July 2000 Newsletter

BWHS staff handling 1999 questionnaires. Please send yours in if you haven’t yet.

WORKING TOGETHER TO IMPROVE THE HEALTH OF BLACK WOMEN
THANK YOU

In 1995 a very special group of black women entered a landmark study by completing a health questionnaire. You are a member of that special group. In 1997 you filled out another questionnaire, updating health data and reporting diseases that occurred in the two years after 1995. Most of you have already filled out the 1999 BWHS questionnaire. Many thanks. If you haven’t yet, please remember that the BWHS relies on you. The payoff will be worth it. Better knowledge about factors that influence health will lead to better health. If you need a 1999 questionnaire, please call us toll-free at 1-800-786-0814.

Sincerely,
The BWHS Investigators

Confidentiality

As soon as the questionnaires are received at our office, the sheet with personal information is detached from the rest of the questionnaire and stored separately. Published information provides group statistics only and never individual information. Furthermore, by law, the Black Women’s Health Study is prohibited from providing participant information to outside sources.

A SNAPSHOT OF BWHS PARTICIPANTS

Most BWHS participants were born in the U.S. For the 5 percent who were born elsewhere, the top five places were Jamaica, Trinidad/Tobago, Great Britain, Guyana, and Europe. Seven percent of your mothers and 7 percent of your fathers were born outside the U.S., led by Jamaica, Trinidad/Tobago, and Haiti.
BLACK WOMEN’S HEALTH IN THE MEDIA

On February 22, The New York Times featured an article about “the enigma of breast cancer in African-American women.” While black women are less likely to develop breast cancer in their lifetime than white women, black women are more likely to develop this cancer at a young age and to die of it. The mortality gap between black and white women has widened in recent years. “This gap didn’t exist 25 years ago, and the genetics of black folks didn’t change in the last 25 years,” said Dr. Otis Brawley of the National Cancer Institute. So if the answer doesn’t lie in genes, it must lie in detection and treatment, or in the environment. In the past, African-American women were less likely to have mammograms than white women, so their disease was detected at a more advanced stage. This is no longer the case. National statistics and data from the BWHS show that black women now use mammography at equal rates to white women. But some studies have found that black women may be less likely to receive appropriate treatment once they are diagnosed.

Differences in diet may be another possible explanation for the difference in breast cancer occurrence between black and white women. No one has yet studied the relationship of diet to breast cancer occurrence in black women. The BWHS will be providing information to fill that gap. You may remember filling out 60 items about dietary intake on the 1995 BWHS health questionnaire. Once we have collected sufficient data, we will be reporting on whether and how diet and breast cancer are related. As Zora Brown, head of the Breast Cancer Resources Committee in Washington, D.C. (a group that advises black women with breast cancer) told The Times, “We need to do very focused research on African-American women and breast cancer. . . African-American women are ready and willing to be part of research studies.” Certainly the participants in the BWHS have shown the last statement to be true.
RACISM: A HEALTH ISSUE

The experience of racism is nothing new to black women. What is new is the increasing recognition that racism might influence health through effects on the body and mind. For example, stresses like racism result in more production by the body of a substance called cortisol, which could lead to decreased immunity. In Atlanta, the Stress and Strain Study is following 500 pregnant black women to find out if stress results in more premature births. Says Dr. Lynn Rosenberg, principal investigator of the BWHS, "We want to contribute important information on these issues. That’s why we included a section on the 1997 questionnaire on experiences of racism in three areas—work, housing, and with the police. We also asked about unfair treatment in everyday life, such as receiving poorer service than other people.” In June, Yvette Cozier, a research supervisor on the BWHS, presented data on perceptions and experiences of racism in the BWHS. She was selected to speak at a special session devoted to African-American health issues at the annual meeting of the Society for Epidemiologic Research. Yvette found that 58% of BWHS participants reported having experienced racism at work, 35% in housing, and 23% with the police. At least once a week 18% of women felt that they were treated as being less intelligent and 9% felt they received poorer service. Women around the country reported similar experiences of racism and younger women reported them more than older women. In the coming years after we have collected more data, we will be able to assess whether these experiences influence a wide range of health outcomes, ranging from high blood pressure to cancer to premature births. Whether or not racism leads to poor health, it can make women reluctant to seek health care. This in turn can lead to poorer survival, because the later a condition is diagnosed, the less likely that it can be successfully treated. Don’t let bad experiences with the health care system keep you from getting early diagnosis and treatment.

Tips for a Healthy Summer

- Stay hydrated—drink plenty of water
- Use sunscreen—SPF 15 or higher
- Walk during the cooler morning or evening hours
- Eat plenty of the fruits and vegetables that are in abundance this time of year
WHAT'S GOING ON IN THE BWHS?

BWHS WEBSITE
We are pleased and excited to let you know that we will soon have a BWHS website. The address will be www.bu.edu/bwhs. The website will contain information about the BWHS—what it’s all about, who the investigators and advisory board are, what we’ve published, a brief summary of each publication, descriptions of substudies within the BWHS, and sources of information and assistance for you on various health topics. Let us know what other features you would like to see included.

PHYSICAL ACTIVITY VALIDATION STUDY
We are about to begin a study that will determine how well the BWHS questions that you have answered on exercise and physical activity measure what you are actually doing in your daily life. With this information, we will be able to better assess how physical activity is related to developing heart disease, cancer, and other conditions. Dr. Lucile Adams-Campbell will invite participants who are within traveling distance of Howard University to come in for various measurements (for example, blood pressure, height, weight) and to wear a device for a week called an accelerometer. The accelerometer, which looks and feels like a wristwatch, measures how much movement has occurred.

ANSWERING YOUR QUESTIONS
Many of you have called or written to us with questions about health or health-related resources. We have answered some questions by highlighting specific topics in the Newsletters and we have sent responses to some participants. Currently we are working on completing the responses to questions on an individual basis, but this will take time. We hope to have all questions answered by this fall. Thanks for your patience.