



BLACK WOMEN'S HEALTH STUDY



*Working together
to improve the health of
black women*

INSIDE:

- BWHS 20th Anniversary
- The BWHS Advisory Board
- Getting Older

bu.edu/bwhs

NEWS FROM THE BWHS

OUR 20-YEAR ANNIVERSARY. Think of it—the largest follow-up study of black women’s health has been in progress for almost 20 years. Many thanks are due to all of you—the wonderful BWHS participants who have made this possible by your dedication and willingness to provide health information every two years since 1995. We will celebrate the anniversary with a 20-year report on major BWHS research findings.

This newsletter focuses on the **BWHS Advisory Board** and on **Getting Older**. The BWHS Advisory Board was established in 1991, four years before the BWHS began. Each member brings a wealth of experience and insight (see pages 3–4). When the BWHS started, half of our participants were 38 years old or older. Now, half are at least 58. Different health issues arise at different ages; see pages 5–6 for a discussion of aging.

Spreading research findings from the BWHS. BWHS findings on weight gain were featured in the January 2014 issue of *Essence* magazine, which said, **“If you really want to understand weight gain and loss among African-American women, a good place to start is the Black Women’s Health Study (BWHS).”** Several BWHS findings were described, including that most weight gain in black women occurs before age 35; that weight gain is greater after the birth of a child (especially the first child); and that weight gain is greater among women who have reported frequent experiences of racism. The article did not describe BWHS findings on weight control, such as that brisk walking and diets high in fruits and vegetables help reduce weight gain. You can find links to these and other research articles on weight gain and weight control on the BWHS website: bu.edu/bwhs.

BWHS findings on fibroids were extensively cited in the proceedings of the Third National Institutes of Health International Congress on uterine fibroids, published in a reproductive health journal widely read by gynecologists (*Human Reproduction Update*, 2014: 20:309–333). A section entitled *“Risk factors for uterine fibroids in the Black Women’s Health Study”* described results of six BWHS publications. For example, BWHS results show that weight gain is associated with higher risk and dairy consumption with lower risk. ♦

CONTACT INFORMATION

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

Fax: 617-738-5119

Email: bwhs@bu.edu

Website: www.bu.edu/bwhs

Address: Black Women’s Health Study
Boston University
Slope Epidemiology Center
1010 Commonwealth Avenue
Boston, MA 02215-1204



Boston University Medical Center
Slope Epidemiology Center

ADVISORY BOARD: ACCOMPLISHED, DEDICATED

For more than 20 years, the BWHS has benefited from the advice and guidance of our wonderful advisory board. Some members started serving on the board in the early planning stages. They believed that the study was needed and helped to get it started.

Ruth Cage, a retired member, was a schoolteacher in Tennessee and chairperson of the Black Caucus of the National Education Association. In the early 1990s she played a crucial role in showing that the BWHS could succeed. With her help, in 1991 we mailed to a sample of black National Education Association members; we asked if they thought that a health study of black women was needed and that they fill out a health questionnaire. The positive response of the teachers helped to convince reviewers of our proposal for funding that black women were willing and able to participate. Ruth now serves on the executive board of the Tennessee Retired Teachers Association.



Linda Clayton

Linda Clayton, MD, a physician, is the first African American woman to be trained in the medical subspecialty of gynecologic oncology. Linda established the first oncology clinical trials program at

Meharry Medical College. She is currently a senior research scientist at the Harvard School of Public Health. She and her husband, Dr. W. Michael Byrd, are co-authors of a two-volume history of medical care and medical abuses among African Americans in the United States: *An American Health Dilemma. A Medical History of African Americans and the Problem of Race. Beginnings to 1900* and *An American Health Dilemma. Race, Medicine, and Health Care in the United States. 1900-2000*. Both books were nominated for the Pulitzer Prize.



C. Alicia Georges

C. Alicia Georges, RN, EdD, is chair of the Department of Nursing at Lehman College in New York City. Alicia, who was president of the National Black Nurses Association

from 1987 to 1991, helped us invite the association's members to participate in the BWHS (other invitees were members of the National Education Association, subscribers to *Essence* magazine living in 20 states, and friends and relatives of early respondents). In addition to her academic work in nursing education, Alicia serves on the board of directors of the American Association of Retired Persons (AARP), remains on the board of the National Black Nurses Association, and is president of the Harlem Black Nurses Foundation.

ADVISORY BOARD *(continued)*



Ellen E. Grant

Ellen E. Grant, PhD, LCSW-R, is a BWHS participant. She knows first-hand what it's like to fill out questionnaires and respond to invitations for participation. Ellen

began her career as a social worker and is especially interested in the health effects of psychosocial factors. She has been commissioner of the Erie County Department of Mental Health and president and chief executive officer of the Niagara Falls Memorial Medical Center. Currently, as deputy mayor of Buffalo, NY, she is focusing on health, education, and economic development projects.



Shiriki K. Kumanyika

Shiriki K. Kumanyika, PhD, is a professor at the University of Pennsylvania School of Medicine. When the BWHS started, she directed a study to determine how accurately BWHS

participants reported their dietary intake. Four hundred BWHS participants kept food diaries and responded to telephone interviews about their eating habits. Shiriki found that reporting was sufficiently accurate,

and the dietary information of BWHS participants has since been the basis for 17 publications. In 2002, Shiriki founded the African American Collaborative Obesity Research Network (AACORN, www.aacorn.org) to improve research on weight-related issues in African American communities.



Jacqueline D. McLeod

Jacqueline D. McLeod, MPH, has been director of minority affairs of the Associated Medical Schools of New York and has worked as a fundraiser for several nonprofit organiza-

tions, including the National Lung Association. Currently, she is executive director of Healing Communities Network, a program that helps the incarcerated and formerly incarcerated successfully rejoin the community. ♦

Check out the video

Advisory board members C. Alicia Georges, Ellen Grant, and Jacqueline McLeod discuss the importance of research on the health of black women in *"BWHS—Past, Present, Future: Voices of the Advisory Board."* View now at www.bu.edu/bwhs.

GETTING OLDER



Life expectancy. Life expectancy in the US has increased greatly in the last century (see table) due partly to advances in medical care and disease prevention. According to the US National Center for Health Statistics, in 2010 life expectancy was 78.0 years for black women and 81.3 years for white women, a difference of 3.3 years. An effort to decrease diseases that occur more frequently among black women, such as diabetes, cancer, and stroke, should continue to lessen the gap in life expectancy between black and white women.

National health statistics show that in 2010, 65-year-old black women would, on average, live another 19.3 years, and 75-year-old black women could expect to live another 12.5 years. For most people, most of these years will be healthy ones. For example, of people aged 85 or older, only about 20 percent currently live in nursing homes. To make the best of our time as older adults, we need to understand how to age successfully. *(Continued on next page)*

Table 1: Life expectancy at birth in years among black women and white women at various time periods.

Year	Black women	White women	Difference
1900	33.5	48.7	15.2
1950	62.9	72.2	9.3
1990	73.7	79.4	5.7
2010	78.0	81.3	3.3

GETTING OLDER *(continued)*

What is successful aging?

It used to be thought that large mental and physical declines were inevitable as people aged. Some decline does occur with aging (such as having a poorer memory or less strength than in younger days). However, studies among women and men in their 80s and 90s have shown that exercise, weight training, and healthy diets can improve physical and mental functioning. It is never too late to make healthy changes.

It makes sense to identify behaviors and other factors that will promote good health, which will in turn allow people to carry out necessary daily tasks of living, to be productive, and to be involved with family and community. There is a great deal of evidence that what we eat, how physically active we are, how we use health care, the strength of our social relationships, how much stress we experience, and what kind of neighborhoods we live in all affect successful aging.

BWHS participants, nearly half of whom are now over age 60, have supplied information over the years on many factors that could contribute to or detract from successful aging. These include: illnesses, treatments, health screening, diet, smoking, alcohol, exercise, weight, psychosocial stressors, neighborhood environment, social support network, religion/spirituality participation, caregiving responsibilities, ability to carry out social activities, and ability to carry out physical activities.

This information will be very useful in BWHS studies of aging and of long-term survival after cancer. Stay tuned. And please let us know the issues of aging that interest you. ♦



