



Newsletter

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JOINING FORCES TO REDUCE OBESITY

The UCLA CORICA team would like to acknowledge the receipt of a newly funded three-year grant from the National Center on Minority Health and Health Disparities entitled, "Joining Forces with a Key Community to Combat Obesity."

Obesity is a strong risk factor for the development of many common chronic diseases including diabetes, cardiovascular diseases, and some cancers. Evidence is accumulating that diet and physical activity are important for preventing obesity and protecting health in general. African-Americans, Latinos, and Pacific Islanders are more likely to experience higher rates of obesity, lower levels of physical activity, and poorer dietary habits than whites.

The UCLA School of Public Health and the Los Angeles County Department of Health Services Public Health Branch have partnered to work closely with health and social service organizations that serve underserved populations in a three year process to develop feasible and effective strategies to promote physical activity and healthy eating in their work settings.

We will work together to identify how best to integrate physical activity and healthy food choices into work place routines. Once strategies are selected, a pilot research project will be conducted to evaluate their effectiveness. The resulting information will be shared with all stakeholders and used jointly to develop a grant application for a full five-year research project to further test promising worksite interventions to prevent obesity.

By working with the community of health and social service or-



Ms. Octavia Miles, Project Manager of "Joining Forces with a Key Community to Combat Obesity" can be reached at olpmiles@earthlink.net

ganizations in Los Angeles County, this project signifies a major step in the active partnership between ethnic minority communities and federally funded obesity-related researchers.

The research project is lead by Antronette Yancey, MD, MPH, the Principal Investigator, and Co-Principal Investigators A. Belinda Towns, MD, MPH and Roshan Bastani, PhD. Octavia Miles, MBA is the Project Manager.

There are several ways in which your organization can be involved in this important project.

1. Set aside time on the agenda of your upcoming meetings for our representatives to come and introduce the project and solicit feedback about potential strategies for healthy eating and active living in the workplace.
2. Appoint a representative from your organization to attend community meetings held specifically for the purposes of this project.
3. Your organization can be more directly involved by serving as a participating organization in the pilot study.

Please contact Octavia Miles, MBA (310-794-9284; olpmiles@earthlink.net) for further information.

Making Strides with Small Steps

The following are simple activities that you can incorporate in your daily routine to increase your physical activity level:

1. Explore your community by taking walks
2. Get off the bus one stop early and walk the rest of the way
3. Take the stairs instead of the elevator or escalator
4. Set your computer alarm to remind you to take action/ stretching breaks
5. Learn a few simple stretches that you can do anywhere – in your car, watching a sporting event or at work
6. Power walk at the shopping mall
7. Plant a garden, tend to it, and reap the benefits of your labor
8. Try line dancing, tango or salsa
9. Wash your car weekly



Jogging and intensive walking are examples of family oriented activities.

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**To weave together diverse perspectives
to reduce cancer disparities.**

We're on the Web:

www.jccf.mednet.ucla.edu/corica/index.htm



Fecal Occult Blood Test

The 411 on Colorectal Cancer

Colorectal cancer (CRC) affects the colon and/or rectum. It is a disease that most often originates from polyps, mushroom-like non-cancerous growths that can become cancerous over time if they are not removed. CRC is the third most common cancer among both men and women in California, and it is second most common cause of cancer deaths. The American Cancer Society (ACS) estimates that in 2005 there were 14,070 new cases of CRC in California, and an estimated 5,450 deaths.

A person is at increased risk for CRC if s/he has a family history of the disease, has polyps, has inflammatory bowel disease, or is over 50 years of age. Low levels of physical activity, and a diet low in fiber and high in fat can also put people at increased risk for this disease. Possible symptoms of CRC may include rectal bleeding, stomach cramps, weight loss, or consistent bouts of tiredness. However, CRC in the early stages may not cause any symptoms.

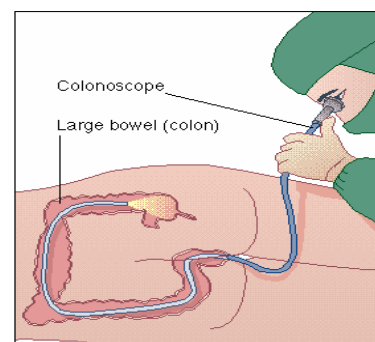
CRC screening is the best known method of preventing CRC and detecting it in its early stages. CRC screening is used to check for polyps or cancer in the colon. If a polyp is removed before developing into a cancerous state then there is a 100% chance of survival. But if polyps are not removed, they may be-

come cancerous and the chance of survival is greatly reduced, especially if the cancer spreads to other parts of the body. The five year survival rate for people with cancer that is widespread is less than 10%. Non-cancerous polyps found during screening can be removed to prevent CRC. If cancer is present, treatment can be initiated which can greatly improve chances of survival. The ACS recommends that average risk people age 50 years and older get screened regularly.

Three of the most commonly recommended CRC screening methods are: fecal occult blood test (FOBT), sigmoidoscopy, and colonoscopy. The FOBT (recommended annually) is a simple low cost test that checks for hidden blood in the stool, which can be an indication of cancer. The FOBT is done at home and requires a person to place a small amount of stool on a special card for three consecutive days. The card is then sent to a lab and results are read and interpreted by a physician. If the results are positive further tests will be required.

Sigmoidoscopy (recommended every 5 years) and colonoscopy (recommended every 10 years) are two screening tests that are preformed in the doctor's office. During a sigmoidoscopy, which takes about 10 minutes, a small flexible tube with a camera is put into the rectum by a physician. An external screen allows the physician to exam the lower parts of the colon and rectum.

A colonoscopy is similar to the sigmoidoscopy except the test examines the entire colon. A sedative is given during this test and it takes about 30-60 minutes. Patients will need to be driven home after a colonoscopy due to the sedative. If a polyp is found during a sigmoidoscopy or colonoscopy, the doctor may be able to remove it during the



Colonoscopy conducted to find polyps, precursors of colon cancer

procedure and send the tissue to a lab to test for cancer. Otherwise, follow-up maybe needed.

Unfortunately, rates of CRC screening are unacceptably low in California. The 2001 California Health Interview Survey estimates that slightly more than half (53%) of people over 50 years were screened within recommended guidelines. The survey shows that there are wide disparities in CRC screening: whites (56%), African Americans (55%), Asians (46%), Native Hawaiian and other Pacific Islanders (39%), and Latinos (37%).

The ACS provides CRC awareness resources like informational sessions, educational literature, a 1-800 number (1-800-ACS-2345), and a website at <http://www.cancer.org/colonmd/patienteducation/index.html>.

The National Cancer Institute's Cancer Information Service also provides educational resources like an information hotline (800-4-CANCER), which provides personalized, confidential responses in English and Spanish. People can also talk to CIS information specialists for assistance in English through the LiveHelp website at <https://cissecure.nci.nih.gov/livehelp/welcome.asp>.