Black History Month: Health Challenges of Blacks

Historians tell us that Americans have annually recognized black history since 1926, first as "Negro History Week" and later as black history month. The recognition of black history month was influenced by Dr. Carter G. Woodson who was born to slave parents, worked in the coal mines of Kentucky, then later attended and obtained a Ph.D. from Harvard University.

Why was February chosen as Black History month? February marks the birthdays of Frederick Douglass and Abraham Lincoln, two slave abolitionists who greatly impacted the lives of American blacks. The month of February also has the following significance to Blacks: February 23, 1868, W.E.B. Du Bois, important civil rights leader and co-founder of the NAACP, was born. February 5, 1870, the 15th Amendment, granting blacks the right to vote was passed. February 25, 1870, the first black U.S. senator, Hiram Revels, took his oath of office. February 12, 1909, NAACP was founded. February 1, 1960, a group of black Greensboro, N.C., college students began a sit-in at a segregated Woolworth’s lunch counter. February 21, 1965: Malcolm X, Black militant Leader, who promoted Black Nationalism, was shot to death.

How is the health and social status of Blacks in the country? On the condition of Blacks in the country, Dr. Martin Luther King Jr. had this to say on August 28, 1963 during his "I have a dream" speech: “… the Negro (Black) lives on a lonely island of poverty in the midst of a vast ocean of material prosperity; the Negro is still languishing in the corners of American society and finds himself an exile in his own land”.

Things haven’t changed much for today’s blacks. Despite educational, economic and sociopolitical achievements made by some blacks in the country, majority of blacks are still poor, live in segregated neighborhoods or housing projects, attend poorly funded schools, have higher unemployment rate; have no health insurance or under-insured, have limited access to healthcare, are unhealthy and die earlier than other population groups in the country.

What is the current health profile of Blacks in the country? The following black health profile is reported by the US centers for disease control (CDC):

1. Diabetes: is approximately 70 percent higher among blacks than whites.
2. Heart disease: Blacks have 25% higher death rates from heart attacks than whites.
3. Stroke: Blacks have twice the risk of
having a stroke than the general population; they also suffer more complications from stroke than the general population.

4. Breast Cancer: Black women develop breast cancer less often than do white women, but black women are more likely to be diagnosed with breast cancer at a late stage and to die from it than white women.

5. Asthma: Rates for death, hospitalization, and emergency room visits due to asthma are three times higher for blacks than whites.

6. Smoking and Health: Blacks continue to suffer disproportionately from smoking-related chronic and preventable disease compared with whites.

7. Prostate Cancer: Blacks are 3 times more likely to die from prostate cancer than whites.

8. Youths: There is a 120% increase in the epidemic of obesity or being fat among black than white youths.

What can be done to improve the health of Blacks? Blacks need to assume primary responsibilities for their health by adopting healthy lifestyles. It is important to improve black access to economic opportunities and health services. It is also critical to promote preventive health education that is community based, culturally sensitive, and involves the black family and church. Federal, state and local policies and regulations should consider the needs of Blacks and other minority groups, who are often under-represented in most policies making settings, simply some kind of healthcare reform, because contrary to what Rush Limbaugh might say American does have the worlds best healthcare, but that’s if you can afford it.

Question on what you can do to help remedy this growing problem of health disparities please call me Ira Combs RN BS at 595-1458.
Later-to-bed teens risk sadness, suicidal thoughts
By Anne Harding

NEW YORK (Reuters Health) - Earlier bedtimes make for happier teens, a new study in the journal Sleep suggests. Adolescents whose parents enforced bedtimes of 10 p.m. or earlier were significantly less likely to be depressed and to have suicidal thoughts than their peers whose parents allowed them to go to bed at midnight or later, Dr. James E. Gangwisch of Columbia University Medical Center in New York City and his colleagues found.

"It's kind of a common idea that older adolescents don't need as much sleep as younger adolescents, but that's really not true--they still need about 9 hours of sleep at night," Gangwisch told Reuters Health. Short sleep times and depression have been linked in both teens and adults, he and his colleagues note in their report, and this relationship could be "bidirectional"-meaning getting too little sleep boosts depression risk, while being depressed makes it harder to sleep.

Gangwisch and his colleagues looked at a nationally representative group of more than 15,000 seventh- through twelfth-graders surveyed in 1994-1996. Fifty-four percent of parents said their son or daughter had to go to bed at 10 p.m. or earlier on school nights. Another 21 percent said their child's bedtime was 11 p.m., while 25 percent allowed their children to go to bed at midnight or later.

More than two-thirds of the adolescents said they went to bed when they were supposed to. Given that parents who were stricter about bedtime might have other qualities that could protect their child from depression, the researchers asked adolescent study participants how much their parents cared for them, and accounted for this in their analysis of the relationship between sleep duration and depression risk. There was no link between whether a teen had a set bedtime and how much they felt their parents cared for them, but there was a strong relationship between bedtime and whether or not that teen felt he or she was getting enough sleep. And kids with bedtimes at midnight or later were 24 percent more likely to be depressed, and 20 percent more likely to have suicidal thoughts than teens who had to hit the hay at 10 p.m. or earlier.

Kids who got five hours of sleep nightly or less were 71 more likely to be depressed, and 48 percent more likely to have suicidal thoughts, than their peers who got at least eight hours of sleep a night. And study participants who said they felt they usually got enough sleep were 65 percent less likely to be depressed and 29 percent likely to have suicidal thoughts than those who didn't feel they were sleeping enough.

"Getting adequate sleep is really important for our mental health as well as being able to focus and have the necessary energy and motivation to do the things we need to do during the day," Gangwisch noted. Getting adolescents to go to bed at a reasonable hour is no easy task, he added, especially given the temptation to text and surf the Internet into the wee hours of the morning. "It's a tall order, especially with adolescents, they kind of have a mind of their own, and they should." Nevertheless, he added, just asking a teen to give going to bed early try for a few days may convince them, once they see how much better they feel after getting enough sleep.
The first African American to earn a medical degree was James McCune Smith. He was a "Renaissance man" of the antebellum period. Smith was a writer, lecturer, classicist, editor, political activist, geographer, pharmacist, and medical physician.

Smith was born a slave in New York City. His mother had been a slave in South Carolina who moved north with her master. Although he never knew the identity of his father, Smith strongly suspected that it was the southern gentleman who owned his mother. Smith and his mother were emancipated in 1827 when New York State abolished the institution of slavery.

Smith attended the New York African Free School, graduating with honors at age 15. In order to continue his education, he taught himself Greek and Latin while working six days a week as a blacksmith's apprentice. He then applied for admission to Columbia College as well as to the medical college at Geneva, New York. Both of these schools denied him admission because of his race. But he was accepted at the University of Glasgow in Scotland. Black leaders in New York City helped him raise money for travel and tuition. He earned a bachelor's degree at the University of Glasgow in 1835, a master's degree in 1836, and a medical degree in 1837. He was fluent in French, Greek, and Latin and had a working knowledge of Spanish, German, Italian, and Hebrew. Upon returning to New York City in 1837, Smith was regarded as a hero in the black community. He opened a medical practice serving both black and white patients with an office on West Broadway and served as the chief physician of the New York City Colored Orphan Society. He also operated a pharmacy adjacent to his medical offices.

Smith was also active politically. He was a member of William Lloyd Garrison's American Anti-Slavery Society, which he later denounced as paternalistic. In 1855 he was one of the original founders of the Radical Abolition Party, which advocated the end of slavery by any means necessary including violence. That same year Smith wrote the introduction to Frederick Douglass' book My Bondage and My Freedom. Smith was the first African American to publish an article in a medical journal and the first black member of the American Geographical Society. Smith died just months after the end of the Civil War. As early as the 1870 census, all of Smith's five children were listed as white. Smith soon passed into obscurity. His children and grandchildren's desire to pass as white caused the records of the achievements of their black ancestor to almost fade into distant memories.
Dr. Daniel Hale Williams was an African American physician who made history by performing the first successful open heart surgery operation.

Daniel Hale Williams was born in 1856 in Hollidaysburg, Pennsylvania, the fifth of eight children. His father was a barber who died when Daniel was only nine. His mother was unable to provide for all the children on her own, so she moved the family to Baltimore, Maryland to stay with relatives. An apprenticeship with a shoemaker was found for Daniel; he remained there as a shoemaker's apprentice for three years while he was still a young child. As a teenager, he learned to cut hair and became a barber, living and working with a family who owned a barber shop in Janesville, Wisconsin.

In Janesville Daniel began to attend high school. He graduated from Hare's Classical Academy in 1877. While working as a barber, he met Dr. Henry Palmer, a leading surgeon, who became the Surgeon General of Wisconsin. Dr. Palmer took Daniel on as a medical apprentice; he had two other apprentices at the time. Dr. Palmer helped the three apprentices apply for admission to a top medical school, the Chicago Medical School, which was affiliated with Northwestern University. All three were accepted and began their studies in 1880. Dr. Daniel Hale Williams graduated with his medical degree in 1883.

Dr. Williams began to practice surgery and medicine at the South Side Dispensary. At the same time, he held a position at Northwestern University, as an instructor of anatomy. He worked for a time as a medical doctor for the City Railway Company and for the Protestant Orphan Asylum. Dr. Williams's practice began to grow, as did his reputation as a skilled surgeon. In 1883, he was one of only four African American doctors in the Chicago area, yet he gained so much respect within the medical community that six years later, in 1889, he was appointed to the Illinois Board of Health.

Dr. Williams observed that African American patients were routinely subject to second-class medical care. Also, opportunities for most Black physicians were extremely limited, and it was difficult for African Americans to gain admission to medical and nursing schools because of institutionalized racism. Dr. Williams met a young woman, Emma Reynolds, who had been refused admission by every nursing school in the area. This prompted him to launch a new venture, the first African American owned hospital in the United States. It started as a twelve-bed facility, named Provident Hospital. At Provident Hospital, Dr. Williams also opened the first nursing school for African Americans, where Emma Reynolds and six others made up the first graduating class. Dr. Williams employed African American and White doctors at Provident Hospital, emphasizing the need to provide the best available care to everyone. He required that the doctors at Provident keep abreast of the latest advances in medicine.

Two years later, in 1893, a young man named James Cornish was rushed to Provident Hospital with a stab wound to the chest. Doctors at this time did not have X-ray machines, and the doctors at Provident were unsure what to do for Mr. Cornish. His condition began to deteriorate; his pulse was getting weaker and he started to go into shock, which are signs of internal bleeding. In the operating room, Dr. Williams made the decision to open up Cornish's chest and see what could be done before he bled to death internally. The surgical team found a pierced blood vessel and a tear to the pericardium tissue around the heart. Dr. Williams sutured both of these injuries to stop the bleeding. James Cornish survived the operation. Newspaper headlines reported: "Sewed Up His Heart! Remarkable Surgical Operation on a Colored Man!" Cornish recovered and lived another twenty years. It was the first successful open heart surgery ever performed.

Dr. Williams's medical career prospered and he became surgeon-in-chief at Freedmen's Hospital in Washington, D.C. He organized the hospital into specialized departments such as Medical, Surgical, Gynecological, Obstetrical, Dermatological, etc. He helped organize the National Medical Association, which at the time was the only medical organization open to African Americans. In 1898 he married Alice Johnson, a school teacher, and moved back to Chicago where he acted as chief of surgery at Provident, which had grown to be a much larger institution. He continued on to hold top positions in teaching and as head surgeon at another Chicago hospital. Dr. Williams was often invited to speak to doctor's associations around the country on the subject of health care for African Americans. He encouraged African American leaders to open hospitals in other cities where African American people would receive first rate care. He received numerous honors and was the first Black physician named as a Fellow in the American College of Surgeons. In 1926 he retired after suffering a stroke. Dr. Williams passed away in Idlewild, Michigan, in 1931, after a life of history-making accomplishments.
Bone Density
Body Mass Index
Nutrition Counseling
Mental Health Counseling
PSA
Breast Exams
Colon Cancer
Hearing Test

12th Annual
FREE!
Health Fair and Screenings
Saturday, March 13
8 am – 1 pm
Omaha North Higher
4410 N. 36th Street
For More Information Call
639-3673

Activities for the Kids!!
For Groups that would like to screen or participate please go online to get forms at: www.bfhwa.com
Black Nurse in History

The history of black women in the nursing profession is a story of women of color fighting to overcome racial, social and economic injustice. In their efforts to obtain appropriate and professional health care education, these women also sought to acquire professional acceptance from their white counterparts.

One of the earliest women of color to serve as a caregiver was Mary Seacole, who was born in 1805 in Kingston, Jamaica. She had no formal training as a nurse but she learned all she knew from her mother, who was a well-known “healer” in the Kingston area. As a child, Seacole watched her mother work, took in all the knowledge she could and practiced whatever she learned on her doll. If there were a disease prevalent in Kingston, her poor doll would “contract” it. After a while Seacole extended her caregiving to dogs, cats and other animals.

Eventually she felt that she had learned enough and could move on to treating human patients. But because of her race, she would never get that opportunity. Seacole was forced to go to Europe in order to receive professional training and recognition. In 1856, during the Crimean War, she established a facility called the British Hotel at her own expense to provide caregivers, medical attention, food and comfortable sleeping areas for the sick and wounded.

Another woman of color who served as a nurse during wartime was the famous Civil War nurse, Susie King Taylor. She was born in 1848, a slave under Georgia law. It was illegal for slaves to be educated, but she and 30 other children were taught how to read and write by her grandmother’s friend Mrs. Woodhouse, a free woman of color. As a teenager, King began to teach other “colored” children.

King gained her freedom when she was about 14 years old. Her uncle decided to take the family and get away, so they jumped into a boat passing Georgia’s Fort Pulaski. They were captured by Union forces and were enlisted into the newly formed regiment of black soldiers. King was appointed laundress of the 33rd U.S. Colored Troops, but her duties began to expand because of her nursing skills and her ability to read and write. Susie King Taylor documented her experiences as a teacher, laundress and nurse during the conflict in a book entitled Reminiscences of My Life in Camp with the 33rd United States Colored Troops. She died in 1912.

These women were not afforded the opportunity to receive formal nursing training, but they did open doors for other nurses of color who would follow in their footsteps, including the first African-American woman to graduate from an accredited nursing institution, Mary Eliza Mahoney. Mahoney was born in Dorchester, Mass., in 1845. She began her interest in nursing as a teenager. She also found employment as a teenager at the New England Hospital for Women and Children. For 15 years she served the hospital in a variety of capacities, including cook, janitor and washerwoman. She eventually gained the respect and confidence of hospital officials and was allowed to work as a nurse’s assistant, even though she did not have formal training.

However, in 1878, at the age of 33, Mahoney was admitted as a nursing student in the same hospital where she had devoted almost two decades of service. During her matriculation, the institution’s policy was that only one African-American student and one Jewish student could be enrolled in each training class. In 1879, out of 42 students who started the program with her, Mahoney was one of only four students who completed the rigorous course.

After graduation, Mahoney registered in the Nurses Directory at the Massachusetts Medical Library. This acknowledged her as a formally trained nurse. She left the New England Hospital for Women and Children and began working as a private duty nurse who traveled and provided medical assistance to patients in the New England area.

In 1896 Mahoney became a member of the predominately white Nurses Associated Alumnae of the United States and Canada (later known as the American Nurses Association). Because of racial discrimination, especially in the South, the organization rarely admitted African-American nurses. This inspired Mahoney to co-found the National Association of Colored Graduate Nurses (NACGN) in 1908. Two other important founding members were Martha Franklin and Adah Belle Samuel Thomas. Among the association’s goals were to advocate for more opportunities for formal training for African-American nurses and to eventually integrate the nursing profession.

A year after its founding, Mahoney gave the welcoming address at the NACGN’s first convention. In 1911, while working as director of the Howard Orphan Asylum for Black Children in Kings Park, Long Island, Mahoney also served the association as its national chaplain. That same year, the NACGN awarded her a lifetime membership.

Mahoney, who never married, retired in 1922 but continued to participate in the NACGN’s activities until her death from breast cancer in 1926. Because of her contributions and her leadership in fighting for racial integration in the nursing profession, in 1936 the association created an award in her honor. When the NACGN merged with the American Nurses Association in 1951, the ANA continued to bestow the Mary Mahoney award. Many years after her death, Mahoney was inducted into the ANA’s Nursing Hall of Fame. In 1993 she was inducted into National Women’s Hall of Fame.

Although white nurses such as Florence Nightingale and Clara Barton are celebrated throughout history, these “Black Nightingales” also deserve to be acknowledged. Their contributions to the medical and nursing professions are just as worthy of recognition.
Do you know what home care can do for you?

- It’s used as a teaching tool with new medications, diagnosis, and therapies in the home.
- It provides a liaison between you and your doctor for more informed health care.
- It can help you maintain your independence while living at home with the help of our skilled nurses.

Did you know that you don’t have to be hospitalized to receive home care?

Home nursing is an intervention to help prevent recurrent hospitalization.

Ask your doctor.

Louis H. Primary Home Care Client
- I like the care given by the nurses and the attention given to all the details involved.

Mary K. Primary Home Care Client
- I love my nurse! It’s nice to have somebody to help you when you need it the most.

Marquita W. Home Health Aide
- This company gives great care and helps people to keep their independence. We’re very flexible and we do our best to get our clients the service they need when they need it.

Yvonne B. Home Health Aide
- It’s a great company to work for. It’s an interesting job where you get to meet all kinds of people. I’ve truly enjoyed my 5 years working for this company.

Primary Home Health Care
Medicare / Medicaid Certified – Other Insurances Accepted
Bonded / Insured Staff

(402) 345-1350
Music can lift you up... It can bring tears to your eyes. It can help you relax or make you get up and dance. You probably hear it several times a day—on the radio or TV, in the supermarket, at the gym or hummed by a passerby. Music’s been with us since ancient times, and it’s part of every known culture. Music strikes a chord with all of us. “There’s something about music and engaging in musical activities that appears to be very stimulating for the brain and body,” says neuroscientist Dr. Petr Janata of the University of California, Davis. Singing favorite songs with family and friends, playing in a band or dancing to music can also help you bond with others. “It’s a way of synchronizing groups of friends, playing in a band or dancing to music can also help people and engaging in a common activity that everyone can do at the same time,” Janata adds.

NIH(National Institute of Health)-funded scientists are exploring the different ways music can influence our bodies and minds. Their research may also shed light on creative processes. Ultimately, scientists hope to harness the power of music to develop new treatments for people with stroke, autism and many other conditions.

Several well-controlled studies have found that listening to music can alleviate pain or reduce the need for pain medications. Other research suggests that music can benefit heart disease patients by reducing their blood pressure, heart rate and anxiety. Music therapy has also been shown to lift the spirits of patients with depression. Making music yourself—either playing instruments or singing—can have therapeutic effects as well.

Scientists have long known that when music and other sounds enter the ear, they’re converted to electrical signals. The signals travel up the auditory nerve to the brain’s auditory cortex, which processes sound. From there, the brain’s responses to music become much more complex. Over the past decade, new brain imaging techniques have shown that music activates many unexpected brain regions. It can turn on areas involved in emotion and memory. It can also activate the brain’s motor regions, which prepare for and coordinate physical movement.

One brain area that’s drawn interest in recent years is the medial prefrontal cortex, located just behind the eyes. In a recent study, Janata showed that this region seems to be a central hub linking music, memories and emotion. He used an imaging technique called fMRI to look at the brains of young adults while they listened to snippets of songs from their childhoods. When they heard familiar songs, the medial prefrontal cortex lit up. Activation was strongest when the song evoked a specific memory or emotion. “If turns out that the medial prefrontal cortex is also one of the last brain regions to deteriorate in Alzheimer’s disease,” Janata says. This may help explain why many Alzheimer’s patients can remember and sing along to tunes from their youth when other memories are lost. Janata hopes to conduct studies of older adults—including some with mild thinking impairments—to see how the brain processes nostalgic songs.

The medial prefrontal cortex also seems to play a role in the creative expression of music. Dr. Allen Braun, a scientist at NIH’s National Institute on Deafness and Other Communication Disorders (NIDCD), and Dr. Charles Limb of Johns Hopkins University asked jazz musicians to play music on a keyboard inside an MRI scanner. When improvising, the musicians’ medial prefrontal cortex turned on. But the region wasn’t activated when they were playing memorized scales. Meanwhile, a different brain area that’s involved in self-monitoring shut down during improv. “The musicians were letting go and not watching themselves as much while improvising,” says Braun.

Unfortunately, for some people listening to music can be an unpleasant challenge. About 1 in 50 people have a disorder called tune deafness. They have trouble hearing the differences between musical tones. They can’t carry a tune. “The most severely affected people can’t even recognize it as music. To them it just sounds like traffic noise,” says geneticist Dr. Dennis Drayna of NIDCD. Nearly 10 years ago, he and his colleagues studied twins and showed that both tune deafness and perfect pitch are inherited. “People with tune deafness can pass a standard hearing test with flying colors, but something we don’t yet understand is drastically wrong with their auditory system,” he says.

A new clue came from a recent brain imaging study by Drayna and Braun. When a familiar tune hit a sour note, brain scans unexpectedly showed that tune deaf people registered the mistake, similar to people with normal hearing. However, the tune deaf people somehow didn’t realize they’d heard a mistake. Their brains failed to produce a second signal that occurs when the brain doesn’t hear what it expects. “Somehow, the melodic structure of the music is processed unconsciously by these people, but they can’t consciously recognize the errors,” says Braun. Some researchers suspect that the brain processing errors that lead to tune deafness may also be at play in some learning and developmental disorders.

Several studies of musicians show that their brains are different from the rest of us. Over a decade ago, neuroscientist Dr. Gottfried Schlaug of Harvard Medical School found that professional musicians have an unusually thick bundle of nerves connecting the left and right sides of the brain. More recently, he’s been watching the brain development of children since about age 6, when they first began learning an instrument. Just 15 months into training, and also at 30 months,
young musicians had more complex connections between different brain regions and more elaborate auditory and motor systems than kids who didn’t play an instrument. “We found that kids who practiced the longest and with intensity had the most profound effects. Those who practiced the least did not show much of a difference compared to non-musicians,” Schlaug says. “When you make music, it engages many different areas of the brain, including visual, auditory and motor areas,” says Schlaug. “That’s why music-making is also of potential interest in treating neurologic disorders.”

Schlaug’s been exploring how music making may help adults regain their ability to speak after a stroke. When stroke damages the speaking area of the brain, some people can still sing words but not speak them. With an experimental technique called music intonation therapy, patients learn to sing and mimic the rhythms of simple songs. Gradually, different regions of the brain may take over some speaking functions.

“Although this therapy has been around for about 30 years, no one fully understands how it works,” Schlaug says. With NIH funding, he’s now conducting a clinical trial to study the effectiveness of this therapy. Results are expected in about 3 years.

Scientists continue to explore the relationship between music and health. While they search, try turning on the radio or grabbing your guitar. Enjoy whatever music brings your way.

Research Studies at the University of Nebraska Medical Center

Smokers needed for study of genetic contributions to smoking

You may be eligible for a study about thoughts and feelings related to classes about genetic contributions to smoking if you:

- Are a Smoker, 19 years or older
- Smoke more than 10 cigarettes/day
- Are Interested in stopping smoking within the next month.

This study involves:

- Participating in classes on either genetic or nutritional education
- Participating in a group smoking cessation program with FDA-approved nicotine patch
- Participating in data collection five times during the study.

A stipend is available for participation. Those interested should contact Victoria Graeve-Cunningham at 402-559-6549.

Participants needed for stress test for pediatric research office

The pediatric research office seeks volunteer subjects ages 19-50 to undergo a stress echocardiogram via supine bike using IV contrast, as part of a control group for a cardiac imaging trial currently being performed at The Nebraska Medical Center. Primary investigators for the trial are Shelby Kutty, M.D., and Thomas Porter, M.D. The total time for participation is 2 hours. Participants must have no prior history of heart disease and otherwise be in good health.

Please contact Erin Sandene at esandene@unmc.edu for more information.
PHAT (Physically Healthy And Toned) and Fabulous is a research program of the University of Nebraska Medical Center. It is a culturally relevant, physical activity and nutrition program developed to assist adult women in making healthy lifestyle choices. It is hoped the end result will be improved health and better quality of life.

For More Information Contact:
Nurse Jackie Hill  402-595-3807
University Nebraska Medical Center
5050 Ames Ave
Omaha, NE 68104

Supported by the Nebraska Department of Health and Human Services Office of Women’s and Men’s Health.