

THE NEWSLETTER OF THE South Asian Public Health Association

NOVEMBER 2006

Greetings! We are **Ranjita Misra** and **Biswanath Gouda**, in-coming SAPHA Co-chairs for 2006-2008. We are privileged to work with an outstanding team who pledge their time and commitment to SAPHA. As we move forward, our goal is to be sensitive to the needs of our members while continuing the vision and mission of SAPHA: *promoting the health of South Asian American communities through networking, education, and outreach*. Among the exciting challenges ahead: building on the success of the Brown Paper and forthcoming Fact Sheets, this newsletter is a next step in our publication, education, and communication activity. Updating the website will strengthen outreach, local group development and member services. Look for fund raising and membership drives soon! We invite your input and involvement to strengthen our work for SAPHA's goals and mission.



GET INVOLVED!

SAPHA RECEIVES THE 2006 NATIONAL ORGANIZATIONAL LEADERSHIP AWARD

SAPHA was honored with the 2006 National Organizational Leadership Award by the New York University Center for the Study of Asian American Health (NYU CSAAH). Ranjita Misra, SAPHA Co-Chair and Arnab Mukherjea, SAPHA past-Chair received the award at the Award Ceremony/Reception of the 3rd Annual Asian American Health Conference on Friday, September 29, 2006. This award recognized SAPHA for making significant contributions to improving Asian American health on a national level, and for our "... commitment to empowering the Asian American community through our efforts in advocacy, policy, community education, and research."

We are extremely excited to receive this award. This award is the result of the hard work and contributions of past and current SAPHA members and Members of SAPHA Board of Directors. Congratulations to all of us for this highly visible honor!

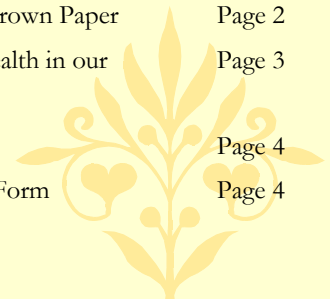
A PROUD MOMENT FOR SAPHA!



From Left to Right: Cindy Hsu, CBS News; Arnab Mukherjea, SAPHA immediate past Co-chair; Dr. Mariano Rey, NYU School of Medicine; and Ranjita Misra, SAPHA Co-chair.

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GOLDEN STETHOSCOPE AWARD – A CHICAGO SAPHA COLLABORATION

One fine example of SAPHA collaborations is the Golden Stethoscope Award. Chicago SAPHA Group has joined the Indian American Medical Association (Illinois) in holding an annual competition for medical students, to encourage them to embark on community health research and/or service projects impacting public health issues of South Asian community in the United States. Awardees present their work at the Annual Awards Dinner of the IAMA. Stipend and reasonable expenses are supported by donations from IAMA members and friends.

Melvy Matthew, a 2005 winner of the award, used a survey and interviews to gather information on how South Asians in Chicago think and act regarding Coronary Artery Disease, the leading cause of death among Asian Indians. Amina Merchant’s study, “Patient Centered Care for South Asian Women in the U.S.,” utilized interviews and survey, to elicit religiously and culturally grounded beliefs, attitudes, expectations, and experiences, of south Asian women in Chicago. Dimple Modi (2006 awardee) is working with Student Sight Savers Program to locate vision and glaucoma screenings in the South Asian community, where it is believed that early screening can reduce the incidence of blindness.

Joint endeavors like the Golden Stethoscope Award, as well as health fairs, anti-tobacco campaigns, immigrant mental health conferences, and suicide prevention coalitions, have characterized local SAPHA groups’ activities in New Jersey, New York, San Francisco, Washington-Baltimore, Philadelphia, Chicago, and Atlanta.

- Linda Groetzinger, Secretary & Board Member of SAPHA



FROM LEFT TO RIGHT: VIJAY YELDANDI (IAMA), LINDA GROETZINGER (SAPHA), AMINA MERCENT (GOLDEN STETHOSCOPE AWARDEES), AND MEMOONA HASNAIN (FACULTY MENTOR).

COLLABORATING WITH BETA CHI THETA FOR HEART DISEASE WALK-A-THON

Beta Chi Theta, A South-Asian social fraternity based at **Purdue University**, Lafayette, Indiana is collaborating with SAPHA to do a Heart Disease Walk-a-thon on November 18th to raise awareness of Heart Disease amongst the South Asian community. All the proceeds of the Walk-a-thon will be donated to SAPHA!!

SAPHA FACT SHEETS TO BE AVAILABLE FOR COMMUNITY USE

In the spring of 2005, the Publications/Brown Paper Committee embarked on the fact sheet project—an initiative to develop 17 fact sheets on a wide range of health issues that affect South Asians in the US. The fact sheets are being written by SAPHA members and other experts, and each is being reviewed by an expert review in the particular health topic.

The fact sheets are being developed for a diverse audience, including South Asian community members with as little as an 8th grade education. The fact sheets contain practical, easy to understand tips for maintaining good health and well being. They will be available on the SAPHA website for SAPHA members, health care providers, and educators to download and distribute throughout the community—at health fairs or at community-based health clinics, for example. SAPHA members will also be able to tailor the fact sheets to their audience needs, adding such information as local contact addresses and phone numbers. The Committee continues its progress and plans to release them by early 2007.

-Ushma Upadhyay at ushma@jhu.edu

NEWSLETTER SPOTLIGHT

ORAL HEALTH A SMILE IS PRICELESS. PROTECT YOURS.
Kavita P. Athanasis, DDS, MPH

WHAT YOU SHOULD KNOW

- Oral health refers to inside of the mouth, teeth, gums, and palate (the roof of the mouth, lips and tongue).
- Oral diseases include diseases which affect the mouth, teeth, gums and palate.
- Oral diseases are linked with diabetes, heart disease and stroke. Since South Asians are at high risk for diabetes and heart disease, it is especially important that they have good oral health.
- Oral diseases not only cause pain and discomfort, but they can affect the health, mouth, the ability to eat, talk, chew, smile, and talk.
- Most oral diseases can be prevented by good daily care and regular visits to a dentist or dental hygienist.

SPECIFIC DISEASES

Dental Cavities

- Dental cavities are caused by bacteria in the mouth that break down sugars to form acids which dissolve the enamel or outer layer of the tooth, which can lead to a cavity.
- Early signs of dental cavities include sensitivity to hot or cold foods or food getting stuck in the teeth.
- Cavities that are NOT treated can lead to tooth pain. If cavities are NOT treated they can eventually cause bacteria to travel to the pulp, resulting in serious health problems, including brain damage and possible death.
- Since dental cavities are formed by an

Periodontitis

- When gingivitis is not treated it can begin to irritate bone and other structures that hold teeth in place, causing periodontitis, a severe form of gum disease.

Gingivitis

- Gingivitis is an early form of gum disease.
- It is caused by bacteria and plaque (food and debris) in the mouth irritating the gums.
- Early signs include red, swollen and painful gums and bleeding on brushing.
- Prevent gingivitis by brushing with a soft toothbrush at least once a day.

Dental cavities can be prevented by:

- Drinking fluoride treated water
- Brushing twice a day with a fluoride toothpaste
- Using a soft toothbrush
- Visiting the dentist regularly

Other gingivitis is not treated it can begin to irritate bone and other structures that hold teeth in place, causing periodontitis, a severe form of gum disease.

Brush cavities are normally filled in process originating from Bangladesh, Shivan, India, Maldives, Nepal, Pakistan, Sri Lanka, Afghanistan, Bhutan, or Tibet. Brushing one's teeth with toothpaste containing fluoride, Chlorine, Fluoride, Fluoride and Zinc, may break down the tooth enamel, increase their cellular energy in their primary structure.

17 FACT SHEETS ON A WIDE RANGE OF HEALTH ISSUES, BASED ON THE BROWN PAPER, ARE BEING DEVELOPED BY SAPHA MEMBERS AND EXPERTS.

- A SAMPLE



SAPHA PROMOTING HEALTH IN OUR COMMUNITIES

Today South Asian American community is a vital part of the American fabric. The current Board of SAPHA envisions contributing research, education and awareness through its dedicated members who believe in core values and mission statement of our organization. Collaborating with various public health institutions, graduate students and doctoral candidates to promote SAPHA at various college campuses across US and in local communities will be our focus. Many members are individually engaged in similar services and other needs of South Asian communities in the US and in South Asia. On this page you find some examples.

- *Biswanath Gouda MD, MPH, Current Co Chair of SAPHA.*

THE NEED FOR A SOUTH ASIAN RESPONSE TO HIV/AIDS

India houses the largest HIV+ population of any country, with over 6.5 million people infected and two million orphaned. As the largest trade center in Asia, failure to control HIV/AIDS in India will inevitably lead to an Asia-wide epidemic. The Indian situation has peculiar challenges: high population density, inadequate public health system, increasing privatization of health sector, socio-cultural barriers that discourage open discussion of sexual behavior, rapid urbanization, changing economic and migratory patterns resulting in greater sexual exploitation of women and children, particular vulnerability of orphans and children, and pressure from international funding institutions on domestic policies. South Asians, including those living in North America, have a unique contribution to make, using their international presence and influence with their respective national governments, to bring a socio-culturally sensitive approach to the international response, and to influence United States, Indian and international policies to stop the AIDS pandemic in South Asia.

- *Vineeta Gupta MD, JD, LL.M., Director, Stop HIV/AIDS in India Initiative (SHAI)*

THE BURDEN OF DIABETES AMONG SOUTH ASIANS IN THE UNITED STATES

South Asians have significantly higher rates of diabetes (generally over 10%) and diabetes-related mortality than Caucasians and other ethnic groups in the United Kingdom, Canada, Singapore, and South Africa. Despite limited population-based studies, prevalence of diabetes is higher than the general U.S. population. However, self-reported prevalence of diabetes is lower as compared to other ethnic groups suggesting a higher rate of undiagnosed diabetes in this group. Abnormal body fat, insulin resistance, sedentary lifestyle and changes in diet when they immigrate along with socioeconomic status and health care access/utilization impact the incidence and complications of diabetes. The risk factors for developing type 2 diabetes (adult onset) includes age, obesity, body fat distribution, physical inactivity, family history of diabetes, previous gestation diabetes, being a member of a minority group, elevated fasting glucose levels, impaired glucose tolerance, and insulin resistance. Current national surveys are incapable of assessing prevalence in South Asians because multiple Asian subgroups are aggregated into the general category of "Asian and Pacific Islander" or because of small sample sizes. Baseline data can help to develop culturally competent interventions with a view to reducing premature morbidity and mortality.

- *Ranjita Misra is Current Co-Chair of SAPHA and an Associate Professor, Department of Health & Kinesiology, Texas A&M University, TX. She can be reached at misra@hkn.tamu.edu*

SAMBHAVNA: MAKING LIFE POSSIBLE

Twenty years ago, a Union Carbide pesticide factory spewed 27 tons of toxic gas out across the city of Bhopal, India, killing thousands of people. Today, the death toll exceeds 20,000, with 120,000 ill and disabled. Studies of survivors have detected lead and mercury in women's breast milk, and a rise in birth defects, menstrual disorders, tuberculosis, and cancers. Since 1996, the Sambhavna Clinic offers free medical care and rehabilitation to the gas-affected. Sambhavna is a Sanskrit word which means "possibility." Doctors trained in western and Ayurvedic medicine, yoga therapists, and psychiatrists work together to design individualized treatment. Community health workers follow up with patients, spread awareness, and help women break taboos of talking about gynecological problems. The Documentation Center is a repository of medical data collected as a part of the clinic's pioneering "Verbal Autopsy" program. Thus Sambhavna Clinic creates possibilities by generating compassion and publishing research findings.

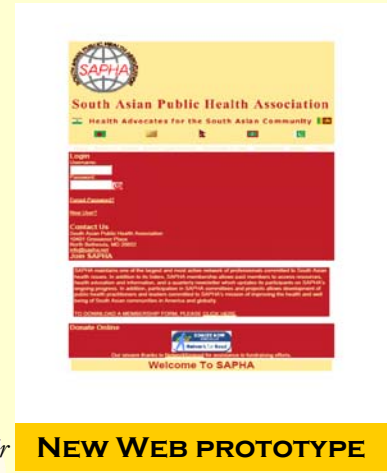
- *Somnath Baidya Roy, Ph.D, teaches at the University of Illinois Urbana-Champaign, and serves on the advisory board of Students for Bhopal. sbaidyaro@gmail.com*



PATIENTS GATHER AT SAMBHAVANA CLINIC, PHOTO COURTESY OF SAMBHAVANA CLINIC

e-SAPHA: Recognizing the importance of E-face, SAPHA has been working diligently to update its main contact interface with its members and the public for the past year. Understanding the importance of an aesthetic overhaul supported by increased functional capacity, SAPHA has been working on implementing a multi-faceted website that allows dissemination of organizational updates as well as dynamic communication with its valued membership. Based on input gathered via surveys and recommendations at the 2005 National SAPHA Business Meeting, SAPHA, with the generous volunteer oversight and management of Charity Focus, has completed a prototype of its new website. SAPHA members are actively involved on the database component of the website to allow members to search through newly installed features, such as a resource database, media center, membership roster and special interest groups, health education materials (such as the Brown Paper fact sheets) and other relevant health information to the South Asian American community.

-*Arnab Mukherjee MPH, Immediate SAPHA Past Co-Chair*



NEW WEB PROTOTYPE

MEMBERSHIP RENEWAL APPLICATION 2006

Please provide the following information (questions in bold with an asterisk are required fields).

I. Membership Information (please mark with x)

- 1. Membership Category*:**
- Listserv-only
 - Student Member (\$25)
 - General Member (\$50)
 - Sponsor/Benefactor Member (>\$500)

[Student members need to send the verification status with your Membership Form]

II. General Information

- 1. First Name*:** _____ **2. Middle Initial:** _____ **3. Last Name*:** _____
4. Mailing Address: _____
5. City: _____ **6. State:** _____ **7. Zip Code:** _____ **8. Phone:** _____
9. Highest level of education _____
10. Title: _____

[If Student, please specify level (e.g. "Doctoral Student in Public Health")]

- 11. Email Address (for SAPHA correspondences)*:** _____
12. Area (s) of Interest: _____
13. Language skills: _____
14. Please provide a brief (3-6 sentences) description of your relevant professional experiences.

15. Disclosure*: Would you like other SAPHA members to have access to your membership profile which will be created based on the information you have provided on this form? Yes No

16. Brown Paper: Would you like a copy of the Brown Paper (while supplies last for Student, General and Sponsor/Benefactor categories only)? Yes No

Mail to: SAPHA Membership
(Email: dmeer@umich.edu)
48411 Antique Rd., Canton, MI 48187
Checks should be made payable to South Asian Public Health Association.

Questions or comments? Please email info@sapha.net.



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