any exercise that presents a risk of falling, or high-impact exercises that may cause fractures.

Proper diet can improve the health of bones. People should get at least 1,200 milligrams per day of calcium and 800-1,000 international units of vitamin D3. Vitamin D helps your body to absorb calcium. Follow a diet that provides the proper amount of calcium, vitamin D, and protein. While this will not completely stop bone loss, it will guarantee that a supply of the essential materials the body uses to form and maintain bones is available. There are foods containing high calcium, including cheese, ice cream, leafy green vegetables (such as spinach and collard greens), low-fat milk, salmon, sardines (with bones), tofu, and yogurt.

Lifestyle change can also help to improve your bone health. Quitting smoking, if you smoke, and limiting alcohol intake can be beneficial. Too much alcohol can damage your bones, as well as put you at risk for falling and breaking a bone.

For individuals with osteoporosis, it is critical to prevent falls. Avoid sedating medications and remove household hazards to reduce the risk of fractures. Make sure your vision is good. Other ways to prevent falling include: avoiding walking alone on icy days, using bars in the bathtub when needed, and wearing well-fitting shoes.

COMMUNITY NOTEWORTHY EVENTS

HepB Free in Philadelphia



*Hep B Free Philadelphia, Albert Einstein Hospital
(photo by Meiling Pan)*



*Hep B Free Philadelphia, Hahnemann Hospital
(photo by Mei Zhao)*



*ACHC staff guides participants fill out the forms
(photo by Mei Zhao)*

*Volunteers help participants register screening
(photo by Mei Zhao)*

Oct 22nd, 2011, the Center for Asian Health (CAH) and the Asian Community Health Coalition (ACHC) joined Hep B Free Philadelphia with the Hep B Foundation. Hep B Free Philadelphia is a citywide, community-owned education campaign launched to increase testing and vaccination in the fight against hepatitis B and liver cancer caused by the virus. Raising public awareness, involving community stakeholders, and coordinating city services and resources will make an enormous impact in addressing this serious public health threat. Four hospitals in Philadelphia supported this event. More than 200 participants attended and received blood screening on that day. CAH and ACHC staff will follow up with those individuals who received blood testing for either vaccination or referral to care.



*CAH staff explains the related forms to participant
(photo by Mei Zhao)*



Osteoporosis education and screening event

On October 30th, 2011, an educational workshop and screening event focused on osteoporosis prevention in Chinese American women was held by the Center for Asian Health (CAH) at FHL Chinese Church, located in Havertown, PA. During the event, staff provided osteoporosis disease assessment and educational information to participants. Results of pre-educational assessment indicated that knowledge about the cause of osteoporosis among participants was poor. However, after the educational session, the post-educational assessment showed that participants' knowledge and awareness about the disease improved significantly. Twenty three participants did the bone mineral density (BMD) screening after the education, and the results indicated that two of the participants had disease symptom; these two participants were advised to follow up with their doctors.



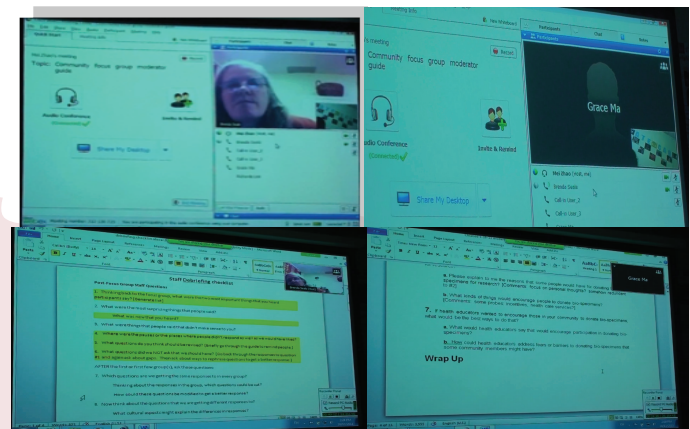
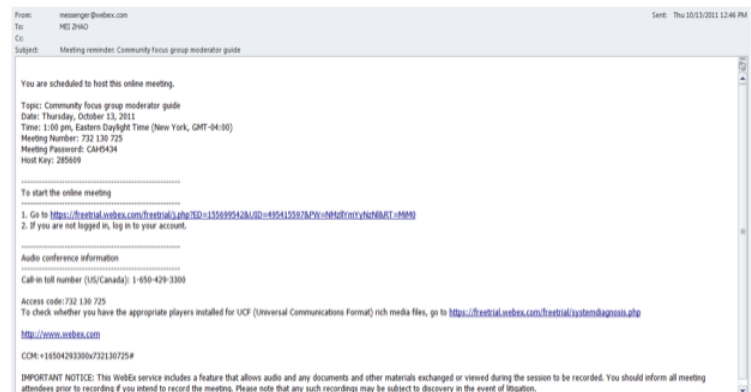
Osteoporosis education



Explaining the screening result to participant

Focus group training webinar

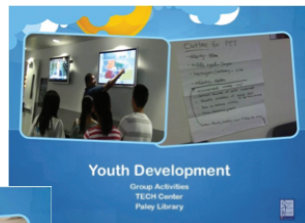
On October 13, 2011, the Center for Asian Health held a community focus group moderator guide training Webinar. This was the first time that CAH used the new technology to deliver group moderator training. Dr. Brenda Seals, presenter, delivered the training via the Internet while she was in Denver. During the webinar, Dr. Seals presented the techniques of how to lead a successful focus group discussion, skills of group facilitation, and focuses of staff debriefing discussion. Eight community focus group meetings are scheduled to launch by the end of 2011 in Pennsylvania, New Jersey, and New York City.



COMMUNITY NOTEWORTHY EVENTS

Summer Health Research Camp for High School Student

In the summer of 2011, the Center for Asian Health (CAH) launched the first Youth Research Camp. The camp was focused on public health research and public health campaigns. Several high school students who are interested in health-related research participated in the camp. The theme of the 2011 Youth Research Summer Camp was “less salt, healthier life.” The camp was designed to enable high school students to work directly with public health researchers and community health professional to gain community-health education and to promote experience and develop research skills. Through the camp activities and engagement, the campers develop their recommendations of salt reduction strategies and public campaign messages through the use of a self-designed poster.



The research activities in this summer camp consisted of the following five major focuses: (1) To understand health disparities in Asian Americans and other minority populations in the United States; (2) To review literature about salt intake and reduced physical activity in the United States and other developed countries; (3) To develop recommendations of salt reduction strategies; (4) To develop public campaign messages through the use of a self-designed poster; and (5) To direct interactions with scientists and doctors through sites visits and tours in basic medical science laboratory at Temple University School of Medicine, Temple University Hospital, Community Health Center, Temple University Library, and Temple University Technical Center.

Feedback from campers was gathered using a self-completion questionnaire filled in by the students at the end of the camp. The students indicated that they had learned a lot during the summer camp and expressed their interest in future research activity engagements. An incredible achievement of the camp experiences to the campers was their commitment of advocating for salt reduction in their community.



Do you want to let more people know your event(s)?

We can provide this space for your community health events, sharing your experiences of promoting health in Asian American communities.

Please send photos and simple descriptions to AHR@comcast.net. When you send it, please write 'COMMUNITY NOTEWORTHY EVENTS' in e-mail's subject line. Community noteworthy events will be selected by the editorial board for this column.

MY STORIES

A Testimony of How Cancer Screening Saved My Life

Record by Kathy Zhou

My name is Linda; I would like to share my true story of how cancer screening saved my life.

In July 2007, when I was 54 years old, my friend asked me if I would go with her to attend a health educational event on breast cancer, which was held in Philadelphia's Chinatown by the Center for Asian Health (CAH), Temple University. During this event, in addition to health educational seminar, CAH would also provide free breast cancer screening for participants. Quite frankly, when my friend invited me to participate in this event, I had no interest. But I didn't want to disappoint my friend, so I agreed to accompany her to this event.

Around that time, I thought I was so healthy. I didn't have any health problem, as far as I knew. So when the staff member from CAH asked me how I felt and if there was anything that I needed help with, I answered that I felt good and didn't need any help. Then the staff asked me if I had ever done the regular breast cancer screening before. I replied that I never did any kind of examination for breast cancer, but that sometimes I felt a little pain near my lower abdomen. She looked at me seriously and told me that I needed to go to a clinic for further examination, since the pain and my age put me in a risk category for breast cancer. The examination was free of charge. Then the staff gave me a physical examination form and information about facilities where I could go to receive a free examination.

After that day, I didn't feel any change with regards to my health, but the little pain in my lower abdomen continued to occur once in a while. Life went on and my job, my family, and my kids kept me busy and I forgot to go for the examination. About 20 days later, I got a phone call from the healthcare provider at CAH who gave me the exam form. The provider from CAH asked me if I went to receive the examination or not. I said that I had not and that I couldn't find the physical exam form. Then, the staff member told me that I really needed to do the test to find out whether there was a problem or not – and the sooner the better. The staff member offered to mail me another form as well. The staff was so kind and I felt a little embarrassed that I hadn't gone for the exam. So I promised that I would go to get a checkup as early as I could.

Finally, I made an appointment to get a checkup. I was greeted by a female doctor in the clinic. I told the doctor that CAH staff had recommended me to come in for the test. She was very nice, asked me some questions, and did an exam on my lower abdominal. After that the exam, she said there might be a tumor in my lower abdomen. She said she thought it could be ovarian cancer and that I needed to undergo further testing. At that time, I was shocked and scared, because I didn't really feel anything seriously wrong with my body or with my health. How could I become a cancer patient? How could it happen?

After a while, the doctor took me to get an x-ray done. I also had an ultrasound screening done in another hospital. The hospital didn't charge me for either of these screenings. I got the result several days later. The results indicated that I had ovarian cancer and the doctor arranged for me to have an operation immediately.

Fortunately, my ovarian cancer was diagnosed early enough and the treatment was given in time. Now, four years later, I am still alive, feel pretty good, and the cancer has never disturbed me again. I live so happily now. I truly appreciate the help from CAH. The CAH screening, recommendation, and persistence in asking me to see a doctor did save my life! With that experience behind me, today I want to say that we all need to pay more attentions to ourselves. Health is the most important thing in our life.

健康筛查挽救了我的生命 — 琳达的真实讲述

记录人：周晓芳

我叫琳达，我想讲一讲我的一段亲身经历。

那是2007年7月，当年我54岁。一天我的一个朋友问我能不能和她一起去参加由天普大学亚裔健康中心举办的一个关于乳腺癌的健康讲座，这个讲座还会提供一些给妇女的免费健康检查。我当时实际上对这种活动并不感兴趣，但是为了不让朋友失望，我同意陪她一起过去看看。

一直以来，我都认为我自己很健康。所以参加那个活动时，工作人员问我我的身体有没有什么问题，我说没有，我很健康。虽然我已经很多年没有做过健康检查了，但是身体从来没有感觉有什么不舒服。只是，偶尔会觉得下腹有点痛。我就把这告诉了工作人员。当时她说根据我的身体状况和年龄，应该去做一下进一步检查，而且CAH会免费提供这些服务并给了我体检表。

回到家之后，我就把这件事情忘了。因为我自己并没有觉得有什么不舒服。而且我还有孩子，家庭，并且还有工作要忙。之后过了大概20天左右，我接到亚裔健康中心的一个电话，她问我去没去做检查。我说没去，而且体检表也弄丢了。她听了以后说，我再给你送一份体检表过去，这次你一定要去做检查，为你的身体着想，越快越好。我当时感觉很不好意思，她真的是太负责任了。怎么说我都要去做这个检查。

之后我去了她们推荐的诊所，当时那个医生问了我一些问题然后就帮我做了检查。查完之后她说，你下腹部可能有一个很大的肿瘤，很有可能是卵巢的肿瘤，但是还需要进一步检查确诊。

当时我被吓坏了，我什么感觉都没有怎么就得了肿瘤了呢？癌症怎么会降临在我头上？之后那个医生带我进一步做了X射线和超声波检查，这两个检查也是免费的。几天之后我拿到结果，确诊是卵巢肿瘤。随后医生很快帮我安排了手术。

从那时候到现在已经过去4年了，我的身体状态一直很好。当时由于发现及时，手术确认肿瘤虽然长得比较大，但是癌症分期还是第一阶段，并没有扩散的迹象。这些年来我再没有受到癌症的困扰。现在我过得很开心，健康对于一个人来说是最重要的东西。当初的一个健康讲座挽救了我的生命，也挽救了我的家庭。否则，后果怎么样我无法想象。我非常感谢天普大学的亚裔健康研究中心，是她们给了我生存的机会，非常感谢。

We would like to hear your health stories. If you would like to share health stories with us about yourself, your family members, or your friends, please send your article to AHR@comcast.net.

WHAT'S NEW?

The Asian Community Health Coalition Celebrates the Grand Opening of Its New Facility

The Asian Community Health Coalition (ACHC) celebrates the grand opening of its new and expanded facility near Philadelphia's Chinatown. The grand opening ceremony follows the ACHC's celebration of its 10th Anniversary held sequentially in Philadelphia and New York City in 2010. Although the ACHC has served Asian Americans in the Eastern Region of the U.S., it has also been a primary conduit for health information on Asian American health nationwide. The grand opening of the new facility was held on September 8, 2011, on site, which is located at 1106 Buttonwood Street, Unit A, Philadelphia, PA 19123. The late afternoon event, attended by ACHC Governing Board members, Community Advisory Board members, and professional staff and volunteers, was preceded by a reception, followed by presentations, and a specially-prepared healthy Asian self-serve dinner. The event also featured a tour of the two-story facility, a display of ACHC's health information materials, as well as a one-on-one demonstration of the use of screening and diagnostic equipment (e.g., blood pressure, blood sugar, cholesterol and osteoporosis etc.) under the supervision of well known Asian American physicians. Nearly all who attended the grand opening commented favorably on the overall ambience of the facility and its potential use as a focal point for community health education and health screening programs. One of the most significant partners of the ACHC is Center for Asian Health (CAH) at Temple University, which has collaborated with the coalition on evidence-based and culturally- and linguistically-appropriate programs during the past 11 years.

The ACHC represents a partnership of 250 Asian community-based organizations and health centers, presently in the eastern region of the United States and China. In addition to the mission of ensuring equity of health care to Asian American by eliminating health disparities, the ACHC has facilitated scientific inquiry that is guided by principles of CBPR (community-based participatory research), which accelerates the transfer of beneficial findings of research. In that respect, the ACHC is a pioneer, inextricably tied to the scientific and professional communities.

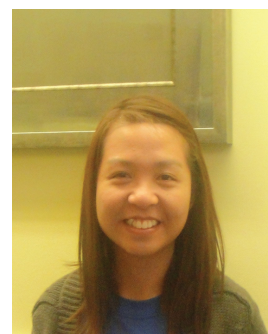
The ACHC grand opening of the new facility marks a significant milestone in a long and successful history of service to the Asian community at large. Those who have "made it happen" will continue to strive for better services and a healthier community. It is in the collective effort however that we can maintain momentum toward realizing the ACHC mission.

For more information, please check ACHC website www.asiancommunityhealthcoalition.org or email to asiancommunityhealthcoalition@comcast.net *Please see photos on page 14*

ACHC Routine Screening Day

Throughout the past decade, the Asian Community Health Coalition has been cognizant of changes in community health needs and has responded accordingly, despite limited resources. The grand opening of the new ACHC facility marks a significant milestone in a long and successful history of service to the Asian American community at large. In order to maintain momentum toward realizing the ACHC mission, the Board of Directors decided that the ACHC will hold a "Routine Screening Day" for Asian American community members on the third Tuesday of each month in the new facility, located at 1106 Buttonwood Street, Unit A, Philadelphia, PA 19123. Currently, ACHC provides blood pressure, blood sugar, cholesterol, and osteoporosis screening to Asian American communities. For questions or requests, please contact Yolanda on the ACHC staff - at 215-490-0705.

New staff – Research Assistant



Candy Chau joined the Center for Asian Health as a Research Assistant in September 2011. In her new role, Candy will participate in a variety of cancer research and community-based field activities, and will assist in the organization and

arrangement of special events. With Candy's experience and knowledge about Chinese communities and her fluency in Cantonese, she is a great asset – not only for research, but also for the community. Welcome aboard!



ACHC grand opening guest group



Board Members
Speeches →

Screening Demo →



HEALTHY LIVING

Calcium: Shopping list

From the National Health Information Center healthfinder.gov
<http://healthfinder.gov/prevention/ViewTool.aspx?toolId=47>



Your body needs calcium to help build strong bones and prevent osteoporosis (bone loss). Take this list with you the next time you go food shopping. Keep these tips in mind for getting enough calcium:

- Foods with at least 20% DV (daily value) of calcium are excellent choices. Check the nutrition label to see the percent of DV. Foods with less calcium will also help you meet your daily calcium goal.
- Don't forget vitamin D. Vitamin D helps your body use calcium. You can get vitamin D from salmon, tuna, and some foods with added vitamin D (like milk, breakfast cereals, and juice). Check the label.

Milk and Milk Products

Look for fat-free or low-fat milk products. (Lactose-reduced milk products are also good sources of calcium.)

Fat-free or low-fat yogurt

Fat-free or low-fat (1%) milk

Cheese (3 grams of fat or less per serving)

Fat-free or low-fat cottage cheese



Vegetables

The green vegetables listed below can be a great way to get more calcium. If you buy them canned, look for choices that say "low sodium" or "no salt added." If you buy frozen vegetables, choose ones without butter or cream sauces.

Spinach

Kale or turnip greens

Chinese cabbage

Broccoli



Foods with Added Calcium

These foods often have added calcium. Check the percent of calcium on the label to be sure.

Breakfast cereal

Tofu made with calcium

Orange juice with calcium

Fat-free or low-fat soy-based drinks



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Asian Community Health Coalition

Hiệp Hội Sức Khỏe Cộng Đồng Người Á Châu

Community - Based Participatory Health Activities

Eliminate Health Disparities in Asian Communities



1106 Buttonwood Street, Unit A, Philadelphia, PA 19123

Tel: 215-490-0705 E-mail: asiancommunityhealthcoalition@comcast.net

www.asiancommunityhealthcoalition.org/Resources



ABOUT US

RCL Research is a public health research planning and consulting firm with visions to build a healthier community with specific focus on health issues among minority populations.

AREAS OF SPECIALIZATION

- HIV/AIDS
- Viral hepatitis
- General health: Asian Americans & Pacific Islanders
- Childhood lead poisoning prevention
- Federal and State funded prescription drug assistance programs
- Multi-lingual capacities: English, Mandarin & Taiwanese Dialect

OUR SERVICES

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