Hepatitis B in Asian Communities

On December 19th, the Program in Health Disparities Research held a final Community Dialogue Series for 2008. The topic chosen by community members for this event was hepatitis B, and the invited guest speaker was Jian-Min Yuan, MD, PhD, from the University of Minnesota, Division of Epidemiology and Community Health.

In addition to answering questions about hepatitis B from community members, Dr. Yuan gave a thorough presentation on the disease and virus including the history, different types, symptoms, transmission, vaccination, and treatment of hepatitis B. Dr. Yuan also presented on his research on hepatitis B and liver cancer risk from California and China.

Hepatitis B is a liver disease caused by the hepatitis B virus (HBV). It ranges in severity from a mild illness lasting just a few weeks to a lifelong and serious (chronic) illness that can lead to liver cirrhosis, liver cancer, liver failure, or death. Hepatitis B can be a ‘silent’ disease that does not cause symptoms for years, and many infected with the virus do not know they are infected. Hepatitis B is not a curable disease, once a patient is infected, the disease can only be managed.

In the United States approximately 60,000 people become infected with HBV each year. According to the Stanford School of Medicine Asian Liver Center, an estimated 1.25 million Americans are chronically infected with HBV, and over half are Asian and Pacific Islander (API) Americans. Additionally, as many as 1 out of 10 API Americans are chronically infected with HBV compared with 1 out of 1000 Caucasian Americans.

This event was sponsored in partnership with the Lao Cultural Center, Lao Advancement Organization, Lao Assistance Center of Minnesota, Council on Asian Pacific Minnesotans, and Asian Media Access.

Additional information on the Community Dialogue Series, including event materials are available online at: http://www.healthdisparities.umn.edu/ccr/hdresearch/cds/home.html.
Stressful Life Events and Eating Behaviors

by Emily Jensen, Academic Health Center Communications

Young adults and older adolescents facing stressful life events are far more likely to engage in disordered-eating behaviors, according to researchers at the University of Minnesota School of Public Health. As a result, researchers suggest health care providers, school counselors, and others who work with adolescents screen for disordered-eating behavior when an adolescent reports experiencing a stressful life event.

“Stressful life events, such as termination of a long personal relationship or excessive credit card debt, are associated with higher levels of depression and anxiety,” said Katie Loth, M.P.H., R.D., lead author of this Project Eating Among Teens (EAT) study. “It is possible that individuals turn to disordered eating behaviors to assist them in coping with the negative feelings that accompany stressful life events.”

Approximately 32 percent of females who reported having three or more stressful life events used extreme weight control behaviors, such as self-induced vomiting or taking diet pills, compared with 13.4 percent of females with no stressful life events. Roughly 20 percent of males who reported having three or more stressful life events also reported engaging in extreme weight control behaviors, an eightfold increase from those who reported suffering from no events. Examples of stressful life events include being involved in a serious automobile accident or parents filing for a divorce or separation.

The Project EAT study was designed to build a greater understanding of the socio-environmental, personal, and behavioral factors associated with diet and weight-related behaviors during adolescence so more effective nutrition interventions can be developed. Researchers analyzed data from 1,708 teens who were surveyed in their high school classrooms from 1998-1999, and again by mail from 2003-2004. This study was published in the November (Volume 42, Number 5) issue of the Journal of Adolescent Health.
Obesity recovery is not as simple as simply burning calories. As much effort and determination is required for necessary calorie expenditure, half of the battle is fought by nutrition. Additionally, obesity reversal strategies are subject to an individual’s environmental, psychosocial, and biological inputs – with diet and one’s nutritional environment having the greatest tangible effect on physical activity for obesity recovery and overall fitness.

When working towards calorie deficits, concerted efforts must take place over the span of days and weeks to obtain nutritional requirements without reversing recent calorie deficits. For obesity recovery, the primary nutritional concern is daily calorie requirements (including exercise vs. non-exercise days), with a recognition of foods counterproductive to calorie deficits and optimal body composition. A chief fact of fat is certain foods and drinks are deceptively small in portion size but large in caloric content, with the potential to negate and reverse hours of exercise efforts literally in minutes.

From vending machines, school lunches, ‘value’ meals, and buffet ad infinitum, our food environment is naturally geared towards calorie surplus and obesity promotion. On the fine line between free markets and consumer demand lays tremendous room for change in food environments beginning with consumer initiative and non-support of unacceptable offerings. Companies have far less motivation to change when current products continue to sell, but informed consumers can play a powerful and strategic role in changing food environments when sustained action is taken.

Obesity recovery is not an impossible journey. The day of an environment in which health is maintained with little effort indeed may never come, but significant improvements can be obtained from changes that can begin today. Dr. James Hill from the University of Colorado School of Medicine’s Center for Human Nutrition states, “Our best strategy for reversing the obesity epidemic is to focus on preventing positive energy balance in the population through small changes in diet and physical activity that take advantage of our biological systems for regulating energy balance. Simultaneously, we must address the environment to make it easier to make better food and physical activity choices.” The severity of the obesity epidemic requires input and change from multiple parties, but the long road to calorie 3500 is led by the individuals most affected.
Director's Report continued

has taught us is that we must re-double our efforts towards health equality in times of economic uncertainty – because the outcomes indeed affect the social, economic, physical, and mental health of our communities and nation. I would appreciate any feedback or thoughts that you may have on a health disparities curriculum for the Medical School, directed to the email address below.

We continue to be appreciative of the positive responses to our Community Dialogue Series. Just recently in December, we held another of the dialogue program on Hepatitis B, which was a topic chosen by our community partners. I would like to thank the Lao Advancement Association of Minnesota, Lao Cultural Center, Lao Assistance Center of Minnesota, Council on Asian Pacific Minnesotans, and Asian Media Access for coming together to address this topic and look forward to the collaboration that will come out of this event.

I hope you’ll enjoy reading this issue of The Connection and we look forward to receiving any feedback or suggestions that you may have. Feel free to visit us on the Web or contact us at:
healthdisparities@umn.edu.

Fairly Healthy

Economic Impacts of Inequity

by Eduardo Medina, School of Public Health, Cardiology Division, Department of Medicine

The issue of the economy has become increasingly salient as the economic crisis unfolds. The numerous problems facing our health care system are also an economic issue. The role of health care in the modern U.S. economy is significant. Health care accounts for 16.7% of our GDP, approximately 9.2% of the non-farm workforce are employed in the healthcare industry, and unpaid medical bills are the leading cause of bankruptcy in the U.S. With the economy at the forefront of our collective consciousness it is worthwhile to ask: What are the economic impacts of health disparities?

There are several dimensions to this question, including: Can disparities be eliminated without addressing economics? What, if anything, do we gain economically by eliminating health disparities? Do health disparities ultimately generate more money than the resources they consume? And, who profits from health disparities, and who would benefit from their elimination? We will focus on determining the costs of health disparities.

Arriving at a net cost for health disparities is a heroic effort. Societal costs currently associated with health disparities include loss of productivity, increased economic burden due to medical bills and out-of-pocket expenses, increased resource utilization for acute illness, and disproportionate morbidity and mortality. But how does all this translate into a price tag that we can attribute to disparate health outcomes?

Calculating the net costs for disparities requires comparing the net difference in benefits (health outcome) and costs (resources used) between groups that experience health disparities with those that do not. Evaluating the potential for a net gain in welfare would require assessing the impact of redistributing resources to groups who need them the most, and determining if aggregate health outcomes increase, decrease or remain unchanged.

The answer, clearly, is yet to be revealed. While there are abundant data demonstrating that different groups pay different prices, and have different health outcomes, we do not have a concrete number representing the loss, or gain, attributable to health disparities. Rather, we have an instinctive notion that as a society, the costs of inequity may be brought to bear in lack of fairness and unfulfilled promises of equal opportunity.

Further research in this field would contribute significantly to understanding the problem and implications of health disparities.

Kind thanks to Dr. John Nyman for his guidance regarding this topic.