

SESSION II WRAP-UP: COMMUNITY-BASED APPROACHES AND CHANNELS FOR CONTROLLING HYPERTENSION IN BLACKS: BARRIERS AND OPPORTUNITIES

Yvonne L. Bronner, ScD, RD, LD
Baltimore, Maryland

The purpose of this conference is to describe issues and challenges related to the research and management of coronary heart disease in blacks. As has been noted by many of the previous presenters, there are few culturally specific studies of nutrition-based coronary heart disease prevention strategies in low-income African-American communities. Urban African-American communities are host to an array of socially mediated cardiovascular vulnerability factors, which make traditional interventions difficult to implement or sustain. These vulnerability factors include the level of poverty, unemployment, deficits in education, homelessness, substandard housing, social isolation, and violence.¹ Arising from this environment are eating habits and attendant nutritional patterns that have been shown to be associated with the development of cardiovascular risk factors.²⁻⁷

African Americans residing in these urban communities consume diets that are high in total fat, low in fiber, and low in vegetables and fruits, all factors associated with excess risk of cardiovascular disease.^{5,8-10} However, there are many positive practices and values within the culture that have not often been incorporated into nutritional interventions. Spirituality, expressiveness, music, rhythm, the extended family networks, and face-to-face ways of acquiring information all play a major role in the ways people select foods in the African-American community and can be used positively to effect change. Given the challenge of

approaching nutrition and lifestyle change in a social environment with competing priorities and a cultural context that is poorly understood, innovative and highly culturally specific interventions are needed to shift the paradigm in favor of prevention relative to eating patterns.^{5,11,12}

When planning nutrition interventions targeted to the African-American community, consider the following issues: 1) the cultural significance of food and the incorporation of cultural practices in nutrition intervention strategies, 2) the environment, 3) the form and importance of the African-American family, 4) the role of the church in community life, and 5) literacy. The independent and combined effects of these issues require special consideration when planning, implementing, and evaluating interventions in the African-American community.

CULTURE

Although culture is a known determinant of food selection, preparation, and consumption, traditional primary cardiovascular prevention nutrition programs have not incorporated cultural or lifestyle practices unique to the African-American community. Both self-concept and aggregate culture form the context in which foods are selected, and the social environment provides opportunities for change in each of these influence vectors. In African-American culture, the identity of each individual is inseparably tied to that of the group. An "extended self" is validated by its functioning in relationship and in harmony with the collective whole. Culturally appropriate strategies thus would need to include the extended family and social

Dr Bronner is Assistant Professor, Department of Maternal and Child Health, Johns Hopkins University, Baltimore, Maryland.

support networks in contrast to conventional, more clinically based strategies that target individuals and occasionally the nuclear family.¹¹⁻¹⁴

Other cultural factors to consider and incorporate into positive strategies for change in eating patterns include 1) affective and expressive factors that may favor emotion over cognitive models, 2) variations in language and communication that capture life experiences as learning tools and favor an orientation to people and interactions among people with social reinforcement, 3) internal cues (hunches) as a means of problem solving, 4) "making do" or stretching limited economic resources, 5) local and neighborhood-based education, and 6) cognitive style, one that favors spontaneity. All of these factors, which largely emphasize the social nature of the culture, may contribute to acceptance of the intervention and enhance the possibility for adoption of the recommendations.¹¹⁻¹³

ENVIRONMENT

Life conditions of African Americans in low-income urban settings have been shown to be deteriorating in the past two decades.¹⁵⁻¹⁷ Poverty, inadequate education, substandard housing, poor access to health care, the increase in drug and alcohol abuse rates with attendant violence, and the spread of AIDS are conditions that make nutrition and healthy lifestyles low priorities. Joblessness and institutional racism add to this burden to reinforce a communitywide self-image of hopelessness.¹⁷ The human services community faces increasing numbers of children and their families who are overwhelmed by the loss of tangibles such as shelter and clothing. Primary prevention thus has little chance of succeeding in this environment if it is not incorporated into an ethic that is fostering a change in community and individual self-concept.

After a century or more of strength, the church still serves this role in the community, both for its members and the surrounding neighborhoods. Interventions oriented toward nutrition, placed in this sociocultural context, must then not only see the church as a venue for interventions but incorporate the spirituality fostered by the church into the community as it seeks to overcome the nihilism that permeates life in the "ghetto." National organizations also are fostering this shift in basic beliefs in these communities. Jeffrey Howard of the Efficacy Institute, an African-American nonprofit educational service organization in Lexington, Massachusetts, has defined the problem relative to education and values. The program of the Ten Demands, developed in collaboration with the National

Association for the Advancement of Colored People (NAACP) and the Urban League, has interrelated and internally reinforcing elements and may be used as a model for helping to focus community-based interventions.^{14,18,19}

THE AFRICAN-AMERICAN FAMILY

The African-American family is an "intimate association of persons of African descent living in America who are related to each other by a variety of means, including blood, marriage, formal adoption, informal adoption, or by appropriation; sustained by a history of common residence; and are deeply imbedded in a network of social structures both internal to and external to themselves."²⁰ The primacy of blood ties in the African-American community is important to understand. It gives rise to a strong extended family and places a lower priority on married relationships. "Selected" focus by scholars and others on a limited range of the varied and complex African-American family—the 42% of single-parent families, the one third of families that are poor, those with children in trouble—and failure to understand the full range of family situations have led to false conceptions about black family life.²⁰ Thus, interventions have traditionally been applied to the "typical" American family, which is not what constitutes "family" in African-American communities. It is crucial to recognize that family configurations vary.

Historically, the core African-American family consisted of husband, wife, and their children. Divorce was rare. Often the nuclear core was joined by relatives creating the extended family or nonrelatives creating the augmented family. The stability of this family system is reflected in that the net decline in black married-couple families between 1890 and 1960 was less than 10 percentage points. In 1980, female-headed families with children outnumbered married-couple families with children for the first time since slavery. Since 1980, there has been a rapid increase in this family form, which is likely to increase further in the future. Even though the abandonment of the marriage relation is so severe that many talk of the "vanishing black family," the allegiance to family is still so strong that, on any given day, 75% of African Americans will be found living in families of one kind or another.²⁰⁻²⁴

THE CHURCH

Organized religion has provided the major vehicle for socialization in the African-American culture, serving as the center for the extended family, reinforcing

ing the sense of self-esteem, and providing opportunities for the whole family's development. The African-American church is the most influential institution in African-American community life. Since the National Black Health Providers Task Force on High Blood Pressure Education and Control recommended their use in 1981, many studies have demonstrated that churches are a viable channel for health intervention.²⁵ Clergy United for Renewal in East Baltimore (CURE) has been successful in several health intervention programs through its health-promotion component known as Heart, Body, and Soul. The LIGHT Way Project has emerged from the CURE model, which incorporates the church ethic into the interventions. The Pawtucket Heart Health Study also has focused on churches for some of its interventions based on the fact that churches are natural channels for health education.²⁵ Churches fulfill this role well because 1) they have organizational rules and structures that support cardiovascular nutrition efforts, 2) there are existing rewards for volunteerism and achievements, 3) there is long-term peer reinforcement, and 4) the access to large numbers allows for efficiency of operations. The church also provides a link to the spiritual component of African-American culture, which is important given the earlier caveat concerning moral decay and apathy in a context of hopelessness.²⁵⁻²⁷

LITERACY

Another important consideration is the independent and unique experience of education in the African-American community and the impact it has on the assimilation of information important for nutrition education and change, including such national campaigns and guidelines as "5-A-Day" and the "Food Guide Pyramid." Because of the heterogeneity of the urban African-American community, some residents have educational deficits that prevent them from benefiting from many national nutrition education campaigns. The National Assessment of Educational Progress Study in young adults ages 21 to 25 years, conducted to determine levels of prose, document, and quantitative literacy, reported a wide discrepancy between African Americans and whites, with African Americans performing less well.²⁸

Functional literacy, the ability of adults to apply communication skills to the operations of everyday life, as measured by the National Adult Performance Level Study, showed that in 1975, 44% of the total adult black population had not achieved fourth-grade reading levels.²⁹ This is independent of adult age, so that 25 to

35 year olds had the same literacy problems their parents experience. This high level of functional illiteracy in the target population makes using many currently available nutrition and health education materials inappropriate and should be considered in adapting these materials as well as in developing new materials²⁹⁻³² (Doak LG, Doak CG, personal communication, PLA Inc, 1990). This functional illiteracy also suggests that perhaps reading plays less of a role in normal social transmission of information in the African-American community and that social interventions must accompany any written materials to improve the probability of effectiveness.

In summary, given the social and cultural complexity of the urban African-American community, organizing conceptual frameworks for nutrition interventions is a challenge.^{33,34} To enhance the possibility that these interventions will be successful, culture, the environment, the African-American family, the role of the church in African-American society, and literacy are issues to consider during the planning, implementation, and evaluation phases of projects.

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