

VOLUME 3
AUGUST, 2011

ASIAN

HEALTH REVIEW

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REDUCING HEALTH DISPARITIES - DISSEMINATION OF HEALTH MESSAGES

Health disparities are associated with complex interaction among genetic variations, environmental factors, and specific health behaviors. Inequalities in income and education underlie many health disparities in the United States, including populations such as Asian American and Pacific Islanders (AAPIs). In general, population groups that suffer the most severe health disparities are also those that have the highest poverty rates and the least education. Disparities in income and education levels are associated with differences in the occurrence of death and illness; examples of such differences are seen in the rates of heart disease, diabetes, obesity, elevated blood lead level, and low birth weight.

As one of the founding missions of Asian Community Health Coalition (ACHC) – **reducing health disparities and improving overall quality of health for all Asian American and Pacific Islanders** – the board of directors understands the complexities and recognizes the challenges ahead in accomplishing this mission. However, it is our belief that through relentless of efforts in community educations, dissemination of health messages and health promotions, we will eventually be able to achieve this ultimate goal and improve the overall knowledge levels of AAPIs regarding cancers and other diseases that have a significant impact on them.

Last year, we took our first attempt in moving toward this mission by publishing the first issue of *Asian Health Review*. Now, we are in the third issue – Volume 3. In addition, ACHC continues to collaborate with Center for Asian Health (CAH) in participating Clinical Trial Education project and other new health initiatives that help ensure community voices at the table in curriculum development and sharing the best practices in working with AAPI populations. Furthermore, ACHC co-presented with CAH at the Steering Committee and Asian Community Advisory Board meetings to share experiences with NIH project officers in community outreach, recruitment, and dissemination of health messages. With the accomplishments we have achieved, and the foundation we have built in the past 10 years, we would like to re-assure our community members and partners that ACHC and CAH will continue to work side by side in moving toward to our ultimate goal – reducing health disparities for all Asian American Pacific Islanders and underserved populations.

Warm Regards,
Board of Directors
Asian Community Health Coalition



Asian Health Review
1106 Buttonwood Street, Unit A, Philadelphia, PA 19123

Tel: 215-490-0705 / E-mail: AHR@comcast.net
Visit our website: www.asiancommunityhealthcoalition.org/Resources

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HEALTH NEWS AT A GLANCE

HOW ARE OVERWEIGHT AND OBESITY DIAGNOSED?

Body Mass Index for Adults

The most common method used by clinicians to diagnose overweight or obesity is through an indicator called Body Mass Index (BMI). BMI is an estimate of body fat and is calculated based on your height and weight. The higher the BMI number, the higher the risk of developing diseases associated with overweight. Although BMI is commonly used, it does have some limitations and may not accurately provide body fat estimate for some people. BMI may overestimate body fat in athletes and others who have a muscular build. It may also underestimate body fat in older people and others who have lost muscle. In these cases, BMI should only be used as a point of reference.

BMI	Description
Less than 18.5	Under weight
18.5-24.9	Normal weight
25.0-29.9	Overweight
30.0-39.9	Obese
40.0 and above	Morbidly obese

Imperial BMI Formula

The imperial BMI formula accepts weight measurements in pounds and height measurements in either inches or feet.

1 foot = 12 inches

inches² = inches * inches

Table: Imperial BMI Formula

$$\text{BMI} = \frac{(\text{weight in pounds} * 703)}{(\text{lbs/inches}^2) \text{ height in inches}^2}$$

Metric Imperial BMI Formula

The metric BMI formula accepts weight measurements in kilograms and height measurements in either center meters (cm) or meters.

1 meter = 100cms

meters² = meters * meters

Table: Metric BMI Formula

$$\text{BMI} = \frac{\text{weight in kilograms}}{(\text{kg/m}^2) \text{ height in meters}^2}$$

Waist Circumference

Another method that clinicians may use to diagnose overweight or obesity is waist circumference. If you have abdominal obesity and most of your fat is around your waist, rather than at your hips, you are at increased risk for coronary heart disease and type 2 diabetes. The risk goes up with a waist size that is greater than 35 inches for women or 40 inches for men.

2008 PHYSICAL ACTIVITY GUIDELINES FOR AMERICANS: BE ACTIVE, HEALTHY, AND HAPPY

It is clear that living a healthy lifestyle and maintaining healthy body weight are two key practices to promote good health and reduce the risk of chronic diseases. Being physically active is one of the most important steps that people of all ages can take to achieve that goal. We know the importance of being physically active. But do we all know how much, and what types, of physical activity can actually provide us with the most substantial health benefits? Let's take a look at the most recent research findings on the health benefits of being physically active and the recommended guidelines for physical activity in children, adolescents, and adults.

The Health Benefits of Physical Activity – Major Research Findings

1. Regular physical activity reduces the risk of many adverse health outcomes.
2. Some physical activity is better than none.
3. For most health outcomes, additional benefits occur as the amount of physical activity increases through higher intensity, greater frequency, and/or longer duration.
4. Most health benefits occur with at least 150 minutes per week of moderate-intensity physical activity, such as brisk walking. Additional benefits occur with more physical activity.
5. Both aerobic (endurance) and muscle-strengthening (resistance) physical activity are beneficial.
6. Health benefits occur for children and adolescents, young and middle-aged adults, older adults, and those in every studied racial and ethnic group.
7. The health benefits of physical activity occur for people with disabilities.
8. The benefits of physical activity far outweigh the possibility of adverse outcomes.

Examples of Different Aerobic Physical Activities and Intensities

Moderate Intensity

Walking briskly (3 miles per hour or faster, but no race-walking)
Water aerobic
Bicycling slower than 10 miles per hour
Tennis (doubles)
Ballroom dancing
General gardening

Vigorous Intensity

Race-walking, jogging, or running
Swimming laps
Tennis (singles)
Aerobic dancing
Bicycling 10 miles per hour or faster
Jumping rope
Heavy gardening (continuous digging or hoeing, with heart rate increases)
Hiking uphill or with a heavy backpack

Key Guidelines for Children and Adolescents (Aged 6 to 17)

- ♣ Children and adolescents should do 60 minutes (one hour) or more of physical activity daily.
 - Aerobic:** Most of the 60 or more minutes a day should be either moderate- or vigorous-intensity aerobic physical activity, and should include vigorous-intensity physical activity at least three days a week.
 - Muscle-strengthening:** As part of their 60 or more minutes of daily physical activity, children and adolescents should include muscle-strengthening (for example, resistance training or weight lifting) physical activity on at least three days of the week.
 - Bone-strengthening:** As part of their 60 or more minutes of daily physical activity, children and adolescent should include bone-strengthening (for example, jumping rope, running, brisk walking, or weight lifting) physical activity on at least three days of the week.
- ♣ It is important to encourage young people to participate in physical activities that are appropriate for their age, that are enjoyable, and that offer variety.

Key Guidelines for Adults (Aged 18 to 64)

- ♣ All adults should avoid inactivity. Some physical activity is better than none, and adults who participate in any amount of physical activity gain some health benefits.
- ♣ For substantial health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) per week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Aerobic activity should be performed in episodes of at least 10 minutes, and preferably, it should be spread throughout the week.
- ♣ For additional and more extensive health benefits, adults should increase their physical activity to 300 minutes (5 hours) per week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity activity. Additional health benefits are gained by engaging in physical activity beyond this amount.
- ♣ Adults should also do muscle-strengthening (such as resistance training or weight lifting) activities that are moderate or higher intensity and involve all major muscle groups on two or more days per week, as these activities provide additional health benefits.

Key Guidelines for Older Adults (Aged 65 and Older)

- ♣ When older adults cannot do 150 minutes of moderate-intensity aerobic activity per week because of chronic conditions, they should be as physically active as their abilities and conditions allow.
- ♣ Older adults should do exercises that maintain or improve balance if they are at risk of falling.
- ♣ Older adults should determine their level of effort for physical activity relative to their level of fitness.
- ♣ Older adults with chronic conditions should understand whether and how their conditions affect their ability to do regular physical activity safely.

USDA Replaces food pyramid with 'myplate'

On June 2, 2011, First Lady Michelle Obama spoke at the Agriculture Department in Washington, DC, to introduce the department's new dietary guidelines campaign, "MyPlate." This is a new at-a-glance guide to healthful eating and is designed to remind consumers to limit heavy foods and increase the consumption of greens. "MyPlate" promotes fruits and vegetables, which cover half of the circle. Grains occupy an additional quarter, as do proteins. A glass of milk rests to the side. Desserts have been banished. For more information, please visit www.choosemyplate.gov.



American Heart Association & American Stroke Association's recommendations for the Primary Prevention of Stroke

American Heart Association (AHA) and American Stroke Association (ASA) released new guidelines and recommendations for the primary prevention of stroke on December 2, 2010. These guidelines provide an overview of the evidence on established and emerging risk factors and provide evidence-based recommendations for the reduction of risk of a first stroke. Risk factors or risk markers for a first stroke were classified according to potential for modification (non-modifiable, modifiable, or potential modifiable) and strength of evidence (well documented or less well documented). Extensive evidence identifies a variety of specific factors that increase the risk of a first stroke, and that provide strategies for reducing that risk. For more detailed information, please go to <http://stroke.ahajournals.org>.

Recommendations

Recommendations	Risk Factors/Markers
Generally Non-modifiable Risk Factors	Age, sex, low birth weight, race/ethnicity
Well-Documented and Modifiable Risk Factors	Hypertension, cigarette smoking, diabetes, dyslipidemia, atrial fibrillation, other cardiac conditions, asymptomatic carotid stenosis, sickle cell disease, postmenopausal hormone therapy, oral contraceptives, diet and nutrition, physical inactivity, obesity and body fat distribution
Less Well-Documented or Potentially-Modifiable Risk Factors	Migraine, metabolic syndrome, alcohol consumption, drug abuse, sleep-disordered breathing, hyperhomocysteinemia, elevated lipoprotein (a), hypercoagulability, inflammation, and infection.

HEALTH EDUCATION CORNER

High Blood Pressure – Hypertension

What is Blood Pressure and How is it Measured?

Blood pressure is simply the pressure inside your blood vessels, both as your heart is pumping blood through them and while the heart is relaxed. As blood is pumped from your heart into your blood vessels, enough pressure is created to send the blood to all other parts of your body. As blood vessels travel away from the heart to other parts of your body, such as your brain, eyes, or kidneys, the blood vessels branch off and gradually get smaller. Blood pressure keeps the blood flowing through all these branches; therefore, your body's cells can get oxygen and nutrients they need, and waste matters can be removed.

When you measure your blood pressure, clinicians will usually tell you two numbers: systolic pressure (on the top) and diastolic pressure (on the bottom). For example, normal blood pressure will be read as 120 (systolic pressure)/80 (diastolic pressure). Systolic pressure measures the pressure inside your blood vessels at the moment your heart beats; and diastolic pressure measures the pressure in your blood vessels between heart beats, while your heart is resting.

What is High Blood Pressure?

High blood pressure, also called “hypertension,” is a condition in which the pressure within your blood vessels is too high. People with an average blood pressure reading of more than 140/90 are considered to have high blood pressure. In people with high blood pressure, the small blood vessels in the vital organs are most affected over time. These vessels become scarred, hardened, and less elastic, which makes them more likely to get blocked or to rupture. If high blood pressure goes without being treated or controlled, it can lead to serious health conditions, such as coronary heart disease, heart attack, heart failure, stroke, kidney failure, and other health problems.

High blood pressure affects about 65 million people in the United States and about 1 billion people worldwide. The relationship between high blood pressure and heart disease is continuous and consistent. The higher the blood pressure is, the greater the risk of having a heart attack, heart failure, stroke, and/or kidney diseases. High blood pressure itself usually has no symptoms and most people do not realize that they have it. You can have high blood pressure for years without knowing it. This is why knowing your blood pressure numbers is important.

There are two types of hypertension: primary hypertension and secondary hypertension. In most people, the specific cause or causes are not known. This is called primary or essential hypertension. When the cause is known (if the condition is a result of another medical problem or medication), this is called secondary hypertension.

Classification and Management of Blood Pressure for Adults

Blood Pressure Classification	Systolic Pressure (mmHg)	Diastolic Pressure (mmHg)	Lifestyle Modification	Initial Drug Therapy	
				Without Compelling Indication	With Compelling Indication
Normal	<120	and <80	Encourage	No	Yes
Prehypertension	120-139	or 80-89	Yes	Yes	Yes
Stage I Hypertension	140-159	or 90-99	Yes	Yes	Yes
Stage II Hypertension	≥160	or ≥100	Yes	Yes	Yes

Source: *The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure*

HEALTH EDUCATION CORNER

High Blood Pressure and Asian Americans

Higher rates of high blood pressure among Asian Americans can be partially explained by the following two study findings: lack of knowledge about hypertension and a diet that increases the risk of developing hypertension.

Compared to other Americans, Asian American and Pacific Islanders are less likely to be aware of hypertension or to be undergoing treatment for hypertension.. A study surveyed Cambodian, Laotian, and Vietnamese immigrants about the prevention of heart disease and their knowledge of blood pressure. The results showed that 85% did not know how to prevent heart disease and 94% had no knowledge of blood pressure (Chen et al., 1991).

A secondary factor that contributes to higher rates of high blood pressure among Asian American is dietary habits. An excessive intake of salt and sodium may lead to an increase in blood pressure. A study examining the dietary habits of Filipinos found a positive correlation between frequent consumption of meat, salted red eggs, and sauces high in salt and an increased risk for hypertension. These study findings have revealed the importance and the need of hypertension and nutrition education for this population.

Controlling Your High Blood Pressure and Preventing High Blood Pressure

High blood pressure can not be cured; however, it can be controlled through a combination of lifestyle change and/or medication. Before prescribing medication, health care providers usually will encourage you to modify your lifestyle and evaluate the outcomes and benefits. Lifestyle changes not only can improve your quality of life, they can also control your high blood pressure. The ultimate goal of high blood pressure treatment is to reduce your risk of developing cardiovascular and kidney diseases and prevent death causing by these diseases.

What kind of lifestyle changes can help you to prevent and controlled high blood pressure?

Eat a healthy diet – Eating a healthy diet is important for managing your blood pressure and reducing your risk of cardiovascular disease.

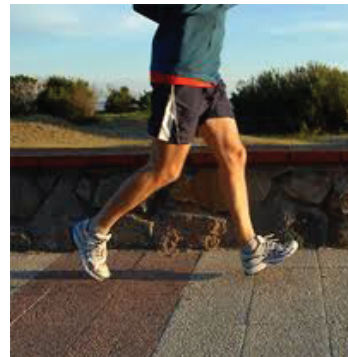
The goal is to eat a diet rich in fruits, vegetables, whole-grain and high fiber foods, fat-free or low-fat dairy products, beans, skinless poultry, lean meats, and fish.



Reduce salt intake – The American Heart Association recommends reducing dietary sodium intake to less than 1,500 mg per day (about ¾ teaspoon salt).



Exercise regularly – Engaging in regular aerobic physical activity, such as brisk walking, at least 30 minutes per day on most days of the week, will help to control blood pressure and also helps to manage body weight.



Maintain healthy weight – Maintaining healthy body weight of a Body Mass Index between 18.5 and 24.5 kg/m² provides multiple health benefits.

Moderation of alcohol drinking – Drinking too much alcohol can raise your blood pressure. Limit alcohol consumption to no more than two drinks per day in most men and to no more than one drink per day for women or lighter weight persons.

Diabetes Mellitus

What is *Diabetes*

Diabetes is a chronic condition in which there is a high level of sugar in the blood resulting from defects in insulin production, insulin action, or both. Insulin is a hormone produced by beta cells in the pancreas that the body uses to process blood sugar for energy. High blood sugar levels can cause several problems, such as blurry vision, excessive thirst, fatigue, frequent urination, hunger, and weight loss. Moreover, diabetes can lead to serious complications and premature death. However, with proper medical management, lifestyle changes, and healthier food choices, people with diabetes can take control of the disease and prevent and delay the development of complications.

Diabetes is one of the leading causes of death and disability in the United States. According to death certificate data in 2006, diabetes was ranked the seventh leading cause of death (about 72,507 cases of death associated with diabetes) in the United States. Moreover, the 2007 National Diabetes Fact Sheet estimated about 23.6 million (7.8% of the general population) children and adults in the United States have diabetes. Among those 23.6 million people, there are about 17.9 million people who are diagnosed and 5.7 million people who are undiagnosed. In addition, each year there are about 1.6 million new cases of diabetes diagnosed in people aged 20 years and older. Below are tables that summarized total prevalence of diabetes by "Age

Total Diabetes Prevalence by Age Group

Age Group	Number
Under 20 Years of Age	186,300
Between age 20 and 59	11.3 million
Age 60 and Older	12.2 million

Total Diabetes Prevalence (Aged 20 Years and Older) by Gender

Gender	Number
Male	12.0 million
Female	11.5 million

As for diabetes prevalence by race and ethnicity, according to the 2004-2006 national survey data for people diagnosed with diabetes, it is estimated that about 7.5% of Asian Americans, 6.6% of non-Hispanic White, and 11.8% of non-Hispanic Black are diagnosed with diabetes.



Diabetes and Asian Americans

Diabetes is a rapidly growing health concern among Asian and Pacific Islanders who have immigrated to the United States. Despite having lower body weight, Asian Americans are at higher risk of developing diabetes than Caucasians. It is estimated about 7.5% of Asian Americans have diabetes, and about 90% to 95% of the cases in Asian American are type 2 diabetes.

The actual causes of higher rate of diabetes among Asian American are not certain; however, it may result from a combination of genetic and environmental influences. Studies have shown that the rate of diabetes among Chinese Americans is significant higher than the rate of Chinese population living in China. Similar trend is also observed among Japanese Americans and Japanese living in Japan. These trends of diabetes rates observed in Chinese and Japanese populations indicate that environment and lifestyle are important contributing factors, such as consuming diet high in fat and calories, and decreased physical activity. Moreover, genetic may also play an important role in the development of diabetes among Asian Americans. A study found that the rate of diabetes among second and third generations of Japanese Americans, who are well acculturated in the mainstream American lifestyle, still have higher diabetes rates compared with Caucasians. In order to understand the true causes of higher rate of diabetes among Asian American, more extensive research is needed.

HEALTH EDUCATION CORNER

Types of Diabetes and Management

There are three major types of diabetes: Type 1 diabetes, Type 2 diabetes, and gestational diabetes.

Type 1 Diabetes

Type 1 diabetes, formally called juvenile or insulin-dependent diabetes, can occur at any age, but is often diagnosed in childhood and accounts for 5% to 10% of all diagnosed cases of diabetes. With type 1 diabetes, a person's body makes little or no insulin. It is because the body's immune system attacks and destroys its own cells in pancreas that produce insulin. The exact cause is unknown; however, genetics, viruses, or autoimmune problems may play a role. Symptoms of type 1 diabetes include feeling tired or fatigued, feeling hungry, being very thirsty, urinating more often, losing weight without trying, having blurry eyesight, and losing the feeling or experiencing a feeling of tingling in your feet.

One of the most common and dangerous complications for people with type 1 diabetes is ketoacidosis, which is a high level of ketones in the blood. Since people with type 1 diabetes are lacking or without insulin, blood sugar is not available for the body cells to use as energy; therefore, body fat is broken down instead to be used as a source of energy. As fats are broken down, a by-product called "ketones" is produced and built up in the blood and urine. Too much ketone in the blood is dangerous and can lead to severe illness or death.

People with type 1 diabetes must have insulin delivered by either injection or pump. The immediate goals of treatment for type 1 diabetes are to treat ketoacidosis and high blood sugar levels. The long term goals of treatment are to reduce symptoms and prevent diabetes-related complications such as blindness, kidney failure, nerve damage, amputation of limbs, and heart disease. If type 1 diabetes is not diagnosed and treated, a person can lapse into a life-threatening coma.

Currently, there is no way to prevent type 1 diabetes and there is no effective screening test for type 1 diabetes in people without symptoms. In addition to medication treatment, there are steps you can take to manage your diabetes and to prevent or delay the onset of complications.

Making healthy food choices

People with type 1 diabetes should eat at about the same time each day and try to be consistent with the types of food chosen. Here are a few tips for making healthy food choices:

- ♣ Eat a lots of vegetables (non-starchy vegetables: such as spinach, broccoli, or green beans) and fruits.
- ♣ Choose whole grain foods over processed grain products.
- ♣ Choose lean cuts of meats and include fish in your meals 2-3 times a week.
- ♣ Choose non-fat dairy.
- ♣ Choose water and calorie-free diet drink instead of sugar soda.
- ♣ Choose liquid oils over solid fats for cooking.
- ♣ Cut back on high calorie snack food and desserts.

Physical activity

Regular exercise helps not only to control the amount of sugar in your blood, and also helps to burn excess calories and fat to achieve a healthy weight.

Monitoring your blood sugar

Checking your blood sugar at home on a regular basis can tell you and your healthcare provider how well your diet, exercise, and diabetes medications are working for you. Self-testing blood sugar can be used to adjust meals, activities, or medications to keep blood sugar levels within an appropriate range. It can also provide health care providers valuable information to adjust, improve your care and treatment.

Foot care

Diabetes can damage your nerves and blood vessels and result in poor circulation in the lower limbs. Therefore, without appropriate and prompt care, infections of skins, connective tissues, muscles, and bones in the lower limbs can develop gangrene (death of soft tissue due to poor circulation), which may lead to amputation of the foot or leg with infections. People with diabetes should learn how to examine their own feet and to recognize the early signs and symptoms of diabetic foot problems. They should also learn what is reasonable to manage routine foot care at home, how to recognize when to call doctor when a problem has become serious enough to seek emergency treatment.

Type 2 Diabetes

Type 2 diabetes is more common than type 1 diabetes and accounts for about 90% to 95% of all diagnosed cases of diabetes. With type 2 diabetes, a person's pancreas does not make enough insulin to keep blood sugar level normal or a person's body does not respond well to insulin. Type 2 diabetes usually occurs gradually and develops in adults over the age of 40; however, people at younger age groups are increasingly being diagnosed with this disease, including children and adolescents. This may be due to increasing obesity and lack of exercise among these younger age groups. Symptoms of type 2 diabetes include feeling tired or ill, unusual thirst, frequent urination (especially at night), weight loss, blurred vision, frequent infections, and slow-healing wounds. Many people with type 2 diabetes do not know they have it, although it is a serious health condition.

People are at higher risk of developing type 2 diabetes if they have one or more than one of the following risk factors:

- ◆ a family history of diabetes
- ◆ Asian Americans and Pacific Islanders, African Americans, Hispanic Americans, and Native Americans
- ◆ overweight or obese
- ◆ aged 45 years or older
- ◆ had diabetes while pregnant (gestational diabetes)
- ◆ have high blood pressure
- ◆ have abnormal blood cholesterol levels
- ◆ are not getting enough exercise
- ◆ have polycystic ovary syndrome
- ◆ have blood vessel problems affecting the heart, brain or legs
- ◆ have acanthosis nigricans (dark, thick, and velvety patches of skin around the neck and armpits)

The immediate goal of treatment is to lower high blood sugar levels, and the long term goals of treatment are to prevent diabetes-related complications. Just like type 1 diabetes, in addition to medication treatment, people can manage and prevent or delay the onset of complications through making healthy food choices, exercise regularly, learning how to monitor their blood sugar, and proper food care.

Gestational Diabetes

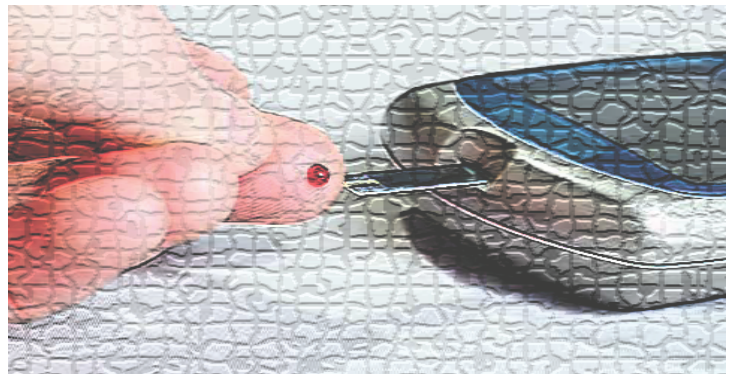
Gestational diabetes develops during pregnancy. Women who have had gestational diabetes are at higher risk of developing type 2 diabetes and cardiovascular disease later in life. Gestational diabetes usually has no symptoms, or symptoms are mild and not life-threatening to the pregnant women. In most cases for gestational diabetes, the blood sugar levels return to normal after delivery. However, women with gestational diabetes should be monitored closely for signs of diabetes after giving birth. Symptoms of gestational diabetes include blurred vision; fatigue; frequent infections in areas such as the bladder, vagina, and skin; increased thirst; increased urination; nausea and vomiting; and weight loss in spite of increased appetite.

Women are at higher risk of developing gestational diabetes if they have one or more than one of the following:

- ◆ have African or Hispanic ancestry
- ◆ older than 25 years when pregnant
- ◆ have family history of diabetes
- ◆ previously gave birth to a baby that weighed more than 9 pounds
- ◆ obesity
- ◆ have recurrent infections
- ◆ had unexplained miscarriage or death of a newborn

For women with known risk factors, beginning prenatal screening at 24 to 28 weeks into the pregnancy will help to detect gestational diabetes early. Complications related to gestational diabetes include delivery-related complications due to the infant's large size, development of diabetes later in life, increased risk of newborn death, and low blood sugar or illness in the newborn.

Goals of treatment for gestational diabetes are to keep blood sugar levels within the normal range during the pregnancy and to make sure that the fetus is healthy. Health care providers should closely check both you and your fetus throughout the pregnancy.



COMMUNITY NOTEWORTHY EVENTS

Diabetes and Hypertension Educations and Screenings in Asian Communities

Since its inception in 2000, the Center for Asian Health (CAH) has been focusing its attention on cancer programs that provide education and services to Asian communities. Through the interactions with communities in various cancer programs, CAH has also observed an increasing trend in the incidence of some chronic diseases that are lifestyle-related, such as diabetes and hypertension. In order to better understand the needs and barriers, and to design programs that can provide services to address the needs of Asian communities, it was one of the top priorities of CAH to assess the needs and barriers of diabetes and hypertension among Asian American communities during the last quarter of 2010. As a result, we organized a series of diabetes and hypertension education and screening events in Pennsylvania, New Jersey, and New York. Two noteworthy community events are highlighted below.



On October 26, 2010, a Diabetes and Hypertension education and screening event was held at the Nanshan Senior Citizen Center in New York City. As a member of Asian Community Health Coalition, CAH has been working collaboratively with the senior center in providing cancer educations and screenings to its members in the past few years.

More than 200 Chinese natives participated in the education workshop and received screening and testing. During the educational workshop, most of the participants had raised a lot of questions related to lifestyles and diets, and indicated that diabetes and hypertension are two of their main health concerns. Because of lacking health insurance coverage and transportation, for most of the participants, this was their first time to have diabetes and hypertension screenings done in their life. Other issues

identified by the participants are financial and language barriers; as well as limited accessibility to educational resources. After receiving the screening tests, some participants feel relief in seeing the normal testing results. For those with abnormal results, the staff of CAH and ACHC were able to provide them with additional educational materials and referral information for them to follow up with physicians to receive further treatment and care.

On September 19, 2010, a diabetes and osteoporosis educational workshop and screening event was held at a Korean Church in New Jersey. This event was part of CAH and ACHC's chronic disease assessment, and education/screening program. During this event, disease assessment was conducted and participants were provided with educational information about diabetes and osteoporosis. The first event was so well received by the church members that they requested another event, which was held on October 19, 2010, for those who couldn't attend the first event. Results of pre-educational assessment indicated that knowledge with regards to the cause of type 2 diabetes and osteoporosis among participants is poor. However, after participants attended the educational session, the post-educational assessment showed that participants' knowledge and awareness about the two diseases have improved significantly.



Innovative Approach and the Success of Utilizing Modern Technology in Health Education Promotion of Diabetes among Cambodian Community across the Nation

The first meeting was hosted by the Cambodian Association of Illinois and was funded by the National Diabetes Education Program with donations of time and space from the national coalition. The meeting brought together 400 participants, including Cambodian community members, health experts and experts in Cambodian health for six hours of fact finding and testimonies.

In 2009, with support from the National Diabetes Education Program (CDC and NIH) and the Racial and Ethnic Approaches to Community Health (REACH) program from the Centers for Disease Control and Prevention, KHA and NCAHI hosted the second national town hall meeting with three hours discussion on diabetes. The speaker was the foremost expert on diabetes in the Cambodian community: Dr. Lim Keuky, the founder of the Diabetes Association of Cambodia. This exciting event was conducted entirely in the Khmer language and brought together Cambodians from 12 sites across the United States, including Cambodian organizations, community health centers, temples, and a farm in Texas. With the incorporation of traditional Cambodian approaches, Dr. Keuky asked participants to share their understanding and concerns about diabetes, and educated them about diabetes, including its prevention, disease progression, and treatment. The program was a great success and well received by the community members. The pre- and post-surveys indicated that participants like sharing their ideas with other Cambodians in the Khmer language; they feel motivated to change their lifestyle to prevent or control of the disease; and they would like to work with community leaders in educating other community members about diabetes. With the success and positive feedbacks from the two town hall meetings, KHA and NCAHI are committed and will continue to using this technology to end disparities in health for their community.



A panel of experts at the health education forum.

Khmer Health Advocates is based in West Hartford, Connecticut. It was founded by Ms. Theanvy Kuoch in 1982 with a mission to address the health needs of survivors of war, torture, and genocide from Cambodia. KHA is one of the oldest torture treatment programs in the United States and provides integrated mental health services and coordination of care for health problems directly linked to trauma. Ms. Kuoch also founded the National Cambodian American Health Initiative, which focuses on health advocacy for Cambodian Americans. In addition, she is a board of director for the National Asian American and Pacific Islander Mental Health Association (NAAPIMHA).

COMMUNITY NOTEWORTHY EVENTS

Combating Hypertension: Educating Citizens about Salt Consumption and Hypertension – Board of Health, City of Waterbury Connecticut

By Sam Dambrosi
President, Board of Health

“In 2005, high blood pressure was responsible for one in six deaths in the U.S.,” says a new report from experts at the Institute of Medicine. That’s because hypertension boosts your risk of dying for a heart attack or stroke even more than smoking. What’s more, salt may damage the heart, kidneys, and other organs above and beyond the effect of blood pressure. “Salt is costing us too many lives and too many dollars,” says physician Stephen Havas.

In recognizing that salt is responsible for many medical illnesses, Mr. Sam Dambrosi, President, Board of Health, felt that it is important to make this health issue as a priority on the agenda and brought this issue to the attention of the Public Health Board of Health. Once the board and the Director of Public Health, City of Waterbury - Roseann Wright - were on board with this issue/concern, and in the interest of public health, the Board of Health decided to proceed in exploring options that hopefully would be productive in getting that message out to our citizens about salt consumption and its impact on hypertension.



1 table spoon of soy sauce (15 ml) contains 910 mg of sodium; For people under 40, recommended maximum daily sodium intake is 2,300 mg; For people over 40, or those with hypertension, recommended maximum daily sodium intake is 1,500.

From a Public Health perspective, it is most important that we get the message of salt and its deleterious effects on health out to our community. Hence, a committee was put together to develop a plan that would best serve as a vehicle in outreaching to our community. Consequently, a pamphlet about Salt and Hypertension was developed by Waterbury Health Department in conjunction with the committee, which includes pertinent facts that show the effects of the consumption of salt in our daily diets.

Currently distribution of this salt pamphlet is aimed at such places as doctor’s offices, pharmacies, hospitals, other medical facilities and/or other facilities that have a good flow of traffic. To date, we have had some publication on this topic in the 2010 fall edition of Health Matters magazine published by the Waterbury Regional Chamber Health Care Council. One other option that is being considered by our health department is to advertise via the buses traveling throughout our city.

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.

The Dream Team – Efforts of Anti-Obesity

Mark Fenton, a national public health planning and transportation consultant, has been here in Waterbury Connecticut for a couple days. Mark was invited at the request of the “Dream Team” which represents 10 members from different interests in our city including the director of the “Y” who have an active interest in developing a “community plan” for healthy living.

Mark, in his captive audience style, has energized our citizens during those two days as he traveled around the city and made presentations to different groups within our community. You only have to attend one of his lectures and you will walk away fully charged.

The Waterbury Board of Health, in conjunction with our Public Health Department, is constantly searching for topics that promote good public health practices. One search has led us to focus on childhood obesity. Recognizing that extra pounds on our kids often starts them on the path to health problems once confined only to adults. A couple years back, we promoted a campaign on childhood obesity. The purpose then, as it is in now, is to continually bring awareness to our community in hopes of getting this dreadful disease on the decline in our city. After all, obesity is the second-leading cause of preventable death in the United States after smoking.

It’s heartbreaking to know our kids of today will have a lower life expectancy than we grown-ups are currently enjoying if we don’t make some measurable changes. One reason is due to the activity component which is suffering in our younger generation.

During Mark’s time in Waterbury he addressed several groups of people. Our Mayor had a welcome reception that was successful and brought out many different interested groups. The Waterbury Chamber’s Healthcare Council hosted a breakfast meeting, again bringing in an array of individuals from different walks of life. Mark also had made a presentation to our school teachers, principals, and other educators in our public school system.

Anne Marie Cullinan, assistant superintendent of schools, had organized the event and the turnout was gratifying. Luckily we have Anne as a member of our dream team, and with her knowledge and vision there is hope we can



move forward in Waterbury. And just as a side note, the Waterbury public school system as a whole is the winner with Anne Marie on board.

Mark’s presentation and Anne Marie’s buy-in, can set the path to potential policy changes in getting our kids on a more active lifestyle while in school. The food service department is focused on improving menu and food quality served in our cafeterias. This is where it starts, and appears to me that we have the educators on board. Now, and as equally important we need to turn to our parents. They are the key, as without them, it doesn’t happen. The need for the school educators aligned with our parents can make this happen. **Come on, parents: it’s your kids and ours that are begging for your help and guidance.**

I know much of this letter is devoted to the kids, mostly because that’s where it starts. But let us not forget it is also the time to get our grown-ups on board. Mark has motivated us during those two days; let’s keep the momentum moving. We cannot afford not to.

The dream team is committed to effect policy changes in Waterbury in hopes that we all can live a healthier lifestyle. And if can be done, but only with your help.

Remember it takes the will of an entire community to battle against obesity not just the willpower of one.

By Sam D’Ambrosi
President, Board of Health
City of Waterbury, Connecticut

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?

2011 Asian Community Cancer Health Disparities Center (ACCHDC) Steering Committee and Community Advisory Board Meeting

Center for Asian Health (CAH) hosted the first Steering Committee for their newly funded Asian Community Cancer Health Disparities Center (ACCHDC) at the Diamond Club of Temple University. The purpose of this meeting is not only to share the center's research progresses and accomplishments; but also to receive program updates from the funding agency - the National Institutes of Health (NIH). During this two-day meeting (May 18th and May 19th), over 50 people from 17 communities and six institutions participated, including Dr. Rina Das, Program Director, and Dr. Aniruddha Ganguly, Project Officer, from NIH.

On the first day of the two-day meetings, Dr. Grace Ma and Dr. Walter Tsou conducted the opening remarks to welcome guests and participants from both Philadelphia and New York metropolitan areas. Then Dr. Ma provided an overview of the Center for Asian Health's past 10 years of progress, as well as the direction for the next five years. During program updates, program core directors provided past experiences and accomplishments in various research projects, as well as best practices in community outreach, recruitment, and health information dissemination.

During the second day of the meeting, field trips were arranged to visit CAH collaborative partners, which provided NIH Program Directors a face-to-face opportunity to interact with staff and observed the day-to-day operations of community health clinic and Asian ethnic community-based organizations in greater Philadelphia. The first partner visited was Chinatown Medical Center (CMS) with Dr. Philip Siu and his staff to discuss in-depth about the collaboration of a research institution and a community clinic. The second was the Vietnamese Hung Vuong Association, a Vietnamese community-based organization, and the third was the Coffee Cup – Philadelphia Senior Center. Dr. Rina and Dr. Aniruddha Ganguly commented about how dynamic our collaborative partnerships are and the visits have been an eye-opener.





Breast Health in Chinese Women- New York City

The Breast Health in Chinese Women project is now officially launched in New York City. This project is a National Cancer Institute sponsored Community-Based Participatory Research project and it is multi-institution collaboration between the Center for Asian Health (CAH), Temple University, Georgetown University and University of California at LA. The aim of the project is to identify the most effective approach in increasing adherence and decreasing barriers to mammography screening among Chinese immigrant women. Chinese-Americans are the largest Asian population in the United States, of which 70% are immigrants. In contrast to the general population, Chinese-American women have much lower mammography rates than all other ethnic group in the United States. CAH has identified three community-based organizations as partners in this project. The participants recruitment is expected to begin in August of this year for a total of 1050 eligible will be enrolled in the project; and eligible enrollees will be randomly assigned to either intervention or control group.

Bio-Specimen Project

Another project initiated by Center for Asian in partnership with Asian Community Health Coalition and its coalition member organizations is Hepatitis B virus (HBV) Biospecimen research. Although studies show that Chinese Americans are at high risk for HBV infection, there are neither published studies focused on examining the impact of psychosocial and cultural factors on HBV biospecimen research among this population, nor educational interventions undertaken to increase the knowledge of and changes in attitudes toward greater participation in biobanking research among this large subset of the Asian populations. The disproportionately low numbers of Chinese Americans participating in biospecimen research has had a significant impact on the representation of scientific outcomes and result in social and clinical injustices.

To understand and increase Chinese Americans' knowledge, attitudes, intention, and behavior of participation in biospecimen research, the Center for Asian Health and Asian Community Health Coalition, in collaborating with its established multidisciplinary partners from the Chinese American community, clinical services, and biomedical sciences, is currently conducting a culturally appropriate education intervention on hepatitis B related biospecimen research participation among Chinese Americans. The two-year pilot study commenced in September 2009 and aims to recruit 320 Chinese Americans aged 18 years or older. Participants are invited to attend one workshop and voluntarily donate two tubes of blood (4.5ml each), one for future HBV-related research and another for an HBV test. The pilot research is the first study that has potential to make a significant contribution to enhancing our understanding of the impact of psychosocial and cultural factors on the participation in biospecimen research among Chinese Americans.



WHAT'S NEW?

Clinical Trial Education Training

On May 9, 2011, Center for Asian Health (CAH) held a one-day educational training session with Natasha Blakeney, a training coordinator from the Education Network to Advance Cancer Clinical Trials (ENACCT), for the "Learning and Feedback" about cancer clinical trial. This educational session marks the project kick off for CAH in developing a clinical trial education program that is designed specifically cultured to Asian Community. Attendees/Trainees wore different hats to symbolize the different roles they represent from the community.

According to literature, only 5% of all American cancer patients participated in cancer clinical trials. Of those 5%, only 2% were of Asian descents. With this low participation rate, CAH hopes to make an impact by changing the mind set of Asian Americans in proactively acquiring their physicians and participating cancer clinical trial research. With the advances in medical technologies and therapies, CAH is hoping to develop a clinical trial education program that is specifically cultured to the Asian community with collaboration with ENACCT. The ultimate goals of this program are to educate Asian communities about cancer clinical trials and eliminate the myths that the words "clinical trial" may harvest. The next training session is scheduled on July 8, 2011.



Interaction with trainer



Small group discussion



Change Role



Whole group discussion

Healthy Living

Innovative Way of Health Promotion by Increasing Physical Activity – Zodiac Exercises

University of Pennsylvania's School of Medicine recently published a YouTube video that demonstrates exercises inspired by the 12 animals of the Chinese Zodiac. Physical activity is an important part of staying healthy and feeling good. This video will help people find ways to keep active everyday – easy and fun. To complete the entire exercise, it will just take 10 minutes. It is not complicated and doesn't need special equipment. If you want to try it out, please visit the link and check out the video for yourself! <http://tinyurl/pennasianvideo01>



Sugar Snap Pea and Berry Salad

Ready in: 50 minutes

Servings: 6

Ingredients:

- 1/2 pound sugar snap peas, trimmed
- 1 cup fresh raspberries
- 2 tablespoons raspberry vinegar
- 2 tablespoons olive oil
- 1 pinch sugar, salt and pepper to taste
- 1 cup fresh blueberries
- 2 cups torn mixed salad greens



Direction:

1. Bring a pot of water to a boil. Place snap peas in pot, and cook 1 to 2 minutes. Drain, rinse under cold water, and set aside.
2. Place about 1 1/2 tablespoons raspberry in a strainer over a bowl, and crush with a wooden spoon. Discard pulp. Mix vinegar, olive oil, sugar, salt, and pepper with the strained raspberry juice.
3. In a large bowl, gently toss the dressing with the snap peas, remaining raspberries, and blueberries. Cover, and chill at least 30 minutes in the refrigerator. Toss with greens just before serving.

Nutritional information per serving

Calories 87 (Calories from Fat 27); Total Fat 4.9g (Saturated Fat 0.6g); Protein 1.6g; Total Carbohydrate 10.3g (Sugars 3.4g); Fiber 3.5g, Cholesterol 0mg; Sodium 76mg

Grilled Chicken with Asian-Ginger Sauce (From American Diabetes Association)

<http://www.diabetes.org/food-and-fitness/food/grill-off/grilled-chicken-asian-ginger-sauce.html>

Serves: 4 (Serving size= 3 ounces cooked chicken and 1 tablespoon sauce)

Ingredients: 1 Tbsp sugar, 1 Tbsp lite soy sauce, 2 Tbsp cider vinegar, 1 Tbsp canola oil, 1 to 2 tsp grated ginger, 44-oz boneless skinless chicken breasts, rinsed and patted dry, 1 tsp coarsely ground black pepper.

Direction:

1. Whisk together the sugar, soy sauce, vinegar, oil, and ginger in a small bowl. Reserve 2 tablespoons of the mixture in a separate small bowl.
2. Sprinkle both sides of the chicken with the black pepper, pressing down lightly with your fingertips to adhere.
3. Lightly coat a grill pan or nonstick skillet with cooking spray and place over medium-high heat. Using the 2 tablespoons of reserved sauce, brush 1 tablespoon on the chicken and cook for 5 to 6 minutes. Turn, brush with the remaining tablespoon, and cook an additional 5 to 6 minutes or until no longer pink in the center.
4. Place on serving platter and spoon remaining sauce evenly over all.

Nutrition Information per serving:

Calories 180 (Calories from Fat 55); Total Fat 6.0 g (Saturated Fat 1.0 g, Trans Fat 0 g); Cholesterol 65 mg; Sodium 345 mg; Total Carbohydrate 4 g (Dietary Fiber 0 g, Sugars 4 g); Protein 25 g

- You can serve this as is, or make 2 cups cooked brown rice tossed with 2 tablespoons finely chopped green onion, divided into 1/2 cup servings, to catch the sauce.

Center for Asian Health

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215-787-5436 (Fax)



www.temple.edu/cah

New York Office:
401 Broadway, Suite 708
New York, NY 10013
212-219-8449 (Office)

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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
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- General health: Asian Americans & Pacific Islanders
- Childhood lead poisoning prevention
- Federal and State funded prescription drug assistance programs
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CONTACT US

Office: 203-755-2474

Cell: 203-910-7215

E-mail: richardlee1027@gmail.com

www.rclresearch.com

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