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ASIAN

HEALTH REVIEW

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




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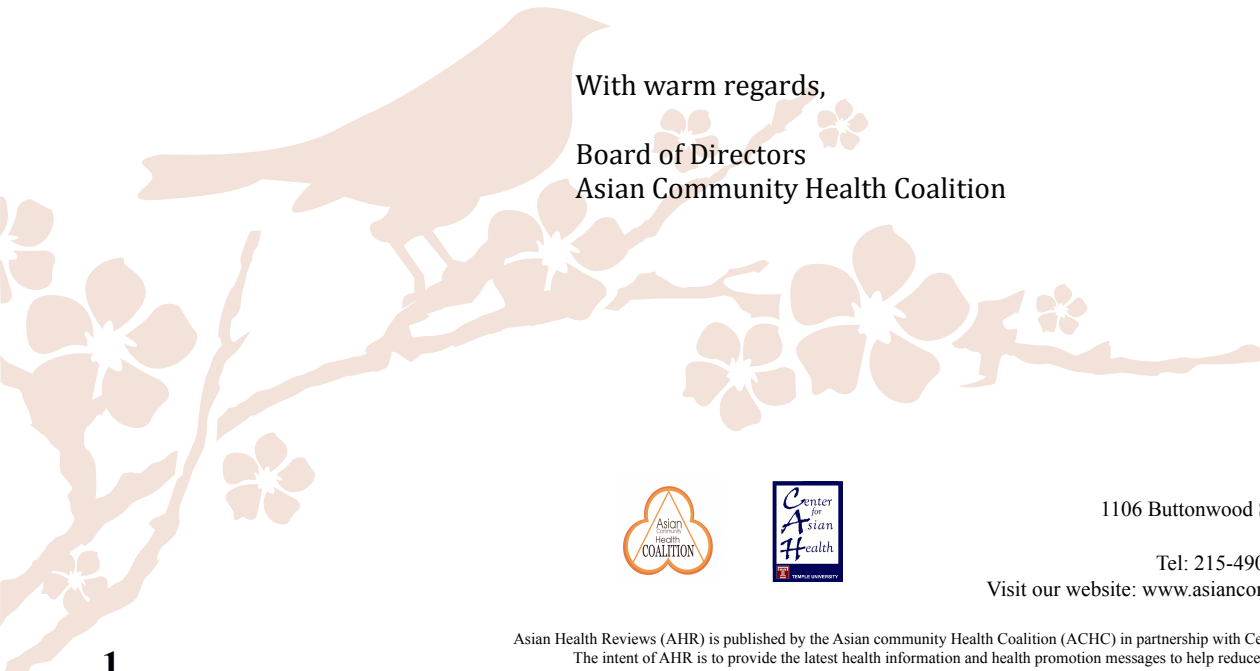
CELEBRATING ACCOMPLISHMENTS AND MOVING FORWARD

“Cultivating Wellness: Reducing Health Disparities in Asian American Communities” was the theme for the tenth anniversary celebration of the Asian Community Health Coalition and the Center for Asian Health. These two organizations have grown from just a mission statement and seven local partners to more than 250 regional organization partners today. It was a great time to celebrate this milestone, not only for our successes and accomplishments, but also as a reminder of the huge task ahead in improving health equity and quality of life for all Asian Americans. We believe that disease prevention and health promotion are two critical components in helping us achieve that goal. Therefore, in this issue, we continue to feature information about diseases that are disproportionately impacting the life of Asian Americans, including breast cancer, hepatitis B and diabetes. Furthermore, we have added a new section, “Healthy Living”, which will feature tips for how to eat well and live a healthier lifestyle.

We would like to thank all of you for your feedback and support about the first issue of Asian Health Review. The team has been working diligently to provide readers with the most insightful and comprehensive overview about diseases and health policies that have the greatest impact and influence on the health and life of Asian Americans. The future issues of Asian Health Review will only be available electronically; we believe electronic dissemination is not only more environmentally friendly, but also a more effective way to reach more readers who share this common vision. We would like to have this magazine become a place where we learn and share our stories, experiences, and successes. Please share your stories with us.

As we celebrate our tenth anniversary, it is important not merely to reflect on the accomplishments of the past, but also to look forward to the future. What will the next 10 years bring in terms of health care for Asian Americans? It is our hope that we are entering an era where the goal of health equity for Asian Americans is within reach. Together, we will be able to improve the health of Asian Americans.

With warm regards,
Board of Directors
Asian Community Health Coalition



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HEALTH NEWS AT A GLANCE

THE PRICE AND IMPACT OF REPEALING THE AFFORDABLE CARE ACT – FACT SHEET RELEASED BY DEPARTMENT OF HEALTH & HUMAN SERVICES, JANUARY 5, 2011

What would it mean for Americans if the Affordable Care Act were repealed?

- More than 1.2 million young adults (up to age 26), that do not have coverage of their own and are covered through their parents' health plan, would lose their insurance coverage.
- Insurance companies would once again be allowed to drop a person's coverage if a person becomes sick.
- New insurance plans would no longer be required to cover recommended preventive services, such as mammograms and flu shots, without cost sharing.
- Seniors who have Medicare coverage would be forced to pay a co-pay to receive important preventive services, including mammograms and colonoscopies.
- More than 2.7 million people on Medicare would see significantly higher prescription drug costs.
- States would not have new resources to review proposed health insurance premium increases and hold insurance companies accountable for unjustified premiums increases.

HEALTHY PEOPLE 2020

Healthy People 2020 is a document sponsored by the Department of Health and Human Services and is designed to serve as a road map for improving the health of all people in the United States. This document provides a systematic approach to health improvement of all people through goals and objectives setting, progress measurement, and outcome evaluation. In this issue, we are going to see what are the proposed goals and objectives for breast cancer, hypertension, and diabetes.

Heart Disease and Stroke

In this issue, we are focusing on objectives related to hypertension. Prevention of hypertension through lifestyle changes and treatments are two main focus areas in Healthy People 2020. Highlights of proposed objectives are:

- ◆ Increase overall cardiovascular health in the U.S. population.
- ◆ Increase the percentage of adults who know their blood pressure and regularly monitor their blood pressure.
- ◆ Reduce the percentage of persons in the population with hypertension.
- ◆ Increase the percentage of adults with high blood pressure taking recommended medications to lower their blood pressure.
- ◆ Increase the percentage of adults with pre-hypertension and hypertension who meet the recommended guidelines for body mass index (BMI), saturated fat consumption, sodium intake, physical activity, and moderate alcohol consumption.



Diabetes

Prevention, lifestyle change, and treatment are three main focus areas in Healthy People 2020. Highlights of proposed objectives are:

- ◆ Reduce the annual number of newly diagnosed diabetes cases in the population.
- ◆ Increase the percentage of persons with diagnosed diabetes who receive formal diabetes education and who are engaging diabetes prevention behaviors.
- ◆ Increase the percentage of adults with diabetes monitoring their blood sugar on daily basis, improving blood cholesterol control, and receiving regular medical check-up for diabetes and its complications.
- ◆ Reduce the mortality rate among the population with diabetes.

Breast Cancer

In addition to breast cancer prevention and screening, the two new objectives set forth in this document are to improve health-related quality of life among breast cancer survivors and to decrease the number of breast cancer patients progressing to late-stage breast cancer. Highlights of the proposed objectives are:

- ◆ Reduce breast cancer mortality rate.
- ◆ Increase counseling about cancer prevention.
- ◆ Increase cancer reporting.
- ◆ Increase the five-year survival rate.
- ◆ Increase breast cancer screening for women aged 40 and older.
- ◆ Improve health-related quality of life among survivors.
- ◆ Decrease the number of late-stage cancer diagnosis.



**NEW MAMMOGRAM SCREENING GUIDELINES:
U.S. PREVENTIVE SERVICES TASK FORCE
RECOMMENDATIONS, NOVEMBER 17, 2009**

On November 17, 2009, the U.S. Preventive Services Task Force (USPSTF), a group of health experts that review published research and makes recommendations about preventive health care, issued new mammogram guidelines. The new guidelines have created a lot of discussion among the medical community and have also received a lot of attention in the public media. The new recommendations are an effort to cut down on high number of false positive (results show positive; however, it is actually negative) and frequent over-diagnosis. The high number of false positive testing and over-diagnosis have resulted in anxiety among patients, unnecessary biopsies, and subsequent unnecessary treatment.

According to the new government recommendations, most women would do fine to hold off until age 50 for their first mammograms and skip self-exams for breast lumps altogether. However, these new recommendations do not apply to women who are at a high risk for breast cancer. Below is a table that provides comparison for different mammogram recommendations by the American Cancer Society, Mayo Clinic, and USPSTF.



**NEWS UPDATE: HORMONE REPLACEMENT
THERAPY & THE RISK OF BREAST CANCER**

In the United States, approximately 15% of women take hormone replacement therapy (HRT) for menopausal symptoms such as hot flashes and night sweats. HRT is considered a very effective treatment; however, a new report in the Journal of the American Medical Association indicates that taking combined hormone replacement therapy may increase the risk of dying from breast cancer.

A large government study looked at more than 16,000 postmenopausal women for 11 years. All women in the study took either Prempro, a HRT that combines both estrogen and progestin, or a placebo (a pill has no active drug ingredient). The study was stopped because of health concerns. Women who had used Prempro were not only more likely to develop breast cancer, they were twice as likely to die from the disease. In addition to increased breast cancer risks, HRT was shown to raise the risk for heart attack, stroke, lung cancer, and other health problems.

Following the release of the report, the drug maker Pfizer release the following statement: *“We stand behind the current, science-based guidance in Prempro’s label, which advises doctors to prescribe the medicine at the ‘lowest effective dose and for the shortest duration consistent with treatment goals and risks for the individual women’ and patients to ‘talk regularly’ with their health care provider about whether treatment is still appropriate for them.”*

American Cancer Society Recommendations	Mayo Clinic Recommendations	USPSTF Recommendations
Yearly mammogram screening beginning at age 40 for women at average risk of breast cancer.	Yearly mammography Screening beginning at age 40.	Screening mammograms should be done every two years beginning at age 50 for women at average risk of breast cancer.
Breast self-exam is optional in breast cancer screening.	Breast self-exam to identify breast abnormalities and allow a woman to become familiar with her breasts so that she can tell her doctor about any changes.	Doctors should not teach women how to do breast self-exams.
	Clinical breast exam performed by a health care provider and recommended annually beginning at age 40.	There is insufficient evidence that mammogram screening is effective for women age 75 and older, so it’s not recommended for this group.

HEALTH EDUCATION CORNER

BREAST CANCER

What is Breast Cancer?

Cancer is a disease in which cells become abnormal and form more cells in an uncontrolled way. Breast cancer is a cancer that starts in the tissues of the breast. Except for skin cancer, breast cancer is one of the most common types of cancer among women; it is the second cause of cancer death among women in the United States. Men are also at risk of developing breast cancer; however, the incidence (new cases) is much higher among women. Overall, the ratio of female to male breast cancer rate is about 100 to 1. In other words, out of every 100 breast cancer cases, one will occur in a man.

Over the course of a lifetime, approximately one in every eight women will be diagnosed with breast cancer. Each year, it is estimated that nearly 200,000 women will be diagnosed with invasive breast cancer, 60,000 women will be diagnosed with non-invasive breast cancer, and about 40,000 women will die from breast cancer in the United States. Early breast cancer usually does not have any symptoms. This is why regular breast exams are important.

Breast Cancer and Asian American and Pacific Islander Women

White women have a higher rate of developing breast cancer than any other racial or ethnic groups, followed by African American, Asian American and Pacific Islander, Hispanic/Latina, and Native American women. As a group, Asian and Pacific Islander women have a lower incidence rate of breast cancer compared with White, African American or Hispanic/Latina women. A common misconception exists that breast cancer is rare among Asian American women; however, this is not true. Breast cancer is still a very real health threat to Asian and Pacific Islander women. Since 1980, cancer has been the number one cause of death among Asian American women, and breast cancer incidence has been rising in Asian American and Pacific Islander women.

Even though the risk of developing breast cancer among Asian American women is lower than other ethnic groups in the United States, Asian American women have a higher risk of developing breast cancer compared with Asian women in their native countries. Many experts think that the western lifestyle might play a role in this higher rate. Studies have also shown that when Asian women move to the United States, their risks of developing breast cancer increase up to six times. For example, Japanese women living in the United States have an incidence of breast cancer almost as high as white women; the incidence of breast cancer among Filipino American women is almost as high. Within as few as 10 years, it is expected that Asian American women will have an eighty percent higher risk of developing breast cancer than a new immigrant.

What are the Risk Factors for Breast Cancer?

The actual causes of breast cancer are still unknown and no one can tell who will develop breast cancer. However, researchers have found a number of factors that may increase a woman's chance of developing breast cancer; these are called "risk factors." Some of these risk factors can be controlled; however, there are many you can not. Furthermore, women who do not have any risk factors still may develop breast cancer.

A risk factor is an aspect of personal behavior or lifestyle, an environmental exposure, or an inherited characteristic that is associated with the probability of a specific health-related outcome. Having a risk factor, or several risk factors, does not mean that you will get the disease. Most women who have breast cancer risk factors never develop the disease. On the other hand, many women who have breast cancer have no apparent risk factors. Even when a woman with risk factors develops breast cancer, it is difficult to say how much of these risk factors actually caused the cancer. Below are risk factors identified and associated with increasing a woman's chance of developing breast cancer.

RISK FACTORS YOU CAN NOT CONTROL

GENDER - Being a woman is a risk factor for developing breast cancer. It is because of women's breast cells are constantly exposed to growth-promoting female hormones. Men can also develop breast cancer; the probability is about 100 times less common among men than women.

AGE - The risk of developing breast cancer among women increase as they getting older. Overall, rates of breast cancer are low in women younger than age 40 and begin to increase after age 40. The highest rates are among women older than age 70. About 95% of women in the U.S. diagnosed with breast cancer are age 40 or older.

GENETIC FACTORS - About 5% to 10% of breast cancer is associated with genetic factors inherited from a parent. The most common genetic factors that cause breast cancer are inherited mutations in BRCA1 and BRCA2 genes. Other genes associated with breast cancer are ATM, P53, CHEK2, PTEN, and CDH1.

FAMILY HISTORY OF BREAST CANCER - Having a family history of breast cancer increases breast cancer risk. The more members of the immediate family or first degree relatives have breast cancer, the higher the risk for you of developing breast cancer. A history of breast or prostate cancer in close male relatives can also increase your risk. A history of breast cancer in a father or brother can greatly increase the risk of breast cancer.

PERSONAL HISTORY OF BREAST CANCER - Breast cancer survivors have increased risk of developing a new case of breast cancer (about 3 to 4 times increased risk) comparing with those who have never had breast cancer.

RACE AND ETHNICITY - White women have slightly more risk in developing breast cancer follow by African American, Asian American and Pacific Islander, Hispanic/Latina, and Native American women. However, African American women are more likely to die from breast cancer because they tend to be diagnosed with more aggressive tumors.

BREAST TISSUE DENSITY - Women with denser breast tissue (more glandular tissue and less fatty tissue) have a higher risk of developing breast cancer.

DIAGNOSIS OF BENIGN BREAST CONDITIONS - Women diagnosed with the following benign (not harmful) breast conditions may have an increased risk of developing breast cancer: non-proliferative lesions, proliferative lesions without atypia, or proliferative lesions with atypia.

LOBULAR CARCINOMA IN SITU - Lobular carcinoma in situ (localized) is a condition in which abnormal cells grow in the lobules of the breast. Having this condition will increase the risk of developing breast cancer.

MENSTRUAL PERIODS - Women who start menstrual cycles before age 12 and/or went through menstrual cycles after age 55 have a slightly higher risk of developing breast cancer.



RISK FACTORS YOU CAN CONTROL: LIFESTYLE-RELATED RISK FACTORS

HAVING CHILDREN - Women who have had no children or who had their first child after age 30 have a slightly increased risk of developing breast cancer.

RECENT ORAL CONTRACEPTIVE USE (BIRTH CONTROL PILLS) - Women who use birth control pills have a slightly increased risk of developing breast cancer than those who have never used them. The increased risk declines when they are stopped and returns to normal after about 10 years.

HORMONE THERAPY AFTER MENOPAUSE - Both estrogen and estrogen plus progestin postmenopausal hormone use increase the risk of developing breast cancer; the risk increases with the length of time they are taken.

BREASTFEEDING - Breastfeeding continued for a lifetime total of one year may offer protection against developing breast cancer. The benefit appears to increase when the lifetime total of breast-feeding increases.

ALCOHOL CONSUMPTION - Drinking alcohol may be associated with an increased risk of breast cancer. It is recommended that women limit their alcohol intake to less than one drink per day.

OVERWEIGHT - Many studies have shown that being overweight or gaining weight after menopause increases the risk of breast cancer. The risk is the greatest for postmenopausal women.

PHYSICAL ACTIVITY - Lack of exercise may be associated with increased risk of breast cancer. Moreover, recent studies have shown that regular exercise may decrease the risk of breast cancer.



HEALTH EDUCATION CORNER

Breast Cancer Survival and Death Rates

There are about 2.5 million breast cancer survivors alive today in the United States and the number of deaths due to breast cancer are continuing declining. A combination of regular screening, early detection, and more effective treatments have contributed to the decreasing breast cancer death rates. Breast cancer survival rates are determined by the percentage of people who are alive five years after the time of their diagnosis. Below is a table of the five-year survival rates for different racial and ethnic groups:

Race/Ethnic	5-year survival rates
White women	90%
African American women	78%
Hispanic/Latina women	86%
Asian American women	91%
Pacific Islander women	86%
American Indian/Alaska Native women	84%

The difference of the five-year survival rate for each racial and ethnic group might be explained by differences in breast cancer screening practices, breast cancer stage at the time of diagnosis, type of breast cancer, and treatment. Regular screening, including mammograms, can help to improve the death rate through early detection at earlier stage, when there are more treatment options and better chances of survival.

White women have higher rate of developing breast cancer; however, African American women, followed by Hispanic/Latino women, are more likely to die from breast cancer compared with white women. These higher death rates might be a result of less breast cancer screening practice, diagnosis at later stage, or diagnosis with more aggressive type of tumors.

Knowing Your Risk: Early Detection

With the advance medical technology today, there are more women surviving breast cancer now through early detection and treatment. The earlier breast cancer is detected, the greater the chance for survival. There are several tips here recommended by Susan G. Komen Foundation to help women to increase self-awareness of detecting any breast changes that may be early signs or symptoms for breast cancer.

Recommendations of Breast Self-Awareness for Early Breast Cancer Detection <i>Susan G. Komen Foundation</i>	
KNOW YOUR RISK	<ul style="list-style-type: none"> ▪ Talk to your family to learn about your family history. ▪ Talk to your doctor about your personal risk of breast cancer.
GET SCREENED	<ul style="list-style-type: none"> ▪ Ask your doctor which screening tests are right for you if you are at a higher risk. ▪ Have a mammogram every year starting at age 40 if you are at average risk. ▪ Have a clinical breast exam at least every 3 years starting at 20, and every year at 40.
KNOW WHAT IS NORMAL FOR YOU (SEE YOUR HEALTH CARE PROVIDER RIGHT AWAY IF YOU NOTICE ANY OF THESE BREAST CHANGES.)	<ul style="list-style-type: none"> ▪ Lump, hard knot or thickening. ▪ Swelling, warmth, redness or darkening. ▪ Change in the size or shape of the breast. ▪ Dimpling or puckering of the skin. ▪ Itch, scaly score, or sore or rash on the nipple. ▪ Pulling in of the nipple or other parts of the breast. ▪ Nipple discharge that starts suddenly. ▪ New pain in one spot that doesn't go away.
MAKE HEALTHY LIFESTYLE CHOICES	<ul style="list-style-type: none"> ▪ Maintain a healthy weight. ▪ Add exercise into your routine. ▪ Limit alcohol intake.

Breast Cancer Screening

Breast cancer screening is the use of medical imaging technology to detect any abnormality in the breast before any symptom appears. Medical imaging is a critical tool in fighting breast cancer and it is used to:

- ❖ **Screen** – to detect early stage of breast cancer when it is most treatable,
- ❖ **Diagnose** – to determine whether a tumor is cancer or benign, cyst, exact location or other condition, and
- ❖ **Stage breast cancer** – to determine the stage if it is malignant or cancerous.

It is also used to provide health care providers with guidance during the course of breast cancer treatment to see whether a treatment is working and monitor the recurrence of breast cancer.

Currently, there are three commonly used medical imaging technologies for breast cancer screening: mammography, ultrasound and magnetic resonance imaging (MRI). Below is a table summarized the technology for each imaging method and its application.



Medical Imaging Technologies: Method, Applications, and Recommendations	
Medical Image Method	Recommendations/ Guidelines/Applications
Mammography An X-ray exam of the breast. It is used to detect, evaluate breast changes and monitor breast cancer.	Women age 40 and older should have a mammogram every year and should continue to do so for as long as they are in good health.
Ultrasound Ultrasound uses high frequency sound waves to create images of the inside of the breast.	An ultrasound is used to exam the breast when an abnormality has been discovered by a mammogram or during a clinical exam. It can determine whether a mass is a cyst filled with liquid or a solid mass. It cannot determine whether a mass is cancerous or not and may not be able to detect an abnormality that is deep within the breast.
Magnetic Resonance Imaging (MRI) MRI uses a magnetic field and radio waves to create three dimensional images of the breast. It provides more detailed pictures of soft tissue structures than other imaging methods.	MRI is currently used in addition to mammography to help diagnosis and stage breast cancer. It is often able to detect a mass that can be felt during an exam but isn't visible with mammography or ultrasound. MRI is also used to determine if cancer is localized to one spot in breast, or if it has spread to other locations in the breast or in the chest wall. It is also used to distinguish between scar tissue and recurrent tumors.

The American Cancer Society recommends annual MRI and mammography for women with one or more than one of the following conditions:

- ❖ have a known BRCA1 or BRCA2 mutation
- ❖ have a mother, father, sister, brother, or child with a BRCA mutation but have not had genetic testing
- ❖ have a lifetime risk of breast cancer of 20% to 25% or higher according to risk assessment tools based mainly on family history
- ❖ had radiation therapy to the chest area between the ages of 13 and 30 years

HEALTH EDUCATION CORNER

Treatment

Treatment for breast cancer is determined at individual level and based on a number of factors, including type of cancer, stage of the cancer, and aggressiveness of the cancer; as well as patient's age and whether a patient is pre or post-menopausal. When breast cancer is diagnosed, a clinician will need to determine the type of cancer, the stage of the cancer, and whether the cancer cells have spread to the other parts of the body or not. All these information are very important to help a clinician in predicting a patient's prognosis and to use as a guide to develop a treatment plan for the patient.

There are several types of breast cancer. The two most common types are **ductal carcinoma**, which starts in the ducts that supply milk to the nipple, and **lobular carcinoma**, which starts in parts of the breast called lobules or glands that produce milk in the breast. For all breast cancers, approximately 85% to 90% are ductal carcinoma; about 8% are lobular carcinoma. In addition to type of cancer, breast cancer is evaluated by its size, number and location called staging. Size of the tumor is important because the smaller the tumor, the better chance for successful treatment. There are 5 stages of breast cancer: Stage 0, I, II, III, and IV. The higher the stage, the more severe the condition is and the more difficult it is to treat.

In addition to type and stage, a clinician needs to determine whether the cancer cells have spread or not. Breast cancer cells can be: (1) "in situ," stay in place not spreading outside of the primary site; (2) invasive, when cancer cells spread into surrounding breast tissue; or (3) metastasis, when cancer cells break away from the primary tumor and spread to other organs of the body through bloodstream or the lymphatic system.

Once the initial diagnosis and assessment are completed, a clinician will develop a cancer treatment plan for the patient, which may include local therapy and/or systemic therapy. Local therapy is a treatment at the site of the tumor including surgery and radiation. Surgery is used to remove cancerous tissues. There are two main types of surgeries: lumpectomy (breast conserving surgery), when only the tumor and some surrounding tissues are removed; and mastectomy, when the entire breast is removed. Radiation is also used as local therapy to kill any remaining cancer cells in the breast or lymph nodes after surgery and to reduce the risk of local recurrence.

Systemic therapy is used after local treatment to kill any cancer cells that may have spread to the other parts of the body. Example of systemic therapies include chemotherapy, which is used to kill or slow the growth of cancer cells that have spread to other parts of the body; and hormone therapy, which is used to block certain hormones that fuel cancer growth or interfere with cancer cell growth and function, etc. Most women receive a combination of both local and systemic treatments. For women with stage I, II, or III breast cancer, the main goal is to treat the cancer and prevent it from returning. For women with stage IV cancer, the goal is to improve symptoms and help them live longer. In most cases, stage IV breast cancer can not be cured and clinicians will do whatever they can to improve the quality of life for the patients.

Living a Healthy and Balanced Lifestyle

Even though there is no way to prevent breast cancer, there are actions you can take to decrease the risk of developing breast cancer, or to reduce the risk of recurrence for women who have had breast cancer. These actions include living a healthy and balanced lifestyle and taking charge of risk factors that you can control. Studies have shown positive linkage between increased breast cancer risk and women who gained 20 or more pounds after age 18 or gained weight after menopause. The risk is particularly greater for women after menopause. Other studies have indicated that drinking alcohol increases the risk of breast cancer and the risk increases when the alcohol consumption goes up. Moreover, women who are physically inactive may be associated with increased risk of breast cancer; on the other hand, regular exercise may have protection against breast cancer.

So, the most important thing you can do to protect you from breast cancer is to take active role in your health and your health care – that is living a healthy and balance lifestyle through eating healthy diets, exercising regularly, maintaining a healthy weight, and limiting your alcohol intake.



CARDIOVASCULAR DISEASES

What is Cardiovascular Diseases?

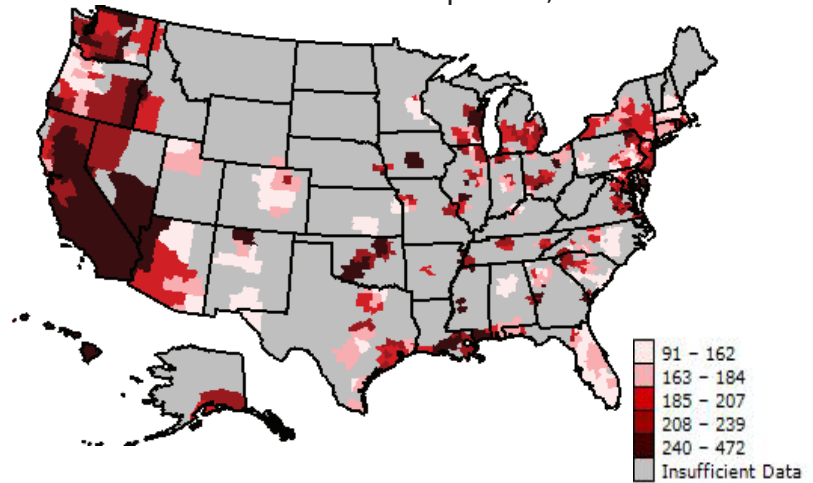
Cardiovascular disease, also known as heart disease, is a term that generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain, or stroke. Other heart conditions, such as infections and conditions that affect your heart's muscle, valves or beating rhythm are also considered forms of heart disease. Heart disease is the number one worldwide killer of men and women and it is responsible for 40% of all deaths in the United States. About 57 million Americans are diagnosed with some forms of heart disease each year. The cost of heart disease to the nation is nearly \$260 billion annually (National Heart, Lung, and Blood Institute, 1997).

Heart Disease and Asian American and Pacific Islanders

Heart disease is the leading cause of death among Asian American and Pacific Islanders (AAPIs). According to the National Center for Health Statistics, the overall age-adjusted cardiovascular disease death rate for AAPIs is about 109.7 per 100,000, compared to 181.8 per 100,000 for the general U.S. population; this means that for every 100,000 AAPIs, about 110 people will die as a result of any form of heart disease vs. about 182 people in the general population. Death rate due to coronary heart disease for AAPIs is 62.6 per 100,000, compared to 107.9 per 100,000 for all races combined. Death rate due to stroke for AAPIs is 25.8 per 100,000, compared to 26.7 per 100,000 for the general population.

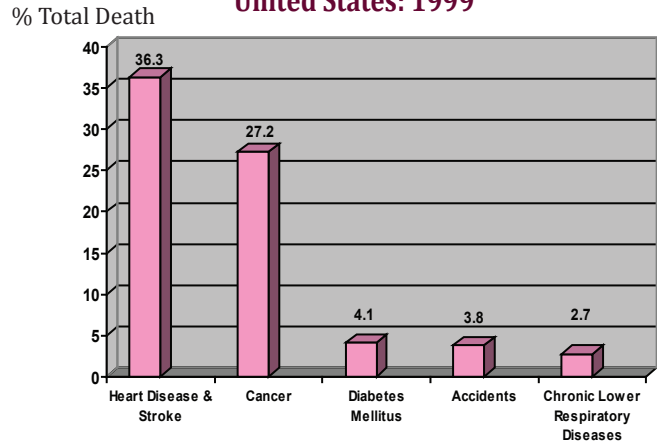
United States — Heart Disease Death Rates Asian and Pacific Islanders, Ages 35+, 2000 – 2006

Age-adjusted Average(Annual) Deaths per 100,000



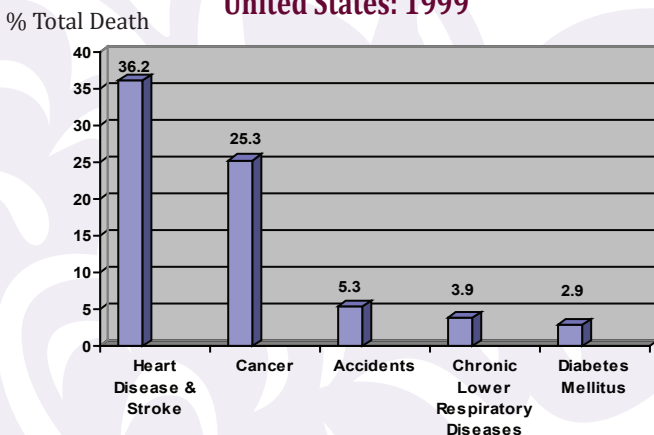
Source: Centers for Disease Control and Prevention

Leading Cause of Death for Asian/Pacific Islander Females United States: 1999



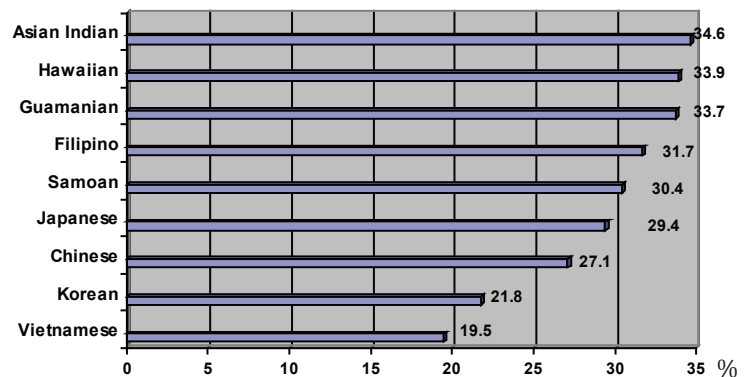
Source: CDC/NCHS and the American Heart Association.

Leading Cause of Death for Asian/Pacific Islander Males United States: 1999



Source: CDC/NCHS and the American Heart Association.

Heart Disease as Percentage of All Deaths



Source: National Vital Statistics System, CDC, NCHS, 1994

Who are at higher risk for Heart Disease?

There are some factors, called risk factors, which may influence or increase an individual's likelihood of developing heart diseases. If an individual has one or more than of the following risk factors, he or she is at increased risk of developing heart disease.

AGE - Getting older increases your risk of damaged and narrowed arteries, and weakened or thickened heart muscle, which contribute to heart disease?

GENDER - Men are generally at greater risk of developing heart disease. The risk of developing heart disease for a woman increases after menopause.

FAMILY HISTORY - A family history of heart disease increases your risk of developing coronary artery disease, especially if a parent developed it at an early age (before age 55 for men and before age 65 for women).

HIGH BLOOD PRESSURE - High blood pressure, also known as hypertension, can result in hardening and thickening of your arteries and narrowing blood vessels. It also increases the risk of developing kidney diseases and stroke.

DIABETES - Diabetes affects your blood cholesterol levels, which increase your risk of heart disease. The risk is double when hypertension is present.

CIGARETTE SMOKING - Several studies have shown that smoking increases the risk of heart disease in all persons regardless of race and socioeconomic status. Chemicals in cigarette can constrict blood vessels and damage the inner lining. In addition, heart attacks are more common in smokers than in nonsmokers.



UNHEALTHY DIET - A diet that is high in fat, salt, and cholesterol can contribute to the development of heart disease.

HIGH BLOOD CHOLESTEROL LEVELS - Excessive cholesterol in the blood settles on the inner walls of the arteries, narrowing them and restricting blood passing through to the heart; this greatly increases a person's chance of developing heart disease.

OBESITY - Excessive weight typically worsens other heart disease risk factors. Length of time living in the U.S. appears to have an effect on obesity for some AAPI groups.

PHYSICAL INACTIVITY - Lack of exercise is associated with many forms of heart disease. A physically active lifestyle improves mental health, reduces stress, and leads to positive self-image. Sedentary lifestyle is common among AAPIs as a group, and AAPIs engage in less physical activity, compared to the general population.

In the next few issues of Asian Health Review, we will explore each risk factor of heart disease.

COMMUNITY NOTEWORTHY EVENTS

SHARING THE EXPERIENCES – THE INTERNATIONAL COLLABORATION OF CANCER HEALTH PROGRAMS, CHINA

An international collaboration on cancer prevention programs between Center for Asian Health and cancer research institutions in China is underway. Dr. Grace Ma has been working diligently with two universities in China on projects focusing on breast and lung cancer prevention and smoking cessation. The aims of these projects are to assess the general population's knowledge and awareness of breast and lung cancer, as well as disease management of breast and lung cancer patients in China. In addition, these projects will identify barriers and needs associated with cancer education and screening. Research findings from these cancer prevention programs have provided valuable information in helping CAH design and develop its programs in the United States.

In 2010, the collaboration between the two universities expanded further. We established a partnership with Nan Jing Cancer Survivor Association in Nan-Jing, China.



A collaboration meeting with the leader at the Nan Jing Cancer Survivor Association – Nan Jing, China – July 12, 2010

A Vietnamese-American participant getting screened for HBV by an ACHC medical staff in Lancaster, PA on October 16, 2010

HEPATITIS B INTERVENTION PROGRAM

With high prevalence of hepatitis B infections among Asian Americans, Center for Asian Health in partnership with Asian Community Health Coalition continues its Hepatitis B Intervention Program activities in Asian communities throughout the year. Five educational workshops and screening events were held in this quarter and two of these were focused on Chinese community. Educational materials and free blood screenings were offered at each event and the center has been receiving positive feedback from community members. With the center's commitment on combating new infections and eliminate disparities, the Hepatitis B Intervention Program will continue to deliver cultural and linguistic-appropriate prevention messages to Asian American communities in the greater Philadelphia area with an ultimate goal to increase community awareness, improve screening practice, and help improve patients' linkage to treatment and care through the center's Patient Navigation program.



Vietnamese-Americans from Pennsauken, NJ tentatively listen to a CAH staff conducting a presentation about Hepatitis B on September 12, 2010.



3-IN-1 CANCER EDUCATION WORKSHOPS

The Korean community team of Center for Asian Health continues to partner with New Jersey Cancer Education and Early Detection Program (NJ CEED) in 3-in-1 cancer education and screening workshops. The 3-in-1 cancer education workshop combines education and screening of cervical cancer, breast cancer, and colorectal cancer. Because of participants' busy working schedules, the 3-in-1 education workshop is not only well received by the participants, but also well liked by the health care providers. Three events were conducted in the last quarter of 2010.



Korean American participants tentatively listen about 3-in-1 Cancer Health Educators.

INNOVATIVE APPROACH AND THE SUCCESS OF UTILIZING MODERN TECHNOLOGY IN HEALTH EDUCATION PROMOTION OF DIABETES AMONG CAMBODIAN COMMUNITY ACROSS THE NATION

In November 2005, the National Cambodian American Health Initiative (NCAHI) declared a health emergency in the Cambodian community based on the evidence of overwhelming life-threatening chronic illness and diminishing health resources available to survivors of the Khmer Rouge living in the United State. In the report published by NCAHI, mental health issues (including depression and post-traumatic stress disorder [PTSD]), diabetes, stroke, liver disease and cancers of the liver, stomach and nasopharynx, were identified as causing suffering and early death among Cambodian Americans. Cambodian Americans have rates of these conditions that

are many times greater than that of the general population. For example, mortality rates of diabetes and stroke among Cambodian Americans are six times and twice higher than the general American population, respectively.



A visual display of different participants from different sites during a videoconferencing.

In 2003, Khmer Health Advocates (KHA) received a grant from the Department of Commerce Technical Opportunities to develop the infrastructure for a telecommunications system that is capable of delivering health communications and in-home care for traumatized Cambodian Americans with chronic diseases and limited ability to communicate in English. With the capability of allowing participants to see each other on the screen and engaging in real time discussions, KHA and NCAHI quickly realized the other potential usages of the bridged videoconferencing technology, which are: increasing community outreach and delivering health educational information on a nationwide level.

With these new exciting discoveries, Khmer Health Advocates, a national Cambodian American health organization, partnered with members of the National Cambodian American Health Initiative and decided to launch a series of nationwide diabetes health education programs using bridged videoconferencing technology to deliver culturally sensitive and linguistically appropriate health promotion information to community members across the country. This project, funded by the National Diabetes Education Program, was able to reach 30% of the Cambodian community in the United States and disseminated materials in a spoken format for members of the community who are functionally illiterate and with limited English-speaking ability. As a result, two national town hall meetings were held for the Cambodian community.

COMMUNITY NOTEWORTHY EVENTS

HEPATITIS B INITIATIVE OF WASHINGTON DC HOSTS FIRST ANNUAL GALA TO SUPPORT HEPATITIS B SCREENING AND VACCINATION EFFORTS IN DC AREA (NOVEMBER 14, 2010 – ARLINGTON, VIRGINIA)

The Hepatitis B Initiative of DC (HBI-DC), a non-profit organization dedicated to fighting hepatitis B in at-risk communities, hosted more than 280 attendees at its first-ever benefit gala. The event took place at the China Garden Restaurant in Arlington and honored volunteers and physician leaders who have joined forces with HBI-DC to prevent hepatitis B infection and its deadly consequences. The event raised over \$20,000 to support free hepatitis B education, screening, and vaccination events in the DC area.

"Culturally appropriate programs like the Hepatitis B Initiative are so critical...this is an opportunity to increase hepatitis B education and raise awareness among our communities, including our providers," said Daphne Kwok, Chair of President Obama's Advisory Commission on Asian Americans and Pacific Islanders.

"We use an integrated public health strategy to fight hepatitis B, building public and private partnerships and organizing volunteers to deliver free services to communities. We refer people with hepatitis B infection to appropriate care, and we provide culturally and linguistically appropriate hepatitis B education, screening and vaccinations to our high-risk communities at no charge," said Jane Pan, executive director of HBI-DC.



Community members whom received Community Service Awards at the Annual Gala event.

HBI-DC presented 2010 Community Service Awards to Dr. Mark Li, Dr. Andrew Lee, Dr. Sang Van Tran, Dr. Benson Yu, and Dr. Mo Ping Chow. Many members of the Chinese American Medical Society and the Vietnamese Medical Society were in attendance. Dr. Gloria Addo-Ayensu, Director of the Fairfax County Department of Health. The award-winning journalist and former CNN news anchor, Joie Chen, was the Mistress of Ceremonies.

To learn more and to support the work of HBI-DC, visit our website at <http://www.hepbinitiative.org>. For more information about the event, contact email: j.pan@hepbinitiative.org; phone: 571-274-0021

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

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

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

MY STORIES

A TESTIMONY FROM A DAUGHTER OF A BREAST CANCER SURVIVOR WHO COMBATED BREAST CANCER AS A NEW IMMIGRANT IN THE UNITED STATES

My family arrived in America from Vietnam when I was seven years old. We started our lives over in the U.S. at a small neighborhood in the outskirts of Lancaster County, Pennsylvania. Our life was very humble at the beginning. Around that time, my father worked as a laborer at a local clothing factory making a little as \$7 per hour. It might not seem to be a lot for most people; but to us, it was much better than what my father made while we were living in Vietnam. As for my mother, in addition to working, she was a homemaker; she took care of everything around the house, including cooking, cleaning, and disciplining the children.

After living in our new home for about one year, my mother felt an odd lump in her right breast one day. My mother knew nothing about breast cancer at that time, but she knew the lump was not good. Thank goodness for my father's health insurance coverage; my father was able to take my mother to see a doctor, even on the minimum salary he was making. However, both my parents did not speak English very well. In order to be able to tell doctor what was wrong, my eldest sister was taken out of school to help my parents with translation at the doctor's office. The doctor examined my mother and a biopsy was ordered to see whether the tumor is malignant or not. The result of the biopsy came back positive and it was a malignant tumor. But fortunately, the tumor was small and it did not spread to the other parts of the body. My mother went



through a mastectomy, followed by chemotherapy and radiation treatment. Luckily, the cancer hasn't been reactivated since then.

Besides the medical treatment, the healthcare provider did not provide my mother with any educational information about breast cancer. My mother had no idea what caused it. I remembered during that time she was going through chemotherapy, she thought the cancer was caused by deodorant and laundry detergents. She said that since she did not use either items in Vietnam, and since she used them in America, they must be the causes of her tumor. She asked me to throw away all the deodorant and laundry detergents at home. There was even a time when my mother thought that the dried fish - a native dish in Vietnam that we often ate for dinner - was the cause of the cancer.

When I looked back to my mother's experience, I wish there were programs for Asian Americans or language-appropriate educational materials available for people like my mother who do not speak English very well and are new to American culture. In addition, I wish healthcare providers had more understanding about Asian culture. Therefore, my mother would have felt more comfortable discussing her health issues with the providers. Luckily, my parents were very proactive about her health condition and sought medical care right away; therefore,

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?

CENTER FOR ASIAN HEALTH AND ASIAN COMMUNITY HEALTH COALITION CELEBRATED THEIR 10TH ANNIVERSARY

In September of 2010, Center for Asian Health and Asian Community Health Coalition hosted two gala events in Philadelphia and New York City to celebrate their tenth birthdays. This 10th year milestone demonstrated CAH and ACHC's commitment and accomplishment in addressing health disparities among underserved Asian American communities. Dr. Grace Ma, the director of CAH, gave opening speeches at both events that highlighted the past 10 years and looked forward to another successful decade of research, training and services to those who seek and deserve equality in health.

As Dr. Ma indicated in her speech, "Ten years ago, it was just a mission statement, and ten years later, we have grown from seven members to 230 members today." Over 600 guests from the community rejoiced at the events. Distinguished guests included Philadelphia Mayor Mr. Michael A. Nutter, Temple University's Interim Senior Vice President and Provost, Dr. Richard M. Englert, and Temple University's Senior Vice Provost for International Affairs, Dr. Hai-Lung Dai. In addition, the center also recognized Dr. Kenneth C. Chu for the Distinguished Leadership Award, and Mr. Charles P. Wang, Dr. Philip Siu, and Dr. Whan Soon Chung for the Outstanding Leadership Award. Guests enjoyed delectable cuisines while watching an assortment of cultural performances.



CAH and ACHC 10th anniversary celebration in Philadelphia on September 18th, 2010



CAH and ACHC 10th anniversary celebration in New York on September 25th, 2010

(Continue My Story)

my mother's breast cancer was detected early enough and she is still alive today. Nevertheless, not everyone is as lucky as my mother. I know a friend of mine whose mother was not as lucky. Her mother was very shy and did not discuss her health condition with her family members. Unfortunately, by the time my friend took her mother to the doctor, her breast cancer was already at a later stage and had spread to the other parts of her body. It saddens me every time when I think about a loss causing by a disease such as breast cancer that could have been prevented through education and regular monitoring. Through my personal experienced of witnessing these challenges and difficulties that my mother had to go through and my ability of speaking fluently in both English and Vietnamese, as well as understanding both cultures, I want to give back to my own community and help Vietnamese women in understanding breast cancer, the importance of regular screening. I want to help those who have language and cultural barriers in linking them to treatment and care.

WHAT'S NEW?

OFFICIAL LAUNCHING OF THE HEPATITIS B PATIENT NAVIGATION PROGRAM

With the success of testing the pilot project in 2009, Center for Asian Health launched the Hepatitis B Patient Navigation (HBV PN) program in Philadelphia during summer of 2010. HBV PN is a system that is developed to address disparities for medically underserved Asian American populations for whom are infected by hepatitis B virus through improving disease awareness, education, and management of this silence disease. It is designed to identify patients' needs and barriers, provide patient education on disease states and disease managements, and help them to navigate through the complex medical system and connect to appropriate treatment and care. During the launching event, Dr. Xiaoli Ma, a gastroenterologist and hepatologist, was invited to give a lecture and interact with patients as part of program activities.



HBV PN participants listened as gastroenterologist, Dr. Xiaoli Ma, answered their concerns.

CENTER GRANT – THE NATIONAL INSTITUTES OF HEALTH

September, 2010, National Institutes of Health awarded the Center for Asian Health the Center grant to establish the national “Asian Community Cancer Health Disparities Center,” focusing on strengthening the health care infrastructure to deliver more culturally appropriate cancer and health intervention programs to Asian Americans through research, community health education, training and clinical services.

NEW STAFF - ASSISTANT HEALTH COORDINATOR



Mr. Chul Kim joined the Center for Asian Health as an Assistant Health Coordinator this past October. In his new role, Mr. Kim assists Ms. Joanne Rhee, the Korean Health Coordinator, in community outreach for educational and health screening events in Korean community. Mr. Kim also provides assistance to Ms. Rhee in managing research data and developing and disseminating educational materials. In his spare time, Mr. Kim enjoys reading. Welcome aboard!

HEART HEALTHY AND DIABETES FRIENDLY RECIPES

Even though the development of diabetes, hypertension, and high cholesterol may have genetic components, these conditions can be either prevented or delayed by living a healthier lifestyle, which includes eating healthy food and exercise regularly. Eating healthy does not mean one must sacrifice delicious food. Below are two recipes that are not only taste good, but also good for you.



Spring Roll

Ingredients: for 8 rolls

2 ounces rice vermicelli
 16 pieces 21 to 25 shrimp, cooked, peeled, and sliced in half
 1 cup mung bean sprouts
 1 cup cucumber, peeled, seeded, and julienned
 6 large lettuce leaves, rib removed, quartered
 2 tablespoons mint leaves, chopped
 Spring roll wrappers

Peanut Sauce

1/4 cup hoisin sauce
 3 tablespoons peanut butter
 3 tablespoons warm water

Directions:

1. Bring the water to boil. Boil rice vermicelli 3 to 5 minutes, or until soft, and drain.
2. Dip the rice paper in a large bowl of warm water so it will become soft.
3. Place the rice paper on a flat area, then stack small amount of lettuce, rice noodles, bean sprouts, cucumbers, mint leaves, and 3 shrimp halves, leaving about 2 inches uncovered on each side.
4. Fold uncovered sides of rice paper inward, and then tightly roll the wrapper. Repeat with remaining ingredients.
5. For the sauce, mix the ingredients until smooth.

Nutrition Facts

Per Roll: 160 calories, 6 g protein, 5 g fat (1 g sat), 24 g carbohydrates, 16 mg cholesterol, 283 mg sodium Exchanges: 1 1/2 bread, 1 fat

Oven-roasted vegetables

Ingredients: for 6 servings

2 medium baking potatoes, cut into 1-inch chunks
 1 medium dark-orange sweet potato, cut into 1-inch chunks
 2 medium onions, cut into wedges
 1/3 cup Italian dressing
 1/4 tsp ground red pepper (cayenne)
 1 medium bell pepper, cut into 1-inch squares

Directions:

1. Move oven rack to position slightly above middle of oven. Heat oven to 500°F. Generously spray 13x9-inch pan with cooking spray.
2. Place baking potatoes, sweet potato and onions in pan. In small bowl, mix dressing and red pepper until blended; pour over vegetables.
3. Cover with foil. Roast 20 minutes. Stir in bell pepper. Cover and roast 5 minutes; stir vegetables. Roast uncovered 10 minutes longer or until tender.



Nutrition Facts

Calories 90; (Calories from Fat 20); Total Fat 2g (Saturated Fat 0g); Protein 2g; Total Carbohydrate 15g (Sugars 5g); Fiber 2g, Cholesterol 0mg; Sodium 140mg

Center for Asian Health

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Asian Community Health Coalition

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Eliminate Health Disparities in Asian Communities



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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.

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