

## HEALTH FOCUS

# REVERSING HEART DISEASE: A CALL TO ACTION

By Donald E. Wesson, M.D.

The time to improve the health among African-Americans is now.

Contrary to the disease most often given press coverage in the African-American community, the chief cause of death is heart disease, the number one killer of Americans in general. Studies have shown, however, that in concentrated urban environments, African-Americans are more likely to suffer the devastating effects of this common disorder.

A study in the Harlem community revealed that death rates of people living in Central Harlem — 96 percent of whom are African-American and 41 percent in poverty — are nearly three times as likely to die before age 65 as are whites.

Heart disease includes a number of conditions but heart attack (when a part of the heart muscle dies due to lack of blood flow) and heart failure (when the heart muscle fails to pump the amount of blood to serve the body's needs) make up most of these problems.

All Americans are at risk to get heart disease but some people are at higher risk than others. Heart disease runs in families so your risk is increased if you have relatives with heart disease.

People with diabetes and/or high blood pressure (hypertension) are at increased risk. African-Americans have higher rates of both diseases. Other risk factors include smoking, being overweight, lack of regular exercise, chronic stress, high blood cholesterol levels, and unhealthy diets. Everyone should learn how to reduce their risk of getting heart disease and then take the necessary steps to increase their chances to live a long, healthy life.

Until recently, the primary approach of the medical profession toward heart disease was to treat the problem once it appeared. Fortunately, prevention is gaining in importance as doctors learn more about causes of heart disease.

More importantly, medical science has taught us that people can be empowered to lower their

risks for heart disease. Those with diabetes and hypertension should be under a doctor's care and follow his or her advice to control these diseases.

All people, regardless of their individual risk, can increase their chances of living without heart disease by leading healthwired lifestyles. Those who smoke should stop and overweight persons should reduce their weight.

Important, too, is regular exercise — even if it is walking — which not only reduces your risk for heart disease but also makes for better control of diabetes and

hypertension.

A "heart-friendly" diet low in saturated fats, cholesterol and salt is recommended, but it may not be easy.

A recent study at Baylor College of Medicine's Nutrition Research Center revealed that African-Americans — particularly women — may have a more difficult time in losing weight.

Traditional foods and lifestyle problems can interfere with following a weight loss program. The study was one of four pilot studies for a proposed five-year Black American Lifestyle Intervention (BALI) study to look at

long-term outcome of obesity control among minority women. Stay tuned.

Exercise and dietary changes traditionally have been recommended for people with heart disease and to those who have been identified to be at high risk. Since leading a healthier lifestyle is beneficial for everyone regardless of risk for heart disease, these lifestyle changes are useful for the community as a whole. This is particularly important for the African American Community considering the devastating toll heart disease has taken.



Donald E. Wesson, M.D.

Community efforts to support a healthy lifestyle can increase your chances to live without heart disease.

HealthFocus is a monthly medical column written by Dr. Donald E. Wesson, an associate professor of medicine at Baylor College of Medicine in Houston.

## SUMMER CAN BE AN UNEASY TIME FOR CHILDREN

HOUSTON— Summer can be an uneasy time for children of divorced and remarried parents and for the parents themselves.

"Many of the problems of visiting non-residential parents depend on the ages of the children and on whether this is only the first or second such visit," said Dr. James H. Bray, a psychologist at Baylor College of Medicine in Houston.

Pre-schoolers in particular feel insecure, wondering how they will be cared for and when they will return home.

"The custodial parent should prepare children for the visit," Bray said. "Simple, factual information can lessen the chance they will concoct negative versions of what is going on."

For example, be sure children know exactly when the visit will end. Encourage them to take a long familiar objects such as toys or stuffed animals. Regularly scheduled telephone contact with the at-home parent can be reassuring.

Bray suggests careful planning for children traveling alone. Have contingency plans to avoid children arriving at the destination with no one to greet them.

Children usually worry about having playmates while adolescents are concerned about missed social activities back home, Bray said.

But children aren't the only ones with anxieties; parents miss their absent children.

"And, while it's certainly okay to let children know they will be missed," Bray said, "avoid communicating anxiety to them. Sometimes they react negatively not because they do not want to go but because they sense anxiety in the parent."

For the parent being visited, the problems can include introducing children into a home that already has other children.

"The visited parent should clearly explain the rules of the house," Bray said, "and treat all children as equally as possible,"

Bray also recommends that visiting children be given "alone time" with the biological parent.

It can be a trying experience for everyone involved, Bray said, but it is a manageable situation, particularly when parents plan for and accept unexpected changes.

## HEALTH

# WIC PARTICIPATION LINKED TO REDUCED INFANT MORTALITY

WASHINGTON, — Secretary of Agriculture Mike Espy has announced the release of a study linking participation by pregnant women in a USDA sponsored supplemental food program with significantly reduced infant mortality rates.

The study, which tracked Medicaid newborns in five states, found that infant mortality was dramatically lower among Medicaid beneficiaries who participated in the special supplemental Food Program for Women, Infants and Children (WIC) than among Medicaid beneficiaries who did not participate in WIC.

"Study after study has documented the effectiveness of the WIC program," said Espy. "This new data is just additional evidence that WIC works."

The results showed that predicted infant mortality rates for WIC participants were approximately one-quarter to two-thirds the predicted rate for non-participants. In comparing both groups, the greatest difference was in lower neonatal mortality rates, that is, deaths occurring within the first 28 days of life.

"These findings further underscore the need for full-funding of the WIC program," said Espy. "President Clinton and I are both committed to ensuring

that every eligible woman, infant and child receives these individual benefits by 1996."

Established in 1972, WIC is a supplemental food program administered by USDA's Food and Nutrition Service. The \$2.9 billion program provides benefits to 5.7 million participants, including forty percent of all babies born in the United States. The prenatal component of WIC provides food supplements, nutrition education and referrals to health care, and social services to low-income pregnant women. Medicaid is a joint federal and state medical care program for low-income people.

The study included all Medicaid births in 1987 in Florida, Minnesota, North Carolina and South Carolina. In Texas, the study tracked all Medicaid births from January through June 1988.

Estimated reductions in infant mortality associated with participating in WIC during pregnancy were: 1.2 deaths per 1,000 live births in Minnesota, 3.6 in Florida, 4.0 in Texas, 8.4 in North Carolina and 27.2 in South Carolina. Since infant mortality is a rare event, these small numbers represent relatively large effects.

Put another way, the study results suggest that states would have experienced more infant

deaths in 1988 in the absence of WIC participation: 114 deaths in Florida, 174 in North Carolina, 320 in South Carolina and 103 in Texas for the six-month period. The Minnesota findings were not statistically significant.

This study is the third in a series on 1988 WIC, Medicaid, and the vital records data. The first report examined the relationship between prenatal WIC participation, Medicaid cost and a variety of birth outcomes. The second report examined very low birthweight among Medicaid newborns.

The results of this most recent study are consistent with the USDA's earlier findings concerning WIC's impact on the Medicaid population, namely higher average birthweights, longer gestations, a lower incidence of preterm or low birthweight births, and a greater probability of receiving adequate prenatal care.

Entitled "Infant Mortality Among Medicaid Newborns in Five States: The Effects of Prenatal WIC Participation," the study was conducted for USDA's Food and Nutrition Service by Mathematica Policy Research, Inc. of Princeton, New Jersey.

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