

African Americans in Minnesota

Increasing the cultural competence of health care providers serving diverse populations

In order to provide equitable and effective health care, clinicians need to be able to function effectively within the context of the cultural beliefs, behaviors, and needs of consumers and their communities. According to the 2002 Institute of Medicine report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, racial and ethnic minorities tend to receive lower quality health care than non-minorities even when access to insurance and income is accounted for. Failing to support and foster culturally competent health care for racial and ethnic minorities can increase costs for individuals and society through increased hospitalizations and complications.

The 2010 U.S. Census recorded approximately 38,929,319 blacks or African Americans in the nation, 12.6 percent of the total population. This number reflects a 12.3 percent increase in this population since 2000.

Minnesota's African Americans number 275,804, or 5.2 percent of the total state population, reflecting a dramatic 59.8 percent increase since the 2000 U.S. Census. This number can be compared to the state's white population, at 85.3 percent, which increased only 2.8 percent since 2000.¹ Minnesota's African-American population is projected to increase to nearly 450,000 by 2035, with the largest populations in Hennepin (200,000), Ramsey (77,000), Dakota (37,000), and Anoka (31,000) counties.²



The following cultural patterns may represent many African Americans, but do not represent all people in a community. Each person is an individual, as well as a community member. The term African American generally refers to people descended from Africans who did not come to the U.S. voluntarily—descendants of the four million slaves brought to the U.S. between 1600 and 1800.

Social Structure. Many aspects of African-American culture today reflect the culture of the general U.S. population. Families are often matriarchal, although males or females may be the head of household with decision-making roles. African American families often include non-related “family” members. African-American women more than men tend to remain unmarried, and more women have been educated at the college level.



Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works with the health care community as a quality improvement expert, educational consultant, convenor, facilitator, and data resource.

In 2007, the 10 leading causes of death in the African-American population were heart disease, cancer, stroke, injury, diabetes, homicide, nephritis, respiratory disease, HIV/AIDS, and septicemia.

In general, the older generation tends to be more conservative, may have a more traditional view of gender roles, and may shun interracial dating and marriage. Elders are respected and often provide care for grandchildren. Institutionalization of elders has historically been avoided, with sons and daughters taking on the family caretaker role.

Diet. Traditional African-American food—sometimes referred to as “soul food”—is diverse and flavorful with its origins in Africa, the West Indies, and North America. Many African Americans eat hearty meals that include meat or fish, greens, rice, grits, white or sweet potatoes, corn, yams, and turnips. Leafy greens may include collards, mustard, kale, or cabbage. Traditionally, families eat a large noon meal on Sunday after church, followed by a light dinner.

The idea of what soul food is differs greatly among African Americans. Soul food may refer to meals made with fried chicken, pork chops, sausages, chitterlings, grits, black-eyed peas, and hush puppies. Dishes such as gumbo, jambalaya, fried porgies, potlikker, and hoppin’ John (rice, black-eyed peas, and salt pork) may all be considered soul food. Okra is the principal ingredient in gumbo, a Creole stew, and is believed to have spiritual and healthful properties.

Cajun and Creole cooking, which originated in Louisiana from French and Spanish settlers gradually changed in character and composition by people from Africa, the Caribbean, and South America, who brought new foods and spices to America, such as Jamaican jerk chicken and fried plantains. Today, many of these foods are reserved for holidays or special occasions.

Religion. African Americans often have strong religious affiliations. Many are affiliated with Christian religions—notably Baptist. Many African Americans follow Islam. Church and spiritualism, accompanied by regular church attendance, praying, singing, and bible reading, is an important part of African-American life. Maintaining good health is often associated with good religious practice. Patients may seek health guidance from a family minister and many churches maintain a health ministry.

Medical Care. African Americans are becoming increasingly health conscious and are seeking health screenings and treatments. However, older African Americans may be suspicious of clinicians and reluctant to share personal and family issues. They often believe their health is personal and up to God’s will. Building a trusting

relationship is key. Health literacy in this population tends to vary by generation.

African Americans are affected disproportionately by the leading causes of death in the U.S. In 2007, the 10 leading causes of death in the African-American population were heart disease, cancer, stroke, injury, diabetes, homicide, nephritis, respiratory disease, HIV/AIDS, and septicemia.

- African-American men have higher rates of getting and dying from prostate cancer than other men.
- Forty-five percent of African-American adults in the U.S. are obese.
- African Americans are more likely to die from asthma than other populations.
- Nearly half of those infected with HIV/AIDS are African American.
- Sickle cell anemia is the most common genetically inherited condition in this population.
- African Americans also exhibit a higher incidence of lactose intolerance, periodontal disease, and have common skin problems such as discoloration of the face and other pigment disorders.

In 1965, African Americans were more than twice as likely as whites to eat a diet with recommended levels of fruit, vegetables, fat, fiber, calcium, and potassium. Today, this population is reported to have a poor-quality diet, which is often attributed to a greater availability of packaged and processed foods; the high cost of fresh fruit, vegetables, and lean meat; and the practice of frying food and using fats in cooking.

Although many foods eaten by African Americans, such as greens, vegetables, beans, and rice, are rich in nutrients, economic issues and deep-rooted dietary habits create challenges for changing eating behaviors and lowering disease risk. National programs to improve diet quality, lower disease risk, and improve overall health of African Americans and other minority groups have been initiated.^{3,4,5}

Death and Dying. In the African-American community, death is an important aspect of religion and culture, with unique traditions, mourning practices, burial rites, and even the structure of cemeteries. Rather than a time of sadness, death should be a time to celebrate that the deceased no longer has to endure the trials of the earthly world.

Because of the importance of family in the African-American culture, the family should be informed of an impending death so that extended family members can be notified. A family-centered approach is recommended for conveying serious medical information, seeking consents, and explaining issues such as autopsy and organ donation. Many older African Americans believe that death is at God's will, but may believe that life support should be continued as long as necessary. Cremation is generally avoided in this community and organ donation may be viewed by some as a desecration of the body.

Some present day customs of death can be traced back to African roots, which have been passed down in the form of expressions, superstitions, religious practices, and music. At the time of death, old beliefs and superstitions are remembered and may be acted upon, such as not burying the deceased on a rainy day, or burying the deceased with feet facing east to allow rising on Judgment Day. Coins may be placed on the eyes or in the hands of the deceased, or placed around the grave site as the deceased's contribution to the community of ancestors, or for admittance to the spirit world.⁶

Sources:

¹2010 U.S. Census, <http://2010.census.gov/2010census/popmap/ipmtext.php?fl=27>, viewed January 19, 2012

²Minnesota State Demographic Center, <http://www.demography.state.mn.us/documents/MinnesotaPopulationProjectionsbyRaceandHispanic-Origin2005to2035.pdf>, viewed January 4, 2011

³Centers for Disease Control and Prevention, <http://www.cdc.gov/omhd/populations/BAA/BAA.htm#Ten>, viewed January 4, 2011

⁴Centers for Disease Control and Prevention, <http://www.cdc.gov/omhd/AMH/dbrf.htm>, viewed March 2009

⁵Nutrition and Well Being A to Z, <http://www.faqs.org/nutrition/index.html>, viewed July 2009

⁶Culture and Clinical Care, UCSF Nursing Press, University of California School of Nursing, San Francisco, CA, 2005

Stratis Health has a long record of success in reducing health disparities among communities of color and underserved populations. Our efforts to reduce health disparities include increasing the cultural competence and effectiveness of providers serving culturally diverse populations, improving health literacy in the community, and working with specific populations on targeted clinical conditions.

Culture is essential in assessing a person's health and well-being. Understanding a patient's practice of cultural norms can allow providers to quickly build rapport and ensure effective patient-provider communication. Efforts to reduce health disparities must be holistic, addressing the physical, emotional, and spiritual health of individuals and families. Also important is making connections with community members and recognizing conditions in the community. Get to know your patients on an individual level. Not all patients from diverse populations conform to commonly known culture-specific behaviors, beliefs, and actions. Generalizations in this material may not apply to your patients.

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Culture Care Connection is an online learning and resource center dedicated to supporting Minnesota's health care organizations in their ongoing efforts to provide culturally competent care. Funding to support Culture Care Connection has been provided by UCare.

Contact us for assistance with your quality improvement and patient safety needs related to reducing health care disparities.



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