

WOMEN'S HEALTH *Supplement*

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A Survivor's Guide to Beating Cancer

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Cancer is one of the most feared illnesses for its known aggressive treatments that often leave patients looking completely transformed and unlike themselves. Hair loss, massive weight loss, numbness, nausea, profound weakness are but a few of the side-effects of cancer treatments. On top of that, patients are further traumatized by a possibility that after all these intensely painful treatment they may not survive. Decades ago getting diagnosed with cancer was almost a certain death sentence. But with modern medicine and enhanced screenings, the good news is that more people are surviving from cancer. In our cover story, cancer survivor Elizabeth Martin shares her triumphant story – from the start of being diagnosed with Stage 2 ovarian cancer, to her chemotherapy treatments, and her eventual remission. Also in the cover story is a guide for recommended screenings for some of the cancers women are afflicted with: breast, cervical, uterus and ovarian. We hope the article will serve as inspiration for recently diagnosed cancer patients and a caveat to get annual screenings for cancer. There is hope. Cancer is beatable! As Martin says, “focus on the end goal of remission, live and be grateful even during treatment. Each day is a step closer to survival.” ▶ Story on S4

Two Keys to Staying Healthy: Adopt Healthy Lifestyles and See Your Doctor Regularly

Life is busy for most Americans with work, raising children, and all the other activities of running a household from paying bills to mowing the lawn. We dedicate blocks of time in our daily life to care for the people and things we care about most. But sometimes, we neglect to care for our most priceless asset – our health.

Often times poor health is unavoidable due to inherited health disorders. But medical experts say many illnesses can be avoided by making simple lifestyle changes.

Lifestyles to Adopt and Avoid

- Don't smoke. Arguably the most harmful habit to the our bodies is

smoking. The National Cancer Institute says cigarette smoking kills around 443,000 people each year. The harmful chemicals found in cigarettes can lead to serious health problems in the long-term; to name a few, cardiovascular disease, cancer and respiratory problems.

- Eat Healthy. Most of us already know what is healthy food and not. The green light for consumption is all the green vegetables. Fruits, especially berries, are known to be high in nutrition and antioxidants. Whole grains and beans are also recommended. Diets to avoid are eating food high in fat, salt, sugar that could contribute to obesity, diabetes, high blood pressure and high cholesterol. If you can't resist snacks, desserts, or high-sugar drinks, keep in mind moderate consumption.
- Exercise, exercise, exercise. Inactivity leads to deterioration of muscles and flexibility. How regular exercise helps – it improves circulation, strengthens muscles and the cardiovascular system, burns calories and boosts energy. Health experts say regular exercise of even 20 minutes in a day, three to four times a week, goes a long way in improving overall health.
- Avoid stress. According to the Mayo Clinic, chronic stress can cause health problems like depression, insomnia and heart disease. It is physically and mentally taxing. People often resort to unhealthy ways to relieve stress such as drinking alcohol, smoking, watching excessive TV. Healthier alternatives are working out, yoga, meditation, breathing exercises or just not allowing triggers of common stress like financial strain or conflict to overwhelm you when they occur.
- Get enough sleep. Ample sleep is not too often discussed when it comes to living a healthier lifestyle. But health experts say sleep is essential to rejuvenate the body. Developing regular sleep patterns and getting at least six hours of sleep a night are optimal. The Centers for Disease Control and Prevention attributes sleep deprivation to health problems like depression, heart disease and cognitive dysfunction.

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Screenings and Regular Doctor Visits

Besides adopting healthier lifestyle habits, seeing your doctor regularly is the most helpful way to keeping healthy. The idea behind this is if something is wrong with your body, early detection can prevent illnesses from worsening to a serious problem.

Cancer Screenings. Cancer is the second leading cause of death in the U.S. and experts say early detection is key to surviving cancer. What most people don't know is that there are different screenings for detecting cancer. Patients can consult with their doctors when to undertake the appropriate screenings for cancer that usually is determined by age, family history, or at-risk lifestyles. Some of the screenings are mammograms for breast cancer, stool-based tests or colonoscopy for colorectal cancer, low-dose CT scan for lung cancer, Pap and HPV tests for cervical cancer, and pelvic exam for ovarian cancer.

Heart Disease Screenings. Heart Disease is the number one cause of death in the U.S. Heart disease include heart attacks (myocardial infarction), heart failure, arrhythmia, heart defects, arterial disease, coronary artery disease, silent ischemia, angina. Some of the heart screenings to discuss with your doctor are blood pressure monitoring, electrocardiography (ECG), exercise treadmill testing (ETT) and electron-beam computed tomography (EBCT). Discuss with your doctor if certain symptoms for heart disease occur that would warrant a heart screening.

Some of the symptoms to look for are chest pain, chest tightness, chest pressure or discomfort, shortness of breath, pain, numbness, weakness in your legs or arms, or pain in the neck, jaw, throat or upper abdomen or back, or abnormal heartbeats.

Health Awareness

Maintaining health takes effort and awareness. From choosing healthy lifestyles to seeing your doctor regularly and getting the recommended screenings – all these steps can help to prevent premature illnesses from setting in and making life unnecessarily more difficult.

In our hurried life and pursuits to take care of all the people and things we find important, it's time we reprioritize and place our health way up among what really should matter.

RETIRING? WHAT ABOUT YOUR HEALTH?

By Rhea Alarin, M.D.

1 What is the best approach to retiring?

- a. According to Dr Helen Chen, a Harvard geriatrician and Mary Tinetti of Yale University, there are Five M's on how to plan for retirement:
 - i. **Mind** – Stay intellectually active and mentally stimulated.
 - ii. **Move** – transportation, plan access to public transit, family or friends, or will you be driving yourself?
 - iii. **Mingle** – Stay socially connected.
 - iv. **Meaning** – what matters most? Spending time with grandchildren, volunteering and giving back to organizations or to church.
 - v. **Multi-complexity** – fifth M is the most difficult. Pertains to health challenges, managing medication and procedures, doctors' appointments, labs and routine screening tests.

2 What is important to think about when considering retirement?

- a. Medical services
- b. Nonprofit health services, like meal delivery
- c. Transportation services
- d. Affordable housing options
- e. Recreation opportunities
- f. Volunteering opportunities
- g. Private-duty services (such as a companion or certified nursing assistant)

3 Is retirement stressful?

- a. Retirement is ranked 10th on the list of life's 43 most stressful events.

4 What can I do to make retirement less stressful?

- a. According to a group of researchers from Harvard that studies Adult



- Development, there are 4 elements that make retirement enjoyable, healthy, and rewarding
- b. Forge a new social network – you don't just retire from a job – you retire from daily contact with friends and colleagues. Establishing a new social network is good for both mental and physical health.
 - c. Play – activities such as golf, ballroom dancing, traveling, and more can help you let go a bit while establishing new friendships and reinforcing old ones.
 - d. Be creative – activating your creative side can help keep your brain healthy. Creativity can take many forms, from painting to gardening. Tapping into creativity may help you discover new things about yourself.
 - e. Keep learning – like being creative, ongoing learning keeps the mind active and the brain healthy.

activities that are harder on the joints. Your family and friends will better understand if you share your feeling and let them know how they can help.

6 My friend retired and then within months of retirement, he got a heart attack. Does retirement cause you to have a heart attack?

- a. According to Harvard Health, retirement can be a frustrating time marked by declining health and increasing limitation. A US Health and Retirement study found that among 5,422 individuals who retired, 40% more likely to have a heart attack or stroke than those who are still working. The increase was more pronounced during the first year after retirement, and leveled off after that.

5 I have arthritis, and now that I'm not working I can feel the pain more. What can I do?

- a. Coping skills can help manage stress of pain, physical appearance and depression. Always ask help when you need it. It may be hard to admit that things are more difficult now than it was before. Especially when doing

7 Can I get Alzheimer's if I retire?

- a. Working later in life can help many people stay mentally sharp and reduce the risk of Alzheimer's disease. Unfortunately, we cannot work forever. Experts at Healthline.com suggest the best way to promote brain health is to engage in multiple healthy activities.

8 How can I prevent osteoporosis later in life?

- a. Avoid being sedentary. When one goes into a life of leisure, people tend to decrease their physical activity. Like muscle, bone is a living tissue and responds to exercise by becoming stronger. Weight bearing exercises are best for your bones; this includes walking, hiking, jogging, climbing stairs, weight training, tennis, and dancing.

9 What tips can you give me on managing my diabetes when I'm retired?

- a. Peggy Pletcher from

healthline.com shares that it is important to be extra vigilant about your blood sugar levels and overall health. Here are some things you can do to stay as healthy as possible during your retirement years:

- i. Stay active
- ii. Eat a diabetes-friendly and heart healthy diet
- iii. Keep an eye on your cholesterol
- iv. Monitor your blood sugar levels regularly
- v. Pamper your feet
- vi. Stop smoking
- vii. Take care of your eyes
- viii. Take care of your smile

RHEA A ALARIN, MD Rhea, originally from Stockton, Ca Rhea, originally from Stockton, California, has made Hawaii her home for the last few years. She is currently the Executive Director of Primary Care Clinic of Hawaii. When not in the office, you can find her hiking, surfing, stand-up paddle-boarding and soaking up the Hawaii sunsets. Her interests are primary care, women's health, and public policy to name a few. She is years away from retiring.

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WOMEN AND CANCER

A SURVIVOR'S GUIDE TO BEATING CANCER

By Edwin Quinabo

At 27, life took an unexpected turn for Elizabeth Martin of Ewa Beach. She had just underwent surgery to remove an ovary. Four days later, her doctor told her she had stage 2 ovarian cancer.

"I was home alone in bed recovering from the surgery when my oncologist called me with the bad news. I was in shock, disbelief and denial. 'This couldn't be happening to me,' I kept telling myself. I'm young, have no family history of cancer," said Martin, who recalled vividly as if she could hear her doctor's voice on auto-replay.

"You have stage 2 ovarian cancer," over and over. "It was traumatic. I just couldn't believe it."

But it was a fact Elizabeth couldn't deny as her team of doctors quickly outlined a regimen for treating her cancer. "I had to tell my employers. My family was devastated and worried. It was all too real and happening so fast."

But this November, Elizabeth will celebrate her 30th birthday. She has a new lease in life, a fresh outlook; and joyfully says she has been in remission for over a year now.

"I beat cancer! I'm a survivor," she said. "And I'd be more than happy to share my story on how I did it."

Martin is one of the lucky survivors. The National Cancer Institute reports about 610,000 people will die of cancer in the U.S. each year – that's more than 1,600 people a day.

Cancer is the second leading cause of death in the U.S. The perception is that more women die of cancer than men. But cancer mortality is higher among men (196.8 per 100,000) to woman (139.6 per 100,000). While men have a higher mortality rate, the diagnoses for cancer is close to even among the sexes. There is an estimated 1.7 million new

cases of cancer nationwide each year. About 852,630, close to half are women.

Women's slightly higher chance to survive from cancer is due to their being more likely to visit doctors regularly. So cancer is detected earlier for women than men, which raises their chances for survival.

When broken down by ethnicity and sex, cancer mortality is highest in African men (239.9 per 100,000).

Martin, a Filipina, falls under the group with the lowest rate of mortality from cancer, Asian/Pacific Islander women

(88.3 per 100,000).

COPING AND SURVIVING CANCER

Support from loved ones.

"There are many ways I hear that people cope with having cancer. Some people are very private about it. I was like that at first. Cancer patients who are private generally don't want to worry others because it adds to their stress and recovery," said Martin.

"Then there are other cancer patients who prefer to talk about it more openly and seem to do better that way.



Cancer survivor Elizabeth Martin keeping in good spirits during one of her first rounds of chemotherapy.

In the long-run as things get more difficult, I think cancer patients will take on this approach and lean more on family for support.

"I also believe in the power of prayer. And when you can have more people praying for you to pull through, I think this helps," she said, and remembers how her mother prayed the rosary every day, and extended family offered prayer chains for her recovery.

Martin said her family were very supportive during her cancer journey. Her fiancée Joey took her to doctor appointments, chemotherapy treatments, and stayed with her overnight during hospitalizations.

"My mother took care of me by making sure I was comfortable at home. My brother made sure I was happy by giving me Hallmark cards to cheer me up and he also spent time with me during my hospitalizations," she recalls with a sense of deep gratitude.

Experts agree that having a strong, close support group is integral to recovery. It's also safer. Cancer survivors commonly say when they were too weak to bath themselves or cook for themselves, having a loved one to help made all the difference.

Be informed. Health professionals recommend that patients get as much information on the type of cancer affecting them. It helps them to get a realistic picture of what to expect and better enables them to make the right health choices and treatment recommended

by their doctors.

An RN at one of the largest hospitals in Honolulu, Martin has sufficient medical background to describe with ease the treatment she received.

"I was on 9 weeks of intensive chemotherapy regimen consisting of Bleomycin, Etoposide, Cisplatin (BEP) chemotherapy drugs. I underwent three cycles of chemotherapy, and each cycle was 21-days long."

She said during the first week of each cycle, she was hospitalized for five days for intensive, inpatient chemotherapy of Etoposide and Cisplatin. She received Bleomycin treatments every Friday as an outpatient.

Expect physical changes. Cancer patients report having different experiences with regard to pain and nausea during treatment. Each individual's threshold for pain varies. But what almost every cancer survivor shares in common is the physical transformation of the body when undergoing treatment.

"Physically, chemotherapy morphed me into someone unrecognizable. New cancer patients should be aware of this so that they don't lose their sense of self control like I did. When you expect it, that your body will change, at least you are prepared and understand it is a normal process.

"Two weeks into chemotherapy, I experienced alopecia (hair loss). I lost my beautiful long, waist-length hair, my full eyebrows and eyelashes. Be-

(continue on page 5)

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COVER STORY

WOMEN'S HEALTH 2019

(from page S4)

cause I could hardly eat for the duration of treatment, about 40 days, I lost about 20 pounds. My body was just wasting away. When I tried to eat realizing how sick I looked, I was unable to hold down my food and kept vomiting.”

Expect the unexpected. Health professionals say patients can respond to treatment differently. Two patients might have the same cancer, even detected in close proximity, and undergo the same treatment but have different outcomes. Patients should know setbacks can happen and try not to be discouraged.

Martin says she was hospitalized additional times than her set treatment schedule. “I had to be hospitalized twice for neutropenia, a side effect of chemotherapy, which is caused by low neutrophils, a type of white blood cells that fight off infection. The thing about cancer treatment is our body is essentially attacking itself in order to survive.”

SCREENING FOR CANCER IS KEY FOR SURVIVAL

Health experts say the best way to survive cancer is early detection. A vast majority of survivors are early stage cancer patients and they commonly say if it weren't for regular screenings, they wouldn't have been able to survive. A guide for screening and early detection for some of the cancers affecting women include:

Breast Cancer. For breast cancer – which accounts for 30 percent of all female cancer cases – screening is recommended depending on age and family history. Women ages 40 to 44 should start yearly breast cancer screening with a mammogram (x-ray of the breast). Women age 45-54 should get a mammogram every year. Women 55 and older can switch to a mammogram every 2 years, or can continue yearly screening, based on recommendation from the American Cancer Society.

Cervical Cancer. Another cancer for women is cervical cancer. It's recommended that a Pap test should start at age 21 (not younger). Women between ages 21 and 29 should have a Pap test done every 3

years. Women between ages 30 and 65 should have a Pap test plus an HPV test done every five years. Women over age 65 who have had regular cervical testing in the past 10 years with normal results should stop testing.

Uterus or Ovarian Cancer. While endometrial (uterus cancer) and ovarian cancer do not have screenings to detect early-stages of cancer, there are risk factors to look for that women can discuss with their doctor. Women who are older, or have had breast or ovarian cancer, experience irregular menopause, have a history of infertility, or not have had children are all greater at risk for endometrial cancer. For

ovarian cancer, women at risk are those who have never had children, or had their first child after age 35, or have used estrogen alone as hormone replacement therapy, or have had in the past breast, colorectal or ovarian cancer (or a family member).

If any of those high risk factors are present (since there are no screenings for early detection of both uterus and ovarian cancer), the American Cancer Society recommends that patients discuss with their physicians the best course of action.

Beating Cancer

Cancer patients commonly report that being cured of

“Surviving cancer will be a tough battle. It will challenge your entire being physically, mentally and spiritually. You will learn so much about yourself during these times of hardship. Keep the end goal of remission in mind during the good and bad moments and possible setbacks. Live and be grateful during treatment. Each day is a step closer to survival.”

– ELIZABETH MARTIN, RN, *Cancer Survivor*

cancer is one of their biggest lifetime achievements. Having endured pain and suffering and dealing with the emotional and psychological weight that they could die are life changing.

“I was overjoyed when hearing the words ‘you’re in remission.’ I cried and felt

completely overwhelmed with happiness.

“People should know that your body will not suddenly bounce back to normal. It wasn't until three months after my last chemotherapy that my hair started to grow back.

(continue on page 7)



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Body Talks

By Avery Go, M.D.

Let's start off with shapes — hourglass, rectangle, triangle, round — shapes that are used to commonly describe a woman's body. Then there's the body mass index classes, or BMI, as calculated from your height and weight — underweight, normal, overweight, obese. *What does your body shape together with your BMI mean for your cardiovascular and cancer risk?*

A woman's body goes through a lot of changes as she ages. Weight gain being one of the most common and probably the hardest to avoid. Pregnancies, child birth, stress, hormones, a poor diet, lack of sleep and exercise, together with a world of fast food, restaurants, social media posts of mouth watering foods awakening your cravings, all of these contribute to the accumulation of pounds over the years. As one ages, fat mass increases whereas

lean muscle mass decreases. Unfortunately, we cannot pick and choose how our body distributes the fat that it accumulates. As fat accumulates and weight increases, so does the BMI. A BMI in the overweight and obese class is well known to be associated with higher risk for heart disease, diabetes, cancer, gout, sleep apnea, among others. But what does your body shape, or more specifically, your waist circumference, have to do with it?

Central obesity is a term used to describe relatively high abdominal fat (one's "midsection") distribution, and is defined by a waist circumference of >88 cm (34.6 in) or waist to hip ratio of 0.85 or higher. A woman may have a hour glass shape in her teens and 20s but develop a round shape as she gets older as she develops central obesity. Likewise for someone who was an athlete in her

younger years who then had a triangle shape but now has a round shape now that she's postmenopausal.

A study published in *JAMA Network Open* in July 2019 that observed over 156,000 postmenopausal women over two decades showed 29.6% of the women in the study died from cardiovascular disease and 27% from cancer. The authors studied the relationship between postmenopausal women's BMIs and whether or not they had central obesity with the risk of cardiovascular and cancer deaths. The study concluded that postmenopausal women with normal BMI but high waist circumference/central obesity had a higher risk of death from cardiovascular disease and cancer compared to those postmenopausal women with normal BMI and no central obesity. This risk is almost comparable to that of those who are obese



and have central obesity. The women who were overweight and had central obesity also had a higher risk compared to those with normal weight and no central obesity.

So why does having central obesity increase the risk even if the weight is normal? Central obesity has been associated with higher risk of death in itself separate from the risk associated with high BMI. This is because central obesity is a marker of excessive visceral (internal organ)

fat, and excessive visceral fat has been associated with insulin resistance which leads to type 2 diabetes, abnormal lipid ("cholesterol") levels, and inflammation, which are all risk factors for heart disease and cancers.

In the real world however, not everyone has a hourglass shape but you can decrease your overall risk by maintaining a normal BMI and avoiding central obesity by staying active, eating right and living a healthy lifestyle.

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URINARY INCONTINENCE IN WOMEN

By Rainier Dennis D. Bautista, M.D.

Urinary Incontinence is the medical term for when a person leaks urine or loses bladder control. Often it is called just "incontinence." It is a very common problem, especially in women. Population studies have shown that women are 2-3 times more likely to have some form of urinary incontinence, citing conditions such as pregnancy, childbirth, and menopause as factors that account for this increase in risk.

There are different types of incontinence. **Stress in-**

continence is when a person leaks urine when they laugh, cough, sneeze, or do anything that "stresses" the belly. Stress incontinence is most common in women, especially those who have had a baby. People with **Urge incontinence** feel a strong need to urinate all of a sudden. Often the "urge" is so strong that they can't make it to the bathroom in time. There are some equipment that supports the bladder or improves the flow of urine. There are also electronic devices that can stimulate the nerves that

relax the bladder. Electrical stimulation of the nerves that relax the bladder.

There are also certain lifestyle changes people can make to reduce bladder leaks:

- Reduce the amount of liquid you drink, especially before bed.
- Cut down on any foods or drinks that make your symptoms worse. Some people find that alcohol, caffeine, or spicy or acidic foods irritate the bladder.
- If you are overweight, lose weight.
- If you have diabetes, keep your blood sugar as close

to normal as possible.

- If you take medicines called diuretics, plan ahead. These medicines increase the need to urinate. Take them when you know you will be near a bathroom for a few hours.

If the above behavioral interventions do not work, there are medicines called anticholinergics that can help relax bladder muscles and prevent muscle spasms.

There are also different types of surgery that are available for urinary incontinence. These primarily aim to repair the tissues that support the bladder and improve the flow of urine.



Urinary incontinence is often an embarrassing problem to have, but know that this is a problem that can be managed in conjunction with your doctor, so people do not have to suffer in silence.

COVER STORY: A SURVIVOR'S GUIDE...from S5

It also took me several weeks to recover from anemia (low red blood cells), hypocalcemia (low calcium), and other electrolyte deficiencies.

"I also suffered from chemotherapy induced neuropathy (numbness, like pins and needle) of my hands and feet for another seven to eight months post-treatment. It took me about a full

year to make a full recovery from the side effects of chemo treatment," said Martin.

"I dedicated the entire following year after remission as a year to celebrate and reclaim life."

She said as a cancer survivor, she has gained a new perspective on life. "I've learned to show more love, more patience, more

compassion to others. I've learned to always do things that make me happy and to surround myself with positivity. Life is too short to do otherwise."

Martin said her message to newly diagnosed cancer patients is this: "Surviving cancer will be a tough battle. It will challenge your entire being physically, mental-

ly and spiritually. You will learn so much about yourself during these times of hardship. Keep the end goal of remission in mind during the good and bad moments and possible setbacks.

"Live and be grateful during treatment. Each day is a step closer to survival."

(Editor's Note: For help or more

information on cancer, here are a few resources: the Cancer Support Hotline 888-793-9355; American Cancer Society 800-227-2345; Centers for Medicare and Medicaid Services (for insurance-related questions on cancer) 800-623-4227; Living Beyond Breast Cancer 888-753-5222; National Cervical Cancer Coalition 800-685-5531; National Ovarian Cancer Coalition 888-682-7426; Susan G. Komen Breast Cancer Foundation 877-456-6636.)

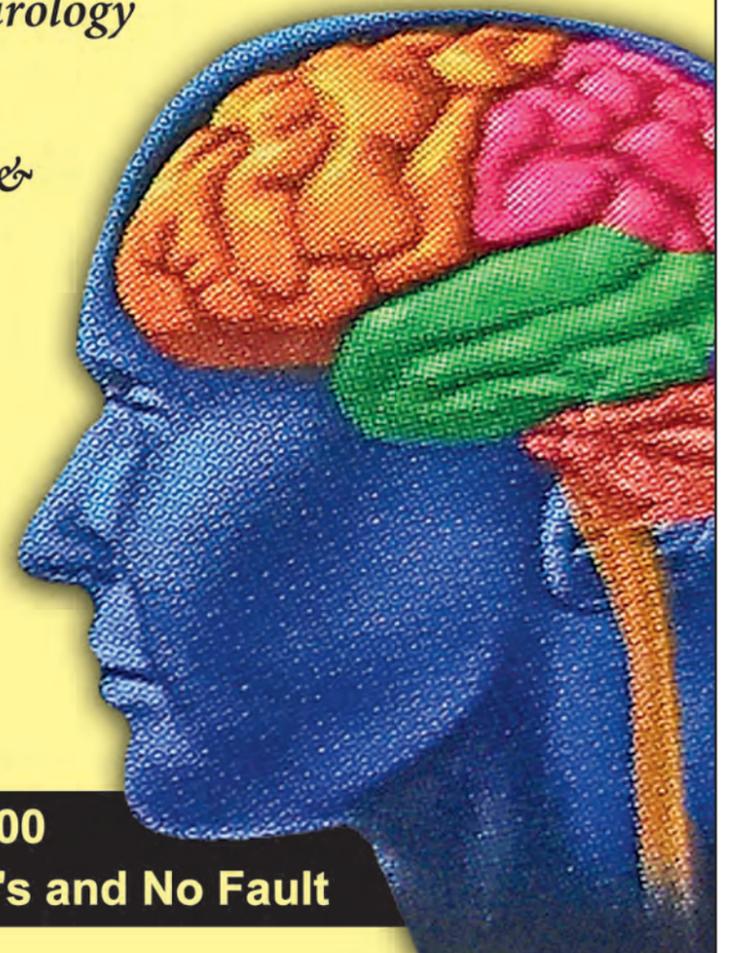
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PREGNANCY CAN AFFECT YOUR EYES: WHAT YOU SHOULD KNOW!

By Steven Rhee, D.O.

Healthy Eyes for You and the Baby!

One of the most beautiful things in life is pregnancy, and many mothers describe seeing their newborn child for the first time as one of the most significant moments in their lives. During pregnancy, the body undergoes many changes, but what you may not know is that some of those changes affect the mother's eyes. Pregnancy can sometimes cause a temporary change in vision. The shape of the cornea may change due to water retention during pregnancy and cause blurry vision. This may also affect the fit of the mother's contact lenses, making them less comfortable. An expectant mother may notice that her glasses do not work anymore or may not be able to tolerate her contact lenses. Fortunately, these changes are temporary and should resolve after delivery. It is important to keep your eye doctor informed on changes to your eyesight and overall health. Regular check-ups can also help address con-

ditions that don't have obvious symptoms. Expectant mothers who have diabetes should get a baseline eye exam with appropriate follow-ups since pregnancy can worsen diabetic retinopathy.

Most women experience dry eye syndrome during pregnancy. This is caused by changes in hormone levels which affect tear and lipid production in the eye. Dry eye can be treated with over-the-counter lubricants that act as tears to hydrate the eye and soothe the irritation. Look for preparations described as "artificial tears." For any significant changes, you should consult an eye specialist.

Remember, your baby's eyes are also developing, so it is vital to maintain a healthy diet rich in foods that will aid in the developmental process. There are a number of vitamins and nutrients that benefit the development of a baby's eyes, maintain healthy vision for mom, and give overall health benefits. There is an old adage that carrots are

good for your eyes, but it's not as simple as that. Carrots do provide a great source of vitamin A, as well as vitamin B6, and fiber, which are all important for development of a baby's eyes. Naturally loaded with DHA (Docosahexaenoic Acid), eggs are a low-calorie, high protein little bundle. DHA is one type of omega-3 fatty acid, the "good fat" that is an important component of the retina, and essential in the formation of the eyes in the fetus.

Recently, lutein, which has been referred to as the "eye vitamin," has been included in a variety of commercially available prenatal vitamins. There has been much talk about lutein and its benefits for the eyes. Babies are born with a certain amount of lutein but the body doesn't naturally produce it. Lutein helps protect against the negative effects of blue and ultraviolet light, an important component of eye health with all the time spent in the sun and on screens these days. Foods



that are naturally rich in lutein include dark green, leafy vegetables like spinach and kale, as well as other highly colored food such as corn, yams, and egg yolks.

This is only a partial list of nutritional items and vitamins that are likely to help in the development of a baby's eyes as well as the maintenance of Mom's eye health. There are a multitude of other foods with good nutritional value including whole grains of all kinds, seeds (especially omega-3 rich flax), nuts, win-

ter squash, apricots and kiwis.

Overall, remember that the eye problems that you experience during a pregnancy are generally temporary and clear up shortly after delivery. However, what you eat during your pregnancy can have a life-long effect. Plan to eat healthy foods rich in nutrients to aid in the development of your baby's eyes as well as other vital organs. Have a happy and healthy pregnancy. For further questions, contact Dr. Rhee at Hawaiian Eye Center at 808-621-8448.

HEALTHLINE NEWS

New \$2.8M Grant in Hand, JABSOM Scientist Aims for a More Accurate Way to Detect Breast Cancer

UNIVERSITY OF HAWAII (UH) Researcher Youping Deng, PhD is trying to combat breast cancer through better diagnosis. Dr. Deng, Professor and Director of the Bioinformatics Core at the UH Manoa John A. Burns School of Medicine (JABSOM), has earned a \$2.8M grant from the National Health Institutes (NIH) to advance his promising work using computational biology to improve the accuracy of breast cancer tests.

His funding application abstract, "Circulating lipid and miRNA markers for early detection of breast cancer among women with abnormal mammograms," describes the success of his early research,

reporting that his team identified a panel of 15 plasma lipid species that were able to distinguish early stage of cancer from benign lesions with over 90% accuracy.

Dr. Deng is trying to develop a faster and non-invasive way to detect early cancer in humans using a class of small noncoding molecules which are involved in the regulation of gene expression. Detecting cancer more accurately and at earlier stages could potentially reduce mortality rates significantly and save many lives.

"Mammography is the current gold standard for breast cancer screening; however, most women with



Dr. Youping Deng

abnormal mammograms are eventually found not to have breast cancer," said Deng. "Most abnormal mammograms are false positives that require expensive breast imaging and biopsies, which can

cause psychological distress."

His long term goals are to develop useful computational and diagnostic tools for use in scientific laboratories and in clinical settings. He hopes to develop a tool that can be employed to diagnose and treat — as well as to prevent certain types of cancer, including lung cancer.

About the scientist

Deng, a graduate of the Peking Union Medical College and Chinese Academy of Medical Sciences in Beijing, China, was motivated early in life to enter science to provide a better life for himself and his family. Now, he longs to invent something to

diagnose, prevent and treat cancer to help others have longer, better lives. Outside of the laboratory bench, Dr. Deng likes to train his muscles with dumbbells and enjoys singing tenor folk songs. He enjoys Hawaii's beauty, "and the support of Dean Dr. Jerris Hedges, Associate Dean Dr. Mariana Gerschen-son, Department chair Dr. John Chen, Dr. Richard Yanagihara, and Dr. Robert Nichols for their support. I also would like to thank our team members including Dr. Masaki Nasu, Dr. Vedbar Khadka and Dr. Mayumi Jijiwa in the lab and bioinformatics core for their hard work," said Dr. Deng. (<https://jabsom.hawaii.edu>)

Postpartum Depression: A Medical Complication After Pregnancy

By Jay Valdez, Psy.D.

According to National Institute of Mental Health (NIMH), Postpartum depression (PPD) affects approximately 15 percent of women giving birth. Whether it's a woman's first or third pregnancy, an easy or difficult birth, a woman with a pre-existing mental condition, a problematic or stressful marriage, or a woman of Asian/Pacific Islander, Hispanic, Caucasian or African American descent, the likelihood of developing PPD is present. Postpartum depression is a more severe form of the "baby blues." About 80 percent of birthing mothers will experience the baby blues, which is characterized by minor fluctuations in mood, irritability, anxiety, fleeting sadness, and bouts of crying spells which usually subside within 2 week after delivery. However, PPD symptoms are much more intense and lasts longer, and if left untreated, may place the mother's and infant's life in danger. Some symptoms are listed below.

Symptoms of Postpartum depression:

- hopelessness
- intense crying for no apparent reasons
- severe mood swings
- sleeping too much or too little
- tiredness
- lapses in memory
- inability to concentrate
- anger outbursts
- inability to experience pleasurable activities
- general lack of interest in personal, social, family, and work activities
- lack of interest in her baby
- severe fluctuations in appetite
- having thoughts of harming herself or the baby
- in very rare cases, a mother may become psychotic (they may hear and see things other people will not) also referred to as postpartum psychosis

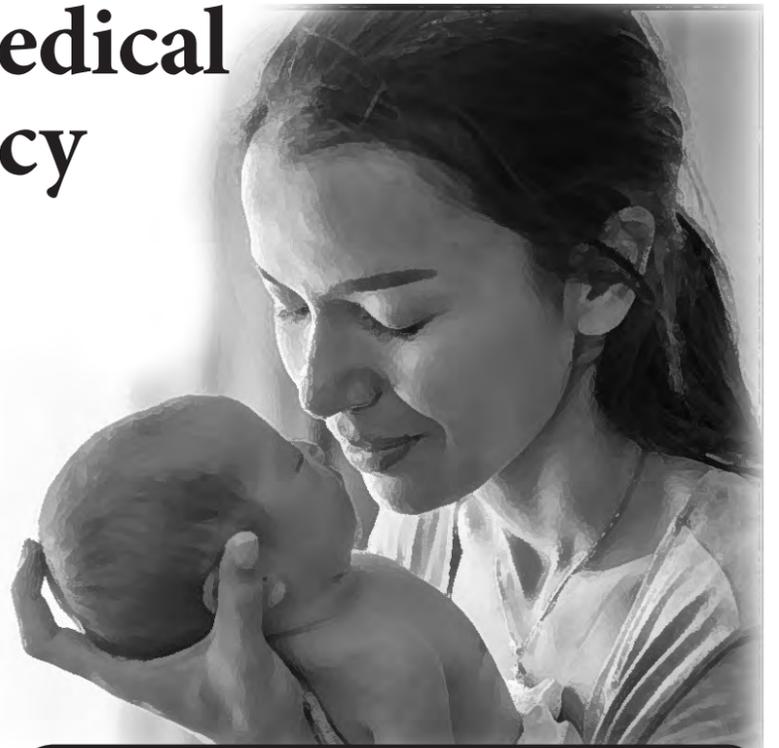
Normally, the mother's immediate family members and friends would be the first to notice these changes. If you observe these changes, don't hesitate to take action. Don't

assume that the mother will seek help or even be aware she may have PPD. Some steps you can take include:

- asking the mother how she's doing
- asking the mother how she's feeling about her baby
- asking the mother if she needs help
- voicing your concerns with the mother, spouse, partner or other close family relative or friend and giving them resources to use such as calling or texting the crisis hotline (see below), calling 911, going to the emergency room or taking the mother to her doctor

If you have any doubts that help is being sought or is needed, you can call the crisis hotline and talk with them about your concerns and what you can do to help (you can do so anonymously if you choose to).

If you're a mother of a newborn and are experiencing these symptoms or questioning whether you might have PPD, please use the same resources.



24 HOUR CRISIS HOTLINE

On Oahu call: (808) 832-3100 or text ALOHA to 741741

National Suicide Prevention Lifeline
(800) 273-8255

The good news is PPD is treatable. When you call, the crisis worker may ask you to go to the nearest emergency room where you will be assessed by medical professionals. In some cases, a crisis team may be dispatched and they will come to you. In either case, the safety of you and your infant will always be a priority, and as such, your newborn will be placed with your spouse or close relative or friend. The last option will be with foster parents. Having

PPD is a serious medical condition where there is nothing to be ashamed of. It doesn't reflect who you are as a mother or as a person. It doesn't mean you failed, are weak or incapable, or will never develop a healthy bond with your child--it's a medical complication of birthing mothers following the delivery of their newborn that any mother can experience and there are treatment options available, such as medication and counseling.

HEALTHLINE NEWS

Hawai'i Department of Health Investigating Case of Severe Respiratory Illness Related to e-cigarette Use

HONOLULU – THE HAWAII DEPARTMENT OF HEALTH (DOH) is investigating the first report of a possible case of vaping-associated severe respiratory illness in a Hawai'i Island resident under the age of 18 years. The serious lung injury was reported earlier this week and health officials are aggressively gathering patient information to determine the cause of the illness. The individual is currently hospitalized and still receiving treatment for their symptoms.

According to the Centers for Disease Control and Prevention (CDC), more than 450 potential or confirmed cases of severe lung injury have been

reported, including at least 6 deaths, in 33 states and one U.S. territory. CDC indicated that many of these cases reported using illicit cannabinoid products, such as THC.

DOH continues to urge physicians to be on alert for signs of severe respiratory illness among patients who recently used vaping products, including e-cigarettes and THC products, and report any cases. Today, DOH sent a medical advisory with guidance to all physicians statewide. To date, there have been no confirmed cases in Hawai'i of lung injuries associated with vaping.

"We are cautioning people about using e-cigarettes and

advise against using unregulated THC-containing vaping products," said Health Director Bruce Anderson. "We are monitoring the situation locally and nationally, and coordinating with federal and state partners to stay up-to-date on the latest information available. We have alerted Hawai'i health care providers and emergency workers of this issue so they are aware, and will continue to investigate this possible local case and work to determine the cause of their illness."

According to an update from CDC, evidence suggests the lung illnesses are likely linked to a chemical exposure,

but the investigation has not identified any single product or substance common to all cases of acute severe pulmonary disease associated with vaping.

Symptoms of acute severe pulmonary disease associated with vaping or use of an e-cigarette device may include: cough, shortness of breath, chest pain, weight loss, dizziness, nausea, vomiting, abdominal pain, diarrhea and fever. Anyone who uses e-cigarette products should monitor themselves for symptoms and promptly seek medical attention for any health concerns.

DOH advises people to avoid e-cigarette products off the street and not modify

e-cigarette products or add any substances that are not intended by the manufacturer. People should avoid vaping illicit THC products, as the available evidence from other states shows many of the injury cases had exposure to such products. E-cigarette products should never be used by youth, young adults, pregnant women, or adults who do not currently use tobacco products.

For anyone who wants to quit smoking or vaping, the Hawai'i Tobacco Quitline (HTQL) offers free FDA-approved nicotine-replacement therapy and assistance regardless of insurance status. Call 1-800-QUITNOW or visit <https://hawaiiquitline.org/>.

HULA FOR HEART HEALTH: USING TRADITIONAL DANCE TO LOWER BLOOD PRESSURE



Shelly Enos, M.P.H., learned the basics of hula, the traditional Hawaiian dance form, when she was a little girl on the island of O'ahu. She didn't stick with it, but when she joined a class as an adult, the dance felt familiar. "It's kind of like riding a bicycle. Once you move that way, it comes back."

The class was not a standard hula class. All of the students, including Ms. Enos, were Native Hawaiians who had high blood pressure. Many had trouble exercising. The teacher welcomed people at any fitness level. "If you had to stop and rest, it was fine. Nobody made you feel embarrassed about it," says Ms. Enos.

The dancers were participants in a study on using hula to lower blood pressure. It was one of a series of studies showing that hula can help improve heart health for Native Hawaiians and Other Pacific Islanders. High blood pressure, also known as hypertension,

increases your risk of health problems. Although scientists have developed many ways of preventing heart disease, these methods are often developed with White, non-Native people, and the methods do not always work as well in other cultures.

Traditional dance

For people who grow up in Hawai'i, hula is much more than the shows that many tourists see. "Most children growing up in Hawai'i have learned hula sometime, for their school performances or somewhere," says Mele Look, M.B.A., co-investigator and Director of Community Engagement for the Department of Native Hawaiian Health at the University of Hawai'i at Mānoa.

In hula, each dance has a song, often in the native Hawaiian language. The steps and gestures help illustrate the story of the song, and dancers learn the songs along with the dances. "For me, hula is that connection to culture, to the

place I live," Ms. Look says. "When you learn hula, you study poetry and you study perspectives of life. To be able to recite the song or chant over and over again is very enriching for me. And then you always feel better after the physical movement."

One day, more than a decade ago, Ms. Look was in a meeting with several researchers, brainstorming ideas for new studies. She had recently gone through a cultural ritual that included a few years of intensive hula training. "It came to my mind because of its very integrated approach to learning and health: mind, body, spirit." She suggested a study on whether hula helps with heart health. A cardiologist said he had been wanting to do

Participants of a study to show that hula helps to lower blood pressure dancing in the classroom.

a study related to cardiac rehabilitation, a kind of program to help people recover after heart problems like a heart attack or surgery.

Taking it to the community

In the resulting study, people who had recently had heart surgery attended hula classes for 12 weeks. The researchers found that the exercise was safe and helped people recover from surgery. They also found that it helped participants appreciate and connect to Hawaiian culture and the other people in the class. Strong social ties and a sense of cultural connection helped participants stick with the program, and the classes provided social support, which previous research has established is good for health.¹

Part of the university's research program involves working with the community to find out what its members believe is important to study. In this case, because the community was most interested in prevention, researchers decided to test hula's ability to reduce high blood pressure. Lowering high blood pressure can reduce the risk of serious health problems such as heart attack, stroke, and aneurysm.

With support from the National Institute of Minority Health and Health Disparities, a research team led by Joseph Keawe'aioku Kaholokula, Ph.D., one of Ms. Look's colleagues in the Department of Native Hawaiian Health, conducted a small pilot study. The 45 participants were Native Hawaiians and Other Pacific Islanders who were under a physician's care for hypertension and had a systolic blood pressure (the top number in a

blood pressure measurement) of 140 or more. In addition to a 12-week hula class, participants received education on lowering blood pressure, including avoiding sodium and managing medication.

Three months after the hula class ended, pilot participants' systolic blood pressure had fallen by an average of 18.3 points—twice as much as for the people in a control group and as big an effect as taking medications.² Dr. Kaholokula is also examining how taking the hula class made participants feel about their experiences of being discriminated against. He suspects that taking part in such a culturally relevant activity may have strengthened their identity and made them feel more connected to Hawai'i and their neighbors.

"Hula is about aloha," Dr. Kaholokula says. In addition to being used as a greeting, aloha can mean "compassion." Dr. Kaholokula has toured Japan with a Hawaiian cultural ambassador group and even competed at the Merrie Monarch Festival, the most prestigious annual hula competition in the world. "In the hula school, the other people with you are called hula brothers and hula sisters. When you're in this group, you extend respect, you extend aloha."

A larger study

Dr. Kaholokula leveraged the results from the pilot study to get funding from the National Heart, Lung, and Blood Institute for a large 5-year study. The team worked with community partners on the islands of O'ahu, Maui, and Hawai'i to set up the classes.

(continue on S11)

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FILIPINO IMMIGRANTS ARE MORE LIKELY TO BE OBESE THE LONGER THEY LIVE IN THE UNITED STATES



Dr. Chau Trinh-Shevrin

The longer Filipinos live in the United States, the more likely they are to be obese. However, this is only true for Filipinos who came to the United States at a relatively young age, before the age of 30. This is one conclusion of an NIMHD-funded study on the health of this immigrant population.

Many immigrants come to the United States healthier than the general U.S. population. But that advantage tends to disappear over time. NIMHD-supported researchers studied whether this was true for Filipino immigrants living in and around New York City. Their results were published this year in the journal *Family and Community Health*.¹

The researchers thought Filipino immigrants might not follow the usual pattern for immigrant health. Since the Philippines was a United

States colony for more than four decades, many Filipinos adopt aspects of American culture before migrating to the United States. Therefore, the change might not be as drastic for them as for immigrants from other countries. However, this study found that Filipinos who had lived in the United States for longer than 10 years were more at risk for being overweight or obese than those who had lived in the United States for fewer than 5 years.

The Philippines is the fourth largest country of origin of immigrants to the United States. “Yet people tend to forget that this is a large immigrant population,” says Chau Trinh-Shevrin, Dr.P.H., principal investigator at the New York University (NYU) Center for the Study of Asian American Health (CSAAH). This was the first study to find a link between the amount

of time spent in the United States and risk for obesity in Filipino immigrants.

People may not be used to thinking about health disparities in Asian Americans, says Trinh-Shevrin. “The whole model minority stereotype has persisted for many years, in terms of thinking about Asian Americans as being healthier, wealthier, and wiser.” Studies show that Asian Americans as a whole are doing well, but certain Asian American groups, such as immigrants, experience health and other disparities.²

The study did not look at why Filipinos gain weight after coming to the United States. But Trinh-Shevrin speculates that immigrants might eat less healthy, more processed foods due to the wide availability of inexpensive fast food options and be less physically active than in the Philippines. Why are Filipinos who migrate at a younger age most at risk? “When you come under 30, you’re more likely to adapt to a particular food environment,” says Trinh-Shevrin. Immigrants in their 20s likely work longer hours and might not have a spouse to cook for them, which means they might choose more convenient calorie-rich options. Younger immigrants also might have a smaller social network to reinforce their cultural practices, which includes traditional foods.

“Stress is also really challenging for immigrant populations,” adds Trinh-Shevrin. Immigrants often face discrimination or social stigma. Many immigrants are under financial stress because they cannot find well-paying jobs or they send most of their money back home to their families. Undocumented workers have the added stress of fear of being deported. In turn, stress can lead to high blood pressure, cravings for sugary or fried foods, and less attention to one’s health and wellbeing.

The data comes from the Asian American Partnership in Research and Empowerment (Project AsPIRE), an 8-year-long study aimed at reducing high blood pressure in Filipinos in the New York metro area. Project AsPIRE is an example of the community-based approach that CSAAH uses to study and address health disparities in Asian Americans. CSAAH staff worked with members of the Filipino community to identify high blood pres-

sure and obesity as concerns, form a health coalition, and develop Project AsPIRE to address these problems.³

The study, which ended in 2013, was funded by NIMHD. Community health workers, fluent in English and Tagalog, held workshops on blood pressure, healthy diets, and exercise and met one-on-one with people to address any problems in getting medical care. Researchers gathered information and health data from the participants to learn more about risks for obesity and high blood pressure. A randomized controlled trial of AsPIRE showed that it was successful in managing blood pressure, improving diet, and increasing exercise in the Filipino community.⁴

In 2014, Project AsPIRE was highlighted as an innovative evidence-based intervention by the Agency for Healthcare Research and Quality. The project later received funding from the NIH National Heart, Lung, and Blood Institute to train community health workers in other cities with large Filipino populations.

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Source: U.S. Dept. of Health & Human Services

MEDICAL RESEARCH: HULA FOR HEART...from S10

Each group was taught by a hula educator, or kumu hula. The classes started with slow warmups. After some stretching and singing, the students worked on foot patterns to music. Each kumu hula led the study participants in more and more dancing over the 12 weeks. By the end, participants were dancing for 40 minutes, twice a week, well on their way to the recommended 150 minutes of exercise.

Ms. Enos joined the class because she heard of the study as a research coordinator at Waianae Coast Comprehensive Health Center. She liked the class’s pace. “It was very slow-paced, but that’s okay,” she recalls. “We’re not there to dance for the Merrie Monarch. We’re there to exercise and to get back into the cultural way of doing things.”

Although Ms. Enos had to drop out because of scheduling problems, the class inspired her to take further action: She

enrolled in a medically supervised weight management program at a local hospital, and her weight and blood pressure are under control now. “Up to that point I thought, ‘What’s the use? Nothing I do is going to make any difference anyway,’” she says. “Sometimes you just need to know that you can do something, to change your belief, and that’s what [the class] helped me do.”

The 5-year study finished last year. The researchers are sharing the results with participants and communities before publishing in a scientific journal but say the results look as good as those in the pilot, with significant drops in systolic blood pressure. Some of the groups have continued studying with their kumu hula, and some even perform.

This work could apply to other indigenous groups, Dr. Kaholokula says. For example, Native American tribes with traditional dances might

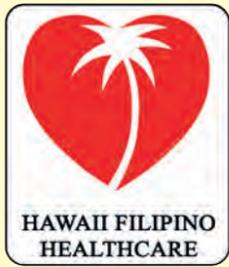
be able to use those dances to promote health. He also hopes to use hula to promote health for people at risk of other diseases, such as dementia.

That all sounds good to Ms. Enos. “I think people love to dance and to move and to have fun, versus getting on a treadmill and staring at the TV for an hour,” she says. “It has to be done respectfully—that’s the first thing—and this one was.”

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Source: U.S. Dept. of Health & Human Services



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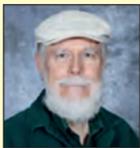
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