BLACK WOMEN'S HEALTH STUDY

Working together to improve the health of black women

INSIDE:

THE HOW AND WHY OF THE BWHS

With the support of its wonderful participants and the National Institutes of Health, the BWHS is going strong. Sixteen years ago, you and 59,000 other black women from across the U.S. agreed to be part of a long-term health study. You filled out a health survey, and every two years since then we have asked you to update your health information.

The BWHS has been in progress for 16 years; why does it take so long to get the answers? It takes a long time because there are so many health questions to be answered; because new health questions keep arising that require new information; and because it takes time to collect enough data to produce valid results. The more we learn, the more complicated the questions and answers become. For example, it is now understood that breast cancer is not a single disease but has different subtypes that may have different causes.

Are there other studies like the BWHS? The BWHS is the largest follow-up study focused on black women. There are a few other, smaller studies of black women but they aren't able to cover the wide range of issues that the BWHS can. Many more white women are involved in long-term health studies; for example, the first Nurses' Health Study of 120,000 women started 35 years ago and is still in progress. But studies of white women cannot answer many of the questions that are especially important for black women.

Can someone take my place? No, you are unique. Other women have wanted to join the BWHS, but the study design is to follow the *same* group of participants over time in order to produce highly valid results.

How long will the study continue? The BWHS will go on for as long as participants wish to keep taking part and as long as the National Institutes of Health considers the study important. Your ongoing participation will mean that the BWHS can continue to contribute vital information on health issues affecting black women. Our twice-a-year newsletters reporting important findings are on our website at www.bu.edu/bwhs, as is the 2011 online survey. Many thanks if you have already returned your 2011 health survey.

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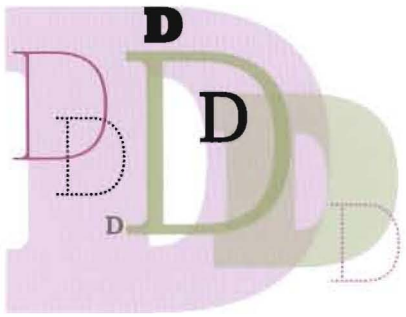
NEW BWHS RESEARCH AREAS IN THE 2011 SURVEY

BWHS participants and the Advisory Board have suggested that the BWHS should study overall well-being. As you know, the BWHS has produced a great deal of information on factors that increase or decrease the risk of specific illnesses. Such research is extremely important and will continue to be a main BWHS focus, as preventing illnesses first requires an understanding of their causes. But well-being is not just about illness. For example, if a woman has friends or family to help her when she needs it, if she is involved in her community, if she has ways to cope with the stresses and strains of life, then that woman, despite having several illnesses, may have a better quality of life than a woman who has no illnesses at all.

Thus, the 2011 health survey includes a number of questions about general health and quality of life. For example, the survey asks how you rate your overall health. Are you able to go to friends and family for help when you need it? Do you have caregiving responsibilities, and, if so, how are they affecting you? Are they rewarding, stressful, or both? How are you coping? With their wide range of life experiences, BWHS participants can contribute key information on what is truly important for a good quality of life.

Some problems affect us more as we get older, such as not always getting to the bathroom in time (incontinence). It may be embarrassing to talk about this problem, but it is very real and affects millions of people. What are the causes of incontinence? The 2011 health survey includes questions on this issue. As always, please answer only the questions with which you are comfortable. And please, keep telling us about health and life issues that you think the BWHS should examine.

VITAMIN D: HOW MUCH IS ENOUGH?



The U.S. Institute of Medicine (IOM) recently updated guidelines for recommended levels of vitamin D and calcium for Americans (see table). The report can be found online at www.iom.edu/Reports/2010/Dietary-Reference-Intakes-for-Calcium-and-Vitamin-D.aspx. While the IOM concluded that most Americans are getting the right amounts of vitamin D and calcium, some experts disagree.

Calcium is essential for building bones and vitamin D allows the calcium to be absorbed from the digestive tract. Milk, yogurt, and cheese are the main dietary sources of calcium; there are 300 milligrams of calcium in a glass of milk and 400 in 8 ounces of yogurt. Sardines, canned salmon, and calcium-fortified foods like orange juice and breakfast cereals contain smaller amounts. Too much calcium can lead to kidney stones, and some experts say that the IOM guidelines are too high. Others recommend a supplement of calcium carbonate or calcium citrate because they believe that a woman who eats just one or two servings of dairy a day will get less calcium than the IOM recommends.

Vitamin D forms when ultraviolet rays from the sun react with chemicals in the skin. But people with dark skin don't make as much vitamin D from sunlight as people with light skin, and many people—especially in northern regions—don't get much sunlight. Sunscreens cut down on the formation of vitamin D. Because most Americans do not get much exposure to sunlight, the IOM assumed that vitamin D will come from dietary sources. Vitamin D is found in foods like fortified milk, yogurt, and cereals, and oily fishes like salmon and mackerel. A typical serving of fortified milk or orange juice contains about 250 IU (international units) of vitamin D; a serving of salmon might contain as much as 800 or 900 IU. Very high levels of vitamin D can lead to health problems such as kidney damage.

The only way to know your vitamin D level is to have your blood level measured. The IOM's dietary recommendations were based on their conclusion that a blood level of 20 nanograms per milliliter of vitamin D is sufficient, but critics think that a higher level, 30 nanograms, is desirable. The IOM conclusion was based largely on studies of bone health, but critics say that vitamin D levels sufficient for strong bones may not be sufficient for the health of other

parts of the body. African Americans, on average, have lower blood levels of vitamin D than other Americans, so there may be many African Americans whose levels are too low.

Vitamin D can affect many body functions such as how cells divide or how the body reacts to substances that might start the cancer process. Several studies have found that people with high levels of vitamin D developed colon cancer and heart disease less often than people with low levels. These studies are suggestive, but not conclusive.

The National Institutes of Health is so interested in the health effects of vitamin D that it is supporting a randomized trial of vitamin D supplements among men and women aged 65 and older. Each participant will be assigned to take either a vitamin D pill or a placebo pill (containing no active ingredients) each day. The participants will be followed over time, similar to the BWHS, to find out who develops cancer, heart disease, diabetes, fractured bones, and so on. Then it will be possible to determine whether vitamin D supplements protect against these illnesses.

Should you take a vitamin D supplement? This is a question to discuss with your health care provider. If you don't eat much in the way of fortified dairy products, fortified foods, or oily fish, it might be a good idea, particularly in the winter or if you do not get much exposure to sunlight. *The New York Times* has reported that many doctors are suggesting a supplement for those with a blood level of vitamin D below 30 nanograms per milliliter. For more information, visit www.hsph.harvard.edu/nutritionsource/what-should-you-eat/vitamin-d/index.html.

	CALCIUM (mg/day)		VITAMIN D (IU/day)	
Age	Recommended dietary allowance	Safe upper level	Recommended dietary allowance	Safe upper level
19–50	1,000	2,500	600	4,000
51–70	1,000	2,000	600	4,000
71+	1,200	2,000	800	4,000

NEWS ABOUT BWHS RESEARCH

VEGETABLE-FRUIT DIETARY PATTERN ASSOCIATED WITH LOWER RISK OF COLORECTAL ADENOMA

Colorectal cancer (cancer of the colon or rectum) affects African Americans more than other Americans. Fortunately, a good way to reduce the risk of getting colon cancer is available: have a colonoscopy. During this procedure, a tube is inserted into the colon (the large intestine) that allows the doctor to see and remove any growths (polyps). Removing the type of polyp called "adenoma" greatly reduces the risk of developing colorectal cancer. Another way to reduce the cancer risk is to reduce the occurrence of adenomas. For that reason, the BWHS is studying causes of colorectal adenomas. Our analysis is based on the identification of adenomas in BWHS participants who underwent colonoscopies and allowed the BWHS to find out from their doctors if an adenoma was found. With the use of dietary information reported on the health surveys, we found that BWHS participants have two main eating patterns—one high in fruits, vegetables, whole grains, and lowfat dairy products; the other high in meats, fried foods, processed grains, and sweets. High intake of foods in the fruit-vegetable pattern was associated with lower risk of adenoma, and high intake of foods in the meat-fried food pattern was associated with higher risk. These results are another good reason to try to eat more fruits and vegetables and less meat and fried foods.

(Makambi KH, Agurs-Collins T, Bright-Gbebry M, Rosenberg L, Palmer JR, Adams-Campbell LL. Dietary patterns and the risk of colorectal adenomas: the Black Women's Health Study. *Cancer Epidemiol Biomarkers Prev 2011*, in press).

BOOKS ABOUT HEART HEALTH IN AFRICAN AMERICAN WOMEN DONATED TO THE BWHS

Great news—800 books on heart health have been given to the BWHS! *The African American Woman's Guide to a Healthy Heart,* from the Association of Black Cardiologists Women's Center, discusses risk factors for heart disease and stroke, how to prevent them, how to improve your health if you have had these illnesses, and how to help your family live a heart-healthy life. We anticipate high demand for this book. To fairly distribute the books, we are going to hold a drawing. All BWHS participants who return their 2011 survey by September 30, 2011 will be included in the drawing. Books will be mailed by December 2011.

THE 2011 HEALTH SURVEY

As you know, health information in the BWHS is updated every two years, and the time for an update has arrived. The 2011 health survey will take you about 15 minutes to complete and can be mailed to the BWHS office in the postage-paid envelope supplied. The online survey can be found at the BWHS website (www.bu.edu/bwhs) or by going directly to https://slone-web.bu.edu/BWHS/2011.

To complete the survey online, you will need your ID number, which you will find on this newsletter located at the bottom of the address update card. If we have already received your survey, the 8-digit number will end with "R." The online option has become more and more popular—the number of BWHS participants choosing to complete the web questionnaire increased from 4,700 in 2003 to 13,850 in 2009. If you would like to try the web option but need assistance doing so, just give us a call at 1-800-786-0814 (if you experience difficulty completing the paper questionnaire, please call the same number for help). Thank you for participating in the BWHS!

Setting the Table

Several BWHS participants informed us that the place setting photo in our January 2011 newsletter showed a knife with the blade facing out. The proper way to position a knife is with the blade facing the plate. Our apologies.

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