

Seniors

continued from page 1

years, the IRS came calling. She also had a problem with the septic tank on her toilet. She had a portable toilet outside briefly. Then her doctor issued her a potty chair. When guests came over she would have to clean up their waste by dumping it in a bag and putting it in the garbage.

Williams says The Free Homeownership Retention Program has worked with her on paperwork and talking with the IRS. It also helped her get her bathroom fixed.

"I'm really grateful," she says. "Now company can come over."

According to the Urban League of Portland's "State of Black Oregon", Black homeowners are twice as likely as white homeowners to receive high cost, high inter-

full time worker as well as the help of partnering agencies.

Nonetheless, clients say it has had a positive impact on their lives.

"The program was god sent," says Kathleen Hampton.

The senior, who has lived in her current home for 15 years, didn't have heat upstairs and had lead paint contamination in her windows – as a result her granddaughter had to go through two months of treatment for lead exposure and her husband developed respiratory issues.

Hampton didn't qualify for the traditional home modification program based on income. She was receiving Social Security disability benefits and her husband had been laid off right before he was to have cancer surgery.

Hampton was referred to the Free Homeownership Retention Program. She says it gave her access to a number of resources and helped her get heat upstairs, her windows replaced and her house painted.

Reverend Dr. Fredi Jackson was also saddled by home repair needs and predatory lending.

"Mortgage payments were too high," says Jackson. "I'd make



Shalonda Menefee, left, and the MHAC help seniors with home repairs, foreclosure prevention and a whole range of services. If you are a senior homeowner over the age of 55 years of age or know a senior who needs support, go to www.mhacportland.org or contact Menefee at 503-288-2923 extension 123. Photo courtesy of MHAC

payments but I wouldn't eat."

She says she was given the option of a tax deferment but wasn't told that she didn't qualify because she hadn't lived in her home for five years. Also, she was told she didn't qualify for repairs because she lived in Gresham even though she has been getting her mail through the city of Portland.

Jackson says Menefee helped connect her with agencies and local advocacy groups. Unlimited

Choices helped provide safety rails for her bathroom.

She also became involved with Economic Fairness Oregon. Now she regularly contacts her representatives and advocates for other homeowners.

"If you're not in a certain tax bracket or neighborhood you don't qualify for services," says Jackson.

The traditional home modification program can take up to a year and often excludes people based

on income, according to Carol Berger of AAAH. Many seniors live on a fixed income and don't qualify.

Berger, who serves as a full time foreclosure counselor, says the homeownership retention program helps clients deal with these complicated issues.

"There are a lot of good programs the government offers but we need to find more ways to get people to them," she says.

'There are a lot of good programs the government offers but we need to find more ways to get people to them'

est loans and are more likely to be foreclosed upon in the current economic climate.

Currently, the retention program has a staff of three, with only one

Athlete

continued from page 1

Thompson's young life, we do know the most common causes of heart deaths in athletes. About one-third of deadly heart attacks among young athletes are due to a heart problem called hypertrophic cardiomyopathy, or HCM. HCM is the most common cause of sudden cardiac death in people under 30. A part of the heart muscle thickens, preventing blood from leaving the heart so it has to work harder and harder to pump blood to the body. Many other causes of sudden cardiac death in young people exist, including problems with a genetic cause and heart defects present at birth.

Young men account for 90 percent of deaths caused by HCM, and a higher proportion are African American. HCM was what took the life of 16-year-old Grant High School student, Eddie Barnett Jr. in 2005. In fact, 10 percent of all heart attacks occur in men younger than age 45. One of them was Rob Ingram, the director of Portland's Office of Youth Violence Prevention who died Nov. 27 at 38.

So why are more Black athletes affected? "We are not sure why," said Dr. Williams. "It may have something to do with the higher presence of African Americans in sports, but it may have some underlying causes that are genetic. We know its incidence is way out of proportion to the proportion of African Americans in the general population."

Prevention is not easy, he says. "Athletes going out for sports need to have an excellent physical exam, but even so it's very difficult to detect a predisposition toward this disorder. There is no physical profile that a doctor can look at. So it's a hidden disorder to a large extent.

"We depend principally on individual and family histories."

A test called an echocardiogram can

detect the disease, but it is not a routine test that can be given to all young athletes. Athletes with blood relatives who have died at an early age of a heart condition, should always tell their doctors, Williams says. Another big red flag is when an athlete has fainted or passed out during physical activity.

Warning signs of HCM include:
--A family history of sudden death from heart problems

--Fainting spells or passing out during exercise

--Chest pain

--Dizziness or light-headedness

--Heart palpitations

"Things like that should alert doctors, coaches and the individual athletes themselves," he says.

Williams says we don't have an accurate

the machines can save lives.

"Had I known about these when Eddie was still here, I would have strapped one to my back and taken it to every game," she says.

Johnson is in the process of reactivating the foundation. She let it lapse for a while because she needed time to focus on her daughter and grieve, she says. But she feels far more can be done to save lives.

She wants athletes to know they should talk to their coaches and doctors if they feel any unusual fluttering or pain in their chest, she says. She'd also like to see more athletes get echocardiograms, although she knows they can't always predict a problem.

"Eddie went for a follow up echocardiogram every 3 to 6 months," she says. "He had an echo on Jan 31 and he died three weeks later."

'...it's a hidden disorder to a large extent'

--Dr. Richard Allen Williams

count for how many young people die from HCM. A registry at the University of North Carolina keeps data, he said, but not every case is reported.

"We don't know what the real numbers are."

Teena Johnson, Eddie Barnett's mother, launched the Eddie Barnett Jr. Foundation after her son died, and campaigned to bring awareness to the problem. The foundation was instrumental in persuading legislators to require schools and large buildings to have automatic external defibrillator machines. Johnson says she has learned that

In Johnson's view, fewer athletes would be lost if students and coaches were alert to the warning signs; if athletes had to have echocardiograms; and if automatic defibrillators were deployed whenever an athlete passes out.

"I don't want another parent to go through what I went through."

Other forms of heart disease too are more common among African Americans. But killer diseases, such as coronary artery disease, develop over time and are far more preventable than HCM and the other prob-

lems that tend to kill fit young people,

According to figures from the Centers for Disease Control, around 40 percent of African American men and women have some form of heart disease, compared to 30 percent of White men and 24 percent of White women. And African Americans have the highest death rate from heart disease at 308.4 deaths in every 100,000, followed by White non-Hispanics at 239.2 in every 100,000.

Elijah Saunders MD, a clinical professor at the University of Maryland, says there are numerous risk factors that increase the risk of heart problems. The good news is that many of those factors can be reduced or eliminated through eating well, exercising, and quitting cigarettes.

"High blood pressure is a very definite problem that's more common in African American men than in others," Saunders says. "Lack of exercise, being overweight, a sedentary lifestyle and cigarette smoking are some of the things that bring on high blood pressure.

"That doesn't explain entirely why more African Americans are affected. We think some genetics may be responsible."

Saunders, who has studied Afro Caribbeans living in Britain, points to some evidence that people with African ancestry may have a unique hormone profile. Stress too plays a part, because people in low-income communities are more likely to develop heart problems. And, he says the evidence suggests that salt is a problem for Black people.

"It seems that people of African origin are more sensitive to salt," he says. "It's hard to prove, but I think that most people in cardiology would say so."