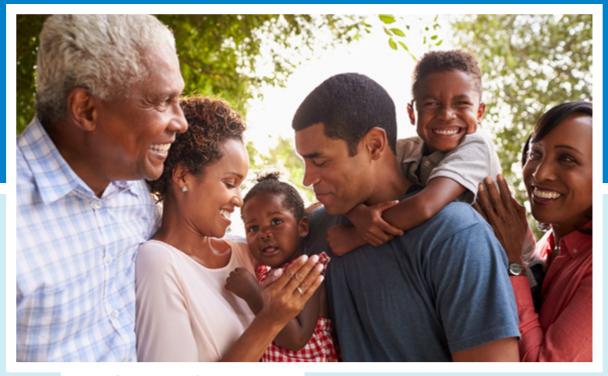
# Our Steps Forward:

Collaborating with Trusted Partners to Address the Unique Health Needs of African Americans



**EXECUTIVE SUMMARY** 

African American Health Engagement Study

A COLLABORATION OF









#### RESPONDING TO THE HEALTH NEEDS OF AFRICAN AMERICANS

Backgrounder to the African American Health Engagement Study



According to recent data from the Centers for Disease Control, African Americans face a greater risk of death at almost every stage of life compared with other American racial and ethnic groups, and African Americans overall have a life expectancy more than three years shorter than that of non-African Americans.

Research shows that the issue goes beyond race and involves a complex set of structural barriers that are economic, political and historical in nature, as well as social determinants that continue to impair efforts to reduce health disparities.

The African American Health Engagement Study (AAHES), which commenced in 2017, examines the health attitudes and behaviors of African Americans and reveals important health-related cultural differences compared to other non-African American respondent groups. The study shows that there are significant opportunities to strengthen engagement among the African American community, health care providers and medical organizations, toward improving health and health outcomes among African Americans.

The following are some of the steps forward that surfaced from the African American Health Engagement Study.

## Our Steps Forward

The results of the African American Health Engagement Study corroborate what many researchers have found over the last 50 years regarding African Americans' health outcomes and attitudes toward health care. The AAHES reiterates the critical need for a culturally competent approach in any effort or action designed to reduce and eliminate racial health disparities. The AAHES supports community collaborations that engage trusted health care professionals as an important means to effectively respond to the health care needs of African Americans.

The partnership is an opportunity to increase trust and communication and better meet the health needs of African Americans.

- \*\* The AAHES suggests ways in which Pfizer, the National Medical Association (NMA) and the National Black Nurses Association (NBNA) can partner to help:
  - Strengthen the capacity of African American health care provider organizations
  - Design health initiatives that consider social and cultural contexts
  - Motivate health-seeking behaviors in African Americans through health education and community initiatives
  - Focus on age and gender differences of African Americans
  - Build trust and cultural competency to increase diversity in clinical trials

#### The African American Health Engagement Study

### KEY FINDINGS

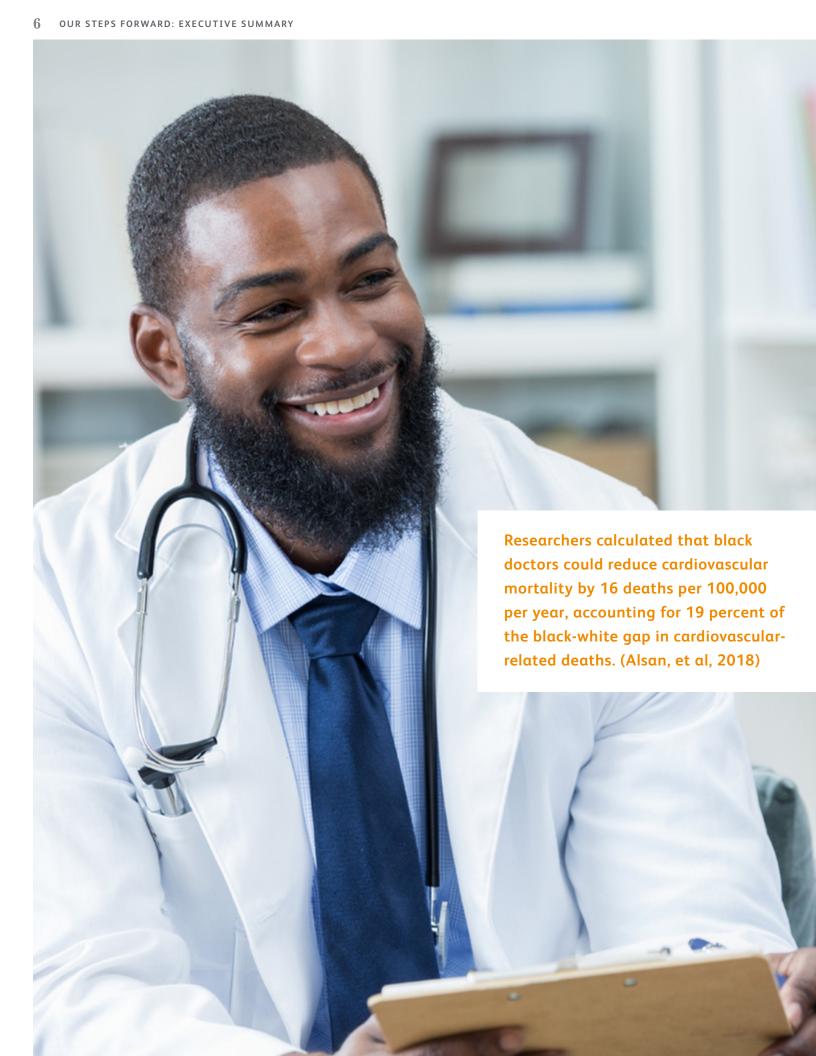
Areas of focus in the AAHES include spiritual health relative to other dimensions of health: awareness of and attitudes towards clinical trial participation; perception of state of health: and level of

motivation to

take action on

health.

- ▶ 84% of African American study participants described themselves as "highly motivated to improve overall health," compared with 76% of non-African American participants. Moreover, 75% of African American respondents claimed to be taking some action to stay healthy, compared to only 52% of non-African American respondents.
- ▶ 67% of African Americans surveyed agreed with the statement "I will do better on my health tomorrow," compared with 53% of non-African Americans surveyed.
- ▶ 36% of all African American study participants ranked their overall health (including physical, mental/emotional, and spiritual health) as "very good" or "excellent," compared to 43% of study participants in other groups.
- ▶ 79% of African American study participants viewed spiritual health as extremely or very important to overall health and wellness, compared to 59% of non-African American participants. 45% of African Americans reported being satisfied with their body regardless of weight, compared to 36% of respondents in other groups.
- ▶ 87% of African American participants believe African Americans are not well-represented in clinical trials, but only 33% of African American women and 41% of African American men stated that they would be willing to enroll in a trial if it means changing or starting medication.
- ▶ When it comes to trusted sources of health and medical information, African American respondents said that they place their highest level of trust in medical organizations focused on African Americans.



## : Introduction and Comparative Findings on Health Attitudes

The findings of the AAHES presents an opportunity to bridge the gap between African Americans' health/wellness aspirations and their health habits.

ATTITUDES ON	COMPARATIVE FINDINGS		
		African American	Non–African American
Clinical Trials	Feel well represented in clinical trials	13%	34%
Importance of Dimensions of Health	Believe spiritual health is important	79%	59%
	Are satisfied with their bodies regardless of weight	45%	36%
	Rating of overall health	36%	43%
Access and Current Health Conditions	Believe family history is a great concern	41%	33%
	Can find quality health care with ease	72%	70%
Motivations and Actions	Are motivated to create a healthier lifestyle	84%	76%
	Will make better choices regarding health tomorrow	67%	53%
	Agree that regular screenings are important	88%	80%
	Say that knowing one's health statistics is important	74%	61%
	Are likely to visit α nutritionist	39%	30%

#### Literature Review Highlights

#### • CHALLENGES TO ADDRESSING RACIAL HEALTH DISPARITIES

#### Structural Barriers

A study of global health systems and social determinants of health (SDHs), Fredrick (2016) found that "an individual's health and ability to seek health care services are "affected by a complex interplay of social, economic, and environmental factors within a community." This phenomenon was consistent the world over: in every community, the health system functioned as a collective of organizations, policies and individuals working in concert to "promote, restore, or maintain health."

Several studies show that despite African American unemployment being on a steady decline since 2009, African Americans are still are not getting adequate health care for a number of reasons.

Research has failed, for the most part, to consider structural barriers that prevent individuals from actively engaging in attempts to improve health outcomes. Metzl (2013) finds that little attention is given to the "structures and institutions that afford, enable, and occasionally block attempts to achieve longevity and well-being," not just on a population or community level, but also on an individual level. Wang, Crook, Connell & Yadrick (2017) studied this phenomenon in the Mississippi Delta at length.

#### **Cultural and Gender Distinctions**

African Americans are often viewed and studied as a monolithic group in which gender and generational differences are overshadowed by the prevailing issue of race. However, research shows that there are specific concerns and challenges when it comes to addressing the needs of African American men that do not impact African American women, and vice versa.

Health-related beliefs of African American men are intrinsically linked to societal attitudes and beliefs about masculinity. How much internalized beliefs about masculinity and manhood contribute to health-related behaviors of African American men, and how these beliefs are constructed, is largely unknown due to limited research on this particular topic. However, there is an abundance of research and data on the impact of masculinity on the health outcomes of white American men.

The problem of obesity is at an epidemic level in the South. While many African Americans are aware of the plethora of chronic diseases and illnesses that can be exacerbated by obesity, studies show that one of the greatest deterrents for African American women who seek to reduce their weight and risk of poor health is discouragement from family and friends, though little is known about why this is (Johnson et al., 2014).

Healthcare disparities in the U.S. result in a \$59.9 billion increase in healthcare costs with African **Americans** bearing \$45.3 billion of this cost. (National

Urban League,

2012)

#### Mistrust of Clinical Trials

- Mistrust of healthcare systems, clinical trials, and organizations is a major concern for researchers working with African Americans and other historically underrepresented populations.
- African Americans account for 12% of the U.S. population but make up only
   7% of trial participants (FDA 2017 Drug Trials Snapshots Summary Report).
- African American participation in clinical trials is significantly lower than that of all other racial and ethnic groups. This is likely, in part, the result of historical misuses and abuses in clinical trials that included African American participants (Fitts, 2016; Fisher & Kalbough, 2011; Fouad et al., 2001; Crawley, 2001).
- Some studies have found that African American women are more likely to participate in clinical trials than African American men (BeLue et al., 2006) and that, regardless of gender, African Americans are more willing to at least consider participating in clinical trials when approached in "safety net settings" (Joseph & Dohan, 2009). These settings include churches, social service organizations of which they are members, black expos and other venues and events.

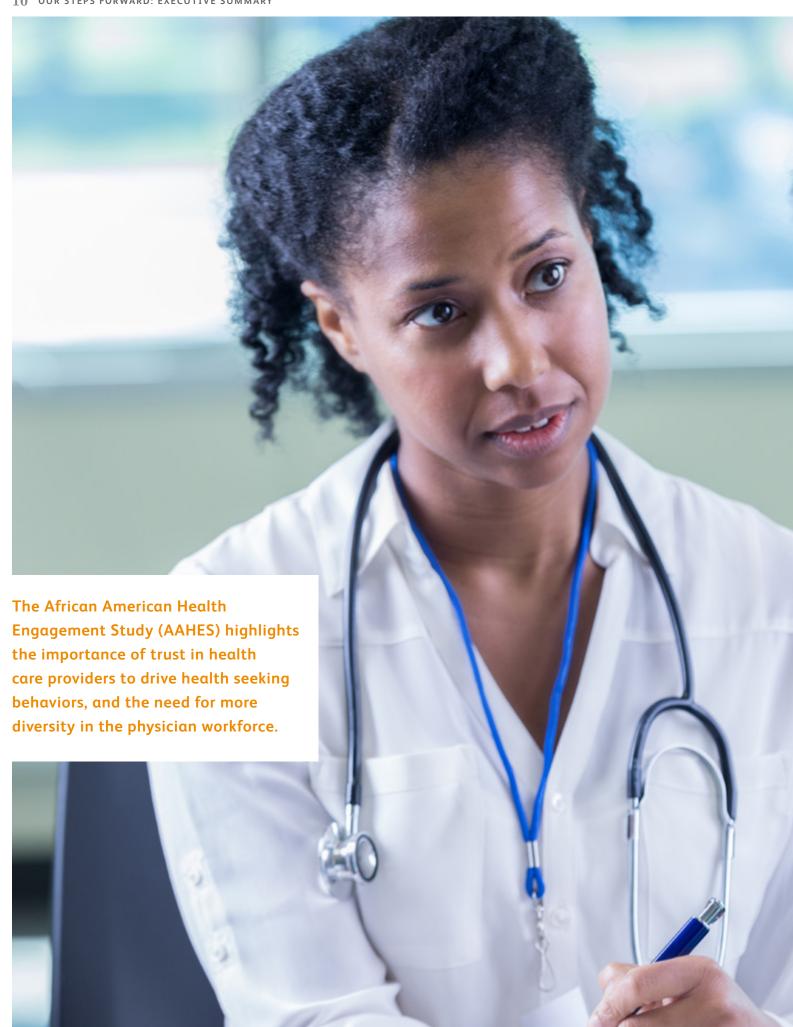
#### Access to Health Information

- The researchers found that when there is a community presence at fairs, social gatherings and community events where individual concerns can be addressed or there is time for one-on-one interaction with practitioners and health care advocates, participants had favorable reactions and were motivated to make individual changes in behavior (Lyons et al, 2013).
- Access to food and nutrition experts can help African American consumers make healthier choices that are within their budgets and provide lessons on how to cook flavorful meals without the added fats, salt and sugars that contribute to the illnesses and diseases that are so prevalent in African American communities (Beckhusen, 2018).
  - A study in an African American community in North Carolina found a direct link between the availability of grocery stores and consumption of fresh fruits and vegetables (Morland, Wing & Roux, 2002).

#### Trust of African American Health Care Providers

A study among 1,300 black men in Oakland, California, found that the men sought more preventative services after they were randomly seen for a free health care screening by a black doctor rather than a non-black doctor. The findings were eye-opening: the men were 29 percent more likely to talk with black doctors about other health problems and sought more invasive screenings (Aslan et al. 2018).

43% of
African
Americans
don't have an
opinion
on the
safety of
clinical trials.





#### CONCLUSIONS AND FINAL CONSIDERATIONS

Numerous public and private entities have piloted and practiced health interventions with varying degrees of success in terms of affecting African-American health outcomes. The best models empower African American doctors, health institutions, advocacy organizations and individuals. They incorporate African Americans' cultural beliefs and address fears about health care systems, as well as lingering concerns about racial bias in health care. A collaborative approach to addressing health care issues in the African American community can only be successful through a sustainable plan of action that positively affects African Americans and works to build their trust and confidence in the health care community.

## : How the Study Was Conducted

The African American Health Engagement Study (AAHES) commenced in January 2017 with 18 focus groups conducted by the Hunter-Miller Group with African American community members in Chicago, Houston and Philadelphia, followed by a nationwide quantitative questionnaire fielded in March and April of 2017 by the research firm Burke, Inc., with more than 2,000 participants (more than 1,000 in each group, African American and non-African American, with robust representation across age, gender, income and ethnicity groups in each cohort). Burke's proprietary algorithm was used to validate responses.

At the time the questionnaire was fielded, 91% of African American respondents and 93% of non-African American respondents reported having health insurance coverage.





