African American Women and the Link to Heart Disease

An effort to raise awareness and improve the health outcomes of African American women who suffer from heart disease and any other related cardiac distress.

Tag Words: Heart Disease, chronic disease, African American women, heart attacks

Authors: Kia Williams and Julie M. Fagan, Ph.D.

Summary:
As we know it, chronic diseases such as heart disease have become a significant public health issue. For the focus of my project I choose to look at demographics that are most susceptible to this illness, and that is African American women. Unlike any other race, African American women are twice as likely to suffer from heart disease and are more likely to die as a result. Some current solutions to this issue include eating a low salt diet, exercising, and taking preventative action, like seeking out a doctor to learn about risk factors and symptoms. For my paper I hope to solve this problem by gaining further knowledge about the effects of salt, and include a community approach by introducing a “healthy soul food” calendar. The calendar will incorporate healthier versions of classic cuisines that are popular in the African American community.

Video Link: https://www.youtube.com/watch?v=KgdZ8oA3gBo&list=UUts4_1WyqXMmVDfu9ZffstA

The Issue: Battle of the Heart

Introduction

An expensive watch, a new car, or a flat screen television can very well be on our list of prized possessions. Because it is something that we hold sacred we are more likely to take care of it. For instance, we may get it cleaned or store them in a safe spot. In essence, we oftentimes take better care of items if it has some type of value. We can look at this notion in regards to our bodies. From a biological standpoint, in order for our bodies to properly function we must maintain it at an optimal level. Using the example of a car, fuel or food is not only necessary but also offers nutritional support for our internal system. However, if we eat foods that are high in fat and salt, unlike a new car, the fuel or in this case the food that we eat can in fact diminish our functionality and can perhaps be detrimental in the long run. Our body system which is our main source of survival and value is now at risk, and like a car can break down. Today, this perspective can be seen with certain chronic diseases.

Heart Disease and African American Women
Risk Factors

Compared to any other ethnicity of women, African American women are more likely to die at an earlier age to heart disease. As noted by the American Heart Association (1) there are statistics that reflect this finding as follows:

- Cardiovascular diseases kill nearly 50,000 African American women annually
- Of African American women ages 20 and older, 49% have heart disease
- Only 52% of African American women are aware of the signs and symptoms of a heart attack.


There are a variety of factors such as eating behaviors, genetic predisposition, social impacts, environmental and cultural influences play a role in a person developing heart disease. Each factor should be considered as we know that susceptibility of an illness can have variation depending upon the individual.

Eating Behaviors
It is clear that what we eat has a significant impact on our bodies. It is strongly suggested that if one commits themselves to eating fruits and vegetables on a daily basis they reduce their likelihood of developing diseases or conditions that affect the heart. Most importantly, it has been established that if one consistently consumes food that is high in fat and salt the heart becomes compromised. Eating a regimented diet that includes “heart-healthy meals” like greens, nuts, and fish are ideal. However, even if we do eat foods that are deemed ideal, that alone does not mitigate heart disease. With a combination of eating correctly and ample physical activity is proven to be more effective. Those who chose not to exercise and follow a sedentary lifestyle weaken their ability to combat symptoms that may trigger problems in the heart.

**Genetic Predisposition**

When it comes to genetics we often think of physical traits about ourselves. However, to understand genetics one must first know the basics. For starters one must recognize that our genes or DNA originate from our parents. In essence, we inherit what makes us as individuals; for instance, the color of our skin, eyes, or hair. Scientists have discovered that our genes go far beyond the phenotype or physical features of ourselves but can in fact have some bearing in our susceptibility to certain diseases. As we take a look at heart disease over consumption of salt is the main catalyst for the illness. However, researchers found that for African Americans, they are genetically more sensitive to salt. The American Heart Association confirms this finding by adding, “In people who have this gene, as little as one extra gram (half a teaspoon) of salt could raise blood pressure by as much as five millimeters of mercury (mm Hg).” In essence, even if an individual eats a low salt diet his/her blood pressure is likely to increase. Hence, this statement contradicts popular belief that restricting salt/sodium intake can result into beneficial outcomes; and instead proves that works for some does not work for all. Phenotypically it is difficult to differentiate between salt resistant and salt sensitive individuals. Hence, studies have been focused on determining variants of genes that facilitate salt sensitivity. A recent study found (3) that salt sensitivity varies by ethnicity, and examined its difference with hypertension which a comorbid condition of heart disease. Researchers found that “GRK4 65L and GRK4 142V are more frequent in African Americans (47% and 45%, respectively) than in the other ethnic groups: Caucasians (35% and 40%), Hispanics (25% and 29%), and Asians (7% and 20%)” (3). Hence, in relation to both heart disease and hypertension it is necessary to administer more studies involving the gene GRK4. Now that researchers have this information about gene GRK4, what is currently being done about it?

In order to determine appropriate diagnostic tools one must first know how a tool will be measured. To measure a person’s sensitivity to salt one can compare the change of salt intake to the change in blood pressure. It was concluded that “tests in the urine that could be surrogate markers of salt sensitivity with a quick turn-around time include renal proximal tubule cells, exosomes, and microRNA shed in the urine (4). In other words by testing biomarkers in urine, researchers can assess cellular components that are only found in salt sensitive individuals. However, with any new discovery there are drawbacks. In order for results to be accurate it is expensive and requires extensive labor. Nonetheless, this research further proves the correlation between GRK4 gene variant and salt sensitivity. With that being said those who are salt sensitive have at least three GRK4 alleles, and thus have higher blood pressure regardless of gender or weight. Most importantly, this discovery shows us that salt sensitivity alone can be a precursor to
other diseases besides heart disease like cancer. Hence, gene screening can drastically minimize the burden of health care costs by combating chronic diseases before they can begin.

Social Impact

In order to further expand our understanding of heart disease, we must look beyond conventional notions that are suggested to cause it; such as eating behavior and leading a sedentary lifestyle. In fact, determinants/ideologies that have been created and shaped by society can very well have an adverse effect on the heart. As we see with genetics these ideologies can differ or cause disparity by race especially African Americans. So what are social determinants? Lang et al. notes that social determinants of health can be understood as the social conditions in which individuals live and work; conditions that are shaped by the distribution of power, income and resources, as much on a global and national level as on a local level (5). This idea can be understood into simpler terms like social economic status (SES) which includes income, education, and employment. Additionally can be racism either structural or institutional, discrimination, and environment such as housing or crime. In conjunction with individual behavior, social stressors aforementioned can overtime be fatal.

Socioeconomic status (SES) is often used as a strong indicator for health. Seemingly, if a person has a low SES his/her level of health will also be low or suffer. In the same respect death rates from heart disease are two to three times higher in African Americans who have little education and low income. However, it is essential to note that individuals can be placed or casted into a social standing because of prevailing racial beliefs, like racism and discrimination, that are imposed on them. For instance, employers may not hire an African American woman not because of her qualifications but because of the color of her skin. In turn, by being rejected of employment leaves little to no room to survive and make a decent living for herself.

Racism can also be defined both institutionally and structurally. Dating back to slavery, America’s institutional framework was built to isolate or deny African Americans of civil liberties and rights. This is especially more evident during the Civil Rights period. Laws known as the Jim Crow laws restricted and segregated blacks from using facilities, transportation, and attending the same schools as other ethnic groups. In essence, blacks were separated from the larger sect of society. This notion of separatism is demonstrated with racism on the structural level. For example, how neighborhoods are designed or made up are segregated by race. Many if most cases urban communities are highly populated with minorities, particularly blacks, who are predisposed to variables that can deter their health. Environmental hazards such as substandard housing and violence. You will often see a direct correlation with areas that have high crime activity and deteriorated housing developments. Additionally, these neighborhoods induce unhealthy behaviors because residents are restricted to what they have. For example, access to quality food and physical activity. Neighborhoods as such are known as “food deserts” due to the lack of supermarkets and grocery stores. With that being said, if violence is encouraged appropriate exercising is few to none.

Collectively these stressors develop what is known as weathering. Research by Geronimus and Thompson define weathering as:
“On a physiological level, persistent, high-effort coping with acute and chronic stressors has a profound effect on health and disease. While the body’s ability to respond to acute stress the “fight or flight” response is protective in certain threatening situations, under other circumstances the physiologic system activated by stress (allostatic system can wear off.” (2)

In essence, the body or heart in this case becomes worn out as a person ages because his/her allostatic load/heart is constantly overworking to disengage from perceived threats (stressors). Even when class is controlled and an African American climbs the social ladder this idea of weathering of the heart still holds true. Because they have experienced overtime more adversity economically and socially relative to whites the heart is already in a state of distress. Social influences show us that how people are treated and denied in society can inhibit them from having optimal health.

**Cultural Influences**

Each and every one of us has our own individual tastes and ideas. Yet, even though we are uniquely different some of our practices can be shared within a group or culture. This notion is indicative to the differences we see in racial/ethnic groups. For instance, African Americans have passed and followed a tradition of making southern culinary cuisines known as “Soul Food.” Popular soul food dishes consist of fried chicken, macaroni and cheese, and corn bread. Historically, soul food dates back to slavery when enslaved Africans made and prepared their own food. They used their primary resource, the plantation field, and were able to grow, crop and raise foods like okra, chicken, and collard greens. Due to technological advancements soul food cuisines are not often prepared organically, but are for the most part doused with grease, butter, oil and sugar. One may ask, why would one continue to eat something that can potentially harm him/her? During the Civil Rights Movement particularly in the South, racial tensions were at its highest. As a means of dealing with stressors people often turn to food, soul food of course was seen as a “go-to food” for blacks. Most importantly, at a time where the identity of an African American was consistently stripped, soul food essentially preserved it. Therefore, in order to navigate alternatives to eating behaviors health officials must be culturally sensitive as with soul food it carries more than tradition but pride.

**Chronic Disease**

Chronic disease is a long lasting condition that can be controlled but not cured (6). Taking into account the words “long lasting condition” we can infer that a person develops a chronic disease because of a *continued* destructive health habit. Unhealthy behaviors consist of but are not limited to lack of exercise, smoking, poor nutrition and excessive drinking. As many of us may fall victim to one of these habits, chronic disease can be fairly common. Much so, in America chronic diseases are the most common and preventable health issues to date. Half of all adults, 117 million people, have one or more chronic health conditions (7). In effect it has caused a significant deficit to the U.S. economy. It is reported that 84% of health care spending were for 50% of the population who had a chronic medical condition (7). What we can gather from this statistic is that chronic disease has become the majority of U.S. costs. So now that we have
defined chronic disease and its potential burden, one may ask what types are there? One of the most prevalent and primary bulk of health care costs in today’s population is heart disease.

Heart Disease

Heart disease is a term that describes health defects that affect the heart and blood vessels. With heart disease there is a specific type that a person may develop, the most common is coronary heart disease (CAD). CAD takes form when the arteries narrow and cause a build-up of plaque; this process in effect can result into heart attacks, stroke and high blood pressure. As with any diagnosis of a disease there are health risk behaviors that can be likely attributed. Researchers and media outlets alike generally put forth that high caloric intake, physical inactivity and smoking can increase one’s chance of having heart disease. Symptoms like chest pain, increase in heart rate, and chest discomfort signal heart distress. Contrarily, there are some cases where symptoms are not apparent and are “silent” as we see with high blood pressure. It is evident that heart disease is a great deal of concern as it is the number one killer in women. However, among women in minority groups have the greatest risk of developing the illness. At an alarming rate heart disease disproportionately affects African American women. Given this insight, can we solely put the blame on the individual? What if developing heart failure is beyond your control and is a matter of your DNA. Or are there extenuating external factors that may contributed? All of these factors must be taken into account. Since we know that heart disease significantly impacts African Americans, attention on this matter should be given by coming up with solutions and elevating awareness to this community at hand.

Effects

Comorbid Conditions

Those who have chronic diseases like heart disease are often at risk of having conditions known as comorbidities. Comorbidity is described as the presence of more than one disease or condition in the same person at the same time (7). In essence, by having heart disease you are more likely to be susceptible to other diseases or conditions as a result. To put this definition into context African Americans have higher rates of obesity and diabetes. Hence, by having diabetes you are put at risk for having high blood pressure which can lead to heart disease and stroke. In this case the comorbidities or conditions involved are diabetes, heart disease, high blood pressure and stroke. Therefore, when it comes to diagnosis and treatment this same theory needs to be applied. Because African American women are at a greater risk for having heart disease to begin with, comorbid conditions needs to be subject to earlier review as well.

Infant Mortality

As the name suggests infant mortality means infant death or if a baby dies before he/she turns one. The infant mortality rate in the U.S. is one of the highest of all developed nations. Again as we look at health there is a likelihood of differences between race/ethnicity. Much so for African American women, who are two times more likely than whites to have infant mortality regardless of class. One may ask, what is the association between infant death and heart disease? First we need to take a look at stressors, particularly stressors that are more common with blacks. This
takes us back to the social stressors like racism. Racism in addition to other everyday stressors while pregnant can have a significant impact during the pregnancy term. Hence, reiterating the notion of weathering by Geronimus and Thompson. Continued stress on the heart and functioning organs not only wears on the mother’s body but the life that she is carrying. At the fetal stage this weathering becomes too much to handle, consequently resulting in the baby’s death.

**Family**

By not following a healthy lifestyle it is certain that you will have a shorter lifespan. Although, we often say that death may come sooner than later we often forget how much of an impact death can cause on a family. For instance, when it comes to single mothers in the U.S. African American women are the majority of that population. So, what happens when a black single mother is diagnosed with heart disease? For her family she is the sole breadwinner and provider. By having heart disease and any other comorbid condition she is at risk of being in a debilitating state; to the point where she can no longer provide for her family. Hence, we must remember to reemphasize the importance of cultural sensitivity. Heart disease is more than just a health care cost but a significant cost to a community and perhaps the stronghold of a family.

**Barriers**

In the U.S. one of the leading problems in health are racial disparities. How these disparities occur come from sources of barriers or limitations that inhibit members of an ethnic group from having good health. Having the proper education and health care are two of the most common predictors that can either mitigate or exacerbate a disease.

**Health Education/Health Literacy**

When it comes to education we think of going to school where we learn and acquire knowledge on different subjects and topics. This same notion can be applied health education. Health education is a combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes (8). The key words here are having more knowledge. Although, those who have a lower educational/economic status are more likely to have poor health education, health education is a matter of what you know about a health topic. Hence, those in higher economic/educational status are just as likely to not know what symptoms or risks to look for when it comes to their health. Using the example of heart disease, many African American women regardless of social class are unaware they are at a greater risk. Most importantly, they do not know that there may or not be symptoms to certain conditions. What we gathered from the genetic findings of heart disease, whether you “appear” healthy you may in fact not be. Thus, important symptoms or signals of distress become ignored.

The load of responsibility of an individual's health is not only relied on the person but also professionals that provide his/her care. Doctors, nurses, social workers need to collectively do their role in educating their patients. In order to provide sufficient health education patients must be able to understand it. Health literacy in the health spectrum involves being able to understand the language. For example, the medical descriptions under a prescription label or even a brochure are often difficult to interpret, too wordy and small. Therefore, when providing education it must
be presented not only clearly but in a way the patient can process and make their own health decisions.

**Health Care Access & Quality**

Despite the chronic health shortcomings of the U.S., we have some of the best health care treatments and centers in the world. Even though this offers optimism after having a bleak diagnosis, what happens when you do not have access to this care? This is the same question that is asked by several Americans today, particularly minority groups that are disenfranchised from receiving such services. Using the example of status, it is clear that those who are of a lower social status live in poorer communities. The environment of these communities is often violent and is surrounded by deteriorating buildings and housing developments. Realistically, health care professionals are running a business where the more patients they get the more money they make. In turn, those who are considered the very best or top of their field want to reap this so-called benefit. Understandably, it is less likely that they will establish their practice in a weakened community where patients can barely afford their care and most importantly in areas that are not deemed “attractive”. Therefore, high quality care for blacks in urban communities is not granted, overcrowded clinics or even hospitals becomes their primary source of care. Blacks received worse care than whites for 41% of quality measures (10). However, with amending reform like the Affordable Care Act, which provides access to quality care, we can expect that this gap to become diminished in due time.

**Solutions**

**Programs**

**Body & Soul Program**

One of the most primary epicenters of social gatherings are churches. It is not only a place where parishioners of a given faith worship but also gives individuals the chance to forge relationships and bond. With chronic disease plaguing the African American community researchers at the University of North Carolina at Chapel Hill and Emory University decided to apply this theory in developing the program Body & Soul. Body & Soul is a program that incorporates healthy lifestyle education, church events, and peer counseling and has been proven to promote healthy food choices among participants (11). With funding by the American Cancer Society researchers enlisted 16 African American churches in the southern region. Preceding the study the 1,022 participants filled out a questionnaire concerning their health regimen. For instance, how likely they consume fats, fruits and vegetables, exercise. A follow up survey from the research proved to show that those who participated in the Body & Soul program changed their eating behaviors by eating healthier. As the words of the program suggests by reaching out to faith based organizations, African Americans are healthier when it comes to their souls and bodies.

**Health Imperative**

In an effort to minimize high heart disease rates for African American women, programs such as the Black Women’s Health Imperative have been proven to be effective. Founded in 1983 the Black Women’s Health Imperative is an association that promotes quality health through education, advocacy and research in regards to health issue ranging from heart disease, cervical
cancer and diabetes. It is the only organization devoted solely to advancing the health and wellness of America's 20 million Black women and girls (12). Their primary mission includes ensuring that African American women are informed about heart disease and their own potential risk for having it. For instance, as a part of their effort they educate black women on the different symptoms that they should be aware of when seeking treatment. As we know with heart disease it is considered to be a “silent killer,” thus it is likely that little to no symptoms may be present. Secondly, the group has brought forth social factors that can be known as contributors to the illness. Doing so, helps bring attention to circumstances that perhaps only black women face. Additionally, the Imperative tries to follow an outreach model by reaching out to the community. Most importantly, the Imperative tries to align black women to quality health care services that they can have access to. Given this insight on the organization one may say, why is there not enough health programs like these? This group shows us that without it many African American women who suffer from heart disease or any other ailment cannot seek a group that attends to their needs. Hence, by using this group as a model we can initiate or implement such programs so that black women can turn to a support system when needed.

Medical Solutions

BilDil

One of the most prolific discoveries that date back to ancient times is the development of medications and remedies. Today, medications have become more innovative in treating different health needs. For instance, there are pills targeted for patients who suffer from a particular disease or illness; like heart disease patients are given beta blockers. Given this background, what if a pill was designed specifically for a race? Would this at all help eliminate health disparity? Since we know that certain ethnic groups have a higher susceptibility to diseases, this can very well treat them at a more physiological level. This same thought processes can be seen with the creation of the drug BilDil.

In the beginning stages of developing BilDil researchers combined two generic drugs hydralazine, which is a pill used for high blood pressure and isosorbide nitrate which allows more blood to flow through the arteries. Until the 1990s, these drugs were used for treating congestive heart failure (CHF) patients. Soon after a clinical trial was developed to expand the drug by implementing ACE inhibitors; however researchers found that it was not effective. Further applications on the drug were considered in recent drug trials but required uncovering research that were decades old. In short under new direction of NitroMed, a biotechnology company, they examined congestive heart failure by taking a look at the genetic variation between races, particularly African Americans. Based on results from testing the drug VHeFT2 researchers found that African Americans had better results when using BilDil. As a result, BilDil became packaged and advertised solely for the black population. Nevertheless, with any new product there can be potential implications, much so when looking at BilDil. Although, the drug tries to help a population that is most at risk, should it be driven on race alone? Some diseases and conditions are more common in one or another ethnic group, but there are no diseases or conditions that always include (or exclude) all members of any ethnic group. There is more variability in genetic differences within any population than there is among racial/ethnic populations (13). In essence, it may be counterintuitive in developing a drug by race when there
could be genetic variation within the race itself. In context, doctors may be more likely to prescribe BilDil to an African American woman because she is black but the drug may have little to no effect in bettering her heart condition. Hence, what BilDil shows us is that more epidemiological studies need to be established in order to get an idea of what works best not only for blacks but all races.

**Encouraging Epidemiological Studies**

Before any step can be made in producing a drug or even learning about a disease there must be clinical trials and epidemiological studies. An epidemiological study allows researchers to get an idea of the determinants, causes, and effects of a disease by looking at study subjects. This notion is the same in regards to clinical trials when testing drugs. Under an experimental analysis subjects are divided into groups where one receives the drug and the other a placebo or no drug. Now that we have an understanding of how such studies are done, how do subjects get involved? Representation of African American subjects has become a significant concern. From a societal standpoint it is claimed that African Americans are underrepresented because they are unwilling to participate. Data shows that African-Americans had a non-significantly lower overall consent rate than non-Hispanic whites 82.2% (14). This statistic suggests that studies done on heart disease have a low response rate for black participants. Despite the efforts from the African American Heart Failure Trial (AHeFT), an experimental study designed to look at drug therapies, African Americans are still more likely for being vulnerable to the disease. African Americans are remarkably underrepresented in large heart failure trials. African Americans with heart failure may respond differently to some standard therapies compared to whites, but low levels of enrollment of AAs in large clinical trials preclude valid conclusions in certain cases (15). In essence, because a large proportion of blacks are not likely to undergo research, conclusions about a disease could possibly be based on inferences. Even though these points for low participation rates are valid Wendler et al (2005) argues

“that willingness to participate is just one factor that influences whether individual patients and patient groups participate in health research. Other factors include whether they are informed of research opportunities, whether they are medically eligible to participate, and whether their personal circumstances, including child care demands, job flexibility, and geographic proximity to research sites, allow them to participate” (14)

To understand the reasons why African Americans are not likely to be included in research social, economic and physical contexts must be considered. For this reason by using the solutions that we have, like the Body & Soul and The Black Women’s Health Imperative programs, we have an outlet to reach out to African American women when we otherwise could not. These programs would be a stepping ground for educating and providing health alternatives. Most importantly, women would be informed that in order to receive treatment and care they deserve, they must get involved in studies/trials that are intended to benefit them in the long run.

**Community Action Service Project:**

**Healthy Soul Food Calendar**
For many if most people, tradition lies within their communities. Oftentimes people come together when they share something that they have in common. For instance, different cultural groups have customs that are tangible like language, clothing, or food. Aforementioned, this same notion can be applied to African Americans in relation to Soul Food. As we know with Soul Food it can be very high in fat and salt; and can become a potential danger. However, when it comes to healthy eating why break a tradition that holds personal value? In an effort to keep this custom alive we have incorporated soul food but with more healthful applications in a 12 month calendar. With a calendar, African American women can have a visual of what they are eating in advance. This method will allow them to recognize and track their eating behavior on a consistent basis. The 12 month calendar will include alternative recipes contributed from the community itself. With this being said, how will the community be reached? In order to make an impact in a community you have to communicate in which they understand. Using what we know, churches have been a significant common ground and source of communication for black populations. Thus, we decided to use my church as model.

I was able to meet with one of the ministry leaders and discuss my vision for the calendar. Upon our discussion we found that it is important that we allocate time, planning and have a set of goals. In the short term I plan to work hand in hand with the Health and Wellness Ministry. This ministry in particular is based on the belief of encouraging a healthier lifestyle and diet for members. Thus, working with this ministry would be essential in moving the project forward. Using the paradigm of the Body and Soul Program, members of my church will likely take a survey so we can get an idea of how informed they are about their health, what foods they generally eat, and their health regimen. Thus, the survey would serve as a baseline of what areas besides diet should be looked at.

Ideally, the objective is to get the recipe ideas displayed. The renewed church website, church email, and social media outlets would be portals for which information can be received and viewed. Once these suggestions come forward the newsletter would be the vehicle for where the recipes can be shared and updating members when a new recipe is added. For the long term we decided that the calendar for church members would be particularly ideal for the upcoming years. Using the recipes that are posted via the church website each individual member can personalize their calendar for their family. For instance, one can follow this calendar when planning to make the soul food dish macaroni and cheese.

The idea in creating this calendar is to not only promote outreach, but also emphasize the importance of following a healthy diet and lifestyle. Most importantly, the calendar helps create the notion that African American women are coming together with an idea that can help better them as whole.
Yor, as the cook, must bring soul to the delicious appetizing scrumptious yummydelish tasty delectable food.

**RECIPE: REDUCED FAT MACARONI & CHEESE**

- 4 ounces of macaroni
- 1 cup shredded 50 percent reduced-fat cheddar
- 1/4 cup grated Parmesan
- 1 cup of low fat milk
- Tablespoon of low fat/low cholesterol butter

REFERENCES


Date: October 29, 2014
To:
Sharon Boone
Health, Relationships and Food Editor
Essence Magazine
135 West 50th Street 4th Floor
New York, NY 10020
Dear Ms. Boone,

On June 24, 2014 your magazine published an article entitled "Fried Food Linked to Diabetes and Heart Disease-With an Asterisk." In the article you addressed that there is a negative impact of eating fried foods on a consistent basis. Relative to recent health studies, the more fried food that a person eats the greater his/her risk of heart disease and diabetes. Despite this notion, the editorial points out that not all fried food can have an adverse effect. For instance, if fat free oil is used and eaten in moderation health risks can be diminished. As a student at Rutgers University in New Brunswick I would like to further elaborate on this idea by offering a short article for publication.

In the article I would like to address that as a culture African Americans have indulged in eating traditional cuisines like "Soul Food" which are often fried and high in fat. However, like your article points out not all soul food can be considered unhealthy if prepared nutritionally. To put this thought into practice I would like to suggest initiating a contest that will involve your readers. Upon consideration, possible contest details include readers entering in submissions of healthier versions of soul food cuisines. Winning submissions would be included in the monthly subscription. In short, the contest spreads the message that you can be healthy and still eat what you love.

I thank you for your time and consideration. I look forward to hearing from you soon.

Sincerely,