

Lighting The Road To Freedom

New Orleans

Data

News Weekly

"The People's Paper"

**Data
Zone**

**N.O. Jazz Fest
Wraps Up**

Page 9

FREE
COPY

May 10 - 17, 2008 41st Year Volume 37 www.ladatanews.com



The State of Black Health

How well Are We?

The Soul of New Orleans

Page 2



**Local Men join
Nike for
Grand Opening**

Page 11

**What does
your smile
say?**



Page 14

The State of Black Health 2008

How Well Are We?



By Cheryl Mainor

According to the latest data from the Office of Minority Health, disparities in health still remain prevalent, despite gains

over the past 3 years. The report indicates that despite years of attention to the issue, the racial gap in health still continues; disparities related to race, ethnicity, and socioeconomic

status still pervade the American health care system. African Americans die from nearly every major disease or cause at rates higher than whites, sometimes alarmingly higher, espe-

cially from Homicide and HIV according to the report.

The report states "that recent immigrants also can be a increased risk for chronic disease and injury, particularly those

who lack fluency in English and familiarity with the U.S. health-care system or who have different cultural attitudes about the use of traditional versus conventional medicine. Approximately

Continued next page.

INSIDE DATA

Cover Story	2	Data Zone	8
State & Local.	5	@Issue	10
In The Spirit	7	Special Health Section .	12
Commentary.	7		

DATA NEWS WEEKLY

616 Barrone Street, Suite 584, New Orleans, LA 70113

Phone: (504) 821-7421 | Fax: (504) 821-7622

editorial: datanewseditor@bellsouth.net | advertising: datanewsad@bellsouth.net

Terry B. Jones

CEO/Publisher

Glenn Jones

VP Advertising

& Marketing

Edwin Buggage

Editor-in-Chief

Cheryl Mainor

Managing Editor

Glenn Jones

Distribution

Contributors

Anthony D. Advincula

Edwin Buggage

Leloni De Gruy

Sen. Ann Duplessis

Kai El'Zabar

Dr. Aaron E. Harold

Cheryl Mainor

Mark Morial

Joe Ricks, Jr. Ph.D

Glenn Summers

NNPA Newswire

New American

Media Newswire

Art Direction

& Production

MainorMedia.com

Contributing

Photographers

Paul Mainor/

mainorphoto.com

Gary McCarthy

Glenn Summers

NNPA Newswire

Editorial Submissions

datanewseditor@

bellsouth.net

Advertising Inquiries

datanewsad@bellsouth.net

Please call (504) 284-3840 for subscription information. Dated material two weeks in advance. Not responsible for publishing or return of unsolicited manuscripts or photos.

Continued from previous page.

6% of persons who identified themselves as Black or African American in the 2000 census were foreign-born.”

The report continues, “for Blacks in the US, health disparities can mean earlier deaths, decreased quality of life, loss of economic opportunities and perception of injustice. For society, these disparities translate into less than optimal productivity, higher health-care costs, and social inequity. By 2050, an estimated 61 million black persons will reside in the United States, amounting to approximately 15% of the total population.”

What is the root cause of such disparity among groups of Americans? According to numerous reports, even in these days of an economic downturn, Americans enjoy the most modern technologies known in medical science. Over the past 50 years, advances have been made in detection, treatment and information regarding most of the world’s most preventable diseases. The dissemination of information has never been greater, yet with all of the advancements, African Americans are still contracting and suffering unequally, with every chronic disease and condition despite these advancements. We know for example, that the use of condoms can reduce the spread of HIV, yet in America, Black heterosexual women ages 25 – 44 are 21 times more likely to die from the disease than their white counterparts. Today, Black teenagers are the fastest growing population contracting STD’s, which now include HPV, human papillomavirus, which has been linked to cervical cancer and genital warts. Even more alarming are the rates of death from the number one killer among Blacks, which is heart disease. According to the findings of the report, Blacks are dying at a rate of 30% more than are whites, and at a rate of 40% higher from stroke.

What is causing the disparity?

The study states that “multiple factors contribute to racial/ethnic health disparities, i.e., education, employment and income; lifestyle behaviors like physical activity and alcohol intake; and racial discrimination and neighborhood and work condition. Other causes are lack

Continued next page.

Quick Facts

Cancer

- In 2003, African American men were 1.4 times as likely to have new cases of lung and prostate cancer, compared to non-Hispanic white men.
- African American men were twice as likely to have new cases of stomach cancer as non-Hispanic white men.
- African Americans men had lower 5-year cancer survival rates for lung and pancreatic cancer, compared to non-Hispanic white men.
- In 2004, African American men were 2.4 times as likely to die from prostate cancer, as compared to non-Hispanic white men.
- In 2003, African American women were 10% less likely to have been diagnosed with breast cancer, however, they were 36% more likely to die from breast cancer, compared to non-Hispanic white women.
- In 2003, African American women were 2.3 times as likely to have been diagnosed with stomach cancer, and they were 2.2 times as likely to die from stomach cancer, compared to non-Hispanic white women.

For more statistics on African Americans and cancer, please click here

Diabetes

- African American adults were 1.8 times more likely than non-Hispanic white adults to have been diagnosed with diabetes by a physician.
- In 2002, African American men were 2.1 times as likely to start treatment for end-stage renal disease related to diabetes, compared to non-Hispanic white men.
- In 2003, diabetic African Americans were 1.8 times as likely as diabetic Whites to be hospitalized.
- In 2004, African Americans were 2.2 times as likely as non-Hispanic Whites to die from diabetes.

For more statistics on African Americans and diabetes, please click here

Heart Disease

- In 2004, African American men were 30% more likely to die from heart disease, as compared to non-Hispanic white men.
- African Americans were 1.5 times as likely as non-Hispanic whites to have high blood pressure.
- African American women were 1.7 times as likely as non-Hispanic white women to be obese.

For more statistics on African Americans and heart disease, please click here

Health Insurance Coverage and Income				
	State	National	Top State	Bottom State
Percent of population with health insurance coverage				
2002-2003	81.1%	81.1%	92.1%	75.3%
2005-2006	82.1%	84.9%	93.8%	76.1%
Percentage change	2.5%	4.2%		
Percent of employees offering health insurance to employees				
2003	50.0%	56.2%	86.2%	42.2%
2005	52.6%	56.3%	89.6%	38.6%
Percentage change	5.2%	0.2%		
Percent of employees enrolling in health insurance offered by employers				
2003	75.5%	80.3%	86.0%	73.4%
2005	73.6%	79.6%	86.6%	71.3%
Percentage change	-2.5%	-6.9%		
Percent of premiums contributed by employees enrolled in employer-sponsored coverage				
2003	19.1%	17.4%	25.0%	8.3%
2005	20.4%	18.1%	24.5%	9.0%
Percentage change	6.8%	4.0%		
Percent of working adults spending 20% or more of income on out-of-pocket medical expenses				
2001	7.9%	4.8%	9.3%	2.4%
2004	10.5%	5.0%	13.8%	5.0%
Percentage change	32.9%	4.2%		
Medicaid enrollment as a percent of population under 200% FPL				
2002	46.6%	42.2%	86.0%	23.4%
2006	59.5%	46.4%	69.1%	23.5%
Percentage change	27.9%	7.4%		
Percent of population at or above 200% FPL				
2002-2003	40.4%	49.5%	80.1%	56.8%
2005-2006	40.9%	48.7%	81.3%	57.4%
Percentage change	0.9%	-1.1%		

HIV/AIDS

- Although African Americans make up only 13% of the total U.S. population, they accounted for 47% of HIV/AIDS cases in 2005.
- African American males had more than 8 times the AIDS rate of non-Hispanic white males.
- African American females had more than 23 times the AIDS rate of non-Hispanic white females.
- African American men were more than 9 times as likely to die from HIV/AIDS as non-Hispanic white men.
- African American women were more than 21 times as likely to die from HIV/AIDS as non-Hispanic white women.

For more statistics on African Americans and HIV/AIDS, please click here

Immunization

- In 2005, African Americans aged 65 and older were 40% less likely to have received the influenza (flu) shot in the past 12 months, compared to non-Hispanic whites

of the same age group.

- In 2005, African American adults aged 65 and older were 30% less likely to have ever received the pneumonia shot, compared to non-Hispanic white adults of the same age group.
- Although African American children aged 19 to 35 months had comparable rates of immunization for hepatitis, influenza, MMR, and polio, they were slightly less likely to be fully immunized, when compared to non-Hispanic white children.

For more statistics on African Americans and immunization, please click here

Infant Mortality

- In 2004, African Americans had 2.4 times the infant mortality rate of non-Hispanic whites.
- African American infants were almost 4 times as likely to die from causes related to low birthweight, compared to non-Hispanic white infants.
- African Americans had 2.1 times the sudden infant death syndrome mortality rate as non-Hispanic whites.
- African American mothers were 2.6 times as likely as non-Hispanic white mothers to begin prenatal care in the 3rd trimester, or not receive prenatal care at all.

For more statistics on African Americans and infant mortality, please click here

Stroke

- African American adults were 50% more likely than their White adult counterparts to have a stroke.
- African American males were 60% more likely to die from a stroke than their White adult counterparts.
- Analysis from a CDC health interview survey reveals that African American stroke survivors were more likely to become disabled and have difficulty with activities of daily living than their non-Hispanic white counterparts.

Source: U.S. Dept of Health and Human Services, Office of Minority Health



of access to preventive healthcare services, screenings and vaccinations. In other words, Blacks are more likely to contract, suffer and die with diseases due to our lifestyles. But what lifestyle is it that "Blacks" live? African Americans are not monolithic, and therefore, cannot be cast into a one-size-fits-all container, yet across every economic cultural and lifestyle barrier, Blacks still suffer more. It begs the question, "What can be done?"

Consider the rate of death in Blacks from cancer. Blacks die at a rate of 30% higher than do whites from all forms of cancer combined. A red flag would be knowing that some forms of cancer are due to environmental exposure to toxins, power lines, asbestos, flood residue and other agents that are outside of an indi-

viduals control. More disadvantaged people, Black and white, live here near power facilities, waste treatment facilities, refuse dumps and work in coal mines or plants where chemicals and toxins have historically been at dangerous levels. The blue-collar worker and the disadvantaged person often times in unknowingly more susceptible to illness from living/working in these conditions. Blacks disproportionately are affected. But then there are the factors that are within an individuals control for some types of cancers and many preventable diseases that must be improved. The message must resonate within the at risk populations at a resounding level. Many forms of cancer are consequences from chosen behaviors, such as smoking and can be greatly reduced by

a commitment to stop this deadly behavior.

Then there are the socioeconomic factors, which are as detrimental if not more than the environmental factors when determining incidences and occurrences of dangerous yet preventable diseases. Blacks are less likely to have health insurance than whites, and so are less likely to visit a doctor for preventive care. They are less likely to have full access to pediatricians, OBGYN's and specialized care in their community and are more likely to rely on the local emergency room for sickness than a neighborhood clinic or a regular family doctor.

Is there hope?

There is much that can be done to curb the incidents of those cancers and diseases that

are almost completely preventable. The CDC released their plan titled Healthy People 2010. Healthy People 2010 is designed to achieve two overarching goals:

- 1) Increase quality and years of health life;
- 2) Eliminate health disparities.

According to the report, "eliminating racial and ethnic disparities in health will require enhanced efforts at preventing disease, promoting health and delivering appropriate care." Eliminating disparities will also require new knowledge about the determinants of disease and effective interventions for prevention and treatment. It will also require improving access to the benefits of society, including quality preventive and treatment services, as well as innovative ways of working in partnership with health care systems, state and local governments, tribal governments, academia, national and community-based organizations, and communities. By studying and developing programs specifically aimed at reaching the African American population and other groups who are disproportionately effected, there may be a greater understanding on why certain diseases ravage one group more than others, and effective treatments may be developed. That is some of what science can do.

What can you do to help yourself?

There are a myriad of things you can do to protect yourself, and to assist in your own wellbeing. Become a proactive participant in your own health decisions. Watch your diet, exercise. Do not smoke and limit your exposure to second hand smoke. Participate in health screenings for diabetes, prostate health, heart disease, check cholesterol levels, get mammograms, get a colonos-

copy, have your colon cleansed, and have a regular yearly exam with a full set of labs. These are all steps you can take to ensure your health is good. Establishing a relationship with a doctor, moving away from emergency room medicine is also a great start.

What else can you do?

You can become a proactive participant in how your tax dollars are spent too. Pay attention to the local, city, state and federal representatives; not just the Presidential candidates. How does what they do effect your health and well being? Ask and demand answers to these questions: Is there adequate support for measures that will increase funding in our local hospitals? Will our hospitals be rebuilt and provide the care for the uninsured like Charity did? How do the bills before the State house and Senate, and Houses of Congress effect the community here? Find out if your elected officials are supporting funding for the US Department of Health and Human Services, and how the programs of HHS can help you and the community. There are many tax-payer funded programs and initiatives designed to educate and encourage healthier lifestyles. A start to a healthier community can begin with you.

The statistics from the report may not be positive, but it certainly does not mean that African Americans are down for the count. There is a great deal of work to be done in order to reverse the negative numbers, but by having a positive attitude, and an unshakable desire to succeed, the handwriting on the wall can be revised, and a new chapter in Black American History can be written.

Reviving Our Business Community

Story and Photos by Glenn Summers

The Power of Speed Networking

The city of New Orleans is finding strategic and creative ways to revive, rebuild, and restructure the neighborhood and business communities. Speed networking is designed to bridge the gap between new and up-in-coming companies, fortune five hundred corporations, and "Mom and Pop" businesses in the local communities. The goal of these events are to give and insure and foster relationships creating a business

environment where adequate and effective entrepreneurial ideas and pertinent information needed to run a successful business are shared between business that operate at various scales of the corporate strata. With the ultimate goals, to improve profitability and diversification of an enterprise; and to exchange innovative concepts to grow a profitable business and increase the size and shares of the economic pie as the city rebuilds.

On April 17, 2008 the city of

New Orleans DBE (Disadvantage Business Enterprise) in conjunction with WHM and Madison Media Group hosted a speed networking event at Generations Hall for the A&E (Architects and Engineers). The event continues to be an exciting, effective, and informative tool to exchange ideas and concepts on improving a business enterprise. As well as an interactive way for individuals and businesses to strategize and devise an effective solution on how to revive the cities infrastructure.

During the Director of Recovery Management Dr. Edward Blakely gave eloquent and encouraging and spirited talk giving advice and counseling to the A&E's (Architects and Engineers) on the importance of acquiring adequate knowledge and business credentials needed by the city and state to make a sound impact on the cities rebuilding effort. He also stressed the importance of education in the community as a way of creating powerful leadership in society.



(Ed Blakely) Director of Recovery Management for the city of New Orleans addressed the Architects and Engineers on the importance of having adequate credentials needed to effectively and efficiently revive the cities economic infrastructure.

Methodist Hospital - Challenges and Opportunities

New Orleans - The re-opening of Methodist Hospital has been viewed by both the City and State delegation as an integral part of the rebuilding of Eastern New Orleans. The ability to provide adequate healthcare is essential in the repopulation of the community.

It is important to note, however, that prior to the storm Pendleton Memorial Methodist Hospital began looking at an exit strategy due to the disproportionate amount of indigent patients to that of the insured. In order for hospitals to be successful a balance must be maintained relative to the insured versus the uninsured or government subsidies must be in effect to subsidize the cost of treating indigent patients.

What has been done?

- First the dire need of the re-opening of the Hospital in Eastern New Orleans had to be addressed. The Louisiana legislature passed a bill that created a hospital district for Eastern New Orleans to incent private operators to agree to run the hospital.
- A board was created – The Orleans Parish Hospital District comprised of Doctors, Hospital CEO's and Presidents and community leaders to put a market-

ing and financial plan together in an effort to reopen the Hospital.

- Negotiations between the owners of Methodist, the City of New Orleans and the Orleans Parish Hospital District have been ongoing to secure the land and building. It is important to note that Methodist was a private facility so the land and building must be both purchased and renovated. Both the City of New Orleans and the State legislators have been working diligently to ensure that funding be made available.
- The office of Recovery Management headed by Dr. Blakely has agreed to set aside 10 million dollars toward the purchase of the hospital.
- The Orleans Parish Hospital District is in the process of getting the facility appraised by NORA. This of course is imperative to secure the type of funding that is needed.
- The City of New Orleans has made available \$500,000 for a feasibility study.

Why is this important?

Hospitals in underserved communities have had significant challenges relative to successfully treating the type of population that must be serviced. The feasibility

study will look at the population that has returned; the anticipated number of people who will return; the proximity of other healthcare facilities and determine what the cost would be to open a hospital that can be successful. It will also look at the type of services that need to be offered as well as the number of beds that must be occupied. Once the feasibility study has been completed the ability to look for both private and public resources and potential operators will be easier.

Currently, there is a 140 million dollar ask in the Capital Outlay bill to support the reopening of Methodist Hospital. It is important to note that the delegation is strongly supporting this ask; however it is our hope that we will secure some, if not all, of the dollars that have been requested.

The Orleans Parish Hospital District has been working on the final stages of a business plan that should be completed in a few weeks. They are also working on securing additional funding to

develop the details of the project including both administrative and operational costs.

What Resources are in place to support the success of this project?

Orleans Parish is designated as a medically underserved community (MUA) as well as a geographic Health Professional Shortage Area (HPSA). These areas have shortages of primary medical care, dental and/or mental services. This qualifies this project for certain waivers, grants, loans and other funding sources which are critical to the successful operation of the hospital and the feasibility study.

Currently, Senator Duplessis and Senator Landrieu are investigating the possibility of securing a Critical Access Hospital designation. This designation would help significantly in the cost and reimbursement structure of the hospital. Typically, this designation is reserved for rural areas but because of the disaster and other

obvious challenges this designation may be a possibility.

It is important to note that elected officials are working to make available the resources and designations that can make the reopening of Methodist Hospital a reality. It is also important to note that prior to the flooding caused by Hurricane Katrina, Methodist was operated as a private facility. The owners of the facility do not view the reopening of the hospital as financially feasibility.

The public sector is playing a most active role in the efforts to reopen Methodist despite the obvious financial concerns that make difficult the assurance of profitable operations. Senator Duplessis will continue to work with elected officials and the appropriate authorities to identify the potentially hundreds of millions of dollars that could be involved with the purchase and annual operations by the public sector of this important facility that will serve such an important role in the community.

Xavier University Division of Education Master of Arts in Teaching Information Session

New Orleans, LA – Xavier University will hold an informational session about the Masters of Arts program on Thursday, May 22, 2008. The session will be held in the Division of Education, room 501 (located in the library) at 5 p.m.

The informational session is designed to provide current non-certified teachers an opportunity to learn about the Masters of Arts in Teaching program. The Master of Arts in Teaching degree is a 36 credit-hour program which leads to Louisiana certification and a Masters degree

in Elementary Education (1-5), Secondary Education (6-12), or Special Education (Mild/Moderate). The session will provide information regarding program eligibility, Transition to Teaching program, and program benefits

For more information contact Ahdija Donatto at 504-520-7533 or acbaker@xula.edu.



Kids WELCOME ON BOARD!

Ride Amtrak® and see the country in a way you've never seen it before. Spread out in roomy coach seats, have a meal in the dining car, and connect with family as you build memories that will last long after the ride is over. Your vacation begins here. Make your reservation with Amtrak today.

Kids ages 2-15 ride half off.

For more information:

Call 1-800-USA-RAIL or visit **Amtrak.com**.

AMTRAK®



Children ages 2-15 receive a 50% discount off the regular full adult rail fare. Up to two children per paid adult. Offer not valid on all trains or at all times. Other restrictions may apply. Amtrak is a registered service mark of the National Railroad Passenger Corporation.

Students to design community projects to boost city's recovery Winning design gets \$25,000 grand prize

The City of New Orleans, Chase and Enterprise Community Partners are partnering to sponsor a real-estate design competition that will tap into the brain-power of the city's college students.

In existence since 1994, this year's Chase Community Development Competition is aimed at continuing the building momentum for the recovery of New Orleans. Students will partner with a local not-for-profit agency to develop a real estate plan that is buildable, sustainable and will meet a prevalent community need in low-and/or moderate income areas. The exact type of project is up to the students, who may decide to design a farmers market, education center, housing development or some other creative enterprise.

"Young people have played a critical role in our immediate recovery efforts through their volunteer efforts and their work in local nonprofit and governmental organizations," said Mayor C. Ray Nagin. "This competition provides them with an additional opportu-

nity to make a tangible contribution that will last for years into the future. As we reach the tipping point in our recovery, we must harness the energy and drive of every citizen and interested person to create the city we envision for our future."

Teams will be encouraged to focus on one of the 17 target recovery areas (www.nolarecovery.com) identified by the Office of Recovery, Development & Administration. The complete proposal must include financial analysis, architectural renderings and other relevant components.

"Chase is committed to building vibrant communities and promoting an inclusive culture that benefits our customers, our employees and neighbors in New Orleans," said John Kallenborn, the New Orleans president of Chase.

The competition is an invitation-only opportunity for New Orleans-based colleges, and universities who previously worked in New Orleans. The winning entry will receive a \$25,000 pre-

development grant. The second place design will get \$15,000 grant, and the third place winners will receive a \$10,000 grant. The awards will go to the sponsoring not-for-profit organization to assist in the implementation of the student's winning design. JPMorgan will provide the funding for all three grants.

"Participation in the Chase Competition helped me transition my academic training into the practical world of real-estate development that provides a foundation for my current work in New Orleans," said Amber Seely, part of the 2006 first place winning Milano The New School for Management and Urban Policy team. She is now a Rockefeller Foundation Redevelopment Fellow working with the Volunteers of America of Greater New Orleans.

Six semi-finalist teams will be selected to present their projects in the final round of competition. Winners will be announced May 8, 2008.

Jesse Jackson Fetes Ethnic Media for Rebuilding NOLA

By Anthony D. Advincula

NEW ORLEANS, La. - The Rev. Jesse Jackson called on members of the ethnic media last week to unite and support the revitalization efforts in New Orleans.

"We should help each other, promote each other, and learn from each other," Jackson said at a press conference held at Xavier University April 24. "We need to find a common ground to connect us, and push for better health care, education, economy, and employment."

The crucial component of economic reconstruction, he said, is to allow the old-time Nola residents who fled from Katrina to come back and reconstruct their houses. "Allow the displaced to return from exile," he said.

Calling minority journalists the "media arm of our struggle," Jackson said that post-Katrina New Orleans should be reported not just "through the lens of white perspective," but more so through the plight of those who suffer.

"We're not just the small version of Times Picayune," he said, urging everyone in the room to focus on media diversity that crosses racial divides. "No more enslavement" whether you're of Asian, African, Hispanic or Native American descent.

"Enough with all day, all night, all white stories," he added. "Let's expand our language. More Hispanics, more Asians, more Blacks, more growth."

But Jackson admitted that there was growing tension between Blacks and Latinos over employment and security issues in New Orleans.

Nearly three years after Katrina, tens of thousands of newcomer



Latinos, including undocumented immigrants, have already settled in New Orleans, working mostly in construction jobs. While they help rebuild the city that was ravaged by floods, many believe that they have also taken jobs away from old-time Nola residents, the majority of whom are Blacks.

"First of all, as indigenous blacks were pushed out, they (the government) enticed Hispanics to come in and work for low wages and (in) an exploited work environment," he said. "This creates tension. But we must learn how to serve and live together. We're going to be neighbors for the rest of our lives."

Asked about the immigration system in the country, Jackson described it as "not even." He pointed out that while people in Haiti are suffering from the food crisis, many eating mud to survive, the U.S. government allows more Cuban immigrants than Haitians.

"It's wrong, morally and politically," said Jackson, adding: "Our system is intimidating." "We should have a more rational process for admitting immigrants into the country, and we should enroll them in a path that leads to citizenship."

Delgado
COMMUNITY COLLEGE

**Register Now for
Summer and Fall**

**Summer Classes
begin May 29th**

Apply in person or online at www.dcc.edu

All locations are open:
City Park, 504-671-5012
West Bank, 504-762-3100
Charity School of Nursing, 504-571-1270
Northshore-Covington, 985-893-6286
Northshore-Slidell, 985-646-6420

Justin Nicholas,
General Science,
SGA President

Java Copy Zone

616 Baronne Street Suite 100

New Orleans Louisiana 70113

504.301.4934 f: 504.304.0203

javacopyzone@yahoo.com



In The Spirit

A Healthy Spirit "How to keep yourself Happy"



Dr. Aaron E. Harold
Data Columnist

By: Dr. Aaron E. Harold

Family, we all need to be spiritually healthy. One of the most important ways to a better life is for us to keep ourselves happy, rather than satisfy everybody around us. Many times we take on a false sense of responsibility, because we feel we are required to make sure that others are happy and not putting enough time and effort into our own happiness. Family, there is nothing wrong when we are caring and concern about others we know. It's wonderful to reach out to others in need, but we can't forget about our own spiritual well being.

Folks, our spiritual health is very important just like our physical health. When we exercise our physical muscles to stay healthy, we must also exercise our spiritual inner person. Family, our Creator want us to be spiritually happy and energized. Folks, stop trying to sacrifice your happiness to keep somebody else happy. However, that's not being selfish, it's about being real about yourself as a complete person. Our number one goal is to take care of ourselves.

In order to do that, we must keep in mind that some people are still not going to be happy no matter what we do for them; no matter how kind we are; no matter how much time and energy we give to them. Family, people have there own issues and things on the inside of them that they too need to resolve. We can't take responsibility for other folks mistakes in life. If we do, those people will start to control and manipulate you, and eventually you will become spiritually unbalanced and sick. Spiritual wellness is very important to you and me.

Spiritual Wellness can also determine the quality of happiness in our lives. Stop letting everybody interfere with your spiritual happiness. Family, let me tell you this story; there was a couple that I grew up with who got married, and there marriage was fine for a little while, but soon there marriage was miserable. Shelly came from an extremely negative family environment where she had endured many unfair hardships growing up. She brought unhappiness and negativity right into her marriage with John.

You see Shelly didn't get her way like she wanted to, so she would pout and cut up. Shelly would do that for days sometimes weeks. She was always having some kind of crisis where she needed attention. She was always miserable and always snapping people up, if you know what I mean. We all know people like that. Folks, she did her best to make everyone around her spiritually miserable. John was a good loving man to Shelly; a good husband; I mean one of the best.

He went out of his way to keep Shelly happy. He would always build her up, trying to solve her problems, and letting her know that she would be fine. Folks, John did this for five years. He gave up his own happiness, but that didn't keep her happy and satisfied. John made up his mind that his wife was never going to change. He was spiritually miserable and exhausted. He went to Shelly and said to her "I love you, but no matter what I do for you, you're not going to be happy. So I'm finished trying."

She never heard John say that and mean it. Folks, he forced her to look within herself and deal with her problems for a change. Family, that woke Shelly up, and now she is spiritually happy and loving it. Family, our Creator wants you and me to be spiritually happy and have his peace in us. God said, "Peace I give to you, not as the world give it." Family, don't let no one or anything rob you from your joy. God Bless You and remember be happy.

Dr. Aaron E. Harold is the pastor of New Millennium Breakthrough Ministries. To contact him with your comments or suggestions you can e-mail him at rharold@cox.net or call 504.813.5767



Opinion

A Lesson from Grandpa



Joe Ricks Jr. Ph.D
Data Columnist

When the speeches and sermons of the Reverend Jeremiah Wright made the national headlines a few months ago and I heard Barack Obama's response, it was very difficult for me to nail down precisely how I felt about the racial components of Reverend Wright's comments. The same American system that had my parents in segregated schools with hand-me-down books from the white schools is the same system that afforded me the opportunity to earn a Ph.D. The same system that made my grandfather put up almost all of our family's property to get a couple hundred dollars (many years later I personally saw a copy of the contract that made me and the rest of my family sick) is the same system that offers me access to reasonable interest loans with just my signature. The reemergence of Reverend Wright has forced me to give some additional serious thought to his view on race in America, and I have come to the conclusion Reverend Wright could really learn a lesson from Grandpa Cooper.

I grew up mostly in California; my family moved back to Louisiana while I was in high school. I remember having conversations with my dad about the move, and one of his primary motivations for moving back to Louisiana was the fact that when my grandpa died my sister and I really didn't know him. However, while I was growing up, my dad and I talked a lot about a number of issues and there was one story he told me on a few occasions that stuck with me. It was this story that gave me insight to the wisdom of my grandpa. My dad grew up in Hammond, LA, during segregation, and he talked to me about his frustrations and hostility during his teenage and young adult years. Just as I talked to my dad about issues growing up, my dad tried

to do the same and talk to grandpa. When it came to race in America, or Hammond more specifically, my grandpa's response to my dad was curious and added to my dad's frustration at the time. However it showed extreme enlightenment for a man with a third grade education and guided the way my dad dealt with my sister and I when it came to race. Grandpa would say something like, son I know you have a lot of questions but things are so different for you than it was for me I can't give you the answers; just stay curious and trust in God and you're going to be fine.

With his third grade education, grandpa recognized one crucial element that Reverend Wright with all of his theological training and degrees failed to comprehend. Things change. Grandpa recognized that the same system that oppressed him was significantly less oppressive for his children and offered significantly more opportunity for them. This allowed my dad to see that the same system that oppressed him offered his children unbelievable opportunity if we were prepared. The irony is that Reverend Wright's refusal to recognize racial progress in America and his insistence that his version of African American history and his experiences are what defines race matters in America today, are issues that may keep one of his prepared members from getting the Democratic nomination for the President of the United States.

Race in America is not an easy question. There are so many variables that it requires some very serious thought and discussion. Anyone who thinks they understand race in America or think they know the solution to perceived as well as real racial problems in this country they are fooling themselves. If grandpa had the opportunity to talk to all of the Reverend Wrights in the African American community I believe he would say something like this. History and your experiences are important, use history and your experiences to teach our people from where God has brought us, but don't force your circumstances on a future generation. Let their own experiences define them. Tell them that things change and that they can help create that change if they prepare themselves. Tell them to stay curious, trust in God and they will be fine.

Joe Ricks Jr. Ph.D is an Associate Professor of Marketing at Xavier University of Louisiana for comments he can be reached at jmricks@xula.edu



Data Around Town: First Friday's

New Orleans Black presented the May edition of the First Friday Series, where all the fly and fabulous folks from the 504 came out to the W Hotel to do it big with R&B superstar and actor Ray J, and of course New Orleans Data News Weekly was on the scene to catch a few snaps of the "haps."



New Orleans Black Founder, Anthony Patton and friends.



Actor Ray J, Anthony Patton and friend at First Friday's



Angela Thompson General Manager of the W Hotel with friends.



Data News Weekly Editor-in-Chief Edwin Buggage and guests enjoying First Friday



Beautiful couple enjoying a night out.



Club Dreams and Ray's Over the River owner Lee Bates and friends.



WQUE Program Director Uptown Angela and friend.



The host of the event "Hollywood"

98.5 WYLD

WIN \$1000 EVERY HOUR
with the
CASH CALL

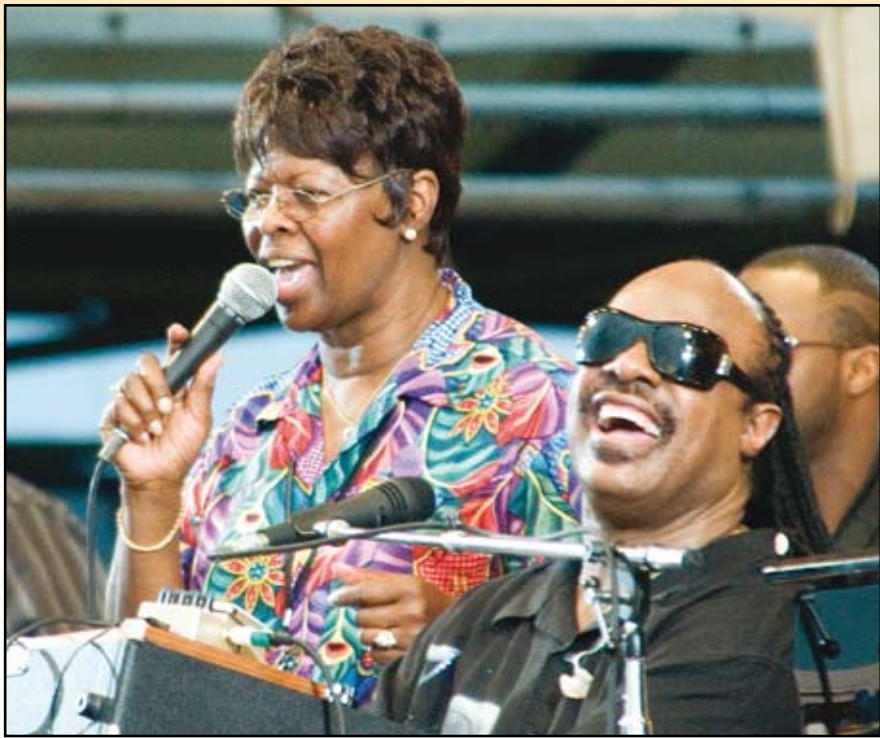
www.WYLDFM.com

the **TOM JOYNER** morning show

Jazzfest Great in 08

Photos by Paul Mainor/mainorphoto.com

Two weekends of wet rainy weather did not stop the sea of people that flooded through the gates of the New Orleans Fair Grounds to celebrate the local, national, and international talent that performed at the N.O. Jazz and Heritage Festival. Legendary acts such as Stevie Wonder, Carlos Santana, Frankie Beverly and Maze were joined by the the return of the Neville Brothers to the fest and the countless numbers of acts that blessed the stages throughout the fest. The music which was accompanied by the amazing cuisine, and crafts showcasing the city at its best. It was an overwhelming success as a rainbow of folks from both far and near gathered to celebrate in 08.



Zydeco Boogie featuring Nathan & The Zydeco Cha-Chas and Rosie Ledet & the Zydeco Playboys

Saturday, May 3 in Harrah's Theatre

For more information, call 504-533-6600 or visit www.harrahneworleans.com

ticketmaster

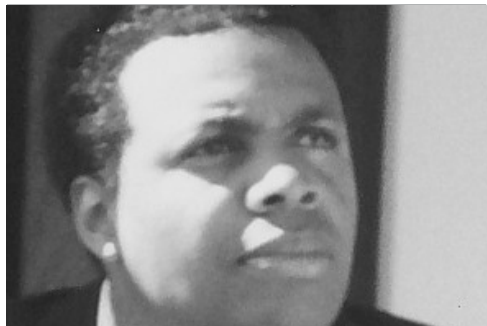


A TOTAL REWARDS[®] CASINO & HOTEL

Harrah's reserves the right to change, cancel or amend these events at any time. Must be 21 or older to enter casino and to gamble. Know When To Stop Before You Start. ©2008, Harrah's License Company, LLC.

G A M B L I N G P R O B L E M ? C A L L 1 - 8 0 0 - 5 2 2 - 4 7 0 0

"Do the 'Wright' Thing"



Edwin Buggage
Data Editor

Since the campaign of Barack Obama has gone into high gear with a full head of steam strengthening his chances of being the nominee of the Democratic Party in the upcoming Presidential Election, a historic first for an African-American only a few months ago. Recently, an astounding turn of events has occurred that may have derailed the man with the 'Audacity of Hope.' That being the unfortunate legacy of racial misunderstanding that remains paramount and an unresolved issue in this country, as witnessed by the continuing furor over comments made by Obama's former pastor Jeremiah Wright.

The words spoken by Wright continue to follow Obama and have become the equivalent of a political noose getting tighter and tighter as he treks along the campaign trail. These unfortunate words spoken by his former pastor Obama thought was behind him but it has come back once again as Wright came from behind the curtain taking his show on the road making several stops along the way that may have some effect on how some whites perceive Obama, who previously was portrayed as a symbol

of hope now has been re-cast by some as a supporter of hate, bigotry, and sympathizer of Un-American rhetoric because of his affiliation with Wright. In his latest move Obama has distanced himself from his spiritual mentor saying that he does not agree with what some in the mainstream media has called controversial statements.

But what these statements have exposed as have this campaign is a deep seated racial divide that still subsides inside of this country, and the unspoken code of racial political correctness and etiquette where people say what they think they should say in matters concerning race. Where the veil of politeness is a cover for something much deeper, a deep seething differences of perspectives and attitudes from people where citizens are afraid to deal with some hard truths about how they feel about folks who don't look like them.

This election has made the racial temperature rise to a boiling point where the sensitive issue of race has blown the top off the kettle and it is the soft whistle of polite platitudes that usually characterize discussions of race that have been transformed into a loud roar as the unhealed wounds of a sad racial history have yet to be reconciled, reconsidered or realized for we as a nation have come far but still have a long way to go before we can be a nation that is true to its creed.

But the historical amnesia, whether intentional or not of many White Americans have played a part in further exacerbating and in some cases escalating racial misunderstanding and mistrust. For the words of Reverend Wright and topics that have been discussed are nothing new in the African-Americans community where these conversations have always taken place inside of barbershops, churches, street corners,

and other places where people congregate, but yet it does not mean because they take place that there is a consensus that these thoughts reflect the feelings or sentiments of all African-Americans present. But it seems that the historical racist impulses of some whites, has been echoed by the mainstream media who paint Blacks with a very broad brush, not understanding the diversity inside of the African-American community, its history or thought processes. They because of their limited significant contact with Blacks think they are a monolithic group, but what seems beyond many of these pundits comprehension is that there is as much diversity and differences of opinions inside the Black community as is their own.

But in the case of Reverend Wright they have seen what is behind the mask that the great African-American poet Paul Laurence Dunbar wrote about or the double consciousness that the great intellectual W.E.B. DuBois talked about or what sometimes lies in the heart and soul of the nameless protagonist in Ralph Ellison's novel 'Invisible Man.' They saw another side of the caricature that they sometimes see through this distorted lens that is their perception of Blacks in America. They saw somebody whether some of his statements were truthful or not a person who is American yet a victim of America who came of age when this country was grappling with how to deal with issues of race during the turbulent 1960's.

While the question for us today is how far have we come since those storied days when Blacks and Whites marched in the name of freedom and hoped for a day where one could be judged by the content of their character and not the color of their skin? But as witnessed by the amount

of time being spent on dealing with a Jeremiah Wright, I would posit not very far. Conversely, it is good that this controversy has placed the issue of race relations on the front burner, as we must now begin to cease looking at race from the same perspective we have in previous centuries and move ahead to broaden our view of who we are on the world stage for the world is now global.

It's a new day and the world has changed around us, and if we are to stay a major player in the world we cannot hold onto a centuries old socially constructed racial categories that aren't rooted in anything real. It is time to realize that we are more alike than different and to realize that there are people in all these social groupings that come in a variety of persuasions and no two people are carbon copies of one and other even if they are brother and sister, friend and neighbor or pastor and parishioner. So in these attempts to attach Barack Obama to Jeremiah Wright by the hip with the amount of vigilance that the mainstream media has is not just shortsighted and shows the amount of ignorance they have about the black experience it is just simply wrong.

But for us to get it right we must use this opportunity to seek common ground, and not be afraid to say what needs to be said, while also realizing that the days of isms and the idea of race and its significance in terms of one's degree of humanity is something that should be buried as we forge ahead; for we are all part of the human family and in this new century it is time for us to finally work together and do the right thing.

For questions or comments on this article you can contact Edwin Buggage at ebmediagroup@yahoo.com

Young, Gifted and Nothing to Do Bring Back Summer Jobs for Youth

By: Marc Morial

"The best poverty prevention program is a job."

For more than 30 years, beginning in the 1960s, the Federal Government saw the enormous benefit of providing summer jobs to millions of disadvantaged youth across America. But since 2000, the Summer Youth Employment and Training Program (SYETP), has lost its direct funding, and is now effectively buried among 10 competing programs within the Workforce Investment Act (WIA). With the economy reeling, unemployment soaring and the summer heat approaching, there is an urgent need to bring back summer jobs for youth.

We know that a summer job experience not only puts much-needed money into the

pockets of poor kids and sometimes into the budgets of their families, it also provides opportunities to gain valuable new skills, and can be a pathway to higher education and ultimately to tax paying citizenship. Investing in this effort returns tremendous dividends in reduced welfare dependency, fewer crimes, less incarceration and greater workforce productivity. For some youth, it can be a life saving alternative to the world of gangs and drugs.

Earlier this year, in separate letters to Senate Majority Leader Harry Reid, and House Speaker, Nancy Pelosi, I made, on behalf of the National Urban League, a strong case for including a "summer jobs stimulus" as part of the bipartisan economic stimulus package. For Black teens, a "summer jobs stimulus" is most urgent. In 2007, Black teens, aged 16-19, had an

unemployment rate of 29.5% compared to 13.9% for White teens. The summer jobs stimulus did not make it into the final bill, but all is not lost.

Currently, both the House and the Senate have introduced bills, H.R. 5444 introduced by House Majority Whip James Clyburn and S. 2755 introduced by Senator Patty Murray, that call for an immediate \$1 billion dollar commitment for youth summer jobs this year. While I support their efforts, the current state of our economy makes it clear that \$1 billion is not enough. I implore them and the Congress to increase that commitment to \$2 billion.

The National Urban League has a historic commitment to securing summer jobs for low-income youth and ensuring that everyone has the opportunity to earn. In 2000, we joined a coalition of youth

serving organizations, churches, city and county political associations, the National League of Cities and the U.S. Conference of Mayors, all calling for the Congress to provide emergency supplemental appropriations for summer jobs. And over the last two years, we've called for restoring the Summer Youth Jobs Program as a separate program under WIA to be funded with new monies.

For years "The Opportunity to Earn" has been one of the four components of the National Urban League's Opportunity Compact. We believe that the Federal Government should act now to provide jobs to disadvantaged youth who want to work, who need to work and who are seeking alternatives to idleness and the dangers of the summer streets.

Nike Community Store Grand Opening

By Edwin Buggage

As physical and mental health issues are important to many individuals' in regards to their health, so is the fiscal health of the city of New Orleans as it tries to rebuild.

Recently, Nike Inc. celebrated the opening of a community store in the New Orleans area. This unique concept is the newest addition to one of only three stores of its kind in the nation with other locations being in Chicago, Illinois and Portland Oregon.

The event was attended by local luminaries including New Orleans Saints star Deuce McAlister, Mayor C. Ray Nagin, Xavier University President Norman C. Francis, radio personality Wild Wayne and many others. The event began with the Treme Brass Band and the Black Men of Labor Marching Club leading a second line procession ushering in the event only as those in New Orleans can.

With this grand opening Nike has made a commitment to contribute to the solutions to long term problems that have plagued the city by giving back. During the event they presented ten five-thousand dollar grants to local non-profit organizations. The new store is located in mid-city New Orleans and they hope to boost the local economy in addition to employing and empowering lo-



Bernard Thomas, Black Men Of Labor: Todd Higgins, Fred Johnson, Marty Blanco, Townsley Hamilton

cal residents. Nike also intends to utilize local service providers, and support local community organizations.

Since Hurricane Katrina Nike has donated more than \$7 million dollars in products and cash to the city of New Orleans. "We are

excited about being part of the recovery of the city," states Dan Sawall, General Manager of Nike U.S. Factory Stores. "Of course we want the business to be profitable, but with the community store we would like it to be a training ground where we can find a

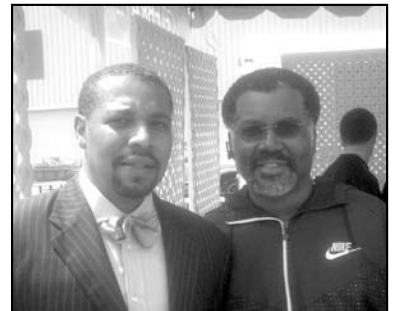
pool of untapped talent who can grow inside the company and also help contribute to the economic growth of the city of New Orleans."

'Wild' Wayne Benjamin, a local radio personality was pleased with how the event turned out and its

potential impact on the city's economy. "I think it's good that they built the store in Orleans Parish, it will help in increasing the tax base, and help employ some of our young people." Continuing he says, "I am glad that for the event they used local talent for we are



N.O. Artist Terrance Osborne and WQVE radio personality Wild Wayne.



Orson C. Porter Nike's Deputy Director of Government Affairs and Graylen Banks.

a great city with a lot of talented people and I hope that Nike's investment can convince other companies to commit their resources to our great city to make it greater as we move forward."

STROKE TARGETS BY COLOR.

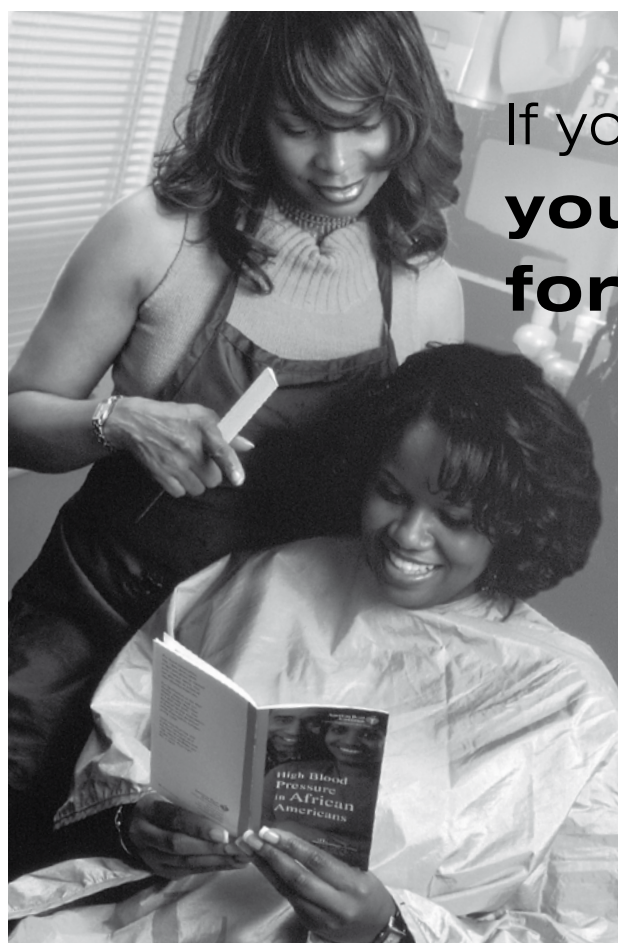
Know where you stand. The odds are African Americans are twice as likely to suffer a stroke as white Americans.

Beating the odds isn't about winning, it's about living.

You have the power to end stroke.
1-888-4-STROKE / StrokeAssociation.org

Ad Council **POWER TO END STROKE.**
We are the Power.

Photographed by Sean Kennedy Santos



If you are an African American, you are at high risk for heart disease.

Heat disease is the No. 1 killer of African Americans. This year alone, over 100,000 blacks will die from cardiovascular disease.

The good news is, heart disease is largely preventable. Be physically active, eat healthy foods and develop a prevention plan with your doctor.

To learn more about heart disease, take the Learn and Live Quiz by calling **1-888-AHA-2222** or visit **www.americanheart.org**.

Wherever you are, start a conversation to stop heart disease. Share knowledge and encourage people to live healthier lives. You might help someone lower their risk — or save a life.

American Heart Association **Learn and Live**™

Black Women and Breast Cancer Risk

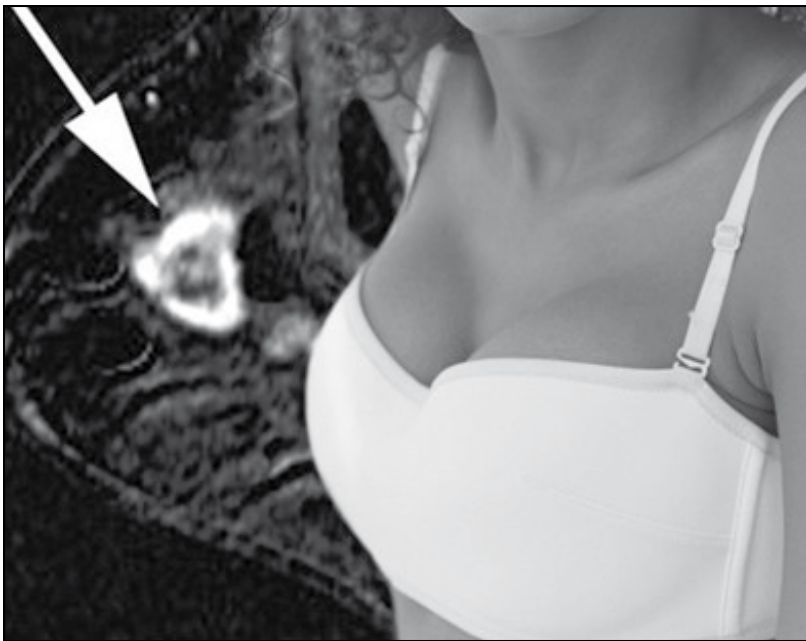
By Cheryl Mainor

Black women are less likely to get, but more likely to die from breast cancer.

According to the American Cancer Society, African-American women are less likely to get

breast cancer than white, Asian and Latina women, but once diagnosed with breast cancer, they are more likely to die from it.

The number of women dying from breast cancer has steadily declined since 1990, thanks to earlier diagnosis and better treatment. However, a 2008 study found that death rates among African-American women with breast cancer stopped declining in 26



states and, nationwide, there is a widening gap in the survival rate of breast cancer among African Americans versus white, Asian and Latina women.

The society also says the disparity is due to a later detection of cancer among African-American women, when the cancer already

Latino women get breast cancer, respectively.

However, the death rate among women diagnosed with breast cancer is highest among black women, at 33.8 among 100,000, and second highest among white women, at 25 deaths per 100,000.

What can be done to reduce your risk? The Mayo Clinic provides several tips that can help you stay healthy, and reduce your chance of developing breast cancer, and if you do of surviving it.

Diet and exercise as breast cancer prevention strategies

Among the easiest things to control are what you eat and drink and how active you are. Here are some strategies that may help you decrease your risk of breast cancer:

- Limit alcohol. A strong link exists between alcohol consumption and breast cancer. The type of alcohol consumed — wine, beer or mixed drinks — seems to make no difference. To help protect against breast cancer, limit alcohol to less than one drink a day or avoid alcohol completely.
- Maintain a healthy weight. There's a clear link between obesity — weighing more than is appropriate for your age and height — and breast cancer. This is especially true if you gain the weight later in life,

particularly after menopause. Excess fatty tissue is a source of circulating estrogen in your body. And breast cancer risk is linked to how much estrogen you're exposed to during your lifetime.

- Stay physically active. Regular exercise can help you maintain a healthy weight and, as a consequence, may aid in lowering your risk of breast cancer. Aim for at least 30 minutes of exercise on most days of the week. If you haven't been particularly active in the past, start your exercise program slowly and gradually work up to a greater intensity. Try to include weight-bearing exercises such as walking, jogging or aerobics. These have the added benefit of keeping your bones strong.
- Consider limiting fat in your diet. Results from the most definitive study of dietary fat and breast cancer risk to date

suggest a slight decrease in risk of invasive breast cancer for women who eat a low-fat diet. But the effect is modest at best. However, by reducing the amount of fat in your diet, you may decrease your risk of other diseases, such as diabetes, cardiovascular disease and stroke.

There's a clear link between obesity — weighing more than is appropriate for your age and height — and breast cancer. This is especially true if you gain the weight later in life

And a low-fat diet may protect against breast cancer in another way if it helps you maintain a healthy weight — another factor in breast cancer risk. For a protective benefit, limit fat intake to less than 35 percent of your daily calories and restrict foods high in saturated fat.

And finally, do a self-breast exam once a month, and get a mammogram when you reach

40 and every 2 years at least after that. It is the best way to make sure there are no changes in your breast density or shape, and to find small lumps which can be problematic.

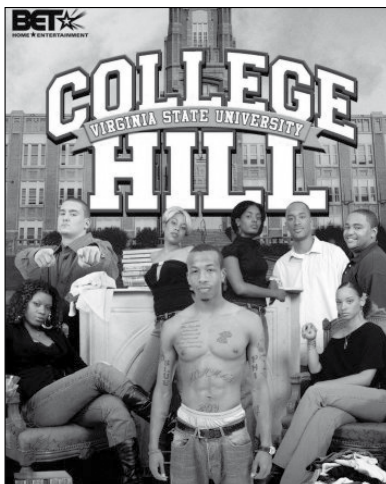
New Study: BET and MTV Programs Laden with Sexual Innuendos

NNPA Newswire

(NNPA) - A quick glance at MTV and BET is sure to register racy images of rappers fondling scantily clad women and even advertisements for the pseudo-pornographic Girls Gone Wild film series.

As a new study reports, these images are so frequent that Americans are bombarded with violent, profane and sexually charged imagery every 38 seconds on these networks.

The Parents Television Council (PTC) conducted the study which took place over a two-week period in December 2007. The report



BET's College Hill supposedly portrays students attending college, however it rarely shows an academic setting, but is filled with debauchery, violence and sexual innuendo.

evaluated popular shows such as the early evening "106 & Park" on BET and "Sucker Free" on MTV. The PTC found that both shows depicted illegal drug usage/sale and failed to mute foul language.

"BET and MTV are assaulting children with content that is full of sexually charged images, explicit language, portrayals of violence, drug use, drug sales and other illegal activity," said Tim Winter, president of the PTC.

"Not only that, but we discovered that some offensive words aired only in muted form in December 2007, but as recent as March 2008, these same words were not muted."

Advertise in Data
News Weekly
Its the Right Strategy



On Your Feet!

By Kai El'Zabar

More than 16 million Americans suffer from diabetes and the number is expected to triple over the next 30 years as the population ages. More diabetes means more foot problems including amputations, because the disease can interfere with blood flow to extremities and damage nerves. What is minor to the normal foot like small cuts and scrapes can be life threatening to a diabetic if it goes unnoticed because it becomes more difficult to heal.

The main reason people go to the hospital for diabetes is foot related complications. In 2002 there were 82,000 amputations according to the National Institute of Diabetes and Digestive and Kidney Diseases (NIH). And although this number is down from 1999, it is still significant and an alarming figure. Persons with diabetes who develop an infection are at a 55-fold greater risk for hospitalization, and an alarming 154-fold greater risk for amputation, a number that has been growing in recent years.

These are some of the startling figures emanating from the first population-based study on diabetic foot infection. Researchers from Texas A&M University, Rosalind Franklin University of Medicine and Science, and the University of Washington collected data on nearly 1,700 patients

ly 9 in 10 amputations performed are instigated by an infection. "This was perhaps the most interesting figure in the study," noted David G. Armstrong, DPM, PhD, Professor of Surgery and Director of Scholl's Center for Lower Extremity Ambulatory Research at Rosalind Franklin University and one of the study's principal investigators.

"It is infection that is the spark that led to nearly all amputations in this study," said Armstrong. "Poor circulation, while critically important, did not necessarily cause amputation. It determined the level of amputation. This subtlety makes a significant difference when designing strategies for prevention."

Help is available, courtesy of Medicare part B. In 1993, under the direction of Congress, the agency established a program for people with conditions that threaten their feet. Under the Diabetic Therapeutic Shoe Program, patients are entitled to one pair of special shoes each year, along with custom fitting by a podiatrist and two sets of inserts.

Last year the program gave away 1.25 million pairs of shoes, and yet it remains a secret of sorts amongst the diabetic population. If you haven't taken advantage of this opportunity yet, take care of your feet by wearing a well fitting athletic shoe. In addition, preventative care for your feet is in your

if your blood sugar is high, the extra sugar feeds the germs. Germs grow and the infection progresses. The addition of poor blood flow slows down the healing even more, and, once in a while, it never heals. Thus the infection can lead to gangrene, killing the skin and tissue around the sore. When this happens amputation is the option to prevent it from spreading.

All these problems can be managed however, you must tell your doctor so that they can be taken care of properly. You may require special shoes that must be made to fit softly around sore feet that have changed shape. These specific shoes can help protect your feet. Medicare and other health insurance programs may pay for special shoes. See your doctor

If you have any of the following signs, tell your doctor and request to see a podiatrist

- corns
- blisters
- ingrown toenails
- bunions
- Plantar warts
- hammertoes
- dry and cracked skin
- athlete's foot

Diabetes can cause:

1. Nerve damage which can prevent you from feeling pain, heat or cold in your legs or feet. That's why you must do a daily foot check. With nerve damage the lack of feeling is called diabetic neuropathy. Not knowing that you have a cut or sore can lead to a large sore or infection.

2. Poor blood flow also makes it hard for a sore or infection to heal. This problem is called peripheral vascular disease. If you are a diabetic who smokes, you are making your blood flow problems worse.

over a two-year period.

"The results strongly suggested that foot infections are common and complex. They are also costly in terms of morbidity," noted Dr. Lawrence A. Lavery of Texas A&M, the lead author on the study.

The study also found that near-

hands. As a diabetic you should inspect your feet daily even if someone must assist you.

These two problems combined can cause a foot problem. For instance, you get a blister from ill fitting shoes and you don't feel the pain from the blister. So the blister becomes infected. And

Foot Care Daily Check List:



- Check feet daily for sores, blisters, redness, calluses or other problems. This is particularly important if you have nerve damage or poor blood flow. If you have any difficulty (can't bend over or pull your foot up or can't see well checking your feet, ask someone else to check your feet).
- Wash your feet with warm water daily. Test temperature with elbow to avoid scalding water. Do not soak feet. Dry feet thoroughly, especially between the toes.
- Relieve dry skin on feet by applying lotion after you wash and dry them. Do not apply between toes.
- File corns and calluses gently with emery board or pumice stone. Do after washing the feet and file in one direction only.
- Cut your toenails once a week. Cut them while they are still soft from washing. Cut to the shape of the toe and be careful not to cut too short.
- Always wear shoes or slippers and never walk barefoot even in your home.
- Always wear socks or stockings. Do not wear socks, knee-highs or anything too tight below the knee.
- Only use prescribed medications for you and from your doctor.
- Make sure you wear shoes that fit well.

Your Smile Means More than You Think

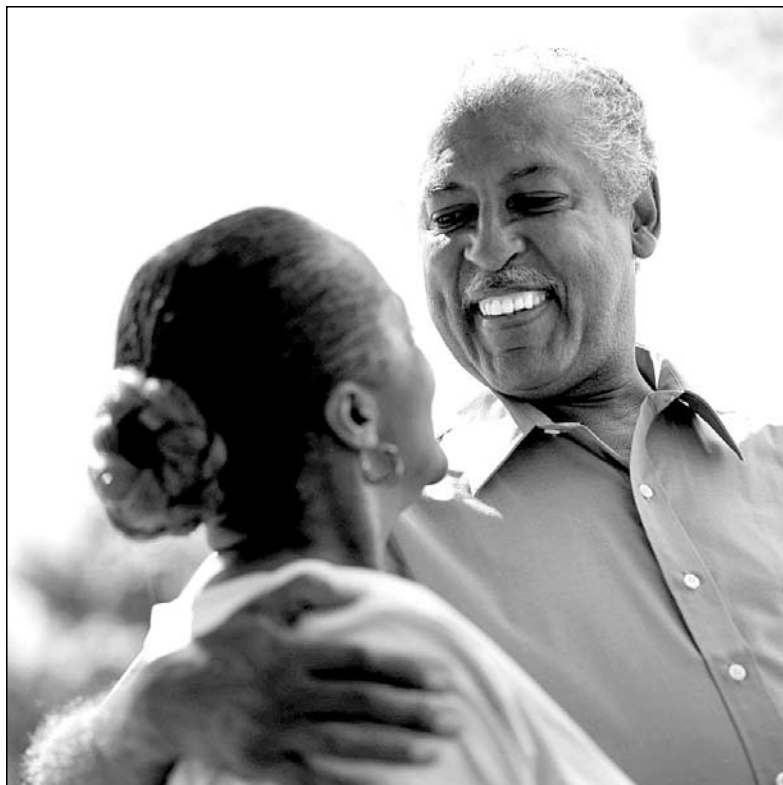
By: Cheryl Mainor

We shall never know all the good that a simple smile can do. Mother Teresa of Calcutta

This famous quote bears witness to the power of a smile, how it can make a difference in the lives of others. Everyone is born with the ability to communicate kindness to another. In today's pop-culture, the emphasis is on the importance of your smile; it's intrinsic interpersonal value, and the attractiveness of it. Infinite possibilities are available to those with the whitest and straightest teeth. They will make you look youngest, feel psychologically better about yourself, and the sky is the limit because of it.

Your smile is a lot more important to your well-being than you may think. Moving past the cosmetic smile, we find that the effects of poor dental health are far more than needing dentures; it can mean the difference between life and death.

Practicing good dental health is one of the things that you can do to protect yourself against periodontal disease, tooth loss and costly dental surgeries and replacements. But, it may also protect you against heart disease and is particularly important for people with Type-2 diabetes new findings indicated.



The National Institute of Diabetes and Digestive and Kidney Disease (NIDDK) recently studied 628 Pima Indians who were ages 35 and older and also suffered from Type-2 Diabetes. Using dental x-rays and exams, the test subjects were classified as either having light, moderate or severe periodontal disease. Overall, 60 percent of the subjects had severe periodontal disease. A total of 204 participants died during the

11-year follow-up. The reported death rates of those 204 were 3.7% with no or mild periodontal disease, 19.6% with moderate cases and 28.4% with severe periodontal diseases, the reports state. The causes of death associated with periodontal disease being mainly from heart disease and or diabetes related kidney disease.

The researchers concluded that periodontal disease is a major public health burden in Pima In-

dians, and is a strong predictor of death from cardio-renal diseases in those with Type-2 diabetes. African Americans also suffer disproportionately from Type-2 diabetes.

In a recent release from the Academy of General Dentistry (AGD), diabetes affects 18.2 million people in the United States, and is expected to double by the year 2010. Additionally, diabetics who do not have good control over their blood sugar levels are more susceptible to oral health problems than non-diabetics.

"Oral health symptoms of diabetics include dry mouth, periodontal (gum) disease, oral infections, cavities and delayed wound healing," says Robert E. Rada, DDS, MBA, co-author of the AGD study. When salivary glands do not work properly, dry mouth occurs, which leads to decay and other oral health problems. Diabetics can prevent dry mouth by increasing water intake, chewing sugarless gum and visiting a dentist regularly for personalized treatment options. Also diabetics have an increased risk for developing periodontal disease, a result of gingivitis. Bacteria in plaque can cause inflamed gums, which can destroy tissues surrounding the teeth, gum and bone.

"Most of the time, periodontal

disease is treatable. I suggest patients get their diabetes and diet under control and visit the dentist more frequently for proper cleanings," says Eric Shapiro, DDS, MAGD and AGD spokesperson. Make morning appointments because blood glucose levels tend to be under better control at this time of the day. Dental procedures should be as short and stress free as possible. Patients that have a scheduled appointment should eat and take medications and directed. In addition, it is best to follow a normal daily routine and stay relaxed to prevent a hypoglycemic reaction. If blood sugar is not under control, a patient should talk with both their dentist and physician about receiving elective dental care.

Of course, whenever you are visiting your doctor, you should take the time to discuss this area of health care with him, and ask for recommendations. But taking control of your dental health can possibly prevent serious complications due to diabetes and may help you avoid infections, which can lead to heart disease and even death. Another reason to be good to your smile, and let it be good to you.

Shocking Study on Black Teen STD Rates Raises Troubling HIV Questions as Well

By: Dr. Phill Wilson

Federal health researchers said this week that a whopping half of African American teenage girls have a sexually transmitted infection. That fact is troubling enough, but it's all the more so when you consider its implications for the Black AIDS epidemic.

The Centers for Disease Control and Prevention released the study, which is the first of its kind, on March 11 at its annual STD prevention conference. Researchers culled through 2003-2004 data in an ongoing, annual health survey of American households. As part of that survey, 838 14- to 19-year-old girls were tested for a handful of common sexually

transmitted infections – chlamydia, herpes, trichomoniasis and human papilloma virus, or HPV. More than a quarter of the girls had at least one of the infections, as did 48 percent of Black girls. Twenty percent of both white and Mexican American girls (the only Latino group CDC broke down the numbers on) had one of the infections.

The study is the latest to show higher prevalence of STDs and STIs among Black youth. Syphilis rates, for instance, are holding steady or declining among other youth groups, but are increasing among African American teens – and skyrocketing among Black males. Already, we know that Blacks account for 69 percent

of new HIV/AIDS cases among American teens every year. And this week's study suggests that number will get worse before it gets better.

While there are many unanswered questions about HIV's ongoing spread, one thing is clear: Untreated STDs make it happen a lot easier. If you have an untreated STD or STI and have unprotected sex with someone who is HIV positive, you are as much as five times more likely to contract the virus. If half of all Black teen girls had an STI in 2003-2004, the potential growth in the AIDS epidemic is breathtaking.

But ultimately, the research done by the CDC and others on youth sexuality leaves too many

questions unanswered. It's important to note, for instance, that other CDC studies have found that sexually active Black teens are not taking greater risks than their peers, and that in many ways they are in fact more responsible in their sex lives.

Federal and state health officials survey high school students about sex every two years. They've found that black youth do in fact report more active sex lives than their peers – they're more likely to have ever had sex, to start by age 13, and to have multiple sex partners in their lifetime. But among all students who report having sex, black youth are more likely to use condoms, far more likely to be sober when

they have sex, and far more likely to get HIV tests.

So we need far more research exploring the seeming gap between sexual risk and sexual disease among Black youth. We've established there's a problem. Now it's time to pay substantial attention to what's causing it. We also need to break down the unnatural wall between STD research and prevention and HIV-specific efforts. The two are inextricably linked in the real world, and they should be in our public health efforts as well.

But it's also time for Black youth and their families to become more active participants in their

Continued on next page.

Black Babies Much More Likely Than Others to be Born Prematurely

By. Leiloni De Gruy

LOS ANGELES (NNPA) - Premature birth is the No. 1 killer of newborns, especially among African-Americans. Nearly 100,000 Black newborns are affected by this problem every year in the U.S.

Jocelyn Hayes-Fields, 39, has given birth to two premature babies. Taking folic acid, using prenatal vitamins and receiving regular check-ups were just three things she did to ensure her babies' health — but it was not enough.

At 26 weeks of pregnancy, Hayes-Fields went into labor with her first child, Timothy Allen. Naturally, she thought the tightening in her stomach were cramps — something every woman can relate to — but it wasn't until her water broke that she realized something was wrong. After rushing to the hospital, her doctors tried to delay the birth; but three days later, she delivered a two-and-a-half pound boy suffering from multiple complications.

"He was probably about the size of the width of my hand," Hayes-Fields said.

His lungs were underdeveloped and he was unable to feed from a bottle. Out of 84 days spent in the hospital's Neonatal Intensive Care Unit, Timothy spent 70 in an incubator. Physicians also placed him under ultraviolet lighting, a technique used to curb the onset of newborn jaundice, which if untreated can lead to permanent brain damage.

Timothy is now 5 years old, and according to his mother is as normal as any child his age. But his sister, 2-year-old Tamia, has been on a more difficult path.

After her first premature birth, Hayes-Fields was cautious about having another child, but an unexpected pregnancy two years later caused her to come face-to-face with those fears.

Again, she did everything she thought she was supposed to do, but after 24 weeks, Hayes-Fields



Brenda Lott holds the foot of her infant daughter, Dierra, who weighed two pounds, four ounces when she was born.

gave birth to Tamia, who weighed a little over a pound. She suffered the same complications as Timothy, and more: anemia, jaundice, Patent Ductus Arteriosus (lack of blood flow from the heart), respiratory distress syndrome, apnea, abdominal distention and a Grade II intracranial hemorrhage. At times, her mother lost hope for Tamia's survival.

"I remember on the third day when she had the surgery [for] her PDA, the heart surgery, the doctor kept using some word about her condition and I actually had to stop him and say, 'You need to give me some hope,'" Hayes-Fields said.

Tamia spent 110 days in the NICU. Today, she remains in a High Risk Infant Follow-Up Program, designed to evaluate premature infants during their first three years and determine any developmental or medical conditions that may come as a result.

Brenda Lott is the mother of three children, one of whom was recently born prematurely at Miller Children's Hospital in Long Beach. At 28 weeks, Dierra was

neonatologist Guadalupe Padilla. "The ... earlier you [deliver], the higher the chances your baby is not going to make it. The further along in the pregnancy ... your baby is going to have a much better chance."

In any given year, more than 255,000 babies are born in Southern California, and more than 1,300 don't live past their first year. African-American infants are at a greater risk, now seen as three times more likely to die within 12 months.

Physicians and researchers have yet to reach a clear consensus on why Black babies are more likely to suffer from premature birth, but there are several established risk factors such as having delivered a premature baby once before, multiple births, high blood pressure, diabetes, multiple miscarriages, previous abortions, fluctuating weight, uterine or cervical deformities, drug and alcohol use, maternal or fetal stress and age.

Expecting mothers are told to look for signs and symptoms that may predict an early delivery. Among them are contractions that take place more than six times per hour; low, dull back pain; pressure or pain on the pelvic area; excessive diarrhea; vaginal bleeding; and watery discharge.

The typical pregnancy should last 40 weeks. Premature births occur at 37 weeks or sooner, and can have long-term or fatal results.

"They can have problems with immature lungs, where their lungs can't capture oxygen, they can have problems with their eyes, where ... their retina can actually form some scars and can lead to some visual difficulties. They can have some bleeding up in their head, they can have difficulty digesting their food and get infections in their intestines."

Prematurity has both short-term and long-term effects that are not always detected immediately. Up to the first three years of life, premature babies are ob-

served for mental and physical delays.

"We are seeing a lot of studies that are coming out right now that there's a high risk of autism and ADHD [Attention Deficit Hyperactivity Disorder] with the 'micro-preemies,' and cerebral palsy as well," said Erica Quijada-Barrera, a NICU Family Support Specialist at Miller Children's Hospital.

Micro-preemies are babies born between 23 to 28 weeks and generally weigh less than 3 pounds. On average, these babies are hospitalized for more than three months and with that, parents and employers take on the brunt of the financial strain.

According to a database developed for the March of Dimes, employers who provide direct health care for premature babies during their first year, run a cost of \$41,610 — an amount 15 times greater than the \$2,830 it takes to care for a healthy, full-term infant. Those costs include inpatient care, doctor's visits and medication.

In a 2005 Institute of Medicine report, premature births were said to cost \$26.2 billion annually in medical and educational costs and lost productivity.

Hayes-Fields, who has worked at a local television station for almost 11 years, took a leave of 4 months after Timothy was born, "but [with] Tamia it took such a toll on me emotionally and mentally — nine months," she said. "I had to take therapy ... I had to negotiate with my job, I had to do disability so I could extend my time through her coming home and spending time with her and recovering myself."

Costs are not always covered by insurance. In some extremes, Quijada-Barrera said, "Sometimes with the micro-preemies, we see that one parent might exhaust the child's insurance for the whole lifetime, or the other one has to get a job and put the child under their insurance."

Continued from next page.

sexual health. If people of any age are having sex, they must also pay attention to their sexual health. Sexually active people should not

only be regularly tested for HIV, they must be regularly tested for the range of sexually transmitted infections that can help it spread.

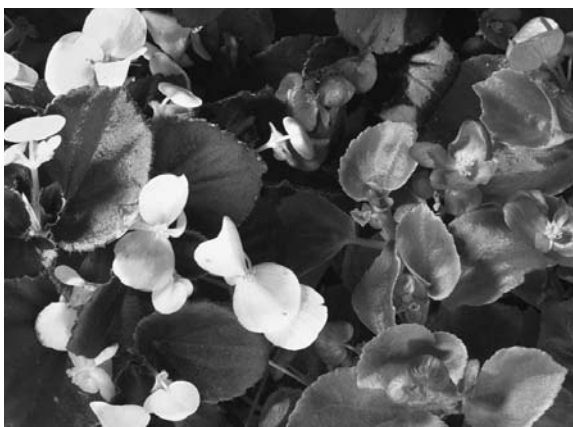
And that means we've all first got to be able to honestly discuss the fact that, whether adults approve or disapprove, young

people are having sex — and they need support in getting the medical care necessary to reduce the likelihood that their sex lives lead to HIV infections. We must honestly discuss sex in our family rooms. We must honestly discuss it in our schools, and demand that

any sexual education program be evaluated not for its ideological purity but for how well it works in keeping kids safe. And we must make youth sexual health a permanent and ongoing part of our communal dialogue and political organizing. Turning a blind eye

to youth sexuality won't make it go away, it means only that young people are left to sort it out on their own.

For more information visit www.blackaids.org



94¢ 4" pot

Assorted Annuals
•Annual •Wide range
of flower colors (Begonias
shown) #93432

- Great in containers
- Blooms until first frost
- Great for borders
- Easy to grow

**Get a
One-Year
Subscription**

with each purchase of
**\$50 in Lowe's
Gift Cards.**

Via mail-in rebate. Single-receipt purchase of \$50 or
more includes subscription to Cottage Living®, Coastal
Living® or Health®. Offer valid now through 5/11/08.
See store for details.



**it's
all about
mom**

**Special Values for Mom
May 8th through May 11th**



\$4.98 10" pot

- Blooms June to September
- Sun or partial sun

Annual Hanging Basket
•Shades of red, pink, salmon, coral, blue, purple, white,
cream, and yellow (Petunias shown) #90639



SPECIAL VALUE!

now \$12.97 was \$14.97 Two 16 oz.
Bottles

LiquaFeed™ Starter Pack #233859
4-Pack All Purpose Plant Food Refill #233865 \$10.97

**ASK FOR ZERO PAYMENTS & INTEREST
FOR 12 MONTHS***



if paid in full within
12 months on any purchase
of \$299 or more made on your
Lowe's Consumer Credit Card
5/8/08 - 5/11/08.
See store, below or
Lowes.com for details

**YOUR
CHOICE**

**SPECIAL
VALUE!**

**now
\$88** was \$98

**12-Pack Metal
Solar Accent Lighting Set**

•Antique copper finish or bronze #282818, 282822



**20%
off**

ALL SMALL APPLIANCES

Includes in-stock and Special Order
Discount taken at register. Offer valid 5/4/08-5/11/08.
See store for details.



YOUR CHOICE

**SPECIAL
VALUE!**

**now
\$74** was \$88

Traditional Porch Rocker

•White or black
#227591, #243813



For the Lowe's nearest you, call 1-800-993-4416 or visit us online at Lowes.com

Prices may vary after 5/11/08 if there are market variations. "Was" prices in this advertisement were in effect on 5/1/08, and may vary based on Lowe's Everyday Low Price policy. *Applies to single receipt, in-store purchases of \$299 or more made 5/8/08 through 5/11/08 on a Lowe's Consumer Credit Card Account. No monthly payments will be required and no finance charges will be assessed on this promotional purchase if you pay the following in full within 12 months: (1) the promotional purchase amount, and (2) any related optional credit insurance/debt cancellation charges. If you do not, finance charges will be assessed on the promotional purchase amount from the date of the purchase and monthly payments will be required. Standard account terms apply to non-promotional purchases. APR is 21.99%. Min. finance charge is \$1.00. Offer must be requested at time of purchase. Offer is subject to credit approval. Excludes Lowe's Business Credit Accounts, Lowe's® Project CardSM Accounts, and Lowe's® Visa® Accounts, and all Lowe's® Canada credit products. ▼\$199 whole-house basic carpet installation is for two or more rooms and includes installation of pad. Price for basic installation of carpet and pad in one room (up to 30sq/yds) is \$159. Prices stated for basic installation require purchase of both Special Order carpet and pad from Lowe's® for installation in single family residential homes. Basic installation includes removal and haul away of old carpet and pad, installation on existing tack strip, and moving of normal household furniture. Additional charges will apply for glue down carpet, installing on steps, outside or moving excessive household furniture and other additional services not included in basic installation. Prices do not include cost of materials to be installed. No offset or deduction for any included services which are not used. Prices are not valid for multi-family and/or commercial properties, which projects will be priced by quote only. Not valid on prior purchases. May not be available in all areas. See store for details and listing of all available special order carpet. See store for details regarding product warranties. We reserve the right to limit quantities. While Lowe's strives to be accurate, unintentional errors may occur. We reserve the right to correct any error. Prices and promotions apply to US locations only. © 2008 by Lowe's®. All rights reserved. Lowe's and the gable design are registered trademarks of LF, LLC. (080592) 001/80592/107