

GENERAL / HEALTH

Health Department to Participate in Statewide “Fight Flu TN” Initiative Wednesday, November 9th

HAMILTON COUNTY, TN –The Hamilton County Health Department will be participating in the statewide, “Fight Flu TN” initiative by offering free flu shots to adults 18+. The event will take place Wednesday, November 9th from 10:00 a.m. - 2:00 p.m. at Orchard Knob Baptist Church, 1734 East 3rd St., Chattanooga, TN 37404.

- Details**
- No appointment is needed.
 - Drive-thru and walk-up options available.
 - Adults 18+ may participate.
 - Free - while supplies last.
 - People are encouraged to wear a face mask while getting vaccinated.

• Bilingual staff & ASL interpreters will be on site.

“As we move into the winter months and flu season, we encourage all eligible residents to make their health a priority by receiving their flu shot as soon as possible,” says Hamilton County Health Department Health Officer, Dr. Stephen C. Miller. “We are also thankful to continue our partnership with Orchard Knob Baptist Church and thankful they are willing to serve as an event host this year.”

Per the CDC, those at the highest risk for serious complications from the flu include children under 5 years, adults 65 years and over, pregnant women, and those with preexisting medical conditions

or a compromised immune system.

Both the flu and COVID-19 viruses can be spread at the same time, and you can be infected with both simultaneously. In addition to getting the vaccine for both, it is important to continue wearing a mask, social distancing, and washing your hands.

In addition to the “Fight Flu TN” event, flu shots are widely available at primary care offices, local pharmacies, and with participating community partners. To find a flu shot near you, please visit <https://www.vaccines.gov/find-vaccines/>.

Additional resources

- Call the Health Department’s hotline at 423-209-8383 if you have questions about COVID-19, the flu, or

- the Fight Flu TN event.
- Visit the Health Department’s online vaccine calendar at vaccine.hamiltontn.gov to see where they are offering COVID-19 or flu vaccine events throughout the week.
- Both the flu vaccine and the COVID-19 vaccine can be administered simultaneously; however, the COVID-19 vaccine will not be administered at the Fight Flu TN event.
- To read this information in Spanish, visit the Health Department’s Spanish Facebook page at <https://www.facebook.com/SaludHamiltonTN>.

Get a Free Memory Screening from the Alzheimer’s Foundation this November



ble making sense of the world around you. The realization that something is wrong may come gradually to you and your family. Alzheimer’s is often diagnosed at this stage. The National Institute on Aging notes the following as symptoms of mild Alzheimer’s:

- Memory loss that disrupts daily life
 - Poor judgment, leading to bad decisions
 - Loss of spontaneity and sense of initiative
 - Losing track of dates or knowing current location
 - Taking longer to complete normal daily tasks
 - Repeating questions or forgetting recently learned information
 - Trouble handling money and paying bills
 - Challenges in planning or solving problems
 - Wandering and getting lost
 - Losing things or misplacing them in odd places
 - Difficulty completing tasks such as bathing
 - Mood and personality changes
 - Increased anxiety and/or aggression
- If you are experiencing memory problems due to Alzheimer’s disease, early de-

tection can mean starting medications and other therapeutic interventions sooner.

It may also make it more possible for you to participate in a clinical trial and to be active in helping to develop your own care plan.

In some cases, memory problems have nothing to do with Alzheimer’s. Memory problems can also be caused by aging.

Additionally, medical conditions, emotional problems, mild cognitive impairment, or another type of dementia can also be the cause of your memory problems.

Medical conditions that may cause memory problems include:

- Tumors, blood clots, or infections in the brain
- Some thyroid, kidney, or liver disorders
- Drinking too much alcohol
- Head injury, such as a concussion from a fall or accident

- Medication side effects
 - Not eating enough healthy foods, or too few vitamins and minerals in a person’s body (like vitamin B12)
- Even if you don’t have memory problems, it is still a good idea to get screened and there is no perfect time like the present.
- “Just as we routinely get our blood pressure and cholesterol evaluated and undergo other health screenings, we need to regularly check our brain health too,” said Charles Fuschillo, Jr., president and CEO of the foundation. “Alzheimer’s Awareness Month [November] is a great time to be proactive about your brain health by getting a memory screening, regardless of whether you’re experiencing memory issues.”
- Appointments for free online screenings can be made by calling the foundation at 866-232-8484 or on its website. (Black-Doctor.org/November 1, 2022 by Jason Henderson)*

Normal Aging	Alzheimer’s Disease
Making a bad decision once in a while	Making poor judgments and decisions a lot of the time
Missing a monthly payment	Problems taking care of monthly bills
Forgetting which day it is and remembering it later	Losing track of the date or time of year
Sometimes forgetting which word to use	Trouble having a conversation
Losing things from time to time	Misplacing things often and being unable to find them

Are your memory problems a sign of normal aging or Alzheimer’s? Here’s how to tell.

How unhealthy is red meat? And how beneficial is it to eat vegetables? A new rating system could help you cut through the health guidelines

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THE BIG IDEA

We developed a new method for assessing health risks that our research suggests should make it a lot easier for people to determine which health advice to follow – and which to ignore. The approach, recently published in the journal *Nature Medicine*, offers a straightforward way for both policymakers and the general public to assess the strength of evidence for a given health risk – like consuming red meat – and the corresponding outcome – ischemic heart disease – using a rating system of one to five stars.

The system we developed is based on several systematic reviews of studies regarding risk factors like smoking and health outcomes such as lung cancer. Well-established relationships between risks and outcomes score between three and five stars, whereas cases in which research evidence is lacking or contradictory garner one to two stars.

In our analysis, only eight of the 180 pairs that we analyzed received the top rating of five stars, indicating very strong evidence of association. The relationship between smoking and lung cancer, as well as the relationship between high systolic blood pressure – the higher of the two numbers in a blood pressure reading – and ischemic heart disease were among those eight five-star pairs.

This rating system enables consumers

to easily identify how harmful or protective a behavior may be and how strong the evidence is for each risk-outcome pair. For instance, a consumer seeing a low star rating can use that knowledge to decide whether to shift a health habit or choice.

In addition, we created an online, publicly available visualization tool that displays 50 risk-outcome pairs that we discussed in five recently published papers in *Nature Medicine*.

While the visualization tool provides a nuanced understanding of risk across the range of blood pressures, the five-star rating signals that the overall evidence is very strong. As a result, this means that clear guidelines can be given on the importance of controlling blood pressure.

WHY IT MATTERS

Clear messages and evidence-based guidance regarding healthy behaviors are crucial. Yet health guidance is often contradictory and difficult to understand.

Currently, most epidemiological analyses make strong assumptions about relationships between risks and health outcomes, and study results often disagree as to the strength of risk-outcome relationships. It can be confusing for experts and nonexperts alike to parse through conflicting studies of varying strength of results and determine if a lifestyle change is needed.

This is where our method comes in: The star-based rating system can offer decision-makers and consumers alike much-needed context before headline-grabbing health guidance is dispensed and adopted.

For example, the average risk of ischemic heart disease with a blood pressure of 165 mmHG – or millimeters of mercury, the

basic unit used for measuring pressure – is 4.5 times the risk of the disease with blood pressure of 100 mmHG; but this is just a single estimate. The relative risk of ischemic heart disease increases by more than four times across the blood pressure range, and there is inherent uncertainty in the estimate based on available data. The rating of five stars incorporates all of this information, and in this case means that relative risk of ischemic heart disease across the entire range of exposures increases by at least 85%.

On the other hand, take the example of red meat consumption. Consuming 100 grams of red meat per day – as opposed to none – results in a very modest (12%) increase in risk for ischemic heart disease. That’s why it scores a rating of just two stars, consistent with only a weak association.

People should be well aware of their levels of exposure to risks classified with three to five stars, such as systolic blood pressure. By monitoring and keeping one’s blood pressure as low as possible, a person can substantially reduce the risk of developing ischemic heart disease.

WHAT’S NEXT

Our hope is that decision-makers will be able to use our star rating system to create informed policy recommendations that will have the greatest benefits for human health. We also hope the public can use the ratings and the visualization tool as a way to more clearly understand the current level of knowledge for different pairs of health risks and outcomes. (The CONVERSATION)

Strength of relationship between health risks and outcomes

A summary of four risk-outcome pairs, showing the highest rating of five stars down to the lowest rating of one star.

Risk-outcome pair	Star rating	Strength of evidence
Smoking and lung cancer	★★★★★	Consistent, strong association across many studies
High systolic blood pressure and ischemic heart disease	★★★★★	Consistent, strong association across many studies
Low vegetable consumption and ischemic heart disease	★★	Consistent, moderate association across studies
Unprocessed red meat consumption and ischemic stroke	★	Large inconsistencies coupled with a moderate average effect

Table: The Conversation, CC-BY-ND • Source: Institute for Health Metrics and Evaluation (IHME) at the University of Washington

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admissions process for minority medical students was unconstitutional, Associate Justice Lewis Powell wrote that race can still be one of several factors in the admissions process.

Since then, the Supreme Court has issued different rulings on whether race could be used in college admissions.

In the 2003 *Grutter v. Bollinger* case, Justice Sandra Day O’Connor wrote the majority opinion that endorsed the University of Michigan’s “highly individualized, holistic review” that included race as a factor and had been legally challenged.

Most recently, in *Fisher v. University of Texas at Austin* in 2016, the court reaffirmed its belief in schools that “train students to appreciate diverse viewpoints, to see one another as more than mere stereo-



Allan Bakke, 42, receives his medical diploma in 1982 after successfully challenging affirmative action admissions policies to the Supreme Court. Bettmann Archive/Getty Images

types, and to develop the capacity to live and work together as equal members of a common community.”

If not race, then what?

Race-neutral admissions policies have had mixed results.

In the cases before the Supreme Court, the University of California also filed a brief urging the Court to allow the use of race. The school argued that the elimination of its affirmative action program in 1996 has caused its diversity numbers to decline in some cases by more than 50%.

“UC’s experience demonstrates that the race-neutral methods which it has diligently pursued for 25 years have been inadequate to meaningfully increase student-body diversity,” the school said in its brief.

The impact on the number of Black and Latino students was virtually immediate. At UCLA, for instance, African

American students made up 7.13% of the freshman class in 1995, and only 3.43% in 1998.

More than two decades later, the numbers have not improved. Though Latino students comprise 52.3% of California public high school graduates, only about 25.4% of college freshmen in the UC system identified as Latino. For Black students, the number graduating from high school was 5%, while the number of Black college freshmen was about 4%.

“UC’s decades-long experience with race-neutral approaches demonstrates that highly competitive universities may not be able to achieve the benefits of student body diversity through race-neutral measures alone,” the UC brief stated. (The CONVERSATION)