

MWCCS Newsletter

Getting Ready for the Core Visit

Are you relatively new to the MWCCS study? Or are you joining in on the 30th anniversary celebration next year? In either case, here's a good refresher on what to expect from your study visits.

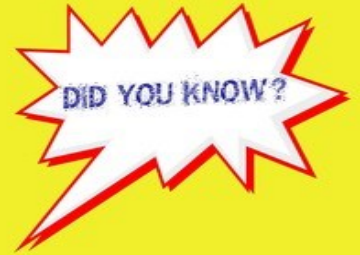
Core Visit: This is the main type of visit. It encompasses an interview and questionnaires, a blood draw, body measurements and other examinations. Because of the elements, it takes the most time. Here are some key ways to prepare.

- Fast for 8 hours before your visit – Nothing to eat or drink except water, unless food is required for medication you take
- Drink plenty of water – It will make providing blood and other specimens easier
- Avoid jewelry and wear comfortable shoes – Jewelry and high heels can interfere with certain exams
- Bring a list of your medications and vaccine card – You'll be asked for this information
- Coming by Uber? – Expect a call 30 to 45 minutes before your scheduled visit with information about your ride
- Be prepared for a lengthy stay – The Core visit can last 3 to 5 hours

Six-Month Short Visit: The name says it all. This is the visit you have in between yearly Core visits and lasts 1 to 2 hours. There's an interview and sometimes a sub study exam. Fasting is unnecessary and no blood is drawn, unless it is needed for a sub study.

Sub Study Visit: There are several sub studies available for participants. The Pulmonary Function Test, Echocardiogram, Neuropsychological Assessments, Sleep Study and others. Preparation requirements range from nail polish removal to traveling to Stroger Hospital. Specific instructions are given to participants when the sub study appointment is made. Some sub studies are scheduled during Core or Short visits.

Whichever type of visit brings you to MWCCS, things will run more smoothly if you're prepared.



Great News!

**Changes are coming!
Including shorter Core
visits, improved com-
pensation and 187 fewer
questions!**

**Look for further details
this fall!**

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Getting Ready for the Core Visit (cont...)

Learn more about your MWCCS visit by seeing a visit through the perspective of a Participant on You-Tube. Visit: <https://youtu.be/JcktkrtJ3Dw>



Facts About Darker Skin and the Sun

Sunnier days are finally here! It's time to get out and enjoy the warm weather. If you have fair skin, you may have been told to be cautious about the dangers of too much sun exposure and you're probably armed with glasses, a hat and sunscreen. But do you need to take these precautions if you have darker skin? Read on to learn the facts about darker skin and the sun.

Fact: The sun can damage darker skin. Melanin, the pigment that determines skin color, is more prevalent in darker skin. Because sun damage, such as sunburns and even skin cancer, are less obvious on darker skin, some people don't realize it's happening. Melanin does offer some natural protection but not nearly enough to stop harmful ultraviolet radiation, also known as (UV) rays, emitted by the sun and artificial sources, such as tanning beds, from penetrating dark skin and wreaking havoc.

Fact: Darker skin sun damage can be visible. Sun spots, or hyperpigmentation, are darker than normal patches of skin that occur when you produce too much melanin, often because of sun exposure. There are treatments for hyperpigmentation, but sometimes the spots are permanent. Excessive sun exposure can also cause photoaging -- the fine lines, wrinkles, skin texture changes and even lesions that give the appearance of premature aging. And nobody wants that!

Facts About Darker Skin and the Sun (cont...)

Fact: People with darker skin can get skin cancer. The most dangerous kind of sun damage is skin cancer. According to the University of Virginia Health System, skin cancer is less prevalent in Black, Hispanic and Asian populations. However, because many darker skin patients don't realize they can get skin cancer, when they are finally diagnosed the cancer may be more advanced and harder to treat. The most serious form of skin cancer, melanoma, led to the death of Reggae music legend Bob Marley.

Now that you know the facts, what can darker skin individuals do to limit damage from the sun?

Cover up! Everyone, regardless of skin tone, should avoid direct sun exposure. This means that hats, sunglasses and sunscreen of an SPF of at least 30 should be worn when you go out. Especially between 10am and 2pm, when the sun's rays are the strongest.

Doctor, Doctor... People of all skin tones should see a dermatologist, a medical doctor who specializes in conditions that affect the skin, hair and nails, every 2-3 years for skin cancer screenings. The specialist will examine any dark spots or lesions. If you don't have access to a dermatologist, make sure you are doing regular check-ups of your skin, especially after long periods in the sun, and tell your health care provider if anything looks out of the ordinary.

Remember, anyone with skin can develop sun-related skin damage. Treat your darker skin kindly as you enjoy your summer

Quit For Good!



You've been saying you're going to forever. You ask yourself, why can't I just stop it? Well, now is a good time to finally stop smoking! But nicotine, the main addictive chemical ingredient in tobacco, can make quitting smoking incredibly difficult to do on your own. Read on for tips and strategies to avoid triggers, beat cravings and stop smoking for good.

Why quit?

There are lots of reasons to stop smoking, but you'll have more success quitting if you keep your motives as personal as possible. Whether it's the serious health risks associated with smoking or the expense to purchase cigarettes, you know why you want to quit. Remember your reasons once the hard work begins.

Why now?

The sooner you quit, the sooner you'll reap the benefits of being an ex-smoker. Such as better health outcomes, more money in your pocket, no more smoke-

related signs of aging and no more being banished to the outdoors when you want to light up.

What's Next?

Make a plan to quit. Choose a day, inform your family and friends, then go for it. There will be pitfalls, such as cravings and withdrawal, but that's why you plan ahead.

What's the plan?

Here are five steps to help you on your journey to being smoke free:

- Don't withdraw – Nicotine is a powerfully addictive chemical that smokers are hooked on. Fight withdrawal symptoms, such as sleeplessness, crankiness and stress, with nicotine replacement therapy (nrt). Nicotine gum, lozenges, patches and even prescription medication can help you get past the worst of the withdrawal. More good news is that withdrawal is temporary, lasting only a few days or weeks.

Quit For Good! (cont...)

- Don't cave to the crave – Once the nicotine is out of your system, you may still have intense urges to smoke. These cravings, like withdrawal, are temporary. To get past them, try to redirect your energy. Deep breathing works for some. A long walk might help. Or maybe some online shopping to spend the money you'll save by quitting. Keep your favorite strategies handy for when cravings hit.
- Trigger warning – Do you smoke when you're anxious? After eating? When you're around other smokers? These are all potential triggers that can lead to cravings and sink your efforts to quit smoking. Before your quit day, pay attention to your smoking triggers. If you're an emotional smoker try opening up to family or friends. Social smoker? Pursue activities that are smoke-free. Avoid smoking triggers when you can and be prepared to deal with cravings when you can't.
- Look on the bright side – Remember your personal reasons for quitting and how great things will be once you're an ex-smoker. For example, according to the Mayo Clinic, you'll reduce your risk of a heart attack within a couple of weeks of quitting!
- Give yourself a break (just not a smoke break) – Quitting for good may require more than one attempt. Stick to the plan and keep trying.



Reverse Opioid Overdoses

Good Samaritan Law

Illinois' "Good Samaritan" Law

Illinois has a "Good Samaritan" law (officially called the Emergency Medical Services Access Law of 2012) in place to encourage people to seek emergency medical help when someone is overdosing. If a person calls 911 or takes someone to an emergency room for an overdose (or for follow-up care if an overdose has already been reversed with naloxone), both the person seeking emergency help and the person who overdoses are protected from being charged/prosecuted for felony possession of:

- Fewer than three grams of heroin
- Fewer than three grams of morphine
- Fewer than 40 grams of prescription opioids

Different amounts of other drugs

The Good Samaritan law only provides protection against being charged/prosecuted for the above possession offenses. In Illinois, if a person overdoses and dies from drugs sold or distributed by another person, the seller/distributor of those drugs can still be prosecuted for drug-induced homicide.

Retrieved from the Illinois Department of Public Health (<https://dph.illinois.gov/topics-services/opioids/overdose.html>)

You've read the headlines about the dangers of opioids, a class of drugs found in prescription pain killers and in illicit substances such as heroin. Then there's fentanyl, a synthetic opioid that is 50 to 100 times stronger than morphine. It can be prescribed or can be mixed into illicit drugs, sometimes without the users' knowledge. But whether they're legal or illegal, a drug overdose from opioids can be deadly.

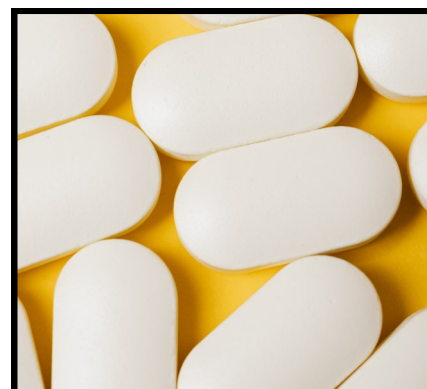
In Chicago, for example, over 1,400 people died from opioid related overdoses in 2021, that's more than homicides and traffic fatalities combined. Studies from the Centers for Disease Control and Prevention found that bystanders, a person who is present at an event or incident but does not take part, were present in 46% of opioid overdoses that year. Why do bystanders matter?

They matter because Narcan, a medication that reverses the effects of opioid overdose, is now approved by the FDA for sale over the counter. With Narcan, if given in time, a bystander can become a lifesaver for someone experiencing an opioid overdose. Here's what you need to know to stop an opioid overdose.

Learn how to spot trouble – How do you know if someone is overdosing on opioids? Because it cannot be self-

administered, if you know someone is taking OxyContin, Vicodin, codeine, morphine, fentanyl or heroine, you should be prepared to give them Narcan if they overdose. Look for:

- Small "pinpoint" pupils.
- Someone falling asleep and you can't wake them.
- Slow or shallow breathing.
- Choking or gurgling sounds.
- Faint heartbeat. Limp arms



and legs.

- Purple lips and fingernails.
- Cold or clammy skin.

Any of these signs in an opioid user could mean an overdose. And if you're wrong the Narcan, which attaches to opioid receptors and blocks the effects, won't harm someone who's not overdosing on opioids.

How does it work – First, call 911. Then take the prefilled nasal spray, gently tip the person's head back and insert the tip into one nostril until your fingers touch their nose.

More Opioid Overdose (contd..)

Depress the plunger to give the dose. If a person's breathing doesn't normalize within 2 to 3 minutes, deliver a second dose in the other nostril.

Who can come through – EMTs and other first responders are trained to use Narcan. But the family and friends of opioid users can be trained as well. Narcan comes as a prefilled nasal spray. Administering a dose can restore normal breathing to someone whose breathing has slowed, or stopped, within minutes.

What happens next – Opioid withdrawal symptoms might occur, such as vomiting, diarrhea, body aches, increased heart rate, fever, sweating and irritability. All of these symptoms are unpleasant but not fatal. Keep their airways clear and observe the person closely until first responders arrive.

Where can I get it – Narcan should be available at most pharmacies without a prescription and may be coming to other retail stores soon. It is also distributed by some community organizations. All Chicago Public Libraries, for example, offer it free of charge, along with test strips that tell you if a drug is laced with fentanyl. The Chicago Department of Public Health also has Narcan and fentanyl test strips available at mental health and STI clinics in the city.

Remember, overdosing on opioids can be deadly. But quick thinking and Narcan can stop an overdose and save lives. For more information, see the links below.

www.nida.nih.gov/publications/drugfacts/Narcan

www.cdc.gov/stopoverdose/Narcan

<https://dph.illinois.gov/topics-services/opioids/overdose.html>

New Staff Corner

We're welcoming a new face and one old friend to our MWCCS staff.



Rohan Rajagopal graduated from Johns Hopkins University last spring with a master's degree in epidemiology. While he's new to the Chicago location, he's not new to the study. "I have worked with the MWCCS in Baltimore with Hopkins and it was a great community to be a part of."

The northwest suburban native will support the study as a data analyst. "I have a deep curiosity to understand the human experience and am committed to working to serve the community along the way."



Some sharp-eyed participants have already seen the familiar face of Crystal Winston. The former research assistant worked for the study from 2002 to 2014. Crystal has returned to MWCCS to consult on special projects, such as the Echocardiogram and Mental Health sub studies. She's excited to be back in the fold.

"The women of WIHS helped me become the woman that I am, both professionally and personally. I grew into my womanhood. It's like coming back home."

Catching up with Calvin



We've heard the same question so often in the last two years, from long time participants, and even some comparatively new to the study: Where is Calvin? The short answer is, still here.

Calvin Thompson has been a Research Assistant with the MWCCS study since 1993. In that time the certified phlebotomist has seen the study grow and change. In 2021, she decided to take a step back and had a nice retirement dinner. Then she got an SOS call to come back as a consultant.

"I was home for all of two weeks," she said. Calvin's new role with the study involves working twice a month. But if you ask how she enjoys semi-retirement she jokes, "Boring. Semi-boring." Although her role is reduced, she's as dedicated as ever to the MWCCS mission.

(continued on the next page)

“Actually, I never left the study. I believe in what the study is trying to accomplish. I’ve developed relationships with a lot of the participants. I work well with my co-workers. I feel like I’m part of the study.”

Many participants whose appointments coincide with Calvine’s schedule seem grateful for the chance to reconnect. “They all seem happy to see me”, Calvine said. “I’m happy to see them, too. I get to catch up with their children and their jobs. I like to see how the women are living and thriving and aging.”