

For the Health of It

Clark County Health Department

April 1, 2025

VOLUME 8
ISSUE 2

NOTABLE NEWS

HEAR YE!
HEAR YE!

Time for a bit of bragging! Our very own REHS, Ashleigh Traud was recognized as the CPST (Child Passenger Safety Technician) of the year! This award is given to an outstanding individual who has demonstrated the following:

- Extraordinary commitment to CPS programs in his/her local community
- Supports activities to increase child passenger safety awareness
- Uses innovative approaches to educate caregivers
- Educates in a respectful and professional manner
- Mentors other Technicians in his/her community

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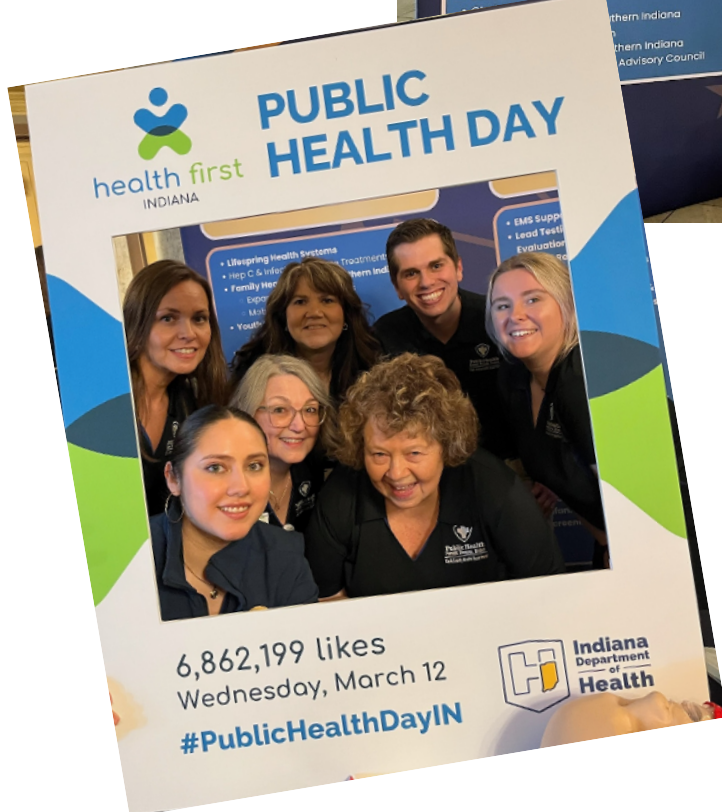
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The award is presented by the National Child Passenger Safety Board and sponsored by Toyota Motor North America.

ANOTHER AWARD RECIPIENT!

Our Clark County Health Officer, Dr. Eric Yazel, has received the Indiana Public Health Hero award during Public Health Day in Indianapolis. This award is given to a local health department team member that embodies extraordinary spirit and practice of public health.



Cancer Prevalence in Non-Hispanic Asian Americans

Concerns regarding cancer as the leading cause of death in Asian Americans



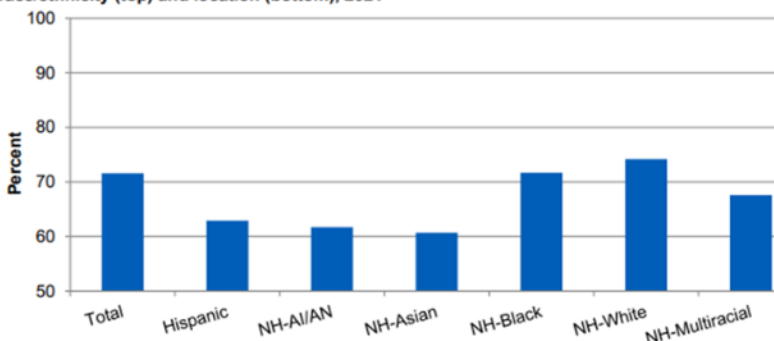
NH-ASIAN AMERICANS ARE LESS LIKELY TO RECEIVE MAMMOGRAMS, PAP SMEARS, AND SCREENINGS FOR COLORECTAL CANCER

Cancer was the leading cause of death for NH-Asian individuals in 2021

and according to the Agency for Healthcare Research and Quality (AHRQ), NH-Asian Americans were the **only** ethnic group with this leading cause of death in comparison to White, Hispanic, Black, American Indian/Alaskan Native populations

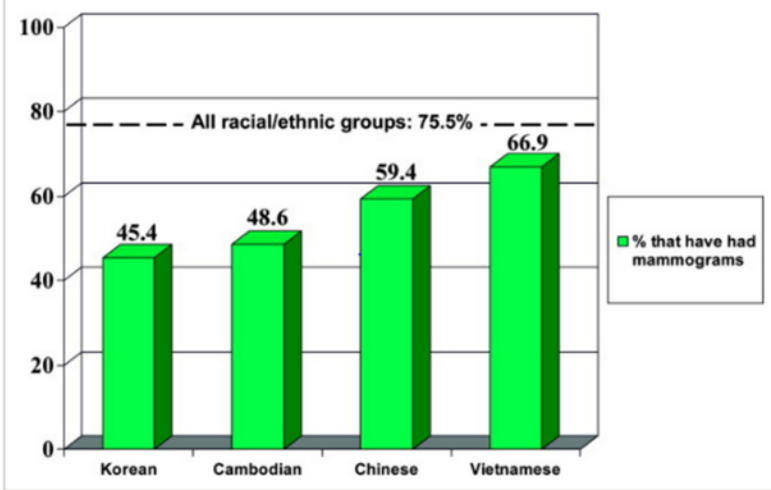
The issue: Asian American screening rates are lower in breast cancer, cervical cancer, and colorectal cancer than for White Americans and Asian Americans are least likely to have seen a physician in the last 12 months when compared to other ethnic groups (Richard, et al., 2021)(Chen, 2005).

Figure 13. Adults ages 50-75 who received any type of colorectal **cancer** screening, by race/ethnicity (top) and location (bottom), 2021



Breast cancer has the highest rate of new cancer cases among Asian and Pacific Islander individuals at 114 cases per 100,000 people. The second highest rate is prostate cancer at 61.8 cases per 100,000 people in 2021 ((U.S. Cancer Statistics Working Group (CDC), 2024)).

Data Considerations: The Asian American ethnicity as described by various data collections are comprised of many subgroups, which studies have shown to have varying disparities (Oh, Huang & Nguyen, 2023)



An example of considerations for differing levels of mammography screening among different subgroups within Asian American identifying individuals.

Cancer Prevention Among Asian Americans

Barriers to Achieving Optimal Health

Asian Americans in California with limited English have the lowest rate of mammograms, subgroups varying (California Health Interview Survey, 2001).

Many Asian-Americans often utilize family-centric models when making decisions regarding their health, examples including family-oriented decision making around health care determinations and multiple family members in attendance at health care appointments (Richard, et al., 2021).

Cultural concerns regarding Western treatment and medications may pose barriers and limitations to care and health outcomes as well (Richard, et al., 2021). 'Westernization' may also be a contributing factor to the prevalence of cancer among Asian Americans, particularly immigrants, with negative dietary changes and sedentary living styles (Chen, 2005).

Cultural perceptions of the term 'cancer' in Asian populations are often negative and associated with misfortune (Richard et al., 2021). In a study performed on first-generation Asian American women, misconceptions that risk was low due to ethnicity were common. Reliance on traditional remedies was also an identified barrier to care.

Outcomes for Asian Americans could be improved by providing national guidelines specifically tailored to Asian Americans for screening cancers with a higher prevalence among this particular ethnic group (Richard, et al., 2021). Considerations should be taken at the provider level for NH-Asian American patients who may benefit from more frequent, recommended testing and at a regulatory level for standardization among practitioners. Cultural awareness training could potentially benefit practitioners with NH-Asian American patients as well for a better understanding of family-oriented decision-making and stigmas surrounding cancer screenings.

Jeffrey Velotta, MD, summarizes lung cancer concerns among Asian Americans and the need for increased screening among this population. Additionally, he reviews the 'hidden disparity'; lung cancer among non-smoking Asian American women. [Lung cancer Screening, Incidence, and Outcomes in Asian Americans \(1 minute version\)](#)

In this podcast hosted by Kevin Pho, MD, Dianca Haines shares her breast cancer story as an Asian woman advocating for other Asian women. She discusses the impact of her culture on sharing her story and advocates for other Asian women diagnosed with breast cancer, suggesting ways to cope with diagnosis and treatment.

[A breast cancer story from an Asian perspective](#)

This short clip, Mary Anne Foo, MPH discusses the state of breast and cervical cancer screening in Orange County, California and elaborates on the challenges and successes in outreach toward women in the Asian and Pacific Islander community.

[REACH- Cancer Screening -- Orange County Asian and Pacific Islander Community Alliance, Inc.](#)

Agency for Healthcare Research and Quality. (2023, December). 2023 National Healthcare Quality and Disparities Report. <https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqdr/2023-nhqdr-rev.pdf>

Chen M. S., Jr (2005). Cancer health disparities among Asian Americans: what we do and what we need to do. *Cancer*, 104(12 Suppl), 2895-2902. <https://doi.org/10.1002/encr.21501>

Oh EG, Huang AW, Nguyen KH. (2023, July 25). Inequities in patient access to care among Asian American, Native Hawaiian, and Pacific Islander adults in Medicaid. *J Racial Ethn Health Disparities*. <https://doi.org/10.1007/s40615-023-01719-x>.

Richard J. Lee, Ravi A. Madan, Jayoung Kim, Edwin M. Posadas, Evan Y. Yu. (2021, June 6) Disparities in Cancer Care and the Asian American Population, *The Oncologist*, Volume 26, Issue 6, Pages 453-460, [Your paragraph text](#)

U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; [Your paragraph text](#), released in June 2024.

KIDNEY STONES

“If I could wish one thing for men, it would be for them to experience a kidney stone at least one time in their life because it is just as painful as birthing a child.” the doctor said to me as I finally stopped pacing, moaning, and groaning from the worst pain I have ever experienced in my life.

You have heard about the pain and the stories, but what about the why?

What causes kidney stones? Usually, diet is a large factor, but sometimes genetics can increase your odds of getting one. Oxalate naturally occurs in these foods: peanuts, rhubarb, spinach, beets, Swiss chard, chocolate, and sweet potatoes, which can contribute to the formation of stones. If you eat a lot of these foods, adding calcium-rich foods can help mitigate the formation of stones. Milk, yogurt, and some cheeses are more likely to bind to oxalate foods and make it less likely for a kidney stone to form.

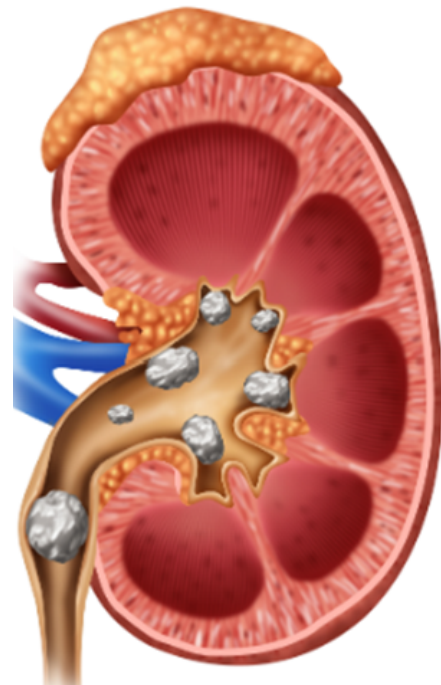
Kidney stones are hard objects made from chemicals in the urine. They can be in both kidneys or just one. There are four different types of stones: calcium oxalate, uric acid, struvite, and cystine. The stone is rather hard and can be smooth or jagged, and usually the size of a grain of sand or as large as a pea. What causes the pain, is when the stone moves from the kidney through the ureter to the bladder. While the stone seems small outside of the body, the pain from the stone makes it feel like a sharp bowling ball moving through your lower back. Yikes!

While it usually passes after a few hours, it is possible for it to get stuck. If this happens, there is a technique called lithotripsy. Usually, a CT scan will take place before the lithotripsy to know exactly where the stone is in the body and the size of it as well. This technique uses powerful sound waves to shatter the kidney stone so it can pass through with the urine.

If the pain is moving throughout the ureter, then the stone is moving toward the bladder, thus the lithotripsy may not be preferred by the doctor. Instead, through an IV, they may give a strong anti-inflammatory to help widen the ureter and help it move along more swiftly.

Once the stone has made it to the bladder, a catch tray will be used when peeing to catch the stone so it can be sent off for testing and evaluation to determine which type of stone it is. Your urologist will most likely want to come up with a diet change, and possibly follow up in the future to see where any other stones are at through CT scans.

Sources: National Kidney Foundation and the National Institutes of Health



ONE HEALTH: Water Pollution

"Water, water everywhere, nor any drop to drink". Who would have thought that a poem from 1834 could apply in 2025? The story, in as few words as possible, is about the curse of human behavior leading to the death of sailors, as they are surrounded by seawater with no access to fresh water.

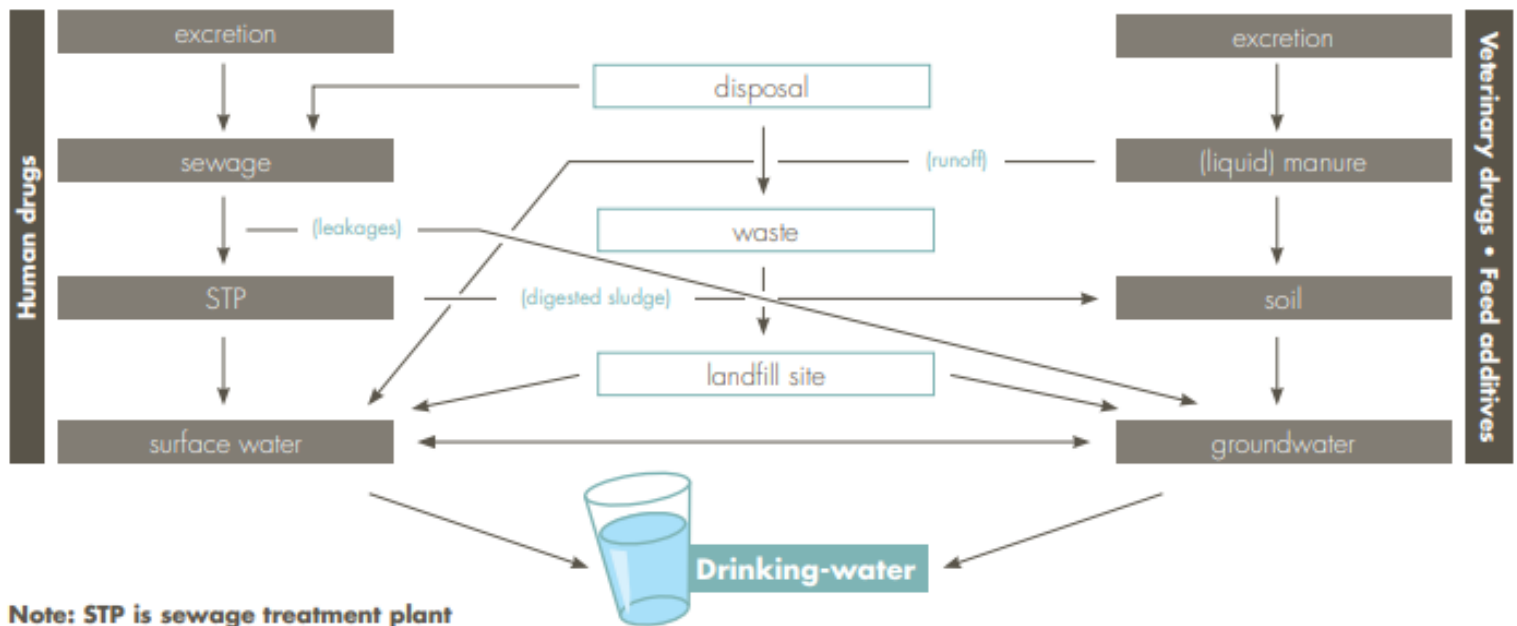
Fast forward to today, and we're drowning in our own human-made mess—pollution has taken our drinking water hostage. Anthropogenic causes are leading to physical, chemical, and biological contamination of our drinking water supply, a supply that is ultimately limited. Sure, the Earth is 70% water, but only 3% is fresh water and 0.5% is available for use (the other being glacial, atmospheric, etc.). Water is necessary for all life, and therefore a major part of One Health thinking, affecting animals, plants, and the environment. So, let's raise a glass (hopefully filled with something less salty) and cheers to protecting our precious resource!

- In 2022, globally, at least 1.7 billion people use a drinking water source contaminated with feces
- Globally, waterborne diseases are estimated to cause 80% of all illnesses and deaths in developing countries
- Wetlands—nature's water filters and flood buffers—are vanishing 3x faster than forests. Freshwater ecosystems have experienced an 85% decline in biodiversity since 1970
- Irrigation for crops uses 70% of the world's freshwater
- At least 45% of the nation's tap water is estimated to have one or more types of the chemicals known as per- and polyfluorinated alkyl substances, or PFAS
- The Gulf of Mexico has a large area of "Dead Zone" of no oxygen or animal life due to agricultural runoff from the Mississippi River



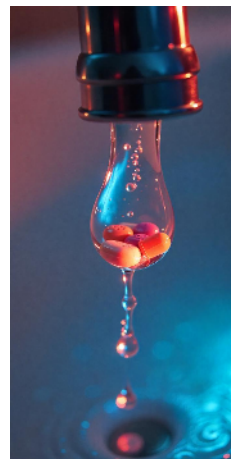
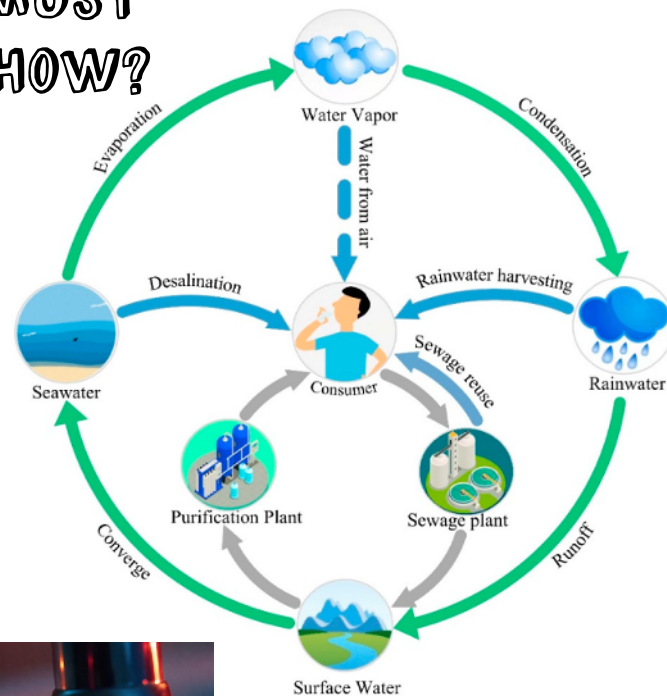
Sources: WHO, DevelopmentAid, World Wildlife Organization, USGS, National Geographic Society, NOAA

Figure ES1: Fate and transport of pharmaceuticals in the environment (adapted from Ternes, 1998)



ALL WATER IS CONNECTED! WE MUST PROTECT WHAT WE HAVE. BUT HOW?

- Be a responsible homeowner
 - Properly dispose of oil, gasoline, pesticides, etc.
 - Keep your septic tank functional
 - Don't fertilize or use pesticides before it rains
 - Prevent runoff-install a rain garden
- Conserve water
 - Install a rain barrel
 - Use water efficient appliances
 - Use sustainable or drought resistant landscaping
 - Fix leaks
- Community Awareness
 - Volunteer at clean-up events
 - Educate others
- Pollution reduction
 - Properly dispose of old prescriptions-Don't flush!
 - Don't litter-it all ends up in the river
 - Pick up animal waste so it doesn't run away in the runoff
 - Reduce plastic waste



Studies show pharmaceuticals in drinking water, finding trace amounts of various drugs, including antibiotics, antidepressants, and hormones!

MENTAL HEALTH: BRAINGAMES

WORDSEARCH

I O A U J M W Z B S C S A F T
G X S U P E R V I S I O N N P
E L C K F E T N C V I X T F W
C T N F L T N G N J Z Z U L Y
H I O Y K M A U B P W L T O J
O U I Z G Q T W T U D L L A L
B S T Y A U C U F Y H A I T C
D M A X E H E A L B O B F I O
X I L B S B F K Z L G N E E Y
R W U Y R F N K P P K O G S W
E S C P S E I V K S B N U N U
T K R P Q B S E P I I N A B D
L M I E Q T I T D O Q A R W N
I G C L M V D T T B O C D R A
F S U N S C R E E N Y L I A A

POOL
SUPERVISION
FILTER
SUNSCREEN
SWIMSUIT
DISINFECTANT
CANNONBALL
FLOATIES
LIFEGUARD
CIRCULATION

WORD SCRAMBLE



ATUBIIANLSITYS
LTEAIMC
UPILLONOT
ODIBSIVRYEIT
SOONTRICVNAE
ERONSTOITAR
EFNRTEOTODAI
XOENCNIITT
ELENAWRBE
AIERELBDOBAGD



Soft drink consumption and increased risk of nonalcoholic fatty liver disease: Results from the health workers cohort study

Edgar Denova-Gutiérrez, Berenice Rivera-Paredes, Amado D. Quezada-Sánchez, Brianda I. Armenta-Guirado, Paloma Muñoz-Aguirre, Yvonne N. Flores, Rafael Velázquez-Cruz, Jorge Salmerón

Abstract

Nonalcoholic fatty liver disease (NAFLD) is a common clinical condition and an important public health problem. Some epidemiological studies have suggested that soft drinks (SD) intake is associated with NAFLD. However, the evidence is inconsistent. Our objective was to assess the association between SD consumption and the risk of NAFLD in a Mexican adult population.

A total of 1,759 participants from the Health Workers Cohort Study (HWCS) were included in the analyses. SD intake was measured using a validated food frequency questionnaire. We classified SD consumption as follows: a) less than 1 serving per week, b) 1 to less than 3.5 servings per week, and c) 3.5 or more servings per week. Hepatic steatosis index (HSI) was calculated based on sex, BMI, and blood transaminase levels, and was categorized as NAFLD ≥ 36 . To assess the relation between SD and NAFLD, we followed two approaches: fixed effects logistic regression and generalized estimating equations.

After adjusting for demographic characteristics, lifestyle factors, and dietary intake, the odds ratio (OR) and 95 % confidence interval (95 % CI) for NAFLD were 1.26 (95 % CI: 1.08, 1.48) for 1 to less than 3.5 servings per week and 1.42 (95 % CI: 1.19, 1.69) for ≥ 3.5 servings/week category in both sexes. When stratifying the analysis by sex, we observed that the association tended to be greater in men than in women.

The results from our prospective study indicate that SD consumption is associated with an increased risk of NAFLD.

Denova-Gutiérrez, Edgar, et al. "Soft drink consumption and increased risk of nonalcoholic fatty liver disease: Results from the health workers cohort study." *Annals of Hepatology* 30.1 (2025): 101566.

<https://www.sciencedirect.com/science/article/pii/S16652681240034917>

Word Scramble Answers:

***sustainability climate pollution biodiversity conservation restoration
deforestation extinction renewable biodegradable***

Administration/Vital Records/Environmental

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Phone 812-288-2706

Office Hours

Monday - Friday:

8:30 am - 4:30 pm

Saturday - CLOSED

Sunday - CLOSED

Public Health
Prevent. Promote. Protect.

Clark County Health Department