

BLACK WOMEN'S HEALTH STUDY



*Working together
to improve the
health of black
women*

INSIDE:

2 News from the BWHS

3 Stress, Coping, and Health in the BWHS

5 Recent Mental Health Research
in the BWHS

NEWS FROM THE BWHS

2005/06 HEALTH QUESTIONNAIRE UPDATE

It is not too late to contribute to the BWHS.

As of December, we have received completed questionnaires from 73% of women enrolled in the study. As always, the accuracy of BWHS research increases when as many women as possible submit their health update.

If you have not yet completed a BWHS 2005/06 questionnaire, you will receive one from us at the end of January 2007.

Please take a few moments to fill out the questionnaire on paper or online (www.bu.edu/bwhs, select the 2005/06 Questionnaire button). The contribution of the BWHS to black women's health depends on you.

THE BWHS HAS A NEW WEBSITE!

We are pleased to announce that our new website is now available for you to explore. On it, you can:

- View an expanded list of health resources
- Link to health-related interactive websites
- Read descriptions of the most recent research from the BWHS
- Open a printer-friendly list of all published research from the BWHS
- View and print all past BWHS newsletters
- Complete the 2005/06 BWHS Questionnaire
- Notify BWHS of changes to your address, phone, or e-mail

Visit us at www.bu.edu/bwhs—we hope that you enjoy the site and find it helpful and easy to use.



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STRESS, COPING, AND HEALTH IN THE BWHS



National surveys show that members of minority ethnic and racial groups in the U.S. report higher levels of stress than other groups. A good number of BWHS participants have asked us to study stress because they feel it is causing or worsening their high blood pressure, lupus, heart problem, or depression.



Medical evidence indicates that stress can have bad effects on both mental and physical health. But the effect of stress may depend on how the person at the receiving end reacts—if she has the resources to help her cope, the stress may have little impact. People have different ways of coping: some pray, some exercise, some talk with friends, some work on a quilt. On some of the BWHS surveys you have answered questions about your mood and feelings, and how you were coping. We thought you would be interested in seeing the responses in the BWHS to these questions and learning how some of the information is being used in research on health in the BWHS.



STRESS AND COPING: BWHS PARTICIPANT RESPONSES

HOW STRESSED ARE BWHS PARTICIPANTS?

The 2005 survey included questions about your mood and feelings in the last month. For example, how often you felt things were going your way, or how often you felt unable to control your life.

32% of respondents indicated that they were almost never stressed

49% were sometimes under stress

16% experienced stress fairly often

3% experienced stress very often

DO PARTICIPANTS USE RELIGION AND SPIRITUALITY TO DEAL WITH STRESS?

The 2005 survey asked about religion or spirituality in your life.

93% of BWHS participants report that religion or spirituality is involved in their coping

90% consider themselves to be moderately or very religious or spiritual

89% pray at least once a week

45% report that they attend church at least once a week

WHAT ABOUT COPING?

The 2005 survey included questions about how you were coping with stress in your life. For example, how often you were taking action to try to make the situation better, or how often you were getting comfort and understanding from someone.

60% were using coping mechanisms like getting support from others at least a good part of the time

WHAT DO YOU DO FOR YOUR HEALTH?

On the 2001 survey you listed the five most important things that you do for your health. Here are the most common responses. You'll see that they include activities that reduce stress.

58% Eat a healthy diet

38% Engage in vigorous exercise

24% Get enough sleep

24% Prevention (e.g., medical exams)

22% Drink more water

21% Walk

21% Reduce stress

18% Practice healthier habits (e.g., no smoking)

13% Take vitamins

12% Participate in activities (e.g., book group, volunteering)

11% Spiritual practices

RECENT MENTAL HEALTH RESEARCH IN THE BWHS

Can we measure depression in the BWHS?

Stress can lead to depression. To study causes of depression among BWHS participants, we first need to be sure that we can measure depressive symptoms. The 1999 BWHS health survey contained a set of questions, called the CES-D scale, about how you were feeling. Research on the responses conducted by **Dr. Carla Williams, BWHS investigator at Howard University**, found that the questions measured feelings and symptoms of depression and related problems, just as they had been designed to do. Carla's work shows that the CES-D scale is suitable for use in research on depression in the BWHS.

(Williams CD, et al. *Psychiatry Res*, in press.)

Are there ways to prevent depression?

Building on the work of Carla Williams, **Dr. Lauren Wise, BWHS investigator at Boston University**, studied whether exercise can reduce symptoms of depression. She compared symptoms of depression in active and inactive women. On average, inactive women had the most symptoms of depression. Next came women who had been inactive but who exercise now. Women who exercised when they were in high school and still exercise had the fewest symptoms of all. The results suggest that even inactive women can reduce their risk of depression by taking up exercise.

(Wise LA, et al. *Ann Behav Med* 2006;32(1):68-76.)

MENTAL HEALTH ISSUES IN THE BLACK COMMUNITY

Thoughts from Advisory Board Member Dr. Ellen Grant

According to Dr. Grant, the black community is facing three key mental health issues. The first is the fear of *stigma associated with mental illness*, which prevents families from seeking outside help. Although this has been changing, it can still be a barrier to getting the care

a person needs. Second is the *difficulty in getting assistance* because of a lack of services in the community, not knowing how to find services, or not having the time or means to get them. The third issue is that the black community experiences a higher rate of *depression*. The higher rates of depression

combined with fear of stigma and difficulty of access create a situation that clearly needs attention.

Dr. Grant recommends continued mental health research in the area of health disparities. This research would highlight the differences in treatment

(continued on page 6)

RESEARCH ON STRESS IN THE BWHS

Experiences of racism are stressful. We assessed whether such experiences affect whether a baby is born prematurely. We found that racism might increase preterm birth in women whose highest level of education was high school graduation. Perhaps these women are under the greatest stress.

(Rosenberg L, et al. *Epidemiology* 2002;13:646–52.)

In a study of whether the stresses of racism might increase the occurrence of high blood pressure, we found very little evidence that this was happening. There was some evidence, based on small numbers, that there might be an effect in foreign-born women.

(Cozier YC, et al. *Ann Epidemiol* 2006;16:681–87.)

The neighborhoods in which women live may affect their health. For example, neighborhoods with poor services, few recreation facilities, and high crime rates are stressful for those who live there. We found that living in poorer neighborhoods was associated with increased rates of high blood pressure. This was so even among women who had the healthiest lifestyles. Results like these underscore the need for societal changes.

(Cozier YC, et al. *Am J Public Health*, in press.)

We found that women living in poorer neighborhoods smoked more than women living in more advantaged neighborhoods, regardless of their level of education and personal characteristics. Once again, this suggests the need for societal changes at the neighborhood level.

(Datta GD, et al. *Soc Sci Med* 2006;63:1034–44.)

MENTAL HEALTH ISSUES IN THE BLACK COMMUNITY

(continued from page 5)

and access experienced by people of color. By bringing attention to this difference, research could be a force for change. In addition, Dr. Grant hopes that research and academic institutions can work together to raise awareness of these

issues among all health professionals, enabling them to better serve the community.

Ellen Grant, PhD, LCSW, is the Vice President for Behavioral Health, Wellness and Health Promotion for Health New York, Inc.

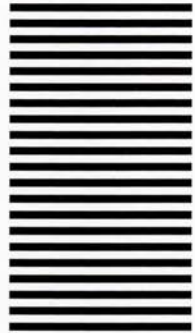


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