

The WIHS Woman



The Connie Wofsy Women's HIV Study

National Women's History Month 2005

In celebrating National Women's History Month, we honor all women who have touched this nation's history and our own personal history, women who contribute to the people and ideals of this great country. The 2005, Women's History Month theme, "Women Change America," honors and recognizes the role of American women in transforming culture, history and politics as leaders, writers, scientists, educators, politicians, artists, historians, and informed citizens. The list of women that affected our lives in America is a long one. Here are just a few of the women that were included:

Lillian Gilbreth (1878- 1972)

Industrial Engineer

Gilbreth and her husband Frank pioneered industrial management techniques; as a widow, she applied these time and motion studies to



home management and to assisting handicapped people at home and in the workplace. She was born in Oakland, CA and earned her PhD at Brown University. From 1935 to 1948, she was a professor of management at Purdue University and consultant on careers for women, creating a more realistic attitude toward the place of women in industry. Her story was made into a movie, "Cheaper by the Dozen".

Shirley Chisholm (1924- 2005)

Activist and Congresswoman

In 1968, Chisholm became the first black woman elected to Congress where she served for 14 years. In 1972, she made history by campaigning for nomination by the Democratic Party for President, the first woman of color to seek the nation's highest office. Since her retirement from politics in 1982 she has lectured and written on human rights



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issues. As a professor at Mount Holyoke College, her courses included political science and women's studies.

Tsuyako "Sox" Kitashima (1919-)

Civil Rights Activist

For a decade, Kitashima was a leader in the successful movement to win reparations for Japanese-Americans who had lost their homes and possessions and were forced to live in internment camps during WWII. After years of pressure from Kitashima and other activists, in 1989 Congress passed the Entitlement Bill, providing \$20,000 to each surviving internee and an official apology for the internment.



Barbara McClintock (1902-1992)

Nobel Prize Scientist

A genetic scientist, McClintock won the Nobel Prize in 1983 for her 1951 discovery of "jumping genes." While studying maize, or Indian corn, McClintock found that some genes move around rather than remaining stationary as previously thought. She became a member of the National Academy of Sciences in 1944 and received the National Medal of Science in 1970. McClintock is regarded as one of the most influential geneticists of the twentieth century.



Toni Morrison (1931-)

Nobel Prize Author

Morrison was the first African American woman to win the Nobel Prize for literature, in 1993. She won the Pulitzer Prize in 1988 for her novel, *Beloved*. Morrison's lyrical, richly detailed works speak of family, history, and prejudice, making visible the lives of black women in America. Since publishing her first book in 1970, Morrison has written seven novels, two volumes of essays, and a play. She is currently a professor at Princeton University.



Graciela Olivarez (1928-)

Lawyer

Olivarez is a former chair of the Mexican-American Legal Defense and Education Fund (MALDEF). Olivarez and Vilma Martinez were the first women on the board. Olivarez worked as a volunteer helping the poor and the physically disadvantaged. President Carter named her Director of Community Services Administrations in 1977. A professor of Law at the University of New Mexico she served as director for the Institute for Social Research and Development.



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Eleanor Roosevelt (1884–1962)

Humanitarian

Although a shy child, Eleanor Roosevelt became one of the greatest humanitarians of the 20th century. During the Roosevelt Administration, she used her position to promote reforms to help women, minorities, and poor people. As the "eyes and ears" for her husband, she provided essential information about Americans' concerns. In 1948, as a delegate to the United Nations, she worked brilliantly to win passage of the Universal Declaration of Human Rights. One of her most famous sayings is "A woman is like a tea bag- you never know how strong she is until she gets into hot water".



Chien-Shiung Wu (1912–1997)

Scientist

Chien-Shiung Wu came to the United States to study science as a teenager and became "the world's foremost female experimental physicist" because of her significant contributions to nuclear physics. Experiments she devised and conducted disproved the "conservation of parity" principle. Wu received the National Science Medal in 1975 and the internationally respected Wolf Prize in 1978. At Columbia University she studied the movement of atomic particles, the tiniest known forms of matter.



Changes for Visit 22

By Claudia Ponath, Field Manager

This spring, we begin WIHS visit 22. Here is an update on changes you can expect for visit 22.

What's new?

We will not start any new protocols this visit cycle. For those of you who came in during the first two weeks of visit 21 (between October 1 and October 15), we will ask you to complete the forms for the "neuro-cognitive" study for the first time - we started this study late last visit due to a glitch. "Neuro" is Latin for nerve and "cognitive" can roughly be translated as "mental processes" including memory, attention, visual perception and problem solving. Problems with mental processes such as these can be due to aging or HIV or both, and the WIHS researchers would like

Buffy Sainte-Marie (1941-)

Singer

A Cree Indian, Sainte-Marie has supported Native American rights through her songs. Her intense political songs in the folk style of the 1960's, like *Universal Soldier* and *Now That the Buffalo's Gone*, established her solid reputation as a songwriter and vocalist. Her first album debuted in 1964, and her latest in 1991. Sainte-Marie has written over 300 songs which have been recorded by her and more than 100 artists in seven languages.



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to find out more about what role each plays, and how HIV medications figure into it. To do that, we will ask you to complete 3 short paper and pencil tasks, complete a short reading task and a questionnaire about your educational experience.

What's continuing?

The **neuro-cognitive study** continues. We will ask you again to complete the 3 short paper and pencil tasks that we asked you to do at your last visit, and we will ask you to read a different list of words to us as a second part of this study.

The **cardio-vascular study** will continue. To participate, you need to have had your blood drawn when you were fasting (not eaten for 8 or more hours) at least once in the past 12 months, either at your regular WIHS visit or at a special fasting visit. This study looks at your risk for heart disease. Because women with HIV and women who take HIV medications may have a higher risk of developing heart disease, this is a good test to have. The study visits take place at the VA Medical Center in San Francisco and consist of an Ultrasound on the right side of your neck and two short questionnaires about food and exercise. Ultrasounds are safe procedures that don't hurt, and the entire visit takes about one hour. If you're interested, let your WIHS interviewer know, and she can get you scheduled for a visit.

Even if you don't want to participate in the cardio-vascular study, we will continue to ask you to try and **fast (not eat or drink anything, except water, for at least 8 hours)** before your visit 22 study appointment. The reason for this is to get a more accurate measure of key laboratory tests for things like cholesterol, lipids, and glucose. These blood tests are impor-

tant markers for diseases that affect women, including diabetes (high blood sugar), heart disease, and hypertension (high blood pressure).

Many of our sub-studies are continuing through visit 22. If you are enrolled in the **Tu-shie** study, your clinician will ask you the questions from the anal questionnaire and collect an anal pap smear from you.

For the following two studies, your interviewer will ask you a couple of questions at your WIHS visit to determine for which ones you are eligible and she will give you more information about each of these studies:

The **PK study** (or Pharmaco-Kinetic study) looks at HIV medication levels in the blood over a 12-24 hour period.

The **Metabolic Study** involves testing for glucose and insulin and doing a bone density test (DEXA). This visit, we will ask women who first participated during visit 18 to come back in for a follow-up visit.

Abbreviated visits for women who are unable to have a full core visit will continue.

For women undergoing colposcopy, we will continue to ask if you want to donate tissue to the AIDS and Cancer Specimen Resource (ACSR). Women do not need to have cancer or HIV to enroll in this sub-study. Women who are eligible and wish to donate tissue to the bank will have an extra biopsy and blood specimen collected for this study at the time of their colposcopy examination. If you decide to participate in this study, we will also ask you to swish and gargle with Scope for a few seconds and spit it into a cup to collect saliva from you. We have had great response from

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you to this protocol and we thank you for your help!

What's back?

For visit 22 and all even numbered visits, we will ask the mood questions on form 26. We will also do the blood tests called CBC's (complete blood counts) and flow cytometry (t-cell testing) on women who are not infected with HIV. During the physical exam, we will measure height, and perform a breast exam. These are now only done once per year. During the gyn exam, we will ask you to do a rectal exam; this is now also only done once per year.

What's gone?

The **Sex Steroid study** is taking a break this visit. It will come back next year in the form of follow up visits for the women who already had one visit.

We are very grateful to each and every one of you for your ongoing commitment to this important study. We value the time and effort you put into coming to the study visits, answering our many questions and giving blood and other body fluids for testing and storage so we can do testing on it in the future. Your contributions are invaluable to the success of this study!

CAB CORNER



We are excited to announce that Linda Scott and Daniela Kotev have joined our CAB team to help our current CAB representative Sheila Bryant. Both Linda and Daniela have been involved with the WIHS from the very beginning of the study. They, along with Sheila, are true WIHS veterans!

In 1994, Daniela actually joined the WIHS while she was living in southern California and completed her visits at the Los Angeles WIHS site. After 5 years at the Los Angeles site, Daniela moved up to the Bay Area and continued her commitment to the WIHS by completing her visits in San Francisco. She has already participated in two National CAB (NCAB) conference calls and is planning on attending a national meeting on HIV/AIDS updates in Oakland this April with Sheila.

Like Daniela, Linda has also jumped right into CAB activities. Since joining the CAB in March, she also participated in a conference call. Linda is looking forward to contributing to CAB discussions and learning about new WIHS services and how she may be able to influence their delivery to the participants. Linda will be joining Sheila in Crystal City, Virginia to represent the Bay Area WIHS participants at the NCAB and Executive Committee (EC) Meeting in the end of May. We will have updates on what they all shared and learned at these conferences in our next newsletter!

Tsunami Letters from Indonesia

By Phyllis Tien

On **December 26**, a huge earthquake struck off the coast of the island, Sumatra in Indonesia. The earthquake was followed by a giant tsunami that killed over 300,000 people from several countries mainly in Asia but also Africa. My husband, Scott, a doctor at Kaiser felt the urgent need to go and help.

On **January 17**, I dropped him off at the airport in the morning to begin his long journey to Indonesia, the hardest hit area where over 230,000 people lost their lives and many more were left homeless and orphaned. Scott met the two other Kaiser doctors that were also on the team at the airport. I was very worried about his going, because I had heard of tensions with Muslim rebels. Scott promised me that he would write or call as much as he could.

January 19

Dear Phyllis:

We arrived in Banda Aceh, Indonesia in the middle of the night on a military plane. We are all okay after a long trip that took us from San Francisco to stops in Japan, Singapore and Jakarta (the capital of Indonesia), before arriving in the city of Banda Aceh. I will write more later. Tell Alexandra and Justin that Daddy misses them.

Scott

January 22

Dear Phyllis:

This morning I stood in the most destroyed part of the city and saw flattened buildings with 3 to 5 stories pancaked on top of each other from the earthquake. There was a giant boat that had been swept by the tsunami right

into the middle of town.
Scott



January 25

Hi Phyllis

Today I went to the hospital to drop off some medicines for malaria and there was the most horrible smell. I went to the side of the hospital and saw a doctor working under a large tree with several body bags. He was trying to identify the bodies. It has been over a month since the tsunami and they are still finding bodies.

Scott

January 31

Hi Phyllis:

Happy Birthday!! Sorry I haven't written in a few days. This morning I came back from Meulaboh, a big town about an hour by helicopter from Aceh, which was destroyed. Cars cannot get into the town because the bridges have been washed away and people cannot call in or out. I flew there in this big United



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Nations helicopter and met with the people from the World Health Organization at the hospital. I went and trained the staff about diagnosing and treating malaria. I also went down to look at



where they are setting up the camps for the people who lost their homes. We are trying to see if they can build them far away from where the mosquitoes are, so the people don't get malaria from the mosquito bites.
Scott

February 2

Dear Phyllis:

Now that I have been here for 2 weeks, I am really seeing the grief and incredible loss of family, friends, and businesses that the people have suffered. They are slowly piecing their lives back together. The people are very religious and devout Muslims. Everyday at 5:30AM, prayer begins over loudspeakers throughout the city. It is long, loud and intense. The people here go to the mosque to pray 5 times a day. Many people feel that Allah (God) is punishing them, because they were bad. But since the tsunami, they say "they are praying and acting better and they share and do good deeds." One of the people I am working closely with lost his whole family - his wife and his three daughters. He was able to find a muddied family photo album and he asked me to help him take pictures of each photo in the album. So, we spread out the wet pictures on the porch including his wedding photos and I took pictures of each one and saved them on his computer. He was so happy.

I miss you!

Scott

February 5

Phyllis:

There are still earthquakes or aftershocks almost every day - the ceiling lighting starts to shake and the water in the giant water collecting containers start to swish side by side. I'm not getting used to it, but it reminds me of what we think about in California all the time.
Scott

February 8

Hi Phyllis:

Remember the envelope of cash the medical students donated to help the people here. Well, we went to a school where many of the children had been orphaned and we asked the teachers what they needed. The teacher said that they needed milk and school uniforms so we went out and bought huge sacks of new clothing for them and I got some great pictures of their smiling faces.
Scott



February 10

Hi Phyllis

I'll be home in a few days. I can't wait to see you and the kids, but this has been an incredible experience. I hope we can all come back and visit Indonesia some day, so you can meet my new friends and see how they are doing. See you soon.

Scott

Nutrition, Exercise Essential Components for Healthy Aging: Living Longer, Stronger in Later Years.

Article taken from The Nation's Health, March 2005.

First in an in-depth series on healthy aging in conjunction with APHA's National Public Health Week 2005. The event, which will be held April 4 -10, focuses on Empowering Americans to Live Stronger, Longer! Visit www.apha.org/nphw for details.

As the life expectancy of Americans continues to increase, the pressing concern for many public health professionals has shifted from living longer to living healthier. Good nutrition and physical activity are integral parts of the healthy living equation, and as such, researchers are always searching for innovative ways to instill healthy behaviors.

The importance of promoting healthy aging behaviors is gaining more ground every day as health professionals ready themselves for the coming wave of older baby boomers. By 2030, about 20 percent of the U.S. population will have reached age 65, and many will face the nation's top three killers: cancer, heart disease and stroke. The three conditions were the leading causes of death among older Americans in 2000, causing 60 percent of deaths among those ages 65 and older, according to the State of Aging and Health in America 2004, a Centers for Disease Control and Prevention report released in November 2004.

The good news, though, is that heart disease, stroke and cancer are oftentimes preventable with the adoption of good eating habits and regular physical activity, among other healthy behavior choices. Such behavior could also stave off diabetes, which currently affects one

in five Americans ages 65 and older, according to the CDC report. With overwhelming evidence supporting the benefits of exercise and good nutrition, the challenge is spreading the message and bringing older Americans into the fold.



As public health professionals, what we want to focus on is finding functional benefits that mean something to older adults, like getting greater mobility or being able to lift their grandchild, said Kay Loughrey, MPH, RD, aging program specialist at the U.S. Administration on Aging. Those are the kinds of benefits that people really care about, rather than the standard benefits like better health, which most people already know.

A recently launched national *You Can!* campaign, is working at a community level to engage more older adults in becoming physically active and improving their nutrition. A big challenge to engaging the older population is simply getting them information, Loughrey said. Community organizations need to reach out to health care providers, such as giving doctors a list of available fitness and nutrition resources to which patients can be referred, she told The Nation's Health.

It's never too late to start (exercising and eating right), Loughrey noted. There so many benefits, both functional and physical – there is almost too many to list.

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An important aspect in changing lifestyle behaviors is to start slow with any change and determine short-term as well as long-term goals, according to Serena Sanker, senior program associate at the National Council on the Aging, a non-profit organization that has focused on aging issues for more than 50 years. For example, older Americans can make a commitment to walk a few minutes a day several times a week or consider some easy diet changes such as substituting an unhealthy snack such as potato chips with fruit, Sanker said. Starting out with small modifications can ensure a longer lasting behavior change, she noted. According to the CDC aging report, older people don't necessarily have to take part in strenuous physical activity to see health benefits — daily walking or leisure-time activities such as gardening can also improve health.

Physical activity is absolutely the thing that all Americans can do to improve the way they feel, their level of independence and the length of their life, Sanker told *The Nation's Health*.



Checking with a health care provider before beginning to exercise isn't necessarily a requirement for older people, Sanker noted. In fact, (older Americans) almost need a doctor's okay not to exercise, said APHA member Susan Hughes, DSW, co-director of the Center for Research on Health and Aging at the Institute for Health Research and Policy at the University of Illinois in Chicago. Although, for people living with conditions such as arthritis, it can't hurt to consult a provider, Hughes noted. We can really cut into a cycle of disabil-

ity by intervening and reactivating people, Hughes told *The Nation's Health*. It's a terrific thing that people can do for themselves.

The solution, Hughes said, is to tailor exercise activities toward different population characteristics. For example, a phased build-up of aerobic activity over time might be best for frail or sedentary people, she said. To learn how to motivate people to begin exercising, Hughes and her colleagues created *Fit and Strong!* a program for



those with osteoarthritis and lower-extremity joint problems offered at several locations in Chicago. People who took part in *Fit and Strong!* experienced reduced joint stiffness and pain, an increased confidence in their ability to safely exercise as well as increased participation in physical activity, Hughes reported.

I don't think we know as much as we should about barriers (to exercise) but we are starting to learn that information, she said. Hughes University is also part of CDC's Healthy Aging Research Network, which recently finished a seven-site survey of physical activity programming. The survey found that compared to the number of older adults, the supply of programming will only meet about half of existing demand. However, the good news, Hughes noted, is that exercise can be as simple as using ankle weights and getting a good pair of walking shoes.

Low-income older adults can face additional barriers to exercise, such as living in neighborhoods not safe for outdoor activities. But, the important thing is for people to be as creative as possible, Hughes said, suggesting that peo-

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ple get their exercise walking inside a mall or finding the local YMCA. People should be thinking of (exercising) in the same vein as going to the doctor, she said.

Not only does exercise improve physical health, but mental health as well. According to two December 2004 studies published in the Journal of the American Medical Association, physical activities such as walking are associated with better cognitive functions in both older men and women. In Seattle, older residents who participated in a fitness pilot program reported a decrease in depression after six months of activity, said Susan Snyder, director of the Senior Wellness Project at Senior Services of Seattle/King County. The pilot program would later become the award-winning Lifetime Fitness Program. A lot of it is just getting out of their homes and feeling that they're still an important person, Snyder told The Nation's Health.

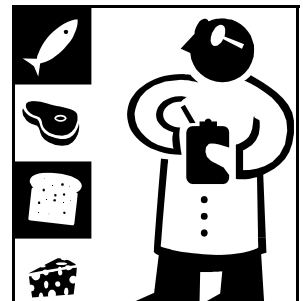


The Senior Wellness Project serves thousands of older residents in the Seattle and King County area — most of whom are older than 75. The project's Lifetime Fitness Program, which has been operating since 1994, grew out of a research collaboration that included the University of Washington and has now grown to more than 80 sites around the nation, according to Snyder. Participants are able to take advantage of low-cost fitness classes taught by certified fitness instructors, and about 99 percent of participants said they would recommend the classes to a friend, Snyder noted. Regular exercise is a paradigm shift for a lot of people, she said. It's not about aging, it's how they take care of themselves.

Another program under the Senior Wellness Project umbrella is the Health Enhancement Program, which was originally designed for people older than 75 living with chronic conditions who wanted to make healthy behavior changes. Participants in the enhancement program work with a nurse and social worker to create a health action plan primarily around physical activity and good nutrition. According to Snyder, a study conducted on the program found that participants had a 72 percent decrease in days spent in the hospital from the prior year.

We want people to graduate from the program with a feeling that they can manage their health on their own, she said. Good nutrition also key to healthy aging. In addition to getting physical, making wise food choices could have a significant impact on healthy aging.

While older Americans are more likely to eat five or more servings of fruits and vegetables daily, many are not doing so. Some older Americans — and Americans in general — might view diet changes as a sacrifice, but they don't have to be, said Susan Moores, MS, RD, a spokeswoman for the American Dietetic Association and a nutrition consultant in St. Paul, Minn.



Diet is so important, and it's not all about sacrifice, but about embracing the wonderful foods that are out there, Moores told The Nation's Health. As you get older, you need to make more of your calories count — there's less wiggle room.

For some older Americans, a major barrier to eating healthily is cost. In fact, many seniors

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face difficult financial trade-offs: to afford prescription medicines and other necessities, fresh fruit and vegetables can be left by the wayside, according to Shari Baker, RDL, nutrition program manager at the Ohio Department of Aging.

Baker helps manage the department's Senior Farmers Market Nutrition Program, which works with local farmers to help low-income seniors gain access to fresh produce.



The program — now in its fifth year — operates in 13 Ohio counties, and in 2004, served about 16,000 older residents, Baker said. The U.S. Department of Agriculture was the market's grant provider, but such funding was recently cut and, in turn, the program will not be able to expand, Baker noted.

Seniors know that eating fruits and vegetables is a good thing, but maybe in the past, they didn't have the wherewithal to do it, Baker told *The Nation's Health*.



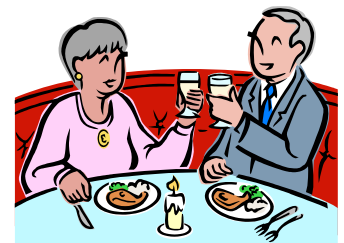
The Ohio Department of Aging allocates the USDA grant money to its partners throughout the state, who then contract with local farmers who take part in the program. Eligible seniors are given coupons they can use to purchase fresh fruits and vegetables at the farmers' markets and oftentimes, area aging agencies will also provide transportation. The farmers' markets are also tied to an educational component in which the senior center or aging agency involved will offer classes on the benefits of healthy eating, sharing recipes and cooking

tips, according to Marc Molea, MHA, MCRP, chief of planning, development and evaluation at the Ohio Department of Aging. In addition, Baker said, a survey of farmers market participants found that 77 percent ate more fruits and vegetables than usual, almost 76 percent ate more than three servings per day — a 43 percent increase — and 93 percent said the best aspect of the program was access to fresh produce.

The farmers market serves seniors, but it also supports the local economy — it's a dual impact program, Molea said. Unfortunately, funding for senior nutrition programs such as the Ohio farmers market has been steadily decreasing over time in proportion to demand and increases in costs of living. Such issues leave a discrepancy between current and predicted demand for senior services and their status as a national priority, according to Nadine Sahyoun, PhD, RD, assistant professor in the Department of Food Science and Nutrition at the University of Maryland.

We're not putting enough emphasis yet on dealing with some of these issues, Sahyoun told *The Nation's Health*. In order to decrease the expenditures on chronic disease and illness, we need more preventive work — the kind of work that will help people stay at home and live healthfully.

In addition to eating wholesome foods, older Americans should also be mindful of how aging affects their bodies' ability to take in nutrients, Sahyoun said. For example, there is often decreased absorption of calcium and vitamin D in older women, which can lead to osteoporosis.

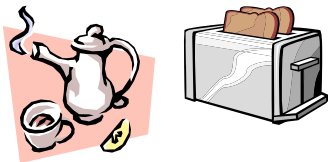


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sis. In turn, older people should be aware of such physiological changes so they can make appropriate accommodations, she said. However, for some low-income seniors, just overcoming barriers that limit access to fresh produce is difficult enough, Sahyoun said. For example, an older person with a fixed income and mobility issues might have problems affording transportation services to and from the grocery store. It is so complex to understand all of the factors that affect nutrition among older adults, Sahyoun noted.

Eating properly is also affected by physical and mental well-being, according to Ruth Palombo, PhD, MS, RD, an independent healthy aging consultant in Boston and co-chair of APHA’s Task Force on Aging. For instance, because Medicare — the nation’s health care program for seniors — doesn’t cover dental care, an individual’s ability to eat fruits and vegetables could be impacted by poor teeth or broken dentures, Palombo said. Also, social isolation can affect dietary intake, such as seniors who live alone and don’t want to bother cooking for themselves — Palombo called it the tea and toast syndrome.



Social factors, physical factors and eating are very much tied together, she told *The Nation’s Health*. One way to bridge the gap between good health and good eating is to train medical professionals in nutrition, Palombo said.

If you tell someone to eat a healthy diet without specifics, it’s difficult, she said. Nutrition is a big area to look at and it doesn’t happen in a short visit. Our health care system needs to

be working much more as a team — to be able to refer to a registered dietitian or nutritionist who can help someone with the specifics. Both Palombo and Sahyoun agreed that much more preparation is needed to ready the nation for the next generation of older Americans.

There is a gap here between knowledge and actual education of older adults and this is where we need to begin our efforts, Sahyoun said.

For more information on healthy aging, visit www.aoa.gov.

