A Message from the Men’s Health League

Winter is a busy time for the Men’s Health League. There are many opportunities this season to focus on important health issues, including American Heart Month this February and National Nutrition Month in March. As always, we appreciate your support of and interest in men’s health.

—Albert, Henry, and Richard

Community Outreach

Cambridge Projects Awarded “Mini-grants”

Men of color experience a disproportionate rate of disease, disability, and premature death compared to white men. To address these disparities, the Men’s Health League – a collaboration of the Margaret Fuller Neighborhood House, Cambridge Health Alliance, and the Cambridge Family YMCA – has awarded $500 mini-grants to six innovative Cambridge projects seeking to improve the health of men. Over the spring and summer of 2010:

- The Cambridge Citywide Senior Center will host a kickoff event for its Wellness Forum for Men, bringing together doctors, social workers, and even comedians to help make the health care system more welcoming for men.
- The Cambridge Peace Commission will pilot the Peace at Home project, offering trainings to men of color on how to lead discussions about domestic violence, its effect on families, and its effects in communities.
- The Department of Public Works will sponsor a “Biggest Loser” competition for its workers, with teams receiving regular tips and educational materials to help them lose weight responsibly.
- The Green Streets Initiative will recruit men of color who are fathers and grandfathers of Cambridge Public School students to visit classrooms, as role models to promote walking and bicycle riding.
- The Massasoit Lodge will host a series of breakfasts for men of color, with guest chefs who will share tips on healthy shopping, cooking, and eating.

Men’s Health League Updates

Upcoming MHL Activities

Fit for Life is now recruiting 15 participants for the spring session that begins on February 17 at the Cambridge YMCA. This 12-week program is for men at risk for heart disease, stroke, and/or type 2 diabetes. Contact Albert Pless (apless@challiance.org) for an application.

Fitness Brothers is recruiting for the spring session that begins on February 28. Come to an orientation meeting on 2/24 or 2/27 at Bally Total Fitness in Porter Square. Fitness Brothers is a community-based fitness program for men, designed to promote healthy living through a flexible team approach. Teams of two to four men are needed. For more information, contact Henry Lewis (hlewis@challiance.org).
• The Rush Memorial AME Zion Church will hold an all-day event to promote heart health awareness, with a workshop followed by a Heart Heroes Power Walk through Cambridge.

Health and Wellness

Expert Opinion

Dr. Jeremy Keller, a Cambridge Health Alliance physician, talks about what happens during your first visit to the doctor.

Many new patients are surprised to find out that a lot of talking happens in your first visit to the doctor. The physician asks about your family, social, and medical history. This information helps the physician develop a good, comfortable relationship with you, and informs the physician of your well-being. All of these conversations are kept confidential.

The rest of the visit helps the doctor know more about your body through a physical exam. The exam typically involves a blood pressure screening, a blood test, and a body exam. Periodically, a colorectal exam is needed, depending on your age. The physical exam usually is not painful, but may feel uncomfortable. If you establish a relationship with your physician by getting an annual check-up, your comfort level will be more at ease when the exam does occur.

Dr. Keller will be answering a series of questions about men’s health that will be published in upcoming newsletters.

Guys Can Cook! Recipes from Cambridge Men

On November 10, more than 60 men attended a cooking demonstration at the Elks Lodge of Cambridge. Chef Tony Brooks of the Coast Café restaurant demonstrated healthy soul food recipes. Photo: Toni Bee
Albert Pless’s Favorite Chicken Recipe

Adapted from the Healthy Switch to a Cultural Dish by the Cambridge Health Alliance

Ingredients
(makes 6 servings)

- 6 chicken legs or thighs
- 1 tablespoon cooking wine
- 1 tablespoon low-sodium soy sauce
- 1 large can of pineapple chunks, in juice
- 1½ teaspoon sugar
- 1½ teaspoon vinegar
- 1 tablespoon cornstarch

Directions
1. Mix cooking wine and low-sodium soy sauce in a large bowl.
2. Add chicken legs, and marinate for 1 hour, covered.
3. Cook chicken in a non-stick pan on low heat, until the chicken is soft.
4. Drain pineapple chunks and set juice aside.
5. Add pineapple chunks to the chicken pan.
6. Mix sugar, vinegar, cornstarch, and drained pineapple juice.
7. Add pineapple juice mixture to the chicken pan and bring to a boil.
8. Serve over brown rice or noodles, and enjoy!

Nutrition Information
238 calories; 210 mg sodium, 2 g fat

Albert Pless is the program manager of the Men’s Health League.

Share Your Story

Walking the Walk of Health Care Reform

For most of the past twenty years, I considered myself to be "mildly overweight." Sound familiar? Although I always knew deep down that I needed to shed some pounds, I kept reassuring myself that it wasn’t urgent. I had a primary care physician, of course, but like a lot of men I know, I never went to see him, which was fine with me, and apparently was also fine with him! When he moved away from the area, I changed physicians to someone who, as I quickly found, was much more proactive about my health.

Through my new doctor’s vigilance I soon learned that my “mildly overweight” condition had resulted in the onset of type 2 diabetes. He placed me on four different medicines to control my diabetes, blood pressure, and cholesterol. I accepted my medicine, so to speak, and also accepted my lifelong sentence of diabetes. However, I really did little more than that, even though he counseled me about the importance of diet and exercise.

National News

March
National Nutrition Month. For more information, visit the American Dietetic Association.

April
Minority Health Month, with the theme: “Man Up for Your Health! Healthy Men Move Our Communities Forward.” Find out more by visiting the Office of Minority Health at www.omhrc.gov.

April
National STD Awareness month. For more information, visit American Social Health Association.

April 5-9
National Public Health Week. For more information, visit the American Public Health Association.

May
Stoke Awareness Month. For more information, visit the American Heart Association.

Useful Related Links

- U.S. Office of Minority Health
- Centers for Disease Control and Prevention
- Men’s Health Network
- Massachusetts Department of Public Health
That all changed nine months ago when my lab results showed that my diabetes was getting worse. **Full story on page 6.**

*Dennis D. Keefe is Chief Executive Officer of the Cambridge Health Alliance and Commissioner of Public Health for the City of Cambridge.*

## Physical Fitness

**Your questions, answered.**

### How should I start an exercise program?

Your doctor agrees that you should start an exercise program. What’s next? Starting an exercise program can be a daunting task. Break it down into two steps.

First, set your goals.

Set a small, reachable goal and a larger, long term goal. A reachable goal is one that you can start right now. For example “I want to start walking one mile every morning.” A long term goal is one that you can see happening in a year. For example, “I want to decrease my blood pressure.” These goals will help you define your needs and may help you to stay motivated.

Next, speak with a certified personal trainer. Talking with a personal trainer can help tailor your exercise program to your needs and goals. The personal trainer can help you with nutrition, strength training, and a cardiovascular activity plan.

*Norman Rousseau is a member of the Men’s Health League, an ACE certified personal trainer, and the owner of Fitness Together. He will be answering a series of questions about men’s fitness that will be published in upcoming newsletters.*

## Men’s Health Quick Quiz

### Become Your Own Expert: Know your waistline


1. Men are more likely to gain weight around the waist than women.
   a. True
   b. False

2. Having a large amount of belly fat increases your risk of:
   a. Heart disease
   b. Sleep Apnea
   c. Some types of cancer
   d. All of the above

Answers:
problems, and men are more likely than women to gain weight around the waist. Your waist size can tell you if you have too much belly fat. For most men, the risk factors for heart disease and other diseases increase with a waist size greater than 40 inches (102 centimeters). Click here for more information.

2. (d) All of the above. In fact, a large amount of belly fat increases risk of heart disease, stroke, some types of cancer, type 2 diabetes, insulin resistance, high triglycerides, low levels of "good" cholesterol, metabolic syndrome, and sleep apnea. Click here for more information.

Saskia Guerrier is a former Men’s Health League intern who studies anthropology at Bryn Mawr College in Pennsylvania.
Walking the Walk of Health Care Reform

Dennis D. Keefe is Chief Executive Officer of the Cambridge Health Alliance and Commissioner of Public Health for the City of Cambridge.

For most of the past twenty years, I considered myself to be "mildly overweight." Sound familiar? Although I always knew deep down that I needed to shed some pounds, I kept reassuring myself that it wasn’t urgent. I had a primary care physician, of course, but like a lot of men I know, I never went to see him, which was fine with me, and apparently was also fine with him! When he moved away from the area, I changed physicians to someone who, as I quickly found, was much more proactive about my health. Through his vigilance I soon learned that my "mildly overweight" condition had resulted in the onset of type 2 diabetes. He placed me on four different medicines to control my diabetes, blood pressure, and cholesterol. I accepted my medicine, so to speak, and also accepted my lifelong sentence of diabetes. However, I really did little more than that, even though he counseled me about the importance of diet and exercise. That all changed nine months ago when my lab results showed that my diabetes was getting worse, and I was headed on a path that could lead to the need for insulin injections, and potentially even to early death.

There was no more denying that I needed to get very serious about my health or I might not be around to enjoy my four grandchildren, all of whom have been born over the past four years. So I did a lot of reading and learned a great deal about nutrition, diet, exercise, and their relationship to health. I learned that I could not only stop the effects of type 2 diabetes, I could virtually reverse them. And I learned that the best approach was a "healthy lifestyle" consisting of eating only "healthy foods," complemented with reasonable amounts of ongoing exercise. So for the past nine months, I've been doing just that — eating more fruits and vegetables (organic when possible), fewer processed foods, far less animal fat, more whole grain products, and more fish. I eat at home much more instead of at restaurants, and bring a healthy lunch to work each day. What's important though is that I'm not eating less, I'm eating better. I don't consider myself to actually be on a diet, although people always ask me what diet I am on!

Through these efforts, I ended up losing 30 pounds, and with that, started getting more energy — prompting me to increase my exercise routine of brisk walking. Although weight loss was a major goal of mine, my real goal was getting off the meds. In November, my physician was ecstatic when he told me that my blood work looked so good, I could actually come off all of the meds. Since then, even off the meds, my lab results have been within normal limits, although they will continue to be closely monitored.

Prevention of disease through good primary care and this kind of partnership between patients and their primary care providers is one of the key principles being discussed in the current health care reform debate. Historically, we have focused more on treating disease in this country only once people become sick. That's where much of the money has gone for our health care. What we need to do in the future is prevent disease from occurring, and work to reverse its effects as soon as it starts to appear. That's how the system must change and be redesigned. That's how we will ensure the future health of our nation for all of our children and grandchildren.