



BLACK WOMEN'S HEALTH STUDY



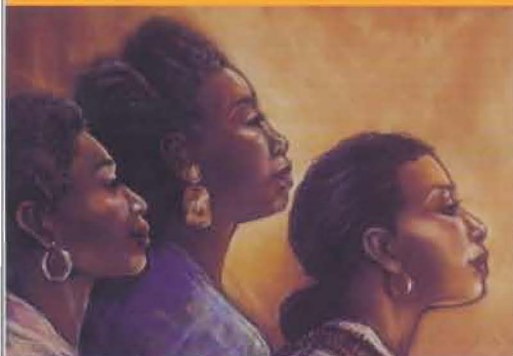
*Working together
to improve the health of
black women*

INSIDE:

- The BWHS Studies Sarcoidosis
- Participant Thoughts on Healthy Eating
- Other BWHS Research

www.bu.edu/bwhs

THE BWHS IN 2011



Women Who Look Ahead, by Monica Stewart
(monicastewart.com)

Happy new year and best wishes for peace, prosperity, and good health. The last newsletter described BWHS research on foods and health; some participants responded with their thoughts and we've included excerpts in this newsletter. Please continue to send in your ideas on healthy eating and other ways to live a healthy life. This newsletter also catches you up on some recent BWHS research.

Why the BWHS Matters

Thank you to the more than 41,000 BWHS participants who completed the 2009/2010 health survey. We hope that the 15,000 who have not yet done so will take the time now. You are very much needed. No matter your age, nobody can take your place in the study. If you aren't sure why this study is important, please consider the comments of your BWHS sisters:

"We are not only helping ourselves, but our own daughters and granddaughters. It is not often that you do something that will affect so many in a positive way in such a short amount of time. The time and effort will affect women for years to come."—M. B.

"I'm glad I stopped to do my duty and complete this survey. I appreciate your persistence—you didn't give up on me! I am glad that I am contributing to the betterment of black women's health overall... this survey helps me, too... it helps me take inventory of my choices and motivates me to step it up."—D. J.

"If I can help improve someone else's life that is a blessing for them and myself and makes me feel that I have a purpose in this world."—S. C.

"Beautiful women of excellence, let's make a difference for our daughters, our granddaughters, our sisters, our mothers, and our friends. We need each other and participation is the key to making that difference. I am proud to be a participant who's making a difference."—A. M.

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SARCOIDOSIS STUDY

THE BWHS BEGINS TO STUDY SARCOIDOSIS

Sarcoidosis is a mysterious disease whose causes are largely unknown. It is becoming more common, but this may be because doctors are getting better at recognizing the illness. Sarcoidosis occurs when “granulomas,” big groups of immune cells, form in different parts of the body. Many cases require minimal treatment and patients may even recover without any treatment. However, the illness can have serious health effects. The granulomas can interfere with proper organ functioning; for example, sarcoidosis in the lung can make breathing difficult. Sarcoidosis affects African Americans more than other ethnic groups, which is why the BWHS is focusing a research effort on discovering its causes.

To lay the groundwork, we first needed to find out which BWHS participants had the illness. Diagnosing this condition can be difficult, and a person might be told she has the disease when, in fact, she has some other illness. One hundred twenty-nine participants who reported the condition allowed a BWHS doctor to review the parts of their medical record concerned with the diagnosis and treatment of their condition. The review found that almost all of these women did indeed have sarcoidosis. We are now going ahead with plans to study this disease.

The first BWHS report on sarcoidosis has been accepted for publication. We found that approximately 2 percent of BWHS participants report that they have been diagnosed with sarcoidosis: When the BWHS began in 1995, there were 685 participants who had already been diagnosed, and more than 400 additional participants have been diagnosed with the illness since 1995.

We also found that sarcoidosis most commonly affected the lung, followed by the lymph nodes, skin, and eyes. Prednisone is the most commonly used medication for sarcoidosis, followed by inhaled steroids. Research is in progress to assess potential genetic and nongenetic risk factors; we'll report back to you on what we find. We expect to have some results within the next two years.

(Cozier, Y. C., et al., "Sarcoidosis in U.S. black women: Data from the Black Women's Health Study." *CHEST*, 2010 doi: 10.1378/chest.10-0413 (E-pub). PMID: PMC Journal—In Process.)



WHAT SHOULD I PUT ON MY PLATE?



A BWHS Participant Shares Her Tips for Healthy Eating and Living

C. R. writes, "Blessed to be a four-and-a-half-year breast cancer survivor, I have found that improving what I eat is one of the most essential practices I have embraced in my life. I've also found that engaging in daily recommended levels of physical activity as a complement to healthy eating serves as the great equalizer in managing the aging process—pre- and post-menopause—and achieving mental and physical well-being."

C.R.'s Tips

- Eat 3½ to 6½ cups of fruits and vegetables each day for good health
- Consume a variety of colorful, especially dark, fruits (high in antioxidants) on a daily basis
- Blend fruit and veggie-filled smoothies for breakfast, lunch, or dessert
- When in doubt, use the palm of your hand to measure ½ to 1 cup of fruits and vegetables
- Instead of sugar and salt, use herbs and spices like basil, cumin, garlic, cayenne

pepper, chili powder, allspice, cinnamon, ginger, nutmeg, or vanilla to enhance the flavor of meals and desserts

- Sauté vegetables, fish, and other seafoods instead of deep frying
- Bake rather than fry meats
- Grace 50 percent of each meal with vegetables and fruits
- Choose to have fun when embracing healthy eating and active living as a way of living each day

C. R. adds, "I believe that embracing these dietary and physical activity habits—in addition to prayer—has afforded me the opportunity to remain cancer- and disease-free. I thank the Black Women's Health Study for continuing to lead the way in black women's health research."

More Tips From BWHS Participants

"I do a lot of cooking in my wok (greens and beans, stir-fry chicken) and Crock-Pot (chili, turkey spaghetti, cornbread stuffing). People who have tried it just love it."—J. M. O.

"Put physical education and home economics back in the schools. Don't make good food and sports just for the affluent."—L. P.

"Following the Weight Watchers plan has been wonderful for me...it makes me think about what I am eating."—J. S.

R. S. called to say that she eliminated everything white from her diet every day but Friday, eats vegetables regularly, and fish once a week. Even though her weight has not changed, she is no longer diabetic.

"About three years ago, I decided to stop eating meat. I walk regularly... my goal is to lower my blood pressure."—D. H.

"We try to have veggies with dinner every night, a fruit every morning, and at least 4–8 glasses of water a day. I plan to share the July 2010 BWHS newsletter with my 10-year-old grandson to give him a better understanding of why I purchase the food I do."—V. D.

"Health is a way of life—you can't have bad food or habits if you want to feel and look your best. You must get physical activity every week. I have raised seven children on natural foods... eat the right foods... read labels to make sure it is good for you."—B. T.

"When I eat out I do not order soda anymore—instead I always get water with pieces of lemon in it."—B. C.

N. M. called to report that she has been eating more raw foods, particularly vegetables. She's noticed that she has more energy and her skin is better.

M. G. writes that she would like to see a change in regulations regarding foods that can be purchased under the food stamps program to encourage low-income families to eat more nutritiously.

OTHER BWHS RESEARCH

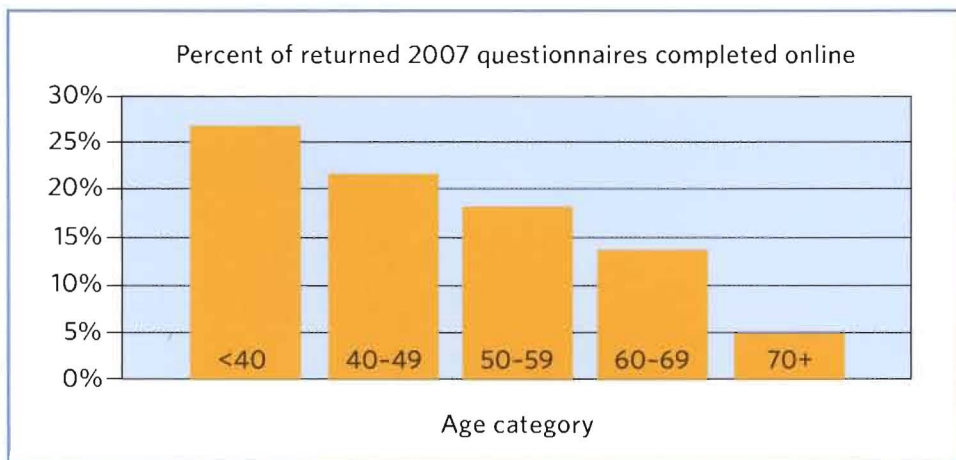
USING THE INTERNET

As you know, BWHS participants are asked to update their health information every two years. In recent years, there have been two options: fill out a paper survey and mail it in, or fill out the survey online. The latter option was chosen by about 10 percent of respondents in 2003; by 2007, that percent had just about doubled. As the graph shows, younger responders were most likely to use the web, but even some participants

in their 70s and 80s preferred web to paper.

Using the Internet saves the participant from having to mail a paper questionnaire and saves the study mailing and postage costs. Most women still prefer the paper option, so the BWHS will continue to offer both paper and web options for the health surveys.

(Russell, C. W., et al., "Use of web-based questionnaires in the Black Women's Health Study." *Am J Epidemiol* 2010 doi: 10.1093/aje/kwq310 (E-pub).)



VEGETABLES AND BREAST CANCER

Based on more than 1,200 participants who developed breast cancer from 1995 to 2007 and information provided on food intake in the 1995 and 2001 surveys, we found that women who ate at least two servings of vegetables a day were less likely to get a certain type of breast cancer (estrogen receptor negative) than those who seldom

ate vegetables. The study also suggested that eating more cruciferous (such as collard greens or broccoli) and orange (such as carrots) vegetables may reduce the risk of all types of breast cancer.

(Boggs, D. A., et al., "Fruit and vegetable intake in relation to risk of breast cancer in the Black Women's Health Study." *Am J Epidemiol* 2010 doi: 10.1093/aje/kwq293 (E-pub).)

ADVISORY BOARD MEETING

Members of the BWHS Advisory Board met with BWHS investigators in the spring; the board was pleased with study progress and productivity. They recommended that the BWHS focus on studying the health effects of various types of stress, such as caregiver stress or stress resulting from income

inequality. Since BWHS participants are getting older (aren't we all!), they felt that we should begin to think about issues of aging that might be studied, such as incontinence. They also suggested that we increase our efforts to spread the word about the BWHS—that is, increase the study's visibility. Right now, the study is well known in the research community, but getting BWHS results into the larger community will put the information into the hands of the women who need it most.



Front row, left to right: Lauren Wise, Advisory Board Member Jacqueline McLeod, Lynn Rosenberg, Patricia Coogan, Advisory Board Member Shiriki Kumanyika
Back row, left to right: Edward Ruiz-Narvaez, Julie Palmer, Advisory Board Member Ellen Grant, Yvette Cozier, Lucile Adams-Campbell



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