

# El Editor

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Lubbock, TX USA

## Missing out on help they may need

Poor Latino kids less likely to enter state's welfare system

By MELANIE MARKLEY

Poor Hispanic children are less likely than anyone else in poverty to come in contact with the Texas child welfare system, and although experts speculate that their close-knit family structure plays a role, they also worry that abuse and neglect may be going undetected.

The disparity is especially perplexing because poverty, cited as a factor behind the disproportionate placement of other minorities in foster care, is even more pervasive in the Hispanic community.

Top officials with Child Protective Services in Texas admit they don't have the answers.

"Given the fact that Hispanics tend to be as poor as African-American families, I don't know why that doesn't result in a disproportionate number of Hispanic children in our system," said Joyce James, the state's assistant CPS commissioner.

More than 60 percent of the state's children who enter the child welfare system come from families earning less than \$10,000 annually, according to a recent state report. Yet, even though Hispanics represent most of the children living in such extreme poverty, they are far less likely to end up in

foster care than their low-income black and Anglo peers.

The report, which focused on the disproportionately high number of blacks in foster care, mentioned the lower Hispanic figure but offered no explanation beyond saying it was consistent with the "Hispanic paradox."

Kyriakos Markides coined the phrase in his research at the University of Texas Medical Branch at Galveston. His 1986 study was the first to underscore how Hispanics, despite their socioeconomic status, have lower infant mortality rates, longer life expectancy and fewer deaths from cancer and heart disease.

Markides, who still is researching the phenomenon, said he believes it's the traditional family structure and close-knit communities that make Hispanics, especially the less Americanized immigrants, more resilient to many of the health-related problems associated with poverty.

"We are finding in our research with older people, but also younger people, that Mexican-Americans who live in heavily Hispanic neighborhoods do better in life," Markides said. "They live longer, they are less depressed, they are healthier. So there is a positive aspect of the community that you don't find" in some black neighborhoods.

### A family shield

The child welfare reference to

the Hispanic paradox comes as no surprise to Markides, a professor and director of the Division of Sociomedical Sciences at UTMB. It only makes sense, he said, that the same support network, which goes well beyond the immediate family, also provides a protective buffer for the children.

According to the 2000 census, Hispanic and Anglo children are far less likely than blacks to be raised by a single parent. And Hispanic youngsters are less likely than either blacks or Anglos to sometimes care for themselves at home. Such figures are relevant because, in Texas, most children are placed in foster care because of neglectful supervision, not abuse.

Questioning the numbers But experts doubt that family cohesiveness is the only explanation. The answers, they say, are more complex, more contradictory.

For one thing, some experts don't trust the numbers, which nationally show that Hispanics are under-represented in foster care in all but 10 states in the Northeast and the western Plains. They say the figures reported by child welfare agencies aren't always reliable, because Hispanics sometimes are counted incorrectly as Anglos or blacks.

What's more, they say, abuse and neglect is likely under-reported in the Hispanic community, in large part because of immigrant families who often

move from place to place and avoid coming into contact with authority figures who might report them to CPS.

"It doesn't mean all the families are great," said University of Houston sociologist Nestor Rodriguez. "Some of those children are in families that are very dysfunctional, and they need to be pulled out. That is what we are missing, I think, are opportunities to help children."

Language barriers Some, too, believe a chronic shortage of Spanish-speaking caseworkers makes it more difficult to thoroughly investigate cases of reported abuse and neglect.

State officials say they don't know what percentage of their caseworkers speak Spanish, only that 1.4 percent consider it their primary language. Still, in a state where 44 percent of children are Hispanic, only 23 percent of the CPS caseworkers say they are Hispanic.

Officials say they use interpreters when a Spanish-speaking caseworker isn't available. But language can still be a problem, experts say.

"The language issue is a huge barrier, and we also have lots of dialects within the Hispanic community, because it is not a single community," said Carol Wilson Spigner, a professor at the University of Pennsylvania School of Social Policy & Practice.

(Continued on Page 5)

## COMMUNITY VOICES

This week, community voices continue to speak out on the question of whether traditional Democratic voters should cross party lines and vote in the Republican Primary as opposed to the Democratic Primary in the March 7 Primary Elections. Although early voting has already begun (Tuesday February 21) it is important that voters hear as many sides of an argument as possible.

Last week we posed the following question to readers: Locally, Democrats are not running a full slate of candidates in the March Primaries. Should a person who normally votes Democratic, vote Republican in order to have more of a voice in who is finally elected in Lubbock?

Or should they not vote for Republican candidates, and vote only in races where a Democrat is running? It is very important that voters understand all the implications of what it means to vote in either the Democratic or Republican primary.

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**Best candidate should get vote** I believe we should be involved in the political process, whether Democrat or Republican. The best candidate should get our vote, across party lines, for the system to work with integrity.

Pat Behnke, Lubbock Via Email

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**Democratic voters should decide for themselves** I'll be voting in the Democratic Primary. I've never previously voted in the Republican Primary and as a former-Democratic County Chair I feel a particular obligation to vote Democratic, and if the Democrats are ever to regain a competitive status the party needs plenty of voters.

Further, the Party will have some competitive races, chiefly the governor's, so it does allow voters to have a say in the nominations. I also took a pledge to vote in the Democratic Primary by signing a petition for a neighbor seeking a position on the Democratic ballot, so I'm personally and publicly committed to do so.

Democratic voters should, and will, decide for themselves whether they vote Republican, but it's a sad indictment on the Democratic Party that their voters are placed in such a position.

It's understandable for Democrats to consider voting in the Republican Primary if it's to determine who is ultimately elected. In Texas with the current state of Republican dominance in many cases the candidate who wins the Republican nomination will probably be the officeholder.

I would hope that Democratic leaning voters would limit that to critical cases where stakes are extremely high between a clearly more acceptable candidate and a rightwing extremist beholden to outside special interests, say Van Wilson (candidate for District 83 State Representative) for example.

Still, I would hope voters would balance that against not having a say in the Democratic competitive races, and perhaps vote Democratic while donating to the deserving Republican candidate to help off-set the outside-the-district special interest money.

I am so disgusted and dismayed at the lies of Van Wilson's campaign and how he is attacking Delwin Jones for voting the interests of the people here at home that I am considering picking up a yard sign and bumper sticker later today.

Todd R. Klein, Lubbock Via Email

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**Vote for the least offensive Republican?** If a democrat has no opinion concerning the democrat candidates for governor, and there is no other contested race in the Democrat Primary, they may prefer to vote for the least offensive Republican.

For myself, I will vote in the Democratic Primary. If we do not cast sufficient votes in the Democratic Primary, how can we expect to have good candidates run for office under our banner?

Madison Sowder, Lubbock Via Email

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Reader offers 3 reasons for voting Democrat in primary Democrats should vote in the Democratic Party Primary for three reasons: (1) voting in a Republican Primary makes you ineligible to be an election worker in the next Democratic Party Primary or hold office in the organization, (2) it makes you invisible to organizers in the Democratic Party, and (3) it forces you to turn your back on our great Democratic values of opportunity, public education, civil rights, honesty, Social Security and access to healthcare.

For now it is true there is more "action" on the Republican side of the ballot, but that is only for the moment.

The Lubbock County Democratic Party is gaining strength every day and is working toward that day when many fine Democrats fill all the slots on the local ballot. To become really strong, the Party needs you, the Democrats.

In Texas we do not declare our party membership when we register to vote, so the only way we know you are a Democrat is when you vote in the Democratic Party Primary. So vote your pocketbook, vote your values, vote your heart, stand with your fellow Democrats and vote in the Democratic Party Primary on March 7.

Sue Weninger, Lubbock Via Email

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**Miller's idea of diversity?** I noticed Jerry Perez, (Re: Community Voices; February 16, 2006) indicates that he believes David Miller will better represent the Hispanic community. Do not take this as my favorable opinion of Tom Martin, but please take a minute and look at the management profile of David Miller's company. I hope this group doesn't reflect what Miller believes is diversity. The management profiles can be found at <http://www.medgroup.com/Profiles.htm>

Regarding whether a Democrat should vote in the Republican primary to have more choice of candidates, I have to ask why you would bother. Would you really give up your right to select your choice for Democratic candidates for Governor, Lieutenant Governor, U.S Senator and many others to choose between Republicans who are trying to see who can outdo each other on the conservative scale? The radical conservative movement of the Republican Party is only concerned with conserving their own wealth. Let everyone else fend for themselves.

That is not my ideal of America. Johnnie Jones, Chair - Lubbock County Democratic Party, Via Email

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WTOS announces Civic Academy and Candidate Accountability Session Our Lady of Grace WTOS will be hosting a Civic Academy for members of our parish and other WTOS member institutions on Saturday, February 25th.

We invite and encourage parish members to participate in the sessions that will contain topics including: The Role of the Public Sector; Understanding Taxation and the shift in taxes onto middle and low income families; what a family-friendly Texas state budget should look like; and information about immigration.

The trainings sessions will begin at 10:30 a.m. to noon in the OLG Activities Center, followed by lunch, sponsored by the Guadalupanos.

WTOS ACCOUNTABILITY SESSION Immediately following the Civic Academy, an Accountability Session

## Full 4 pages dedicated to Health

# EL EDITOR LAUNCHES HEALTH SECTION

In this edition El Editor begins providing more health information for our readers by dedicating a full 4 pages to the topic. In response to reader's demandas, health will begin getting at least of full page every month

## Hispanic Women's Breast Cancer Conference & Luncheon Set for Saturday, March 4, 2006!

The Lubbock Area Affiliate of the Susan G. Komen Breast Cancer Foundation and the Hispanic Chamber of Commerce will hold a Hispanic Women's Breast Cancer Conference on Saturday, March 4, 2006. Thanks to a generous grant from the Komen Foundation, this important event will be held at Our Lady of Guadalupe Catholic Church at 1120 52nd Street from 9 a.m. - 1 p.m.

Breast cancer is the leading cause of cancer death among Hispanic women. In a survey conducted by the Behavioral Risk Factor Surveillance System, 50 percent of the Hispanic women surveyed said that they have not had a mammogram. It is the goal of this conference to raise awareness for breast cancer prevention and treatment in the Hispanic community.

Speakers include surgeon Dr. Catherine Ronaghan, breast self-exam specialist Adela Ramos, and Rebecca Gonzalez Wallace. Rebecca is a recent breast cancer patient and is determined to do whatever possible to eradicate breast cancer and promote self exam and detection.

The keynote speakers are two sisters, Carrie Dominguez and Dorothy Balderas, who have survived breast cancer. They were diagnosed

four months apart and were each others' support through the treatment. "We were born 17 months apart and were always competing with each other. So, when I was diagnosed with breast cancer, she just had to get breast cancer as well," Dominguez jokes. These two incredibly brave women are dedicated to sharing their story so that they can raise awareness and give hope to those struggling with the disease. They are determined



to see breast cancer mortality diminish.

The conference will include a homemade meal courtesy of Our Lady of Guadalupe parishioners. Childcare will be provided for children six months to six years of age. Lunch will also be provided for the children. There is limited space for childcare. Please RSVP for childcare.

After the conference, the Covenant Mobile Mammography Unit is offering Breast Cancer Screenings (women age 40 & over) with financial assistance available, on the following days and locations:

March 7- Market Street- 50th & Indiana. March 16- Community Health Center of Lubbock- Avenue M & Main (rear parking lot)

To schedule an appointment for screening mammography call: 725-6579 or 1-800-388-6266

## Month of February dedicated for Awareness

# Hispanics, Women Less Likely to Be Tested for Colon Cancer

They skip screenings when not reminded by doctors, new study finds.

By Kathleen Doheny Colorectal cancer is curable if detected early, but many Americans — particularly Hispanics and women — don't get the screening tests.

And they often skip screenings because their doctor didn't remind them, a new study found.

"We found that having both insurance coverage and a regular source of care were the most powerful predictors of whether an individual received a colorectal cancer test," said Ninez A. Ponce, an assistant professor at the University of California, Los Angeles School of Public Health and Center for Health Policy Research.

Ponce and her research team evaluated 2001 data from the California Health Interview Survey. The findings were published in the Oct. 25 online issue of Cancer.

Evaluating responses from more than 22,000 respondents aged 50 and older, Ponce found that about 54 percent said they had had a recent test for colorectal cancer. People aged 65 and older were more likely than younger adults to be tested, and men were 20 percent to 30 percent more likely to be screened than women.

Hispanics were much less likely to get screened than whites. For example, just 33 percent of Hispanics aged 50 to 64 said they'd had a recent screening, compared to 51 percent of whites.

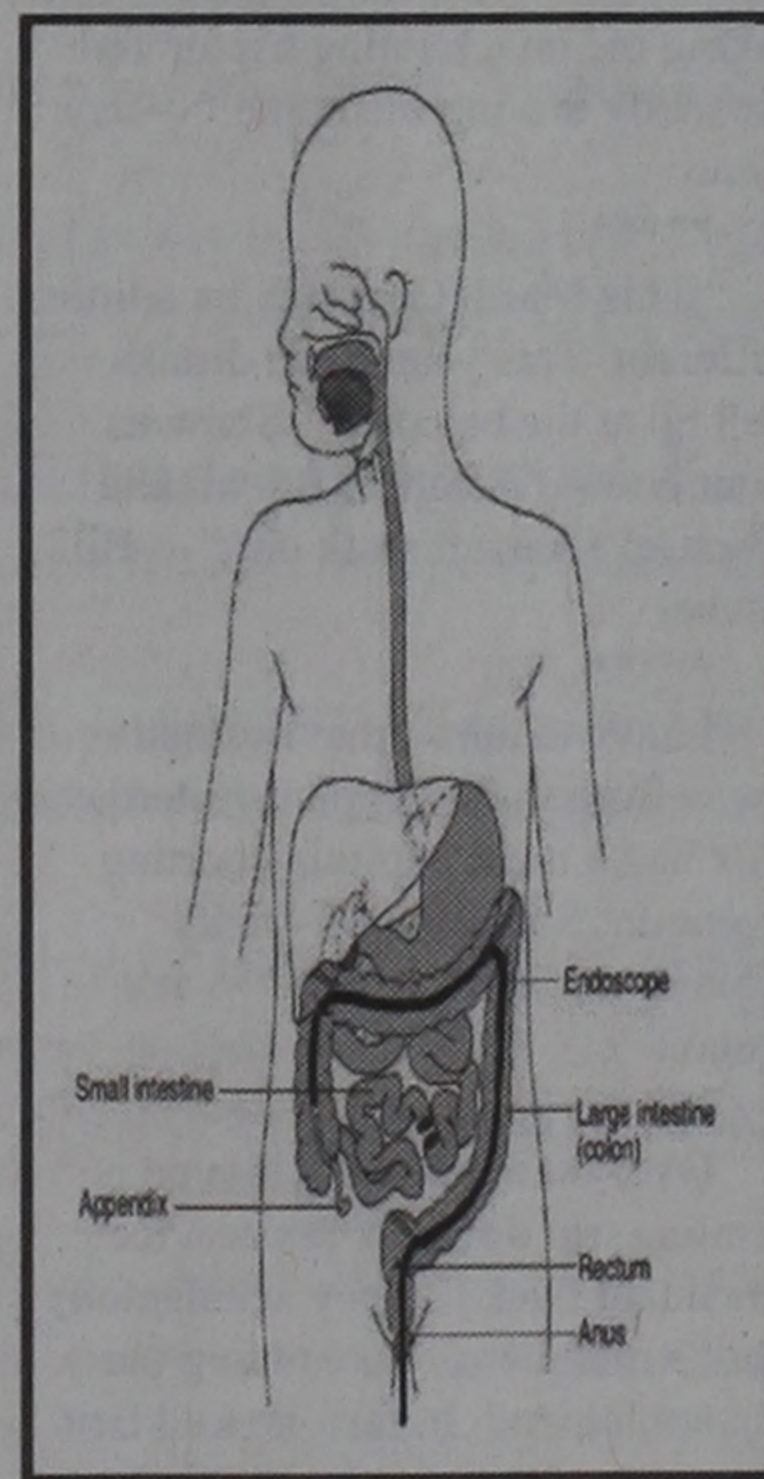
Why don't more people get tested for colorectal cancer, which will be diagnosed in nearly 147,000 people in the United States this year and cause more than 56,000 deaths? Lack of health insurance was often cited as a hurdle, but the most common reason was that a person's doctor did not remind them an exam was needed, Ponce said. Other common responses: People skipped the test because they didn't think about it, or they said they had no symptoms and thought they didn't need the test.

To detect colorectal cancer early, the American Cancer Society recommends that people 50 or older who are at average risk should have:

- \* a fecal occult blood test every year, or
- \* a flexible sigmoidoscopy every five years, or
- \* a fecal occult blood test every year plus flexible sigmoidoscopy every five years, or
- \* a double-contrast barium enema every five years, or
- \* a colonoscopy every 10 years.

Of the first three options, the combination of fecal occult blood test every year and flexible sigmoidoscopy every five years is preferable, the cancer society said. Those at increased risk, due to inflammatory bowel disease, or family or personal history, should undergo screening earlier and may need more intensive testing.

More than 90 percent of colorectal cancers are diagnosed in persons





# Cohen into First after Short Program, Slutskaya in Second

Sassy, saucy and supremely confident, Sasha Cohen is no longer in anyone else's shadow. At the biggest event of all, no less: women's figure skating at the Olympics. Going last in Tuesday night's short program, after overwhelming favorite Irina Slutskaya had dazzled and Japanese heavyweights Shizuka Arakawa and Fumie Suguri had impressed, Cohen shone brighter than them all.

the rink that she put the United States in position for its third straight gold medal. "I think about it every day, of course. A couple of times a day," Cohen said, smiling almost shyly. "Like, 'Oh, that would be so nice to take one of those home.'" Michelle who? Cohen scored 66.73 points, edging Slutskaya by a mere .03



points. Arakawa, the 2004 world champion, had 66.02 points. The razor-thin margin means Cohen will need to be at her very best again in Thursday night's free skate if she wants to stand at the top of the podium. Suguri was fourth and fellow American Kimmie Meissner was fifth, one of only two skaters to complete a triple-triple combination. Emily Hughes, added to

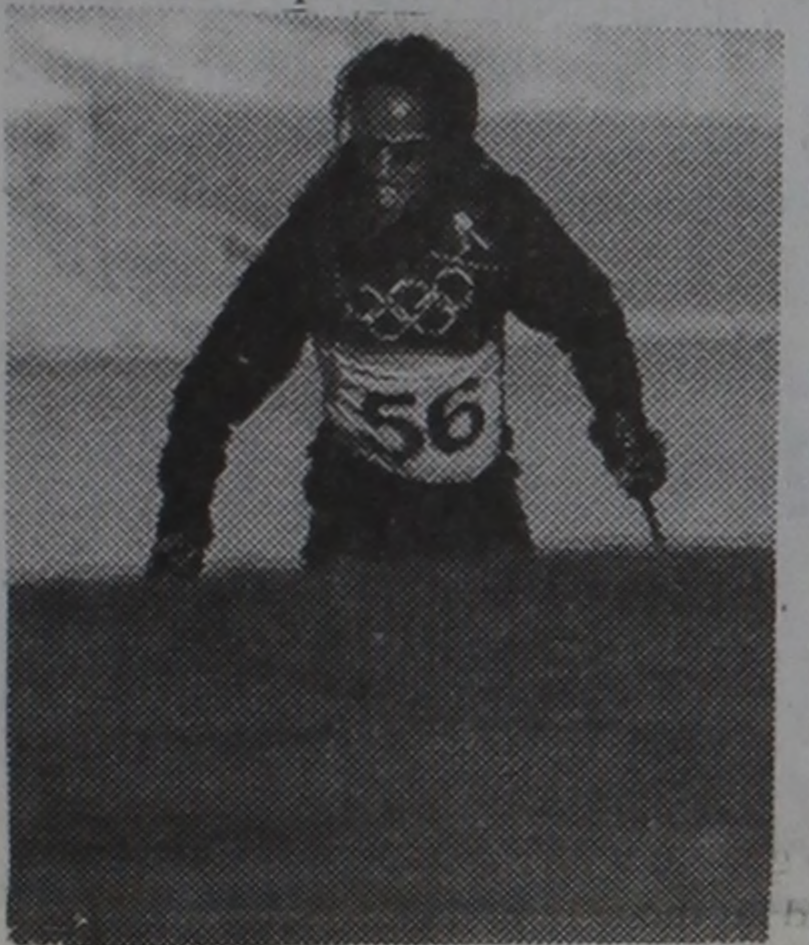
the U.S. team nine days ago after Michelle Kwan withdrew with a groin injury, made an impressive debut in her first major international event. Hughes -- yes, sister of THAT Hughes -- finished seventh with the 2002 Olympic champion cheering her on. "It's going to be like starting over. Like the short didn't really count. Back to square one," Co-

hen said. "It's kind of like the old system. Anybody in the top three can win." Cohen is one of the most beautiful skaters ever to hit the ice, with the grace and elegance of a ballerina and the athleticism to pull off tough tricks. But she's never even been the headliner in her own country, relegated to being the supporting player to Kwan's star.

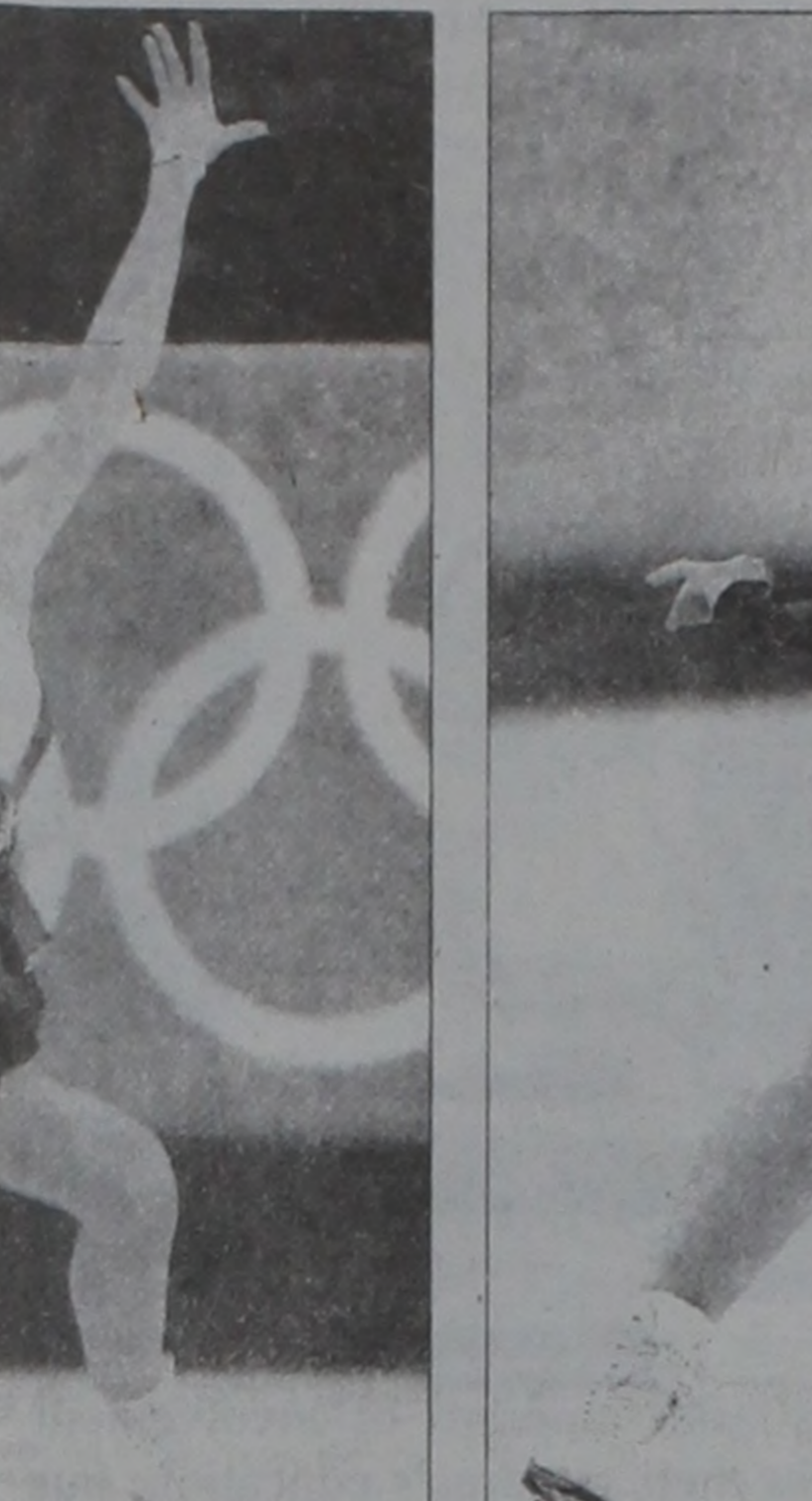
## Randall's strong finish has US optimistic

Kikkan Randall's remarkable finish in Wednesday's 1.3km sprint gave the U.S. new optimism about the future of its women's cross-country ski team. Randall's ninth-place finish was the best ever in the Olympics for an American woman. "It's awesome!" said the 23-year-old Randall, competing in her second Olympics. "I can be in these, man. I'm really excited about today. Yesterday, I wasn't feeling so hot. I had a stuffy nose. After three races, I wasn't sure. But in qualifying, I was really relaxed."

Just before the Turin Games opened, Randall was among a dozen cross-country skiers handed a five-day start suspension for elevated levels of hemoglobin, the part of the red blood cell that can increase endurance. She later passed a retest and



was cleared to compete. In the Feb. 14 team sprint event, she paired with Wendy Wagner to reach the final, the deepest the Americans have ever advanced in the event. On Wednesday, Randall skied two great races in an event eventually won by Canada's Chandra Crawford. "I was hoping for top-20, so top-10 is just amazing," Randall said. "It really sets the stage for four years from now." Even Randall's coaches were impressed by her accomplishments and hope her finish will boost the U.S. women's program, which has struggled to keep up with top programs such as Canada, with Crawford and stars Beckie Scott and Sara Renner. "That's a big surprise," sprint coach Vidar Loevshus said. "She's the future for sure. She can be as good as the Canadian girls."



Irina Slutskaya (left) is only .03 points out of first place, well positioned to complete a Russian sweep of the Turin figure skating gold medals. Only 16, Kimmie Meissner (center) of the U.S. skated to fifth place. She and fellow teen Emily Hughes (right) give the U.S. two up-and-coming medal contenders.

## Shakira and Daddy Yankee to perform in Lo Nuestro awards

Univision announced yesterday that Colombian Shakira and Puerto Rican Daddy Yankee were added to the cast to perform in the Lo Nuestro awards ceremony on Thursday. The biggest Hispanic network in the US stated that "the recent additions to the performers list, make this the most spectacular edition in the ceremony's history."

The XVIII annual awards ceremony will be live broadcast by Univision, from 8:00 to 11:00 P.M. on Thursday night February 23. The ceremony will take place in the American Airlines Arena in Miami, Florida. "Back from her successful tour in Asia, Shakira will offer a special performance in the ceremony, pleasing her fans with her singular voice and her characteristic dance moves." The network added that "there are great expectations about Puerto Rican Daddy Yankee's performance. Last year, he arrived to the Lo Nuestro show on



a flying car, which earned him many comments. "After that, in September, Daddy Yankee surprised everybody at the Juventud Awards by coming down from the stage's roof over a cage with a tiger in it. His new entrance is expected this year to go beyond all expectations." The cast for the show includes Juanes, Laura Pausini, RBD, Marco Antonio Solis, Wisin and Yandel, Luis Fonsi, Beto y sus canarios, Intocable, Ana Barbara, Los Elegidos, Monchy and Alexandra, and Ana Gabriel, who are the main nominees for the awards ceremony.

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-- Senator Robert Duncan

**Voice of Reason:** "Delwin is the voice of reason and experience and these are two things really needed in Austin." - John Montford

**Effective:** "Whenever I need something done in Austin I pick up the phone and call Delwin Jones. He's always gets things done." - Sheriff David Guterrez

**Defender of Quality Education:** "Delwin Jones has protected our children by standing firm against the anti-public education forces in Austin." - Mark Griffin

**Responsive:** "Delwin Jones takes great care of his district. There is no doubt about that. His district comes first - always." - Lisa Nowlin, Slaton

**Fights for What's Right for West Texas:** "Delwin is an effective legislator who is not afraid to fight for what is right and in the best interest of West Texas." - Carl Isett, State Representative District 84

**Independent:** "I am grateful to have Delwin Jones representing and voting for 'us' in Austin - not state leaders, not other districts, but 'us'. He votes for what is right for our district." - Fred Underwood

**Leadership & Character:** "Delwin Jones is a true servant for West Texas. We need his leadership and character in Austin. -- Reverend Malcolm Neyland

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LUBBOCK COUNTY DISTRICT ATTORNEY

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*"You want proof that Matt Powell takes the bad guys off the street? Read the convictions and life sentences in the paper."*  
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# Latino Parents Value Education, Study Says

A recent study done by the Office of Latino/Latin American Studies showed that Latino parents value education.

"There is a stereotype that Latinos don't understand what to do, don't do, don't get involved and don't care," said Lisa Kelly-Vance, associate professor in the psychology department. "It is important to break that stereotype down."

The study, entitled "Examining the Impact of Parental Involvement in a Dual Language Program: Implications for Children and Schools," was started almost three years ago when Kelly-Vance met with Collette Nero, coordinator of psychological services with Omaha Public Schools, and began discussing where research would be beneficial. They then realized the largest growing population in Omaha was English learners, so they decided to focus on the dual-language classrooms from kindergarten to fourth grade in OPS, Kelly-Vance said.

Dual-language classrooms are taught in both English and Spanish. The classrooms are

made up of half native-English speaking students and half non-native, English-speaking students. They have two instructors who switch off every other day; one day the lesson will be taught in English, the next day in Spanish, and they don't review the same materials, said Carey Ryan, associate professor in the psychology department.

"It's not just translation," said Angela Ferguson, assistant professor in the foreign language de-

partment. "There isn't much out there in the literature about what we are doing, so I think it represents an important gap."

Some of the key findings of the study were: Latino parents rated academic and social goals of education higher than non-Latino parents; non-Latino parents ranked social/behavioral outcomes as being more important than academic outcomes.

Both sets of parents reported



partment. "It's developing full competence in both languages."

Within these classrooms, 115 parents participated in the study: 68 percent were Latino, and 28 percent were non-Latino, according to a news release.

The OLLAS research group said these high numbers of participation conclude that Latino parents do care about education, and are involved with their children's education.

"It's not that it surprised us," Kelly-Vance said. "It excited us; they are very involved."

The parents were asked a variety of questions, both open-ended questions and questions that asked them to rank the importance of different areas. The five main areas the questionnaire focused on were definitions of school success, involvement in education, barriers to parental involvement, acculturation and reasons for or against enrollment in the dual-language program, according to the study.

"With the mixture of questions, we weren't imposing any sort of framework on the parents on the ways they could respond," said Juan Casas, assistant profes-

similar amounts of involvement in their children's education, but differed greatly in what was considered involvement. Latino parents ranked outside influences on education higher than non-Latino parents. The last finding shows the emphasis on extended families for Latinos, according to the study.

The study was funded by a grant from the U.S. Department of Education and by a grant from the National Institute of Mental Health.

Not only was this study important for showing that Latino parents care about their children's education, but it was also a great opportunity for UNO students to get research experience, Casas said.

Throughout the project, they had many undergraduate and graduate students helping with the research.

"There are some really exciting opportunities for our students to get some real world experience," Casas said. "It is important for students to know that these kinds of opportunities do exist and that is good training and practical application."

# Page 4 Crecen Preocupaciones de Lideres Sobre Impacto de la Ley Federal Educativa sobre la Educacion Bilingüe

Christine Senteno

Al preparar su congreso anual la Asociación para la Educación Bilingüe de California (CABE), a llevarse a cabo del primero al cuatro de marzo en San José, California, expertos latinos expresan frustración sobre la falta de apoyo para la pedagogía, en particular a nivel nacional, podrá limitar severamente las oportunidades educacionales de los estudiantes que no hablan inglés.

Otra preocupación que expresan es que si bien el número de estudiantes que aprenden inglés continúa en aumento, se ha estancado la financiación federal.

Martha Hernández, presidenta de la junta directiva de CABE, indica que el congreso, al que asistirán más de 5,000 participantes, se concentrará en la necesidad de mejorar la legislación de Que Ningún Niño Se quede Atrás (NCLB).

James Crawford, presidente de la Asociación Nacional para la Educación Bilingüe, percibe a la ley como una amenaza insidiosa. "NCLB rinde menos riguroso el programa de estudios, en vez de ofrecer a los chicos una educación amplia y completa. Simplemente dicta lo que aparecerá en el examen. Los maestros se sienten presionados a cumplir con metas anuales y sienten que se les echa la culpa cuando los niños desaprovechan el examen".

Consultor en temas de educación de California, Norm Gold, autoridad de renombre nacional quien trabajó con el Departamento de Educación de California durante 21 años, llama "absurdos" los requerimientos que impone la NCLB a los cinco millones de estudiantes que aprenden inglés a nivel nacional, por lo que los llevará al fracaso

directamente.

Otro experto, Josué González, uno de los directores fundadores de la Oficina de Educación Bilingüe del gobierno federal (la administración Bush le cambió el nombre a Oficina de Adquisición del Idioma Inglés), indica que la educación bilingüe que hoy conocemos ya "se acabó" por lo que el enfoque federal se dirige a la aprobación de los exámenes de la NCLB.

En enero del 2002, el presidente Bush aprobó la ley NCLB. La legislación hace responsables a las escuelas por el desempeño de todos los estudiantes, incluyendo a los que aprenden inglés, quienes tienden ser inmigrantes o hijos de inmigrantes.

Durante el año escolar 1993 a 1994, había tres millones de estudiantes cursando estudios de inglés. A los diez años el número subió al de hoy - más de cinco millones - un aumento del 65 por ciento.

Según el Fondo Mexicano Americano para la Defensa Legal y la Educación, más del 80 por ciento de estudiantes de inglés es latino, y al incrementarse el número, existen menos programas para acomodarlos, y mayores restricciones.

Para el quinto año consecutivo la administración Bush congeló los fondos para programas de inglés en el presupuesto federal en \$669 millones.

Según cálculos de demócratas que sirven en el Comité sobre la Educación y la Fuerza Laboral de la Cámara de Representantes, esta cantidad dejará sin asistencia con el aprendizaje del inglés a más de 63,000 estudiantes, aunque igual tendrán que aprobar exámenes normativos. En algunos casos, los estudiantes no recibirán su diploma de secundaria

si no aprueban exámenes de salida que requieren algunos estados, como California.

En la medida que los distritos escolares y los maestros deben enfocar los exámenes de alto riesgo fomentados por el programa federal, deben sacrificar el tiempo necesario para mejorar las destrezas de los estudiantes en su idioma natal más en inglés, explica Crawford.

Los maestros y administradores de escuelas están bajo presión por aumentar sus calificaciones de progreso anual; de lo contrario pueden perder financiación, su empleo, hasta puede que les cierren la escuela.

Gold asevera que ha visto el cierre de buenos programas bilingües por el mencionado enfoque desviado. En muchos casos se tilda a las escuelas de fracaso aun cuando son proficientes los estudiantes, cuenta. Las escuelas pueden enseñar el inglés a un salón de estudiantes de tercer grado en dos años, pero como no pueden aprobar el examen normalizado sino hasta el quinto grado, se denomina un fracaso la escuela, agrega.

Hernández, de CABE, dice, "Esperamos que se vuelva más flexible la legislación NCLB hacia los estudiantes que aprenden inglés. Apoyamos de lleno el aspecto de asumir responsabilidad, pero queremos asegurar que la ley haga lo estipulado. Es necesario cambiar la eficacia de las sanciones a las escuelas con bajo rendimiento. De lo contrario, socava el efecto de los programas diseñados para estudiantes del inglés".

González recalca que el cambio tiene que surgir del nivel distrital o local. "Nos vamos a volver una sociedad bilingüe de cualquier manera. Sólo que no va a ocurrir en las escuelas".

## FREE CIVIC ACADEMY

Our Lady of Grace and the West Texas Organizing Strategy will be hosting a free Civic Academy on Saturday, February 25th.

Sessions will contain topics including: the role of the public sector; understanding taxation.

The trainings sessions will begin at 10:30 a.m. to noon in the OLG Activities Center, located at located at 3111 Erskine.

Spanish translators will be available based on request. To request bilingual translation, please call (806) 762 4788.

Immediately following the Civic Academy, an Accountability Session with Texas House of Representatives Dist. 83 Republican Primary candidates, will be held at 12:45 p.m. to 2 p.m. This session will also be held in the OLG Activities Center.

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## El Editor

## Group Examines Latino Achievement Gap

Focusing merely on academic problems will not fix the achievement gap for Latino children, according to a group of political and educational leaders who met Friday.

A dozen or so local policy makers and experts gathered at the Quiet Cannon in Montebello for a roundtable discussion on the myriad external issues affect-

ing Latino children's academic attainment.

"We need a more holistic approach to solving this problem," said Gerri Guzman, board member of the Montebello Unified School District. "Only addressing academic problems is simply not going to cut it. These kids go home to a whole slew of family problems and social barriers."

Organized by Guzman, the group included representatives from a diverse range of professions, including a clinical psychologist, a probation officer, a Commerce council member, an Azusa school board member and Rep. Grace Napolitano, D-Santa Fe Springs, among others.

"We wanted to present to the congresswoman these holistic ideas to take back to Washington, to work on creating new programs that aim at more than just the academic," Guzman said. "If we don't address the social and external factors that impact these kids' lives, the academic programs will never work."

The discussion centered around three questions posed by Guzman:

What factors outside the classroom impact student success?

What are the current challenges school administrators and staff face when addressing the achievement gap?

What needs to be done so that we can start to close the achievement gap?

"Some of the difficulty stems from teacher education programs," said Susan Heredia, Latino director-at-large for the California School Boards Association and a member of the Natomas Unified School District in Sacramento.

"Most teacher ed programs don't teach a comprehensive approach," Heredia said. "They mainly focus on academics. Testing is not appropriate for all kids because they don't all come to the table with the same experiences and opportunities in life."

Many times when a school refers a child to a psychologist for bullying or anger problems, they fail to see the larger picture of the student's social environment, said Luis Garcia, clinical psychologist for Pacific Clinics in Santa Fe Springs.

"There are a lot of factors," Garcia said. "There may be a history of mental illness or suicide in the family, physical, emotional or sexual abuse, socioeconomic, immigration even segregation. When the family comes to us, we can see the whole picture."

Napolitano, who believes more attention should be put on teaching than testing, reminded those present of the fiscal restraints on all education programs.

"We have to tighten our belts because it's going to get worse," she said. "Eighty billion dollars is going to Iraq. Every day we see in the paper some result of mental illness - PTSD, shootings, robberies, etc. It's what we're not doing for our kids. It's important you inform your legislators about the issues."

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# Su Salud y Su Familia

## Health Problems in Hispanics American/Latino Women: Diabetes

You can get diabetes if your body does not use insulin right. Insulin in your body changes the sugars in food into energy. Type 1 diabetes happens when your body destroys its own cells that make insulin. Type 2 diabetes occurs when the pancreas doesn't make enough insulin. A growing number of children are getting type 2 diabetes. Children have a greater chance of getting type 2 diabetes if they are overweight or if a family member has it. People with diabetes have a higher chance of having problems with their skin, mouth, kidneys, heart, nerves, eyes, and feet.

Gestational diabetes, or diabetes during pregnancy, increases the baby's risk for problems such as large body size and low blood

sugar. Although women's blood glucose levels generally return to normal after childbirth, there remains a higher risk of getting gestational diabetes in future pregnancies. Also, studies show that many women with gestational diabetes will develop type 2 diabetes later in life.

As of 2002, about 8.2 percent of the Hispanic population have diabetes. It is more common in older Hispanics, with about 25 to 30 percent of Hispanics age 50 or over having the disease. About one-third of Hispanics with diabetes are not diagnosed. Hispanics are 1.5 times more likely to have diabetes than Whites. And, in 2001 the death rate from diabetes in Hispanics was 40 percent higher than the



death rate of Whites. Among Hispanics/Latinos, the diabetes death rate in 2000 was highest among Puerto Ricans, followed by the rates for Mexican Americans and Cuban Americans. Hispanic/Latina women have

more cases of diabetes than Hispanic/Latino men.

Hispanic Americans/Latinos have a two times higher rate of retinopathy (eye disease) and kidney disease (including end-stage kidney failure). And His-

panic American/Latina women with diabetes are 7.6 times more likely to develop peripheral vascular disease (problems with blood flow in the veins) than non-diabetic women, and three to four times more likely to have heart disease or a stroke. About two to five percent of all pregnant women develop gestational diabetes (diabetes during pregnancy). Mexican American women, especially when they are overweight, have higher rates of gestational diabetes than non-Hispanic White women. Experts estimate that about half of all women with gestational diabetes develop type 2 diabetes within 20 years of the pregnancy. For Mexican American women, this may be a risk as much as 12%

per year. Although type 1 diabetes cannot be prevented, there are steps you can take to prevent type 2 diabetes: control your weight and be active. You also can prevent the health problems related to diabetes:

- \* See your doctors regularly. Don't forget about the dentist and eye doctor!
- \* Don't smoke.
- \* Control your blood sugar and cholesterol levels, your blood pressure, and your weight.
- \* Exercise (30 minutes most days of the week is best).
- \* Check your feet everyday for blisters, red spots, swelling, or cuts.
- \* Stay aware of how you feel - if you notice a problem, call your doctor right away.

### Recognizing a STROKE

Helpful Information

Dear Friends- A friend had dinner this summer with another friend. During the BBQ their friend stumbled and took a little fall - she assured everyone that she was fine (they offered to call paramedics) and just tripped over a brick because of her new shoes. They got her cleaned up and got her a new plate of food - while she appeared a bit shaken up, Ingrid went about enjoying herself the rest of the evening. At 3:00 am my mother received a call from Ingrid's husband telling her that his wife had been taken to the hospital - (at 6:00pm, Ingrid passed away.) She had suffered a stroke at the BBQ - had they known how to identify the signs of a stroke perhaps Ingrid would be with us today.

It only takes a minute to read this- Recognizing a Stroke ----- A neurologist says that if he can get to a stroke victim within 3 hours he can totally reverse the effects of a stroke...totally. He said the trick was getting a stroke recognized, diagnosed and getting to the patient within 3 hours which is tough. Sometimes symptoms of a stroke are difficult to identify. Unfortunately, the lack of awareness spells disaster. The stroke victim may suffer brain damage when people nearby fail to recognize the symptoms of a stroke.

Now doctors say a bystander can recognize a stroke by asking three simple questions:

1. \*Ask the individual to SMILE.
2. \*Ask him or her to RAISE BOTH ARMS.
3. \*Ask the person to SPEAK A SIMPLE SENTENCE (Coherently) (i.e. . . It is sunny out today)

If he or she has trouble with any of these tasks, call 9-1-1 immediately and describe the symptoms to the dispatcher.

After discovering that a group of non-medical volunteers could identify facial weakness, arm weakness and speech problems, researchers urged the general public to learn the three questions. They presented their conclusions at the American Stroke Association's annual meeting last February. Widespread use of this test could result in prompt diagnosis and treatment of the stroke and prevent brain damage.



### New Rotavirus Vaccine Recommended For Infants

If you have children, you've probably had to deal with rotavirus. Some people have referred to the highly contagious childhood bug as the "wicked stepister" of the flu? you don't hear about it as much, but it's just as nasty and as common, infecting about 3 million kids in the United States every year.

A federal advisory panel recommended last week that all infants be immunized against rotavirus, which causes vomiting, dehydration and diarrhea. The government hopes the new vaccine will put a major dent in its impact.

For most kids, rotavirus isn't a big deal. Lots of parents don't even notice when their children have it. But each year, 70,000 children in the United States will get a case so severe that they'll be admitted to intensive care.

Dr. J. Gary Wheeler says that most kids will experience one episode of the disease by the time they're 3 years old. One of those is 11-month old Sarah Christians, who's been in the ICU at the hospital for five days. Claire Smith, Sarah's mom, would welcome a vaccine. "If there's a vaccine out there for this kind of thing, then why not use it?" she says.

The Centers for Disease Control has been trying to rid the country of

rotavirus for years, but it hasn't been easy. There was a vaccine on the market in the late 1990s, but it was pulled within a year because of rare side effects. However, a new vaccine, developed by doctors Fred Clark and Paul Offitt, has been tested in about 70,000 children? and the FDA now considers it safe and effective.

"It's gratifying to know at last we have in hand a technology which can prevent a lot of suffering in this country," says Offitt, a pediatrician at Children's Hospital of Philadelphia.

The vaccine could be a real boon in developing nations, where thousands of kids under the age of 5 die from the illness every year. Though rotavirus is rarely fatal in the United States these days, its prevalence causes thousands of hospitalizations, lots of missed work and thousands of worried parents.

"It's hard to see your child in this state," says Kris Christians, Sarah's father. "Any preventive measure we could take would be great."

The Food and Drug Administration's recommendation is that all children between 2 and 6 months get the rotavirus vaccine. The good news for the kids: No needles! The vaccine is not a shot? it will be given as drops squirted into the mouth.

### Colon Cancer Prevention Month

(Continued from page 1) over age 50, the cancer society said. Other risk factors, besides family history, include smoking, alcohol consumption, lack of exercise, high-fat diets, inadequate intakes of fruits and vegetables and obesity.

While the rate of testing in California, at 54 percent, is higher than the national rate - 41 percent for men and 38 percent for women in 2000 - the rates should be higher, the study authors said.

Another health-care expert familiar with the new study said it provides valuable information about the screening habits of ethnic groups, an area that has been overlooked.

"What really struck me was [the effect of] having a usual source of care," said Ann Zauber, an associate attending at Memorial Sloan-Kettering Cancer Center in New York City who is well-versed on colorectal cancer prevention.

People who did have a regular

health-care provider were more likely to get the test because their doctor recommended it.

Concerning the gender differences uncovered by the study, Zauber said, "There is a perception that colon cancer is a higher risk for men than for women." But if women's longer life spans are taken into account, the rates are comparable between genders, she said.

The take-away message for consumers, Zauber said, is that "colorectal cancer screening really can have an effect on colon cancer mortality."

Ponce agreed: "Consumers need to know that the colorectal cancer tests are prevention measures and can save lives. Once they turn 50, they should ask their doctors about getting tested for colorectal cancer."

### Missing Out

(from front Page)

For those cases investigated statewide by CPS in fiscal 2005, figures show that in almost every category of confirmed abuse and neglect, Hispanics were under-represented.

Only in confirmed cases of sexual abuse were Hispanics marginally over-represented.

Peter Pecora, senior director of research services for the Casey Family Programs in Seattle, said it's important, however, to look beyond state averages, which can be misleading because they fail to reflect community

variations. "The whole area of racial disproportionality is pretty complex, and there are different ways to develop the ratios and different ways to look at it," Pecora said. "This is an area that needs to be very carefully looked at."

Some believe it's also important to better understand why there are relatively fewer Hispanics. "Just as we've focused on over-representation, we need to focus on under-representation," said Ruth McRoy, a research professor at the School of Social Work at the University of Texas at Austin. "Because the reality is that in some cases, maybe children should be getting more attention than they are."

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# Family Influences Cancer Treatment Among Older Hispanics

The influence of the family in the treatment decision-making process for breast cancer may account for significant racial differences in breast cancer management, according to a new study. Published in the journal *Cancer*, the study reveals that older, Hispanic women more than any other racial group, rely on family to make treatment decisions. Perhaps most important, patients who identified the family as the final treatment decision-maker were more likely to be treated with mastectomy rather than breast conserving surgery (BCS).

Previous studies have revealed racial and ethnic disparities in the treatment of breast cancer. For example, African-American and Hispanic women are less likely to receive BCS compared to whites, and more likely to die from their cancer than white women. The roots of these disparities may lie in socioeconomic or tumor-specific factors, but little is known about the contribution of physician-patient communication to treatment decisions and its impact on cancer management.

Rose C. Maly, M.D., M.S.P.H. and colleagues from the David Geffen School of Medicine at the University of



California at Los Angeles interviewed 257 breast cancer patients aged 55 and above within three to nine months of their diagnosis. The objective of their study was to identify racial and

ethnic differences in physician-patient communication and their impact on the treatment received.

The researchers found that Hispanic women were significantly

more likely to identify a family member as the final decision-maker for treatment than were African-Americans and whites, regardless of their acculturation to American society. About a quarter of African-Americans and whites identified the physician as the final decision-maker compared to just 10 percent of Hispanics. Women who identified a family member as the final decision-maker were also less likely to receive BCS than mastectomy.

"The study's findings that families may actually make the final breast cancer treatment decision, particularly in older Latinas regardless of acculturation, is an important new contribution to the literature on cancer decision-making," the authors conclude. Because Hispanics are the fastest growing and second largest ethnic group in the United States, they write, "the study results are of relevance to a growing number of cancer care providers." They further suggest that, in this population, "physicians should acknowledge patients' family members as potential key participants in medical decision-making, rather than merely as translators and providers of social support."

## Invasive skin cancer a growing problem in Hispanics

For the first time, scientists have identified a significant increase in the incidence rate of melanoma—an invasive form of an already deadly skin cancer—among California Hispanics. A new study published in the March 1, 2006 issue of *CANCER*, a peer-reviewed journal of the American Cancer Society, finds in contrast to non-Hispanic Caucasians, increases in melanoma in Hispanics have been confined to thicker lesions, which have a poorer prognosis.

While melanoma accounts for a minority of skin cancers, it is responsible for the great majority of skin cancer deaths. As a general rule, the deeper the cancer has penetrated into the layers of the skin, the higher the risk

of death. The major risk factors for melanoma are fair skin and a history of significant sun exposure. California and Central America are regions of intense sun exposure. While fair skinned, non-Hispanic whites have long been considered the racial group at highest risk, little is known about the incidence of melanoma among Hispanics, the fastest-growing racial/ethnic group in the State, which has among the highest rates of melanoma in the world.

In the first study to examine the incidence of melanoma rates among California Hispanics over time, Myles G. Cockburn, Ph.D. of the Keck School of Medicine of the University of Southern California and col-

leagues compared melanoma trends and melanoma-related mortality data between Hispanics and non-Hispanic whites in California.

The authors report that between 1988 and 2001 the rate of invasive melanoma has increased significantly among Hispanic men compared to Hispanic women and non-Hispanic whites. The incidence rate among Hispanic males increased an average 1.8 percent per year with a staggering 7.3 percent per year increase between 1996 and 2001.

Over 55 percent of the invasive tumors in Hispanic males were greater than 0.75mm thick compared to 47 percent in non-Hispanic white males. Furthermore,

a larger proportion of invasive tumors were greater than 1.5mm thick among Hispanic males (35 percent) compared to non-Hispanic white males (24 percent). Overall, the increase in thick (>1.5mm) tumors was far greater than the increase in thin (<0.75mm) or moderate (0.75mm to 1.49mm) tumors in both Hispanic males and females, increasing annually 15 percent and 9 percent, respectively.

These trends towards increasing rates of invasive and thicker melanomas in Hispanics are a cause for considerable concern for public health officials, "because primary and secondary melanoma prevention efforts are focused on white (i.e., non-Hispanic) populations."

# El Mundo de las Coles

Durante los meses fríos de invierno los repollos o coles, coliflores, repollitos de Bruselas y brócolis están en lo mejor de su cosecha. Los encontrará en el mercado a buen precio y notará una gran diferencia cuando los cocine; estarán más jugosos y frescos.

Estas ricas y nutritivas verduras pueden utilizarse en muchas recetas, que van desde ensaladas y sopas hasta platillos acompañantes.

Aunque pertenecen a la misma familia, las coles, la coliflor, los repollitos de Bruselas y el brócoli se deben tratar de diferente manera a la hora de cocinarse.

A los repollitos de Bruselas, por ejemplo, se les debe hacer un corte en forma de cruz en la base antes de cocerse en agua. Esto sirve para que se cocinen de manera uniforme. No se debe hacer el corte muy profundo, porque esto haría que se rompieran a la hora de cocción. Tampoco es recomendable hacerlo en repollitos muy pequeños.

El brócoli y la coliflor, por su parte, también necesitan un trato especial. Son verduras cuyas flores y tallos requieren tiempos de cocción diferentes, por lo que es recomendable dividirlos.

Las florecitas del brócoli o la coliflor se pueden partir en trozos pequeños; y los tallos se pelan con un pelador de papas y luego se parten a la juliana.

El repollo, también conocido en muchos países como col, se consigue en el mercado en tres diferentes colores: blanco, verde y morado, también llamado lombardo. Esta verdura se puede consumir cruda o cocida, pero lo más importante es retirar su corazón, que es muy duro y un poco amargo.

Para quitar el corazón de la col, retire las hojas exteriores y estropeadas; luego corte con un cuchillo bien afilado en cuartos. Corte la base de cada cuarto en

ángulo para quitar el corazón duro; así la col estará lista para cortar en tiras.

Con la mezcla colorida de la col morada, la blanca y la verde se prepara una excelente y bonita ensalada de invierno.

Hortaliza superestrella Las coles constituyen una buena fuente de vitaminas C y de minerales, pero el brócoli en particular contiene muchos nutrientes vitales.

Por ejemplo, contiene más de la mitad de la cantidad de vitamina C que hay que consumir al día.

El brócoli tiene mucho caroteno, sustancia que si se consume en grandes cantidades, puede proteger contra el cáncer y enfermedades coronarias. También contiene mucho ácido fólico, hierro, potasio y cromo.

¡Buen provecho!  
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Ingredientes  
1 repollo o col pequeña finamente picada  
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1 cebolla mediana picada  
1 pizca de orégano  
1/2 taza de vinagre blanco  
1/3 de taza de aceite de oliva  
2 dientes de ajo picados  
1 rollo de cilantro finamente picado

Jugo de limón al gusto  
Sal y pimienta al gusto  
Preparación  
En un recipiente coloque el aceite, la sal, la pimienta, el orégano, el jugo de limón, el ajo, el cilantro y el vinagre. Mezcle bien y deje reposar por un mínimo de una hora.

Agregue la col y las zanahorias; mezcle bien. Deje reposar la ensalada por 30 minutos o hasta que la col empiece a marchitarse un poco.

Esta ensalada se puede servir individual o para acompañar a las famosas pupusas salvadoreñas.  
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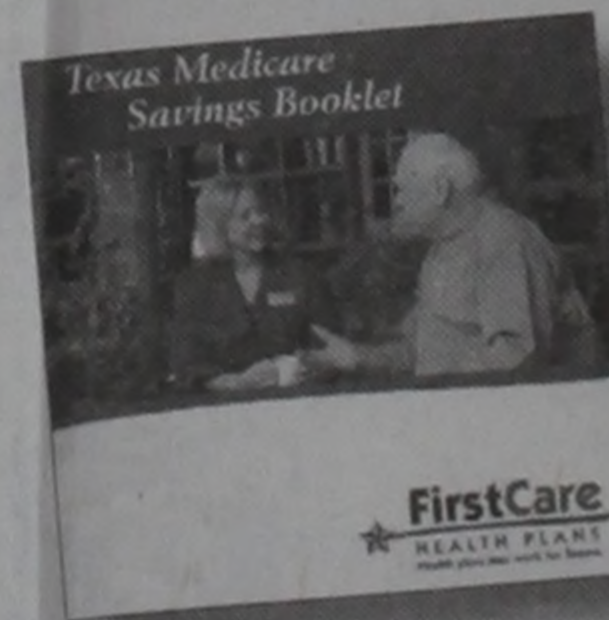
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# Obesity Link with Breast Cancer Among Hispanics



Hispanic women have been known to run a lower risk of developing breast cancer than most other women, but their breast cancer rates are climbing-and increasing obesity is one factor that might be to blame. The weight that Hispanic women gain during adulthood and their body fat may put them at greater risk for breast cancer both before and after menopause, according to researchers from the Keck School of Medicine of USC, the University of New Mexico and Johns Hopkins University. The team's study appears in the August issue of *Annals of Epidemiology*.

Although many researchers have looked at the effect of weight on breast cancer risk, this study is among the few to examine that relationship among Hispanic women. "Examining the relationships of adult weight, adult weight gain, and obesity with breast cancer occurrence is of interest due to the high and rising prevalence of obesity in the U.S. Hispanic population," said Madé Wenten, doctoral student at the Keck School and the study's lead author.

Hispanic women have rapidly been joining the ranks of the overweight; at the same time, breast cancer cases among such women are on the upswing.

"We know that breast cancer incidence and mortality have been rising in Hispanic women, but no one knows why," said Frank D. Gilliland, M.D., Keck School associate professor of preventive medicine and study principal investigator. "The

thought was that perhaps these women were starting to have fewer children, and having them later in life, which may increase risk.

"But we looked at all the major reproductive factors, and they explained only 5 percent of the increase in risk. Something else must be going on."

Researchers studied more than 1,500 Hispanic and non-Hispanic white women with breast cancer in New Mexico in the

early 1990s, asking about characteristics such as their current weight, their weight at age 18, menopausal status and use of hormone replacement therapy.

They found the following:

\* Obese Hispanic women showed a nearly two-fold risk of breast cancer, and the risk was elevated regardless of whether they had gone through menopause. Obese non-Hispanic white women only showed increased risk after menopause.

\* Breast cancer risk more than

doubled for Hispanic women who showed a substantial gain (more than 30 pounds) between their weight at age 18 and current weight. Among non-Hispanic white women who gained substantial weight compared to weight at age 18, risk only increased for those who had gone through menopause.

\* Breast cancers associated with weight gain among Hispanic women and postmenopausal non-Hispanic white women primarily were estrogen- and progesterone-receptor positive (ER /PR ).

\* Breast cancer risk increased among women who never used estrogen (in hormone replacement therapy) and who gained

the most weight.

People are considered obese if they have a body mass index, or BMI, of 30 or more. A 5-foot-5-inch woman who weighs about 180 pounds has a BMI of 30.

Although researchers do not know exactly how weight gain affects cancer risk, the association of ER /PR tumors with women who gained weight provides further evidence that hormones are a key, Gilliland notes.

"Aside from estrogen, other hormones like insulin and IGF-1 [an insulin growth factor] may play a role in breast cancer," Gilliland said. Because Hispanics appear to be susceptible to obesity and have a high prevalence of insulin resistance-leading to elevated risk for type-2 diabetes-the effect of weight gain on breast cancer risk may be particularly important in this ethnic group.

Obesity in U.S. Hispanic women increased 80 percent from 1991 to 1998, and appears to keep rising. About a quarter of Hispanic women are obese.

"Reducing weight gain during adulthood may be a good target for public health interventions to try to prevent breast cancer," Wenten said. "Interventions tailored to Hispanic women are needed to halt obesity, which may not only help reduce breast cancer, but other related diseases as well."

## Conferencia y Almuerzo de Mujeres Hispanas Fijado para el 5 de Marzo

La Afiliada de las Fundación Susan G. Komen de Lubbock y la Cámara de Comercio Hispana patrocinarán un Conferencia con el tópico principal de cáncer en el seno entre mujeres hispanas. La Conferencia se llevará a cabo el día 4 de Marzo. Gracias a una concesión de la Fundación Komen, este evento importante se llevará a cabo en la Iglesia Católica Nuestra Señora de Guadalupe ubicada en el 1120 Calle 52 empesando a las 9 a.m. y continuando hasta la 1 de la tarde.

El cáncer en el seno es una de las causas de muerte más grande entre mujeres hispanas. En una encuesta conducida por el Behavioral Risk Factor Surveillance System, 50 por ciento de las mujeres hispanas entrevistadas dijeron que ellos no habían tenido un examen mamimograma. Es el meta de esta conferencia levantar el conocimiento de el cáncer del seno entre la comunidad Hispana.

Oradores incluyen el Dr. Catherine Ronaghan, las especialistas de como examinarse por si mismo Adela Ramos y Rebecca Gonzalez Wallace. La Sra. Wallace es un pacinete del cancer quien trabaja para terminar el cancer y promover prevención.

Los oradores principales seran las dos hermanas Carrie Dominguez y Dorthy Balderas quien han sobrevivido el cancer del seno. Ellas fueron diagnosticadas con el cancer dentro de cuatro meses y se han apoyado duranate el tratamiento. "Nosotros nacimos 17 meses en aparte y siempre competiamos entre nosotros. Alavez, cuando fui donosticada con el cancer del seno, las dos tuvimos que cojer el cancer," platica Dominguez. Estas dos valientes mujeres son dedicadas y compartir su historia para que nosotros sepamos las consecuencias del cancer y dar esperanza a ellos que batalan con la enfermedad.

La conferencia terminara con una comida preparada por los parioquianos de la Iglesia Guadalupe. Se ofresara cuidado de niños per el espacio esta limitado. Tambien se le dara de comer a los niños.

Despues de la conferencia, el Hospital Covenant estara proviendo exámenes para mujeres de 40 años de edad y mas con asistencia financiera y los siguientes dias

7 de Marzo - Market Street, 50th y Calle Indiana

March 16- Community Health Center of Lubbock- Avenida M & Calle Main (lote de estacionamiento)

Para fijar una sitaa para un examen mammografía, llame al 725-6579 or 1-800-388-6266.

Para mas información se pueden mandar cartas electronicas a [komenlubbock@sbcglobal.net](mailto:komenlubbock@sbcglobal.net) o llamar a Tamara Cannon, Directora ejecutiva, al 806-698-1900.

## LUBBOCK AREA SOFTBALL TOURNAMENTS VISIT ON THE WEB TEXASSUPERCUP.COM

### Learn Educational Opportunity Center Have a GED, High School Diploma, or are you a college dropout?

Want to attend college or enroll in a vocational program, but lack finances? LEARN Educational Opportunity Center can help you apply for federal and state aid programs that will get you on your way. Call 763-4256 or come by 2161 50th Street to schedule an appointment with one of our Advisors. LEARN EOC is a federally funded TRIO program, so all services are FREE!!!

#### Provider/Attendants - Part-time

Caring persons needed to provide housekeeping and personal care services in the homes of elderly and adults/children with disabilities in Lubbock, Post, Slaton, Floydada, Earth, Brownfield. For an application call Community Action Home Health Provider Services 763-4994 or 1-800-657-8944.

#### Head Start Substitute Teachers - Plainview, Lubbock, Crosbyton, Slaton, and Brownfield

Utilized on "as needed" basis to work with preschool children. Must be at least 18 years old. HS/GED required. Must have clean criminal history. Childcare experience preferred.

#### Literacy/Volunteer/Fatherhood Specialist - Lubbock/Levelland

Work with Head Start locations in 12 counties to coordinate activities related to the use of volunteers, literacy and training for children and families, and the Fatherhood Initiatives program.

#### Head Start Teachers - locations vary

Teach preschool age children. Must be able to pass criminal background check. Must have teaching credentials as found at [www.spcaa.org](http://www.spcaa.org). Full benefits, 1912 hours annually.

Applications at Field's Building, 1946 Ave. Q, Lubbock or online at [www.spcaa.org](http://www.spcaa.org). SPCAA is an Equal Opportunity Employer and reserves the right to not offer position.

## Cancer Facts and Figures of Latinos

\* Among Hispanic adults, cancer is the second leading cause of death. Source: "Cancer Facts and Figures for Hispanics/Latinos 2003-2005," American Cancer Society, pp.2.

\* Hispanic women have higher incidence rates of cervical (16.8 rate per 100,000), liver (5.6 rate per 100,000), and stomach (10.0 rate per 100,000) cancer compared to non-Hispanic White women (9.2 rate per 100,000, 2.8 rate per 100,000, and 5.1 rate per 100,000 respectively) (Rates are age-adjusted to the 2000 US standard population). Source: "Cancer Facts and Figures 2004," American Cancer Society, table 1, pp. 23.

\* Hispanic men have higher incidence rates of stomach and liver cancer than non-Hispanic White men (18.1 rate per 100,000, and 13.8 rate per 100,000 compared to 11.2 rate per 100,000, and 7.3 rate per 100,000 respectively). (Rates are age-adjusted to the 2000 US standard population). Source: "Cancer Facts and Figures 2004," American Cancer Society, table 1, pp.23.

\* Hispanics (23%) are also more likely not to have had Pap smears than their non-Hispanic White counterparts (17%). Source: "National Healthcare Disparities Report." U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, pp. 42, July 2003.

\* Breast cancer (89 rate per 100,000), colon cancer (32.9 rate per 100,000), and lung cancer (24.4 rate per 100,000) are the most commonly diagnosed cancer among Hispanic women. Prostate cancer (137.2 rate per 100,000), colon cancer (49.8 rate per 100,000), and lung cancer (46.1 rate per 100,000) are the most commonly diagnosed cancer among Hispanic men. Source: "Cancer Facts and Figures 2004," American Cancer Society, table 1, pp.23.

\* According to 2001 data, the rate of incidence for stomach cancer is more than twice in Hispanic women (9.3 per 100,000 population) than non-Hispanic White women (3.5 per 100,000 population). Source: "Health, United States 2004 With Chartbook on Trends in the Health of Americans." National Center for Health Statistics. Hyattsville, Maryland: 2004. page 210.

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### THE LUBBOCK AREA KOMEN AFFILIATE INVITES YOU TO THE HISPANIC WOMEN'S BREAST CANCER CONFERENCE!

*Thanks to the Hispanic Chamber of Commerce and the Komen Lubbock Grant Program Learn more about protecting yourself against breast cancer, or surviving it successfully...*

**Saturday, March 4, 2006, 10:30am-1pm Our Lady of Guadalupe Catholic Church, 1120 52nd Street. A suggested donation of \$5 includes Sessions, Lunch, Educational Materials and Gifts for Attendees. Childcare available (limited) for children 6 months- 6 years of age for those who RSVP.**



**Featuring Carrie Dominguez & Dorothy Balderas, Sisters & Breast Cancer Survivors.**

Carrie and Dorothy have always been together. Only 17 months apart, they have experienced everything hand-in-hand. Unfortunately, and luckily, they also shared breast cancer. They were each others' support through their struggle.

Today, they are here for the rest of us by sharing their story, raising awareness and giving us hope.

Also featuring Dr. Catherine Ronaghan, M.D. and Rebecca Gonzales Wallace For reservations or information, call the Lubbock Area Affiliate at 806-698-1900 or email [komenlubbock@sbcglobal.net](mailto:komenlubbock@sbcglobal.net)



## Looking for Shining Stars!

The Wells Fargo Phone Bank is looking for **Bilingual** candidates to take incoming customer calls. Candidates must have at least 1 year of customer service or sales experience and be able to pass a Spanish proficiency test. Starting pay begins at **\$10.92-\$11.87** an hour based on experience and a quarterly incentive program. Wells Fargo has a full benefits package including: Medical, Dental, Vision, 401K, Tuition Reimbursement, Life Insurance, Etc.

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# Cost of Stroke for Hispanic-American Will Soar

Costs associated with ischemic stroke in Hispanic Americans are expected to top \$334 billion between now and 2050, researchers warn.

Those costs include hospitalization, ongoing care and lost wages. In 2005, it's estimated that it will cost \$3.1 billion to treat ischemic stroke in Hispanics. Ischemic stroke is caused by a blockage in an artery that supplies blood to the brain.

The findings were presented Friday at the American Stroke Association's International Stroke Conference in Kissim-

mee, Fla. For their cost projection, researchers used Medicare and U.S. census data, along with information about stroke occurrence and the use of health-care resources after stroke.

Hispanics recently became the largest minority group in the United States and will make up an estimated 25 percent of the population by 2050.

Hispanics are twice as likely to develop ischemic stroke as non-Hispanic whites, the study noted.

"Three risk factors for stroke -- inactivity, obesity and diabetes --

tend to be more common in the Hispanic population," study lead author Dr. Devin L. Brown, assistant professor of neurology at the University of Michigan, said in a prepared statement.

Of the \$334 billion in stroke-related costs between now and 2050, about 30 percent will be for treatment of new strokes, including ambulance services, initial hospitalization, rehabilitation, medical equipment and visits to neurology clinics.

Seventy percent of the costs will be for continuing care for people who had strokes in a pre-

vious year, including medication, doctor visits, nursing-home costs, and the value of informal caregiving, the study said.

"Armed with this information, public health officials and researchers need to give high priority to preventing and treating strokes in this large group," Brown said.

"Future research needs to address how best to target the Hispanic community in terms of stroke prevention, recognition of stroke symptoms and access to prompt treatment," Brown said.

# Covenant's Cancer Program Receives Outstanding Achievement Award

The Commission on Cancer of the American College of Surgeons has granted its Outstanding Achievement Award to Covenant Health System's cancer program. Covenant is one of only 40 facilities across the nation to receive this prestigious acknowledgment, which accounts for approximately 9 percent of the cancer programs surveyed.

The Outstanding Achievement Award is designed to recognize cancer programs that have been approved by the Commission on Cancer and that strive for excellence in providing quality care to cancer patients.

"Approval by the Commission on Cancer is granted only to facilities who volunteer to participate in a thorough review of their performance," Steve Hunter, president and C.E.O. of Covenant HealthSystem, said. "The hospital's cancer program is dedicated to offering the best in cancer care."

In order for a facility to receive the Outstanding Achievement Award it must demonstrate a commendation level of compliance with seven standards. These standards such as committee leadership, data management, clinical services and community outreach are evaluated

to represent the full scope of the cancer program.

Donald Quick, M.D., medical oncologist at Joe Arrington Cancer Center, said receiving care from a cancer program that is approved by the Commission on Cancer is extremely beneficial.

"These programs ensure a patient's access to state-of-the-art services and equipment, information on new treatment options, and even lifelong patient follow-up," Dr. Quick said.

Roxie Taylor-Welt, vice president of oncology and ancillary services, said each Commission on Cancer program reports data to the National Cancer Data

Base and the American Cancer Society.

"By having every Commission on Cancer program report their cancer research to the national base, it enables researchers there to monitor the quality of patient care being delivered. We are proud to be recognized by the Commission for our efforts in improving cancer care outcomes at national and local levels," Taylor-Welt said.

For more information about the commission on Cancer, visit [www.facs.org/cancer/index.html](http://www.facs.org/cancer/index.html). For more information on Covenant's cancer program, visit [www.joearrington.com](http://www.joearrington.com).

# Electrocardiograms Help Predict Heart Failure

Electrocardiograms help predict the risk of congestive heart failure in people with high blood pressure, a new study says.

The study of 8,696 people with high blood pressure, also called hypertension, and no history of congestive heart failure (CHF) found that 923 of the patients had a unique and well-known electrocardiogram wave pattern called strain. These people had a more than three-fold increased risk of congestive heart failure, with a five-year rate of 8.8 percent, compared to 2.7 percent among people who didn't have ECG strain, the researchers said.

The people with ECG strain also had a nearly five-fold increased risk of congestive heart failure-related death. Their five-year CHF death rate was 1.2 percent, compared with 0.3 percent among people without ECG strain.

The study, by researchers at New York-Presbyterian Hospital/Weill Cornell Medical Center in New York City, was published in the Jan. 4 issue of the journal *Circulation*.

"These findings suggest that

more aggressive therapy may be warranted in hypertensive patients with ECG strain to reduce the risk of CHF and CHF mortality," study lead investigator Dr. Peter Okin, professor of medicine and director of clinical affairs in the Greenberg Division of Cardiology at Weill Medical

College, said in a prepared statement.

Patients in the study who developed congestive heart failure were older; more likely to be black; more likely to have diabetes and a prior history of ischemic heart disease, heart at-

tack, stroke, and peripheral vascular disease; were more overweight; and more likely to be current smokers, the researchers said.

Even after compensating for these factors, the researchers found that ECG strain was still associated with increased risk of congestive heart failure, a condition in which the heart isn't able to pump enough blood to supply the body's organs. About five million Americans have congestive heart failure, the researchers said.

# Un embarazo feliz

Nueve meses de vida saludable

El embarazo no es una enfermedad, pero es una etapa para dedicar cuidados especiales a la salud.

Ello beneficia al futuro bebé y a su mamá.

Para Isabel Crespo estar embarazada fue la oportunidad ideal para cuidarse más y evitar tensiones.

"Tenía mucha presión en mi trabajo, nunca hacía ejercicio y no me preocupaba por comer de una forma saludable, pero todo cambió cuando me quedé embarazada porque entonces tuve una razón importante para cambiar mi estilo de vida". Crespo, de 36 años, ha dejado temporalmente su empleo para sentirse más relajada durante su embarazo.

Según estudios recientes del Departamento de Servicios de Salud un nivel elevado de estrés puede aumentar el riesgo de parto prematuro, hacer que el bebé nazca con un peso demasiado bajo y tener más posibilidades de abortar espontáneamente.

"Cada mujer embarazada debe identificar las causas de su tensión, tanto en su trabajo como en su vida personal, y desarrollar una manera eficaz de evitarlas", explica Miriam Mackovic, ginecóloga y obstetra de varios hospitales.

Las mujeres que planean su embarazo deben consultar con su ginecólogo para que las examine antes de que se produzca y para identificar posibles problemas de salud.

Cuando el embarazo es involuntario la doctora recomienda que visiten a su obstetra lo antes posible. "Es importante que la mujer sepa qué cambios debe hacer en su estilo de vida, tal como dejar de fumar o no consumir bebidas alcohólicas", indica Mackovic.

Es importante informar que cada embarazo es diferente y cada mujer es distinta, dice Mackovic. "Los síntomas pueden variar en cada persona, y la misma mujer tener dos embarazos completamente distintos".

# Cuide Su Salud!

también pueden pasarlas a los bebés a través de la leche materna, según Donovan.

El CFH aconseja a las mujeres embarazadas y a las que amamantan a sus bebés:

Antes de tomar cualquier medicina o suplemento dietético deben hablar con un profesional del cuidado de la salud.

Leer las etiquetas de las medicinas y poner atención a las instrucciones y advertencias de su uso.

Visitar a su doctor mensualmente y hacerse todos los exámenes prenatales.

Las medicinas pueden tener distintos efectos secundarios en distintos momentos del embarazo.

Una dosis segura de medicinas o suplementos dietéticos para una mujer adulta puede no ser adecuada para su bebé no nacido o lactante.

Los médicos pueden recomendar ciertos suplementos -- como vitaminas prenatales o hierro-- antes, durante o después del embarazo.

Los estudios han demostrado que añadir ácido fólico a la dieta de las mujeres en edad fértil, incluso antes de comenzar el embarazo, puede reducir en gran medida la posibilidad de defectos congénitos.

# ¡Cuidado con las medicinas que toma!

Advierten a mujeres embarazadas y que dan de lactar

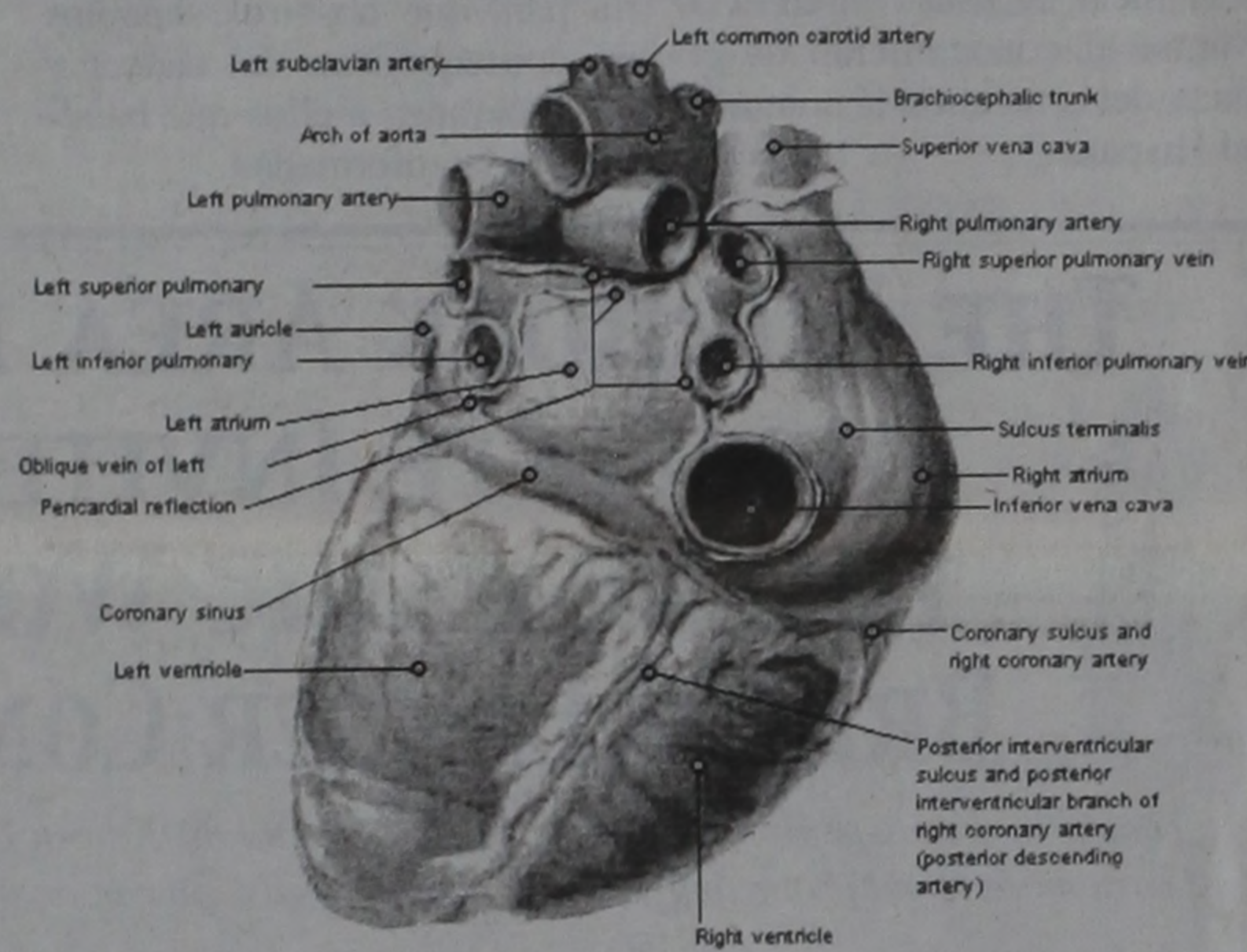
El Consejo de Salud Familiar (CFH) y la Oficina de Alimentos y Medicinas (FDA) de Estados Unidos lanzaron una campaña nacional para prevenir a las mujeres embarazadas sobre el uso indebido de medicamentos y suplementos dietéticos antes, durante y después del embarazo.

Robert G. Donovan, presidente del CFH, dijo que es muy importante que las mujeres que están embarazadas, que planean quedar embarazadas o que están dando de lactar, hablen con un profesional del cuidado de la salud antes de tomar cualquier medicina o suplemento dietético.

"Es importante que estas mujeres sepan que lo que es seguro para ellas, quizá no lo es para sus bebés", dijo Donovan.

Las mujeres embarazadas pueden pasar los suplementos dietéticos y las medicinas con receta y sin receta que ingieren a sus bebés aún no nacidos, y

Heart - Diaphragmatic Surface  
Posteroinferior View



[www.CovenantHealth.org](http://www.CovenantHealth.org)

Si tú o algún ser querido está esperando un bebé, estamos aquí para ayudarte con los preparativos. Por eso estamos ofreciendo absolutamente gratis nuestro Kit Inicial de Planeamiento Básico para Mamás Encinta. Covenant Women's Hospital en Lakeside es el lugar más hermoso para darle la bienvenida a tu angelito, y además es el hospital más moderno y avanzado de la región. No sólo ofrecemos habitaciones privadas de parto, también somos la única instalación en el área que cuenta con una Unidad de Cuidado Intensivo Neonatal con certificación de nivel III, y un sistema de supervisión electrónico que vigila continuamente la salud de la mamá y del bebé. Además, en Covenant Women's Hospital gozarás de atenciones especiales dignas de un hotel de lujo; tales como una comida gourmet para dos, acceso inalámbrico a Internet, obsequios para el cuidado de tu bebé y mucho más. ¿Que esperas? Llámanos al 1.866.426.8362 hoy mismo, y déjanos ayudarte a planear una de las experiencias más bellas de tu vida.

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Al emplear los dispositivos de detección innatos, usted puede prevenir los desastres asociados con fugas en ductos de gas natural.



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