

COMMUNITY HEALTH FAIR

Supplement

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THINGS TO KNOW BEFORE YOU TAKE YOUR BLOOD PRESSURE

by RICHARD KUA, M.D.

Blood pressure is one of the basic physiologic parameters used to assess body functions commonly referred to as vital signs. It is measured by an instrument called a sphygmomanometer which was invented in 1881, modernized in 1901 and gained popular use in the medical community. Manual sphygmomanometers are used together with another instrument called a stethoscope.

Sphygmomanometers come in three basic types: mercury, aneroid and automated (electronic/digital). Mercury manometers are the most consistent and accurate, require little maintenance and do not need to be recalibrated. However, they are slowly being phased out from clinical office settings (they are already banned in Veterans Hospitals) because mercury is a toxic substance and there are health and environmental concerns about contamination



from breakage/spillage.

Aneroid manometers, which are mechanical types with a dial, may become unre-

liable over time, are susceptible to damage when dropped and need to be recalibrated on a regular basis usually every 3-

6 months. They can either be checked for calibration with a mercury manometer using a "Y" connector, returned to the manufacturer for testing or brought to a local facility that provides calibration services.

Automated BP monitors are easy to operate, do not require a stethoscope and are practical even in noisy environments. Home use devices designed for self monitoring have the added advantage of being portable. Larger commercial versions can be seen in malls, supermarkets, pharmacy chain stores and retail

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DOH PARTNERS WITH HEALTH CARE PROVIDERS TO IMPROVE BLOOD PRESSURE MEASUREMENTS

by HFC STAFF

The State Department of Health (DOH) is implementing new initiatives to support the Million Hearts campaign—a Centers for Disease Control and Prevention project introduced last year to prevent one million heart attacks and strokes.

In partnership with healthcare organizations across the state, DOH is launching a blood pressure program that improves measurement accuracy and reduces errors in every day diagnosis and treatment.



High blood pressure is one of the leading risk factors of heart disease and stroke that affects 1 in 3 adults in Hawaii.

With support from private sector partners including the

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HEALTH FAIR COVER STORY *(from page 1, THINGS TO KNOW...)*

outlets. But accuracy and long term reliability are questionable. Wrist devices are less accurate while finger devices are not recommended. Treatment decisions should not be based on the results obtained from these monitors and it is advisable to manually retake abnormal results.

With so many different

brands and types sphygmomanometers available in the market deciding which one to purchase/use can be difficult and confusing. A list of blood pressure measuring devices that have been evaluated independently for accuracy and validated by the three most widely used protocols - the British Hypertension Society

(BHS) Protocol, the Association for the Advancement of Medical Instrumentation (AAMI) Standard and the International Protocol of the European Society of Hypertension (IP)- is available at www.dableducational.org.

Blood pressure measurements must be done properly in order to obtain readings that reflect the individual's correct or true resting BP. Factors that contribute to inaccurate BP measurements may be attributable to equipment, the screener, or the client.

Equipment failure or defects like air leaks in the inflation system due to damaged cuff, bladder, pressure bulb, control valve or rubber tubing can cause erroneous BP readings. Cuff selection is also important because using a cuff that is too small will result in a higher reading and a cuff that is too large will give a reading that is lower than the actual BP. A cuff is correctly sized if the inflatable bladder encircles 80% of the arm in adults and the width of the bladder covers 40% of the arm circumference.

Factors that contribute to

screener error include inattention, carelessness, poor eyesight, hearing loss, use of wrong cuff size, manometer not at eye level, failure to follow guidelines and poor technique such as inappropriate cuff placement, applying cuff over clothing, stethoscope touching edge of cuff resulting in extraneous sounds and talking during measurement.

During BP measurement the client should be mentally and physically relaxed; sitting comfortably with the back supported, arm resting on an even surface at heart level with palm facing upward and should not be leaning on the arm. Legs should be uncrossed and flat on the floor. Client must have not smoked or exercised for at least 30 minutes and preferably should abstain from caffeine prior to measurement. Other client factors that can contribute to variations in BP readings include use of medications (decongestants, appetite suppressants, asthma medications, pain killers like ibuprofen or naproxen, dietary supplements, steroids, illicit drugs), full urinary bladder, emotional state,

time of day (readings may be higher in the late afternoons or evenings), fatigue (after working the whole day) and room temperature (too hot or too cold).

Blood pressure measurement is a straightforward and relatively easy test to perform but it can prone to errors. The good news is that these potential sources of inaccuracy are avoidable. The impact of erroneous BP readings can be expensive and even lethal. The American Heart Association estimates that it costs \$1000/person/year if treatment was started unnecessarily, not to mention the possible side effects of medication. A 5mmHg error in BP reading due to equipment defect or faulty technique could leave 21 million people with high blood pressure undetected leading to 125,000 cardiovascular disease related deaths, 20% of which could have been prevented. Regular monitoring of blood pressure plays a key role in overall health maintenance and accurate blood pressure measurement helps ensure the best possible health care.

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ALL IDEAS CONSIDERED

Seriously, Is Listening a Health Issue?



by FELINO S. TUBERA

My wife of 42 years tells our 42-year old son that she has a lingering health issue—grudge with me—listening. I don't understand what that means. My son asks me if I'm hard of hearing. No, I'm not. Listening and hard of hearing are like day and night. Two different things. How can listening, or is it not listening, be a health issue between us? The fact is I don't talk while she's talking and hardly say anything because I'm a man of few words. She agrees assertively that I'm a person with a limited vocabulary. I am wordless for that. I take it as a compliment. Thank you.

But alas, what she really means about listening as a health issue is that by giving her the "silent treatment," I am creating an unhealthy environment in our marital relationship. My man-ship is in turbulent seas.

Now I get it! To her, my sparing use of words is synonymous with not listening enough. To me, profit from the word economy is economizing word-usage in a meaningful conversation. Words are either building tools in language architecture or weapons of destruction, depending on the way they are used. There is a sense of fitness or propriety that words provide in meaning to whatever the user wants to express or impart. Sadly, words themselves cannot complain or fight back if they

are used wrongly; neither would words be able exclaim with glee when used correctly.

So here comes the function of language—to monitor, police, judge, enforce and implement its inherent virtue—to communicate. By and for the communicator(s). Words, as part of language, must be recognized, understood and have audio and visual effects. The presence or absence of these characteristics gives form and substance to their meaning.

Take the words *knife*, *knowledge*, *knave*, *pneumatic*, *pneumonia* and *psychology*. The first letter of each word is silent. Take these first letters away from their visual affinity with the other letters that follow and their meaning fades away with their disappearance. But when spoken, granted that the silent letters were removed, the words would sound the same. The k's and p's, although voiceless, have a solid integrity of importance arbitrarily. The silent k is the soft handle to the sharp knife. The patent p is the soft cushion of psyche in psychology.

An analogy of sorts for this kind of audio and visual effects in words also exists in human relationships. Take away our soundless or implied silence and you scrape away the naked beauty of our natural tenderness. From our knowledge, understanding, familiarity and intimacy with these nuances can we validate our humanity. We have much to learn about our human condition. To explore and discover ourselves is a healthy living thought.

Unless someone comes up with a new word that begins and ends with *und*, there is only one



word in the English language with this unique attribute—the word underground. Like the mystery of life, there are a lot of imponderable mysteries to our humanness that remain hidden underground. Above it, we *see* and *hear* what's happening. But to the soundings of the human soul, let us beg to listen. Silently, but knowingly.

Seriously speaking, listening or not listening can be a health issue because health is not merely physical. Ask yourself: Am I emotionally or spiritually healthy? Do I listen to other people well? Do I hear or listen to myself? Do I need a "health audit" of my intangible assets or resources? Do I keep mental receipts of the blessings I receive from whatever source? Do I make inventory of body language slips, sign gesture slaps or lapses of some kind?

My wife's grudge, after all, has a legitimate basis for pointing out the void in the spectrum of our day-to-day understanding and interpretation of life. Crossing the river of reality over which the bridge of communication separates us because it is not there. An inner measure of understanding is missing if it were to serve as a "hearing aid." There is no exit door. Or there is, maybe?

Do the fun things. Or don't take life too seriously. Laugh at

have an un-invited guest at home. "Who is she?" My answer: O you the girl I married, for you, it's not a she. He's Senior Gout. End of Act One.

Act Two: But as opposites, we are also allies. Mutual allies. We individually and dually assume leadership role-modeling when it comes to spending time and money for our mutual comfort and benefit. We are friendly facilitators of change, both in perspective and in real-life scenarios in dealing and coping with problems. We are a couple conjugated to accept pain and suffering with resolve and both rejoice in our littlest of triumphs, whatever these might be. We are ally-rivals, rival-allies, which in our cup of tea is a healthy ingredient to our married life.

Definitely, we do listen to the sound of silence in loud appreciation of what mutual understanding does to our lives. We might both be hard of hearing but we can feel the soft vibrations of unspoken words of love or the pain of longing with our inner ears, the sound of music playing in the deeper chambers of our hearts. We both want to be happy, feel happy in order to be able to bring happiness to the lives of other people. What we have and what we get is what we give away to share. That, in our dictionary of unwritten words, is our definition of healthy, healthful living!

HEALTHLINE (from page 1, DOH PARTNERS...)

Hawaii Medical Assurance Association (HMAA), University Health Alliance (UHA), AlohaCare and Hawaii Medical Service Association (HMSA), blood pressure measurement training sessions will begin this week. The Hawaii Primary Care Association, the Hawaii Independent Physicians Association, and the Philippine Medical Association of Hawaii also contributed valuable assistance with the development of the program and the recruitment of

participants.

"Taking a blood pressure reading is a routine procedure, yet so critical to identifying life-threatening conditions," says DOH director Loretta Fuddy. "I've seen clinical studies that show a surprising number of healthcare professionals in the U.S. who take a blood pressure incorrectly and we wind up with unnecessary costs, inappropriate treatment and missed diagnoses. This training initiative is a perfect example of where public

health can step in and make changes that will benefit our residents."

The DOH is conducting training sessions with the goal of establishing a sustainable process for ensuring all healthcare professionals in Hawaii are well-trained in taking blood pressure measurements.

For more information on the training sessions, please call DOH's Heart Disease and Stroke Prevention program at 285-2567.

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ASK A DOCTOR

Is Eating White Rice Dangerous to One's Health?

by RONEE ROAQUIN, RN., MD.

Rice is the staple food for more than half of the world's population, especially among Asians. It is the main source of calorie and nutrition among these people particularly the poor. It is a complex carbohydrate or starch containing a longer molecule of simple sugars digested by the body at different rates. Some, like white rice, burn quickly leading to a sudden

rise in blood sugar while others, like brown rice, take longer to digest causing less blood sugar elevation over a longer period.

Brown rice is partially milled where only the outer inedible chaff or hull is removed. Once the bran and the germ are removed, only the endosperm remains resulting in white rice. Brown rice, in addition to containing more insoluble fiber, also contains more nutrients, vitamins and minerals.



Recently, studies have shown that eating white rice is associated with higher risk of developing Type 2 Diabetes Mellitus especially among Asians. The higher the intake of

white rice, the higher the risk. This is especially important to Filipinos living in Hawaii who have one of the highest incidences of Diabetes Mellitus in the state. Together with hypertension, high blood cholesterol levels, obesity and physical inactivity, diabetes can lead to early heart attacks and strokes. Of course consuming large quantities of other refined carbohydrates such as pastries, white bread and sugar-sweetened beverages can lead to the same risk of developing high blood sugar. Other studies also showed that replacing white

rice with brown rice and other whole grains reduces the risk of Type 2 Diabetes Mellitus.

Lately, there are also reports that consuming a lot of rice and other rice-based products can lead to higher levels of inorganic arsenic which could be carcinogenic (cancer-causing) especially among infants who can ingest more arsenic for their weight compared to adults. However, the results are preliminary and other experts disagree.

In summary, there are good studies showing that higher intake of white rice but not brown rice is associated with higher risk of developing Type 2 Diabetes Mellitus.



Michael A. McMann, M.D.

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LASIK: How Safe Is It?

by MICHAEL A. McMANN, M.D.

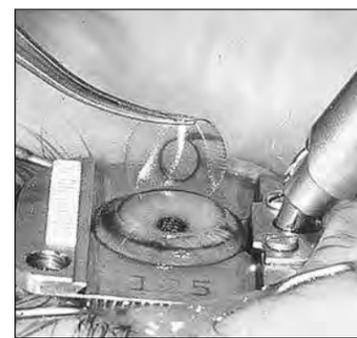
Gances are, you know someone who has had LASIK surgery, or you may have considered the procedure yourself. Despite the allure of ditching daily eye-wear, the decision to undergo this elective surgery is one that most people deliberate on for quite a while. Below are answers to some of the most common questions about LASIK surgery.

Q: I've heard LASIK described as quick, easy and painless. Is it?

A: Make no mistake—LASIK is surgery and anyone who implies otherwise is not entirely forthcoming. The surgeon creates a flap in the cornea and a laser is used to reshape the underlying cornea. The surgery takes less than half an hour. Patients feel pressure but no pain. However, that does not mean it is a simple procedure that just anyone can perform. Like any surgery, the experience of the surgeon is the most important factor in achieving the best results.

Q: In addition to the experience of the surgeon, what other factors are important?

A: A number of factors are crucial to success with LASIK surgery. It starts with a thorough pre-operative exam by a qualified surgeon and staff to ensure



you are a good candidate. The quality of the surgical tools, such as the laser, is also very important. Having dedicated, on-site laser machines in a controlled operating room environment, where temperature and humidity are constantly monitored, contributes to better outcomes. To ensure the best vision possible, the procedure is customized to each patient's eye measurements.

Q: How common are complications?

A: The complication rate for LASIK surgery is very low, making it one of the safest surgical procedures around. A full comprehensive examination is performed to identify factors such as dry eyes and thin corneas that may increase the risk for complications. The rate of complications is extremely low, with the majority of them occurring less than 1 percent of the time and rates of enhancement (the need for additional laser adjustments) are usually under 2 percent.

Q: Who really shouldn't

have the surgery?

A: There are people who are not good candidates for LASIK surgery. In fact, roughly 20 percent of the prospective patients who come in for an evaluation are turned down. Some of the more common reasons include high refractive errors (nearsightedness or farsightedness), dry eyes, thin or abnormally shaped corneas, cataracts and retinal problems from diabetes.

If you do not qualify for LASIK, there are alternative surgical procedures, such as PRK or LASEK, corneal implants, phakic intraocular lenses and cataract surgery with presbyopia- or astigmatism- correcting intraocular lenses.

Q: What's the bottom line for anyone considering LASIK?

A: LASIK is not for everybody. Those who are good candidates can experience a vision-changing and life-changing experience. As with any surgery, people should do their homework beforehand and choose a surgeon and facility they have every confidence in.

(MICHAEL MCMANN, MD, is a Fellowship-Trained eye surgeon specializing in cornea and refractive surgery. To make an appointment for an eye exam to determine if you are an appropriate candidate for LASIK, call 677-255E or 677-2733 or go online at: OahuLasik.com).

HEALTHLINE

Social Determinants of Health

by RAMON LORENZO LUIS R. GUINTO

We live in a much healthier world today. In the 20th century alone, life expectancy increased by 30 years as a result of major discoveries and improvements in public health, such as vaccination, injury prevention, access to clean water and safe food, and advances in maternal and child health.

The 21st century should work toward improving health further and making it equitable. Country life expectancies range from 82 in Japan to 34 years in Sierra Leone—an almost 50-year gap that no biological or genetic reason can explain.

In the Association of Southeast Asian Nations, life expectancy ranges from 81 in Singapore to 56 in Myanmar. The Philippines is somewhere in the middle, 71 for both sexes.

Inequities in health can also be noted within countries. For example, there is a 30-year gap in life expectancy between the most and least advantaged populations even in the rich city of Glasgow, Scotland.

In the Philippines, inequities among regions and income groups are glaring, spanning all known health indicators. For example, the most recent National Demographic and Health Survey showed that even if the national infant mortality rate was halved from 1990 to 2008, the rate in rural areas (35 per 1,000 infants) remained almost double that in urban areas (20 per 1,000).

Health is social

These health inequalities remind us that action is needed be-

yond medical interventions. Health, as defined by the World Health Organization (WHO), is the “complete state of physical, mental and social well-being,” but the “social” part is oftentimes the missing component in the equation.

Even as early as the 19th century, Rudolf Virchow, a German physician regarded as the father of “social medicine” and was a good friend of our national hero, Dr. Jose Rizal, asked: “Do we not always find the diseases of the populace traceable to defects in society?”

But it is not just the diseases themselves, but more so the unacceptable gaps in health that are products of a “toxic combination of poor social policies and programs, unfair economic arrangements and bad politics,” said the WHO Commission on Social Determinants of Health.

Social determinants of health refer to the conditions in which people are born, grow, live, work and age. They fall into two general categories: structural and intermediary determinants.

Structural, intermediary

Structural determinants generate stratification and divisions in society and define individual socioeconomic position within hierarchies of power, prestige and access to resources. They are embedded in key institutions and processes of the socioeconomic and political context. Examples include income, education, occupation, social class, gender and race.

Intermediary determinants are factors that directly shape in-



dividual health choices and outcomes and through which structural determinants operate. They span material circumstances, psychosocial circumstances, behavioral factors and the health system.

Examples include the nearby shop that sells cigarettes and alcohol, tensions among local leaders in a slum community, or the nonfunctioning rural health center that lacks essential medicines and health personnel.

For decades, the most successful public health interventions have dealt with intermediary determinants such as lifestyle changes and provision of food and medicine. However, global evidence now shows that structural determinants such as macroeconomic policies and cultural belief systems exert a huge influence on intermediary determinants and eventually widen inequalities.

WHO recommendations

Backed by substantial amount of evidence on global health inequities and their social determinants, the WHO commission came up with a set of recommendations on how to “close the gap in a generation,” the title of its 2008 report.

The three overarching rec-

ommendations were:

- Improve daily living conditions
- Tackle the inequitable distribution of power, money and resources
- Measure and understand the problem of health inequity, and assess the impact of action.

So what social determinants do we need to tackle in the Philippines?

PH situation

As emphasized by the commission’s report, daily living conditions need to be dramatically improved.

Rapid urbanization in Metro Manila, for example, has led to overcrowding, massive air pollution, garbage-clogging waterways, unsafe roads and growing squatter areas. Thirty-one percent of Filipinos in rural areas and 20 percent in cities have no access to improved sanitation.

All these determinants bring about mental health problems, respiratory and diarrheal diseases, and road injuries, especially to vulnerable populations. They also worsen the human impact of natural disasters, as shown by the aftermath of Tropical Storm “Ondoy” in 2009, and cause greater disease burden on

the local health system.

Employment

Although the Philippines claims to have reduced the unemployment rate to 7 percent last year, there remains a continuing trend of short-term employment. Contract workers suffer from low and unstable incomes and are vulnerable to unemployment in the long run.

The unemployed are more prone to catastrophic expenditures during an illness, have a reduced capacity to bring healthy food to the family table and ultimately suffer a much higher risk of premature death.

Finally, workers with no job security or social protection are at high risk of mental and emotional stress, which may give rise to violence and dysfunctional families.

Lifestyle

Noncommunicable diseases such as hypertension, diabetes, cancer and chronic obstructive pulmonary disease account for 60 percent of adult deaths yearly.

Fortunately, these diseases are highly preventable through tackling intermediary determinants such as availability of healthy food in markets and stores, provision of open spaces to increase daily physical activity and stricter implementation of the provisions of the Tobacco Regulation Act.

Early childhood

Global evidence has shown that interventions in early childhood, from prenatal care to primary education, increase life expectancy and ensure lifelong well-being. Aside from improving access to maternal and child care in primary care facilities,

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HEALTHLINE

(from page 19, SOCIAL...)

health concepts must be explicitly included in primary education.

Education should also emphasize development of life skills needed for healthy and responsible living. The Department of Education should incorporate these reforms into its new K-12 program.

The intermediary determinants are also symptoms of deep-seated structural determinants and therefore both levels need to be addressed.

Governance

Governance in the country is characterized by factors detrimental to overall population health: lack of policy coherence and political will; weak accountability and implementation; corruption; lack of motivation and skills among government workers; and limited participation of citizens and civil society groups in decision-making, especially in health governance.

Peculiar to Philippine governance is the enormous clout of Catholic Church groups in influencing public and health policy, the best example of which is the reproductive health bill—a measure which seeks to reduce the inequities in access to maternal and reproductive health services.

Economic inequality breeds health inequities. Ninety-percent of families belong to classes D and E, the lowest socioeconomic levels, according to a Pulse Asia survey in 2010.

It is established that further down the social ladder, more diseases are common, access to health care is more difficult and ultimately, life expectancy is much shorter.

If we are serious in “closing

the gap” in wealth and health, mechanisms that aim to redistribute wealth among various segments of Philippine society have to be put in place immediately.

Trade

In this era of increasing globalization, countries such as the Philippines actively participate in the crafting of bilateral and multilateral agreements and treaties. In 2011, for example, the Philippine government expressed interest in joining the Trans-Pacific Partnership and the larger Free Trade Area of the Asia Pacific during the summit of the Asia Pacific Economic Conference in Hawaii. Like previous trade agreements, these new instruments are expected to ease the flow of goods and services among member countries.

Certainly, these pacts will have a huge impact on the health of the people of member countries—directly through health products and services, and indirectly through food trade that will adversely affect farmers’ incomes.

To address these challenges, the WHO commission called for the institutionalization of “consideration of health and health-equity impact in national and international economic agreements and policy-making.”

Disaster-risk reduction

Our vulnerability to disasters may be partly due to unchangeable environmental determinants such as geography, but certainly much of that vulnerability has a social dimension—from the planning of our cities and towns to the implementation of the logging ban and early warning systems.

Furthermore, the Philip-

pinos, being the third most disaster-vulnerable and the sixth most climate-vulnerable country in the world, has to take climate change seriously, as it will worsen health conditions and exacerbate existing health disparities.

A “social determinants” understanding of disaster management and climate mitigation can prepare our society for the grave health impact, prevent the widening of social inequities and preclude us from solely blaming the forces of nature.

Elevating debate

Health is placed considerably high on the political agenda of the Aquino administration compared with the attention it received from previous administrations. In 2010, President Aquino committed in his first State of the Nation Address to achieve universal PhilHealth coverage by 2013.

The “Aquino health agenda” that was launched during the election campaign later metamorphosed into the Department of Health’s Kalusugang Pangkalahatan (Universal Health Care), which now looks into attaining the health-related Millennium Development Goals, public-private partnerships (PPPs) in health-facility enhancement and expanding PhilHealth coverage as ways to achieving health equity.

However, it is important that debates in health-care reform, particularly toward achieving universal health care, should be placed in the context of action on social determinants of health. Even the WHO commission report identified the health system as just one of the major determinants of health, so the discussion should not stop there.

US experience

Studies in the United States show that medical measures have contributed little in the decline of overall mortality. There are claims that health-sector interventions account for only 20 percent of health improvements, while the remaining 80 percent can be attributed to enhancements in daily living conditions—food, housing, clothing and access to socioeconomic services such as education and employment.

The Philippine health sector itself should adopt a social determinants framework, from the Department of Health to the various medical schools that train our future physicians.

The health department in particular should strengthen its stewardship role in advocating “whole-of-government” approaches to combating health inequities and addressing social determinants.

Australian model

A model that the Philippine government could use is the “health-in-all policies” approach. Pioneered in South Australia and now replicated in other countries, this government mechanism ensures that all government programs and policies, whether from the department of agriculture or foreign affairs, are assessed through a “health-lens analysis” of their impact on health outcomes and their contribution to reducing health inequities.

Coherence in governance results in policies and programs that complement each other to produce health and health equity. It is “unhealthy” to have, for example, an agriculture program providing assistance to tobacco

farmers in tandem with a public health policy that bans use of tobacco products.

Never isolated

Furthermore, addressing the broader structural determinants is vital for the success of health sector reform. The health system is never isolated from the larger society, whose social determinants shape the structure and functioning of the health system. We need to look at how wage policies affect workers’ contributions to PhilHealth, or how bilateral trade agreements result in maldistribution and shortage of health workers in our communities.

Finally, the Philippine government should broaden the scope of public-private partnerships and include action on social determinants of health as a venue for collaboration. PPPs for health may go beyond from mere medical interventions and health-facility enhancement to building healthy cities and investing in social protection schemes. Private enterprises can also apply the social-determinants approach in protecting the health of their employees through internal reforms in business practices and employment policies.

Everyone a health worker

Ultimately, health is an outcome of the distribution of multiple determinants in a society, from the policies governing daily activity to the resources used to provide social services. The more these determinants are inequitably distributed, the sicker we become as a whole.

In the same way as society can make us sick, it can also bring good health, not just to

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Congratulations to the Organizers of the Community Health Fair!

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HEALTHLINE

REGULAR EXERCISE CALMS BEAST INSIDE YOU

by CHRIS RANES

Do you sometimes feel frustrated by events or circumstances beyond your control but don't know how to blow off steam in a healthy and constructive manner?

If so, you will be interested to know that regular exercise provides a positive outlet for all those pent-up emotions that are eating you up inside and ready to explode.

A new study from Northern Illinois University shows that stressed bosses are less likely to vent their frustrations on their employees—if they get regular exercise.

“These findings don't only apply to a workplace but to life in general,” says Chris Ranes, a personal trainer at Fitness Ranes Training Studio. “You don't have to be a manager or a supervisor to feel pressured or stressed out. We all do, to a certain degree, at one time or another.”

Learning to vent frustration in a positive, rather than a destructive way, is crucial. If left unmanaged, frustration and stress can lead to emotional, psychological, and even physical problems. It could be a factor in heart attacks, strokes, depression and other ailments.

However, new research confirms what health and fitness professionals have known for a long time—regular physical activity has a calming effect on the nervous system.

According to Ranes, exercise can help you handle stressful and frustrating situations in the following ways:

- It gives you a sense of control: Frustration is often borne out of the feeling that we are at the mercy of others and have no say in our own lives. A fitness routine gives you the power over your own body and health, which is a very empowering.

- It releases “feel-good” chemicals: Feeling stressed out and unable to handle pressure also leads to pent-up frustration. Exercise produces endorphins and raises the body's levels of dopamine, serotonin, and norepinephrine, all of which are proven stress-busters and mood lifters.

- It makes you more resilient: When exercising, you build up strength—not just physical but also the mental strength and confidence that help you better handle the curveballs life throws at you in a calmer and more rational manner.

“Remember, you don't have to be a boss in a work environment to benefit from physical fitness,” Ranes says. “Just be your own boss and exercise your way out of frustrating and stressful situations.”

Ranes can be reached via email at chris@fitness-ranes.com or at 398-4931.

AND NOW, A WORD ABOUT TOOTH DECAY

MANILA, Philippines - If you have ever had the misfortune of suffering from tooth decay, you understand exactly how excruciating the pain is. But you are not the only one who is familiar with that mind-numbing ache. Roughly 95 million other Filipinos feel your pain — literally. Tooth decay affects 92.4 percent of the Philippine population, making it one of the most common oral problems in the country.

learned in Chemistry class, where there is acid, there is erosion. And so the inevitable happens: The surface of your tooth starts to erode, allowing the bacteria, sugar, and acid to penetrate deeper into your tooth. Internally, the bacteria continue to bore holes into your tooth, exposing it to even more bacteria. Externally, you feel an almost paralyzing pain from toothache.



Cavities are the end-result of the three-step process of tooth decay. This process begins when bacteria in your mouth cling to the sugars left behind by the food you eat. This combination of bacteria and food sticks to your teeth and produces acid. As we

There are ways to prevent decaying teeth from happening in the first place:

- Clean your mouth of the bacteria and food particles that started it all. A complete oral care routine of brushing, flossing, and rinsing will effectively clean your entire mouth — even the hard-to-reach places where bacteria could be

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Waipahu Therapy Center, LLP is a *therapist-owned* physical therapy practice and massage establishment specializing in the treatment of musculoskeletal conditions.

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HEALTHLINE

EVERYTHING YOU'VE ALWAYS WANTED TO KNOW ABOUT ANEMIA BUT WERE TOO WEAK TO ASK

AN APPLE A DAY

by TYRONE M. REYES, M.D.

Do you sometimes feel frustrated by events or circumstances beyond your control but don't know how to blow off steam in a healthy and constructive manner?

Many people recognize the classic symptoms of anemia: pale skin, fatigue, shortness of breath, and weakness. In an older person, however, the first sign of anemia may be a fainting spell, chest pain or confusion. Anemia results when you don't have enough red blood cells, which carry life-giving oxygen to your body. Many different tissues and organs may suffer, causing a range of signs and symptoms, including dizziness, cold hands and feet, headaches, and a fast heartbeat.

Though not a normal part of aging, mild anemia becomes fairly common with older age and can leave those with it more frail, weak, and prone to falls. More than one in 10 adults has anemia and by age 85, about 20 percent of women are anemic. Here's what you should know about this blood disorder.

Red blood cells

Anemia occurs if the number of red blood cells in your blood drops below normal, or your red blood cells do not contain enough hemoglobin—the iron-rich protein that gives blood its red color. Hemoglobin is the carrier of oxygen from your lungs to the rest of your body.

Doctors identify anemia by measuring the amount of hemoglobin in your blood. In adults, a hemoglobin (HGB) concentration of 12.3 grams per deciliter or less is considered anemia, although normal values vary between 11 and 15. Another measurement,

called hematocrit (HCT), refers to the percentage of blood occupied by red blood cells. By this definition, generally speaking, a person with an HCT of 41 percent or less has anemia.

Causes and types

Anemia isn't a disease in itself but rather a sign of an underlying problem. Blood loss is one of the most common causes of anemia. Chronic bleeding—bleeding in small amounts over a long time—depletes the body of iron, causing what's known as iron-deficiency anemia. That's the most common type of anemia, but there are many others.

- **Iron deficiency anemia.** Your bone marrow needs iron to make hemoglobin. People with iron-deficiency anemia lack adequate stores of iron to make enough hemoglobin and red blood cells. Women can lose iron and red blood cells during heavy, long menstrual periods, during childbirth or with bleeding from uterine fibroids. In older adults, blood loss usually stems from intestinal diseases, such as ulcers, colon polyps, diverticulitis or cancer. Aspirin or nonsteroidal anti-inflammatory drugs can also cause bleeding.

- **Vitamin deficiency anemia.** Your body needs the vitamins B-12 and folate to produce adequate healthy red blood cells. If your diet lacks one of these vitamins or your body can't absorb B-12 from food, you may develop megaloblastic anemia. With this type, the red cells are large and immature-looking.

- **Anemia of chronic disease.** Some long-term illnesses can cause anemia by affecting the body's ability to produce red blood cells. Chronic kidney disease curtails production of a hormone called erythropoietin, which signals the bone marrow to make red blood cells. Inflammatory dis-

eases such as rheumatoid arthritis reduce the bone marrow's response to erythropoietin, leading to a decrease in red blood cells. Other chronic diseases that can cause anemia include HIV/AIDS, cancer, cirrhosis, and other forms of liver disease.

- **Other types.** In hemolytic anemia, red blood cells die or are destroyed faster than the bone marrow can replace them. Cancers and cancer-like disorders of the bone marrow, including leukemia and myelodysplastic syndrome, can cause anemia. Other causes include alcohol abuse and severe untreated underactive thyroid (hypothyroidism). Occasionally, there may be multiple causes of the anemia, especially in older people.

Test options

To understand what's causing anemia, your doctor will do a physical exam and talk about your symptoms, diet, alcohol use, medications, and medical, surgical, and family history. You may be referred to a specialist in blood diseases, called a hematologist. Tests and procedures used to learn about anemia include:

- **Complete blood count.** This is usually the first test to diagnose anemia. A sample of blood is drawn and checked for the amount of hemoglobin (HGB) in your red blood cells; the number of red blood cells, white blood cells and platelets in your blood; the portion of your blood taken up by red blood cells (hematocrit or HCT); and the average size of your red blood cells (mean corpuscular volume or MCV).

- **Blood smear.** This test examines a blood sample under a microscope for changes in the number, type, size, and shape of blood cells.

- **Gastrointestinal tests.** To diagnose anemia related to blood loss, your doctor may visually examine your upper or lower digestive tract,

or both, using a long, flexible tube with a tiny camera on the end (these tests are called upper

endoscopy and colonoscopy). Sometimes an x-ray or special examination with a tiny camera that you swallow (capsule endoscopy) is needed to examine the small bowel, which a scope can't reach.

- **Bone marrow aspiration and biopsy.** If the cause of your anemia isn't clear, or your doctor suspects cancer or another bone marrow disease, he/she may perform a bone marrow biopsy to take a direct look at what's happening within the "factory" where blood is produced. This involves inserting a hollow needle into your pelvic bone and is usually done under local anesthesia. The sample is examined under a microscope to see if your bone marrow is healthy and making enough blood cells.

Treatments

Treatment for anemia depends on what's causing it and how severe it is. Your doctor will start by addressing the underlying cause, whether it's blood loss, inflammation, nutritional deficiencies, infection, alcohol abuse or kidney disease. The goal is to get your red blood cell counts or hemoglobin levels back to normal so that your blood can carry enough oxygen to your body.

Most cases of iron deficiency anemia can be successfully treated by identifying and then correcting the iron loss. That can be done by foods rich in iron, such as fortified cereals and breads, red meats,

peas, beans, lentil, eggs, spinach and other dark green leafy vegetables, dried fruits (such as raisins), tofu, fish and shellfish, chicken and pork. Vitamin C helps your body absorb iron. Many fruits and vegetables, including oranges, strawberries, broccoli, peppers, and tomatoes, are good sources of vitamin C.

Some people take iron pills in combination with multivitamins and other minerals that help their bodies absorb iron—however, talk to your doctor before taking iron supplements. If your anemia is caused by a lack of vitamin B-12 and folate, your doctor will recommend supplements.

Treatments for more severe forms of anemia may include blood transfusions, medications to prevent the body's immune system from destroying its own red blood cells, or a synthetic version of the hormone erythropoietin to stimulate your bone marrow to make more red blood cells.

A more energetic life

Anemia is often mild, but it can take a toll on your quality of life. If you're feeling tired a lot especially if you have a chronic medical condition, work with your physician to monitor your complete blood count. Even a small bump in your blood count numbers can give you more energy, help you stay active, and possibly lengthen your life. (www.philstar.com)

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some people, but to everyone—that is health equity. Making society conducive for health requires efforts, not just from the health sector, but from all segments of society.

There has to be a conscious declaration at the high-policy level that health is a universal-social goal, not just a resource for economic progress and social development but an end in itself. Other sectors will then follow suit and strive to positively contribute toward achieving this end.

A Norwegian health minister once said, "Every minister is a health minister." Everyone is a health worker when it comes to acting on the social determinants of health.

(A final year medical student at the University of the Philippines Manila, RAMON LORENZO LUIS R. GUINTO is the regional coordinator for the Asia Pacific of the International Federation of Medical Students' Associations [IFMSA], a global network of 1.2 million medical students. He led the IFMSA delegation to the WHO World Conference on Social Determinants of Health in Rio de Janeiro, Brazil, on Oct. 19-21, 2011.)

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hiding. Studies have shown that using a mouthwash will give you a 100-percent better clean versus just brushing teeth alone, since a mouthwash like Listerine is clinically proven to kill 99.9% of germs in your mouth.

- **Avoid eating and drinking sugary items if you cannot clean your mouth immediately after.** It is always a good idea to brush, floss,

and rinse right after eating. This minimizes the chances of bacteria combining with leftover food and clinging to your teeth.

- **Strengthen your teeth against the eroding effects of acid.** This is best done through fluoride treatments and fluoridated products. Fluoride is responsible for restoring your teeth with the minerals needed to fight off and reverse the early signs of tooth decay. (www.philstar.com)

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