
AFRICAN AMERICANS, FAITH AND HEALTH DISPARITIES

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Introduction

Increasingly there is discussion in the literature regarding the relationship among religion, spirituality and health in African Americans, and the role of the church in that association. The Black church has played a significant role in the lives of African Americans in a variety of ways, including providing spiritual guidance, educational programs and services, emotional and psychological support, political advocacy, community development services, financial support, and numerous other roles. The church has also been a significant contributor to the health and well being of its members, a role, although currently thought to be innovative, has been part of the church from the beginning. We are now witnessing local, state, and national agencies and organizations looking to partner with the church and its spiritual leaders to deal with the health issues of African Americans in face of the disparities in health care seen in the United States today (e.g., Public Law 104-193, 1996). In this paper, we focus on health disparities, health beliefs and behaviors and the role of religion in promoting health within the African American Community.

Health Disparities

Since the Report of the Secretary's Task Force on Black and Minority Health was released (U.S. Department of Health and Human Services [USDHHS], 1985), researchers have continued to document the disparities that exist between the health of the majority population and populations of color, particularly African Americans. Despite efforts to eliminate the health disparities among African Americans and the majority culture, health disparities continue to exist (Thomas, 1992). African Americans had the highest total age-adjusted death rate during the period 1990-98 (Keppel, Percy, & Wagener, 2002). African Americans are also twice as likely to develop hypertension as other ethnic groups (American Cancer Society, 1986; Kumanyika et al., 1989) and have higher incidence and death rates for most cancers.

“Between 1993 and 1999 life expectancy at birth increased 3.2 years for black males to a record 67.8 years and 1.5 years for white males to a record 74.6 years.” (Eberhardt, Ingram, & Makuc, 2001, Page 15) Black men may be living longer than they used to, but their life expectancy is still seven years less than that for all men. Black women born in 1996 can expect to live to the age of 74, which is five years less than the life expectancy figure for all women (Eberhardt et al., 2001).

The leading causes of death for African Americans in 1996 included heart disease, lung cancer, stroke, HIV/AIDS, unintentional injuries, prostate cancer, homicide, diabetic complications, breast cancer, pneumonia, influenza, chronic obstructive pulmonary disease, and perinatal conditions. African Americans died from several of these diseases at dramatically greater rates than the overall population. For example, in 1996 African Americans died from prostate cancer and diabetic complications at twice the rate of the overall population, and the age-adjusted mortality rate for stroke for the Black population was two-thirds higher than that for the overall population (Eberhardt et al., 2001)

It is important to understand the behavioral, environmental, and psychological factors that put African Americans at risk for adverse health outcomes. According to Eberhardt and colleagues (2001), *behavioral factors* include, but are not limited to, smoking, poor nutrition, and sedentary lifestyles. Reducing the prevalence of behaviors that endanger the health of African Americans demands strategies such as public and provider education, prevention research, and policy and environmental changes that facilitate healthy living. *Environmental factors* entail exposure to toxins and lack of access to health care. To improve access to health care both non-financial and financial barriers must be overcome. The capacity to deliver health care services to underserved populations should include strategies to enable minority groups to use the health care system effectively. *Psychological factors* include attitudes and beliefs toward health and health behaviors, as well as strategies employed to cope with stressful life events. Health beliefs and how persons cope with stress can be applied to understanding change and maintenance of health-related behaviors.

Health Beliefs in the African American Community

Numerous health promotion programs have been conducted in African American churches and in the community to reduce health problems and promote healthy living. Yet African Americans continue to report low exercise rates, smoke, and eat an inadequate amount of fruits and vegetables (Caspersen, Christenson, & Pollard, 1986; Ford et al., 1991; Baranowski, 1986; Kumanyika & Adams-Campbell, 1991). In an attempt to determine why health promotion programs have often been ineffective, several studies have assessed the barriers to participating in various health promotion programs (Airhihembuwa, Kumanyika, Agurs, & Lowe, 1995),

while other investigators have focused on the attitudes and beliefs of African Americans to determine what impact they have on health behaviors and subsequent health outcomes (Airhihembuwa et al., 1995; Lewis & Green, 2000).

Health beliefs play a role in health behaviors, thus contributing to health outcomes or status. Weitzel and Waller (1990) suggested that perceptual variables such as health beliefs, knowledge, and health values directly influence health behaviors. Several models have been developed to help explain individual health behavior. For example, the Health Belief Model (HBM) is one of the most widely used in explaining health-related behaviors (Rosenstock, 1974; Strecher & Rosenstock, 1997). Developed by researchers from the Public Health Service because of concern about a lack of participation in their health promotion programs, the model states that a person will take preventive action if they believe (1) they are susceptible to the disease, (2) the disease would be severe, (3) taking an action would be beneficial by reducing susceptibility to the disease, and (4) barriers are not difficult to overcome. Research is needed to adapt this model specifically to African Americans. Strategies investigators may employ to adapt the HBM model include gathering qualitative data to understand what beliefs African Americans have concerning their health and assisting in the development of programs that will decrease and eventually eliminate disparities in health status.

Belief in fate and destiny is another factor that researchers are exploring in order to understand the complex relationship among health attitudes, behaviors, and outcomes of African Americans. A few researchers have associated a belief in fate and destiny to specific behaviors. For example, Colon (1992) found a significant difference in seat belt usage between African Americans and Caucasians; African Americans who believed in fate and destiny were less likely than Caucasians to wear a seat belt, a proven safety device. Other researchers have looked at pessimistic and fatalistic attitudes toward health. The literature has shown, for example, that some African American men and women have pessimistic and fatalistic attitudes regarding cancer (Bloom, Spiegel, & Kang, 1987; Denniston, 1981; Freeman, 1989), and that they are more terrified of cancer than the general population (Underwood, 1991). While African Americans understand the severity of diseases such as cancer, they often fail to acknowledge the role their behavior, such as smoking, has on developing a disease. African Americans may also delay seeking medical treatment, resulting in later detection of disease and a poorer prognosis. Health beliefs may also have a positive or negative impact on an individual's decision to participate in health promotion activities.

The Role of Psychological Factors in Health Beliefs

Jennings (1996) explained that personal factors might provide insight into the way African Americans respond to cancer. Researchers have identified psychosocial responses such as fear, underestimation, fatalism, and pessimism as personal factors that might inhibit Blacks from participating in cancer health promotion behaviors (Cardwell & Collier, 1981; Long, 1993). Price, Colvin and Smith (1993) attempted to determine Black adult males' knowledge and perceptions of prostate cancer by using the HBM. Results showed the men to be fatalistic in their views of cancer and lacking in knowledge about the disease. Almost 60 percent were unaware that Black men were more susceptible to prostate cancer than White men. Approximately 10 to 20 percent were unsure or did not agree with the benefits of a prostate examination. Forty-five percent believed that if they developed prostate cancer, it would kill them and another 28 percent were uncertain when, in fact, prostate cancer which is found and treated early has a very low mortality rate.

The Role of Religion in Health Beliefs

Many of the beliefs and perceptions of African Americans regarding health may be related to religion. According to Clark-Tasker (1993), many African Americans believe that illness may be due to a failure to live according to God's will and an acceptance of fate and destiny. For example, many believe that God is in control of their health and that healing can come only through prayer and faith in God. The church in the African American community can play an active role in changing health perceptions and beliefs. Spirituality plays a major role in African American culture (Jones, 1991; Roberson, 1985). The outward expression of spirituality is often seen in religious activities such as church attendance (Jennings, 1996). It has been identified as a potential indicator for health behaviors and illness (Roberson, 1985; Gilroy, 1987; Jemmott & Jemmott, 1991; Mbiti, 1970).

A study conducted among African American women found that they were less likely than White women to practice preventive health behaviors, which are defined as behaviors by which individuals actively improve or maintain their health status (Duelberg, 1992). Duelberg attributes these differences to lower levels of feelings of personal control among African American women.

According to Jennings (1996), if individuals relate spirituality to lack of personal control, cancer health behaviors would be useless in the face of God's Will. The belief that "God will take care of me" summarizes the perspective of many in this community— that no matter what they do, a greater force has more control.

The Role of the Church in Educating About and Promoting Health Behaviors

Health education can play an important role in bridging the gap between negative belief systems and preventive health practices. Health professionals can incorporate spiritual and religious beliefs and practices into their prevention and intervention strategies to increase adherence and gain credibility. Success has been demonstrated in a number of church-based health education and health promotion programs. For instance, an African American church-based nutrition and exercise program developed by Yanek and colleagues (Yanek, Becker, Moy, Gittelsohn, & Koffman, 2001) found that women were adopting healthier lifestyles as a result of the program. The program was in partnership with 16 churches in the Baltimore, Maryland area and included over 500 individuals who were asked to lose weight and choose healthier foods. Women in the study who were a part of the church-based program did much better at changing exercise habits compared to women who were part of a self-help group. In this study, researchers worked with community members, leaders, and pastors to design strategies to encourage better lifestyle choices. The effect of utilizing the church was also found in a study to help smokers quit. Specifically, smokers had a much better success rate when they received support from their pastors, as well as support from fellow church members. Yanek and colleagues concluded that the best smoking cessation programs are those that are tailored to the individual and spiritually based.

The University of North Carolina has developed a project called the Partnership to Reach African Americans to Increase Smart Eating (PRAISE) (Ammerman, 2002). This project is designed to partner with Black churches in order to: 1) identify barriers and motivators for dietary change, 2) develop different intervention strategies that are culturally and spiritually sensitive, 3) evaluate the effectiveness of the interventions related to dietary changes and 4) examine the effect of dietary change on selected biochemical parameters. Sixty churches were recruited to participate in the program and the churches were divided into different intervention groups. The program is designed to reach whole congregations and to build on the unique strengths and abilities of the church. Pastors and other church leaders play a significant role in the development and implementation of the program.

In their review of lay health advisor programs among African Americans, Jackson and Parks (1997) reviewed 20 years of literature on the growing lay health advisor movement. On the basis of information from this review, Jackson and Parks recommended that professional educators should rely on the collective wisdom of the community to identify, recruit, select, and train lay health advisors. A number of studies in their review confirmed the value of seeking the collective wisdom of the African American religious community in health promotional outreach programs.

Jackson and Reddick (1999) describe the Health Wise Church Project, a community outreach initiative between a diverse group of African American churches and a university health education program developed for early detection and illness prevention networks among older church members. Their four-stage model illustrates how organizations achieve collaborative partnerships that sustain community interest throughout the project. Findings suggest that it is important to involve community partners during the early phase of project planning.

Many church leaders are providing guidance that will enable their church members to take advantage of the wide range of health services and programs that are made available to them, including targeted health education and health promotion programs to fit the unique needs of their congregations. Taylor and colleagues (Taylor, Ellison, Chatters, Levin, & Lincoln, 2000) reviewed the literature in the area of mental health service delivery in faith communities and found that several factors impact the delivery of mental health services, including the size of the congregation, congregation age, socioeconomic status, and educational background, as well as the religious training of clergy and clergy orientation with respect to community activism. Their review also indicated that for many African Americans the clergy is their first professional contact for help with personal problems. Generally, the clergy receive little preparation in recognizing mental illness and have an apparent lack of knowledge of standard referral services offered. More educated clergy are more likely to refer the person to mental health services (Taylor et al., 2000). Given that many church members may have their first professional contact with clergy who play a pivotal role in church-based programs, clergy represent important resources for needed collaboration in facilitating African Americans' use of health services.

Another example of the role clergy can play is in the area of HIV/AIDS prevention and intervention efforts in the African American community. According to Swartz (2002), AIDS is the leading cause of death among African Americans between the ages of 25 and 44. Approximately half of the people who contract HIV in the United States each year are African Americans. Additionally, approximately sixty percent of children who are HIV positive are African American. Despite the increase in HIV among African Americans, there still remains a significant amount of resistance and denial. However, there are clergy throughout the country taking the lead in discussing HIV and AIDS among African Americans. This past March marked the 12th anniversary of the Black Church Week of Prayer for the Healing of AIDS, a week of education and AIDS awareness that highlighted the role that churches are playing in addressing the AIDS crisis (Swartz, 2002). The Black Church Week of Prayer is the largest AIDS awareness program in the United States that targets the African American community. Activities during the week include focus of HIV/AIDS education in worship, educational programs, and providing AIDS education to members and the community.

Conclusions & Recommendations

The African American religious community has a history of collaboration with institutions and organizations in the health promotion efforts using faith-based approaches (Crowther et al., 2002). Faith and non-faith-based organizations have worked across denominational boundaries in conjunction with public and private health care providers, academia, and research organizations to forge partnerships with African American churches. These partnerships have provided the impetus and resources necessary for communities to organize conferences, programs or workshops that promote mental and physical health. These collaborations provide a unifying framework as the trend shifts towards a greater role of incorporating spirituality, organized religion, non-faith-based institutions, academia and a wide spectrum of health care professionals in health promotion and prevention efforts.

The literature on spirituality, religion, and health is enjoying a resurgence of interest among social, behavioral, and health scientists and practitioners. Scholars and practitioners who have worked in the area of African American social and health issues are aware of the importance African Americans place on their spiritual and religious beliefs and practices. Faith and health have been linked within the African American community for quite some time. African Americans have used their religious and spiritual beliefs and practices to cope with some of life's most challenging circumstances. It is time now to take the research and coping strategies African Americans employ which are related to religion and spirituality to a new level in an attempt to understand the mechanisms that will lead to positive and sustaining health practices. It is hoped that these practices will in turn contribute to the reduction in racial health disparities.

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