

Back to the Fast Lane!

ANOTHER YEAR HAS passed and with it a “life-changing” event for AHS-2—the refunding of the study by the National Institutes of Health for another 5 years. This was expected, but in fact we had a period of some uncertainty due to the difficult fiscal environment and the relatively high cost of a study of this sort. Now we have the interesting challenge of catching up with some of the activities that had been put on the slow-track for 2-3 years while we awaited new funds.

DIVERSE GROUP

Our research group now numbers about 20, including six vigorous young people, who are postdoctoral fellows. Fellows are in-training at an advanced level, but already have the capacity to produce excellent quality work, including complex statistical analyses and the production of manuscripts for publication. At present our fellows come from the U.S., Italy/Germany, Peru, Kazakhstan, St. Lucia, and Brazil. We are indeed blessed with a diverse, smart and happy group.

FACEBOOK PAGE

Please take the time to review the study web-site at adventisthealthstudy.org. You will find it most

informative, a tribute to the skills of our “publicist/communicator”, Barry Manembu (from Indonesia) and before him Jennifer Frehn. There you will find further details of recent study findings, and for the more technically minded, lists of all publications, questionnaires, and newsletters. Barry has just launched an AHS-2 Facebook page (facebook.com/AHS2.0) for those of you who enjoy social media. Please “like” us—give us a thumbs up. If you don’t have a Facebook account yet, this is a good time to have one since we will be sharing health tips and news about the latest research findings there.

PROSPECTIVE STUDY

AHS-2 is what is known as a longitudinal or prospective study, which means that we need to follow certain aspects of the health experience of all study members over several years. This is why you receive a brief questionnaire every other year (it only takes about 10 minutes) to complete. For those who do not at first return the questionnaire, we send up to four re-mails of these questionnaires over a period of about a year. We are very grateful for the 70% of you who return the questionnaire.

We are still trying to investigate and understand the circumstances of the other 30%. There are many reasons for not responding, but it does create an important and expensive problem for us to overcome. Often it is as simple as a very busy life, screening calls and never finding the time to call us back. We have been very relieved to find that when we finally make contact (sometimes after 10 attempts) study members are, almost without exception, pleasant, helpful, interested, and pleased to continue with the study.

Thank you so much for your continued involvement as a study member. I hope that you find this newsletter interesting. We are seeing results from this study at an accelerating pace, and this will include the main results about diet and cancer in about two years. You are making a most important contribution to the health of communities, our country, and indeed all peoples.



Gratefully,

Gary Fraser, MD, PhD
Director of AHS-2

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adventisthealthstudy.org



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- » Discover latest findings
- » Read FAQs
- » Watch media coverage
- » Meet our research team
- » Learn about previous studies



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FROM AHS-2 INBOX

“Thanking the study for all the information you share with us on how to improve our health and lives.”

“I find it humbling to be part of something so huge. Thank you for that opportunity so long ago.”

“I enjoyed reading the AHS-2 Report 2010/2011. I found the information helpful, easy to read, and inspiring. Thanks for doing such a great job keeping us informed and up-to-date on the study.”



Putting Grants to Good Use!

BY KAREN JACELDO-SIEGL, DRPH

MUCH HAS HAPPENED since our last Newsletter. In August 2011, we moved our offices to another building on campus. The new location, Nichol Hall, is a better fit for us as we are physically in the Loma Linda University's School of Public Health (LLUSPH), which makes interaction much easier among AHS-2 researchers, SPH faculty, students, and other collaborators.

TRAINING FUTURE RESEARCHERS
Our USDA grant to train future researchers and provide health programs in Black/African American churches will end in May 2012. This grant award has been put to very good use. First, it has funded the training of 6 international postdoctoral fellows, who

are at different stages of completing their work. **Yessenia Tantamango-Bartley** presented results from her work on diet and cancer incidence at the American Institute of Cancer Research in Washington D.C., in November 2011. **Nico Rizzo** is working on lifestyle factors and their association with metabolic risk factors and obesity.

Secondly, we awarded \$10,000-seedmoney-grants to 5 LLU faculty, and 2 doctoral students in epidemiology. Our students, **Michael Orlich** and **Jennifer Kwon**, have done work on validating self-reported Rheumatoid Arthritis and Congestive Heart Failure. Faculty awardees include **Ella Haddad** and **Karen Jaceldo-Siegl**, who are examining how demograph-

ic and lifestyle factors relate to biomarkers of heart disease; **Raymond Knutsen** will study the association between telomere length and lifestyle; **Jerry Lee** will relate religious factors with biomarkers of stress; and **Brian Bull** will explore a new method of estimating the effect of lifestyle on longevity. Thirdly, to give back to the community, co-investigator **Patti Herring** and her team have successfully started community gardens at various locations—3 SDA churches, 1 non-SDA church, 1 community center, 2 container sites—in San Bernardino County (more on page 7). Not only has this project been beneficial for the communities, but it has also provided opportunities for our graduate students to

gain experience in community-engaged scholarship.

SPECIAL RECOGNITION

The contributions of the AHS-2 to advancing research in the SPH and improving health through community-engaged interventions have not gone unnoticed. **Gary Fraser**, AHS-2 Director, was recently appointed the new associate dean for research at the SPH. **Dr. Herring's** work to build a healthy community was recognized by the San Bernardino, California branch of the National Association for the Advancement of Colored People (NAACP). The "Outstanding Health Institution" award was presented during the NAACP Annual Freedom Fund Dinner, last October.

Meet the New Postdoctoral Fellows

Sherma Charlemagne-Badal, MD, PhD



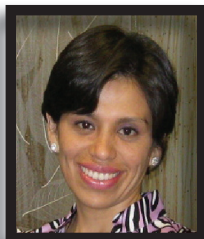
Born on the West Indian island of St. Lucia, Sherma grew up on the neighboring island of Barbados and then Trinidad & Tobago where she completed her undergraduate studies. She enjoys singing in her church choir and coordinating social and fundraising events. She has served as a research and statistical consultant on county-wide health studies and as adjunct faculty in the Dept. of Social Work & Social Ecology at LLU. She is the recipient of three awards for outstanding academic, and community achievement and was also the recipient of a health care policy and practice doctoral fellowship from the National Association of Social Work Foundation. She came to LLU in 2003 where she obtained an MS in Marital and Family Therapy and in 2011 a PhD in Social Policy and Social Research. In August 2011, she joined the Adventist Religion and Health Study.

Yermek Ibrayev, MD, MPH



Yermek comes from the Republic of Kazakhstan. He received his medical degree from Semey State Medical Academy in 1999. Later on he completed the LLU off-campus program in Russia to receive his MPH degree in 2009. Specializing in transfusiology, Yermek has held several positions at Semey Blood Bank, including that of deputy director, before joining AHS-2 in September 2011. His research at AHS-2 focuses on the relationship between healthy lifestyle choices and adherence to cancer screening programs. His other research interests are tobacco use prevalence and the prevention of cancer and cardiovascular diseases among the adult population in Kazakhstan. He also edits articles on medical-missionary topics for a Russian SDA publication entitled "Keys to Health".

Yessenia Tantamango-Bartley, MD, MPH, DrPH



Yessenia was born and raised in Peru. She is a surgeon-physician graduated from the National University of San Marcos, in Lima, Peru. Working in places with limited health care, she realized that prevention and education were more important, and in many cases, the only thing one could do to try to make an impact to improve people's health. She developed a strong interest in Public Health, and based on her background as a physician, decided to pursue a further education in this field. She came to Loma Linda in 2006, where working in a research environment, she developed a passion for research. Yessenia graduated from LLU with a Master in Public Health and later with a doctorate degree in Epidemiology. In June 2011, she joined the Adventist Health Study as a research fellow. She is currently investigating the effect of dietary patterns in all cancers and in broad categories of cancer.

We at AHS appreciate your interest in science and health. In this column, we want to share tips on how you can be healthy. This is only general advice, so for specific medical instruction, please ask your physician.



Understanding High Blood Pressure

BY MICHAEL ORLICH, MD

YOU HAVE PROBABLY heard a lot of talk about high blood pressure. Here is a little introduction to help you understand what it is, why it is important, and what you can do about it.

WHAT IS HIGH BLOOD PRESSURE?

Blood pressure is the pressure of the blood in your major arteries. The top or first number is called systolic blood pressure, the pressure when your heart squeezes. The bottom or second number is called diastolic blood pressure, the pressure when your heart relaxes between beats. This pressure is important for pushing your blood to all the tissues of your body that need oxygen and nutrients. When the pressure is too high, however, it can cause problems. This is called high blood pressure, or hypertension.

WHY DOES IT MATTER?

High blood pressure can increase your risk for stroke, heart attack, congestive heart failure, and kidney failure by damaging both large and small blood vessels. Think of how high-pressure liquid or gas might lead to stress, strain, and damage to a system of pipes, valves,

and pumps. High blood pressure is especially damaging in combination with other risk factors for blood-vessel damage like diabetes and high cholesterol. High blood pressure is very common, especially at older ages, so it leads to a lot of disease and deaths.

HOW HIGH IS TOO HIGH?

Blood pressure at or above 140/90 (i.e. 140 systolic & 90 diastolic), is clearly too high and is labeled as hypertension, or high blood pressure. Pressures this high or higher may need medical treatment. Really though, a pressure of about 115/70 or less is considered best, and as pressures get higher, the risk of disease over the long term goes up. Generally, below 120/80 is considered the normal range. Between 120/80 & 140/90 is called "pre-hypertension", and it is worth making lifestyle changes to try to lower this level.

WHAT CAUSES IT?

Perhaps 10% of cases of high blood pressure have some particular medical cause that your doctor may be able to uncover, but the other 90% are caused by



a combination of inherited factors and lifestyle practices like diet, exercise, and body weight.

WHAT CAN I DO ABOUT IT?

First, get your blood pressure checked regularly and, if it is high, follow-up with your doctor. Avoid smoking and alcohol. Exercise regularly. Aim for a healthy body weight. Limit salt in the diet, and beware of hidden sodium in things like store-bought bread, prepared foods, and restaurant foods. Eat foods high in potassium. Vegetarian diets may help prevent hypertension. We have recently demonstrated that vegetarian diets were associated with lower blood pressure and less hypertension. You will find more about these results on our webpage, www.adventisthealthstudy.org, under the "Recent Highlights" section.

Also, diets such as the DASH (Dietary Approach to Stop Hypertension) diet, which are low in fat and

You Asked...

BY HANNI BENNETT

Q: Why can't we fill out the biennial questionnaire online?

A: We want to make sure we collect data from a broad range of Seventh-day Adventists, but not everybody has computer access. The logistics involved in collecting data by mail from some and via the Internet from others would require a great deal of coordinated effort. So, for the time being, it is easier to continue with the old fashioned "snail mail."

Q: I've never had cancer, yet in the Hospital History Form you are asking whether I have developed a new cancer.

A: We are not assuming that you have ever had cancer. However, this is a long-term study and it is possible that some of the participants develop cancer in future years.

high in fruits, vegetables, and low-fat dairy products have been shown to be effective in reducing blood pressure, especially when sodium is also reduced in the diet.

Follow-Up Hospital History (HHF) Form

A few study members have had concerns that filling out a questionnaire once every two years is too often; however, some conscientious participants mark their calendars and let us know if their questionnaire is overdue. **A big thank you to them!**

As you know, this is a long-term study, and the most significant findings are yet to come. Thus, the information you provide us about hospitalizations, newly developed cancers or other changes in your health status is vital to the study. Therefore we encourage you to take a few minutes and complete the questionnaire as soon as you receive it to help us cut cost for remailing.

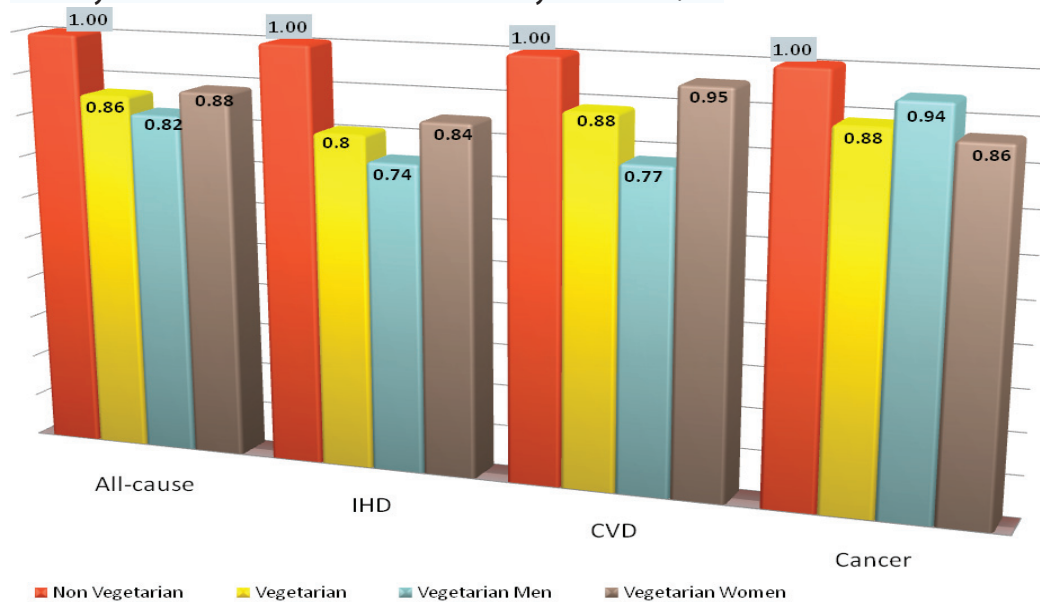
Did you ever wonder what happens to the tens of thousands of questionnaires when they are returned? Our mail room staff has shrunk considerably since we first started the study, so we are very grateful for our committed volunteers, **Elaine** and **Royce Thompson** and **Gladys** and **Leon Hulse**. They have been helping out for 10 years now and continue to devote one day a week to open all these envelopes and get the questionnaires ready for scanning. Across the border in Canada, where the questionnaires are sent to a post office box in Toronto, **Gord Rayner** has been "the man" who consistently empties the post box, puts the envelopes in boxes and ships them off to Loma Linda. Thank you, Gord, for your invaluable contribution. — HANNI BENNETT





The main publications for this study are expected in 1-2 years' time. But already we are starting to learn about lifestyle predictors of total mortality, total cancer, diabetes, high blood pressure, high cholesterol, markers of inflammation, and biologic markers of higher cancer risk. A few of these findings from the work of our fellows are highlighted below.

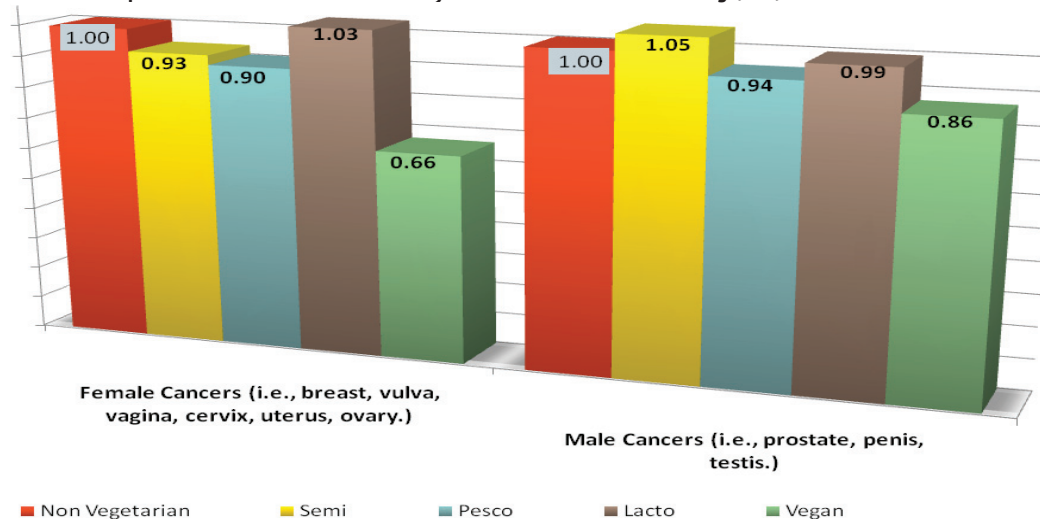
Dietary Patterns and Causes of Mortality — M. Orlich, MD



-Risk of dying for vegetarians and non-vegetarians, after adjusting for several other factors, in those without a prior diagnosis of cancer or cardiovascular diseases.

-Vegetarians tend to show a reduced risk of dying from all causes combined, from ischemic heart disease (IHD) such as heart attacks; from cardiovascular diseases (CVD) including heart attacks, strokes, and congestive heart failure; and from cancers. (Note: Not all results statistically significant.)

Cancer Specific Sites and Dietary Patterns — Y. Tantamango, MD, DrPH

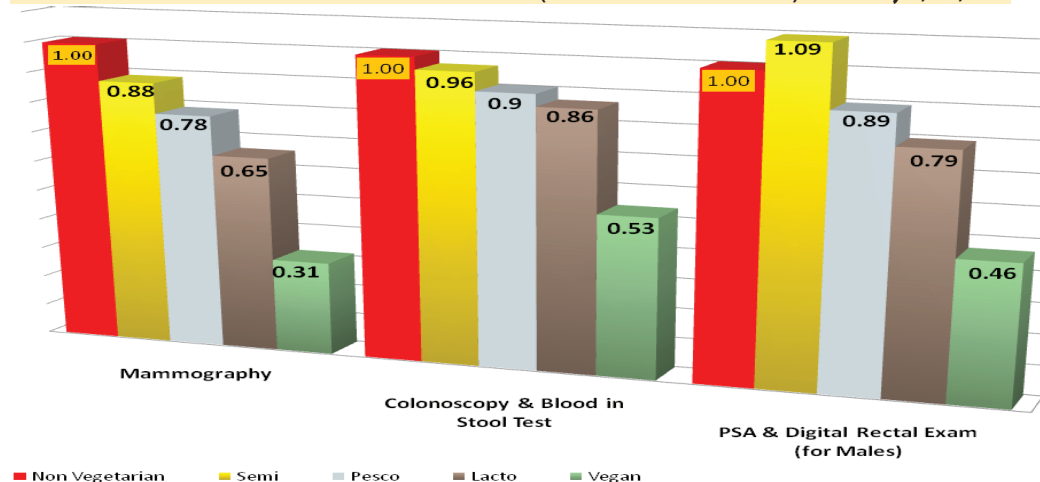


-Lacto-ovo vegetarian diet seems to decrease the incidence of cancers of the gastrointestinal tract (not shown in charts).

-Vegan diets may play a protective role in the incidence of cancers at female-specific sites.

-Vegetarians, especially vegans, appear to have lower risks of cancers that are specific only to men.

Adherence to Preventive Examinations (As Recommended) — Y. Ibrayev, MD, MPH



-Vegetarians were less likely to have been screened; vegans were less than half as likely to have been screened as non-vegetarians.

-Blacks were more likely than non-Blacks to be screened; males were less likely than females to be screened.

-Are vegetarians relying too much on the health benefits of their diets?

Religiousness has Positive Effects

BY: JERRY LEE, PHD

THE ADVENTIST RELIGION and Health Study (ARHS) began in 2006 and has recently completed its second wave of data collection. This will allow us to answer questions like, "Do people who are experiencing high stress in 2006 have more resulting illness in 2011 but less so if they were more religious?"

What have we found so far? You may refer to last year's newsletter for previous findings. Since then there are a number of interesting new results that also bear on the primary aims of the study:

- **Adventists divorced in the last five years, not too surprisingly, are more depressed than non-divorced Adventists.** However, the difference is much smaller for Adventists who use positive religious coping (i.e., seek spiritual support from God; try to see how God might use a stressful event to help one grow).

- **Childhood poverty predicts both greater self-rated religiousness in adult life and the use of religion to help one cope.**

- **Negative social interactions seemed to increase depressive feelings but less so where there was greater religiousness. In addition, negative emotionality (such as depressed feelings) predicted worse self-rated physical health.** So religiousness did have a positive indirect effect on perceived physical health through its action in lowering negative emotionality.

- **Childhood poverty was associated with growing up in a chaotic, abusive and/or neglectful family, but much more so in Whites than Blacks.**

- **Couples that are religiously alike report more marital satisfaction.**

- **Sabbath-keeping is associated with better mental and physical quality of life.** These associations are partially explained by a better diet, more exercise and

religious social support in the more traditional Sabbath-keepers.

MORE INVOLVEMENT

Selected graduate students from other institutions (University of Texas at Austin, Bowling Green State University, and Johns Hopkins University) have also been involved with ARHS, suggesting that our data set not only has great value and unique attributes but also will continue to provide important insights.

We have a number of other studies under way and hope to have answers to additional interesting questions in the next year. There is still much more that we will learn from the information many of you provided us.

Thank you.

Beyond the Religion Theme

Given the wealth of information collected from the Religion Study members, opportunities also exist for research that goes beyond the religion theme. There have been at least three scientific papers published on the following topics: trauma and fibromyalgia; perceived pain and fibromyalgia; and how both vegetarian diet and exercise may counteract certain health disparities between Blacks and Whites. Research by Michael Paalani, a former doctoral student, addresses this last theme. He says, "Chronic health problems are often associated with increased inflammation. I thought it would be interesting to see if there were differences in inflammation levels among Black and White SDA's and whether any differences may be due to socioeconomic status, lifestyle, or other behavioral factors. I discovered that Blacks overall showed higher levels of inflammation than Whites, but that the vegetarian diet and increased exercise may offset these disparities."

2nd Wave of Data Collection

Dr. Jerry Lee, the principal investigator, speaking of study participants says, "They have made enormous contributions already. We just want them to know how much we appreciate their help in completing the questionnaires and coming to the clinics. About 27 who were unable to attend a second clinic due to increased frailty, have nevertheless welcomed us into their homes as we sought to find complete data."

Participating in a health-research project requires commitment. Participants have to do many things, including fasting the night before, coming to the clinic, doing the memory test, and giving samples of urine, saliva, and blood. Yet, to the relief of the clinical team, ARHS study members were found to be most willing and generous with their time.

During the second clinical period (2011-2012), at least 360 ARHS participants attended study-specific clinics held at LLU's East Campus and the Los Angeles Adventist Academy. "The most striking thing is that some of them have probably been loyal participants since Adventist Health Study-1 in 1974. Can you imagine how many questionnaires they have filled out, or how many clinics they have attended?" adds co-investigator Kelly Morton, Ph.D.

Ann McRoberts: The Benefits of Exercise & Healthy Diet

BY JENNIFER FREHN

HOW PHYSICALLY ACTIVE can we be when we reach a certain age?

Most people find an excuse to stop being active once they get “older.” Only a few keep on exercising, and only a handful will become a source of inspiration to others—people such as Ann McRoberts.

Ann, an AHS-2 study member, is an amazing testimony of how aging and being physically active can be put in the same sentence. Thanks to her vibrant upbringing, Ann always makes exercise and healthy eating a huge priority of her life. The fact of the matter is she has been active in one way or another throughout her life—whether it was horseback riding at age 12, martial arts at 29 (while pregnant), or gymnastics at 80. “I can’t sleep well if I don’t exercise,” says the 81-year-old Colorado native and still-practicing Realtor.

Before a 2011 shoulder injury (from which she is recovering), Ann was doing back flips, layouts and back handsprings on a trampoline at an adult gymnastics center, which often left members astounded. She credits her early activeness to her health-conscious parents—her mother felt sugar should be limited and, her father, a medical doctor, believed

exercise was very important.

THE HEALTH MESSAGE

Ann and her husband, Dave, have four children, which they raised in the same health-conscious manner Ann’s father had done with her. Brought up Episcopalian, Ann didn’t learn about Seventh-day Adventists or the vegetarian health message until her adult years when an Adventist nanny introduced the SDA faith to her. She then enrolled her children in the local Adventist school.

After a year of Bible studies, Ann and Dave officially joined the church in 1970, and started implementing what she was learning about health into her family’s diet. “My mom used to have us eat ground beef every night as part of a balanced diet,” says Ruth Faurus, Ann’s third child.

“We hated it. After we became Adventist, we didn’t have to eat that meat anymore.”

“Diet really does make a difference in how gracefully you age.”

For Ann, going vegetarian was initially an adjustment. “At first it was very hard to get in my mind that we could live

without meat,” Ann says. “So I started substituting lots of eggs and cheese which I thought took the place of meat, and my blood pressure went up.”

By 1975, she had learned better, and no longer over-emphasized the eggs and dairy, but in fact took on a vegan diet and walked for one hour at four miles/hour each day. Her blood pressure was back to normal after three weeks.

“When I first went, they didn’t think I’d be able to make it,” Ann says. “I couldn’t do pushups, or handstand or anything.” “Ann was eager to learn and very willing to try hard,” says Rob Candelaria, Ann’s first coach. “She went from not being able to do a forward roll to being able to do a back flip on a trampoline.”



Ann does horseriding, judo and gymnastics.

Ann continued doing gymnastics twice a week for 15 years. She left for about 10 years to work with horses. After she noticed she was not as strong as she used to be, she went back to gymnastics at 77. “I could barely do a handstand,” Ann says. “Fortunately, the same teacher was here.” This time she was able to learn much more,

including backhandsprings on the floor.

Ann, who will soon be back at the gym, wishes to be an inspiration to others to eat healthfully and keep up exercise they enjoy. “That way,” she says, “their later years will be more fun and enjoyable.”

“Her energy increased a lot” remembers Ruth. “I’ve learned diet really does make a difference in how gracefully you age and your quality of life.”

STARTED GYMNASTICS AT 54

At 54, Ann started doing gymnastics to get more exercise. Even for someone as active as Ann, beginning gymnastics was no walk in the park.



Editor’s Note:

We include this account to honor Mrs. McRoberts’ achievements and commitment to good health. It is also to point out that AHS-2 is a study not only of diet, but also of physical activity and its consequences for health.

Two important caveats to the above story are: a) Gymnastics will not be the exercise of choice for most 70+ year-olds. Indeed it will be dangerous for some even with good supervision, given the skills, strength and coordination necessary. Nevertheless, regular vigorous physical activity of other types will also usually improve vitality, balance and strength; b) There is as yet no conclusive evidence that a vegan diet is the best diet, although Mrs. McRoberts’ choice worked well for her. We will continue to look carefully at this question. AHS-2 already shows clearly that vegetarians as a group do better than non-vegetarians with respect to mortality, and cancer, but there may not be a “one size fits all” within the vegetarian sub-types. The discussion will continue!

Back to Eden

Community Gardens Project

BY: PATTI HERRING, PHD

SAN BERNARDINO County is home to a large population of low-income Hispanic and Black Americans, carrying a large disease burden of cardiovascular disease, hypertension, and type-2 diabetes. Limited access to nutritious foods and to a safer environment for outdoor activity, as well as lack of knowledge about healthy living are major contributors to these diseases.

In an effort to give back to the community, to address these health issues, and to put AHS-2's research results to use, we have started community gardens. "The Back to Eden Community Gardens Project" (BTECGs) created gardens at several largely Black American churches and one community-based organization (CBO), using funds from the U.S. Department of Agriculture (USDA).

BTECGs are located in six San Bernardino County cities (Fontana, Rialto, San Bernardino, Perris, Muscoy, and Rancho Cucamonga in San Bernardino County), all within a short distance from Loma Linda University (LLU), where the study is based.

OUTREACH MINISTRY

The community gardens contain over 268 garden plots, representing 400 families. The plots are 10'x10' or 12'x12' at most sites, which are ample sizes for growing a whole host of vegetables from tomatoes, watermelon, greens, squash, and even corn. The churches are encouraged to use their community gardens as an outreach ministry whereby each participating church member/family invites a non-church member/family to join them in the garden and participate in the health clinic and the health education sessions. If they do so, then their mainte-

community members.

To help recruit gardeners, every site has a large, noticeable community garden sign with contact information for those interested in having a garden plot. It is recommended that the gardening site charge participants a yearly non-refundable sliding-scale fee (suggested \$25) per plot to help pay for water use and to help participants value their gardens. Each site develops its own gardening committee to support the

Physical Activity Component

Goal = 10,000 STEPS/DAY

Participants are given pedometers to record their steps in a given day. To establish a baseline, they are asked to record the number of steps they take while engaging in their daily normal activities. Then, they are encouraged to increase their steps gradually until they reach a goal of 10,000 steps every day. Lastly, they are asked to record their progress on their calendars or in record keeping logbooks.

nance fee is waived for the year. The goal is to have an equal number of garden plots for both the church members and non-church/

gardeners, promote a neat and productive garden, and organize continuing health and gardening education activities.



Participants grow vegetables and attend free health clinics.

CONTAINER GARDENING

Because not everyone has access to a community garden, or the desire to participate in a community garden, we have developed two container gardening programs at two sites in San Bernardino. One site is at the Helping Hands Pantry where the participants, who are the working poor, receive food once a week from the Pantry. Container gardening is offering them a viable opportunity to grow their own fresh and healthy produce to supplement what they receive from the Pantry.

The second site is at the SACHS-Norton Clinic, owned and operated by LLU Health Science Center, that provides health care to the underserved and disadvantaged residents who would not ordinarily receive health care because of a lack of health insurance. Participants learn to grow (in containers or pots) such things as tomatoes, beans, peppers, a variety of herbs and greens, and other vegetables depending on the season. Between the two sites we

Free

Health Screening

Free health screening clinics are also conducted at each program site. Baseline testing is conducted before any other interventions take place. Each clinic provides evaluations of height, weight, body mass index (BMI), blood pressure, and eating habits (via a survey). Blood is drawn to evaluate their complete lipid (cholesterol) profile, kidney function (creatinine), and blood glucose levels. All results are first reviewed by a physician and then sent to participants with a health risk appraisal profile, including lifestyle change recommendations. Several months later a follow-up clinic is repeated to determine progress and changes in participant's health status and the program's overall benefit. Participants are sent the results with further recommendations. Process and impact evaluations are done continuously to assess the success of the gardens and accompanying educational and train-the-trainer programs. At the end of the funding period we will conduct personal interviews and focus groups to determine program final benefits, and additional suggestions for sustainability. As one participant said, "I look forward to going to the garden. It relieves (my) stress." While study results should be completed in the summer of 2012, these gardens and their benefits are expected to continue for many years.

Continued on page 8



Report 2012

Do you have a new address or phone number?

Correcting or updating your information helps us keep in contact and reduces the expense of follow-up. Please correct any mistakes or changes to your contact information and return this page to the address (contact info) listed below. **Thank you in advance!**



Name _____

Address _____

City _____

State/Province _____ Zip/Post Code _____

Would you like to receive E-Newsletter (circle one)? Y / N

On rare occasions we need to contact you. It would be of great assistance to have your **email** and **phone number**, which we will keep confidential.

Email _____

Phone _____

Adventist Health Study-2
24951 North Circle Drive, NH 2036
Loma Linda University
Loma Linda, CA 92350 - USA

Address Service Requested

Continued from page 7

are providing individual and family-centered container gardening opportunities to nearly 100 families.

HEALTHY COOKING

Another key component of the project is healthy cooking education for preserving

and storing produce, and a train-the-trainer program for program sustainability at each site. To support these interventions, the sites are encouraged to host regular continuing education sessions on healthy lifestyles and gardening.

Help Us Save Money & Paper: Sign Up for an E-Newsletter



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Meet the Editor

There are several new faces at AHS-2 headquarters in Loma Linda and **Barry Manembu**, our project editor, is one of them. He replaced Jennifer Frehn who has decided to go back to school and study public health after her brief involvement with us —another proof of how inspiring AHS-2 can be to many.



Barry Manembu

Barry hails from Indonesia but now makes his home in Loma Linda after getting his master's degree from the nearby California State University, San Bernardino. He has extensive experience in media and public relations and has traveled to various parts of the globe as a journalist. He rides his bike to work and, in his spare time, enjoys playing sports, such as tennis, basketball, and badminton.

Apart from producing newsletters, Barry will also be writing press releases and disseminating AHS-2 findings to the media. He also manages our web and Facebook page.