

# BLACK WOMEN'S HEALTH STUDY



*Working together  
to improve the  
health of black  
women*

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## WHY IS THE BWHS ASKING ME THE SAME QUESTIONS?

**Q. I've filled out health surveys every two years for the last 12 years. Why do you keep asking me the same questions?**

**A.** We ask the same questions about things like smoking, medications, medical care, and weight because these things can change over time. We also ask you about new illnesses that have developed. As a result, the BWHS can assess a wide range of the potential causes of many illnesses that particularly affect black women, including cancer, heart disease, lupus, sarcoidosis, fibroids, diabetes, high blood pressure, and asthma.

**Q. How long will the BWHS continue?**

**A.** As long as BWHS participants are willing to stay involved in the study and the National Institutes of Health is willing to support the research.

**Q. Why does it take so long to study a condition?**

**A.** Let's take sarcoidosis as an example. In the first two years of the BWHS, 70 women reported having developed sarcoidosis. That number was too small to learn whether smoking, contraceptive use, or other factors played a role. After 10 years, the total number of women who developed sarcoidosis increased to 350, a large enough sample to be able

to look at potential causal and preventive factors in detail. For this reason, the BWHS becomes more valuable the longer it lasts.

**Q. I don't have any health problems to speak of. Do you need me to fill out health surveys?**

**A.** Yes, very much. By studying the differences between women who become ill and those who stay healthy, we can learn about factors that cause illness and factors that help maintain good health.

**Q. What can we expect in the way of genetic information from the BWHS?**

**A.** The genetic information that emerges from the BWHS will help to explain how or why some illnesses develop. The BWHS is not studying rare genes like BRCA1 (the "breast cancer gene") that greatly increase a woman's risk of breast cancer, because these rare genes do not account for breast cancer in the vast majority of women. Instead, the DNA from the BWHS will be used to look for genes that have small effects but are relatively common and will explain most breast cancer. In time, this research will lead to better prevention and treatment. An upcoming issue of the newsletter will focus on health research involving genetic causes.



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# JOINING HANDS...

## ...TO IMPROVE THE HEALTH OF BLACK WOMEN

The participants in the BWHS and the study staff have joined hands to answer important questions about the health of black women. This partnership has enabled the BWHS to study factors that influence the risk of breast cancer, uterine fibroids, lupus, diabetes, and other diseases. You can find summaries of all BWHS research articles at [www.bu.edu/bwhs](http://www.bu.edu/bwhs) (click on "BWHS Research" then choose "Publications"). Some recent articles are:

Palmer JR, Adams-Campbell LL, Boggs DA, Wise LA, Rosenberg L. A prospective study of body size and breast cancer in black women. *Cancer Epidemiol Biomarkers Prev* 2007; 16(9):1795–1802.

Hunt MO, Wise LA, Jipguep MC, Cozier YC, Rosenberg L. Neighborhood racial composition and perceptions of racial discrimination: Evidence from the Black Women's Health Study. *Soc Psychol Q* 2007; 70(3):272–289.

Wise LA, Palmer JR, Cozier YC, Hunt MO, Stewart EA, Rosenberg L. Perceived racial discrimination and risk of uterine leiomyomata. *Epidemiology* 2007; 18:747–757.

Wise LA, Rosenberg L, Palmer JR, Adams-Campbell LL. Anthropometric risk factors for colorectal polyps in African-American women. *Obesity*, in press.

With your help, BWHS studies have provided and will continue to provide information that can improve your health and benefit your daughters, granddaughters, nieces, cousins, and future generations of black women. You are giving a most generous gift. Thank you.

**2007 HEALTH SURVEY.** So far, 36,000 participants have completed the 2007 BWHS health survey. If you prefer to complete the survey online at the BWHS website ([www.bu.edu/bwhs](http://www.bu.edu/bwhs)), click on the "2007/08 Web Questionnaire" button on the left. If you prefer completing the paper form and haven't received a 2007 survey in the mail, please let us know—we may not have your correct address.

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**Working together to improve  
the health of black women**

Black Women's Health Study

1-800-786-0814 or [www.bu.edu/bwhs](http://www.bu.edu/bwhs)



## Lowering your chances of developing diabetes

Diabetes is occurring more and more all over the world, mainly because people are getting heavier. Being overweight or obese increases the risk of developing diabetes. Results from the BWHS show the relationship between body size and diabetes very clearly; diabetes occurred much more often among BWHS participants who were overweight and obese than among those who were lean. (Krishnan S, Rosenberg L, Djousse L, Cupples LA, Palmer JR. Overall and central obesity and risk of type 2 diabetes in U.S. black women. *Obesity* 2007;15(7):1860–66.)

## Cereal fiber in some foods

FOOD	GRAMS OF FIBER
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Bread (1 slice)	
White	0.6
Whole Wheat	1.9

Rice (1 cup cooked)	
White	0.7
Brown	3.5

Spaghetti (1 cup cooked)	
White	2.4
Whole Wheat	6.3

Cooked cereal (1 cup)	
Cream of wheat	1.8
Wheatena	6.6
Oatmeal	4.0

Ready to eat cereals (1 serving)	
Corn Chex	0.5
Rice Chex	0.3
Wheat Chex	3.3
Multi Bran Chex	6.4
Cheerios	2.6
Shredded Wheat	5.3
Raisin Bran	5 to 8

More fiber=less chance of diabetes

Weight reduction is an effective way to reduce diabetes risk, but it's hard to lose weight; dietary changes may be easier. BWHS research shows that participants who eat foods that are high in cereal fiber—the type of fiber found in foods made from grains like wheat, rice, and bran—have a lower risk of developing diabetes than those whose diets have a low fiber content. Substituting foods high in cereal fiber for low-fiber foods (for example, whole wheat bread for white bread) may reduce diabetes risk. (Krishnan S, Rosenberg L, Singer M, Hu FB, Djousse L, Cupples LA, Palmer JR. Glycemic index, glycemic load, cereal fiber and risk of type 2 diabetes in U.S. black women. *Arch Intern Med* 2007;167:2304–2309.)

The chart at the left shows the amount—in grams—of cereal fiber in some commonly eaten foods. **A general rule of thumb is that unprocessed foods are higher in cereal fiber than processed.** You can find the fiber content of foods on their nutrition labels. Stay tuned for more research news on diabetes and other conditions as time goes on.



# VOICES FROM THE BWHS MAILBOX

*Some of you have sent us your comments, ideas, and personal experiences. Here are some excerpts from the stories of five BWHS participants. Thank you for your time, effort, and honesty in sharing your thoughts.*

In December of 1998, I was diagnosed with type 2 diabetes. The situation was dire... I was immediately started on insulin and admitted to the hospital. While laying in my bed there, I decided that I would beat the odds and manage the disease through a change in my diet and exercise. I was determined not to let the disease control me. Nine years later, the diabetes is under control. I would encourage all women of color to take charge of their health, do whatever necessary to improve their quality of life—for it is a god-given gift which should be honored by us all.

In 2005, I was due to have my first son. My pregnancy was going well and I had good prenatal care and support from family and friends. Somehow, things just took a major turn for the worse. I developed preeclampsia and a condition called HELLP Syndrome where my liver enzymes raised to critical levels and my blood platelets dropped to below critical levels... my son didn't make it. I hope that by sharing my experience, I can educate more women and families about the existence and prevention of unfavorable pregnancy outcomes. The following link describes HELLP Syndrome in more detail. [www.aafp.org/afp/990901ap/829.html](http://www.aafp.org/afp/990901ap/829.html)

I'm not really sure why I joined this study, but I believe my decision was rooted in the fact that I was raised to count my blessings (good health being first) and to help others along the way, knowing that at any time my destiny could be altered. I smile when I reflect on the fact that my sister and I both joined this study completely unaware of each other's participation and that recently she was the one who forwarded my new address to you. I guess you could say this study is sisterhood on a grand scale—a sisterhood I am proud to be a part of.

I am 5'8" and my weight hovered between 162 and 165 pounds until I retired; I've dropped seven pounds in the 2½ months since then. I have always exercised, but since I am no longer restricted by a work schedule I can be more consistent in my regimen, which is a combination of power-walking (mainly on steep hills) and running (on grass or dirt to preserve my knees and lower back) at least five times a week, and lifting five-pound weights twice weekly. The only thing to which I can attribute the weight loss to is the frequency of my movement and, since being home, controlling what I eat. Also, since I exercise almost every day, my metabolism is always working at its peak, which allows me to have my occasional bowl of ice cream and to pig out at gatherings once in a while without worrying about the consequences. As a bonus, my good cholesterol and triglycerides—which have always been good because of the exercise—are even better, and my high blood pressure is finally under control. I'm sure this is also because of my relatively stress-free existence these days... diabetes and heart disease are in my blood line, so I am committed to a lifetime of good health habits.

*continued on page 6*

# BWHS ADVISORY BOARD MEETING

## BWHS Advisory Board-Investigators Meeting:

Members of the BWHS Advisory Board met with BWHS investigators in Boston in October. The members, all African-American women, include scientists, clinicians, advocates, and educators with expertise in a range of topics important to the physical and mental health of black women. The board's advice—which has been crucial to the BWHS—includes priorities for current research, future research directions, and protecting the rights of BWHS participants.



*Left to right. Bottom row: Lauren Wise (Investigator), Michelle Albert (Investigator), Lucile Adams-Campbell (Investigator), C. Alicia Georges (Advisory Board), Julie Palmer (Investigator); Middle row: Shiriki Kumanyika (Advisory Board), Yvette Cozier (Investigator); Top row: Linda Clayton (Advisory Board), Lynn Rosenberg (Investigator)*

## VOICES FROM THE BWHS MAILBOX *continued from page 5*

...I hope that my participation [in the BWHS] will shed light on what affects the health of black women...I have often thought deeply about what has affected the health of my family. All of the female loved ones I have lost on my mother's side of the family lost their battle with cancer. The loss of these great females has taken a tremendous toll on my life. I have often thought that at the age of forty-two and considering the fact that the women in my family die relatively young, I must do what I can to ensure that I live for another twenty or so years. These women were hardworking and spent extraordinary amounts of time taking care of everyone except themselves and their health. I can't

say that diet contributed to what I call the "cancer gene" in my family...but if it did, I can do something about that. I believe that good health depends upon a balanced mix of traditional medicine, exercise, and homeopathic and mental treatment. I spend a great deal of time on these areas... I pray that one day there will be a cure for cancer...If my contribution to this study can save just one person from experiencing the pain my family has experienced then the minimal amount of time that it takes me [to fill out BWHS questionnaires] is well worth it.

# BWHS RESEARCH TEAM

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A heartfelt thank you to the 36,000 BWHS participants who have already completed the 2007 health survey.



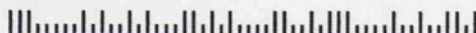
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