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The Decline in the Health of African Americans

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Abstract

The purpose of this study is to explore how racial discrimination and cultural perspectives impact the beliefs, ideologies, and ultimately the health of Africans and Black Americans. The ultimate goal is to develop some key factors as to how and why health epidemics primarily effect the Black community. Through a survey regarding the Black community and healthcare. I was able to analyze and give further narratives about Black people and their experiences within the healthcare realm. The first set of survey questions asked about neighborhood dynamics and income. The second set of questions asked about health and doctors. On the third set of questions, the participants were asked to rate each word based on their own experience with healthcare. The fourth set of questions asked about nutrition. And lastly, participants were asked to identify themselves demographically. I found that there was a consistent and strong uncertainty with participants' healthcare experience, and a strong connection between the socio-economic status and the frequency of doctor visits.

Introduction

Although the health of African Americans has increased positively within the past 20 years, African Americans nonetheless disproportionately struggle with health issues. The death rate for African Americans is generally “higher than whites for heart diseases, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide” (U.S. Department of Health and Human Services, 2019). In 2015, “54.4 percent of non-Hispanic blacks in comparison to 75.8 percent of non-Hispanic whites used private health insurance. Also in 2015, 43.6 percent of non-Hispanic blacks in comparison to 32.7 percent of non-Hispanic whites relied on Medicaid, public health insurance.” Finally, 11.0 percent of non-Hispanic blacks in comparison to 6.3 percent of non-Hispanic whites were uninsured” (U.S. Department of Health and Human Services, 2019). As will be shown below, many studies have concluded that the socio economic status predicts health outcomes. Non-Hispanic black household median income was \$36,515 which negatively correlated with their health outcomes in comparison to \$61,394 for non-Hispanic white households whose health outcomes correlated positively with their health outcomes. This topic is important because of the consistently mediocre health care within the African American community which contributes to chronic illnesses, premature birth and infant mortality, and even premature death. Diseases like diabetes, high blood pressure, and heart disease being the most prominent illnesses in the Black community.

Literature Review

The topic of the impacts of racial discrimination on the health of the African American population has undergone a lot of discussion in the contemporary world. Some people dictate that racial profiling has no impact on the health of a person while others insist that it has severe consequences on the health of people, especially the blacks in America. Racial profiling causes stress among African Americans, therefore, leading to ill health. In addition, it contributes to obesity and increased infant mortality rate among blacks in America. In this regard, the primary objective of the review is to discuss the various effects of discrimination and cultural perspective on the health of African Americans. To achieve the objective, the paper relies on the use of secondary data. Specifically, the literature review employs recent journal articles that provide relevant information to the topic of discussion.

The research by David and William (2006) on the impact of social environment on the health of African Americans indicates that the health status of the minority group in America is primarily affected, especially among those who believe that whites are the superior race. These people register a high level of psychological distress and the abuse of alcohol. Additionally, those who endorse the dominant society among African Americans report poor physical and mental health than those who do not believe in the stereotype. Assari et al. (2017) further support the findings of the above study. Their report notes that there is a positive relationship between perceived racial bias and glycemic control among African American men. The study further indicates that racial discrimination causes depression and anxiety amongst African American males than in African American females. Psychological distress among males is also frequent among black in America.

Mezuk et al. (2013) relates obesity with social and environmental stressors such as neighborhood stress and gender profiling among black women in America. The authors note that gender discrimination and fear of violence contribute to substance abuse and unhealthy nutritional habits in response to environmental stress. Zapolski (2014) notes that the significant risk factors for many terminal and chronic diseases are preventable. Zapolski (2014) points out that smoking and drinking are the major causes of chronic disease and death among the black population. He adds that multiple types of research view the behavior of drinking and smoking as the characteristics of an individual, but fail to consider the larger forces such as access to substantial doctors and food options. in the social environment that are significant for maintaining good health.

The study identifies alcohol as a substance that people take to alter their moods to gain relief from poor living and working environments brought by discrimination. Zapolski (2014) notes that the feeling of being powerless and helpless is the significant predictor for drinking frequency among black people in America. States that sale alcohol in minority neighborhoods than in areas occupied by the affluent areas, therefore, leading to higher rates of alcohol consumption. (Zapolski, 2014). Thus, the effects of changing health behaviors must not only aim the individuals but also at improving the social structure that affects the actions of individuals leading to adverse health.

Consequently, the infant mortality rate (IMR) in the United States is high relative to other developed countries (Gonzalez and Sawyer, 2017). Smith et al. (2018) note that among white Americans, infant mortality rate stands at five per one hundred live births and eleven per one hundred live births among African Americans. Smith et. al. dispute the belief that the high IMR

among the black community is due to risky behaviors.. The authors note socio-economic factors as the primary cause of the high rate of infant deaths because they affect the access to quality health care among blacks. Poverty prevents access to quality health services and proper nutrition for their infants, therefore, causing ill health that can lead to death. Racial discrimination is a serious factor in this.

Golen et al. (2018) concentrate on the effects of non-economic discrimination on the health of African American. Racial bias at the institutional level can affect the health of an individual. Societal institutions in America primarily promote racial discrimination through systematic discrimination, which affects both the quality and the number of health services that an individual receives. There is a consistent pattern of racial disparity in the ways people receive a broad range of diagnostic and treatment procedures, especially in painful cardiovascular and orthopedic procedures. For example, in Medicare programs, black patients are likely not to get all the sixteen most received procedures by Medicare beneficiaries (Oliver & Shapiro, 2013). The research further notes that there are some medical procedures that black patients are likely to receive as compared to white patients, like amputation of a lower limb due to diabetes (Golen et al., 2018). The rate of amputation is three times higher among African Americans than in white Americans. Additionally, more black patients face the removal of tissues related to ulcers as compared to white patients who suffer from the same type of illness.

West & Johnson (2013) explore how racial discrimination contributes to sexual violation among African Americans, therefore, affecting the victims' lives. In essence, being a minority increases the chances of facing sexual violence. Many African Americans get sexually assaulted, and because of fear of stigmatization, they fail to report or seek quick medical attention. The

result is that the victims suffer from sexual health effects such as bruises and sexually transmitted infections (Basile, 2016). The survivors further suffer from mental health problems, which include but are not limited to post-traumatic stress disorders, depression, and pain-related health problems that lead to ill health of the patients and maybe death.

Sampson, Wilson & Kaz (2015) concentrate on the social environment and categorically the characteristics of neighborhoods, cities, and societies that contribute to health problems for black Americans. The authors dictate that in addition to studying individuals, more attention should be given to areas because residential segregation affects the health of blacks. According to the authors, households' characteristics for individuals differ dramatically regardless of an individual component (Sampson, Wilson & Kaz, 2015). The isolated areas do not allow efficient access to health facilities, therefore, limiting the chances for frequent medical checkups, and this can affect the health of the dwellers of such areas. Some state authorities such as the public health authorities indirectly or directly decline to visit areas dominated by black people leading to low health standards that can give room for the spread of diseases.

The commonality found throughout the literature is that discrimination is a prominent factor for psychological distress, mental disorders, abuse of substances, and obesity among black Americans. However, while it is widely believed that infant mortality rate among blacks is due to risky behaviors, Smith et al. (2018) disputes this notion and asserts that barriers to positive birth outcomes are the cause of the wide gap of infant mortality rate among the black and the whites in America. Additionally, while the literature mentions the issue of infants' death being linked to racial discrimination, little information is available to substantiate the assertions since racial bias does not directly affect infants' health. There is, therefore, the need for further research to

explore this grey area comprehensively and provide concrete evidence regarding the same. Moreover, as argued by Sampson, Wilson & Kaz, (2015), more attention should be shifted towards studying areas as opposed to individuals because residential segregation significantly affects the health of blacks.

Method

A survey research study was the best choice to evaluate this social issue. Self-report enables a direct and formal evaluation of an individual. Instead of general implications, researchers are able to grasp the true experiences of the population and ultimately the “research produces data based on real-world observations.” (Kelley et al, 2003) Surveys are also cost effective and “produce a large amount of data in a short time.” (Kelley et al, 2003)

Participants

Participants included 45 random people from various social media platforms (Facebook, Twitter, Instagram, Snapchat). All participants identified themselves as either Black American or African Americans. For the purpose of this study, African Americans are classified as people with a direct tie to Africa (mother and father are of African descent). There were 27 women and 18 men. Participants who did not complete the survey were excluded, as were participants who took shorter than the average time to complete the survey. Several variables were compared and analyzed within the survey. Participants who omitted answers were excluded as well.

Materials

In the first two sections of questions, the responses were recorded by selecting (yes, no, or maybe) or in responses to questions about frequency, the participants were give a range of choices. (ex. How long has it been since the last time you had a physical or check-up?)

Response choices

- 6 months or less
- 6 months to a year
- 1-1.5 years
- More than 1.5 years

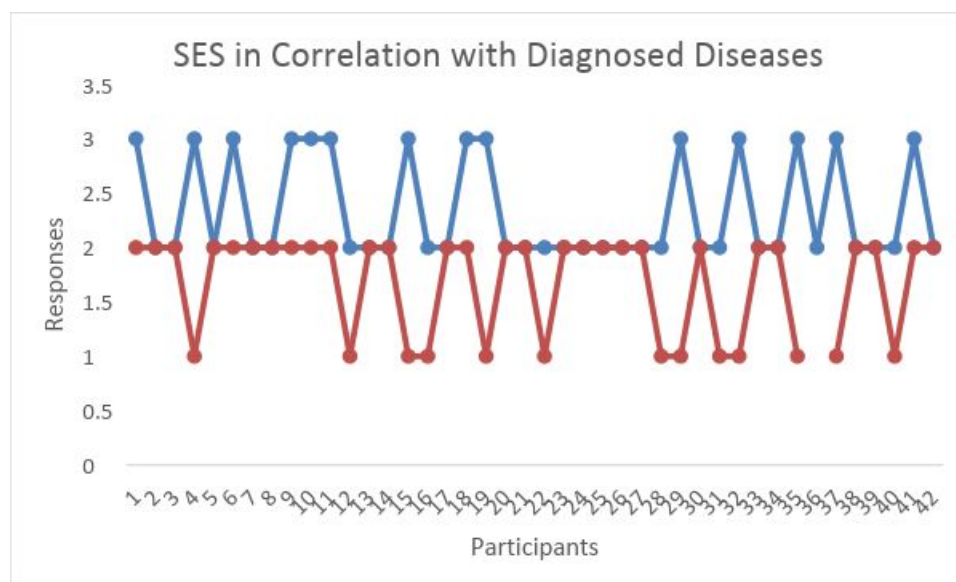
When asked about the attitudes and beliefs about their quality of care, each word was measured using a likert scale that ranged from “does not describe my experience at all” (1) to “very much like my experience.” (5)

Procedure

The 45 random participants were found through various social media platforms (Facebook, Twitter, Instagram, Snapchat). All participants identified themselves as either Black American or African Americans. For the purpose of this study, African Americans are classified as people with a direct tie to Africa (both mother and father are of African descent). There were 27 women and 18 men. At the beginning of the survey, participants were given the opportunity to agree or not to agree to participate in the study. Survey questions were grouped into five sections: neighborhood dynamics and income; doctors and health care; qualities of experience; nutrition; and, demographics/identity. The complete survey is included in Appendix A.

Results

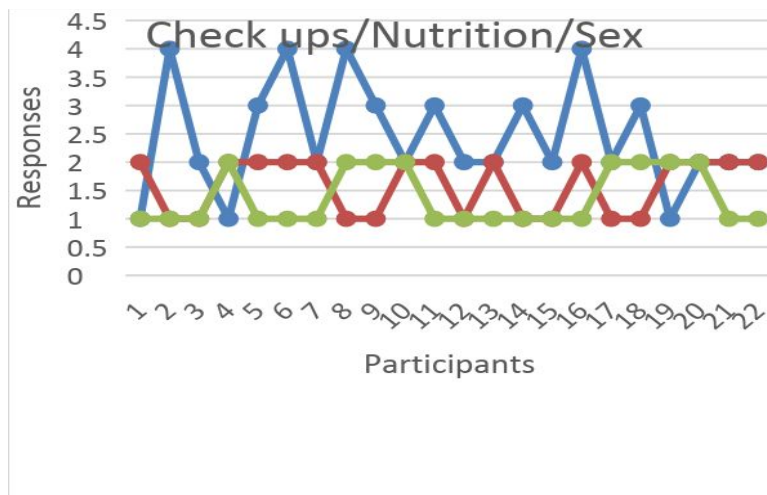
Excel was used to analyze all of the data, and the analysis focused on several variables. I found several themes throughout, but the association between the participants socio economic status and disease status was most striking. There was also a strong relationship between the participants value on health, the frequency of doctor's visits, and their sex. Another significant finding was the correlation between the level of education and the participants value on nutrition (Average response=1.28). Participants who had some college or higher valued the importance of nutrition higher than those who had an high school or lower educational experience.



(Graph 1)

Graph 1 represents the socio economic status in correlation with each participants status of having a chronic disease. The blue line represents the Socio economic status and the red line

represents whether or not the participant has ever been diagnosed with a disease. The average response was 2.17.



(Graph 2)

Graph 2 represents the frequency of doctor visits(blue), level of nutrition(red), and the sex of the participant.(green)

When participants were asked about their experiences with doctors, 30 participants felt they were treated poorly when attending their doctors visits. Some participants described their experience as being “horrible and their ailments being overlooked”. Some participants felt that “medicaid makes it difficult to find good doctors and the offices are usually overcrowded.”

Discussion

The goal of this study is to further the discussion and search to pursue health reform for the people within the Black community. This study explores the impact of racial discrimination and cultural perspective on the health of blacks in America. From the conclusion of this study, it can be concluded that Black women have very difficult interactions with health professionals,

but at the same time see doctors more frequently than Black men. Overall, participants who classified themselves as being lower income saw doctors less frequently and valued nutrition at a 'somewhat' level. Through my own research and previous studies conducted, I find it necessary to begin to apply this evidence to new reform within healthcare and within the communities themselves. Being that students spend most of the day at school, it is vital that these implementations start in the classroom and programs within the school system. These classes and programs should consist of in-depth information about nutrition in relation to health. The different ways foods affect African American bodies in general, and why it is important to be healthy in the long run.. There should only be healthy food choices while at school, in order to assist in making physical changes in the young students diets. Studies show that education is key to the development of impoverished communities. The knowledge that the students will acquire will open their eyes to the changes that need to be made in their communities. There should also be programs implemented that target the adults in the community. The programs should be held in places like community centers and parks. Along with the programs, there should be some type of incentive for completing the programs like vouchers for groceries or free gym memberships.

Conclusion

Discrimination and years of learned cultural health perspectives have cultivated a decline in the health of African and Black Americans. In this regard, there is a need to adopt innovative and newer plans of action. Reform that includes adequate resources and education is the greatest necessity in changing the health narrative of Black and African Americans. The additional

evidence will help to improve and facilitate the efforts of public health fraternity in addressing the issues of the Black and African American communities.

Appendix A

Black Studies Capstone Survey

Start of Block: Informed Consent

Q1

Welcome to my Honors Capstone Research Study!

I am interested in understanding the attitudes and beliefs about health within the Black and African American community and how racial discrimination and cultural perspectives have an impact on the health of Black and African Americans. You will be presented with several questions in regards to your lifestyle and opinions on health. Please be assured that your responses will be kept completely confidential.

The study should take you around 5-10 minutes to complete, and if you are in Dr. Flynn's class you will receive extra credit for your participation. Your participation in this research is voluntary. You have the right to withdraw at any point during the study, for any reason, and without any prejudice. If you would like to contact the Principal Investigator in the study to discuss this research, please e-mail Jessica Walker at z1777882@students.niu.edu.

By clicking the button below, you acknowledge that your participation in the study is voluntary, you are 18 years of age, and that you are aware that you may choose to terminate your participation in the study at any time and for any reason.

Please note that this survey will be best displayed on a laptop or desktop computer. Some features may be less compatible for use on a mobile device.

- I consent, begin the study
- I do not consent, I do not wish to participate

Page Break

End of Block: Informed Consent

Start of Block: Neighborhood Dynamics/Income

Q7 How do you classify yourself and/or families socio economic status (SES)?

- Upper

Middle

Low-income

Poverty

Q8 Does your income effect your choice in food?

Yes

No

Q9 Does your neighborhood(1-3 mile radius) have at least three grocery stores with fresh produce?

Yes

No

Q10 Does your neighborhood have grocery stores with organic options?

Yes

No

End of Block: Neighborhood Dynamics/Income

Start of Block: Doctors/health

Q11 Do you have health insurance?

Yes

No

Q12 Have you ever been diagnosed with a chronic disease or told you were at risk for one?

Yes

No

Q23 How often do you see a doctor or get check-ups?

- Never
- 1-2 times a year
- 3-4 times a year
- 5 or more times a year

Q28 How long has it been since the last time you had a physical or check-up?

- 6 months or less
- 6 months to a year
- 1- 1 .5 years
- More than 1.5 years

Q72 Who is the president of the United States of America?

- Barack Obama
- John F.Kennedy
- Donald Trump
- Sarah Palin

Q24 Do you feel you receive adequate healthcare?

- Yes
- No

Q25 Have you ever felt or experienced discrimination while seeking healthcare? If yes, please explain briefly.

- Yes _____
- No

Q30 How do the following words describe your experience with healthcare professionals and/or the climate of the doctor's office setting? Please rate each word from 1-5 (1=Does not describe my experience at all and 5= Very much like my experience.)

Q32 Scared

- Does not describe my experience at all 1
- 2
- 3
- 4
- Very much like my experience 5

Q34 Excellent

- Does not describe my experience at all 1

2

3

4

Very much like my experience 5

Q36 Overwhelming

Does not describe my experience at all 1

2

3

4

Very much like my experience 5

Q38 Fair

Does not describe my experience at all 1

2

3

4

Very much like my experience 5

Q60 Judgemental

Does not describe my experience at all 1

2

3

4

Very much like my experience 5

Q61 Caring

Does not describe my experience at all 1

2

3

4

Very much like my experience 5

Q62 Understanding

Does not describe my experience at all 1

2

3

4

Very much like my experience 5

Q63 Dependable

Does not describe my experience at all 1

2

3

4

Very much like my experience 5

Q64 Good

Does not describe my experience at all 1

2

3

4

Very much like my experience 5

Q65 Helpful

Does not describe my experience at all 1

2

3

4

Very much like my experience 5

Q66 Disrespectful

Does not describe my experience at all 1

2

3

4

Very much like my experience 5

Q67 Condescending

Does not describe my experience at all 1

2

3

4

Very much like my experience 5

Q68 Belittling

Does not describe my experience at all 1

2

3

4

Very much like my experience 5

Q69 Educational

Does not describe my experience at all 1

2

3

4

Very much like my experience 5

Q70 Supportive

Does not describe my experience at all 1

2

3

4

Very much like my experience 5

End of Block: Doctors/health

Start of Block: Identity

Q3 How do you identify culturally and/or ethnically?

- Black
- African
- African American
- Mixed Race

Q4 Are you a first generation American?

- Yes
- No

End of Block: Identity

Start of Block: Nutrition

Q19 How many meals do you eat per day on average?

- 1-2

3-4

4 or more

Q20 Do you read the nutritional labels?

Yes

No

Sometimes

Q21 How important is healthy nutrition in your life?

Very Important

Important

Not important

Q71 The sky is silver and dogs can talk.

- True
- I don't know
- False

Q5 On average, how much sugar and simple carbs do you consume daily? (simple carbs examples: bread,pasta,etc.)

- A great deal
- A lot
- A moderate amount
- A little
- None at all

Q6 On average, How many fruits and vegetables do you consume daily?

- A great deal
- A lot
- A moderate amount
- A little
- None at all

End of Block: Nutrition

Start of Block: Demographics

Q13 What is your sex?

- Female
- Male
- Other: _____

Q14 What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55 and older

Q15 What is your marital status?

- Single
- Married
- Widowed
- Divorced
- Seperated

Q18 What is your highest level of education?

- Middle School
- High School Diploma/ GED
- 2-year Associates Degree
- 4-year Bachelors Degree
- Masters
- Doctorate

Q61 What is your sexual orientation?

- Heterosexual
- Homosexual
- Bisexual
- Pansexual
- Asexual
- Other _____

Prefer not to say

End of Block: Demographics

Start of Block: Debriefing

Q17

Thank you for participating in this Study. If you have any questions or concerns regarding this survey or your participation in this study, please feel free to contact Jessica Walker (Z1777882@students.niu.edu), under the supervision of Dr. Joseph Flynn (jeflynn@niu.edu).

This survey was meant to explore how racial discrimination and cultural perspectives impact the beliefs, ideologies, and ultimately the health of Africans and Black Americans. I hope to develop some key factors as to how and why health epidemics primarily effect the Black community. The goal of this study is to further the discussion and search to pursue health reform for the people within the Black community.

I would like to thank you again for your time and participation in this study. A friendly reminder that all data is anonymous and that no personal identifying information is being collected or shared.

End of Block: Debriefing

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