Summer Issue, 2010

## AJJIAN HEALTH REVIEW



SCLAIMER

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Dear Partners:

We have just completed our 10th year of service to Asian Americans in the Eastern region of the United States. Your leadership, as well as your individual and collective contributions and achievements, have effected significant and lasting positive changes in how Asian Americans perceive health and healthcare. One important measure of these changes is the growth of the coalition partnership: in 2000, we had seven organizational partners; in 2010, we have 230 partners—and we are still growing. This growing partnership "force" is a good measure of community engagement and community commitment to sustainable programs, as well as the importance of continuing health education and communication to the wellbeing of the Asian American community at large. The "Tree of Health" that we have nurtured throughout the past 10 years has strong roots, a strong trunk and many viable limbs, but it is still young to provide abundant fruit to meet the vast needs of the many underserved and uninsured Asian American community members. As a coalition of partners, we have to remain vigilant. We have the will, capacity and foresight to make our "Tree of Health" grow and prosper even more.

Throughout the past decade, the Asian Community Health Coalition (ACHC) has been cognizant of changes in community health needs and has responded accordingly despite limited resources. For example, our first initiatives focused on tobacco and cancer. Although these initiatives are still a focus, other community priorities have been added. The Asian Community Cancer Coalition became a subset of an organization that is more representative of the health needs of a wider community in the Eastern region of the United States. The ACHC became the umbrella organization. The broadened mission of this organization is illustrated by inclusion of chronic illnesses (e.g., hypertension, osteoporosis and diabetes), and epidemic diseases (e.g., hepatitis B), as well as others. In cooperation with academic partners (especially Center for Asian Health at Temple University), the ACHC continued to expand its programs in breast, cervical and colorectal cancers and smoking cessation programs. We have also been active in other communitybased programs that focus on patient navigation, an important aspect of comprehensive and continuous patient care. Our direct involvement in assisting both researchers and health providers is an integral part of community capacity building in addition to its educational impact on the community. The ACHC is committed to the concept of "community-based participatory health activities" because of their demonstrated positive outcomes. This philosophy and the ACHC programs are an integral part of our mission: to eliminate health disparities in chronic illnesses, infectious diseases and mental health by reducing risk factors and promoting healthy lifestyles using state-of-the-art multidimensional, evidence-based and culturally-appropriate strategies and programs.

The ACHC would like to offer the most sincere gratitude to those partners who have co-hosted and participated in the organization's meetings and events over the past decade. As a viable coalition of partners, we are now in a better position to seek support to sustain or initiate new health programs in the Asian American community at large.

The Board of Directors wishes to thank coalition partners for their significant contributions toward improving the health of Asian Americans and hopes the next decade will realize the ultimate mission of the ACHC: the elimination of health disparities in these populations.

With warm regards,

Board of Directors Asian Community Health Coalition

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## **HEALTH NEWS AT A GLANCE**

## Patient Protection and Affordable Care Act (H.R. 3590)

On March 23, 2010, President Barack Obama signed into law the Patient Protection and Affordable Care Act (H.R. 3590), a historic health care reform legislation which will allow an additional 32 million Americans to have access to health care. This legislation will stop insurance companies from harmful practices, make health insurance more affordable for low- and middle-income families and small businesses, and will begin to control the skyrocketing costs of the American healthcare system.

Naturalized citizens and "lawfully present" immigrants will have the same access to affordable health insurance as U.S.born citizens in the new insurance exchanges. They will be required to get health insurance and will face a tax penalty if they do not have health insurance. They can apply for tax credits to make health insurance more affordable and can apply for an exemption from the requirement if health insurance remains unaffordable. As President Obama said in a news conference, this will be "a system that works for the American people."

Under the new law, these changes will take effect in 2010:

• Health insurance companies will no longer be able to impose a lifetime cap for anyone's health insurance coverage.

• Health insurance companies are now prohibited from dropping coverage for sick patients.

• Health insurance companies are prohibited from denying coverage to sick children.

These changes will take effect in 2014:

Nearly all Americans will be required to have health coverage.
Health insurance companies are prohibited

from denying coverage based on a patient's health history or health condition.

How can Asian Americans benefit from this health care reform? (1) In 2010, if you have a health condition that requires intensive and costly medical care, under the new law, insurance companies will not be able to tell you there is a limit to the coverage they can provide to you. (2) If you have health insurance and you get sick, insurance companies will not be able to drop your policy because of your health condition. (3) If you have a child with a medical condition who is uninsured, your child can get insurance policy to take effect to cover your medical expenses.

What will happen in 2014? Many Asian Americans do not see the need or understand why they should purchase health insurance. Instead, they pay out of pocket to see doctors when they get sick. This can be catastrophic if someone has a serious health condition, such as liver cirrhosis, liver cancer or cervical cancer. In 2014, all Americans, including Asian Americans, will be required to purchase some form of health insurance coverage. This is actually a protection for you and your family. With insurance coverage, regardless a mild or severe health condition, your insurance will cover most of the expenses without affecting your personal life saving. Moreover, you and your family will have access to preventive health care, such as regular physical examines, hepatitis B testing, Pap testing, etc., which can ensure your health and can detect or monitor certain health conditions before they become a serious health problem. In addition, in 2014, adults who have no insurance coverage and have some kind of health condition will be able to get health insurance coverage right away without waiting six months before the insurance policy takes effect.

#### Viral Hepatitis and Liver Cancer Control and Prevention Act (HR3974)

The Viral Hepatitis and Liver Cancer Prevention and Control Act of 2009 was introduced by Rep. Mike Honda (D-CA) and Rep. Charles Dent (R-PA) to fix the funding failure for chronic viral hepatitis. This bill will have a positive impact on Asian Americans because it promotes education and prevention programs and improves access to healthcare for underserved and disproportionately affected populations. Because of current inadequate federal funding for screening and prevention programs, more than 5 million Americans who are estimated to be infected with chronic viral hepatitis B or C do not know they are infected and lose precious time to help arrest the disease's progression to cirrhosis and liver cancer.

What's in the Bill? The Viral Hepatitis and Liver Cancer Control Act would amend the Public Health Service Act to establish, promote and support a comprehensive prevention, research and medical management referral programs for chronic hepatitis B and chronic hepatitis C virus infection, to include the following components:

- Education and training
- Medical referral
- Hepatitis B and C disease control
- Surveillance
- Immunization
- Research
- State health department adult viral hepatitis coordinators
- Integration with existing programs
- Expanded access to services for underserved and disproportionately affected populations

#### **HEALTH NEWS AT A GLANCE**

#### New recommendations for identification and public health management of persons with chronic hepatitis B infection

In September 2008, the Center for Disease Control and Prevention (CDC) issued a report, titled "Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Virus (HBV) Infection." These new recommendations update and expand previous CDC guidelines for hepatitis B surface antigen (HBsAg) testing (a blood marker for determining a person is infected with hepatitis B or not.) and include new guidelines for public health evaluation and management of chronically infected persons and their contacts. As part of these new recommendations, all people who were born and from the entire continent of Asia are recommended for hepatitis B testing.

Under the new recommendation, who should be tested for chronic HBV infection?

#### Persons born in geographic regions with hepatitis B surface antigen (HBsAg) prevalence of greater or equal 2%

All persons born in geographic regions with HBsAg prevalence of >2% (all countries in Asia and Africa, much of Eastern Europe, the Middle East and the Pacific Islands) and certain indigenous population from countries with overall low HBV endemicity (<2%) should be tested for chronic HBV infection. This includes immigrants, refugees, asylum seekers and internationally-adopted children born in these regions, regardless of vaccination status in their country of origin.

#### Persons with behavioral exposure to HBV

Men who have sex with men and past or current injection drug users have higher prevalence of chronic HBV infection than the overall U.S. population and should be tested for chronic HBV infection. Both of these populations are recommended for routing hepatitis B vaccination; HBsAg testing is recommended as a component of prevaccination testing for these populations.

## Persons receiving cytotoxic (kill cell) or immunosuppressive (suppress immune system) therapy

Persons receiving cytotoxic or immunosuppressive therapy [for example, chemotherapy for malignant (cancerous) diseases, immunosuppression related to organ transplantation and immunosuppression for rheumatologic and gastroenterological disorders] should be tested for serologic (blood) markers for HBV infection.

#### Persons with liver disease of unknown etiology (cause of disease)

All persons with persistently abnormal liver function testing results should be tested for HBsAg as part of the medical evaluation of these abnormal laboratory values. In addition, in this new recommendation, CDC recommends health care providers conduct HBsAg testing to the following populations regardless of their vaccination history:



## *Persons born in geographic regions with HBV prevalence of >2%*

The majority of these persons were born either before full implementation of routine infant hepatitis B vaccination in their countries of origin or during a period when newborn vaccination programs were in the early stage of implementation. Because of the difficulty in verifying the vaccination status or record, HBsAg testing is recommended for all persons born in regions with high or intermediate endemicity of HBV infection even if they were vaccinated in their country of origin.

#### U.S.-born persons not vaccinated as infants whose parents were born in regions with high HBV endemicity (>8%)

Persons vaccinated through catch-up programs as children or adolescents should be tested if they were likely to have had HBV exposures before vaccination. Prevalence of chronic HBV infection is high among U.S.-born children who were not vaccinated as infants and whose parents were born in regions with high HBV endemicity.

## Persons who received hepatitis B vaccination as adolescents or adults after the initiation of risk behaviors

Men who have sex with men and injection drug users who were potentially exposed to HBV (for example, through sexual activity or injection-drug use) before vaccination should be tested for HBsAg.



#### **Healthy People 2020**

Healthy People has been served as a standard document that provides a comprehensive set of national 10-year promotion and disease prevention objectives aimed at improving the health of all Americans throughout the past 30 years. This document defines the vision and strategies with an ultimate goal of building a healthier nation.

Viral hepatitis B and cervical cancer are two objectives of Healthy People 2020. What are the proposed objectives of Healthy People 2020 for viral hepatitis B and cervical cancer?

Viral Hepatitis B

- Reduce hepatitis B in adults aged 19 years and older and among high risk groups, including injection drug users, heterosexually active persons, men who have sex with men and occupationally-exposed workers (for example: health care workers)
- Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children: 3 doses hepatitis B (hep B) vaccine, and a birth dose of hepatitis B vaccine (0 to 3 days) between birth date and date of vaccination, reported by annual birth cohort
- Maintain vaccination coverage levels for children in kindergarten
- Increase hepatitis B vaccine coverage among high-risk groups
- Increase the percentage of persons aware they have chronic hepatitis B infection

Cervical Cancer

- Reduce the mortality rate from uterine and cervical cancer
- Increase provider counseling about cancer prevention, including Pap tests
- Increase the proportion of women aged 18 years and older who receive a cervical cancer screening based on the most recent guidelines
- Decrease incidence of invasive uterine and cervical cancer
- Increase routine vaccination coverage levels among adolescents with vaccines recommended by the Advisor Committee on Immunization Practices-Human pappillomavirus (HPV) vaccine (aged 13 to 15 years)



#### Pap Testing Guidelines/Recommendations

Cervical cancer was once one of the most common causes of cancer death for American women. With increasing use of Pap tests, the cervical cancer death rate declined by 74% between 1955 and 1992. The main reason for this change was the increased use of Pap test. This screening procedure can find changes in the cervix before cancer develops.

Cervical cancer disproportionately impacts women of some Asian ethnicities because of lower rates of screening. With proper screening, women can detect cancer at an earlier stage; therefore, it is easier to treat and the success rate of treatment will be much higher.

What are the current recommendations for Pap testing? Currently, general guidelines recommend that women have a Pap test at least once every three years, beginning about three years after they begin to have sexual intercourse, but no later than age 21. Experts recommend waiting about three years after the start of sexual activity to avoid overtreatment for common, temporary abnormal changes. It is safe to wait for three years because cervical cancer usually develops slowly. Cervical cancer is extremely rare in women aged 25 years and younger.

Women aged 65 to 70 years who have had at least three normal Pap tests and no abnormal Pap tests in the last 10 years may decide, after talking with their doctors, to stop having Pap tests. Women who have had a hysterectomy (surgery to remove the uterus and cervix) do not need to have a Pap test, unless the surgery was done as a treatment for precancer or cancer.

## **HEALTH EDUCATION CORNER**

#### Hepatitis **B**

Why do Asian Americans need to know about Hepatitis B? Hepatitis B is a very common disease around the world. It is estimated that approximately 2 billion people have been infected at some point in their lives. Approximately 350 to 400 million people are believed to live with chronic hepatitis B infection. In the United States, it is estimated that about 2 million people are infected with chronic hepatitis B; more than half of those infected are Asian Americans. In addition, compared with Caucasians, liver cancer is more common among Asian Americans because

of early infection among these diverse ethnic populations.

#### What is the liver?

The liver is the largest solid organ in the body. It is located just below the diaphragm (the muscular membrane separating the chest from the abdomen), primarily in the upper right part of the abdomen, mostly under the ribs. The liver weights about 3.5 pounds (1.6 kilograms). It measures about 8 inches (20 cm) horizontally (across) and 6.5 inches (17 cm) vertically (down) and is 4.5 inches (1 cm) thick.

#### What does the liver do?

The liver has a multitude of important and complex functions, including:

- Manufacture (synthesize) proteins, including albumin (to help maintain the volume of blood) and blood clotting factors
- Synthesize, store and process (metabolize) fats, including fatty acids (used for energy) and cholesterol (about 80% of cholesterol is produced by liver)
- Form and secrete bile that contains bile acids to aid in the intestinal absorption (taking in) of fats and the fat-soluble vitamins A, D, E and K
- Eliminate, by metabolizing and/or secreting, the potentially harmful biochemical products produced by the body, such as bilirubin from the breakdown of red blood cells and ammonia from the breakdown of proteins
- Detoxify, by metabolizing and/or secreting drugs, alcohol and environmental toxins

#### What is hepatitis?

"Hepatitis" means inflammation of the liver. Toxins, bacterial infections, certain drugs, other diseases and heavy alcohol use can also cause hepatitis. Viral hepatitis is caused by infection with any of at least five distinct viruses, of which the three most commonly identified in the United States are hepatitis A virus (HAV), hepatitis B virus (HBV) and hepatitis C virus (HCV).

#### What is hepatitis B?

Hepatitis B is a viral hepatitis and it is caused by the hepatitis B virus. Once the virus enters the human body, it primarily targets on liver cells. Hepatitis B is an infectious liver disease and it can cause mild illness lasting for a few weeks to a serious lifelong illness. Once a person is infected by the virus, there are two stages of illness: "acute stage" and "chronic stage."

Acute hepatitis B virus infection is a short-term illness that occurs within the first six months after someone is exposed to the hepatitis B virus. Acute infection can, but does not always, lead to chronic infection. During the first six months of infection (the acute stage), if the body does not produce immunity and clear the virus, the person infected will progress from the acute stage to the chronic stage.

The risk for progression to chronic infection is associated with age at the time of infection; the younger the age, the more likely the disease will progress from acute stage to chronic stage. If the person infected is aged 1 year or younger, the chance of developing chronic HBV infection is 90% or higher; for infection occurring among children aged between 1 and 5 years, the chance of developing chronic infection is about 30%; for infection occurring among children aged 5 years and older, as well as for adults, the chance of developing chronic infection is about 2% to 5%.

#### How common is hepatitis B in the United States?

The number of acute hepatitis B infections in the United States has been declining each year, with an estimated 46,000 new infections in 2008. This decline is a result of widespread vaccination of children. The decline in hepatitis incidence (new cases) began in the mid-1980s and has coincided with the stepwise implementation of the national vaccination strategy to eliminate HBV transmission. However, even with the implementation of the national vaccination strategy, it is still estimated about 2 million U.S. residents are living with chronic HBV infection. Among those living with chronic infection, approximately 47% to 70% of these persons were born in other countries. Moreover, hepatitis B is associated with the cause of estimated 3,000 deaths each year in the United States.

The burden of chronic HBV infection in the United States is higher among certain populations as a result of: (1) earlier age at infection, (2) persons with compromised immune system, or (3) persons engaging in risky behaviors of being infected by HBV. These populations include persons born in geographic regions with HBV infection rate greater than or equal to 2% (for example, the entire Asian continent), people with HIV infection, and people who are engaging in high-risk behaviors, such as men who have sex with men or injection drug users.

#### How is hepatitis B spread?

Hepatitis B virus is about 50 to 100 times more infectious than the Human Immunodeficiency Virus (HIV, the virus that causes AIDS) and is usually spread when blood, semen or another body fluid from a person infected with the hepatitis B virus enters the body of someone who is not infected. This can happen through sexual contact with an infected person or through sharing needles, syringes or other drug-injection equipments. Hepatitis B can also be passed from an infected mother to her baby at birth (the most common method of hepatitis B transmission among Asian Americans).

Moreover, the virus can survive outside of the living body and can still be contagious (can cause infection) for up to seven days. The spread of hepatitis B virus can happen in settings involving nonsexual personal contact for an extended period of time; for example, among close household contacts of a person with chronic HBV infection. This is also a common concern for Asian Americans because Asian Americans tend to have several generations living together within the same household.

However, hepatitis B is not spread through breastfeeding, sharing eating utensils, hugging, kissing, holding hands, coughing or sneezing. Unlike some forms of hepatitis (such as hepatitis A), hepatitis B is not spread by contaminated food or water.

## Why is hepatitis B so common among Asian Americans?

The statistic shows that approximately one in 10 Asian Americans is chronically infected with hepatitis B virus. People who are chronically infected with hepatitis B virus are, also know as hepatitis B carriers. Among the estimated number of people with chronic HBV infection in the United States (2 million people), approximately 50% are Asian Americans and Pacific Islanders. The reason for the high infection rate among Asian Americans is the age when infection occurred. The main transmission pathway of hepatitis B infection among Asian Americans is "mother to child transmission" [from a mother who is infected with chronic HBV (without knowing the infection) and passes it to her child during birth]. When infection occurs at this young age, the baby's immune system is not mature enough to fight off the virus. Therefore, the risk of developing chronic infection for the baby is 90% or higher.

#### What are the symptoms of acute hepatitis B?

Not everyone with acute hepatitis B infection has symptoms, especially young children. Most adults have symptoms that appear within the first three months of exposure. Symptoms can last from a few weeks to several months and include fever, fatigue (feeling tired all the time), loss of appetite, nausea (sickness at the stomach), vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain and/or jaundice (yellowing of the skin and eyes).

## What are the symptoms and how serious is chronic hepatitis B?

Chronic hepatitis B is a silent killer. Many people with chronic hepatitis B may have the infection without any symptom for up to 30 years; but others experience ongoing symptoms similar to those of acute hepatitis B. Chronic hepatitis B is a serious disease that can result in long-term problems. Over time, approximately 15% to 25% of people with chronic hepatitis B may develop serious liver problems, including liver damage, cirrhosis (scar tissues in the liver), liver failure and liver cancer.

Chronic hepatitis B is one of the top 10 causes of death worldwide. Each year, hepatitis B leads to 4,000 to 5,500 deaths per year in the United States and more than 600,000 to 1 million people worldwide die from hepatitis B-related liver diseases. Furthermore, chronic hepatitis B is the 6th leading cause of liver transplantation in the United States.

#### What is liver cirrhosis?

Liver cirrhosis is also known as scarring of the liver. Once liver cells are infected by hepatitis B virus, the body's immune system recognizes infected liver cells, initiates a defense mechanism and tries to kill the infected liver cells. During this process, scar tissues are generated.

#### **HEALTH EDUCATION CORNER**

With mild scar tissues accumulated in the liver, it is called fibrosis. Once more and more of the scar tissues developed in the liver, the fibrosis will progress to the next stage, called cirrhosis. A liver will not be able to perform it regular functions if the cirrhosis continues worsening; up to a point, it can cause liver failure. Approximately 23% of patients have liver failure within five years of developing cirrhosis. Long-term infection with hepatitis B is linked to liver cancer because the infection can lead to cirrhosis, which can lead to liver cancer. More than 80% of liver cancer cases are associated with cirrhosis.

#### Hepatitis B and Primary Liver Cancer

Liver cancer refers to the growth of malignant (cancerous) tumors in liver tissue. There are two types of cancers found in the liver: primary liver cancer [or hepatocellular carcinoma (HCC)], which originates from the liver and secondary liver cancer (metastatic liver cancer), which originates from the other parts of the body and spreads to the liver.

Primary liver cancer is the most common type of malignant primary liver tumor; it is among the top three causes of cancer deaths in many Asian and some African countries. The World Health Organization (WHO) estimates that at least 550,000 people die each year from primary liver cancer; 75% (approximately 400,000) of these deaths are among people in Southeast Asian and the Pacific Rim. Chronic hepatitis B infection causes approximately 80% of all primary liver cancer. The incidence (new cases) of liver cancer is 10 times higher for Asians compared with Caucasian. This is due to the infection occurred at a very young age, without knowing the infection and lack of proper medical treatment.

Liver cancer is called a silent killer because the majority of the patients appear to be healthy and have no early signs or symptoms. Pain is uncommon until the tumor is quite large; even some large tumors do not cause pain or other symptoms. When liver cancer is at the later stages, the tumor is very large and may impair liver function and cause obvious symptoms, such as pain over the right upper abdomen, weight loss, lack of appetite, jaundice (yellow discoloration of the eyes and skin) and abdominal swelling.

#### **Liver Cancer Screening**

It is important to recognize that Asians and Pacific Islanders

Early diagnosis improves the treatment outcome; however, late diagnosis not only decreases the treatment success rate, but also decreases the average survival rate: approximately three to six months.

#### **Liver Cancer Treatment**

Treatment of primary liver cancer is particularly challenging because, in addition to the cancer itself, many patients have livers that have been damaged by chronic hepatitis B infections. Early diagnosis of small tumors is the only effective way of improving the outcome of liver cancer treatment. Options for the treatment of liver cancer include: surgical treatment (when the tumor is small and the patient's condition is stable), non-surgical treatment (for example, traditional chemotherapy), TACE or TAC treatments (target the therapy directly into the tumor cells), or liver transplantation (for patients whose liver tumors cannot be surgically or medically removed).

#### How is hepatitis B diagnosed and treated?

Blood testing is the only way to find out if a person is infected with hepatitis B virus. There is no medication indicated for the treatment of acute hepatitis B. Therefore, doctors usually recommend rest, adequate nutrition and fluids. People with chronic hepatitis B virus infection should be monitored regularly for signs of liver disease (for example, the amount of virus in the blood, liver function and liver cancer). Treatment initiation and recommendation for chronic hepatitis B is based on individual cases. Currently, there are several treatment guidelines that provide guidance for doctors to decide who will benefit from treatment and when the treatment should begins.

Once the doctor initiates treatments, the goals of treatment are to reduce the amount of virus in a patient's body; therefore, it will improve liver function, delay the disease progression to cirrhosis or liver cancer; and eventually improve the overall quality of life. Current treatments are unable to totally cure the disease. However, approximately 0.5% of people with the infection will automatically develop immunity and clear the virus each year.

Currently there are seven drugs approved by the Food and Drug Administration (FDA) for the treatment of chronic hepatitis B; two are injections and five are oral medications. They are:

who are chronically infected with hepatitis B at early age are at higher risk of developing liver cancer. Therefore, it is important to have regular liver cancer screening. Liver cancer screening consists of a

Drug Name	Company	FDA Approval Date
Interferons (Injection)		
Intron A (Interfefon alfa-2b)	Schering-Plough	Approved 1991
Pegasys (Peginterferon alfa-2a)	Roche	Approved 2005
Nucleoside/nucleotide Analogues (Oral Medication)		
Epivir-HBV (Lamivudine)	GlaxoSmithKline	Approved 1998
Hepsera (Adefovir Dipivoxil)	Gilead Sciences	Approved 2002
Baraclude (Entecavir)	Bristol-Myers Squibb	Approved 2005
Tyzeka (Telbivudine)	Novartis	Approved 2006
Viread (Tenofovir)	Gilead Sciences	Approved 2008

#### Can hepatitis B be prevented?

Yes. The best way to prevent hepatitis B is getting vaccinated, if you have not been infected. For adults, the hepatitis B vaccine series is usually given three shots during a six-month period (the initial dose, follow by the second dose about a month later, and the third dose within six months.) The entire series is needed for long-term protection. However, once a person has been infected with the hepatitis B virus, the vaccine does not provide protection against the disease. Therefore, it is recommended to get blood testing to find out your status before you get vaccinated.

#### Who is at risk and should be tested?

Although anyone can get hepatitis B, some people are at greater risk, such as:

- People born in Asia, Africa and other regions with moderate or high rates of hepatitis B
- Unvaccinated people whose parents are from regions with high rates of hepatitis B infection
- People who have had sexual contact with an infected person
- People who have multiple sex partners
- People who have a sexually transmitted disease
- Men who have sexual contact with other men
- People who inject drugs or share needles, syringes or other drug equipment
- People who live with a person who has chronic hepatitis B
- All pregnant women
- Infants born to infected mothers
- People with HIV/AIDS
- People who are exposed to blood on the jobPeople with selected medical conditions who
- receive immunosuppressive therapy (for example, people are on hemodialysis or chemotherapy)

## Who should get vaccinated against hepatitis B?

The following groups of people are recommended for vaccination:

- Anyone having sex with an infected partner
- People with multiple sex partners
- Anyone with a sexually transmitted disease
- Men who have sexual contact with other men
- Users of injection drugs
- People who live with someone who is infected with hepatitis B
- People with chronic liver disease, end stage renal disease or HIV infection
- Healthcare and public safety workers exposed to blood
- Residents or staff of facilities for developmen tally disable persons
- Travelers to certain countries
- Infants or children aged younger than 19 years who have not been vaccinated

• Anyone who wants to be protected from hepatitis B

The Asian Health Review would like to give special thanks to Dr. Dunli Wu, who contributed an article about hepatitis B and primary liver cancer.

#### **Cervical Cancer**

#### **Cervical Cancer and Asian Americans**

Each year, more than 10,000 women in the United States are diagnosed with cervical cancer. Vietnamese American women get cervical cancer more often than many other populations. Recent studies have shown that cervical cancer among Vietnamese American women represents an important health disparity [Cancer Epidemiol. Biomarkers Pre. 2008 Nov;17(11):2924-30].

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Available data indicate the cervical cancer disparity may be due to low Pap testing rates rather than variations in human papillomavirus infection rates and/or types.

#### What is the cervix?

The cervix is the narrow, lowest part of the uterus (womb). The uterus is a hollow, pear-shaped

organ in the lower part of abdomen. The cervix connects the uterus (where the baby grows when a woman is pregnant) and the vagina.

#### What is cervical cancer?

Cervical cancer begins in the cells of the cervix. In a normal situation, cells grow and divide to form new cells as the body needs them. When cells grow old, they die and new cells replace the old cells. Sometimes, this process goes wrong. New cells form when the body does not need them and old cells do not die when they should. These extra cells can form a mass of tissue called a tumor, which can be cancerous.

Cervical cancer usually develops slowly. Before cancer appears, the cervix goes through slight changes where cells that are not normal begin to appear. Later, these abnormal cells can become cancer cells and start to grow and spread. Cervical cancer can be treated if it is found early. In many cases, cancer can be prevented altogether.

#### What causes cervical cancer?

Almost all cervical cancer is caused by an infection from a virus called human papillomavirus (HPV). HPV infection is very common in both women and men and can be spread through sexual contact. Most people don't know they infected because they have no symptoms.

#### **HEALTH EDUCATION CORNER**

Most HPV infections go away without any treatment, but some may not. If HPV infection does not go away, it can cause cell changes, which may lead to cancer. With regular Pap test screening, abnormal cell changes can be detected before they become cervical cancer. If cell changes are found early and treated, cervical cancer can be prevented. Women who do not have regular Pap tests have a higher risk of cervical cancer. For instance, Vietnamese American women have a high rate of cervical cancer because many of them do not get regular Pap tests. To prevent cervical cancer, it is recommended to have Pap tests regularly.

#### What are Human PapIllomaviruses (HPV)?

Human papillomaviruses (HPVs) are a group of more than 100 related viruses. They are called papillomaviruses because certain types may cause warts, or papillomas (a benign tumor of the skin or mucous membrane), which are benign (noncancerous) tumors. The HPVs that cause the common warts on hands and feet are different from those that cause growths in the throat or genital area. Some types of HPV are associated with certain types of cancer. These are called "high-risk" oncogenic [or cancinogenic (tend to produce cancer)] HPVs.

Among the more than 100 types of HPVs, more than 30 can be transmitted from one person to another through sexual contact in the genitals, anal or mouth regions. Although HPVs are usually transmitted sexually, doctors cannot say for certain when infection occurred. There are approximately 6 million new genital HPV infections occurring each year in the United States. Most HPV infections occur without any symptoms and go away without any treatment over the course of a few years. However, HPV infections sometimes persist for many years, with or without causing detectable cell abnormalities.

#### What is a Pap test?

The Pap test is a simple and routine way to detect cancer and cell changes that may lead to cancer in the cervix. It is also called "Papanicolaou test" or "Pap smear." This is a procedure in which cells are scraped from the cervix for examination under a microscope. A Pap test can also show conditions, such as infection of inflammation, that are not cancer.

## What are the incidence and death rate for cervical cancer?

The American Cancer Society's most recent estimates for cervical cancer in the United States are for 2009:

- About 11,270 new cases of invasive cervical cancer will be diagnosed.
- About 4,070 women will die from cervical cancer.

Cervical cancer was once one of the most common causes of cancer death among American women. With the increasing use of Pap tests, the cervical cancer death rate declined by 74% between 1955 and 1992.

Cervical cancer tends to occur in midlife, most often in women aged 40 years and older. It rarely develops in women aged younger than 20 years. Many older women do not realize that the risk of developing cervical cancer is still present as they age. Almost 20% of women with cervical cancer are diagnosed when they are aged 65 years or older. That is why it is important for older women to continue having regular Pap tests.

In the United States, cervical cancer occurs most often in Hispanic women, at a rate that is more than twice what is seen in non-Hispanic white women. The rate of cervical cancer among African American women is about 50% higher than it is for non-Hispanic white women. Among Asian Americans, Vietnamese American women have the highest incidence rate of cervical cancer and Korean American women have the second highest incidence rate.

#### What are the risk factors for cervical cancer?

HPV is the main risk factor for cervical cancer. Not all women who are infected with HPV will develop cervical cancer. Women are at a greater risk for HPV infection if they have sexual intercourse at an early age, have multiple sexual partners or have sexual intercourse with a man who has had many sexual partners.

Studies have also shown that other factors may act together with HPV to increase the risk of developing cervical cancer. These factors include smoking, an immuno-suppression condition (such as HIV infection), Chlamydia infection (a sexually transmitted disease), a diet low in fruits and vegetables, taking oral contraceptive pills for a long period of time, a first full-term pregnancy at young age, three or more full-term pregnancies, lower income, a lack of health insurance coverage (lack of access to medical care and screening), family history of cervical cancer, and a mother who took diethylstilbestrol (DES: a hormonal drug to prevent miscar-



#### How to prevent cervical cancer?

A Pap test is the best way to prevent cervical cancer. Doctors recommend that women have regular Pap tests to help reduce their risk of cervical cancer. Women should have a Pap test at least once every three years, beginning at age 21. Women who have sex before age 21 should get a Pap test approximately three years after their first time having sex. Women aged 21 or older who have not had sex should also get a Pap test. Women should continue to get Pap tests at least once every three years throughout their life. Depending on the results, doctors may recommend some women to have the test more often than that.

Women aged 65 years or older should ask their doctor if they should continue to get Pap tests. Your doctor will tell you how often you should get one, based on your previous test results.

Women who had their uterus removed because of cervical pre-cancer or other cancer may still need to get regular Pap tests. Women should talk to their doctor if they are not sure about this issue.

Women who have gone through menopause still need Pap test, because cervical cancer can appear after menopause.

#### Why should I have a Pap test?

Sometimes cells in a woman's cervix begin to change and look abnormal. These abnormal cells may not be cancer yet. But if you don't have the cell changes detected and treated, the changes may become cancerous. Having Pap tests regularly gives you the best chance of finding cell changes or cervical cancer early, when they are easy to treat.

#### **Human Pappillomavirus Vaccines**

Vaccines have been developed to help prevent infection with some types of HPV. The U.S. Food and Drug Administration (FDA) have approved two vaccines to prevent HPV infections: Gardasil® and Cervarix®. Both vaccines are highly effective in preventing persistent infections with HPV types 16 and 18, two types of high-risk HPVs that cause most (70%) cervical cancers. Gardasil® also prevents infection with HPV types 6 and 11, which cause virtually all (90%) genital warts. In addition, there is some initial evidence that Cervarix® provides partial protection against a few other HPV types that can cause cancer, but further evaluation is required before the magnitude and impact of this effect is understood.



#### What are the treatments for cervical cancer?

Women with cervical cancer can be treated with surgery, chemotherapy, radiation or a combination of the three methods. Most women with early cervical cancer have surgery to remove the cervix and uterus (total hysterectomy). Surgery is often followed by chemotherapy and/or radiation. Chemotherapy is a treatment that uses drugs to stop the growth of cancer cells, either by killing the cells or by stopping the cells from growth. Radiation therapy uses high-energy x-rays or other types of radiation to kill cancer cells.

The five-year relative survival rate for the earliest stage of invasive cervical cancer is 92%. The overall (all stages combined) five-year survival rate for cervical cancer is about 71%. (The five-year survival rate refers to the percentage of patients who live at least five years after their cancer is diagnosed.)

## **COMMUNITY NOTEWORTHY EVENTS**

#### Hepatitis B Education and Screening Events

The hepatitis B program, which was started in 2002, is a comprehensive intervention program that provides hepatitis B education, screening, vaccination and clinical navigation assistance for Asian Americans. The intervention focuses on providing culturally designed tools on hepatitis B prevention and health care for underserved communities. With its mission and commitment, Asian Community Health Coalition and the Center for Asian Health continue to partner with clinical and community members in Pennsylvania, New Jersey, Delaware and New York in providing education, screening and linkage to treatment and care services to Asian American communities.



Asian Community Health Coalition and Center for Asian Health team in partnership with Dong Bei Chinese Association conducted Hepatitis B program in Philadelphia, March 7th, 2010.



Participants focusing on education at the hepatitis B educational workshop.



Center for Asian Health, in partnership with Asian Community Health Coalition, conducted a Hepatitis B program at Chinese Dehui Temple on April 22th, 2010.



Chinese American participants received hepatitis B vaccination

#### **Cervical Cancer education and screening**

Cervical cancer education and screening is a culturally and linguistically appropriate program for Asian American women to increase their knowledge and awareness of cervical cancer, the early detection and prevention, as well as barriers to accessing information and PAP screening. Center for Asian Health, in partnership with Asian Community Health Coalition, its community organization members and clinical health providers, have provided many education sessions and screening for Vietnamese, Korean, Chinese and Cambodian women. Below are selected photos from community cervical cancer program.



Cervical cancer educational workshop for Cambodian women in Philadelphia on Jan. 30th, 2010.



Center for Asian Health educator was answering cervical cancer questions for the participants.



Center for Asian Health and Asian Community Health Coalition staff with SEAMAAC staff after educational event on April 10th, 2010.



Participant taking the Pap test.

#### **General Cancer Education**

General Cancer (GC) education workshops were conducted by Center for Asian Health in partnership with Asian Community Health Coalition in Pennsylvania, New Jersey and New York for the past 10 years. It focuses on the basic knowledge about cancer, the risk factors for different cancer, prevention and methods of early detection. After the GC educational workshops, participants become more aware of their health and pay more attention to their lifestyle. This is the primary purpose for implementing this program.



#### **COMMUNITY NOTEWORTHY EVENTS**

Photos below are from Chinese community health events in New York City and Philadelphia.



Center for Asian Health and Asian Community Health Coalition staff, in partnership with American Fujian Association, were promoting the General Cancer program to the media in New York City.



Center for Asian Health's Chinese Community Health Coordinator was delivering the GC education to the Association (a member of ACHC) on March 14th, 2010 in New York City.



Center for Asian Health staff conducted GC education workshop with Asian Community Health Coalition member, Jiaosheng Chinese Church in North Philadelphia. March 16th, 2010.

#### The Cancer Education Workshop and Screening

On February 26th and March 26th, 2010, Center for Asian Health and Asian Community Health Coalition, in collaboration with New Jersey Cancer Education and Early Detection Program (NJ CEED), conducted two comprehensive cancer education and screening programs. The comprehensive cancer program included education and screening of cervical cancer, breast cancer, and colorectal cancer in one event and one location. This type of program is very popular and has great demand among Asian American communities because participants not only received education on three cancer topics at one time, but also are offered cancer screening. It provides tremendous convenience and help to participants who are underinsured or uninsured.



Center for Asian Health staff in partnership with NJ CEED staff after the cancer education and screening program for Korean participants in New Jersey.



Center for Asian Health Korean Community Health Coordinator and participants recruited from the Korean church.

#### **Program and experience sharing**

On April 23rd, 2010, Sun Kim, PhD, RN, from the University of Massachusetts Medical School, was invited by her mentor, Grace Ma, PhD, to Center for Asian Health to present her project, The Outcome of Korean-Culture Tailored Smoking Cessation Interventions: Preliminary Findings (funded by American Lung Association). She exchanged her research program experiences with CAH staff and ACHC members, especially the students from department of public health and others departments of Temple University. She thanked Dr. Ma for her mentorship of the smoking cessation program and discussed smoking prevalence among Korean Americans, the cultural reasons and barriers regarding smoking prevalence, study design and methodology, recruitment difficulty encountered and preliminary findings.



Dr. Kim was sharing her research experiences with CAH and ACHC team.



Dr. Kim, from University of Massachusetts Medical School, visiting with Dr. Ma (Dr. Kim's Mentor) and staff at Center for Asian Health, Temple University on April 23rd, 2010.

#### **Other community Health events**

The Golden Age Expo is an annual event to improve the health and life style of Asian American seniors in New York City. Health education and screenings were provided to all participants by Asian Community Health Coalition partners, institutions and organizations. This event also has health promotion interactive performance and activities in order to entertain as well as improve the health awareness among the senior Asian Americans. It is sponsored and organized by the Asia Business Center.



The annual Golden Age Expo event was organized by Asian Business Center in partnership with Center for Asian Health and Asian Community Health Coalition to improve Asian Senior's health and life style in New York City.



One of the health performances during the event: Tai Qi by the seniors.

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 <u>AHR@comcast.net</u>. When you send it, please write 'COMMUNITY NOTEWOR-THY EVENTS' in e-mail's subject line. Community noteworthy events will be selected by the editorial board for this column.

## **MY STORIES**

#### A true life story of a newly-immigrated Asian American family in Philadelphia and their new life in America written by Thu Ngo

First of all, I want to say thank you to all the staff at the Center for Asian Health for everything you did for me. My name is Thu Ngo and I am one of many people who have been receiving help from the Center. I have lived in the United States for three years with my family. We are a family of four people: my mom, dad, me and a younger brother. Living in a new country is not easy. There is particular difficulty with the new language and new culture; in addition, we have to start all over again with everything.

During the first year in the United States, I got a full time job in order to help my parents pay for daily expenses. A year after that, I was qualified to receive federal financial aid to pay for my tuition and I was happy that I could start to pursue a degree in a community college, which could help me have a good job in the future. Our American dreams seem to be realized one after another. However, being unable to afford health insurance, thus living without even basic health check ups, is one of the biggest concerns in our family especially knowing that we came from Asia where some specific diseases are more severe that other places in the world.

When we were hoping for help, the Vietnamese coordinator at the Center for Asian Health, Temple University, reached out to my family through a Vietnamese community association. All my family members attended the Hepatitis B education and screening event, organized by the Center for Asian Health, at this association. At this event, all my family members participated in the educational workshop and got tested for hepatitis B. Two weeks later, we received reports. The results were upsetting because all my family members were infected with hepatitis B virus. We were so sad to know that we are all hepatitis B carriers. Since then, the Center for Asian Health has been trying its best to connect us to free or low cost clinics or health centers to help us to receive further medical examinations and treatments.

Recently, the coordinator reached out to us again and informed us excitedly of a piece of good news: the Center for Asian Health finally developed a Hepatitis B Patient Navigation Program after so much searching and reaching out to relevant health care providers and programs. In November 2009, my parents and I were arranged by the Center to have further blood tests and physical evaluations at the doctor's office, which the Center for Asian Health collaborates with. The further tests indicate that my liver function is abnormal. My family and I were so scared and felt so hopeless, since we were without health insurance. Again, as I have never been left alone, the Center for Asian Health helped me in enrolling to a one-year free treatment program at a GI doctor's office. The Center will help initiate an application to apply for medical assistance after that. In the meantime, the Center for Asian Health is also trying its best to help my parents to connect with medical assistance program that will cover their twice-a-year blood tests which are recommended by the GI doctor.

With our health and expenses in covering these medical treatments and procedures being taken care of, I am now a second year student at a community college in Philadelphia and I can focus on my studies to fulfill my dream. I plan to transfer to Temple University next year to pursue a bachelor degree in Health Information Management. This new life is being settled down day by day and the Center for Asian Health has helped tremendously in making this happen. We are blessed and truly appreciative for everything that the Center has done for us. The Center's commitment to fighting hepatitis B among Asian Americans indeed means a lot to all of us. Thank you!

On Jan 3rd, 2010, Thu Ngo called CAH and reported that she felt better and that her body functions were better than before.

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 <u>AHR@comcast.net.</u>



## **MY STORIES**

#### Một câu chuyện có thật về một gia đình Á Châu mới nhập cư tại Philadelphia và cuộc sống mới của họ tại Hoa Kỳ Tác giả: Thu Ngô

Trước hết, tôi muốn nói lời cảm ơn đến các nhân viên của Trung Tâm Sức Khỏe Châu Á về mọi việc họ đã làm và mọi sự giúp đở của họ cho gia đình tôi. Tôi tên là Thu Ngô và tôi củng là một trong những nhiều người đã được sự giúp đở của Trung Tâm. Gia đình tôi gờm có 4 người; Cha, Mẹ, em trai và tôi. Chúng tôi định cư tại Mỹ đã được ba năm. Sống trong một đất nước mới thật là không dễ dàng. Chúng tôi phải đương đầu với những khó khăn về mọi khía cạnh, như ngôn ngữ mới và nền vân hoá mới. Chúng tôi đành phải bắt đầu lại từ đâu cho mọi sự việc.

Năm dầu tiên tại Hoa Kỳ, tôi đã tìm được một việc làm để giúp đỡ Cha Me trăn trở việc tiêu xải hàng ngầy trong gia đình. Một năm sau đó, tôi đã đủ điều kiện để nhận được hỗ trợ của nhà nước để trả tiền học phí của tôi. Tôi rất là hạnh phúc vì tôi có thể bắt đầu đi học ở trường cao đẳng để lấy bằng cấp để có thể giúp tôi có một công việc tốt trong tương lai. Những giấc mơ về cuộc sống ở đất Mỹ của chúng tôi dường như dần dần trở thành sự thật. Tuy nhiên, chúng tôi không có đủ khả năng để mua bảo hiểm sức khỏe, do đó chúng tôi không thể đi kiểm tra sức khỏe như mong muốn. Chúng tôi thường hây lo âu vì chúng tôi biết rỏ là chúng tôi đến từ Châu Á, một nơi mà một số bệnh cụ lang truyền một cách trầm trọng hơn là những nơi khác trên thế giới.

Khi chúng tôi hy vọng để được giúp đỡ, điều phối viên người Việt tại Trung Tâm Sức Khỏe Châu Á tại Trường Đại học Temple đã tìm đến gia đình tôi thông qua một hiệp hội công đồng người Việt. Tất cả thành viên gia đình tôi đã tham dự chường trình giáo dục về bệnh viêm gan B của Trung Tâm tổ chức tại một hội họp của công đồng. Gia đình tôi đã tham dự hội thảo giáo dục và đã xét nghiệm viêm gan B tại trương trình này. Hai tuần sau, chúng tôi nhân được báo cáo kết quả của cuộc xét nghiệm. Kết quả không được như ý vì chúng tôi phát hiện rằng tất cả các thành viên của gia đình tội đã bị nhiễm vi khuẩn viêm gan B. Chúng tôi rất buồn khi biết rằng chúng tôi là một trong số người có mạng vi khuẩn của bệnh viêm gạn B. Kể từ hôm đó, nhân viên tại Trung Tâm Sức Khỏe Châu Á đã cố gắng giúp chúng tôi tìm cách để đi phòng khám bác sĩ miễn phí để giúp chúng tôi điều trị.

Gần đây, điều phối viên của Trung Tâm đã tìm chúng tôi thêm một lần nữa để thông báo cho chúng tôi một mảnh tin lành: Sau khi tìm và chấp nối rất nhiều bác sĩ và những chương trình của nhà nước mà cung cấp cách bảo vệ sức khỏe, Trung Tâm Sức Khỏe Châu Á cuối cùng đã mở một chương trình mới cho những ai bị bệnh viêm gan B. Trong tháng 11 năm 2009, theo sự hướng dẫn của Trung Tâm, Cha Mẹ và tôi đã đi xét nghiệm máu và sức khỏe tại một văn phòng của bác sĩ mà Trung Tâm đã phối hợp. Sự xét nghiệm lần nầy cho thấy chức năng gan của tôi bị bất thường. Gia đình tôi và tôi sợ hãi và cảm thấy vô vọng, vì chúng tôi đã không có bảo hiểm sức khỏe. Một lần nữa, Trung Tâm đã giúp tôi đăng ký vào một chương trình điều trị miễn phí tại một văn phòng bác sĩ đặc biệt chỉ trị bệnh gan. Sau đó, Trung Tâm đã giúp tôi đăng ký để xin trợ cắp y tế. Trong khi đó, Trung Tâm Sức Khoẻ cũng cố gắng hết sức mình để giúp đỡ Cha Mẹ của tôi kết nối với chương trình trợ giúp để được đi xét nghiệm máu một năm hai lần vì đó là lời khuyến cáo của bác sĩ gan.

Với sự giúp đở về chi phí để chửa trị, tôi bây giờ là sinh viên năm thứ hai tại một trường cao đẳng ở Philadelphia và tôi có thể tập trung vào việc học của tôi để thực hiện ước

mơ của mình. Tôi định chuyển qua Trường Đại học Temple vào năm tới để theo đuổi bằng Cử Nhân Y-Tế Quản Lý Thông Tin. Cuộc sống mới này đang dần dần bình yên lại và Trung Trâm đã giúp rất nhiều trong việc này xảy ra. Chúng tôi cãm thấy rất là may mắn và thật sự cảm tạ tất cả mọi thứ mà Trung Tâm đã làm cho chúng tôi. Sự cam kết của Trung Tâm để chiến đấu bệnh viêm gan B cho người Mỹ gốc Á thực sự là có ý nghĩa. Cảm ơn bạn!

Ngày 03 tháng 01 năm 2010, Thu Ngô đã gọi qua Trung Tâm và thông báo rằng cô cảm thấy khỏe mạnh hơn và chức năng cơ thể của cô đã tốt hơn so với trước đây.



## WHAT'S NEW?

#### New programs: diabetes and osteoporosis

Two new projects, diabetes and osteoporosis programs, were successfully pilot tested in both New York City and Philadelphia. The diabetes program was launched in Chinese American communities in Pennsylvania and New York. The osteoporosis program was originally designed for the Vietnamese American community in Pennsylvania, then adapted to Korean and Chinese Americans. CAH, in partnership with ACHC, conducted the health fair providing general cancer education, diabetes and osteoporosis education and screening at a Korean community agency on March 21st, 2010. This event was successful and the participants expressed great appreciation for the two new programs along with existing cancer and health programs for Asian American communities.



Participants taking the diabetes screening in the Korean community.

Ultrasound Bone Density Test



Participants taking the osteoporosis screening.

#### New office in Chinatown

To accommodate the growing needs of Asian American communities, Asian Community Health Coalition (ACHC) will be opening a new office in Center City Philadelphia, [two blocks north of the heart of Chinatown], which will be used by the coalition and Asian American community for meetings, health education/services and other health program activities aimed at capacity building and enhancing cooperation among community partners.

#### The 10th year anniversary

Founded in 2000, Center for Asian Health and Asian Community Health Coalition have been dedicated to reducing cancer and other health disparities among Asian Americans for the past 10 years. The ACHC will be partnering with Center for Asian Health in celebrating the 10th Anniversary of both the Center and the Coalition. The events, currently in the planning and coordination stage, will be held in Philadelphia on September 18th, 2010, and New York City on September 25th, 2010. Partners and coalition member organizations will be invited to celebrate their collaboration at both 10th anniversary events.

#### New staff: Chinese community Health Educator

Center for Asian Health is very delighted to announce and welcome our new Chinese Community Health Educator, Amy Liu, to the CAH team. Amy joined the agency in February and is assisting the Chinese Community Health Coordinator in community outreach, event planning, and follow-up with community members. With Amy's experience and knowledge about Chinese population, she is a great asset not only to the Center, but also to the community.



## Center for Asian Health

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## 亚裔社区健康联盟 아시아인 건강연합 Asian Community Health Coalition

Hiệp Hội Sức Khỏe Cộng Đồng Người Á Châu

Community - Based Participatory Health Activities Eliminate Health Disparities in Asian Communities



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