The Means to an End

orms, questions, measurements, blood samples, heart monitoring — no doubt about it, as a WHI participant, you’re kept busy! Of course, these activities are above and beyond the ways you commit daily to being in the study: taking pills, following the WHI eating plan, or maintaining your usual health habits. It can be difficult to see the big picture of your contribution, so in this article we’ll shed some light on how research information is collected in WHI, and what will be done with it.

Every participant in WHI’s Clinical Trial (that is, women in the Dietary, Hormone, or Calcium/Vitamin D Programs) has her physical measurements taken each year: height, weight, blood pressure, and pulse. These participants also provide at least two blood samples during the study. Observational Study participants have these tests and measurements done, as well as some others, during their one Clinical Center visit in their third year of participation. During certain years, Clinical Trial participants record all medications and supplements they currently take. In addition to these other tests, women in the Hormone Program have pelvic and clinical breast exams done every year at their clinic visits.

Subsamples: A Closer Look

There is a group of women within WHI who have more frequent or additional tests and complete more forms. At the beginning of the study, a small percentage of women were assigned by chance to be part of a WHI subsample. A subsample is a small number or sample of the larger group. Most large clinical trials have a subsample of participants who provide additional and more frequent data for scientific study. Looking more closely at the information provided by the subsample answers questions about participant safety or other effects of the study. Only a small number of women do this extra...
work because the scientists don’t need to see test results on all of the participants to get valid answers about safety and other health effects. The subsample provides information that can be applied to the whole group, which lessens the overall burden of participating in the study for most women, and cuts costs for the study.

There are several subsamples in WHI. A participant may be selected by chance to be in one or more, or none. Participants in some subsamples have their hips and waists measured more often, while others are tested for basic strength and mobility or complete forms that ask about attitudes, coping skills, feelings, relationships, etc. One subsample in the Hormone Program has their mental fitness evaluated; another is asked to have an endometrial aspiration (a test of the lining of the uterus) every three years.

**ECGs and Bone Scans**

All Clinical Trial participants have an ECG every three years. When ECGs are done, a machine measures the electrical activity of a person’s heart through electrodes placed on the chest. The ECG machine transmits the information over a telephone line to Epicure, WHI’s ECG reading center. The information is labeled with only the participant’s ID number, and no other identifying information. At Epicure, a computer reads over 90 different measures of heart functioning from each ECG test. The information is then sent to the WHI Clinical Coordinating Center in Seattle to add to study records. A physician at each clinic reviews their participants’ ECGs to make sure no medical attention is needed.

All participants at the three WHI Bone Density clinics—Birmingham, Fitchburg, and Tucson/Phoenix—have bone densitometry scans done every three years. These scans, which are like X-rays, measure the amount of calcium in participants’ bones for WHI’s research on osteoporosis.

The bone scan information is handled in a similar way to the ECGs: the bone densitometry machines measure a participant’s bone density, and this information is sent to the reading center at the University of California, San Francisco. The information is then compiled and sent to the WHI Clinical Coordinating Center.

**Bringing It All Together**

The answers you provide on forms or give at your clinic visit are given to data entry staff who type them into computers at your Clinical Center. These computers are all linked to the WHI Clinical Coordinating Center. The computer information, without any participant names, is also given to an independent monitoring committee which ensures the safety of WHI’s participants.

All of the tests and forms create bits of information called data. Every bit of data is important. When the data are pulled together, they form a database. The data, taken as a whole or broken down by the various parts of the study, is compared with health events, and looked at both short-term and long-term. This is where answers come from. The results will help WHI’s scientists get answers to the study’s questions about cancer, heart disease, and osteoporosis. Other questions may get answered by WHI’s data, too, in studies not yet even thought of.

Think of your contribution as water filling a sponge; scientists won’t stop wringing out the answers until it’s dry! When your Clinical Center staff say that your participation is valuable and you can never be replaced, this is why; you have a unique spot among over 160,000 women. That data you provide is yours alone. No matter what your role is in the study, you are very important to the success of WHI!
Nurse Counters Crises

HI participant LeAnna Olson looks for trouble. Not the kind she makes, mind you — rather, the kind she can help with — as a volunteer disaster nurse for the American Red Cross.

This energetic 60-year-old didn’t attend nursing school until her late 40s, following a divorce. Prior to that, she had raised a family and helped her husband with their Iowa farm. "My mother was in a nursing home and I would go visit her a lot. One day, one of the nurses said, 'Why don’t you come work here?' That thought would not leave me alone, so I took a 90-hour course to become a nurse's aide. I just loved it," recalls LeAnna. "I wanted more and more of the health profession, so I went to nurse's training."

Following her nursing degree, LeAnna moved to Cedar Rapids, Iowa, and began working at a large hospital. "At that time, I was working 12-hour shifts, three days a week," she says. "I wanted to do more with my nursing skills and I thought I could help the Red Cross with their blood donations by doing blood pressure checks. I was surprised to see and hear that they are involved in so many different aspects of health care and disaster care." She adds, "I love to travel, and going and helping in disasters is really impressive to me, so I got involved with that."

During her past eight years as a Red Cross nurse, LeAnna has worked in Hawaii after a hurricane, in Georgia for flood relief, in Florida following a hurricane, and in Puerto Rico after the devastating Hurricane Georges. She’s also helped with one-day assignments in her own state after floods, fires, and tornadoes.

Within 24 hours of being called, LeAnna must leave for a disaster area if she’s able to participate. She hopes to volunteer even more after she retires from nursing. In the meantime, she feels her Red Cross experiences make her a better nurse and person: "It’s so rewarding. I’m just so appreciative of my own health and surroundings. When you see destruction and how traumatic it is for people’s lives, you think, ‘Wow—we’re really lucky.’"

Nursing also led LeAnna to join WHI three years ago at the Iowa City Clinical Center. "Since I became a nurse, I’ve really been tuned in to health issues and nutrition," she says. Joining both the Dietary and Calcium/Vitamin D studies "felt like an investment in the rest of my life." LeAnna’s daughters and granddaughters are very supportive of her involvement. She adds, "I have a long family history of cancer, so that’s been an issue in my life to take better care of myself that way."

LeAnna sees her participation in WHI as an adventure, and tries to keep her interest in the study sparked. "It’s kind of like life,” she says. "It’s what you make it."

LeAnna’s globe-trotting nature has led her to extensive European travel, including countries such as Switzerland, Germany, Austria, France, and most recently, Turkey. She also volunteers in a local “buddy program,” in which she serves as a friend and helper to people with AIDS or cancer.

When LeAnna volunteers, she often thinks of Dr. Albert Schweitzer’s words: “Those who seek and find ways to serve will truly be happy.” “You go to bed at night, and yes, you are tired and exhausted,” she admits, “but it’s a good feeling knowing that you’ve done some little thing to help make someone’s life better.”
Letters to the Editor

Q: Why do I have to go to my clinic visit within a specific time period?
A: The time period for your clinic visit—the target date window—is based on the date you officially joined WHI, when the computer selected by chance which group you would be in. The window is up to two weeks before and after that date each year: a four-week window. We ask study participants to attend within their window whenever possible so that we are gathering information at regular intervals for everyone in the study. This makes the information consistent and therefore, more valuable, scientifically. If we saw participants at irregular intervals, WHI's findings could be less accurate. However, if for some reason you are unable to come to the clinic within the target date window, we still want to see you. We’ll do our best to schedule your visit on a day that is most convenient for you.

Q: The article on blood samples was interesting ("An Inside Look at WHI Lab Tests," WHI Matters, Volume 4A). Will the participant blood samples be available to researchers throughout the country?
A: Yes, some of the thousands of blood samples given by WHI's participants are already being used by WHI researchers throughout the United States. WHI researchers and their colleagues have asked WHI's permission to also do related studies, called ancillary studies. These scientists may be looking for answers to health questions that WHI doesn’t address, but would be useful for scientists and all of us to know. Such studies will continue long after WHI finishes collecting blood, so your contributions will provide answers for years to come. Of course, your identity is always protected; the blood samples are only marked with an identification number. Only the WHI Clinical Coordinating Center and your Clinical Center can identify the source of the blood.

Q: I already go to WHI dietary classes. Why do I need to attend a clinic visit, too?
A: Clinic visits are how WHI researchers will find out, over time, if the dietary changes that women in the Dietary Change group make will have an effect on their health. All of the women in the Dietary Program attend annual clinic visits, including those who were selected to continue their usual eating patterns. WHI gathers the same health information on both groups (as well as on women in the Hormone Program) so that comparisons can be made and answers to the study questions can be determined.
We've Moved!

The Women's Health Hawaii Clinic has finally found a permanent home. We have endured two moves from the old cottages to the seventh floor of Hale Pulama Mai in the past five years. Our new clinic is located on the tenth floor of the Kuakini Physicians Tower.

The Kuakini Physicians Tower is located on the ewa side of the Kuakini Medical Center. The Women's Health Hawaii is a part of the Hawaii Center for Health Research, which includes the Honolulu Heart Program, the Hawaii Family Diabetes Study and the Family Blood Pressure Program. We are the first tenants of this innovative, energy-efficient structure, the first of its kind for a commercial building. Our offices are equipped with the latest lighting, climate control devices and communication systems.

As of last October, we were the only tenants in this building and because of this, we secured all the building entrances and the building's parking facility. Some of the participants have referred to the Kuakini Physicians Tower as a "citadel" because of this. The building entrances and parking facility will open as soon as more physicians and business occupy the structure. Until the parking structure in the Kuakini Physicians Tower opens, continue to park at the Kuakini Medical Center's parking facility and we will validate your parking ticket. We hope you enjoy our new clinic facilities and the grand views of Oahu.

We are the first tenants of this innovative, energy-efficient structure, the first of its kind for a commercial building.
Introducing Ruby Shiel

We appreciate the many cards and letters we’ve received in response to the birthday greetings that are sent to all our dedicated participants. We would like to introduce you to the person responsible for making sure the birthday cards are sent out.

Her name is Ruby Shiel. She is a volunteer with the Kuakini Medical Center assigned to the Women’s Health Hawaii and has been with us since August 14, 1998. Ruby came to us because of her interest in women’s health. She was born in Innerleithen, Scotland, on March 9, 1908. Family ties brought her to Hawaii in 1957 and she has made her home in Honolulu. Ever since her retirement in 1973, Ruby has spent her time volunteering for several health institutions. She has worked with the Alzheimer’s Association, did craft work for the Rehabilitation Center of the Pacific and performed clerical tasks for Kaiser Hospital. She’s a great resource of craft supplies for Kuakini’s Volunteer Services and so far has accumulated 172 service hours. When she’s not volunteering for the Women’s Health Hawaii, Ruby spends time visiting her 93-year-old friend in Hale Pualama Maui’s skilled nursing facility. Ruby keeps active by participating in an exercise class twice a week and is a member of the Scottish Association. Her companion for the past five years has been her car, Katie, who’s previous home was the Hawaiian Humane Society. Ruby is no stranger to research, having participated in the Systolic Hypertension in the Elderly Program, a national study that ran from 1984 to 1991.

The Women’s Health Hawaii extends a big “Mahalo” to Ruby for her hard work and dedication to our program.

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1. When does a cut require a visit to the doctor or emergency room? If a wound gapes, keeps bleeding, or is over a joint, you may need stitches. If you've cut off a fingertip, put pressure on the wound and rush to the emergency room. Take the fingertip, too: wrap it in a damp cloth, put it in a sealed plastic bag, and place the bag on ice.

2. According to the National Sleep Foundation, one in three Americans suffers from frequent or occasional insomnia (trouble falling asleep or staying asleep). To get better sleep, try not to eat too much close to bedtime. An overly full stomach can interfere with sleep, so cut caffeine, alcohol, and nicotine (found in tobacco products). Don't eat too little, either—hunger pangs can disturb your sleep, too. Try to go to sleep and get up at the same time every day, even on weekends. If your sleep remains disrupted longer than a month, talk to your doctor about possible causes.

3. Decrease your odds of being injured in a car crash. Keep your car tidy and store supplies in your car's trunk. Keep loose objects off the dashboard and out of the rear window area. Loose objects can become "missiles" during a collision.

4. Put adjustable head restraints so that the top of the restraint is level with the top of your ears. This can help prevent whiplash from rear impact.

5. Always wear your seat belt. Seat belts keep you secured so you won't be thrown through a window, and you'll remain behind the wheel to better avoid additional collisions after the first crash.

6. Avoid using the telephone while you're near water, like when you're doing the dishes, bathing, etc. If the phone gets wet, it can give you—and the person you're speaking to—an electrical shock.

7. Using a home blood pressure monitor is helpful if you have high blood pressure ("hypertension"). After buying a monitor, take it to your next doctor's visit and make sure it gets the same reading as your doctor's monitor. Home monitoring can help your doctor determine the lowest possible dose of medication that works for you.

8. When your body needs water, it usually sends a thirst signal to your brain. But thirst can't always keep pace with other factors, such as hot weather, high altitude, exercise—or age. Our sensitivity to thirst begins to diminish as we age. Since dehydration can sneak up on you, be aware of these thirst alerts: dizziness, tiredness, weakness, headache, flushed skin, dry mouth, or loss of appetite. We all need about 64 ounces (8 cups) of liquid a day (drink about one-half ounce for every pound you weigh).

9. Do you have trouble swallowing pills? Swallow some liquid before putting the pill in your mouth. Lubricating your mouth and throat beforehand makes pill swallowing easier. Also, put the pill or capsule as far back on your tongue as possible.
A Driving Need for Safety

Driving gives us the freedom to go where we want to, when we want to. It's a privilege earned years ago when we first got a driver's license, and it's something we'd hate to lose. None of us can drive forever, but we can drive safely longer if we recognize that a 67-year-old driver faces different challenges than a 17-year-old. Mature drivers need to evaluate and sharpen their driving skills to be at their best behind the wheel.

As a mature driver, you're certainly not alone. Eighty million Americans are over 50 years of age, and drivers aged 55 and older make up 28 percent of all drivers—this will climb to 39 percent by the year 2050. Over the past 25 years, the number of drivers over 70 grew three times as fast as the total driver population.

Unfortunately, auto-related accidents are the most common cause of accidental death among the 65-to-74-year-old age group. Drivers 65 and older have higher crash rates per mile than all other groups except teenagers. Your ability to drive safely may be impacted by such age-related changes as:

- Slower reactions time
- Increased sensitivity to bright lights and glare
- Slower adjustment to the dark
- Physical changes in hearing and eyesight
- Illnesses that might be unrecognized or denied

For your and others' safety, you should pay attention to any limitations you might have as you age. Ask your family and friends if they have any concerns about your driving. Consult your doctor about vision, hearing, physical, or medication changes that may affect your abilities behind the wheel. Take a driving refresher course to increase your defensive driving habits.

Here are some tips to help you reach the goal of safe driving:

- **Anticipate trouble:**
  - Keep at least a three-second safety cushion between you and the car in front of you so you have time to make a sudden stop or avoid a problem.
  - Plan your trip before you start so you can concentrate on driving, not navigating. Ask a passenger to read a map. If you have Internet access, web sites like www.maps.yahoo.com can provide maps and door-to-door directions ahead of time.
  - Avoid driving in heavily-traveled or high-speed areas during rush hour or bad weather. Change routes to avoid difficult left turns at congested intersections.
  - If you are planning to take an unfamiliar route at night, try making a trial run during the day.
  - Be alert for the unexpected.

- **Focus on driving so you have enough time to make decisions:**
  - Drive with a large "anticipation zone." Look down the road so you get a picture of what's happening ahead of you.
  - Turn off your radio or keep the volume down.
  - Don't drive when stressed.
  - Don't talk to passengers or on a cellular phone too much if it distracts you.

AARP publishes a booklet, Older Driver Skill Assessment and Resource Guide. For your free copy, refer to publication #014057 when writing to: AARP Fulfillment, PO Box 37144, 601 E St NW, Washington, D.C. 20040
Be aware of "highway hypnosis," a common problem among mature drivers where you might doze off or drive in a drowsy state. If you feel this problem coming on, increase the cold air circulation in your car, pull off the road to rest or stretch and get some fresh air, or eat a high-energy snack.

**Make sure you can see clearly:**
- Get annual eye check-ups (an estimated 90 percent of driving is visual).
- Frequently clean the inside and outside of your car windows. Clean mirrors and headlights, too. Dirt can reduce headlight output by as much as 70 percent.
- Turn on your headlights when driving in the rain or other bad weather, no matter what time it is. Some drivers turn on their headlights whenever they're driving just to make themselves more visible to others.
- Avoid buying cars with heavily-tinted windows. Don't wear tinted glasses or sunglasses when driving in low light.

**Take steps to be extra cautious:**
- Signal your intentions to other drivers by using your car's turn signals or horn.
- Check your mirrors and look over your shoulder before changing lanes. Don't assume your turn signal makes it safe.
- Always double-check behind you before putting your car in reverse.
- Watch for flashing lights from emergency vehicles. You can't always hear the sirens.
- Never tailgate, and always allow extra room between you and the car in front of you if someone is tailgating you.
- Don't be afraid to tell others that you're not comfortable in certain driving situations.

Say, "I really don't want to drive at night; could we meet earlier?" or "Driving downtown makes me nervous. Would you mind driving this time?"

**Let your car protect you:**
- Choose a car with an anti-lock braking system.
- Use the day/night settings on your rear-view mirror to reduce headlight glare.
- Keep wiper blades clean and replace them when they start to wear.
- Wear a seat belt every time you're in a car. Older drivers are more likely to be injured or killed in an accident due to more fragile bones and a reduced ability to handle trauma. Seat belt use is the law in most states.

Evaluating and sharpening driving skills can keep you safe and independent as you age.

**If you take the bus or subway, keep these safety tips in mind:**
- Remain alert and brace yourself when a bus is slowing down or turning.
- Watch for slippery ground when entering or leaving a vehicle.
- Have fare ready to prevent losing your balance while boarding.
- Do not carry too many packages, and leave one hand free for grasping the railing.
- Allow extra time to cross streets, especially in bad weather.
- At night, wear light-colored or reflective clothing and carry a flashlight.