Tres Historias de la Vida
Three Life Stories

SeaMar REACH participants are excited to announce the first performance of *Tres Historias de la Vida*, an interactive play about living with diabetes. The idea for creating this play came from a REACH support group. Support group members have remained actively involved in helping to create the script and perform in the play itself.

*Tres Historias de la Vida* will debut on May 6th at 3 pm at the South Park Community Center. A second performance will be held at the St. Louise Parish in Bellevue on June 17th.

All performances are in Spanish, and anyone is welcome to attend. No RSVP is necessary. Contact Valerie Baldissertotto (206-764-4705) for more information.

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**Upcoming Events and Announcements**

4/29/06  2nd Annual Diabetes EXPO in Seattle at Quest Center
9 a.m.—4 p.m. American Diabetes Association

5/6/06  *Tres Historias de la Vida—Play in Spanish*
South Park Community Center 3 p.m.

5/11/06  *REACH Operations & Sustainability Meetings*
2 p.m.—5 p.m. Location TBA

5/13/06  *Columbia City Walks (From 10:30 a.m. — 1 p.m.)*
A Health & Fitness Celebration for the Whole Family
Diana Vinh (206) 205-1589 diana.vinh@metrokc.gov

5/25/06  *REACH Coalition Meeting*
3 p.m.—5 p.m. Location TBA

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**FOR NEWSLETTER HARDCOPY, PLEASE CONTACT:**

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www.metrokc.gov/health/REACH

If you have suggestions or want to submit articles for the newsletter, please contact Javier Amaya at javier.amaya@metrokc.gov or (206) 205-3921 by the 10th of April, June, August, October and December.

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**Lest We Forget**

Lois Watkins, REACH Program Manager

Our day-to-day busy-ness of getting classes scheduled, recruiting patients, reporting, and head counting, tends to distract us from what is really important.

We tend to focus more on what has become routine. I experience this personally, when, approximately every six months, I am called to shut down everything to prepare the Semi-Annual Progress Report. This report reflects on our activities and accomplishments, and it becomes the end all and be all of REACH in my mind. Looming in the back of our minds, and fast approaching the forefront, is the question of how will we sustain what we are doing, and how will we replace the CDC funding we currently have.

We are also beginning to look at how we will summarize the existence of REACH over the past five years. What lessons did we learn? What parts of our program have been so successful that we not only need to take them with us, but need to identify that which should be duplicated for use on a much broader scale than we have experienced. With all this in mind, I invite us to move to a higher perspective of what we are really doing, what is really occurring. Our recent results of our pre and post surveys indicate that the people we have served eat healthier and have expressed a greater sense of self-efficacy in their ability to manage their diabetes.

While there are other habits and behaviors that we would like to have had included, these two are at the crux of effecting change—a long-lasting behavioral change.

(Continued on page 3)
**Cheza’s Chat Corner**

**Immigration & Health Disparities**

For the last several weeks, we have witnessed the largest Latino and other immigrant demonstrations ever to take place around the nation demanding a comprehensive and more equitable immigration reform. On April 10th there were immigration rallies across the United States. In Seattle, the expectation for a few thousand marchers fell short, when media estimates placed the number at over 25,000. Participants included both the undocumented and documented immigrants as well as US citizens.

Immigration is a very complex issue that results when families leave their native places looking for economic opportunities, personal safety and a hope for a better life.

Third to Native Americans and African-Americans, Latinos constitute a community that has been hit very hard with diabetes and other preventable chronic diseases. About 8.2% of all Latinos in the US over the age of 20 have diabetes which is about 2 million people. Not having a working permit usually means not having health insurance or easy access to adequate health care services.

Regardless of how effectively the US Congress offers a solution to millions of undocumented immigrants, from the public health perspective, we need to look at creative ways to disseminate our messages to these communities.

Documented or not, these families are already part of our neighborhoods and cities and we need to help them learn how to prevent and manage many serious conditions. Treating them with dignity and respect regardless of their status are the only means to implement effective intervention programs. Only this way, we move toward closing those gaps and eliminating health disparities.

Looking at the Seattle demonstration recently, we can conclude that we have a big task ahead of us in social and health services including REACH interventions.

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**Public Health Week**

**Tips for personal action for Public Health**

You can celebrate Public Health all month in April by doing new things to be healthy or reward and re-commit yourself to actions you’ve already taken. The following are tips to help you be active, eat smart and make your neighborhood a healthier place.

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**Eat Smart**

Nutrition information can be confusing, but there are good resources available. To answer your questions with trusted information, here are some nutrition websites:

- **My Pyramid:** [www.mypyramid.gov](http://www.mypyramid.gov)
- **Healthy Eating for Lifetime:** [www.metrokc.gov/health/nutrition/index.htm](http://www.metrokc.gov/health/nutrition/index.htm)
- **MayoClinic Food & Nutrition Center:** [www.mayoclinic.com/health/food-and-nutrition/NU99999](http://www.mayoclinic.com/health/food-and-nutrition/NU99999)

**Make Your Neighborhood a Healthier Place**

What does your neighborhood have to do with your health? Quite a bit, and you can do something about it! Assess your home and neighborhood for good health, and take actions to improve it. Go to: [http://www.metrokc.gov/health/phweek/index.htm](http://www.metrokc.gov/health/phweek/index.htm)

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**Healthy Asian Recipes**

**A New Cookbook from ICHS**

International Community Health Services (ICHS) is publishing its own cookbook! This cookbook contains Asian recipes for starters, sides, entrees, and desserts that are all diabetes friendly. Along with recipes, the cookbook contains comprehensive information about living with diabetes including blood sugar monitoring, illness and stress, physical activity, a nutrition label guide, a conversation chart, and tips on how to eat for health.

The cookbook, called Healthy Asian Recipes, will be available in Cambodian (Khmer), Chinese, Korean, Tagalog, Vietnamese, and English.

Public Health—Seattle & King County provided funding through a Center for Disease Control (CDC) grant. The comprehensive-ness of the project has demanded the involvement of too many staff, both present and past, to list individually here. ICHS staff in the following areas has devoted many hours to make the cookbook available to REACH Diabetes participants: ICHS REACH Diabet- es, ICHS Health Education Services and Community Advocates, ICHS REACH Diabe tes Peer Educators and the many staff throughout ICHS who gave time to reviewing translations and successive versions. Addition-ally, and perhaps most importan-tly, countless hours were donated by community members who reviewed translations, providing feedback and suggestions for improvement.

Copies of the cookbook should be available in all languages in May. Priority will be given to all REACH Diabetes participants from 2004 to present day. As supplies last, copies may be available by request. For more information, contact Cam Nguyen, ICHS REACH Program Coordinator, 206-788-3673 or email: camn@ichs.com.

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**Lest We Forget (Continued from page 1)**

One of the aspects of a behavioral change is that it does not stop with its first manifestation. Subsequently, one realizes that if people can bring about change in one area of their lives, they feel empowered to take on other areas as well. Once started, you can create change anywhere.

Behavioral changes are highly contagious and do not stop with the individual. Others see it and become interested in acquiring the skill that brought about the demonstrated change. This potentially causes a cultural shift, which builds momentum to create change, not only within communities, but also on a universal scale. This begins a human ripple effect that not only affects families, friends and subsequently the world—thereby, creating a new “normal” in our global community.

Over the past five years, we have put into motion something so powerful that it is out of our control. We have tapped into individuals’ intrinsic energy, which has created synergy. This synergy has in turn created a momentum that will exist long after REACH, long after we are gone. We have created an environment of hope, a new “normal”—Lest we forget!