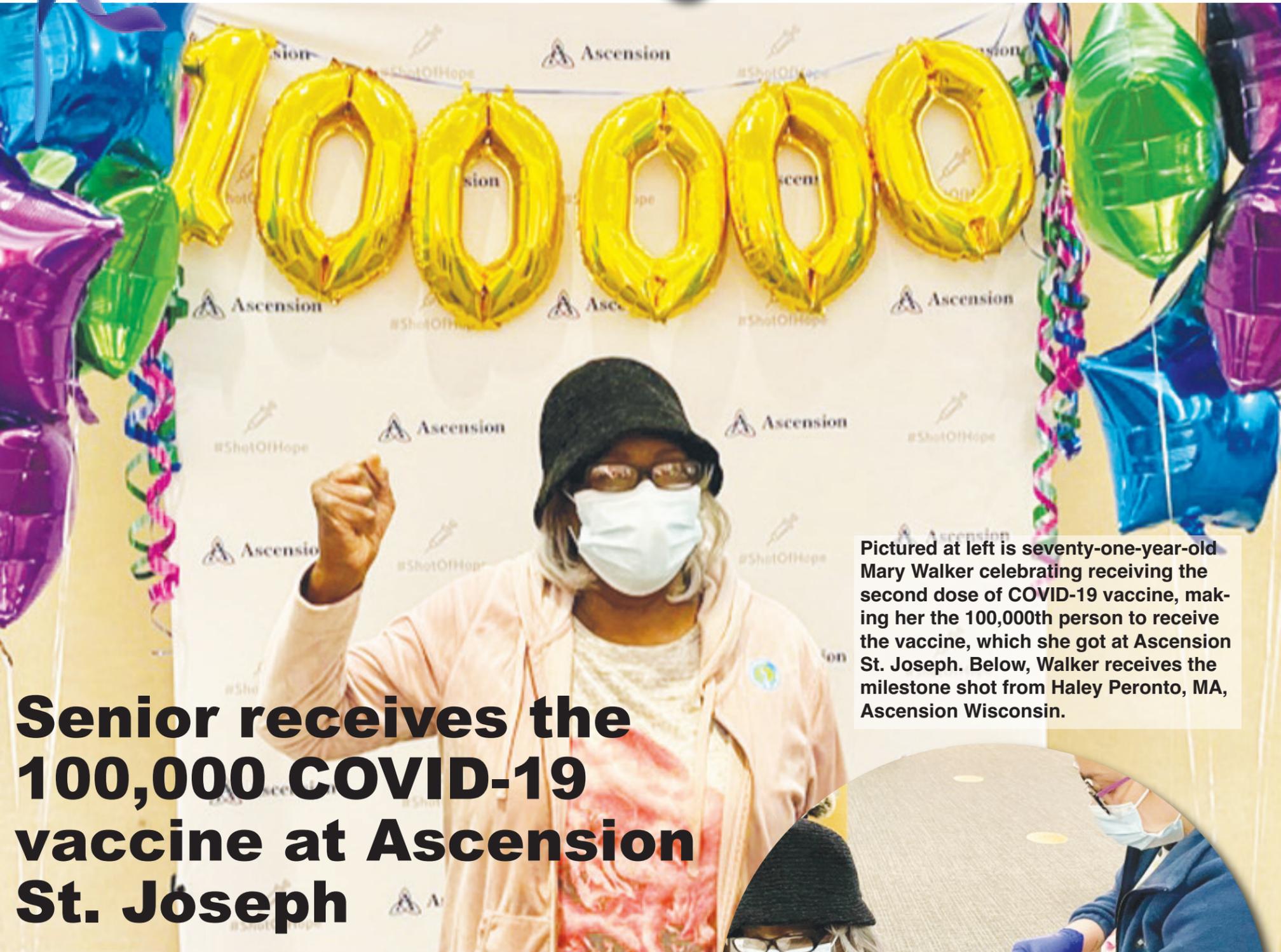


Healthy **START**

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Pictured at left is seventy-one-year-old Mary Walker celebrating receiving the second dose of COVID-19 vaccine, making her the 100,000th person to receive the vaccine, which she got at Ascension St. Joseph. Below, Walker receives the milestone shot from Haley Peronto, MA, Ascension Wisconsin.

Senior receives the 100,000 COVID-19 vaccine at Ascension St. Joseph

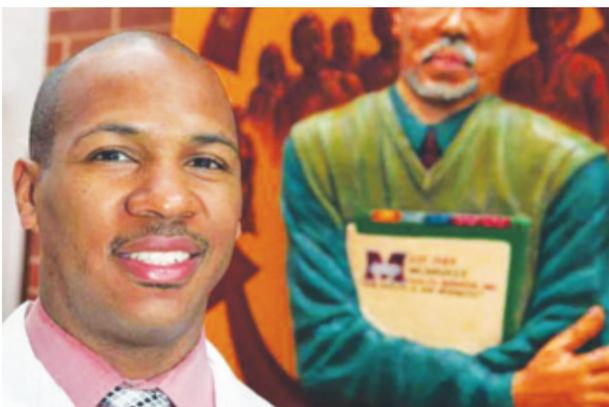
Ascension Wisconsin recently celebrated an important milestone. On March 15, 71-year-old Mary Walker was the 100,000th person to receive the COVID-19 vaccine at Ascension St. Joseph in Milwaukee. Exactly three months ago on December 16, 2020, Ascension Wisconsin launched its first vaccine clinic for frontline caregivers.

Since then, the health system has administered 100,000 first and second doses, to Phase 1a and Phase 1b eligible individuals in accordance with Wisconsin Department of Health Services and CDC guidelines at 14 regional Ascension Wisconsin vaccination clinic sites across the state.

Mary Walker was thrilled to receive her second dose yesterday. "I'm looking forward to seeing more people I love and getting back to a more normal life. I've been so careful, for so long and it's such a relief to know I'm now protected," she said.

"We are grateful to our associates and vaccinators who helped expedite vaccine distribution as efficiently as possible, increase accessibility and reduce barriers, especially for people who are most vulnerable," said Reggie Newson, Vice President of Government and Community Services and Chief Advocacy Officer, Ascension Wisconsin. "We're also grateful to our patients and community members who trusted us with their care as we work together to build community immunity."

INSIDE



DR. TITO IZARD

OF MHSI GIVES HIS OBSERVATIONS ON BLACK HEALTH DISPARITIES AND OUTCOMES



Important facts **YOU** should know about **HIGH BLOOD PRESSURE!**



COVID-19, VACCINES, AND PREVENTING THE SPREAD OF THE VIRUS IN MULTIGEN HOMES

THIS ISSUE

Making THE ROUNDS

NEWS&VIEWS ABOUT HEALTH, MEDICAL ISSUES LOCAL AND NATIONAL

Wisconsin Adds More Partners to the Federal Retail Pharmacy Program

New pharmacy partners started receiving federal allocation this week

The Wisconsin Department of Health Services (DHS) announces that four new pharmacy partners in Wisconsin started receiving vaccine this week as part of the Federal Retail Pharmacy Program.

This includes the Community Pharmacy Enhanced Services Network (CPESN), which includes some Hometown Pharmacies, as well as Managed Health Care Associates, Meijer, and Walmart.

These pharmacies join Kroger and Walgreens, already part of the program that is a collaboration between the federal government, states and territories, and national pharmacy and independent pharmacy networks.

“As we prepare to open vaccine eligibility to people with medical conditions, these pharmacies will be critical in providing access to vaccine in more communities across Wisconsin,” said DHS Interim Secretary Karen Timberlake.

“Whether you live in a rural area or a city, every Wisconsinite will have the opportunity in the coming weeks to get the vaccine to protect themselves and loved ones from the virus.”



Photo by Daniel Frank from Pexels. Graphic designed by Thomas Mitchell, Quiet Lion Graphics

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2 in 3
WISCONSINITES
willing to
SHARE
their DATA with
BIG PHARMA
to IMPROVE
COVID-19
vaccines, reveals study!

- However, 67% say they would not be happy to share their health data indefinitely.
- Half believe they should be financially compensated for their data.

According to the World Health Organization, rapid data sharing forms the foundation for public health action during the time of the coronavirus pandemic.

When it comes to the development of vaccines, the next few months following the first few stages of its distribution could be critical in terms of the overall outcome of the pandemic.

In the US, your personal health record (such as name, social security number, or any other identifying number or symbol), including healthcare data, is currently protected under the Privacy Act of 1974. However, when it comes to an unprecedented global pandemic of this scale, are

(continued on page 4)



Making It Plain:

What Black America Needs to Know About COVID-19 and Vaccines Preventing the spread of COVID-19 in Multigenerational Homes

By Dena Vang

Living in a multigenerational home has become increasingly common in the United States.

One in five Americans currently live in a home with multiple generations.

While this living arrangement has its benefits – financial support, accessible childcare, and shared meals – a multigenerational household can also be a double-edged sword during COVID-19, especially for Black families.

African American grandparents play a significant role in the homes across America. The 2020 Neilson African American Report, research found that 5 percent of African American grandparents live with their grandchildren and 40 percent of those grandparents are the main caregivers for their grandchildren.

Twenty-nine percent of African American households are more likely to have children under 18 compared to 27 percent of all U.S. households according to the report.

As the pandemic pushes closer to a year in length, many Black organizations have been addressing hesitancy and

concerns African Americans have about getting the COVID-19 vaccines.

According to a recent poll by the Kaiser Family Foundation (KFF), there are still 38 percent of African Americans who are reported to be reluctant to get the COVID vaccine.

It is crucial that all Black Americans get the most accurate information about how to stay safe and healthy during the fight against COVID.

The Black Doctors Against COVID-19 (BCAC) is one organization which is keeping African Americans up to date about the pandemic.

The BCAC has hosted several Facebook Live events to help Black Americans make informed decisions about COVID which will help to save our lives. During January's "Making it Plain: What Black America Needs to Know About COVID-19 and Vaccines" event, Dr. Felicia Collins, Rear Admiral, United States Public Health Service; HHS Acting Assistant Secretary of Health was one of the 15 speakers who addressed what Black America needs to know about COVID and the vaccines including how the virus affects multigenerational families.

(continued on page 11)

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Photo by Leroy Skelstad/Pixabay



CDC: Life Expectancy of Black Men Has Dropped by Three Years

By Lauren Victoria Burke, NNPA Newswire Correspondent

Black Americans have lost three years in life expectancy over the last two years according to esti-

mates by the Centers for Disease Control and Prevention. The decline is the largest

since World War II. The life expectancy gap by race is now the widest since 1998 and at a 15-year low over-

all. Non-Hispanic Black males now have the lowest life expectancy of any group. The new data shows that African Americans on average live six years less in life expectancy than Whites.

The Covid-19 pandemic hit Black and Americans harder than any other group of Americans.

Underlying health issues and lack of health care were a factor.

Overall, African Americans are hospitalized at three times the rate of white Americans.

African Americans die at double the rate from COVID than all other groups according to the Centers for Disease Control and Prevention.

The impact of COVID-19, which is the cause of 500,000 deaths in less than two years, is a leading cause, not just on deaths

directly due to infection but also from heart disease, cancer and other conditions. The definition of "life expectancy" is calculated by how long someone born today is expected to live. The average life expectancy last year was 77.8.

Though Covid-19 was clearly the driver of the depressing new statistics on life expectancy, drug overdoses and other health factors also factored into the data.

President Biden and Democrats in Congress are currently structuring a multi-billion COVID relief package.

Former President Trump largely ignored the coronavirus crisis as mortality numbers mounted.

After Trump's loss to Biden, departments of the federal government are focused on the COVID pandemic.

Wisconsinites would share their data with Big Pharma!

(continued from page 2)

people willing to alter their perspectives? MyBioSource.com, a biotechnological products distribution company, conducted a survey (3,000; ages 18+) and found that nearly two thirds (61%) of Wisconsinites say they would feel more comfortable sharing their personal health data with pharmaceutical companies if it meant they could improve COVID-19 vaccines. However, it appears this is based on the urgency of pandemic-based relief, as the survey found that 67% say they would not be happy to share this data indefinitely with pharmaceutical companies.

Given recent tech scandals, such as Facebook-Cambridge Analytica in 2018, it is likely public awareness surrounding the risks and consequences of data sharing has increased, which could explain the significant percentage of those who would not be willing to share their information indefinitely. However, these results also suggest the public's attitude of urgency toward coronavirus prevention, given the catastrophic effects of the pandemic thus far.

Despite the willingness to aid coronavirus research, it appears many are cautious of ownership and authority when it comes to data sharing. The survey found 82% of respondents say they would not approve if the federal government ordered their health data to be shared with pharmaceutical companies without their approval. Thus, it would need to be done on a voluntary basis according to the majority.

Additionally, more than half (53%) of people say they should be compensated if pharmaceutical companies wanted to obtain their health data in order to improve the coronavirus vaccine. Moreover, the average person would charge these companies \$557 for their health data for this purpose.

Considering the increase in use of tech-based health devices and software, such as smartwatches, fitness apps and step trackers, it is perhaps understandable why some may be wary of who this data is shared with. After all, if used on a daily basis, this data may contain a detailed record of the everyday behaviors, habits and lives of American citizens. The survey also revealed that 72% of people say tech companies should not be allowed to share any users' personal health data with pharmaceutical companies in order to develop treatments, without their permission.

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NOTHING NEW!

President and CEO of Milwaukee Health Services, Inc.,

DR. TITO IZARD

talks about how negative social indicators for African Americans have impacted our health outcomes, and will continue to long after the

COVID-19 pandemic



By Mikel Holt

For eons before Covid19, Black Americans were disproportionately impacted by health concerns borne of systemic racism. A year into the pandemic, that paradigm has worsened, an abysmal reality that one of the city's leading health authorities believes will continue indefinitely unless substantial efforts are initiated to provide a springboard over systemic racism through wealth generation. Dr. Tito IZARD, head of Milwaukee Health Services, Inc, painted a cynical overview of

how African Americans are perceived and treated in America. These negative social indicators have contributed to massive health disparities. Unfortunately, there is little reason to believe the political and societal realization of those disparities resulting from the pandemic will morph into systemic change. Unless socio-economic concerns are addressed, little will change. "We are still considered to be three fifths (of a man), period," the acclaimed and highly respected African American physi-

cian said during a recent interview, referring to the Founding Fathers' compromise over the status of African slaves and freedmen in America at the time of the founding constitution. "In every (social indicator) today---education, wealth, housing and income---there is not one area where we exceed 60% of White measurements. "We're so far back, it doesn't make a difference," he said, acknowledging the pre-existing paradigm will continue long after Covid19 is eradicated. For the most part, Black health disparities are a direct consequence of slavery, systemic racism, and wealth inequalities, Dr. IZARD explained. He is pessimistic about significant change because political and philanthropic efforts to close the gap are misplaced or do not address the root causes. Most governmental efforts tend to include African Americans in a border category without considering specific differences in need. And those that specifically identify African Americans tend to focus on making the poor comfortable instead of creating pathways to self-sufficiency and economic empowerment. The root problem is a lack of wealth and the ability to address educational, health, and cultural concerns. Recent research shows the average White household has ten times more wealth than a Black family with a college degreed head of household. Adjusted for inflation, a Black family today makes less than their ancestors in the 1960s. The pandemic has severely worsened that paradigm, as the Black unemployment rate, today is 48% nationally, and slightly higher in Milwaukee. Without the economic base to support an African American family, "all it takes is a little to destabilize you" Data also reveals even if all African Americans were middle class, many of the health

disparities would still exist as long as the barriers of institutional racism and wealth inequities exist. "Without a doubt, the focus must be on the wealth gap, which worsens the more education you have," noted Dr. IZARD, a former educator and researcher with 20 years of health advocacy under his belt. You can have a good job and be educated. Still, suppose your family wealth is substandard, as it is for most Black Americans. In that case, you are not protected from any of society's ills, including health. "Wealth sustains you during the pandemic," he continued. "Wealthy people, people who have generational wealth, are positioned to sustain themselves (despite the pandemic)." Without the economic base to sustain them, "all it takes is a little to destabilize you." Dr. IZARD straddles the fence on Grimm's theory, but believes it offers an interesting hypothesis worthy of additional study. IZARD acknowledges that African Americans possess unique genetic and ethnic qualities that have enabled us to survive amid a system of apartheid with scarce resources. What the Black community has to its advantage is "resiliency and survivor skills," he noted. "The fact that we are still here, in spite of, speaks to our resiliency. But it comes with a cost." That cost is reflected in the disproportionate impact of nearly all significant illnesses from cancer to heart disease to diabetes. Those illnesses are not a reflection of ethnicity, nor can you attribute them solely to poverty. Renowned researcher Dr. Clarence Grimm conducted a major project in Milwaukee many years ago, which concluded a link between Africans' ability to survive the horrid conditions of the middle passage with our higher rates of hypertension. Dr. IZARD views Grimm's work notable, if not entirely accepted, theory. He acknowl-

(continued on page 7)

The Most and Least Uninsured States for Health Coverage

A deep dive into determining the U.S. states with the highest and lowest rates of health coverage.

By Adrian Mak, Artice courtesy of advisormith.com, posted February 25, 2021

Health insurance coverage in the United States is delivered through a patchwork of employer-sponsored coverage, government-run programs such as Medicaid, Medicare, Tricare, VA Health Care, and privately purchased plans.

While state and federal governments offer some Americans financial assistance to purchase health insurance, the United States remains unique as one of the only high-income countries where a high proportion of resi-

STATE OF THE BADGER STATE'S HEALTH INSURANCE COVERAGE!



dents lack health insurance coverage. In the United States, insurance is regulated at the state level, so there are wide differences between the health care financing systems between states. The varying levels of policy support for health insurance, as well as varying levels of income between states, lead to wide differences in the health insurance coverage and health outcomes in different states. In this study, AdvisorSmith examined the percentage of state residents who do not have health insurance in all 50 states and the District of Columbia. Nationwide, 9.2% of all Americans were uninsured, which is approximately 29.6 million people. The range of the uninsured population ranged from as low as 3% in Massachusetts to as high as 18.4% uninsured in the state of Texas. **States with the Most Uninsured** The top 15 states with the highest percentage of their population who lack health insurance are listed in the graphic table on page 11. In these states, 10% or more of the population does not have health insurance coverage. The top 5 positions in this ranking were all taken by southern states. Texas led the way, with almost 1 in 5 Texans lacking health insurance coverage, followed by Oklahoma, Georgia, Florida, and Mississippi.

(continued on page 11)



The Facts About...

HIGH BLOOD PRESSURE

What is High Blood Pressure?

First, let's define high blood pressure

High blood pressure (HBP or hypertension) is when your blood pressure, the force of your blood pushing against the walls of your blood vessels, is consistently too high.

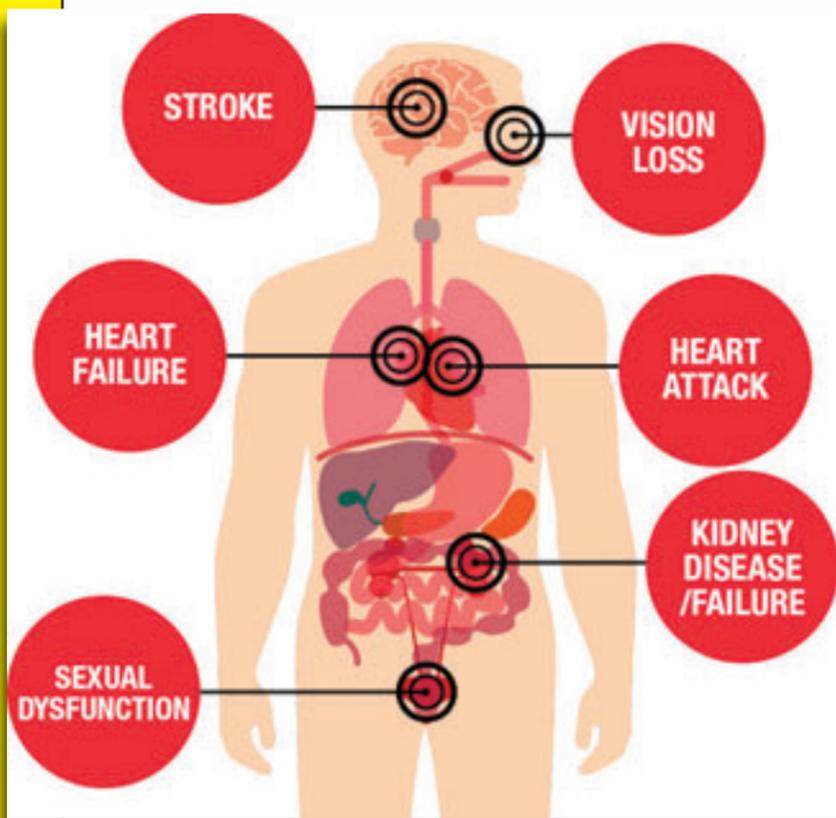
How your blood pressure and circulatory system work

In order to survive and function properly, your tissues and organs need the oxygenated blood that your circulatory system carries throughout the body.

When the heart beats, it creates pressure that pushes blood through a network of tube-shaped blood vessels, which include arteries, veins and capillaries.

This pressure — blood pressure — is the result of two forces: The first force (systolic pressure) occurs as blood pumps out of the heart and into the arteries that are part of the circulatory system.

The second force (diastolic pressure) is created as the heart rests between heart beats. (These two forces are each represented by numbers in a blood pressure reading.)



The damage starts in your arteries and heart!

The primary way that high blood pressure causes harm is by increasing the workload of the heart and blood vessels — making them work harder and less efficiently.

Over time, the force and friction of high blood pressure damages the delicate tissues inside the arteries. In turn, LDL (bad) cholesterol forms plaque along tiny tears in the artery walls, signifying the start of atherosclerosis.

The more the plaque and damage increases, the narrower (smaller) the insides of the arteries become — raising blood pressure and starting a vicious circle that further harms your arteries, heart and the rest of your body. This can ultimately lead to other conditions ranging from arrhythmia to heart attack and stroke.

130
IS TOO HIGH FOR
BLOOD PRESSURE

High blood pressure is a ‘silent killer’

You may not feel that anything is wrong, but high blood pressure could be quietly causing damage that can threaten your health. The best prevention is knowing your numbers and making changes that matter in order to prevent and manage high blood pressure.



DR. TITO IZARD

(continued from page 5)

edges that there are unique qualities to African Americans that have enabled us to survive under slavery and apartheid.

But resiliency and strong survival skills alone are not enough to overcome systemic racism and economic disparities.

Unless and until there is a mechanism in place that will equalize the playing field, health disparities will continue.

Another barrier in the path toward a resolution is the governmental insistence to categorize African Americans with other 'minorities,' he explained.

"We have no definition...Black is a social construct (it is not ethnocentric).

The strategy to pursue equality before equity has its drawbacks.

"There is not an equal distribution of services or resources based on needs, based on percentages."

By lumping different ethnic groups together, African Americans often get the short end of the stick because it divvies up resources based on formulas that ignore specific needs, he surmised.

That strategy is based on assumptions. If that were not true, Asian Americans would receive far more resources since they are impacted at rates often higher than African Americans. In San Francisco, for example, Asian Americans account for 52% of the deaths.

Under Dr. Izard's leadership, Milwaukee Health Centers has taken a holistic approach to patient services. Education is vital, and both MHS clinics go beyond health services to provide household needs as well. For example, along with offering testing for Covid19, patients also received masks, sanitizers, and gloves.

Several outreach projects include food distribution for low-income patients and other community residents.

Last week, the organization passed out nearly 1,000 Easter food dinner packages.

As one of a handful of Black health care facilities in the city, MHS clinics have been at the forefront of the vaccination process.

Dr. Izard is among those who believe people should not be coerced into taking the vaccine but instead educated to make their own decisions.

He admits he too had initial reservations about the vaccines, both in terms of possible long-term effects and the lack of long-term testing before their availability.

But after extensive research, he took it, explaining any unknown risks are less motivating than the alternative.

He is also mindful of Black American's fear or apprehension toward health institutions based on exploitive research projects like Tuskegee and similar experiments.

Moreover, there continue to be firmly held beliefs of institutional bias in applying and availability of health care for African Americans.

Dr. Izard said he and his staff take those concerns into a discus-

Blood Pressure Categories

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130-139	or	80-89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

heart.org/bplevels

Blood pressure categories

The five blood pressure ranges as recognized by the American Heart Association are:

Normal

Blood pressure numbers of less than 120/80 mm Hg are considered within the normal range. If your results fall into this category, stick with heart-healthy habits like following a balanced diet and getting regular exercise.

Elevated

Elevated blood pressure is when readings consistently range from 120-129 systolic and less than 80 mm Hg diastolic.

People with elevated blood pressure are likely to develop high blood pressure unless steps are taken to

control the condition.

Hypertension Stage 1

Hypertension Stage 1 is when blood pressure consistently ranges from 130-139 systolic or 80-89 mm Hg diastolic.

At this stage of high blood pressure, doctors are likely to prescribe lifestyle changes and may consider adding blood pressure medication based on your risk of atherosclerotic cardiovascular disease (ASCVD), such as heart attack or stroke.

Hypertension Stage 2

Hypertension Stage 2 is when blood pressure consistently ranges at 140/90 mm Hg or higher. At this stage of high blood pressure, doctors are likely to prescribe a combination of blood pressure medications and lifestyle changes.

Hypertensive crisis

This stage of high blood pressure

requires medical attention. If your blood pressure readings suddenly exceed 180/120 mm Hg, wait five minutes and then test your blood pressure again.

If your readings are still unusually high, contact your doctor immediately. You could be experiencing a hypertensive crisis.

If your blood pressure is higher than 180/120 mm Hg and you are experiencing signs of possible organ damage such as chest pain, shortness of breath, back pain, numbness/weakness, change in vision or difficulty speaking, do not wait to see if your pressure comes down on its own. Call 911.

Note: A diagnosis of high blood pressure must be confirmed with a medical professional. A doctor should also evaluate any unusually low blood pressure readings.



Your blood pressure numbers and what they mean

Your blood pressure is recorded as two numbers:

- **Systolic blood pressure** (the first number) – indicates how much pressure your blood is exerting against your artery walls when the heart beats.
- **Diastolic blood pressure** (the second number) – indicates how much

pressure your blood is exerting against your artery walls while the heart is resting between beats.

Which number is more important?

Typically, more attention is given to systolic blood pressure (the first number) as a major risk factor for cardiovascular disease for people over 50.

In most people, systolic

blood pressure rises steadily with age due to the increasing stiffness of large arteries, long-term buildup of plaque and an increased incidence of cardiac and vascular disease.

However, either an elevated systolic or an elevated diastolic blood pressure reading may be used to make a diagnosis

of high blood pressure.

According to recent studies, the risk of death from ischemic heart disease and stroke doubles with every 20 mm Hg systolic or 10 mm Hg diastolic increase among people from age 40 to 89.

Why blood pressure is measured in mm Hg

The abbreviation mm Hg means millimeters of mercury. Mercury was used in the first accurate pressure gauges and is still used in medicine today as the standard unit of measurement for pressure.

Taking your pulse versus checking your blood pressure

While both are indications of health, blood pressure and heart rate (pulse) are two separate measurements. Learn more about the difference between blood pressure and heart rate.



WHY I'M ENCOURAGING MY COMMUNITY TO GET THE COVID-19 VACCINE

**BY GWEN LEA
RN, COORD., SICKLE CELL CLINIC**

As far back as I can remember, I wanted to be a pediatric nurse. My mom died when I was 10 years old, and I distinctly remember that was when I had the first thought that I wanted to be a nurse. After that, there was no other choice. I have now been a pediatric nurse for more than 35 years.

When I got my start at Children's Wis-

consin, some of my first patients were children with sickle cell disease. Caring for kids with this disease quickly became a passion. So, when a position opened up in the Sickle Cell Clinic, I was eager to apply. That was more than



20 years ago.

I love this group of patients in particular for a few reasons. This is a group of children you get the opportunity to follow closely until they become adults. But it's not just the kids. Sickle cell can also be a very stressful disease for parents and caregivers. I have always felt if I don't help take care of the needs of the parent, then the needs of the child will not be met. And education is a key part of that. I love to educate and I know it makes a difference.

As you likely know, sickle cell disease predominantly affects African Americans. As a nurse who is also African American, I felt I had a unique opportunity to help this population get better health care through education and advocacy.

I believe the African American community is underserved when it comes to health care. I felt this even as a young nurse. I know many African Americans have a long history of mistrust when it comes to the medical community.

So I take my role as a nurse who is also African American very seriously. Through direct patient care, advocacy, education and setting an example, I know I have a special role to play in helping heal those historical wounds and making sure our community gets the care it needs.

Much like sickle cell disease, COVID-19 has affected African Americans in disproportionate numbers. There are

many reasons for this, but I think mistrust plays a big role. I know there is a lot of hesitancy in African American communities to get the COVID-19 vaccine and that played a big role in my decision to get vaccinated. In fact, I was the first person at Children's Wisconsin to receive the COVID-19 vaccine and I did not hesitate to do so. I feel great — a sense of relief — and I didn't experience any significant side-effects. After the second dose, my arm was pretty uncomfortable for a couple of days, but nothing that kept me from carrying on my daily activities.

I truly believe COVID-19 will only go away if the majority of our community gets vaccinated. For that to happen, there needs to be more education in the African American community. Because this population is more hesitant and less trusting, I felt I could do my small part by getting the vaccine and showing that it's safe. It was and continues to be my hope that if more African Americans are seen getting the vaccine, it will encourage others to do the same.

Being a nurse, I trust the science and I know these companies have been making vaccines for years. Those who know me well — my family, friends and the families I care for — know that I would not have gotten the vaccine if I didn't think it was safe. And I know sharing my experience has made a difference — the families I care for every day have told me so. Many of the parents of the patients I see have said they will likely get the vaccine when it becomes available because of the example I set. They are able to see in person that I got vaccinated and that I am doing well. It is my hope my single decision will have an impact on many.



If you are:

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Now is the Time to Address Menthol

Lorraine Lathan



By Lorraine Lathan

Director Wisconsin African American Tobacco Prevention Network and Wisconsin Tobacco Prevention and Poverty Network

Every other year, The Center for Black Health and Equity hosts the State of Black Health Conference, an event during which attendees examine the economic, institutional, and social inequalities that affect health. This year the event was held virtually due to the pandemic.

It was no surprise that COVID-19, the deadly virus that has impacted African Americans at an alarming rate and created countless hardships, took center stage.

But another issue rose to the top and was highlighted during a six-hour session dubbed the “Menthol Academy.”

Like COVID, menthol has wreaked havoc on Black health. But, unlike COVID-19, the novel coronavirus that last year reared its ugly head and just won't go away, menthol has been harming our health for decades. And it won't go away either.

Before we go into some of the reasons why it just hasn't gone away, let's talk about how menthol became the tobacco product of choice for African Americans (9 in 10 Black Wisconsinites who smoke use menthols). This isn't a coincidence.

In fact, Black people, including youth, have been a sustained target of the tobacco industry for more than 60 years.

Tobacco companies have shamelessly used messages and images from Black culture to target urban, poor, African American communities. They even made donations to organizations serving people of color to gain favor within these communities.

Many can recall the “menthol wars” of the 1980s, when tobacco companies with brands like Newport, Salem, and Kool openly competed for market share in the Black community by offering free cigarette packs at high-traffic areas and popular street corners.

There is also a long-standing practice of flooding African American communities with menthol tobacco advertising, which increased tobacco use among low-

income African Americans, according to the Center for Public Health and Tobacco Policy.

These well-documented and predatory practices have led directly to African Americans having higher smoking rates than the general population and suffering worse health outcomes related to smoking--despite starting at a later age and smoking fewer cigarettes on average than other adults.

Menthol masks the burning sensation of smoking by stimulating cool receptors in the nose and mouth, which allows people to inhale deeper. Menthol also triggers receptors in the brain, which makes it more addictive and harder to quit.

45,000

Forty-five thousand African Americans die each year from smoking related illnesses. The growing toll in human lives caused by tobacco, including menthol tobacco products, has prompted some action in recent years.

But, like many movements to address the inequities that hinder the health of people of color, progress has been slow and met with resistance at each step.

Some successes include a community-led movement in Minneapolis that led to restricting the sale of menthol products to tobacco shops and liquor stores.

More recently, California passed a law banning the sale of flavored tobacco, including menthol products. Unfortunately, that legislation is tied up in courts, a reminder of the power of the tobacco industry and its lobby.

What made the California legislation powerful is that it included menthol in a ban of flavored tobacco. While it may seem obvious that any ban on flavored tobacco

should include menthol, a distinguishing and characterizing FLAVOR added to tobacco, it hasn't been apparent to all.

In fact, when the Food and Drug Administration excluded menthol when it banned characterizing flavors in all cigarettes in 2009.

History repeats itself

Fast forward 12 years, to a time when tobacco users who get COVID are at a higher risk for serious health complications, and when new movements to protect young people from flavored tobacco products, which are more appealing to youth, are gaining steam.

Once again, as was the case in 2009, menthol is being left off the table, on the shelf, and in the hands and mouths of African American adults and youth.

Many organizations have sought to raise awareness about the disproportionate impact of menthol tobacco, including national groups like the African American Tobacco Control Leadership Council, the Center for Black Health & Equity, the Truth Initiative, the Public Health Law Center, and Campaign for Tobacco Free Kids, as well as local groups like the Wisconsin African American Tobacco Prevention Network.

They are addressing menthol as exactly what it is: a social justice issue. It's not for lack of effort on the part of prevention partners that menthol continues to reduce the expectancy of Black lives.

Here in Milwaukee, the Wisconsin African American Tobacco Prevention Network as part of the Milwaukee Tobacco-Free Alliance is among several local groups mobilizing residents to join the chorus of calls for change.

They are working to increase access to services that help smokers quit and promote events like No Menthol Sunday, which is a national day of advocacy for the faith community to support those who have been impacted by tobacco.

Visit <https://www.dhs.wisconsin.gov/tobaccoischanging/menthol.htm> to learn more about menthol tobacco products or get connected with local prevention efforts, and if you or a family member is ready to quit, call 1-800-QUIT NOW.

TOBACCO COMPANIES HAVE USED MENTHOL PRODUCTS TO TARGET KIDS IN COMMUNITIES OF COLOR FOR YEARS.

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EVEN AFTER GETTING THE VACCINE - REMEMBER THE ESSENTIALS

wear your mask + wash your hands + watch your distance

milwaukee.gov/covidvax

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Making It Plain

(continued from page 3)

The impact that the coronavirus is having on multi-generational families really hits close to home for Dr. Collins.

"The essential worker in my extended family, unfortunately became infected with COVID and brought it home," said Dr. Collins. "And then grandma became infected and later passed away," she said.

For some Black multigenerational families, not having access to separate facilities in their homes poses another challenge when trying to stay healthy during the pandemic.

"The multi-generational families living in homes with one bathroom makes it harder for us," said Dr. Collins. "As African Americans are trying to quarantine and go through these periods knowing that if we're infected with COVID, we have to stay at home and be away from others."

Another concern facing African Americans are social determinants of health, which include access to quality healthcare, housing, transportation, and the access to education and job opportunities.

When it comes to employment, Black people are disproportionately represented in the area of essential workers, which not only increases our risk of contracting COVID-19 but also those who are living in their households.

Dr. Collins said this poses a problem for African Americans who are working in these jobs on the frontlines. "We are working in long-term care facilities, grocery stores or we're driving the trains and the buses, and we can't work from home," she said.

Dr. Collins stresses the importance of African Americans staying equipped with vital information to ensure that they are not at the end of the line when the COVID vaccine is widely available.

Being armed with accurate information is key as the Black community fight against COVID-19, especially at a time when there's a surge of new virus variants which some studies suggest is about 50 percent more transmissible than the existing iterations of the virus.

Here are the latest CDC recommendations for our optimal protection from the coronavirus and other

virus variants:

- Wear your mask over your nose and mouth and secure it under your chin. Fit the mask snugly against the sides of your face, slipping the loops over your ears or tying the strings behind your head.

- Stay home as much as possible.

- Keep social distance. Stay 6 feet (about 2 arm lengths) apart from others.

- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place or after blowing your nose, coughing, or sneezing.

If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol.

- Don't touch your eyes, nose, mouth or mask with unclean hands.

- Clean frequently touched surfaces and any shared items between use like tables, doorknobs, light switches, countertops, handles, desks, toilets, faucets, and sinks with soap and water. Then, use a household cleaner to disinfect the surface. Wear gloves, if possible, when cleaning and disinfecting.

- Make sure the household has good air flow. Open a window and turn on a fan to bring in and circulate fresh air if it is safe and practical to do so.

- Avoid hugging, kissing, or sharing food or drinks with people at increased risk for severe illness in your household.

- Don't have visitors unless they need to be in your home (e.g., home health nurse). If you do have visitors, before they enter your home, check yourself and others in your household for symptoms of COVID-19 and ask your visitors to do the same.

Remember to stay at least 6 feet apart, wear a mask, and ask visitors to wear a mask before entering your home.

- Do not allow any sick or exposed visitors to enter your home.

- Avoid having family members at increased risk care for others in their household. If people at increased risk must be the caregiver, those who are being cared for should stay home as much as possible to protect their family members at increased risk for severe illness from COVID-19.

The Most and Least Uninsured States for Health Coverage

(continued from page 5)

States with the Least Uninsured

The following table shows the 15 states with the least percentage of their population who are uninsured. In these states, over 93% of the population is covered by health insurance.

Leading the way for the least uninsured residents is the state of Massachusetts, where only 3% of the population lacks health insurance.

A major driver of the low rate of uninsured in the state was the passage of health care reform legislation in the state in 2006, which is commonly known as Romneycare.

About the Author

Adrian Mak covers education, insurance, and small business success at AdvisorSmith.

Adrian is a Stanford alumnus and a serial entrepreneur.

Methodology

AdvisorSmith used data from the U.S. Census Bureau's American Community Survey to determine the percentage of the population in all 50 states and the District of Columbia that were not covered by health insurance.

We used this population data to rank the states by the proportion of their population that did not have health insurance.

Our study found the states with the highest and lowest proportion of their population that was uninsured.

Sources

U.S. Census Bureau, American Community Survey, Health Insurance Coverage



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Thank you for leading the fight against COVID-19

As a nurse at Children's Wisconsin for more than 35 years — including 20 caring for kids with sickle cell disease — Gwen Lea, RN, has touched the lives of countless families in the African American community. But even considering all her years of service, being the first at Children's Wisconsin to get the COVID-19 vaccine may be the most impactful thing she's done. Knowing COVID-19 has affected African Americans much more than others, Gwen led by example and encourages her family, friends and community to get the vaccine.

Visit

[Milwaukee.gov/covidvax](https://www.milwaukee.gov/covidvax)
to see if you are
currently eligible for
the COVID-19 vaccine.



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