

BLACK WOMEN'S HEALTH STUDY



*Working together
to improve the
health of black
women*

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Dr. Lucile Adams-Campbell has been elected to the Board of Governors of the American Association for Cancer Research. This is quite an honor—the organization, with over 24,000 cancer researchers, is the largest in the U.S.

At the most recent meeting of the American Association for Cancer Research in Washington, D.C., Dr. Adams-Campbell chaired a press conference on health disparities and Dr. Julie Palmer presented results from the BWHS. Studies of white women and Asian women have found that being overweight increases the risk of developing breast cancer after menopause. Dr. Palmer is studying how body size influences black women's risk of breast cancer. The relationship is complicated, but so far it seems that most overweight black women do not have a higher risk of breast cancer. The analyses are continuing.

Dr. Lynn Rosenberg was interviewed by CNN radio and National Public Radio, and Dr. Adams-Campbell was interviewed by NBC television. Both interviews were about BWHS results on female hormone use and breast cancer that were published in the *Archives of Internal Medicine*. The study, led by Dr. Rosenberg, found that women who have recently used female hormone supplements (estrogen or estrogen with progestin) for five or more years have an increased risk of breast cancer. Current recommendations are that women who use female hormone supplements do so for as short a time as possible.

KUDOS TO BWHS STAFFER

Once again, Juanita Hope, BWHS Research Assistant, organized a team of co-workers and friends for the Walk for Hunger. Most walkers completed the 20-mile fund-raiser and the team raised over \$6,000 for Project Bread, which supports food assistance programs in Massachusetts. This was Juanita's 30th year of participation in the Walk for Hunger!



Boston University
School of Medicine



Howard University
Cancer Center

CONTACT INFORMATION

TELEPHONE: 1-800-786-0814 or 617-734-6006

FAX: 617-738-5119

E-MAIL: bwhs@slone.bu.edu

WEBSITE: www.bu.edu/bwhs

ADDRESS: Black Women's Health Study
Boston University
and Howard University
1010 Commonwealth Avenue
Boston, MA 02215

RECENT RESULTS FROM THE WOMEN'S HEALTH INITIATIVE

Just about every day there seems to be a new report telling us that something we thought is good to eat is really bad. Or something we thought is bad is actually good. Or that it doesn't matter if we eat it or not. It's confusing. In the next few pages we discuss recent findings about food and illness, and try to make sense of the conflicting messages.

You may have heard news reports about the recent Women's Health Initiative (WHI) results on diet and illness. Close to 49,000 women were randomly assigned to the "intervention" group (low-fat diet) or the nonintervention group (usual diet). The low-fat diet group attended classes to learn how to lower the fat in their diets—to 20% of total calories if possible. The hope was that reducing fat levels would reduce the occurrence of breast cancer, colon cancer, heart disease, and stroke. When the study ended after 8 years, there was no "significant" difference in the occurrence of these diseases between the two groups.

While the overall results were not "definitive", some were "suggestive". For breast cancer, there were fewer cases in the low-fat group overall, especially among the women in the low-fat group who started out with highest levels of fat intake. For colon cancer, there were no differences. Heart disease and stroke occurred about equally in the low-fat

and usual diet group, but there was a trend to a lower rate among women who reduced their intake of trans fats and saturated fats or increased their intake of fruits and vegetables.

Why weren't the results "significant"? First, the women in the low-fat group couldn't get their levels down to 20%, so the low-fat and nonintervention group diets were not as different as planned. This reduced the chance of changing disease rates as much as had been hoped. Second, it is now clear from other studies that to reduce the risk of heart disease, people need to cut their intake of the "bad" fats—trans and saturated fats—rather than cutting out just any fat. Third, maybe 8 years wasn't long enough for the diet to have an impact. Finally, the illnesses in question take a long time to develop, so people need to eat a healthy diet starting when they are younger.

THE BOTTOM LINE. The WHI results don't mean that diet doesn't matter.

WHAT'S GOOD AND BAD TO EAT?

How do we know that diet matters? One way we know is from studies of people who migrate to the U.S. For example, when people come to live in the U.S. from countries like Japan, their rates of heart disease, breast cancer, and colon cancer increase greatly. Their genes didn't change—so it must be diet and lifestyle.

And there have been many studies of diet in relation to various illnesses.

Recommendations for healthy diets are often hard to follow. After all, who has the time to calculate what the contents of various foods add up to? Below are some fairly simple rules to follow.



DO WHAT OUR MOTHERS TOLD US.

Do what our mothers and grandmothers have always told us: **eat fruits and vegetables**—the more the better.

EAT FOODS THAT ARE HIGH IN FIBER.

That means eating whole grain breads rather than white bread, brown rice instead of white rice, and those fruits and vegetables again.

CUT DOWN ON OUR SUGAR INTAKE.

We sometimes forget that **sodas and sweetened fruit drinks** (even “sports” drinks) are a large source of sugar—especially those super sizes that some of our kids like to get at fast food places. Those are empty calories—they contribute to weight gain but not to health. Drinking water instead of sweetened drinks is a good way to reduce sugar and calories.

THE BOTTOM LINE. We know that being overweight and not exercising increase the occurrence of many conditions such as high blood pressure and diabetes. If we can exercise, avoid overeating, and eat more fruits and vegetables, less sugar, and less bad fats, our health will say thank you.

EAT “GOOD” FATS RATHER THAN “BAD” FATS.

The worst are trans fats and saturated fats. The best are omega 3 fats and unsaturated fats. But who has the time to go around the supermarket figuring out what contains what and adding these up? Some simple rules will help. Most of the trans fats that we eat comes from vegetable oils that have been converted to semi-solid fats for use in margarines and commercial cooking and manufacturing. An easy way to reduce trans fat intake is to reduce the amount of fast food that we eat. Fast foods like french fries and chicken nuggets tend to have high levels of trans fats. Another way to cut down on bad fats is to read food labels and try to avoid “partially hydrogenated” fats. Saturated fats tend to be found in fatty meats. Eating lean meats and fish will help to cut levels. Cooking with vegetable oils instead of lard, margarine, or butter will help cut down on the bad fats and increase the good fats.



WHAT'S GOING ON IN THE BWHS?

2005/06 HEALTH SURVEY: As you know, we ask BWHS participants for updated health information every 2 years. So far, 66% of BWHS participants have completed the 2005/06 survey. If you haven't yet completed yours, please do. Your sisters in the BWHS are relying on you, and so are current and future generations of black women for whom this landmark study will provide important answers about health and illness.

You can complete the survey on paper, online at www.bu.edu/bwhs, or you can arrange for a telephone interview. Call 1-800-786-0814 for help with any of these options.

SALIVA SAMPLE COLLECTION. So far 14,000 BWHS participants have sent saliva samples to our laboratory at Howard University. If you haven't heard from us yet, you will. We will use DNA from the samples to identify genes that make black women more susceptible to certain illnesses (see Lupus Study in next column).

BLOOD COLLECTION STUDY. Blood contains substances that can help to predict whether you will develop certain illnesses. There have been very few studies of blood markers in relation to heart disease or other illnesses in black women. The BWHS is going to start inviting participants to provide blood samples later this year. This is optional, of course.

LUPUS STUDY. Scientists think that many genes have small effects on the chance of developing lupus, rather than one or a few genes having a large effect. To find those genes, BWHS investigators will compare the genes of women with and without lupus. So far 1,191 women in the BWHS have reported a diagnosis of lupus, 467 have allowed the BWHS to contact their doctors for details of the diagnosis, 398 doctors have provided information on the diagnosis, and 532 women have provided saliva samples.

DIABETES STUDY. We are studying the effects of eating patterns on the occurrence of diabetes. Diabetes is on the rise. If changing what we eat will help prevent it, we need to know.

SHARE A STORY... SHARE A LESSON... SHARE AN INSIGHT

BWHS participants are an amazingly diverse group. Would you like to share your story with the BWHS community in future newsletters? We would like to find participants to spotlight in future articles—women who will tell newsletter readers why they participate in the BWHS, share lessons learned from health, recovery from illness, and the rebound from difficulty, and share insights. Send us your story by letter or e-mail. We look forward to hearing from you.

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BWHS STAFF

PRINCIPAL INVESTIGATORS

Lynn Rosenberg, ScD
Lucile Adams-Campbell, PhD
Julie R. Palmer, ScD

OTHER INVESTIGATORS

Yvette C. Cozier, DSc
Marie-Claude Jiguap, PhD
Kepher H. Makambi, PhD
Charles Mouton, MD
Teletia R. Taylor, PhD
Carla Williams, PhD
Lauren Wise, ScD

RESEARCH STAFF

Cordelia Russell
Carolyn Conte
Dianne Blasi
Deborah Boggs
Shelly Brown
Fiona Coker
Sharon Cornelius
Manuela Costa
Cassandra Edwards
Sandra Finder
Juanita Hope
Jennifer Jones
Supriya Krishnan
Se Li
Hannah Lord
Maria Petzold
Connie Reid-Jones
Patricia Simmons
Claudia Veiga

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