

THE NEWSLETTER OF THE South Asian Public Health Association

SAPHA ANNUAL MEETING : JOIN US FOR 2007!

Colleagues and members are invited to join us at the SAPHA Annual Dinner Meeting, open to all, (reduced price for paid SAPHA members), on Monday November 5, at 7:30 pm, at the ASCOT Restaurant, 1701 L Street NW, Washington, DC.

The 2006 Annual Meeting, at the friendly Shalimar of India Restaurant, Cambridge, MA, provided a relaxing, delicious break from the busy APHA conference. Past board members Linda Groetzinger, Anuradha Sharma, and Salma Shariff Marco, and past Co-chairs Shilpa Patel and Arnab Mukherjea, were recognized for their dedicated leadership. Members elected Sarju Shah, Sukanya Ray, and Arnab Mukherjea to the 2007-09 Board term. Discussion highlighted the South Asian American Health Symposium (presented annually at APHA), revising the SAPHA website, and ideas for membership recruitment.

FALL 2007



GET INVOLVED!

SAPHA ANNUAL MEETING AT BOSTON



SAPHA BOARD OF DIRECTORS PRESENT AT SAPHA 2006 ANNUAL MEETING



Back Row -From left to right:
Naimish Pandya,
Biswanath Gouda,
Ranjita Misra,
Salma Shariff-Marco, Arnab
Mukherjea, Durriya Meer.

Front Row -
From left to right:
Shilpa Patel and
Linda Groetzinger

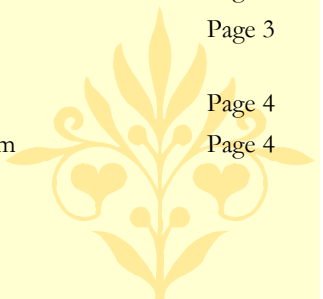
HEALTH LEADERSHIP OF ASIAN AMERICAN AND PACIFIC ISLANDERS MEET AT DHHS

The 2005 census estimated that 13.5 million Asian American and nearly 1 million Native Hawaiians and Pacific Islanders in US. Asian American and Pacific Islanders (AAPI) form one of the nation's fastest growing populations, ethnically and geographically diverse. SAPHA was invited to a pivotal meeting of AAPI health leadership with The Honorable Michael Leavitt, Secretary, Department of Health and Human Services, on Dec. 18, 2006. The first meeting of such magnitude to promote collaboration in identifying and meeting health needs of this group, Secretary Leavitt heard from members from Asian & Pacific Islander American Health Forum, Association of Asian Pacific Community Health Organizations, National Asian American Pacific Islander Mental Health Association, National Asian Pacific American Families Against Substance Abuse, National Coalition.

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for South Asian Health Project, Japanese American Citizens League, Southeast Asia Resource Action Center and SAPHA, as representative of AAPI Communities' health leadership.

Agenda of the meeting was to raise visibility, achieve health literacy and ways to assure the health of AAPI communities in US. Issues discussed at the meet were:

- Raising the visibility of AAPI health
- Access to community based health care
- Data collection to build the evidence base for AAPI communities
- National and state data collection that monitors Hepatitis B among AAPI and AAPI subgroups
- Achieving health literacy and assuring culturally & linguistically competent care
- Workforce diversity
- Emergency preparedness
- Parity for mental health and substance use disorders and the need to integrate primary health, mental health and substance abuse research and services
- Chronic diseases including cancer, tobacco related disorders, HIV/AIDS and domestic violence.

This meet proved to be a cornerstone in building and strengthening the linkages between DHHS agencies and AAPIs to address health and healthcare disparities and assure health of AAPI populations. SAPHA was honored to be invited and be a representative of the growing South Asian population in US.

HEALTH LEADERSHIP OF ASIAN AMERICAN AND PACIFIC ISLANDERS MEET AT DHHS



Biswanath Gouda and Naimish Pandya represented SAPHA at the meeting with DHHS Secretary Michael Leavitt held in Washington D.C.

SAPHA FACT SHEET DISSEMINATION AT BAPS TEMPLE HEALTH FAIR IN HOUSTON



FROM LEFT TO RIGHT: RANJITA MISRA (SAPHA CO-CHAIR), VK DORAI (SAPHA BOARD MEMBER), VOLUNTEERS, AND DR NALINI PATEL.

SAPHA launched the dissemination of its Facts Sheets at the BAPS Temple Health Fair in Houston on April 14th 2007.

Numerous South Asians gravitated to the SAPHA booth to learn more about healthy habits and found the SAPHA Facts Sheets useful. The SAPHA booth was very popular due to the free capillary blood glucose testing (fasting and post prandial) that was provided by our SAPHA Board Members Drs. Ranjita Misra and V K Dorai, as well as our wonderful volunteers.

The Fact Sheets were well received and the SAPHA banner in the backdrop provided visitors an easy identification of the SAPHA booth.

NEWSLETTER SPOTLIGHT

ORAL HEALTH
A SMILE IS PRICELESS. PROTECT YOURS.
Ranjita P. Arshiwala, DDS, MPH

WHAT YOU SHOULD KNOW

- Oral health refers to health 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 teeth, mouth, the ability to eat, taste, 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 sugar to form acids which dissolve the enamel (or outer layer) of the teeth, 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 serious pain. If cavities are NOT treated they can eventually cause damage to travel to the brain, resulting in serious health problems, including:
- Since dental cavities are formed by an infectious disease process that can spread to others, try NOT to share spoons, forks, and cups, especially between adults and babies or young children.

Periodontitis

- Periodontitis 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.
- Periodontitis can be caused by regular dental treatment and healthy mouth habits.
- Prevent gingivitis by brushing with a soft toothbrush at least twice a day.

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.
- Periodontitis can be caused by regular dental treatment and healthy mouth habits.
- Prevent gingivitis by brushing with a soft toothbrush at least twice a day.

Pericoronitis

- Pericoronitis is usually defined as a process originating from the gingiva (gum), which is inflamed, swollen, bleeds, and eventually causes damage to travel to the brain, resulting in serious health problems, including:
- Since dental cavities are formed by an infectious disease process that can spread to others, try NOT to share spoons, forks, and cups, especially between adults and babies or young children.

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

PREVALENCE OF HEALTH LITERACY AMONG SOUTH ASIANS

Low health literacy is one of the most pressing issues in public health today. Health literacy is the ability to acquire and comprehend health information and use it to make medical decisions. The National Assessment of Adult Literacy (NAAL)'s 2003 survey estimated that 36% of adult Americans have basic or below-basic levels of health literacy. They would struggle to perform tasks such as understanding a medication label, informed consent document, or insurance plan coverage. As the demands of the U.S. health care system become increasingly complex, low health literacy presents a significant barrier to care. Research demonstrates that low health literacy is associated with poor knowledge about preventive medicine, low screening rates, poor control over chronic diseases, and higher mortality.

Underserved populations, such as minorities, immigrants, the poor, and the elderly, have the lowest health literacy. While low health literacy is not as prevalent among Asians and Pacific Islanders, 31% of Asians demonstrated basic or below-basic health literacy on the NAAL survey. Low health literacy is a national issue which affects all segments of the population. It is highlighted among the top priorities of the U.S. Public Health Service. South Asian health professionals need to be cognizant of health literacy in their interactions with all patients. The American Medical Association Foundation website contains additional information and resources, including an excellent video: <http://www.ama-assn.org/ama/pub/category/8115.html>

-Sunil Kripalani, MD, MSc, Assistant Professor, Emory University School of Medicine; and Hanah Geiser, BA



SAPHA BRINGS NEEDED ATTENTION TO MENTAL HEALTH ISSUES

The Virginia Tech tragedy in April, designated as one of the deadliest shootings in US history, has brought into critical focus the importance of mental health issues as part of the larger picture of public health. This tragedy highlights the complexity involved in understanding mental health issues among Asian immigrants and the use of culturally sensitive intervention and prevention strategies to address health risk factors among young adults. There is certainly a need for professionals serving ethnic minority communities to join hands with educational institutions and community service agencies to design and implement community crisis assessment and prevention programs. As part of culturally sensitive intervention strategies, the 'Model Minority' myth attributed to Asians must be

carefully examined as this myth has historically led to ignoring mental and physical health risks across different Asian groups.

Such efforts are likely to be most successful when there is active collaboration across agencies to optimize the limited resources available. Recognizing the importance of such efforts and the importance of mental health issues within the domain of public health, SAPHA has extended its active support and collaboration to work with health professionals for outreach and resource support to the Asian community. In response to the Virginia Tech tragedy, SAPHA had a press release on May 2, 2007. For further information and a list of relevant resources, please visit the SAPHA website at <http://sapha.net>.

AWARDS AND HONORS RECEIVED BY SAPHA & BOARD MEMBERS

SAPHA received the **2006 National Organizational Leadership Award** by the New York University Center for the Study of Asian American Health (NYU CSAAH). 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."

In 2007 **Arnab Mukherjea** represented SAPHA in presenting the 2007 Award to the National Minority AIDS Council at CSAAH's 4th Annual Asian American Health Conference.

Ranjita Misra, SAPHA Co-Chair, received the **Distinguished Research and Service Award** from the American Association of Physicians of Indian Origin (AAPIO), the largest ethnic physician organization in the US, for her epidemiological and intervention research for immigrant Asian Indians in the US and in India & outstanding service to the Asian Indian community. She also received the **Outstanding Health Disparities Research Award** from MD Anderson Cancer Center, Houston, for her research on cancer screening among immigrant Asian Indians in the US and health disparities.

SAPHA WELCOMES NEW FACES ON BOARD

Sarju S. Shah, MPH, is an epidemiologist for the Connecticut Department of Public Health in the Contracts and Grants Management Section. Ms. Shah also plays a dual role as the Program Officer for the newly formed Public Health Foundation of Connecticut, Inc. Ms. Shah holds a Bachelor's Degree in psychology with a minor in biology, as well as a Masters of Public Health, each from Boston University. In addition, she serves on several boards and committees including the Governor's Commission on Community Service, Faith Works, as well as several Department led task forces.

Sukanya Ray, PhD is an Associate Professor in Psychology at Suffolk University, Boston, Massachusetts. She has received her education in India, Australia and USA and provides clinical services to individuals, couples and families at Asian Mental Health Clinic of the Department of Psychiatry, Cambridge Health Alliance/Harvard Medical School, Boston. She collaborates with clinicians/researchers to strengthen cultural competence and community health awareness programs in Massachusetts. She is the founder of a community outreach service program called MAI Empowerment at Cambridge, that provides English language, basic computer skill and resource information services to South Asian and other immigrant families.

V.K. Dorai, MBA, PhD, is with the Institute for Healthcare Excellence at UT MD Anderson Cancer Center in Houston, TX. He is also a member of the Research Core at the Center for Research on Minority Health at UT MD Anderson Cancer Center. His research interest is in the area of quality of life and measurement of health outcomes. He has a Ph.D. from the School of Public Health at the University of Texas Health Science Center at Houston. He is a Mechanical Engineering graduate from the College of Engineering-Guindy, University of Madras, India. He has a Masters in Business Administration and a Masters in Business Computing Science, both from Texas A&M University, College Station, TX. He has over 18 years of experience in the healthcare field.

Sujata Naik, MPH, has more than five years of experience working in international public health, focusing on health communications, research, and monitoring and evaluation. She has lived and worked in Madagascar and Haiti. She has a BSE in Chemical Engineering and a MPH in International Health and Development.

Arnab Mukherjea, MPH, Doctor of Public Health Candidate, is at School of Public Health at the University of California, Berkeley. Arnab returns to SAPHA Board, having previously served as Co-Chair. He also serves as Chair of the Executive Committee of the Asian Pacific Islander (API) Caucus for Public Health in official relations with the American Public Health Association. He is also Program Director of Health Career Connection, a national organization committed to increasing underrepresented minorities in the health professions by providing practical exposure and career preparation through internships and workshops.

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. The essential aesthetic overhaul is to be supplemented and supported by increased functional capacity; therefore, 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 Annual Meeting, SAPHA, with the generous volunteer oversight and management of Charity Focus, first 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.

The SAPHA Web updates are provided by Shazzad Hussein at subsidized cost to the organization.



NEW WEB PROTOTYPE

-Ranjita Misra, SAPHA Co-Chair

MEMBERSHIP RENEWAL APPLICATION 2007–2008

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.



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