

# BMANA-CC 2015 CONVENTION APRIL 4-5, 2015



FEATURING · **SCIENTIFIC SESSIONS** · EXHIBIT BOOTHS ·  
**CHILDREN SHOW** · CULTURAL FUNCTIONS · **COMEDY PLAY** ·  
SOCIAL HOURS

Embassy Suites Raleigh – Durham / Research Triangle  
201 Harrison Oaks Boulevard, Cary, NC, 27513



# BMANA-CC 2015 SOUVENIR

**Editor, Layout Design, Typesetting,  
Visualization, Graphics, Desktop Publishing,  
Prepress and Project Coordination:**  
Najmul Chowdhury, MBBS, MPH

## **Contributing Authors:**

Farihah Ahmed,  
Raisa Chowdhury, and  
Shajuti Hossain.



# BMANA-CC 2015 Annual Conference Agenda—April 3-5, 2015

## FRIDAY, APRIL 3, 2015

7:00 pm – 10:00 pm	<b>MEMBERS' AND FAMILY EVENING HOURS -- Social Gathering (SMITH ROOM)</b>
--------------------	---

## SATURDAY, APRIL 4, 2015

<b>REGISTRATION &amp; BREAKFAST</b>								
8:00 AM – 12:30 PM	<b>SCIENTIFIC SESSION (Cameron Room)</b>							
8:00 – 8:10 AM	Opening remarks Dr. Ishtiaque Mohiuddin							
8:10 – 8:25 AM	Office Cosmetic procedures For Primary Care Dr. Sufia Siddique							
8:30 – 8:45 AM	Lipid Guidelines Dr. Sagir Ahmed							
8:50 – 9:05 AM	Congestive heart failure Dr. Pobitra Saha							
9:10 – 9:25 AM	Management of patients' cultural beliefs Dr. Aniq Z. Shahrier							
9:30 – 10:30 AM	<b>EXHIBITS &amp; REFRESHMENT BREAK</b>							
10:35 – 10:50 AM	Interstitial Nephritis Dr. Taposhi Saha							
10:55 – 11:25 AM	Untangle the core defects in Diabetes: a Multisystem Disease Dr. Corey D. Berlin							
11:30 – 11:45 AM	Diagnosis and treatment of adult Attention Deficit Disorder Dr. Waheed Bajwa							
11:50 – 12:05 PM	Psoriasis as a model to study inflammation in cardiovascular disease Taufiq Salahuddin							
12:10 – 12:15 PM	Closing remarks and adjourn Dr. Ishtiaque Mohiuddin							
12:30 PM – 1:00 AM	<b>AFTERNOON AND EVENING SESSIONS</b>							
<b>TIME</b>	12:30 ~ 2:00 pm	2:00 ~ 3:30 pm	3:30 ~ 5:00 pm	6:00 ~ 7:30 pm	7:30 ~ 8:00 pm	8:00 ~ 8:30 pm	8:30 ~ 10:00 pm	10:30 ~ 12 midnight
<b>AGENDA</b>	LUNCH	CHILDREN PROGRAM	BUSINESS MEETING	DINNER, SPEECHES & ESSAY COMPETITION AWARD	PRAYER BREAK AND REST	ELECTION RESULT AND INTRODUCTION OF NEWLY ELECTED EXECUTIVE MEMBERS	CULTURAL PROGRAM	'HASH-PATAAL'- A COMEDY DRAMA WRITTEN BY DR. ASHRAFUL HANNAN (SHAHEEN)
<b>ROOMS</b>	Chimney Rock/ Blowing Rock/ Menden Hall/ Hope/ Bellamy Rooms	Smith Room	Chimney Rock/ Blowing Rock/ Menden Hall/ Hope/ Bellamy Rooms	Smith Room	Chimney Rock/Blowing Rock/ Menden Hall/ Hope/Bellamy Rooms Chimney Rock/Blowing Rock/ Menden Hall/ Hope/ Bellamy Rooms			
<b>BREAKS</b>	5:00 PM to 6:00 PM: Preparation for Evening Program and 10 PM to 10:30 PM-Snacks							
<b>APRIL 5TH</b>	<b>Sunday Post-Convention Meeting Brunch (TBD &amp; STC)</b>							



## Message from The Convener

It is a great privilege to welcome you to our 13<sup>th</sup> Annual Convention this year in Cary. Not that long ago, we had the National convention in NC, which was a huge success. After that daunting task, some of us were hesitant to carry on the tradition to have our local convention, also, some of our active members came forward with full of energy to continue the tradition. At the end, here we are! Ready to present a get together with fun, knowledge and spirit of great unity.

As your Convener, I would like to thank the members of our convention committee for their relentless, untiring efforts and dedication. Your encouragement and professionalism kept me moving with the task. I would also like to thank our sponsors for their support. Last but not least, special thanks to all the members and their families to make this convention a successful one through their full participation.

Once again, welcome and have a wonderful time.

Warm Regards  
Taslim Ahmed, MD, MPH  
BMANA-CC 13<sup>TH</sup> Convention Convener



# President's Message

Welcome to the 13<sup>th</sup> Annual Bangladesh Medical Association of North America-Carolina Chapter.

Thank you all for giving me the opportunity to serve you as the President of the Chapter for the past 2 years. It's been different than previous years as many unprecedented events have happened, including the Central BMANA Annual Convention; we started strong but did lose some ground and strength as a Chapter in the process. I thank the Executive Committee for keeping the structure strong and let it sway with the wind to keep the Chapter intact. It was not easy to hold the helm tight and let the chapter withstand the strong winds, maintaining the course with the least number of members in the Committee. My apologies if I failed to meet any ones expectations, protect some of you from humiliation. It was not an easy task to protect the Chapter from getting fragmented, in the face of undeniable strain.

There is always an embedded challenge and obstacles in any given responsibility, but nothing is worse than demeaning other fellow members for one's personal gain. It is the responsibility for each and every one of us to work with honesty, integrity, and selflessness so that the Chapter's viability does not get stymied.

Financially, we are much stronger today than ever before, it definitely has strengthened the Chapter. We also have many of our sponsoring partners here and we believe highly functioning long-term relationships are critical to our success. Because of you all we are able to support charitable programs in our home country. Like my predecessors it has been my ardent desire so that the charity work that we stand for continues to thrive enhancing our humanitarian efforts as well as the resources for the welfare of our Chapter. Per one of the mission goals of our organization, we were able to contribute a total of \$8,500.00 to help the victims of Savar disaster, and to Spreeha Foundation, a Washington based non-profit organization.

Your selfless support for the BMANA-CC endeavors and activities will be your best contribution in making us the best Chapter of the BMANA; while being anything at all can be brought about by accidents beyond our control, being the best is by no means accidental. As the outgoing president for this auspicious annual event, allow me to welcome all of you with the warmest gesture, and may this gathering be another one that will bring us joy and happiness.

*Tahmida Jahangir, MD*

Tahmida Jahangir, MD  
President, BMANA-CC



## Message from General Secretary

Dear friends

Welcome to our 13th annual convention 2015.

The triangle area physicians feel proud to have the opportunity to organize the program this year.

BMANA-CC is our dear organization and we feel privileged to serve as members. Apart from serving as physicians, we have been involved in community services in the USA and also Bangladesh. Together, we try to make a difference. Our mission is to make BMANA-CC a thriving organization that will continue to contribute to the society, we dream that our future generation physicians will carry on the torch for years to come.

I hope you all get some benefit through participation in this years convention- our effort will be only successful if our members feel connected to the organization. Furthermore this is a family friendly group and we have tried to incorporate activities for the whole family.

My sincere gratitude to the **sponsors** of the meeting, without your support we could not do it. We hope to have continued support from you in the coming years.

Thanks to you all.

Sincerely

Sufia Siddique Mita  
General secretary, BMANA-CC

### BMANA-CC Members

First Name	Last Name	Resident City
A.B.M.	Enayetullah	Cary
Abu Ahmed Zahidur	Rahman	Kingsport
Abu Nasser	Salahuddin	Fayetteville
Abu S	Sharifuzzaman	Raleigh
Abu Zahed	Karim	Fayetteville
Abul	Azad	Fayetteville
Abul	Imam	Raleigh
Asif T.	Wahid	Thomasville
Dabiruddin	Humayun	Raleigh
Farida	Yasmin	Fayetteville
Fatima	Hossain	
Ferdousi	Chowdhury	Fayetteville
Habib	Masood	Cary
Humayun M.	Kadir	Goldsboro
Iqbal	Hossain	Chapel Hill
Ishtiaque H.	Moihiuddin	Cary
Israt	Jahan	Kinston
Khwaja	Hussain	Goldsboro
Koshore Roy	Chowdhury	Fayetteville
Mahfuzul	Haque	Durham
Mahmudul	Haque	Kinston
Maleka Z	Ahmed	Fayetteville
Mamun	Shahrier	Raleigh
Mir Mohammad Mosharaf	Hossain	Fayetteville
Mizanur	Rahman	Fayetteville
Mohammad Ashraful	Hannan	Fayetteville
Mohammad Sabur	Naseri	Fayetteville
Mohammad Delbahar	Hossain	Raleigh
Mohammed Abul Kalam	Khan	Raleigh
Mohammed Waliur	Rahman	Fayetteville
Muhammed	Khasru	Fayetteville
Najmul	Chowdhury	Knightdale
Nasrin	Akter	Greensboro
Nurjahan	Begum	Morrisville
Nusrat	Ara	Cary
Pabitra	Saha	Kingsport
Paritosh	Chowdhury	
Razia	Hafiz	Apex
Riaz	Chowdhury	Raleigh
S. M. Jafrul	Islam	Fayetteville
Sabina	Hannan	Fayetteville
Sagir	Ahmed	Cary
Salma	Syed	Greenville
Sayeed	Hossain	Greenville
Sazzad	Hossain	
Shabbir	Chowdhury	Fayetteville
Shafiqur	Rahman	Fayetteville
Shah	Alam	Shelby
Shahnaz	Ilias	Greensboro
Shaikh Bahauddin	Al-Harun	Greensboro
Shamsul A.	Khan	Rockingham
Sufia	Siddique	Goldsboro
Sulagna	Das	
Tahmida	Jahangir	Fayetteville
Tanbeena	Imam	Raleigh
Tapasi	Saha	Kingsport
Taslim	Ahmed	Knightdale
Zakiya	Karim	Fayetteville

### 2013-2015 BMANA-CC Executive Committee Members

Position	Name	Resident
President	Dr. Tahmida Jahangir	Fayetteville, NC
Past President	Dr. Riaz Chowdhury	Raleigh, NC
Vice President	Dr. Asif T. Wahid	Thomasville, NC
General Secretary	Dr. Sufia Siddique	Cary, NC
Treasurer	Dr. Abu Zahed Karim	Fayetteville, NC
Cultural Secretary	Dr. Razia Hafiz	Apex, NC
Member 1	Dr. Sayed Hossain	Fayetteville, NC
Member 2	Dr. Abu Ahmed Zahid Rahman	Fayetteville, NC
Member 3	Dr. Shaikh Bahauddin Al-Harun	Greenville, NC

**2015 Convener**      **Dr. Taslim Ahmed**      **Knightdale**



#### By Laws Committee:

1. Dr. Abu Salahuddin
2. Dr. Abul Azad
3. Dr. Mohammad Delbahar Hossain

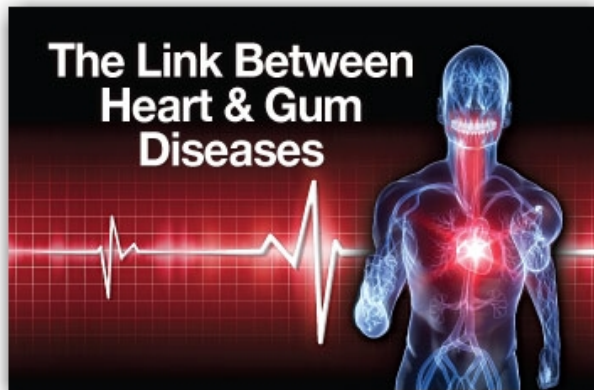
**Mission: To promote health, education, culture, fraternity, and charitable work within Bangladeshi medical professionals and the wider community.**

#### Special Thanks to our 2015 Convention Sponsors:

1. Abdus Sikder, Matrix Partners Network
2. AstraZeneca Pharmaceuticals
3. Lab Corp Of America Holdings
4. Native Angels Home Health Agency, Inc.
5. Novo Nordisk
6. Triland Property
7. Wall Street Alliance Group LLC.

## Periodontal Disease and Cardiovascular Health: Take Care of Those Pearly Whites!

Farihah Ahmed, Duke University



There are options for treating your heart disease. There is the thirty-minute jog on the treadmill or mow-until-you-sweat cutting the grass on the lawn. There is the calorie counter on your iPhone and the weighing scale which is gathering too much dust in the bathroom under the sink. There are the serious options, too, if it comes to that. There is the Nitroglycerin to slip under the tongue when angina strikes. Beta blockers and blood thinners. There is the full spectrum of interventional procedures, like cardiac catheterizations, or even bypass surgery. There is another option too, one which is as cheap as plastic and water, yet often understated in importance: your toothbrush.

A research study published in the American Heart Journal narrates the association between oral and cardiovascular health. Dr. Amol Bahekar from the Department of Cardiology at the North Chicago Veterans Affairs Medical Center and his team performed a series of cohort, case-control, and cross-sectional studies to examine whether there is a significant correlation between periodontitis and coronary heart disease. Periodontitis is disease of the gum tissue and often follows untreated cases of gingivitis, which is gum inflammation resulting from plaque build up on and around teeth. The calculus on the teeth results in bacteria accumulating in spaces between and around the teeth. In the research experiment, it was found that individuals who have periodontitis are upwards of 1.14 times more at risk of developing coronary heart disease than the control patients.

In another study by researchers in the Department of Oral Surgery in Glasgow a closer look is afforded at what exactly could be going on. The plasma fibrogen and white

blood cell counts of patients with periodontal disease were compared to those of control patients with no disease. What the researchers found was that there were significantly higher levels of fibrogen and white blood cells in those with periodontal disease. These two factors serve as indices of cardiovascular risk factors for disease and even myocardial infarction, otherwise known as the heart attack.

Many similar studies have been performed to establish the connection between oral and cardiovascular health, although this research is not readily presented for public consumption. Think of all the toothpaste and toothbrush ads which you have seen—most have to do with whitening smiles, a cosmetic aspiration which is the main focus of these ads. Yes, if you go out and buy super whitening toothpaste, you might have whiter teeth, but what isn't emphasized is the greater need to brush better. Although there has been the strong surge in people buying whitening strips for their teeth or special toothpaste, there has actually been less focus in the public perspective about the true dangers of disregarding oral health. When people visit their dentist, which is usually a maximum of two times a year for their general cleaning, most of them come away with the experience that they should floss and brush just to prevent cavities.

Something that is worth considering, however, is realizing the risk that degenerative oral health can have beyond cavities, even beyond your mouth. The buildup of plaque has the potential to do much more damage. With such an awareness perhaps people will have more regard for what their dentist says to them as much as their general physician or cardiologist. For what it's worth, I'd rather pay a few dollars for a toothbrush and put some time into my teeth to reduce the risk of having deleterious cardiovascular effects down the road; for more and more people who are becoming informed about the risk, it seems that this is the better price for them to pay, too.

## References

Bahekar, Amol Ashok, et al. "The prevalence and incidence of coronary heart disease is significantly increased in periodontitis: a meta-analysis." *American heart journal* 154.5 (2007): 830-837.

Kweider, M., et al. "Dental disease, fibrinogen and white cell count; links with myocardial infarction?." *Scottish Medical Journal* 38.3 (1993): 73-74.



# Sonakopali

By Raisa Chowdhury, Duke University

Shonakopali. That's what they called me when I was working and living in Bangladesh three summers ago. Literally, it means "the one with the golden forehead;" metaphorically probably something more like "the one of golden fortune." My life's no paragon of perfection but being in Chilmari made me appreciate how little I have to complain about.

I'm fortunate to be growing up in a country where it's fairly common, even for females and the non-elite, to get a university education. I'm especially fortunate that my parents valued education enough to encourage me and push me to succeed throughout elementary, middle and high school and eventually make the financial sacrifices to send me to college. I'm lucky my university was willing to send me on a trip to do a project halfway across the world just because I wanted to and without really receiving any tangible benefit from me in return. At only 18 I had seen a lot more of the world than many people ever does, largely due to lucky circumstances.

That's the source of my nickname "Shonakopali." After finding out that I was born in Japan, ethnically hail from Bangladesh and am growing up in the United States and have lived in several places within the United States, the staff members at the NGO I was working for felt I had lived a very blessed life because I had claims to three different countries. In contrast, the population Friendship served had all lived in the *chars* or rural river islands their entire life. Some had relatives who migrated to villages or small townships on the mainland but many never been to a city. Even the NGO staff members for the most part hadn't seen much of the world. A few had been migrant workers in other countries and some had seen or lived in Dhaka, but most had not seen much beyond their mostly rural home districts and there I was, a little girl getting free passes to traipse around the world.

I'd been to Bangladesh before, but in the past I'd always just been shuttled between relatives' houses. My family is pretty financially solvent but after spending two months in Bangladesh on my own, I realized the majority of the country lives so much differently than I had ever imagined. Because Bangladesh is so small geographically—about the size of Wisconsin—I never expected people could be leading such drastically different lives in such close proximity.



When I had some downtime in Dhaka I had my aunt take me to some shops to buy *salwar kamizes* to bring back. I later found out that the amount that I had spent on some of the outfits this time and during past trips to Bangladesh is nearly as much and in one case more than what some of the NGO employees made in an entire month. It had never occurred to me that even the kind of Bengali clothing I had access to was different from what the majority of the country wore. I wore the oldest, simplest *salwar kamizes* I had, and still received compliments from my survey interlocutors and NGO staff about how nice my clothes were.



As a summer tour guide for my university, a job that requires very minimal training, I made the same amount of money in three weeks that a physiotherapist at Friendship made in six months. Obviously the cost of living is different in Bangladesh but the woman was telling me about her salary because it wasn't enough. The women I surveyed from the *chars* had similar complaints about not having enough money. Their only sources of income are crops and animals, which given the volatile weather in the islands often are not reliable.

It's been three years and people have stopped asking about it, but I still think back to living and working on that ship in Rangpur. I doubt anything I was able to give to my partner NGO had much of an impact and most of the people I met have probably forgotten me by now. But by sharing their stories and lives with me, those I met helped me begin the process of understanding where I come from and exploring how I can best utilize my privileges.





## Trending or Pretending-By Shajuti Hossain, Duke University

As we continue to hurdle full throttle into the digital age, we are exposed to so many different types of social media right at our finger tips. Social media is a new phenomenon that we are still trying to figure out. I've been learning from family, friends, religious teachings, elders, books, movies, and other media on how to interact with people in person, but I am still learning about how to conduct myself online. There are several character traits on which our online presence tests us.

Rather than suggesting everyone quit social media or to "use it in moderation," as that can mean different things for different people, I want to take apart the different ways social media tests our character and think about how we can pass these tests by reflecting on three negative traits and three positive traits that social media may perpetuate.

The first negative trait associated with social media that comes to mind is pride, or arrogance.

Social media perpetuates pride, because it makes it easier for us to show everyone our achievements, the places we've gone, all the friends that we have, the beautiful family that we have, the intellectual thoughts that we have, and much more. Although my conscious intention may not be to seek praise or to show people that they should be proud of us, subconsciously it very well may be. When I post something, I do it so other people see. Praise comes in the form of likes, comments, shares, favorites, and retweets. But why am I posting if I'm not seeking some sort of acknowledgement or praise?

Many of these things we share online are things we wouldn't share to someone in person unless we were having a conversation and the topic came up naturally. We are always told to be humble and not share with someone our religiosity, our education, or our privilege, but often, we use our social media persona to reveal all of these to literally hundreds of people we barely know.

The second negative trait social media may encourage is envy. Envy is dangerous because it causes us to wish ill on others.

Not only do we diminish our humility through social media activity, we also make our lives look much better, happier, and exciting than they actually are. This may stem from the envy we feel towards some of our peers, which may lead us to brag about fun things we are doing. We see people spending summers in cool places, we see them having elaborate weddings, and we see them eating lots of delicious food. Yes, these are not necessarily bad, but sometimes these make us want to show our followers that we have awesome lives too.

The third negative trait is wasting time -- in other words, spending time on things that aren't helping us learn or improving our character.

When we are waiting for something or someone, instead of scrolling down our newsfeed, we could be spending time thanking God for our blessings, renewing our intentions and purpose of life, praying for our parents, and much more. We don't have to do this every single time, but occasionally, instead of checking to see how our social media reflects our personalities to other people, we can reflect on how our souls appear in front of God.

Another way we may waste time on social media is by prying into business that isn't ours. Yes, once people post something online it is public, but just like you they might forget who is paying attention. They may not realize that there are some people reading their posts and making judgments without really knowing them.

Although I am in no way an expert on how to avoid any of these traits, here are some ideas I had on how to pass the tests social media puts on our character. They are questions we should ask ourselves before posting: Am I going to be checking periodically for how many likes and comments I get for this post? If so, I'm probably just seeking praise. Am I posting this to show others my life is just as good as, if not better than, others' lives? If so, I am acting on my envy and possibly causing someone else to be envious of me. Am I prying too much into things that aren't my business? Could I be spending my time doing something else that strengthens my faith and soul?

It is very difficult and maybe even nitpicky to ask ourselves these questions each and every time we open our Facebook app, but if we at least start thinking of some of these, we can start improving our online behavior to reflect the character traits we've learned to embody since we were children. If at this point none of these thoughts are coming to us naturally, that's okay. We can take our time digesting these thoughts and starting this conversation between our mind and soul.

Despite these negative traits social media may bring out, there are many positives that can come out of social media as well. People share interesting articles, thoughts, and photos that we can learn from. We can also follow news outlets, organizations, or daily hadiths. We learn about current events that we haven't heard about, about perspectives we've never seen, and about places we've never been.

Fortunately, social media has the power to easily spread all kinds of knowledge, but our first instinct shouldn't be that our friends should read this because they have these problems they should fix. Nor should we be trying to show people how "good" we are because we follow certain pages. We should make the intention that we will act on this knowledge first and foremost before teaching others.

Another benefit of social media is that it can inspire people to do something for society. Sometimes I see my peers working at various places on projects related to human rights, charity, and so many other productive causes. Seeing their hard work and passions inspires me to give back to my community as well. Just like knowledge, inspiration is something we can and should share with others. Social media makes it easier for us to see how acquaintances that we wouldn't know much about otherwise are making a positive difference in the world. We can then contact them to learn about what they are doing and how we can help. There are also plenty of productive ventures and start-ups that we may come across through social media, inspiring us to donate and support their causes.

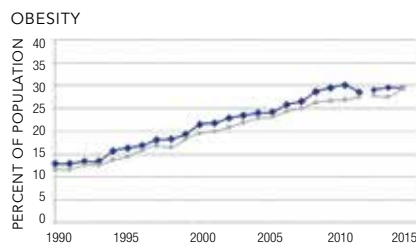
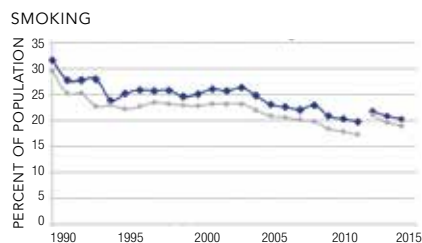
Lastly, the classic benefit of social media is connecting people. Whether that's family, friends, or activist groups, online social networks are very efficient at helping people stay connected. I have so many relatives in Bangladesh that I would rarely keep in touch with or know anything about if it weren't for Facebook. Honestly, they're the ones who like most of my pictures. There are also global campaigns and news stories that would not have become global without social media. There were news outlets and TV before it, but that limited global connections to just passive opportunities. Social media on the other hand, lets us take advantage of active participation.

All in all, social media can be used for both good and evil, so we should be conscious of how we use it – just as we are conscious of our dealings with others in real life. Again, this is a reminder first for myself, because I often do use social media out of pride or envy and would instead like to use it solely for learning, inspiration, and connecting. The journey surely won't be easy, but there is beauty in struggle. Let us always remember that even when we are online that we are still humble human beings, for we are nothing without Our Creator.

# North Carolina

	2014 VALUE	2014 RANK	NO 1 STATE
<b>Behaviors</b>			
Smoking (Percent of adult population)	20.3	33	10.3
Binge Drinking (Percent of adult population)	13.0	8	9.6
Drug Deaths (Deaths per 100,000 population)	12.6	24	3.0
Obesity (Percent of adult population)	29.4	25	21.3
Physical Inactivity (Percent of adult population)	25.1	34	16.2
High School Graduation (Percent of incoming ninth graders)	79.0	30	93.0
<b>Community &amp; Environment</b>			
Violent Crime (Offenses per 100,000 population)	353	28	123
Occupational Fatalities (Deaths per 100,000 workers)	4.1	20	2.2
Infectious Disease (Combined score Chlamydia, Pertussis, <i>Salmonella</i> *)	0.30	39	-0.9
<i>Chlamydia</i> (Cases per 100,000 population)	524.0	41	233.0
<i>Pertussis</i> (Cases per 100,000 population)	6.3	14	1.6
<i>Salmonella</i> (Cases per 100,000 population)	22.8	42	6.8
Children in Poverty (Percent of children)	26.8	46	9.2
Air Pollution (Micrograms of fine particles per cubic meter)	9.0	24	4.9
<b>Policy</b>			
Lack of Health Insurance (Percent of population)	16.1	35	3.8
Public Health Funding (Dollars per person)	\$50	43	\$219
Immunization—Children (Percent aged 19 to 35 months)	72.0	19	82.1
Immunization—Adolescents (Percent aged 13 to 17 years)	64.9	27	81.3
<b>Clinical Care</b>			
Low Birthweight (Percent of live births)	8.8	40	5.7
Primary Care Physicians (Number per 100,000 population)	117.9	26	324.6
Dentists (Number per 100,000 population)	46.7	47	107.6
Preventable Hospitalizations (Number per 1,000 Medicare beneficiaries)	56.7	26	28.2
<b>ALL DETERMINANTS</b>	-0.17	36	0.71
<b>OUTCOMES</b>			
Diabetes (Percent of adult population)	11.4	43	6.5
Poor Mental Health Days (Days in previous 30 days)	3.6	22	2.5
Poor Physical Health Days (Days in previous 30 days)	4.0	30	2.8
Disparity in Health Status (Percent difference by education level**)	34.3	43	15.5
Infant Mortality (Deaths per 1,000 live births)	7.3	41	4.2
Cardiovascular Deaths (Deaths per 100,000 population)	252.2	31	184.7
Cancer Deaths (Deaths per 100,000 population)	196.2	33	145.7
Premature Deaths (Years lost per 100,000 population)	7,661	36	5,345
<b>ALL OUTCOMES</b>	-0.11	40	0.34
<b>OVERALL</b>	-0.29	37	0.91

\*Negative score denotes less disease than US average, positive score indicates more than US average  
 \*\*Difference in the percentage of adults aged 25 and older with vs without a high school education who report their health is very good or excellent



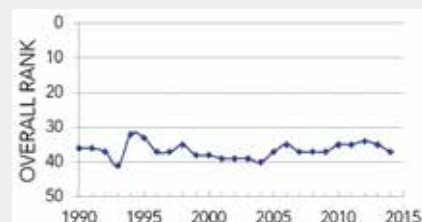
STATE ◆ NATION ● The 2012–2014 data in the above graphs are not directly comparable to prior years. See Methodology for additional information.

ECONOMIC ENVIRONMENT	NC	US
Annual Unemployment Rate (2013)	8.0	7.4
Annual Underemployment Rate (2013)	14.7	13.8
Median Household Income (2013)	\$41,208	\$51,939

MEASURE	ADULT POPULATION AFFECTED
Smoking	1,506,000
Obesity	2,070,000
Physical Inactivity	1,899,000
Diabetes	860,000

## Overall Rank: 37

Change: ▼ 2  
 Determinants Rank: 36  
 Outcomes Rank: 40



### Strengths:

- Low prevalence of binge drinking
- Low incidence of pertussis
- High immunization coverage among children

### Challenges:

- High percentage of children in poverty
- Limited availability of dentists
- High prevalence of diabetes

### Ranking:

North Carolina is 37th this year; it was 35th in 2013. The ranking for senior health in North Carolina was 29th in 2014.

### Highlights:

- In the past 2 years, physical inactivity decreased by 6 percent from 26.7 percent to 25.1 percent of adults.
- In the past 5 years, high school graduation increased by 10 percent from 71.8 percent to 79.0 percent of incoming ninth graders.
- In the past 5 years, air pollution decreased by 29 percent from 12.6 to 9.0 micrograms of fine particles per cubic meter.
- In the past 10 years, preventable hospitalizations decreased by 27 percent from 78.1 to 56.7 per 1,000 Medicare beneficiaries.
- Since 1990, children in poverty increased by 39 percent from 19.3 percent to 26.8 percent of children.

State Health Department Website:  
[www.dhhs.state.nc.us](http://www.dhhs.state.nc.us)

# 10 Amazing, Fun & Interesting Facts About Bangladesh



Bangladesh, officially known as People's Republic of Bangladesh is a South Asian country situated at the apex of Bay of Bengal. Bangladesh is one of the most densely populated countries, it is ranked 8th in the list of most populous countries. Let us know some amazingly interesting facts about Bangladesh

## #1: The Government

- The official name of Bangladesh is the People's Republic of Bangladesh and has a Unicameral Government.
- The Government is headed by the Prime Minister as the head of the Government and the President is the chief of state.
- The President is chosen through election and serves a term for 5 years, with the maximum of being able to serve 2 terms.
- The Prime Minister should be representing the majority coalition and is appointed by the President.

## #2: Population

- Bangladesh is a small country but stands eighth in terms of world population.
- It has a population density of almost 3000 people per square mile.
- Recently the fertility rate of the nation has fallen and it is also experiencing a net out emigration.

## #3: Invasion

- Bangladesh has suffered the same fate as India when it comes to invasion, as it was separated almost after India's independence from the British. Hence the Maurya's and Mogul's as well as the British have invaded Bangladesh
- The nation was partitioned from India when independence was declared. Bangladesh was then called East Pakistan. Owing to the huge gap in between the two regions, very different cultures and languages, Bangladesh separated itself from Pakistan and declared independence. These interesting facts about Bangladesh history are worth knowing.

## #4: The Game of Cricket

- Although the national game of Bangladesh is Kabaddi (Ha-Doo-Doo) but Cricket is much more popular than Kabaddi.
- The nation's cricket team was assigned the test status, which is considered a prestigious status awarded to acknowledge the capability of the team.

## #5: Farmers Abundant

- This interesting fact about Bangladesh is quite astonishing: The farmers of the land compose 95% of the population of Bangladesh.
- Despite the majority of the population is involved in agriculture, the revenue comes in from the export of garments.

## #6: Gestures that make an impact!

- It is considered rude and unclean to use your left hand in Bangladesh. Hence it would be wise to use your right hand to pass things or even shake hands with people.
- It is also considered immature to smile a lot. Hence the Bangladeshis tend not to smile much (may be a myth)

## #7: National Identities

- The endangered Bengal tiger is the national animal. The roar of this tiger can be heard as far as 3 kilo meters
- Lily is the national flower of Bangladesh.
- The Doyel is the national bird.
- The national anthem has been written by Rabindranath Tagore.
- Kabbadi is the national game.

## #8: Weather Conditions

- Bangladesh has six distinct seasons unlike the normal four distinct seasons. These seasons comprise of grismo (summer), barsha (rainy), sharat (autumn), hemanto (cool), sheet (winter), and bashonto (spring).
- The climate is mostly tropical and is humid most of the time leading to feeling sweaty.

## #9: Journalism & Journalists

- Bangladesh has a whopping figure of 2000 periodicals and daily newspapers published, despite the low literacy rate and the constant average readership at 15%
- The ITV Breakfast show presenter and former BBC News presenter Tasmin Lucia Khan is of Bangladeshi descent.

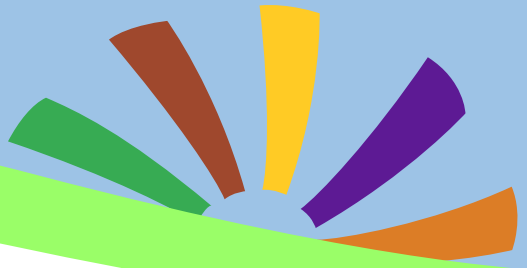
## #10: Threat from Environment!

- Bangladesh has been constantly flooded by the melting Himalayan snow and the rivers flowing through.
- Having just a few hills and otherwise being flat, it is very vulnerable to the rising sea levels due to global warming.

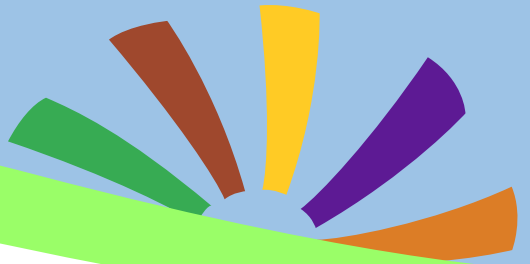
## One more Interesting fact about Bangladesh: Structures & Sites

- Bangladesh's oldest known city site is the city of Mahasthangarh.
- The hilly region of north east Bangladesh, Sylhet has many monuments that are similar to those found in Europe.

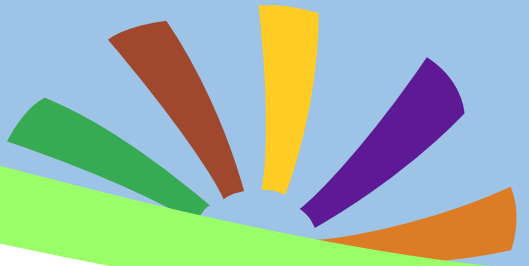
# BMANA-CC through the lens



# BMANA-CC through the lens



# BMANA-CC through the lens



# BMANA-CC through the lens





Retirement Planning | College Planning | Life Insurance | Disability Insurance | Long Term Care | Estate Planning | Islamic Financial Planning | Tax Saving

## ONE COMPANY COMPLETE SOLUTION

Syed Nishat | Senior Vice President | 646-783-7561  
snishat@wsfg.com

Aadil Zaman, MBA | Senior Vice President | 646-783-7562  
azaman@wsfg.com

75 Maiden Lane, Ste 234, New York, NY 10038 | www.ws-ag.com

Only securities and advisory services offered through Wall Street Financial Group Inc. (WSFG), Registered Investment Advisor, Member FINRA/SIPC. WSFG and Wall Street Alliance Group are separate entities.



TRUST YOUR  
**heart**  
to the  
**leaders**  
IN CARDIAC CARE

Serving  
Raleigh, Cary,  
and the  
Surrounding Areas



CALL TO SCHEDULE A CONSULTATION  
Raleigh 919-782-8301

WELCOME SERVICES OUR DOCTORS LOCATIONS CONTACT US FORMS LINKS

RESEARCH & PUBLICATIONS

Meet the Doctors of Premier Cardiovascular,  
P.A.

Our Doctors



**Sagir Ahmed**  
MD, MPH, FACC, FSCAI

**Specializing in the Following:**

- Cardiovascular Diseases



**Sagir Ahmed**  
MD, MPH, FACC, FSCAI



**Ishtiaque Mohiuddin**  
MD, PhD, FACC

# Who do you trust with life's important images? TRUST US.



www.NCDiagnosticImaging.com

**CAROLINA IMAGING &  
CAROLINA IMAGING - RAMSEY**

Trust us to give you & your family the care you deserve.

- Choice of location most convenient for you
- Acceptance of all insurance plans
- Cost savings of 40-60% over area hospitals & other outpatient facilities
- Same & next day appointments available
- Free parking & relaxing outpatient environment

**IMAGING SERVICES AVAILABLE: MRI, Open MRI, CT, Ultrasound, Mammography, X-ray, DEXA, Nuclear Medicine**

Friendly team available to answer your questions & deliver the HIGHEST quality care at the LOWEST possible price!



Like us on Facebook

**Carolina Imaging**  
3628 Cape Center Drive  
Fayetteville, NC 28304  
T: 910.483.1321

**Carolina Imaging – Ramsey**  
726 Ramsey Street  
Suite 10  
Fayetteville, NC 28301  
T: 910.483.5151

**locations**

**Call us today to schedule:  
1-877-361-4757**

*“He shall give his angels charge over thee,”*



## **NATIVE ANGELS**

**HOME CARE , HOME HEALTH & HOSPICE AGENCY, INC.**

*“2007 NC & US Small Business of the Year”*

WHY NOT TRUST **ONE AGENCY** FOR **ALL** YOUR HEALTHCARE NEEDS?

- Personal Care Services • Hospice • Home Health
- Pediatrics • Disease Case Management • Geriatrics
- Free Consultation with a Registered Nurse

Referrals / Admissions

Call: 1-866-694-5025

Fax: 1-910-321-6077

[www.nativeangels.biz](http://www.nativeangels.biz)

**MEDICAID / MEDICARE CERTIFIED / TRICARE / PRIVATE INSURANCE**

Proudly serving Scotland, Robeson, Cumberland, Hoke, Bladen,  
Columbus and Moore Counties.

*Bring an Angel into **YOUR** Home!*

## Questions for you:

**Are you paying too much in taxes?**

**How do you manage your taxes?**

**Do you contribute maximum towards your retirement plans?**

**How do you manage your investment risks?**

**Is your portfolio well diversified and actively managed?**

**Do you have downside protection mechanism during market crash?**

**What are the expenses and fees of your investments?**

**Do you have a Family Legacy Plan?**

## Our firm focuses on:

**TAX REDUCTION STRATEGIES**

**RETIREMENT PLANS**

**INVESTMENT AND FINANCIAL ADVISORY SERVICES\***

**We are an independent advisory firm. We do not represent any specific company. We work for our client providing unbiased and objective advice.**

**Abdus Sikder, CLU, ChFC, MBA**

**Senior Partner**

**Tax Planning Strategies**

**1981 Marcus Avenue, Suite #C-107**

**Lake Success, NY 11042**

**Cell: 516-526-8201**

**Off: 516-506-7272**

**Fax: 516-506-7270**

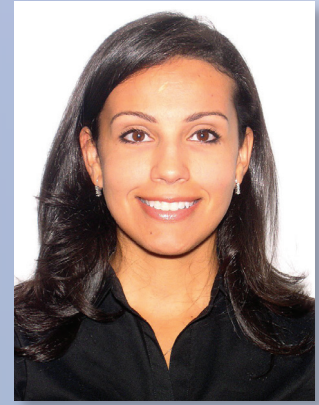
**Email: [asikder@aicinvest.com](mailto:asikder@aicinvest.com)**

**Website: [www.tpscpa.com](http://www.tpscpa.com)**

"Securities and investment advisory services are offered solely through Ameritas Investment Corp. (AIC). Member FINRA/SIPC. AIC and Tax Planning Strategies, Inc. are not affiliated. Additional products and services may be available through Tax Planning Strategies, Inc. that are not offered through AIC. This is not an offer of securities in any jurisdiction, nor is it specifically directed to a resident of any jurisdiction. As with any security, request a prospectus from your Registered Representative. Read it carefully before you invest or send money. A Representative from Tax Planning Strategies, Inc. will contact you to provide requested information. Representatives of AIC do not provide tax or legal advice. Please consult your tax advisor or attorney regarding your situation. Securities products are currently limited to residents of CA, MD, PA, NC, NJ, KY and NY."

# **RESIDENTIAL**

Luxury Home Purchase & Sales



**Rehab Hamad, MBA, CLHMS**  
919.971.4286  
Rhamad@trilandproperty.com

# **COMMERCIAL**

Sales. Lease Representation.  
Property Management.  
Medical Office & Retail.



**Yezen Hamad, BIC**  
919.351.9411  
Yhamad@trilandproperty.com



*Helping You  
Reach Your  
Real Estate Goals*

[www.trilandproperty.com](http://www.trilandproperty.com)