

# Healthy **START**

YOU HAVE **THE POWER**

VOL.XVI • FALL • FREE

## THE YEAR OF THE VIRUS!

Though there is finally light at the end of the tunnel now that there are two vaccinations for COVID-19, local health experts stress there is still much **YOU** can do to **NOT** get the Coronavirus!

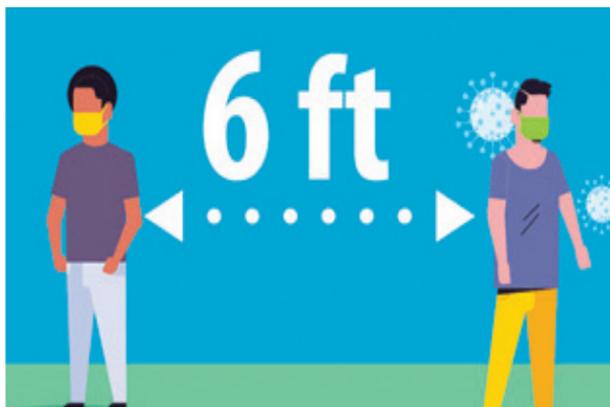


**INSIDE**

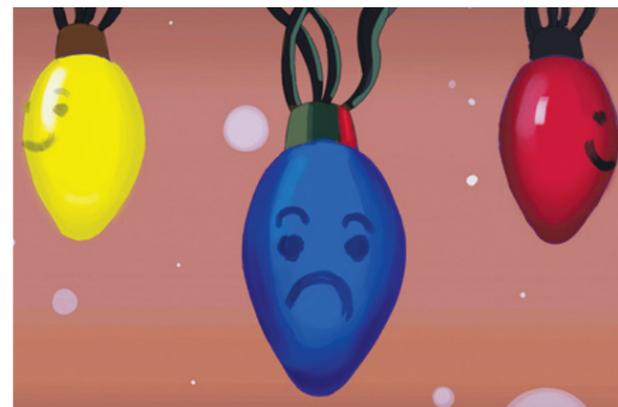
**THIS ISSUE**



**What cancer patients and caregivers need to know about COVID-19?**



**A VISUAL REMINDER OF WHAT YOU STILL NEED TO DO SO YOU WON'T GET THE VIRUS!**



**AVOIDING THE HOLIDAY **BLUES!****

# State Lawmaker Donates COVID-19 Convalescent Plasma



State Rep. David Bowen (at left) recently donated COVID-19 convalescent plasma (CCP) at Versiti's downtown Milwaukee donor center, 628 N. 18th St. His donation shows how easy it is for eligible donors to give CCP and how important it is for them to help others. The state legislator also wanted to show the community the importance of donating given the disproportionate impact the virus has had on the Black community.

Bowen was diagnosed with COVID-19 in March. While recovering, he led by example and encouraged others to take the virus seriously. The plasma is being shipped out to hospitals and as fast as it is coming in.

Local hospitals need those who have recovered from COVID to help out, as their donation of CCP could be lifesaving for citizens who are currently hospitalized. —Photo by Pat Robinson



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## MAKE A DIFFERENCE IN YOUR COMMUNITY

Hospitals, nursing homes,  
and assisted living facilities are hiring.

Learn More at  
[dhs.wi.gov/NewCareer](http://dhs.wi.gov/NewCareer)

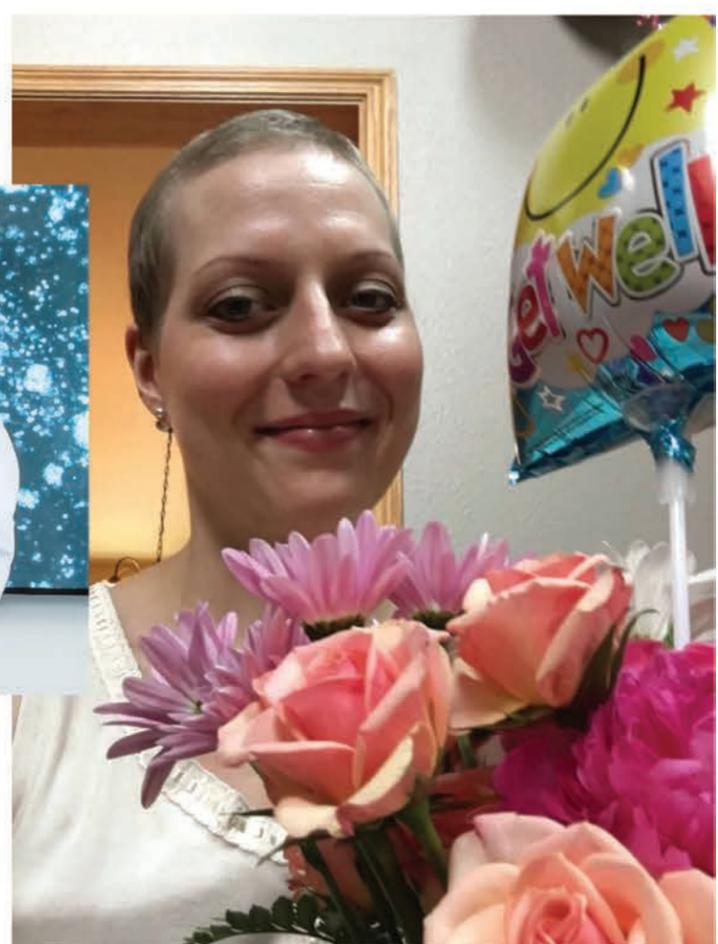


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CAREERS



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of HEALTH SERVICES

# Making more Humanly possible in cancer care.



## More cancer advances mean more ways to continue being you.

Here, everything we do – every conversation, every research breakthrough our specialists make – helps you live better. Like re-engineering healthy immune cells to destroy cancer cells. Personalizing your treatment, even if your cancer has a unique genetic signature. Offering first-in-the-world cancer radiation technology that constantly adapts as your tumor changes for unmatched precision. Taking time to address your concerns virtually or in-person, day or night – with a 24-Hour Cancer Clinic for the unexpected. Together, we do everything humanly possible, so you can, too.

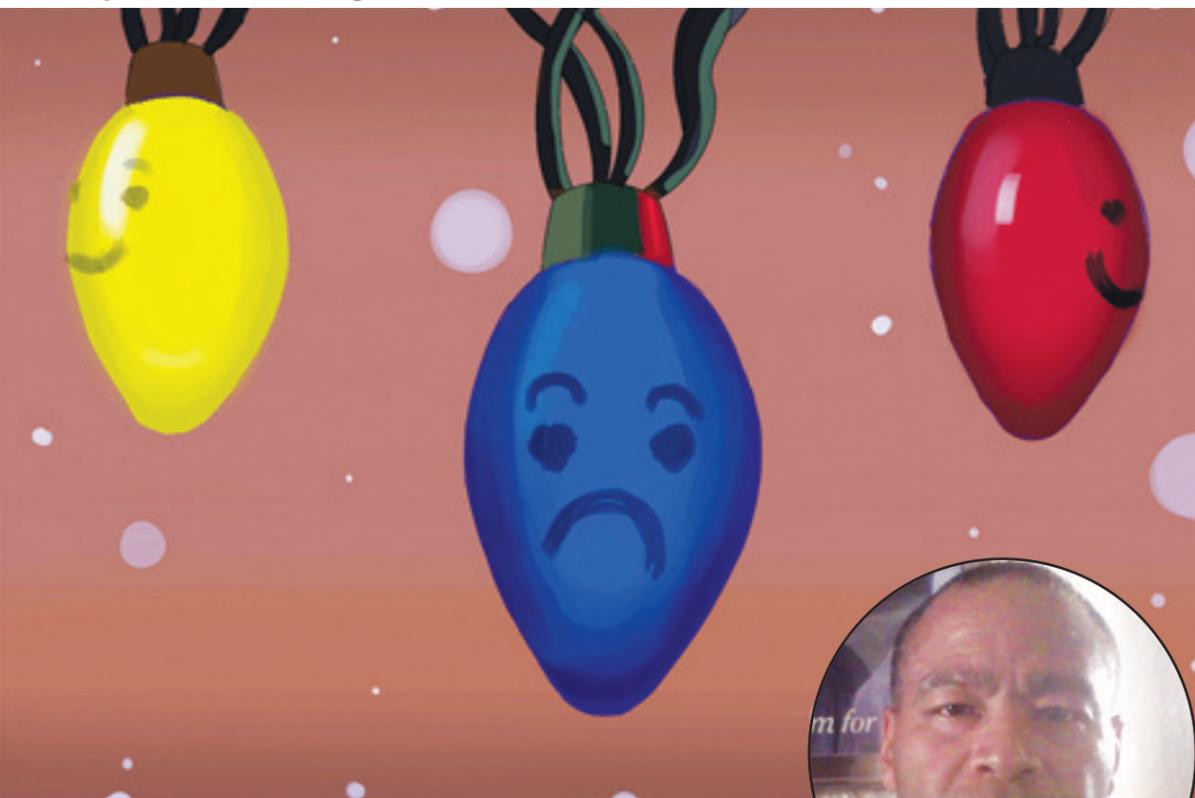
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# AVOIDING THE HOLIDAY BLUES

**Alphonso Gibbs, Jr.,**  
LCSW-C, LICSW, Advisory Board Member, Men's Health Network  
[www.MensHealthNetwork.org](http://www.MensHealthNetwork.org)

The six weeks encompassing Thanksgiving, Christmas, and New Year's—collectively called “the holidays”—are for most, a magically unique time of year, filled with holiday carols, reunions, displays of colorful lights, love, and affection, often expressed through gift giving.

For the better part of 2020, we have all been impacted by the Covid-19 pandemic, the stresses brought on by racial tensions, and the political dramas of the 2020 election.

Now, we have to make hard decisions on whether to gather with our loved ones for the holidays, or continue to socially distance from them until we get the all clear.

For some, the holidays bring hurt. Caused by factors such as those already mentioned, along with the weather (seasonal depression); extended separation, death, financial stress, unemployment, unrealistic expectations, hyper-sentimentality, guilt, or overspending.

Holiday depression—also called the “holiday blues”—can zap the merriment out of even the most wonderful time of the year.

Now, one must make hard decisions on whether to visit, whom to visit, and how to prepare for the visit—such as getting a COVID-19 screen prior to the visit.

The “holiday blues” only seem to get worse as we near the end of the year.

Holiday depression affects one million people every year.

Men and women, young and old, all fall victim to feelings of sadness, loneliness, anxiety, guilt, and fatigue during this emotionally charged time.

Men's Health Network offers the following 10 suggestions to help you identify and ward off—or at least better cope with—potential sources of holiday depression.

**1. Acknowledge that you're hurting.** Others may expect certain attitudes and behaviors from you that you may not feel. The retail industry's “holiday hype” presents an overly sentimental, nostalgic, and even imaginary notion of the holidays (usually to try to sell you something).

Sill, feelings of sadness, loneliness, or depression don't automatically vanish just because it's the holidays. Acknowledge your pain, be open and honest with others, refuse to feel guilty, and get help if necessary.

It's ok to laugh! Don't be afraid! You won't be struck by a bolt of lightning for laughing. Remember, a closed mouth won't get fed.

**2. Have a plan to deal with your feelings.** Try to surround yourself with people who care about and support you—family,



**Alphonso Gibbs, Jr.**

friends, or church members. Exercise programs (aerobic activities such as walking, running, cycling, etc.) are

recommended because of their mood-elevating ability). If necessary, see your doctor or therapist.

And learn to say “no.” Others' expectations are not a reason for your own mental health to suffer.

**3. Set realistic expectations. Keep your expectations realistic rather than perfectionistic.**

Prioritize and reduce self-imposed holiday preparations. Delegate responsibilities. Realistically plan your budget, spending, and shopping. Do less and enjoy more.

Obsessing over endless details is bound to change this long-awaited, once-a-year season from a time of exuberance to one of exhaustion.

Make it a point to be honest with yourself, and if necessary and possible, limit the time and situations/people you want to be around.

When you've had enough of either, make sure that you have a way to leave or step away.

**4. Take time for yourself.** Why is it called holiday depression? Because, for people who

suffer from it, the negative feelings don't occur at other times of the year.

Remind yourself of what you enjoyed during the previous months, then continue those things during the holidays.

Make yourself a priority! Instead of a “Discount Double Check,” give yourself an “Emotional Double Check”.

Give yourself permission to feel what you feel—just don't stay there too long.

Getting enough rest, eating and drinking in moderation, exercising, and continuing other favorite activities can maintain normalcy, routine, control, and predictability.

**5. Consider that your depression may actually be caused by this time of year.**

Seasonal Affective Disorder, or SAD, occurs because of reduced exposure to sunlight—which is just what happens during the holiday season when daylight hours are shorter.

Check with your doctor to see if light therapy might be beneficial for you.

**6. Help others.**

(continued on page 5)



## PROTECT OUR COMMUNITY FROM COVID-19

When you take steps to stop the spread of COVID-19, you help keep family, friends, and neighbors healthy, too. Learning how to protect the people in your life can help protect everyone in Wisconsin.

**YOU STOP THE SPREAD**

[dhs.wisconsin.gov/COVID19](http://dhs.wisconsin.gov/COVID19)

- Wear a mask in public**
- Keep 6 feet apart**
- Stay home if you can**
- Wash your hands**
- Symptoms? Get tested**



WISCONSIN DEPARTMENT of HEALTH SERVICES

# THE HOLIDAY BLUES

(continued from four)

Soup kitchens, homeless shelters, nursing homes, churches, and scores of other organizations can always use volunteers, especially at critical times of the year.

Additionally, you'll benefit from the company of other people around you rather than being alone.

At the same time, help others help you! Tell those who care about you what you do or don't need from them.

Most people truly want to help but they often don't know what to do or say.

**7. Bury the hatchet.** Perfect families don't magically appear during the holidays, but family conflicts can.

Letting go and forgiving can help heal past wounds. Additionally, family feuds can be deliberately set aside until after the high-tension holidays in order to facilitate everyone's peace and enjoyment at this special—but challenging—time.

**8. Start your own traditions.** Families and traditions both change with time. (Every tradition had to start somewhere, right?)

Rather than reminiscing over the good old days, accept the fact that change may be neces-

sary, grasp the season as it is now, look forward to the future, and create your own family traditions that can be enjoyed and even preserved for future generations.

This is the year of Zoom meetings, online parties, and other virtual gatherings. They are much cheaper, safer, and easier to organize than traveling.

All you need is a webcam and internet access.

**9. Keep your alcohol intake low.** Don't pour gasoline on a fire.

Remember, alcohol has a depressive effect on your nervous system and your mood, so if you're experiencing the holiday blues, drinking too much alcohol will make everything worse.

**10. Rededicate yourself to your spirituality.** The "reason for the season" is often swallowed up by maddening materialism that can distract from the history, meaning, and significance of holiday celebrations.

Step back, slow down, and refocus on transcendent, eternal matters.

Rededicate yourself to spiritual pursuits, such as church attendance, church work, prayer life, and other disciplines. Re-

gain the focus originally intended by this time of year.

**11. Every day, veterans who served in the Army, Marine Corps, Navy, Air Force, and Coast Guard connect with proven resources and effective treatments for depression and find solutions that improve their lives.**

It can be difficult to handle depression on your own, so talking to your family and friends can be a first step. You can also consider connecting with:

- Your doctor. Ask if your doctor has experience treating Veterans or can refer you to someone who does.

If you feel comfortable enough with your physician, he or she may be able to help you find tools to manage loss of interest or pleasure even without direct experience with Veterans.

- A mental health professional, such as a therapist
- Your local VA Medical Center or Vet Center. VA specializes in the care and treatment of Veterans.
- A spiritual or religious adviser

#### Sources:

<http://www.drhuggiebear.com/information/howtoavoidpostholidaydepression-print.htm>

<http://www.eaptools.com/> ("Making the Holidays More Positive")

<http://www.usma.edu/Publicaffairs/PV/001222/depression.htm>

<http://www.wellnessjunction.com>

## RESOURCES AND HELPLINES

**SAMHSA - Substance Abuse & Mental Health Services Administration**

800-662-HELP (4357)

[www.samhsa.gov](http://www.samhsa.gov)

**National Suicide Prevention Lifeline**

800-273-TALK (8255)

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

**Your Head: An Owner's Manual**

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

**ULifeline.org – Online resources for students**

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

**Patient-Centered Outcomes Research Institute (PCORI)**

<https://www.pcori.org/topics/mental-and-behavioral-health>

## MEN'S HEALTH NETWORK

Men's Health Network (MHN) is an international non-profit organization whose mission is to reach men, boys, and their families where they live, work, play, and pray with health awareness messages and tools, screening programs, educational materials, advocacy opportunities, and patient navigation. Men can learn more about their health through MHN's online resource center, [www.MensHealthResourceCenter.com](http://www.MensHealthResourceCenter.com)

Learn more about MHN at [www.MensHealthNetwork.org](http://www.MensHealthNetwork.org). Follow us on Twitter @MensHlthNetwork and Facebook at [www.facebook.com/menshealthnetwork](http://www.facebook.com/menshealthnetwork)



### REMEMBER THE ESSENTIALS

# Wear a mask + social distance



**DRIVE-THRU**

FREE - NO APPOINTMENT NEEDED

## COVID-19 TESTING

### City of Milwaukee Community Testing Sites

- **Northwest Health Center (NWHC), 7630 W. Mill Road**  
Drive-thru garage – Enter at Mill Road Library, 6431 N. 76th St.
- **Southside Health Center (SSHC), 1639 S. 23rd St.**  
Drive-thru heated tent in North parking lot - Enter on 24th St.
- **Monday, Tuesday, Thursday, Friday 9am-3pm • Wednesday 10am-6pm**



### Milwaukee County Community Testing Site

- **Miller Park – 1 Brewers Way**  
**Monday-Friday, 11am-6pm • Saturday 9am-3pm**

Drive-thru, walk up or take the free downtown shuttle

View more sites at: [milwaukee.gov/covidtesting](http://milwaukee.gov/covidtesting)

#MKECares #StaySafeMKE



# OP-ED: How Ascension is Preparing for the COVID-19 Vaccination

Article by Dr. Greg Brusko, Chief Clinical Officer, Ascension Wis.



By Dr. O'Rell Williams  
Vice President of Medical Affairs, Ascension SE Wisconsin Hospital - St. Joseph Campus

From the moment COVID-19 emerged in the United States, dedicated caregivers across Ascension Wisconsin -- and caregivers everywhere -- have worked tirelessly on the frontlines to care for people impacted by the pandemic.

We are grateful to all of our

nurses, doctors and staff for the commitment, empathy and selflessness they have shown.

While 2020 has been a challenging year, the dedication of frontline caregivers everywhere has been a source of inspiration for us all.

The development of a safe and effective vaccine has been a critical part of the world's effort to stop the spread of COVID-19. As the pandemic continues to affect people worldwide, we have new reasons for hope.

Vaccines from Pfizer and Moderna have demonstrated safety and effectiveness, and the U.S. Food and Drug Administration (FDA) has authorized Pfizer's vaccine for emergency use (EUA) and is expected to do the same for Moderna's vaccine later this month. Ascension Wisconsin held its first COVID-19 vaccine clinic for frontline caregivers on Thursday, December 17, 2020.

All approved vaccines require extensive research, documentation and closely monitored clinical trials, some of which were completed by Ascension physicians, to determine

effectiveness and safety before being submitted for approval or emergency use authorization by the FDA.

Ascension Wisconsin is following guidance issued by the CDC and recommendations of the National Academies of Sciences, Engineering and Medicine. In accordance with these guidelines, among the first group eligible to receive the vaccines are frontline caregivers -- particularly those serving in emergency departments, COVID-19 units and intensive care units. For Ascension, this includes both associates and affiliated physicians and providers. Ascension anticipates that the remainder of its associates will be eligible for the vaccine as more doses become available and the distribution process progresses.

We are confident our plan will effectively and safely contribute to the protection of the communities we are privileged to serve.

We will also be conducting outreach to high-risk groups and vulnerable populations, including those who experience barriers in accessing healthcare services, to ensure members of these communities are encouraged to receive a COVID-19 vaccination.

Over the coming months, these vaccines will become available to the general public, and we want to strongly encourage everyone to get the COVID-19 vaccine when it is made available.

I plan to get the vaccine as soon as it's available for me -- once our frontline caregivers and high-risk individuals have had the opportunity to receive it. I believe it is the right thing to do to protect ourselves, our loved ones and our community.

As we await widespread distribution of the COVID-19 vaccines, it will be critical for our entire community to continue wearing masks,

watching distance from others and washing hands frequently to protect ourselves and those around us. We will continue to diligently follow these measures across our sites of care, and you should do the same in your home and workplace.

It has been a trying year, but with the development of these vaccines and the remarkable work of our caregivers, relief is on the horizon. As we look forward to "community immunity", it's important that we all work to manage our health needs with a focus on prevention -- staying current on vaccinations, keeping prescriptions filled, and staying in contact with our doctors so we can be the healthiest versions of ourselves during this time.

And remember, if you need emergency care, do not delay treatment or defer any of your care needs.

Our hospitals and emergency rooms are well prepared to safely care for you.

## 4 Truths About Older People and the Pandemic

NEW YORK, NY— Life spans are getting longer, and the pandemic is greatly affecting older people (and their younger counterparts). Erica Baird and Karen E. Wagner are two successful lawyers, now retired, who cofounded Lustre.net, an online community aimed at redefining retirement for modern career women by confronting outdated stereotypes as they step into their next two to three decades. Together, Baird and Wagner reveal 4 Truths About Older People and the Pandemic:

**1. Older people are people, too.** According to the World Health Organization, ageism affects at least 600 million people worldwide. Ageism, the last acceptable 'ism,' serves only to legitimize stereotypes of older people and leads to views, such as those articulated during the pandemic, that maybe the pandemic is not so bad if it only affects older people (which of course it does not). It is time to ditch those false assumptions. Older people are living longer and better than ever. Every lucky person will, in fact, one day be older. Long before that day, everyone needs to understand that older people are people, too.

**2. Boomers have skills that help them handle the pandemic.** Boomers have solved many problems in their time—especially women, who have to solve problems at home, at work and everywhere else. They also know that crises can bring about positive change—they lived through the dawn of modern feminism, the birth of the civil rights movement, the Vietnam War protests and the AIDS crisis. So while they hate the pandemic, they know how to deal with the daily dramas, and they know it will bring some useful changes when it is over.

**3. Younger and older people have better lives if they live in the same communities.** Older people are in the prime of their lives, and have experience and perspective to offer younger people. Younger people, in turn, have energy and exuberance that can benefit older people. Diversity of perspectives is always a good thing. Isolating older people, by housing them in retirement communities and excluding them from the workforce, is a waste for both generations. Never before have so many generations lived at the same time. Keeping them together profits everyone.

**4. Older people should participate in tech design.** Thanks to the pandemic, right now is Zoom time, and everyone is connecting virtually. Older people know this is not the way anyone wants to live, but they also know how to make it work for the moment. In their careers, when technology flowered, they learned well its value and how to use it.

Zoom is just an extension of what they already know. As Forbes reported, older people do sometimes get frustrated with technology—and who doesn't—but older people are seldom asked for input on the design of anything. Maybe if someone over 16 who isn't a gamer were asked for her opinion, everyone's frustration would disappear.



## Locals rush to test blood as COVID spreads

The spread of Covid-19 locally and throughout the country is driving more of us than ever before to ask questions about our health -- including "What's my blood type?"

A new local survey reveals many of us have no idea -- and that's scary because our quality of life depends on it.

In a just-released survey of 500 adults (age 18 -- 64), commissioned by local direct access lab testing company, Any Lab Test Now:

- More than a third surveyed (37%) have no clue about their blood type.
- More than half (58%) have never even thought about it.

Though the jury's still out about the connection between blood type and your chances of catching and recovering from COVID, your blood type DOES increase your risk for other serious illnesses like heart disease and some gastrointestinal cancers. Though most in the survey didn't realize this.

"This pandemic has more people than ever before monitoring their health and thankfully we're seeing families come into our labs to get a quick and simple screening to learn their blood type to understand their risk for diseases," says Clarissa Bradstock, CEO of Any Lab Test Now, a nationwide franchise of direct-to-consumer lab testing. "If COVID has taught us anything, it's that we need to be vigilant about our health and a good place to start is with knowing our blood type and the health risks associated with it."

There are eight different blood types and yours is determined by one thing only -- (genetics) -- your parents.

Yet surprisingly:

- More than half surveyed (51%) have no clue how we get our blood type and others falsely believe blood type is partly determined by weight, height, or diet -- when these factors play no role at all.

- Nearly one quarter (21%) believe blood type can change through the years when it remains constant throughout your life.

- Almost ¾ (74%) have no clue your blood type can help you gain or lose weight or even make you feel more tired.

**BLOOD TYPE HEALTH RISKS:**

- **INCREASED CHANCE OF CANCER.** A majority (65%) of those surveyed do not know your blood type raises your chances of developing stomach or pancreatic cancer. A study in the *The Journal of the National Cancer Institute* found people with type A blood were more likely to develop pancreatic cancer than those with type O blood. Researchers point to the "H. pylori" bacteria known to cause inflammation and ulcers in the stomach, common among people with type A blood.

- **STRESS FACTOR.** ¾ (75%) of respondents do not know your blood type can affect how you cope with stress. When people "stress out" it boosts the body's level of cortisol. Evidence shows people with type A blood tend to start with a higher level of cortisol so they may have a harder time coping with stress.

- **HEART PROBLEMS.** More than half (61%) don't realize your blood type can increase your risk of heart disease. Harvard School of Public Health researchers determined people with AB and B type blood are at higher risk for heart problems.

# What's the difference?



Knowing the difference between seasonal allergies, a cold and something more serious can help you know when to seek care. Ascension is here for you. Call your doctor, or video chat with a doctor 24/7 through [ascension.org/onlinecare](https://ascension.org/onlinecare).

Symptom	(COVID-19)	Influenza	Common cold	Seasonal allergies
Seasonality	Unclear	Oct. through May	Winter	Annually by type
Length of Symptoms	7-25 days	7-14 days	Less than 14 days	Several weeks
 Cough	Common	Common	Common	Rarely
 Shortness of breath	Sometimes	Uncommon	Uncommon	Uncommon
 Chest congestion	Common	Rarely	Common	Rarely
 Runny Nose	Rarely	Sometimes	Common	Common
 Sneezing	Uncommon	Uncommon	Common	Common
 Sore throat	Rarely	Sometimes	Common	Sometimes
 Fever	Common	Common	Common	Uncommon
 Tired	Sometimes	Common	Sometimes	Sometimes
 Body aches	Sometimes	Common	Common	Uncommon
 Headaches	Rarely	Common	Rarely	Sometimes
 Diarrhea	Rarely	Sometimes	Uncommon	Uncommon
Onset	Gradual	Sudden	Gradual	Seasonal

# Always **REMEMBER**, and

Recommendations, guidelines and eye-opening information you STILL NEED

## Masks 101

Protecting You. Protecting Me. Together We Can Stop The Spread.

**Use these tips for your mask:**

- ✔ Masks Should Fit Snuggly
- ✔ Secure with Ear Loops
- ✔ Wash After Each Use
- ✔ Not for Children Under 2 or for People with Breathing Problems

**COVID-19 INFORMATION**

## CORONAVIRUS DISEASE 2019 (COVID-19)

**Patients with COVID-19 have reportedly had mild to severe respiratory illness. Symptoms can include**

- Fever
- Cough
- Shortness of breath

**\*Symptoms may appear 2-14 days after exposure.**

Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

[cdc.gov/COVID19-symptoms](https://cdc.gov/COVID19-symptoms)

## STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

**Stay at least 6 feet (about 2 arms' length) from other people.**

**6 ft**

[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

CS219118 May 12, 2020 4:01 PM

# NEVER forget!...

NEED to be AWARE of in the continuing fight against the coronavirus!

## COVID-19 and Child and Infant CPR

If a child or an infant's heart stops and you're worried that they may have COVID-19, you can still help.



### Step 1

Make sure the scene is safe.

Check to see if the child or infant is awake and breathing normally.

### Step 2

Shout for help.

If you're alone, phone 9-1-1 from a cell phone, perform CPR with 30 compressions and then 2 breaths (if you're willing and able) for 5 cycles, and get an AED.

If help is available, phone 9-1-1. Send someone to get an AED while you start CPR.

### Step 3

Provide CPR with compressions and breaths (if you're willing and able).



#### Start child CPR

Push on the middle of the chest 30 times at a depth of 2 inches with 1 or 2 hands. Provide 30 compressions and then 2 breaths. Repeat cycles.



#### Start infant CPR

Push on the middle of the chest 30 times at a depth of 1½ inches with 2 fingers. Provide 30 compressions and then 2 breaths. Repeat cycles.

Use the AED as soon as it arrives. Continue CPR until EMS arrives.

63-1424 4/20 © 2020 American Heart Association

## CORONAVIRUS AND YOUR HEART

### COPING WITH POSTPONED PROCEDURES

Many non-urgent tests and procedures have been put on hold because of COVID-19. If you live with a heart condition, a delay may cause you to worry.



#### WHY THE DELAY?

A BALANCING ACT

→ To manage your health care needs and To protect you and your care team



- Respond to the COVID-19 pandemic
- Conserve medical supplies
- Prioritize care for those dealing with emergencies such as heart attack and stroke

As the number of COVID-19 cases drops, hospitals and clinics will reopen gradually with measures in place to protect your safety



#### WHAT YOU CAN DO WHILE YOU WAIT

TALK TO YOUR HEALTH CARE PROFESSIONAL IF YOU

- Have concerns about waiting to have your procedure
- Notice any new symptoms that your heart condition may be getting worse—especially if you've had a procedure delayed

#### DON'T FORGET

Take your medications

Keep up with heart-healthy habits

Call 911 in case of emergency



For more information about COVID-19 and your heart, visit [CardioSmart.org/Coronavirus](https://www.CardioSmart.org/Coronavirus)

@CardioSmart

## STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

Avoid touching your eyes, nose, and mouth.



[cdc.gov/COVID19](https://www.cdc.gov/COVID19)

CS24008 March 17, 2020 2:04 PM

**STAY AT HOME** to prevent spreading coronavirus (COVID-19), except for essential activities such as:

### ESSENTIAL

- Grocery, Supply Stores
- Health Care, Pharmacies
- Restaurants (Take-out Only)
- Child Care Facilities
- Auto Shops
- Bike & Gas Stations

### CLOSED

- Dine-In Restaurants, Bars, Nightclubs
- Barbershops & Salons
- Entertainment Venues
- Gyms, Fitness, Tanning
- Libraries, Playgrounds

ORDER CAN BE FOUND AT:

[milwaukee.gov/coronavirus](https://www.milwaukee.gov/coronavirus)



## What cancer patients and caregivers need to know about COVID-19?

Doctors are still learning about the possible risks of COVID-19 infection for cancer patients. But they do have a lot of information regarding the risk of infections in general for cancer patients.

Avoiding being exposed to the virus that causes COVID-19 is especially important for cancer patients, who might be at higher risk for serious illness if they get infected. This is particularly true for patients who are getting chemotherapy or a stem cell (bone marrow) transplant, because their immune systems can be severely weakened by the treatment.

The pandemic is also affecting the way many people get medical care, including patients with cancer.

Depending on the COVID-19 situation where you live, this may mean a delay in having cancer surgery or care that's meant to keep cancer from returning. Some people may need to reschedule appointments.

Cancer care teams are doing the best they can to deliver care to their patients. However, even in these circumstances, it isn't life as usual. It's important to keep in contact with your cancer care team to determine the best course of action for you.

This may involve talking to your care team virtually (online or over the phone) and not physically going to the clinic.

Many clinics and infusion centers have made changes to allow you to come in safely for an in-person visit as well as treatment. These might include screening for COVID-19 symptoms ahead of your visit, proper spacing of waiting room and infusion chairs, spacing out appointments to limit the number of people in the waiting room at one time, requiring people to wear a face cover, and cleaning all surfaces frequently. It's important to know who to call to reach your cancer care team to find out how to proceed.

You might have other options for getting your cancer medicines as well. For example, some people might be able to switch to oral medicines instead of having to go in for infusions.

For some people, another option might be to get infusions of their cancer medicines at home. However, there are safety issues to consider with home infusions, and it's important to discuss

these with your health care team before deciding on getting treatment this way.

The issues with getting cancer treatment and testing during this pandemic will take some time to resolve, and even then, there will likely continue to be changes in the way cancer patients receive their care.

In the meantime, doctors need to learn more about cancer patients and COVID-19. Registries such as the COVID-19 and Can-

cer Consortium and studies such as the NCI COVID-19 in Cancer Patients Study are actively collecting data.

Early studies from registries in the US and around the world have looked at outcomes for cancer patients who develop COVID-19 with symptoms, as well as if certain anti-cancer treatments change these outcomes.

These initial study results are helpful, but it is very important to

gather more data and analyze it over a longer time to better understand the effects of COVID-19 on current and former cancer patients.

Contact your doctor if you are interested in participating in a registry or study.

### Why can't someone come with me for my doctor visits/treatments?

While some medical visits are now being done online or over the phone, things like physical exams, lab or imaging tests, and treatments (such as surgery, radiation therapy, or chemotherapy) still need to be done in person.

Many doctor's offices, treatment centers, hospitals, and other facilities have 'no visitor' policies in place at this time, meaning that only the person being treated is allowed to enter. This is to help protect the people in these places, many of whom might be vulnerable if they were to be infected with COVID-19.

At the same time, these policies can create a great deal of anxiety for both cancer patients and their loved ones.

The caregivers who usually accompany patients are an impor-

tant source of support for them, and they can often be invaluable in both giving information to the health care team and in helping to make sure that patients understand what's being told to them.

While it might not be possible for caregivers to attend all of these in-person visits right now, there are still some ways to stay involved and informed about what's going on:

- Ask if the patient can have the caregiver on a phone call during the visit so the caregiver can listen to the conversation and ask/answer questions.

- Ask for a family consult with someone from the health care team after the visit so the caregiver knows what was discussed.

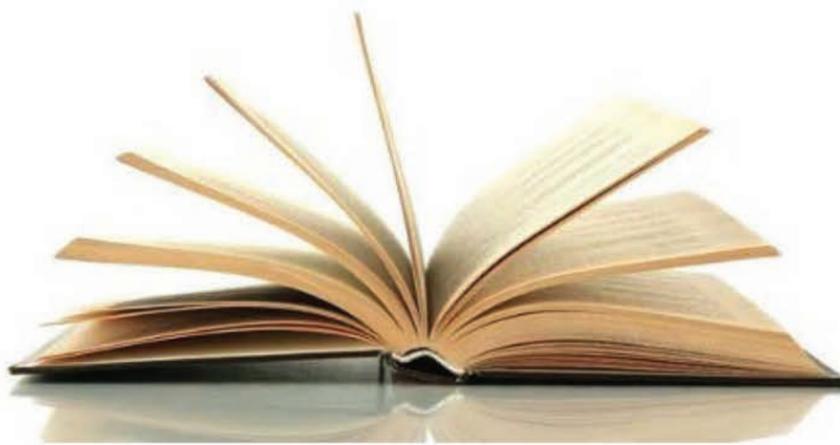
- Ask if the center might allow more frequent telehealth visits so the caregiver can be present.

- If you have an online portal, ask if you can submit questions and get answers there.

- Ask if you can get a copy of the progress note that the healthcare provider writes up after each visit – either a physical copy on the day of the visit or in some other format (for example, via an online portal).

## Do you live in Milwaukee, Racine or nearby counties?

### Would you like to share your story of breast cancer with researchers from the Medical College of Wisconsin?



#### To participate you must:

- *Have been diagnosed with breast cancer*
- *Identify as a Black, Hispanic, or Non-Hispanic White woman*
- *Live in Milwaukee, Kenosha, Ozaukee, Racine, Walworth, Washington, or Waukesha county*



**Information will be collected through 90 minute interviews. Eligible individuals will receive a \$50 gift card for participation.**



Call or email Courtney Jankowski or Carolina Cuevas at (414) 955-8325 / [bcrp@mcw.edu](mailto:bcrp@mcw.edu) More information at: [mcw.edu/bcrp](http://mcw.edu/bcrp)

The principal investigator of this study is Dr. Kirsten Beyer ([kbeyer@mcw.edu](mailto:kbeyer@mcw.edu))



## American Lung Association's 'State of Lung Cancer' Report Finds Wisconsin Among the Top States for Lung Cancer Screening

*Annual report examines toll of lung cancer in Wisconsin, identifies opportunities to save more lives through early diagnosis*

**BROOKFIELD, WI** – Lung cancer is the nation's leading cause of cancer deaths, and it's estimated that 4,290 Wisconsin residents will be diagnosed with this disease in 2020 alone.

The 2020 "State of Lung Cancer" report from the American Lung Association finds that while more Americans are surviving the disease, people of color are facing poorer health outcomes than white residents, and Wisconsin can do more to improve survival rates.

The 3rd annual "State of Lung Cancer" report examines the toll of lung cancer throughout the nation and outlines steps every state can take to better protect its residents from lung cancer.

For the first time, this year's report explores the lung cancer burden among

racial and ethnic groups at the national and state levels.

This year's "State of Lung Cancer" highlights the positive trend of increased lung cancer survival, as the nationwide five-year lung cancer survival rate of 22.6% reflects a 13% improvement over the past five years. In Wisconsin the survival rate is 23.5%.

Wisconsin ranks above average nationally for the number of people screened for lung cancer as well as for those receiving treatment.

The state falls in the middle for overall number of cases, early diagnosis, cases that can be treated surgically and survival rate.

New in this year's report is that Blacks in Wisconsin are most likely to receive no treatment, indicating a serious health disparity.

"While we celebrate that more Americans are surviving lung cancer, too many people are being left behind, and the disease still remains the leading cause of cancer deaths," said Megan Cordova, Executive Director of the American Lung Association in Wisconsin.

Much more can and must be done to prevent the disease and support those facing the disease.

Part of the reason that lung cancer is so deadly is because most cases are diagnosed at a later stage, after the disease has spread.

Lung cancer screening is the key to catching lung cancer early when the dis-

**“More treatment options are available for lung cancer than ever before, yet not everyone is receiving treatment following diagnosis. In Wisconsin, 12.6% of those diagnosed did not receive any form of treatment. Those rates are highest in the Black population.”**

ease is most curable, but only 22.9% of lung cancer cases nationally are diagnosed at an early stage.

While this simple screening test has been available since 2015, only 10.8% of those eligible in Wisconsin have been screened.

“Lung cancer screening is a powerful tool to save

lives,” said Cordova “It’s a relatively new test, and we’re only seeing a fraction of those who qualify actually getting screened.

We’re pushing for greater awareness of this test to save more lives here in Wisconsin.”

More treatment options are available for lung cancer

than ever before, yet not everyone is receiving treatment following diagnosis.

In Wisconsin, 12.6% of those diagnosed did not receive any form of treatment. Those rates are highest in the Black population.

“We want to ensure that everyone has access to treatment options and quality and affordable health-care.

“No one who wants care should have to forgo treatment due to lack of access or cost,” Cordova said.

Learn more about "State of Lung Cancer" at [Lung.org/solc](http://Lung.org/solc). For media interested in speaking with a lung cancer expert about advances in lung cancer and the "State of Lung Cancer" 2020 report or lung cancer survivor about their experience, contact Dona Wininsky at the American Lung Association at [Dona.Wininsky@Lung.org](mailto:Dona.Wininsky@Lung.org) or 262-703-4840.

The “State of Lung Cancer” 2020 report identifies state-specific information around the ways states can best focus their resources to decrease the toll of lung cancer.



**Highlighted Disparity**  
Blacks in Wisconsin are most likely to receive no treatment

**Surgery**  
• 13 out of 49  
• Average

**New Cases**  
• 24 out of 51  
• Average

**Screening**  
• 5 out of 49  
• Above Average

**Survival**  
• 16 out of 47  
• Average

**Lack of Treatment**  
• 14 out of 48  
• Above Average

**Early Diagnosis**  
• 16 out of 49  
• Average

**Medicaid Fee-for-Service Coverage of Screening**  
• Yes

# How to get kids to 'snack right!'

By Rev. Judith T. Lester, B.Min., M.Th.

“How can I get my child to eat right?”

That’s an age-old question many parents ask themselves...and other parents, hoping they have the answer to this quandry. Alas, they don’t.

It’s not easy! Especially getting them to eat snacks that are nutritious instead of overly sweet or salty.

While some children may like such pre-dinner munchies like melons (especially watermelon) and tomatoes (if the tomatoes come in a bottle of ketchup for french fries), they’ll turn up their noses at cucumbers, squash, corn, and eggplant (they’ll probably ask: ‘what’s a eggplant?’).

The following are 10 child-friendly tips from the Mayo Clinic<sup>1</sup> as to what you can do to get your child(ren) to snack right, especially when it comes to snacks they can have when they come home from school, or as they do their homework.

**1. Keep Junk Food Out of the House.** Your child won’t clamor as much for cookies, candy bars or chips if they aren’t around. Save desserts for special occasions rather than daily treats. Set a good example by eating healthy snacks – your child might follow suit.



**2. Power up with Protein.** Protein will help your child feel fuller, longer. Stock your refrigerator with hard-boiled eggs, deli meat and cooked chicken tenders or drumsticks. Serve up a steaming bowl of ramen noodles. For kids without nut allergies, offer nuts and nut butters.

**3. Go for the Grain.** Whole-grain foods such as whole-grain pretzels or tortillas and high-fiber, whole-grain cereals, provide energy with some staying power. Pair whole-wheat bread with a slice of cheese, deli meat or hummus for a satisfying snack.

**4. Broaden the Menu.** Offer a rainbow of fruits and veggies, such as avocado, pineapple, cranberries, red and yellow peppers or mangoes.

**5. Revisit Breakfast.** Serve breakfast foods as afternoon snacks. Offer dried cereal mixed with fruit and nuts.

**6. Sweeten it Up.** Satisfy your child’s sweet tooth with low-fat puddings, frozen yogurt or frozen fruit bars. Serve smoothies made with milk, plain yogurt and fresh or frozen fruit.

**7. Have Fun.** Use a cookie cutter to make shapes out of low-fat cheese slices, whole grain bread. Skewer fruit

kebabs or show your child how to eat dried fruit with chopsticks.

**8. Promote Independence.** Keep a selection of ready to eat veggies in the refrigerator. Leave fresh fruit in a bowl on the counter. Store low-sugar, whole grain cereal in an easily accessible cabinet.

**9. Don’t be Fooled by Labeling Gimmicks.** Foods labeled as low-fat or fat-free can pack plenty of calories and sodium. Check nutrition labels to find out the whole story and make a smart snack choice.

**10. Designate A Snacking Zone.** Only allow snacking in certain areas, such as the kitchen and avoid serving snacks during screen time. For snacks on the go, offer a banana, string cheese, yogurt sticks, cereal bars, carrot sticks or other less messy foods.

The Mayo Clinic notes that when you teach your child to make healthy snack choices now, it will help set the stage for a lifetime of healthy eating!

**1 Mayo Clinic Staff, Healthy Snacks for Kids: 10 Child Friendly Tips, March 2017.**



## Diet Sodas Don't Do Your Heart Any Favors

Article courtesy of Amy Norton. HealthDay reporter for medicinenet.com

Replacing sugary drinks with diet versions may not be any healthier for the heart, a large, new study suggests.

French researchers found that people who regularly drank artificially sweetened beverages had a higher risk of heart disease and stroke, versus people who avoided those beverages. In fact, they were no less likely to develop cardiovascular disease than people who regularly downed sugary drinks.

The findings do not pin the blame on artificial sweeteners, per se, one expert said. People who use them may have an overall diet, or other lifestyle habits, that raise their risk of heart trouble.

"This doesn't indicate that artificially sweetened beverages caused the increased risk of cardiac events," said Colleen Rauchut Tewksbury, a registered dietitian and spokesperson for the Academy of Nutrition and Dietetics.

Cutting down on added sugar is definitely a good thing, said Tewksbury, who was not involved in the study.

And if diet drinks help people do that, she added, then they can be a positive replacement.

But, Tewksbury stressed, that's "just one component" of a whole diet: If people switch to zero-calorie sodas, then eat extra fries or indulge in dessert, the effort is lost.

The findings, published online Oct. 26 as a research letter in the Journal of the Amer-

ican College of Cardiology, are based on over 100,000 French adults taking part in an ongoing nutrition and health study. Starting in 2009, the participants completed diet surveys every six months, reporting on what they'd consumed over the past 24 hours. Based on those records, researchers divided them into six groups: non-consumers, low consumers and high consumers of sugar-sweetened and artificially sweetened drinks.

Over a decade, 1,379 study participants suffered a first-time heart attack, severe chest pain or stroke. And on average, the risk was 32% higher among high consumers of diet drinks, versus non-consumers. The risk among high consumers of sugary drinks was 20% higher.

Of course, people might choose diet beverages because they need to lose weight, or manage a health problem, acknowledged the researchers -- led by Eloi Chazelas, of Sorbonne Paris Nord University. So the investigators accounted for participants' self-reported eating habits, as well as exercise levels, smoking and conditions like high blood pressure and diabetes.

And diet drinks were still tied to a heightened risk of cardiovascular trouble, though the study did not prove that diet drinks caused heart problems.

However, Tewksbury said it's difficult to fully account for all the diet and lifestyle factors that might be behind the link. She also pointed to the numbers: Only 56 "high consumers" of diet drinks suffered heart problems or stroke -- and that also makes it tough to draw conclusions.

The Calorie Control Council, which represents the low-calorie food industry, also took issue with the findings.

"Epidemiological studies, even those built on large sample sizes, are subject to potential pitfalls including reverse causality [subjects choose low and no calorie sweeteners (LNCS) as a tool to manage their weight after becoming overweight/obese] and residual confounding [inability to control for factors that influence health outcomes], as the researchers noted," the council said in a statement.

Dr. Andrew Freeman is a cardiologist at National Jewish Health, in Denver. In his own practice, he emphasizes the importance of nutrition in helping to prevent and manage heart disease.

Freeman said it's possible artificial sweeteners, themselves, have a negative effect on heart health. Some research, for example, suggests they can trigger an insulin "response," he noted. Insulin is a hormone that regulates blood sugar.

"At the end of the day, the best calorie-free beverage is water," Freeman said.

Not everyone loves water, he acknowledged, and some people are attached to the sweet taste and bubbles of their favorite drink. "It's hard for people to give up their diet soda," Freeman said. "It can be pretty addictive."

But it's best to limit food additives, according to Freeman -- not only in drinks, but also in processed foods in general. "If you can't pronounce the ingredients on the label, that's a red flag," he added.



# Making sense of food labels

Trying to figure out nutritional information on labels and packaging isn't easy. The good news is that we can help. These food labels are especially helpful if you use carb counting to plan your meals!

If you get tripped up on food content claims, you're not alone. Fat free vs. low fat vs. reduced fat. Low cholesterol vs. reduced cholesterol. It's confusing, and it can be tough when you're trying to make the right choices.

## Serving size

Start by looking at the serving size. All of the information on the label is based on the serving size listed. If you eat more, that means you'll be getting more calories, carbohydrates, etc. than what is listed.

## Amount per serving

The information on the left side of the label tells you the total of the different nutrients in one serving of the food. Use these numbers to compare labels of similar foods.

## Calories

Calories are a unit of energy—think of them as the energy your body consumes and uses for bodily functions. Curious how many calories you need? Talk with a registered dietitian nutritionist (RD/RDN).

## Total carbohydrate

Total carbohydrate on the label includes all three types of carbohydrate: sugar, starch and fiber. It's important to use the total grams when counting carbs or choosing which foods to include. Below the Total Carbohydrate (carbs), you will find a breakdown of the types of carbohydrate in the food.

## Added sugar

One of the three types of carbohydrates in food is sugar. As of January 2021, labels must include added sugar to help you know the difference between sugar that occurs naturally in the food (like yogurt or fruit) and sugar that was added during processing (like in cookies, candy and soda). Many labels have already made the change.

## Fiber

Fiber is the part of plant foods that is not digested—or for some types, only partially digested. Dried beans such as kidney or pinto beans, fruits, vegetables and whole intact grains are all good sources of fiber.

The amount of fiber you need depends on

your age and gender. Healthy adults need between 25 and 38 grams of fiber a day on average—you can find recommendations for your age group and gender in the Dietary Guidelines for Americans (DGA).

## Sugar alcohols

Sugar alcohols are a type of sugar substitute that have fewer calories per gram than sugars and starches.

Sorbitol, xylitol and mannitol are examples of sugar alcohols. If a food contains sugar alcohols, it would be listed on the label under Total Carbohydrate.

It's important to keep in mind that foods that contain sugar alcohols are not necessarily low in carbohydrate or calories.

And, just because a package says "sugar-free" on the outside does not mean that it is calorie or carbohydrate-free. Always check the label for the grams of total carbohydrate and calories.

## Fats

Total fat tells you how much fat is in one serving of the food. In general when it comes to fat, try to replace foods high in saturated fat or transfat with foods rich in monounsaturated and polyunsaturated fats to reduce your risk of heart disease.

## Sodium

Sodium is the scientific term for salt. It does not affect blood sugar. However, excess dietary sodium increases your risk of high blood pressure and heart disease. With some foods, you can taste how salty they are, such as pickles or bacon.

But there is also hidden salt in many foods, like salad dressings, lunch meat, canned soups and other packaged foods. Reading labels can help you find these hidden sources and compare the sodium in different foods.

Whether you have diabetes or not, 2300 milligrams (mg) or less per day is the general recommendation. If you have high blood pressure, talk with your health care team to find out the best goal for you.

## List of ingredients

Ingredient lists can be a helpful tool. Ingredients are listed in order by weight with the first ingredient being the highest amount in the food.

Knowing the ingredients is useful in making healthy choices like increasing fiber (look for words like whole grain, whole wheat, etc.) or decreasing sugar (look for words like cane sugar, agave, maple syrup, honey, etc.).

## Percent Daily Values (%DV)

The Percent Daily Values for each nutrient are found in the right column on the label. These tell you what percent of each nutrient the food provides if you were on a 2,000 calorie per day diet.

As a general rule of thumb, aim for less than 5% for nutrients you want to limit, such as sodium and saturated fat.

Aim for 20% or more for nutrients you want to get more of such as fiber, vitamin D, calcium and iron.

## "Net carbs" and other nutrient claims

You've probably seen the term "net carbs" on some food packages. Many food companies make claims about the amount of carbohydrate in their products.

However, "net carbs" doesn't have a legal definition from the FDA, and they are not used by the American Diabetes Association. Always look at the Total Carbohydrate on the Nutrition Facts label first.

Checking your blood sugar can help you figure out how specific carbs affect you.

Net carbs isn't the only confusing nutrition claim you'll find on food packages. For example, have you ever wondered what the difference is between fat free, saturated fat free, low fat and reduced and less fat? The government has defined some claims that can be used on food packaging. Here's what they mean:

## Calories

- Calories free: less than 5 calories per serving

- Low calorie: 40 calories or less per serving

## Total, saturated and trans fat

- Fat free: less than 0.5 grams of fat

- Saturated fat free: less than 0.5 grams of saturated fat

- Trans fat free: less than 0.5 grams of trans fat

- Low fat: 3 grams or less of total fat

- Low saturated fat: 1 gram or less of saturated fat

- Reduced fat or less fat: at least 25% less fat than the regular version

## Sodium

- Sodium free or salt free: less than 5 mg of sodium per serving

- Very low sodium: 35 mg of sodium or less

- Low sodium: 140 mg of sodium or less

- Reduced sodium or less sodium: at least 25% less sodium than the regular version

## Cholesterol

- Cholesterol free: less than 2 mg per serving

- Low cholesterol: 20 mg or less

- Reduced cholesterol or less cholesterol: at least 25% less cholesterol than the regular version

## Sugar

- Sugar free: less than 0.5 grams of sugar per serving

- Reduced sugar: at least 25% less sugar per serving than the regular version

- No sugar added or without added sugars: no sugar or sugar-containing ingredient is added during processing

## Fiber

- High fiber: 5 grams or more of fiber per serving

- Good source of fiber: 2.5 to 4.9 grams of fiber per serving



# “I QUIT!”

## Why smokers should FINALLY stop smoking cigarettes!

### Lots of studies have been done about the benefits of quitting smoking.

Decades of research have found several good reasons to quit, including health and financial benefits that can save lives and money.

While it's best to quit as early in life as possible, quitting at any age can lead to a better health and lifestyle.

Quitting can make you look, feel, and be healthier

- Using tobacco leads to disease and disability and harms nearly

every organ of the body.

- Smoking is the leading cause of preventable death.

- Secondhand smoke is dangerous and can harm the health of your friends and family.

Quitting can help you save money

- Cigarettes and other tobacco products are expensive.

- The risk for getting colds and other respiratory problems is lower, meaning fewer doctor visits, less money spent on medicines, and fewer sick days off work.

- Cleaning and home repairs could cost less since clothes, furniture, curtains, and the car won't smell like tobacco.

Quitting can improve self-confidence and lead to a better lifestyle

- Not using tobacco products helps keep your family safe.

- You may have more energy, helping you have more quality family and leisure time.

- Quitting can set a good example for others who might need help quitting.

- Others will be proud of your progress and willpower to quit and stay quit.



## What Do We Know About E-cigarettes?

**E-cigarettes are known by many different names, and sometimes people find it hard to understand what is really known about these devices. Here we address some of the common questions people ask about e-cigarettes.**

You can also find shortened versions of this information in our handouts for parents and youth:

### What are e-cigarettes?

E-cigarettes are known by many different names, including e-cigs, electronic nicotine delivery systems (ENDS), alternative nicotine delivery systems (ANDS), e-hookahs, mods, vape pens, vaporizers, vapes and tank systems. JUUL is one popular brand of e-cigarette.

E-cigarettes are available in many shapes and sizes. They can look like cigarettes, cigars, pipes, pens, USB flash drives, or may be in other forms.

E-cigarettes include a battery that turns the device on, a heating element that heats the e-liquid and turns it into an aerosol of tiny particles (some-

times called a “vapor”), a cartridge or tank that holds the e-liquid, and a mouthpiece or opening used to inhale the aerosol.

E-cigarettes do not contain tobacco, but many of them contain nicotine, which comes from tobacco. Because of this, the Food and Drug Administration (FDA) classifies them as “tobacco products.”

### What is vaping?

The use of e-cigarettes is often referred to as “vaping” because many people believe e-cigarettes create a vapor, which is then inhaled. But in fact, e-cigarettes produce an aerosol made up of tiny particles, which is different from a vapor.

### What is JUUL or JUULing?

“JUULing” refers to using one brand of e-cigarette called

JUUL, which is very popular among kids, teenagers and young adults. All JUULs contain nicotine. JUULs and similar devices are typically small, sleek, high tech-looking, and easy to hide. They look like USB flash drives and can be charged in a computer. They can be hidden in the palm of the hand and are hard to detect because they give off very little vapor or smell. Kids and teenagers are known to use them in school restrooms and even in the classroom.

### How do e-cigarettes work?

E-cigarettes heat a liquid – called e-liquid or e-juice – to turn it into an aerosol (sometimes called a “vapor”). E-cigarette users inhale this into their lungs.

### Do e-cigarettes (including JUULs) contain nicotine?

The e-liquid in all JUULs and most other e-cigarettes contains nicotine, the same addictive drug that is in regular cigarettes, cigars, hookah, and other tobacco products. However, nicotine levels are not the same in all types of e-cigarettes, and sometimes product labels do not list the true nicotine content. JUULs typically have a signif-

icantly higher amount of nicotine per puff than some other types of e-cigarettes and cigarettes.

Because of this, JUUL and JUUL-like products may be more addictive than other types of e-cigarettes. Some kids have become physically dependent on nicotine by using these products.

There are some e-cigarette brands that claim to be nicotine-free but have been found to contain nicotine.

### What is in the aerosol (“vapor”) of an e-cigarette?

Although the term “vapor” may sound harmless, the aerosol that comes out of an e-cigarette is not water vapor and can be harmful. The aerosol from an e-cigarette can contain nicotine and other substances that are addictive and can cause lung disease, heart disease, and cancer.

Again, it is important to know that all JUULs and most other e-cigarettes contain nicotine. There is evidence that nicotine harms the brain development of teenagers. If used during pregnancy, nicotine may also cause premature births and low birthweight babies.

Besides nicotine, e-cigarettes and e-cigarette vapor typically contain propylene glycol and/or vegetable glycerin. These are substances used to produce stage or theatrical fog which have been found to increase lung and airway irritation after concentrated exposure.

In addition, e-cigarettes and e-cigarette vapor may contain the chemicals or substances listed below.

- **Volatile organic compounds (VOCs):** At certain levels, VOCs can cause eye, nose and throat irritation, headaches and nausea, and can damage the liver, kidney and nervous system.

- **Flavoring chemicals:** Some flavorings are more toxic than others. Studies have shown that some flavors con-

tain different levels of a chemical called diacetyl that has been linked to a serious lung disease called bronchiolitis obliterans.

- **Formaldehyde:** This is a cancer-causing substance that may form if e-liquid overheats or not enough liquid is reaching the heating element (known as a “dry-puff”).

The FDA does not currently require testing of all the substances in e-cigarettes to ensure they are safe. It's also hard to know exactly what chemicals are in an e-cigarette because most products do not list all of the harmful or potentially harmful substances contained in them. Some products are also labeled incorrectly.

It's important to know the US Centers for Disease Control and Prevention (CDC) has stated that sometimes e-cigarette products are changed or modified and can have possibly harmful or illegal substances from unknown sources. You can read more about this statement on the CDC newsroom page.

### What are the health effects of e-cigarettes?

E-cigarettes are still fairly new, and more research is needed over a longer period of time to know what the long-term effects may be. The most important points to know are that the long-term health effects of e-cigarettes are still unknown, and all tobacco products, including e-cigarettes, can pose health risks to the user.

The American Cancer Society is closely watching for new research about the effects of using e-cigarettes and other new tobacco products. (See “What is in the aerosol (“vapor”) of an e-cigarette?” and “Do e-cigarettes [including JUULs] contain nicotine?”)

### What is known about the use of e-cigarettes by youth?

No youth, including middle

(continued on page 15)

# Will the Black Community Get Shut out From COVID Vaccination?

By Stacy M. Brown,  
NNPA Newswire Senior National  
Correspondent @StacyBrownMedia

The first wave of coronavirus vaccines should reach the public in two months, with the Centers for Disease Control and Prevention (CDC) recommending that all adults receive the vaccination in 2021.

While the CDC said there should be enough doses for as many as 20 million people to receive vaccination by the end of December, health officials expect a much larger supply in the coming months.

Still, with a justified distrust of unproven vaccines, and a perceived limited participation by African Americans in clinical the trials that lead to the development of the COVID-19 vaccine, many question whether African Americans will accept vaccination.

Others are also concerned that, even if the Black community generally accepts the vaccine, would doses be available.

"I'm guessing white folks will be first in line," Monica

Roderick, a Temple Hills, Maryland mother of four, opined.

"One of the reasons I shudder when I hear people talk about how Black people are still suspect because of the Tuskegee Experiment and other vaccines that ended wrong is because it tends to give other folks the greenlight to leave us out," Roderick said.

She continued:

"This virus is the worst thing the world has seen in 100 years. It's too important not to consider the vaccine, especially since most people affected by the coronavirus are Black and Brown."

Putting whether the Black community can trust the vaccine aside, the next controversy on the immediate horizon is whether African Americans will have access.

The initial supply certainly will overwhelm demand, CDC officials said. The federal government plans to distribute the vaccine in phases.

Health care workers and patients in long-term health care facilities are first in line.

According to guidelines, senior citizens and those with high-risk comorbidities and essential workers are

next.

After that, state and local government officials will determine who next receives a vaccination.

So far, most states have yet to develop a concrete plan.

The outline reportedly provided suggested no explicit details about reaching marginalized populations like the Black community who have suffered the most.

"I'm looking at social media, and I'm seeing [Former President] Barack Obama saying he'll take the vaccine on television, and I'm shaking my head," said Tonia Everhart, a Northeast, Washington, D.C., nurse.

"First, understand that Obama isn't necessarily the most trusted voice in the Black community, and he's not a doctor.

"While I understand what he's trying to do to encourage participation and eliminate fear, our community needs Black medical professionals, trusted voices, to say it's okay to take the vaccine and then we need to be assured that we are not going to be left behind when the vaccine becomes available," Everhart demanded.

Health officials agreed.

"You need that deep community engagement to strategize and inform what needs to be done, community by community," Eric Toner, a senior scholar with the Johns Hopkins Center for Health Security, who was the lead author for Johns Hopkins' Covid-19 vaccine allocation framework, told NBC News.

That means engagement of local leaders, from pastors to principals, to reach hesitant individuals, he said, adding that such strategies are particularly key to reaching historically marginalized and disenfranchised communities.

"That is a public health priority not only for ethical and moral reasons but because that's where a lot of the transmission of the disease is happening," Toner added.

"It's absolutely true that we can't reach them solely through public messaging," Toner continued.

"States need to be working now to create the relationships in those communities with trusted leaders to encourage people to seriously think about getting vaccinated."

# What Do We Know About E-cigarettes?

(continued from page 14)

schoolers and high schoolers, should use e-cigarettes or any tobacco product. (See "What is in the aerosol ("vapor") of an e-cigarette?")

It is important to know that all JUULs and most other e-cigarettes contain addictive nicotine. There is evidence that nicotine harms the brain development of teenagers.

Some studies have shown that vaping by some youth may be linked to later use of regular cigarettes and other tobacco products. Using e-cigarettes may play a part in some kids or teens wanting to use other, more harmful tobacco products.

Current e-cigarette use in youth has increased in recent years.

- In high school students, current e-cigarette use went from 11.7% in 2017 to 19.6% in 2020.

- In middle school students, current e-cigarette use went from 0.6% in 2017 to 4.7% in 2020.

JUUL is the overwhelming favorite e-cigarette product among young people. Kids and teenagers are known to use them in school restrooms and even in the classroom.

The FDA has the authority to regulate all tobacco products, including e-cigarettes. The FDA is working on several options to prevent youth access to e-cigarettes, such as recent legislation to raise the minimum age for the sale of tobacco products.

**Does e-cigarette use cause cancer?**

Scientists are still learning about how e-cigarettes affect health when they are used for long periods of time. It's important to know that the aerosol ("vapor") from an e-cigarette contains some cancer-causing chemicals, although in significantly lower amounts than in cigarette smoke.

**Can e-cigarettes explode?**

There have been reports of e-cigarettes exploding and causing serious injuries. Usually the explosions



**"Some studies have shown that vaping by some youth may be linked to later use of regular cigarettes and other tobacco products. Using e-cigarettes may play a part in some kids or teens wanting to use other, more harmful tobacco products."**

are caused by faulty batteries or because the batteries were not handled as they should be. Visit the Food and Drug Administration website for safety tips to help avoid an e-cigarette battery explosion.

**Is exposure to secondhand e-cigarette aerosol harmful?**

Although e-cigarettes do not give off smoke like tobacco cigarettes, they do expose people to secondhand aerosol or "vapor" that may contain harmful substances. Scientists are still learning about the

health effects of being exposed to secondhand e-cigarette aerosol.

The smoke-free and tobacco-free policies at schools, businesses, healthcare institutions, and other organizations should also cover e-cigarettes. This will help non-users avoid being exposed to potentially harmful e-cigarette aerosol.

**Can e-cigarettes help people quit smoking (known as smoking cessation)?**

E-cigarettes are not currently approved by the FDA as aids to help stop smoking.

This is because there's just not enough research or evidence yet. On the other hand, there is a large body of evidence clearly showing that FDA-approved medications are safe and effective ways to help people quit smoking, especially when combined with counseling.

Some people who smoke choose to try e-cigarettes to help them stop smoking. Stopping smoking clearly has well-documented health benefits. But smokers who switch to e-cigarette use still expose themselves to potentially serious ongoing health risks.

It's important to stop using all tobacco products, including e-cigarettes, as soon as possible both to reduce health risks and to avoid staying addicted to nicotine.

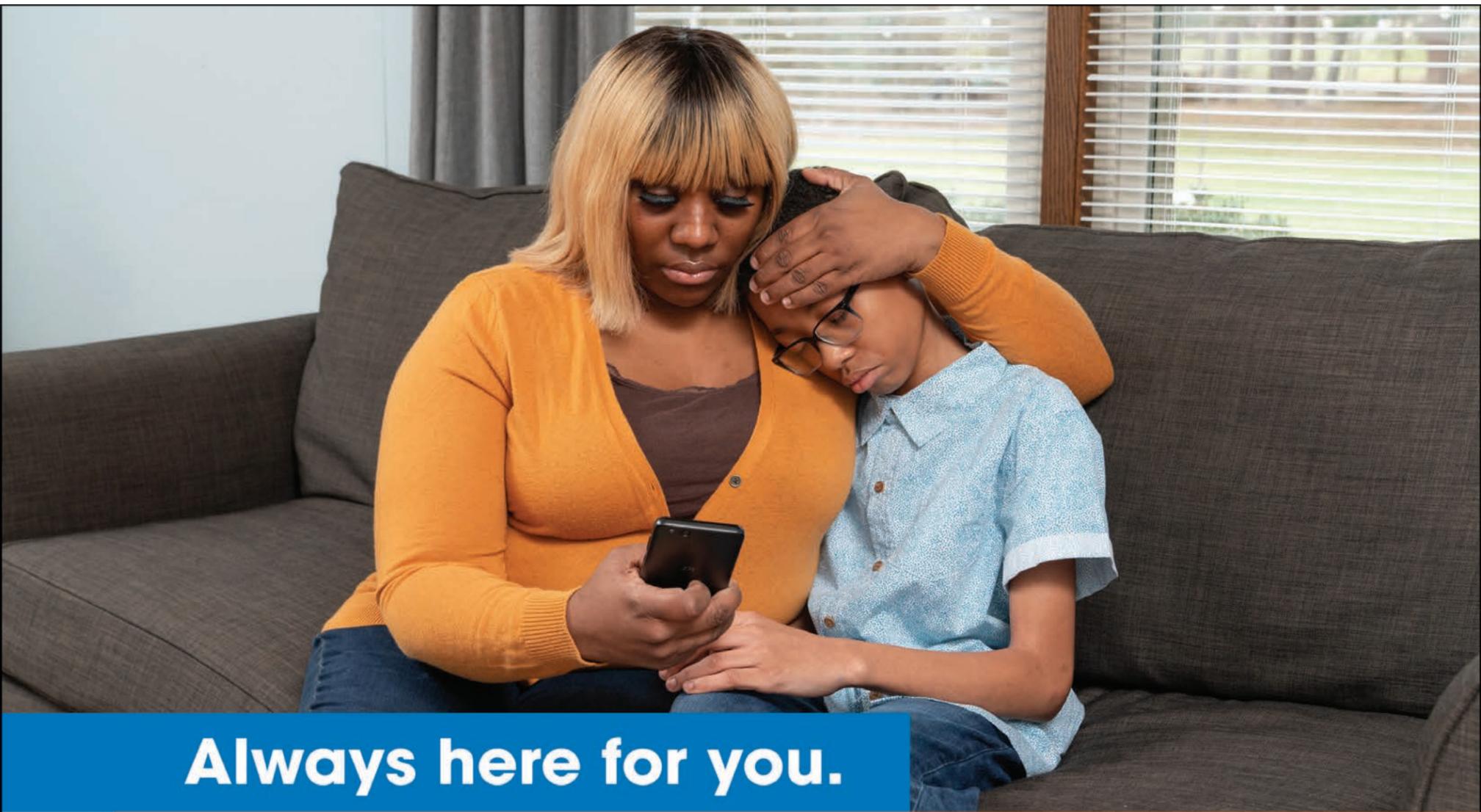
If you're having trouble quitting e-cigarettes on your own, get help from your doctor or from other support services, such as your state quitline (1-800-QUIT-NOW) or the American Cancer Society (1-800-ACS-2345).

People who have already switched completely from smoking to e-cigarettes should not switch back to smoking (either solely or along with e-cigarettes), which could expose them to potentially devastating health effects.

Some people who smoke choose to use both cigarettes and e-cigarettes at the same time on an ongoing basis, whether they are trying to quit or not. This is known as "dual use."

The dual use of e-cigarettes and tobacco cigarettes can lead to significant health risks because smoking any amount of regular cigarettes is very harmful.

People should not use both products at the same time and are strongly encouraged to completely stop using all tobacco products.



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