

Southern Community Cohort Study

THE SOUTHERN COMMUNITY COHORT STUDY NEWSLETTER IS AN ANNUAL PUBLICATION FOR STUDY PARTICIPANTS.



We are excited to bring you another issue of the Southern Community Cohort Study (SCCS) newsletter.

In this newsletter, we are focusing on obesity, a major public health issue. We will share some information about obesity trends in the US and in the Southeast (unfortunately we southerners have the highest rates of obesity in the country). We will tell you about recent research in the SCCS and elsewhere on the effects of obesity and describe the new MyPlate guide to a healthful diet.

We will also spotlight SCCS study participant Masibindi “Mother Courage” Miller, a 5-year survivor of breast cancer, and give you some information about patient navigators, trained individuals who assist and guide cancer patients as they move through the health care continuum and help to eliminate barriers to quality care.

Thank you again for your previous involvement in the SCCS and for your continued participation in our new follow-up survey coming this spring (see insert). Your commitment to this study is helping fight cancer in the Southeast!

Your Study Team Leaders,

Dr. William J. Blot

Dr. Margaret K. Hargreaves

Dr. Lisa B. Signorello

Obesity is common in the South, including among SCCS participants

The prevalence of obesity among adults has increased dramatically in the past several decades, and rates vary by race and geography (see maps produced by the CDC on the next page). Women tend to be affected more than men, black women more so than white women, and the condition is more prevalent among persons living in the southeastern United States. Among SCCS participants, 57% of black women were obese upon entry into the SCCS. The corresponding percentages for white women, black men and white men were 49%, 28% and 36%.

The high rates of obesity are of concern because obesity has been associated with increased risks of several chronic illnesses, including diabetes, heart disease and some forms of cancer. Diabetes is very strongly related to obesity, with nearly 40% of SCCS participants in the highest weight categories having been diagnosed with this illness. SCCS researchers are studying the extent to which a person’s weight and other characteristics influence these diseases and whether the impact is the same for men and women and blacks and whites. Studies elsewhere among whites have shown that overall death rates rise in proportion to body mass index (BMI,

defined as weight divided by the square of height), with nearly a doubled rate of mortality among the heaviest persons compared to those of “normal” weight. Initial analyses within the SCCS suggest a more complex pattern and possible differences in how obesity affects blacks and whites, stimulating further research on obesity’s determinants.

One factor believed to be a determinant of obesity is a sedentary lifestyle. The Department of Health and Human Services recommends adults engage in at least 2½ hours of moderate to vigorous aerobic physical activity each week. However, even modest increases in physical activity, such as from walking, may be beneficial. For participants in the SCCS, those with the most sedentary behaviors had the highest levels of obesity. Study researchers found that obese women spent less time walking than non-obese women among both whites and blacks.

It seems likely that adults who participate in any amount of moderate physical activity may gain some health benefits, but a better understanding of the relationship between physical activity and obesity will provide insight into strategies to reduce obesity and its negative health effects.

Let’s talk! Many will soon be receiving the next SCCS follow-up questionnaire

The second phase of the follow-up of SCCS participants starts in mid-May. In the next few weeks, about half of you will receive a short mailed questionnaire or a telephone call from a study team member. If you don’t receive a questionnaire or telephone call from us this year, we will be in touch with you next year. We want to know how you are doing and get an update on your health and lifestyle. You will receive \$10 for your participation.

If your address or telephone number has changed since enrolling in the study, please call us at 1 (800) 734-5057 (toll-free) or 1 (904) 398-2924 and update your contact information. Keeping in touch with participants is a very important part of this landmark study. We look forward to hearing from you!

Recipe

The United States Department of Agriculture recommends that half your plate is made up of fruits and vegetables (see MyPlate figure on back page). A healthy diet rich in fruits and vegetables may reduce the risk of heart disease, obesity and diabetes and protect against certain types of cancer. No vegetables have cholesterol, and most are naturally low in fat and calories. Our featured recipe is a flavorful vegetarian dish that will satisfy everyone at your dinner table. The two main ingredients are sweet potatoes, rich in beta-carotene, potassium, vitamin C and fiber, and garbanzo beans (or chickpeas), a versatile bean loaded with protein and fiber. For a complete meal, serve with a green salad.

Sweet Potato & Chickpea Shepherd's Pie

6 servings

Ingredients

- 2 lbs. sweet potatoes, peeled and cut into chunks
- 2 Tbsp. olive oil
- 1 small onion, chopped
- 1 red bell pepper, diced
- 2 tsp. Italian seasoning
- ¼ tsp. cayenne pepper
- 1 jalapeno, seeded and minced
- 2 15-oz. cans chickpeas
- 1¼ cups vegetable broth
- 1 Tbsp. cornstarch
- 2 Tbsp. butter
- ¼ cup sour cream
- salt & pepper



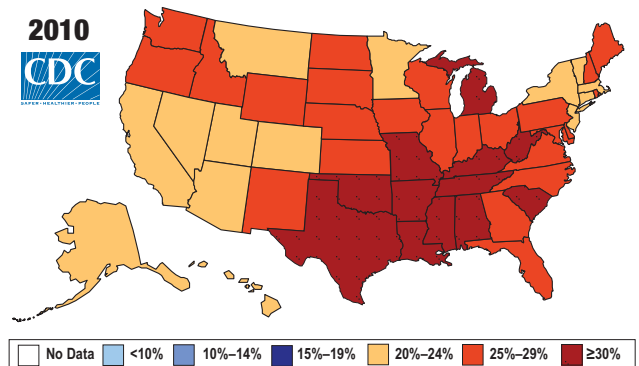
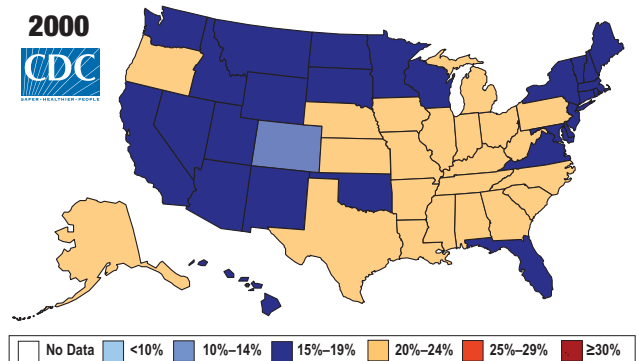
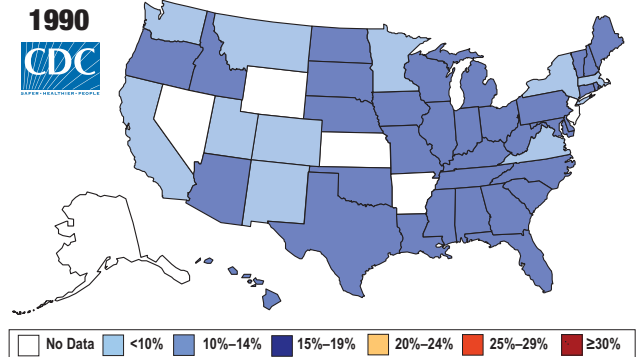
Directions

1. Preheat oven to 350°F.
2. In a saucepan, bring the potatoes to a boil in salted water. Cook until tender, about 10-15 minutes. Drain.
3. Meanwhile, make chickpea filling: Heat oil in a large sauté pan over medium-high heat. Add onion and red bell pepper and cook until softened, about 5-10 minutes. Add jalapeno, Italian seasoning and cayenne and cook, stirring until fragrant, about 1 minute. Stir in chickpeas and 1 cup of vegetable broth; once mixture bubbles at edges, reduce heat to medium and cook for 5 minutes.
4. In a measuring cup, whisk remaining ¼ cup of vegetable broth with cornstarch, stirring to dissolve cornstarch. Add to chickpea filling. Increase heat to medium-high to bring broth to a boil. When liquid has thickened, remove from heat, season with salt and pepper, and transfer chickpea filling to small baking dish.
5. In a large bowl, mash sweet potatoes with butter and sour cream. Season with salt and pepper.
6. With a small spatula, spread sweet potato mixture on top of chickpea filling. Bake at 350 degrees for 25 minutes, until sauce is bubbling up around the sides of the dish. Serve warm. Enjoy!

Adapted from Nourish columnist Stephanie Witt Sedgwick, Washington Post

Obesity Trends Among Adults in US

During the past several decades the prevalence (or proportion) of obesity among all population groups has increased dramatically. In 1990, no state had a prevalence of obesity greater than 15%. Ten years later, in 2000, Colorado was the only state with less than 15% of obese adults, but in no state was the proportion greater than 25%. By 2010, in every state in the United States at least 20% of all adults were obese, and in 12 states, 30% or more of adults were obese. Overall, the highest obesity prevalence is in the South (29.4%) followed by the Midwest (28.7%), the Northeast (24.9%) and the West (24.1%).



During the course of this study, we have found some abnormal test results when conducting our laboratory research. We remind you that we do not contact participants regarding any individual results from the study. Therefore, please remember to get your yearly check-up and all recommended health screenings.

What is a Cancer Patient Navigator?

It is estimated that more than 1.5 million men and women were diagnosed with cancer in 2011. When cancer patients are faced with challenges – physical, emotional and financial – patient navigators are available to guide patients and their loved ones as they move through the cancer care continuum from diagnosis to treatment. Navigators assist with the coordination of cancer care, guiding patients through the complex health care system and helping them cope with the disease.

Patient navigators are culturally sensitive, trained professionals whose job is to identify the obstacles an individual faces during all phases of their cancer journey. They work in close collaboration with health care providers and community organizations to help patients overcome barriers to quality care and to facilitate timely medical treatment. As liaisons between the health care system and

the patient, their communications and actions are tailored to meet the needs of the cancer patient, and their goal is to help the patient receive the best care possible throughout their cancer experience.

The SCCS is currently working with Franklin Primary Health Center in Mobile, Alabama to develop a cancer patient navigation program customized to the needs of the community health center's patients. Health centers are successful at building relationships and providing care to the community and are ideal venues for overcoming disparities often seen during the cancer care process among medically underserved patients.

Currently, most patient navigators are located in large hospital centers, so talk to your health care provider about finding a patient navigator in your community.

How is Obesity Measured?

Obesity is most commonly measured by body mass index (BMI) which is a ratio of weight to height. BMI is calculated as weight in kilograms divided by height in meters squared. By convention, a BMI of 30 or greater for adults is designated as obese, with a BMI of 40 or greater considered extreme obesity. Overweight is a BMI of 25 to 29.9, and "normal" is a BMI between 18.5 and 24.9. Since Americans are often not used to the metric system used to define BMI, below we provide a table showing these categories when weight is measured in pounds and height in feet and inches.

Weight LB	Height (feet/inches)							
	5'0"	5'2"	5'4"	5'6"	5'8"	5'10"	6'0"	6'2"
100	19.5	18.3	17.2	16.1	15.2	14.3	13.6	12.8
110	21.5	20.1	18.9	17.8	16.7	15.8	14.9	14.1
120	23.4	21.9	20.6	19.4	18.2	17.2	16.3	15.4
130	25.4	23.8	22.3	21.0	19.8	18.7	17.6	16.7
140	27.3	25.6	24.0	22.6	21.3	20.1	19.0	18.0
150	29.3	27.4	25.7	24.2	22.8	21.5	20.3	19.3
160	31.2	29.3	27.5	25.8	24.3	23.0	21.7	20.5
170	33.2	31.1	29.2	27.4	25.8	24.4	23.1	21.8
180	35.2	32.9	30.9	29.1	27.4	25.8	24.4	23.1
190	37.1	34.8	32.6	30.7	28.9	27.3	25.8	24.4
200	39.1	36.6	34.3	32.3	30.4	28.7	27.1	25.7
210	41.0	38.4	36.0	33.9	31.9	30.1	28.5	27.0
220	43.0	40.2	37.8	35.5	33.5	31.6	29.8	28.2
230	44.9	42.1	39.5	37.1	35.0	33.0	31.2	29.5
240	46.9	43.9	41.2	38.7	36.5	34.4	32.5	30.8
250	48.8	45.7	42.9	40.3	38.0	35.9	33.9	32.1
260	50.8	47.5	44.6	42.0	39.5	37.3	35.3	33.4
270	52.7	49.4	46.3	43.6	41.0	38.7	36.6	34.7
280	54.7	51.2	48.1	45.2	42.6	40.2	38.0	35.9
290	56.6	53.0	49.8	46.8	44.1	41.6	39.3	37.2
300	58.6	54.9	51.5	48.4	45.6	43.0	40.7	38.5

■ normal
■ overweight
■ obese
■ extreme obesity

Obesity prevention continues to be a major public health issue. What can you do to help fight the obesity epidemic? While all the scientific evidence is not yet in, having a diet that includes more whole grains, fruits and vegetables and fewer fats, sugars and total calories and adding physical activity to one's lifestyle appear to be relatively simple yet effective ways to reduce the prevalence of obesity. In addition, educational efforts to increase community awareness of the health issues associated with obesity and to promote healthy eating and active living from a young age, such as Michelle Obama's Let's Move!, help.

Mother Courage's Message of Hope

The SCCS office in Jacksonville, Florida recently received a rare treat – a visit from a study participant! Masibindi Miller, a teacher in St. Petersburg, Florida, joined the SCCS in September 2005, the same year she was diagnosed with stage IV breast cancer with some very terrible metastases. The breast cancer had spread to her bones, eye and the soft tissue of the neck.

Ms. Miller has kept in close touch with the study team in Jacksonville since joining the SCCS. She relies on the team for moral support and credits them with her survival. The team helped her through some complicated times by answering her questions about nutrition and programs to assist with the cost of healthcare, and she says, helped her beat cancer by giving her hope.



Mother Courage and her daughter Lady Hillary visit the SCCS office

Since her cancer diagnosis, Ms. Miller goes by the name of Mother Courage. Mother Courage, now a 5-year breast cancer survivor, is an activist for cancer research and treatment. She was a participant in the American Cancer Society's Relay for Life at the high school where she teaches and also gave the "survivor speech" at the event. She has written her government representatives in support of funding for community health centers.

After her 6-year check-up, Mother Courage wrote to the team and said "I'm back, and I'm healed, and I love you." The SCCS study team has embraced Mother Courage's story as representative of each one of you, our valued study participants, who make up our SCCS family. Together, we will fight cancer!

MyPlate Replaces MyPyramid

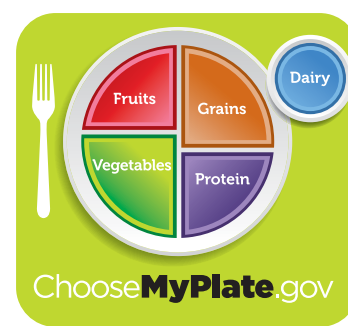
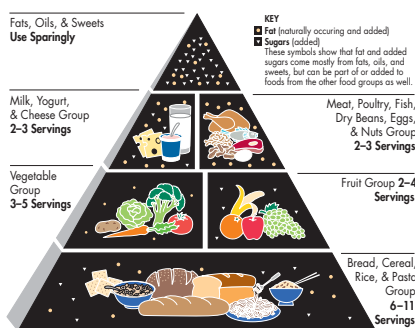
Food pyramids are guidelines to help people choose a healthful diet. In 1992, the food pyramid was introduced by the United States Department of Agriculture in an effort to categorize balanced eating into recommended servings per day of foods from five major food groups. The pyramid was made up of bricks representing the amount of food needed daily from each group. The base of the pyramid consisted of grains; fats, oils and sweets were at the top.

The original food pyramid was updated in 2005 when the hierarchical levels were replaced with six colorful vertical wedges of varying widths. In MyPyramid, each wedge denoted the five food groups and oils, and the width of the wedges represented the proportion of food that was recommended. In this new food pyramid, the grain wedge (orange) was now only slightly larger than the vegetable (green) and dairy (blue) wedges, which were the same size. The narrowest sliver was for oils

(yellow). Physical activity, important to a healthy, balanced lifestyle, was depicted by the addition of stairs, with a person climbing them, on the left side of the pyramid.

MyPyramid, criticized as being too confusing and abstract, was replaced by MyPlate in 2011. MyPlate is a plate divided into four sections (grains, protein, fruit and vegetables) of varying sizes and a glass representing the dairy group. In MyPlate, fruits and vegetables cover half the plate. It is now recommended that half of the daily grains consumed are whole grains and, when drinking milk, to choose fat-free or low-fat (1%) milk. The divided plate is a simple, easy to understand illustration that reminds people of what their plate should look like while discouraging the large portions that can cause weight gain.

For more detailed information about MyPlate and the current dietary guidelines, visit www.choosemyplate.gov.



Phase 2 of the follow-up of SCCS participants starts this Spring! Look for an SCCS questionnaire in the mail or a telephone call from the study team. We look forward to speaking with you!

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