



## ECI Interdisciplinary Journal for Legal and Social Policy

---

Volume 2 | Issue 1

Article 2

---

11-30-2012

# Behavioral Changes for African Americans To Improve Health, Embrace Culture, and Minimize Disparities

Dashiel J. Geyen Ed.D., M.P.H.

Texas Southern University, [Djgeyen@gmail.com](mailto:Djgeyen@gmail.com)

---

### Recommended Citation

Geyen, Dashiel J. Ed.D., M.P.H. (2012) "Behavioral Changes for African Americans To Improve Health, Embrace Culture, and Minimize Disparities," *ECI Interdisciplinary Journal for Legal and Social Policy*: Vol. 2 : Iss. 1 , Article 2.

Available at: <https://digitalscholarship.tsu.edu/thebridge/vol2/iss1/2>

This Article is brought to you for free and open access by Digital Scholarship @ Texas Southern University. It has been accepted for inclusion in ECI Interdisciplinary Journal for Legal and Social Policy by an authorized editor of Digital Scholarship @ Texas Southern University. For more information, please contact [rodriguezam@TSU.EDU](mailto:rodriguezam@TSU.EDU).

## **Behavioral Changes for African Americans To Improve Health, Embrace Culture, and Minimize Disparities**

*Dashiel J. Geyen, Ed.D., M.P.H.*

### **Health Disparities of African Americans among the U.S. Population**

The following discussions about diseases include those diseases that have been identified as the leading causes of chronic illness and death for the African American population since 1980. These diseases may be acquired either through genetic predisposition, circumstances within the environment, or by the combination of both factors. Consequently, the following diseases have a tremendous impact on the quality of a person's life and are a major contributor to health disparities of African Americans among the United States population.

#### **Cardiovascular Disease**

African Americans tend to suffer more than any other ethnic or racial group from cardiovascular disease. 2007 statistics from the Office of Minority Health (OMH) suggested that an estimated 40 % of African American men and women have some form of heart disease, compared to 30 % of white men and 24% of white women. African Americans are also 29% more likely to die from cardiovascular disease than whites. Moreover, since 2005, African Americans are 1.5 times as likely as whites to have hypertension. In a similar manner, African American men are 30% more likely to die from heart disease as compared to white men.

Overweight and obesity are major risk factors for cardiovascular disease. African American women have the highest rates of being overweight and obese compared to other groups of women in the United States. According to the National Women's Health Information Center (2010), about four out of five African American women are overweight or obese. According to Ogden, Carroll, McDowell et.al. (2007) 53 % of African American women, aged 40 through 59, were obese compared to 39 % white women of the same age. Among women 60 years and older, 61% of African American women were obese compared with 32% of white women.

#### **Cancer**

In 2010, the American Cancer Society found that African Americans are more likely to develop cancer than persons of any other racial or ethnic group. The most commonly diagnosed cancers among African American men are prostate, lung, and colon and rectal cancer. Among African American women, the most common cancers are breast, lung, and colon and rectal. They also discovered that African Americans have the highest cancer death rate among all racial or ethnic groups; for example, the prostate cancer incidence rate among African American men is 60 % higher than the rate among white American men. According to 2009 -2010 data from the

American Cancer Society the prostate cancer death rate was shown to be more than twice as high among African American adult males as men of any other racial or ethnic group.

The American Cancer Society reported in 2005 that African American men were 1.3 times as likely to have new cases of lung cancer, and were twice as likely to have new cases of stomach cancer as white men. In addition, African American men have a lower survival rate for lung and pancreatic cancer by five years when compared with white men.

Although the rate of newly diagnosed cases of breast cancer among African American women is about 13 % lower than in white women, African American women still have a higher mortality rate than any other ethnic or racial group (Office of Minority Health, 2007). More specifically, in 2005, the American Cancer Society reported that African American women were 10 % less likely to have been diagnosed with breast cancer; however they were 34% more likely to die from breast cancer compared to white women. Recent statistics have also shown that African American women are twice as likely to be diagnosed with stomach cancer, and 2.4 times as likely to die from this disease when compared to white women (Office of Minority Health, 2007).

## **Stroke**

Blood pressure tends to be higher among African Americans than other racial and ethnic groups in the United States. In fact, it is a risk factor which could lead to the third leading cause of death among African Americans (Office of Minority Health, 2010). In the United States an estimate 750,000 people experience a stroke each year. On average, every 45 seconds someone has a stroke and every three minutes someone dies in America as a result of a stroke (The Stroke Network, 2008). Stroke death rates are substantially higher for African Americans than for whites (Office of Minority Health 2010).

In 2010 the Office of Minority Health reported that since the year 2000, African American adults are 1.7 times more likely than their white adult counterparts to have a stroke. In addition, the report found that African American adult males are 60% more likely to die from a stroke than white adult males. Among African Americans aged 20 and older, 63% - of the men and 77.2% - of the women are overweight or obese. The likelihood of a stroke occurring is greater among African Americans with overweight concerns.

According to the Center for Disease Control and Prevention (2005), African American stroke survivors were more likely to become disabled, experience difficulty with activities of daily living, and meet obstacles to obtain support services than their white counterparts.

## Diabetes

According to the Office of Minority Health (2007), more than 20.8 million adults have diabetes in the United States. Racial and ethnic groups, especially among the elderly, are affected by diabetes at different rates with African Americans being disproportionately impacted.

In the United States, just being overweight or obese is a major risk factor for diabetes in women. This risk factor is generally higher among women of color than with white women. According to research by the Office of Minority Health, 77 % of African American women are considered overweight or obese as defined by a body mass index (BMI)<sup>1</sup> of greater than or equal to 25, and 50% are in the obese range of a BMI of greater than or equal to 30. The OMH goes on to say that the severity of obesity among African American women is also greater than the average when judged by the 15% who have a BMI of greater than or equal to 40. This BMI is considered a “Class Three,” or an extremely obese range (Flegal, Carroll, Ogden, & Johnson, 2002). The variation in obesity with socioeconomic status (SES) must be considered when comparing African Americans to white Americans. However, the higher obesity prevalence in African American women versus white American women is seen in all levels of typical SES indicators, such as education and income (Winkleby, Kraemer, Ahn, & Varady, 1998). African Americans are 1.8 times as likely to develop diabetes than white Americans. The highest incidence of diabetes among African Americans (25%) occurs between 65-75 years of age. One in four African American women over 55 years of age has diabetes. (American Diabetic Association, 2010A) They are especially affected in a group that is already highly prone to the disease. Nearly 12 % of African American women over 20 years of age have diabetes, or are highly likely to experience complications of diabetes (American Diabetic Association, 2010A).

For example, complications such as diabetic retinopathy, kidney failure, and amputation of limbs are more likely in African Americans. Diabetic Retinopathy, is an eye disease that occurs 50 percent more often in African Americans than whites (American Diabetic Association, 2010a). Kidney failure is estimated to be four times more common in African Americans with diabetes than in white Americans. The forced amputation of lower extremities (legs and feet) are also more common in African Americans than in white Americans with diabetes. They are 2.7 times more likely to suffer from lower limb amputations (American Diabetic Association 2010a).

The American Diabetic Association (2010b) noted that Diabetic Ketoacidosis (DKA), a condition of Type 2 diabetes in which extremely high blood glucose levels, along with a severe lack of insulin, results in the breakdown of body fat for energy and an accumulation of ketones in

---

<sup>1</sup> Body Mass index is a measure of body fat that is the ratio of the weight of the body in kilograms to the square of its height in meters. "Body Mass Index" Merriam-Webster.com. <http://www2.merriam-webster.com/cgi-bin/mwmedsamp> (2011).

the blood and urine. Symptoms of DKA are nausea, vomiting, stomach pain, fruity breath odor, and rapid breathing. Untreated DKA can rapidly lead to a coma, and even death. According to the American Diabetic Association (2010b), African Americans have an increased chance of developing DKA than do white Americans.

## **HIV/AIDS**

Within the past three decades HIV/AIDS has reached an epidemic level within the African American community. They face the most severe burden of HIV/AIDS in the United States. The Office of Minority Health (2007) reported that more than 54% of HIV/AIDS diagnoses in 2002 were African Americans. Government data from the Center for Disease Control indicated that African Americans comprised 14% of the total U.S. population; however they accounted for 49% of all HIV/AIDS cases as well as nearly half of new infections each year (Center for Disease Control, 2010).

AIDS is a leading cause of death among African American women aged 25-34, and is the second highest causes of death in African American men aged 35 to 44 (CDC Fact Sheet 2010). In addition, African American women are particularly struck by HIV/AIDS. They are 23 times more likely to die from the disease as compared to white American women (Office of Minority Health 2010a). The majority of African American women living with HIV/AIDS were infected through heterosexual contact. The rate of new HIV infections for African American women is nearly 15 times as high as that of white American women and nearly four times as high as that of Hispanic women (Center for Disease Control, 2010).

African American men had more than 7.9 times the rate of AIDS cases than white American males (Office of Minority Health, 2010a). The rate of new HIV infections for African American men is about six times as high as the rate among white American men and nearly three times that of Hispanic American men. They are more than twice that of African American women. Among African Americans, the majority of new infections occur among men who have sex with men (Center for Disease Control Fact Sheet, 2010).

## **Infant Mortality**

Since 2000, African American mothers were 2.5 times as likely as white mothers to begin prenatal care in the 3<sup>rd</sup> trimester, or fail to receive any prenatal care (Office of Minority Health 2007). Consequently, their infants were almost four times as likely to die from causes related to low birth weight or premature birth as compared to white infants (Office of Minority Health, 2007).

The mortality rate for African American infants was more than twice the rate for that of White infants in 2001 (13.3 deaths per 1,000 for African Americans, 5.7 deaths per 1,000 for Whites) (Office of Minority Health, 2007). Four years later, African Americans had an infant mortality rate 2.3 times higher than that of white Americans. In addition, the rate of African

American infant deaths from Sudden Infant Death Syndrome (SIDS) was 2.2 times greater than that of white Americans (Office of Minority Health, 2007).

Singh and Yu (1995) reported in their study that the rate of decline in overall infant mortality from 1950 through 1991 differed significantly for African Americans and white American infants. The mortality rates for white American infants during this period declined by 3.23% per year while the rate for African American infants dropped by 2.89%. By 1991, the relative infant mortality situation for African American infants had deteriorated, with their rate of 16.5 being 2.2 times greater than the rate (7.5) for white American infants.

### **Immunizations**

Although the number African American immunization recipients have gradually increased, the Office of Minority Health revealed that the rate at which they receive immunizations tremendously lags behind that of white Americans. For example, the Office reported that in 2003, 69 % of the white elderly population received influenza vaccinations, compared to 49 % of older African Americans. Furthermore, the government indicated that the vaccination rates against pneumococcal infections were nearly 60 % greater for white Americans compared to 37% for African Americans (Office of Minority Health, 2007).

In 2006, African Americans aged 65 and older were 30% less likely to have received influenza shots and 40% less likely to receive pneumonia shots when compared to that of whites in the same age group (Center for Disease Control, 2007). During the first half of 2007, 58 % of African Americans adults compared to 71% of white American adults received influenza vaccinations. In addition, an estimated 47% of African American adults as compared to 62% of white American adults received pneumococcal vaccinations (Center for Disease Control, 2007).

More recent information from the Office of Minority Health (2010) suggested that in 2008 51 percent of African American adults, as compared to 70% of white American adults, got influenza vaccinations. At the same time, 45% of African American adults compared to 65% of white American adults received immunization shots for pneumococcal infections.

Research by the Office of Minority Health (2010) suggested that the lower rates of vaccinations among African Americans may be attributed to misperceptions about vaccines, distrust of the government, and a lack of access to health care services.

Table 1

*Leading Causes of Chronic Illnesses and Death to African Americans Since 1980*

Ranking	1980	1990	2000	2007
1	Cardiovascular	Cardiovascular	Cardiovascular	Cardiovascular
2	Cancer	Cancer	Cancer	Cancer
3	Stroke	Stroke	Stroke	Stroke
4	Unintentional Accidents	Unintentional Accidents	Unintentional Accidents	Unintentional Accidents
5	Homicide	Homicide	Diabetes	Diabetes
6	Birth Defects	HIV	Homicide	Homicide
7	Pneumonia and Influenza	Diabetes	Pneumonia and Influenza	Kidney Disease
8	Diabetes	Pneumonia and Influenza	Respiratory Disease	Respiratory Disease
9	Liver Disease	Perinatal Period	HIV/AIDS	HIV/AIDS
10	Kidney Disease	Respiratory Disease	Birth Defects	Septicemia

Source: Center for Disease Control and Prevention 2010

At least two-thirds of the chronic diseases impacting African Americans can be effectively treated, controlled, managed, or even prevented when changes are made in behaviors. Moreover, behaviors can assist in minimizing the risk of the onset of chronic disease and their leading to a premature death. Illness and early death could be substantially reduced if African Americans would adopt a lifestyle that promotes wellness, such as eating a healthy diet, exercising regularly, and getting an adequate amount of rest. The American Cancer Society (2010) indicates that prevention, early detection, and treatment can reduce premature mortality and death rates from all major diseases among African Americans.

## **Cultural Barriers**

A number of theories are involved in explaining the health disparities between African Americans and other racial groups as mentioned above. They may include a wide range of cultural variations, which contribute to a variation in daily lifestyles. Consequently, this contributes to poor health outcomes for many African Americans. So how, then, can African Americans continue to embrace the significance, dignity, and beauty of their culture without compromising the importance of a healthy lifestyle? There are two very naturally occurring behaviors that have existing cultural implications. They are eating (diet), and movement (physical exercise activity).

## **Diet**

Traditionally, food consumption is deeply rooted within the African American culture. There are specific kinds of foods prepared with certain types of seasonings and ingredients which have been traditionally eaten by many African Americans. “Soul Food,” or “Comfort Food” (as it was initially called prior to the 1960s) can be traced as far back as the period before Africans came to the United States as slaves. ( Harrell, 2011)

Historically, African slaves introduced certain plants and seeds to the Americas that were generally found in their native land. This included black-eyed peas, okra, yams, cornmeal, sorghum, and watermelon. In addition, slave owners often gave their African slaves unwanted meats from the pig and cow, such as the feet, ears, tails, and tongue, which remain traditional meals today among the African American community. (Harrell, 2011)

Often due to limited resources for food preparation, many African Americans, particularly those living in the rural south, utilized what resources they had available. As a result they used large amounts of animal fats, sugar, and salt to season their food. Salt was also used as a preservative agent since many African Americans had no refrigeration or other method to keep food from perishing over time.

As slavery was abolished, the evolution of Soul Food continued. Food preparation was a skill that many African Americans possessed, since they spent much of their time preparing meals for their slave owners. Consequently, they were able to find employment as cooks in cafes, restaurants, and in the private homes of whites. Preparations of Soul Food also continued in the homes of many African Americans as well, especially on Sundays, holidays and for special events.

Today, Soul Food is still served in homes, cafes, and restaurants, throughout much of the country. Many of the recipes have remained the same to include certain meats and large quantities of sugar, salt, and animal fat. The foods that are included in Soul Food cuisine are



seldom taken directly from gardens and farms. They are frequently shipped from a long distance and prepackaged, containing chemical preservatives for a longer shelf life. These kinds of food are often easily available as they can be found in eateries, stores, and markets where there is a high concentration of African American clientele.

All Soul Food is not unhealthy: the fruits and vegetables that comprise much of Soul Food cuisine are actually good to eat. But dietitians and nutritionists suggest that the common seasonings, as well as the meats used are considered unhealthy. Continual consumption of large amounts of sugar, salt, animal fats, and chemical preservatives contribute significantly to the health concerns of many African Americans. These elements are also prevalent in much of the “fast food” that is sold and made easily accessible to the consumer from restaurants found in the greater African American community.

Many African Americans will firmly attest that a diet which lacks these unhealthy ingredients is less than desirable and is considered not satisfying to their appetite. Generations of African American families have consumed these ingredients, and have grown attached to them. Friends and family members will openly indicate that they are not presently experiencing any ill effects from the types of food they have eaten. Therefore they hold no justifiable reason to stop eating the harmful foods and their unhealthy types of seasoning.

Making changes in the eating behaviors of African Americans should not be a difficult adjustment. First, they should acknowledge that consumption of large amounts of sugar, salt, animal fats, and chemical preservatives regularly can contribute significantly to health problems. Secondly, minor modifications in the recipes for soul foods will still maintain the delectable taste without losing the richness of its cultural appeal.

For example, an original recipe that was used in preparing mustard greens called for substantial amounts of pork fat, salt, and lard as a the primary form of seasoning. A much healthier alternative would be to substitute the seasoning with smoked turkey necks, bay leaves, bell peppers, and white onions. Smoked turkey necks contain less animal fat content, while the bay leaves, peppers and onions add a fresh, delicious quality to the meal. Should there be a need for salt, chefs could use sea salt, or perhaps even a salt substitute. Other examples of alternatives to traditional soul food preparations are explored in the book *Vegan Soul Kitchen: Fresh, Healthy, and Creative African-American Cuisine* by Bryant Terry (Da Capo Press, 2009).

African Americans are no longer limited to unwanted or jettison food items that are considered unhealthy (Harrell, 2011). They now have information and knowledge to make healthy choices for eating, food preparation, and diet. With minimal effort and cost, African Americans now have access to super markets and grocery stores that carry a variety of healthy seasonings as well as organic, all natural, and fresh food items. African Americans can now adopt recipes for Soul Food that promote healthy outcomes.

## **Physical Exercise Activity**

Movement represents life. However many women of color, particularly African Americans, participate less often in physical activity than do their white peers (Center for Disease Control and Prevention, 2007a). Luncheon and Zack (2011) examined differences in the association between physical activity and the Health Related Quality of Life (HRQOL) in women aged 40 to 64 years of different racial and ethnic groups. The findings indicated that Caucasian women participated more often than African American women in regular physical exercise activity. Research findings have suggested the need to integrate vigorous physical activity into interventions for African American women as a preventive therapy for cardiovascular risk (Shuval, DeVahl, Tong, Gimpel, Lee, DeHaven, 2011).

For those African Americans who are diagnosed with chronic diseases, engaging in regular and structured exercise could mean an improvement in their quality of life. Too many African Americans maintain a sedentary lifestyle which can often result in the early onset of chronic diseases or even premature death. Experts suggest regular physical exercise activity can help lower high blood pressure and cholesterol. However, for various beliefs, practices and cultural reasons, a number of African Americans are not motivated to engage in routine physical exercise.

One explanation has to do with perception of body image among African American women. Research has suggested that African American women tend to be more satisfied with a larger body size than white women (Jordan, 1999; Thompson, Sargent, & Kemper, 1996). One reason offered for this cultural facet is that larger and more defined body parts were believed to have greater appeal to the African American adult male. This may even be traced back to the tribal days of West Africa prior to slavery. Bigger women with fuller and thicker body frames were affectionately perceived as healthy. Healthy African women were considered to be more capable of bearing children. Children within the African tribe were believed to be a gift from God. The children were also seen as a perpetuation of the tribe as well as the greater African community (Billingsley, 1992).

Once the Africans arrived to the United States, the perception changed dramatically. The larger built African slave woman was sold on an auction block for more money than the smaller ones. The larger woman was thought to be best suited for hard physical labor as she worked for the slave owner. The bigger-sized African slave woman was also considered by the slave owner to be better for breeding. Painfully, she was able to bear a large number of children so that the slave owner could use them as free labor or sell them for profit (Staples, 1994).

These old notions continue to have subliminal underpinnings within the African American community. However it is important that African Americans keep such ideations within the appropriate context and not foster a misconception that promotes negative, erroneous

stereotypes. Regardless of body frame, African American women, as well as men, can maintain a healthy lifestyle that includes regular physical exercise activity.

Hair and hair styles are also very much a part of the African American culture and lifestyle. It plays a significant role, particularly “in the lifestyle of the greater African community” ( Billingsley, 1992).

Long hair on women, for many African Americans, is often perceived as a characteristic of beauty and a true representation of femininity. According to Russell, Wilson, and Hall (1992), African American women with long, straight hair and European hairstyles not only are considered more feminine, but also convey their standing in the social hierarchy. “Good hair,” according to the report, has long been associated with light-skinned, middle-class African Americans, while “bad hair”— short, tightly curled, with a coarse surface— conveys lower socioeconomic status, as it is perceived to be worn by blacks with dark colored skin.

When comparing African American women’s hair to the hair of women within different ethnic groups, the African American woman has to take a different approach to her basic hair care. For example, water does not harmonize well with the African American woman’s hair. Exposure to moisture, humidity, rain, pool water, beach water, or even bodily perspiration, can mean a ruined hairstyle for an African American woman. This of course is one reason offered by many African American women for not engaging in physical exercise activity. Even the research has suggested that African American women are less inclined than white women to participate in physical activity and exercise (Wilcox, Bopp, Oberrecht, Kammermann, & Mc Elmuray, 2005). Aerobic exercise, particularly in a warm and humid atmosphere, and swimming in a pool are anomalies for African American women trying to manage a satisfying hairstyle.

It is imperative for one to understand and become cognizant of the historical consequences of hair for the African American woman. Grier and Cobbs (1968) wrote that many African American women experience “kinky” hair from childhood onward, which becomes easily entangled when exposed to moisture. For little girls, combing their hair was a painful ordeal, but their mother would force them to submit to it. Many African American women recalled in the report the agonizing daily ritual of having their hair combed.

Before African American hair perms became vogue, an overwhelming number of African American women had their hair “fixed” by a method utilizing a hot comb or pressing comb. The hair was oiled, and the heated metal comb was applied through the hair. This was done to straighten tightly coiled curls and change the texture of an African American woman’s hair. It was not unusual for there to be some accidental burning of the scalp, ears, or the back of the neck. For many African American women this ordeal was long and tiresome, involving hours spent waiting while the beautician moved from customer to customer. In order to look presentable, the African American woman had to have her hair pressed every one to two weeks (Grier and Cobbs, 1968).

Although African American hair has had cultural significance, it should no longer be an excuse or a barrier to engage in regular physical exercise that will ultimately promote good health. United States Surgeon General Dr. Regina Benjamin was recently interviewed by the Cable News Network (2011). Dr. Benjamin, who is an African American woman, admitted during the interview that she, like many other women of color, has struggled with both issues of hair and exercise. However, she states that hair should not keep a woman out of the gym. Dr. Benjamin encourages African American women to find exercise-friendly hairstyles.

More and more African American women are seeking alternatives to traditional forms of hair care, including natural hair styles, braids, dread locks, and short hair styles. African American hair care is a thriving industry. There are now many different hair styles made available to African American women that reflect their cultural identity, accent their natural beauty and femininity,. In addition, there are various forms of exercise that do not necessarily result in moisture on the hair and scalp.

### **Changing Behavior and Promoting Health**

Attitude, perception, and behavior are among the most important considerations when examining the relationship between physical exercise, diet, and good health. Changes in attitude, perception and behavior are a process that can result in better health habits. It is essential for African Americans to make changes that promote healthy outcomes and minimize disparities, while still embracing their culture.

The Health Belief Model (Rosenstock, 1974) and the Theory of Planned Behavior (Ajzen, 1985) may be employed to enhance an understanding and support for this hypothesis. They help to provide a valid explanation for the process that determines health-related behaviors with African Americans. At the center, both theories assume that people weigh the perceived benefits and costs, and then behave according to the outcome of their new analysis.

According to Rosenstock, Strecher, and Becker (1988), the Health Belief Model is designed to examine the motivational factors specifically associated with behavioral health. More specifically, those factors that are perceived include severity, susceptibility of contracting a disease, and developing an illness. This is then followed by a person's analysis of both the perceived benefits to behavioral changes, and the questions as to what barriers are encountered as they anticipate change. The Health Belief Model theorizes that perceived susceptibility and perceived severity together contribute to the perceived threat of a disease, where as perceived benefits and perceived barriers directly affect the likelihood that a person will take action against the disease. Such actions may include Yoga, stretching, Sit and Be Fit, or even playing virtual exercise games via the Nintendo Wii video gaming console.

The Theory of Planned Behavior indicates when people believe they have the resources, opportunities, and the ability needed to perform a behavior, which is related to their perceived

control of the specific behavior. Therefore it is a greater likelihood that the behavior will be performed. This represents the sense of self-efficacy.

More specifically the Theory of Planned Behavior indicates factors used to determine a person's intention to perform a behavior. They are: (1) An attitude regarding the behavior, which is essentially a judgment of whether or not the behavior is a good thing to do; (2) The subjective norm, which reflects the impact of social pressure or influence on the behavior's acceptability or appropriateness; and, (3) The perception behavioral control, which is a person's expectation of success in performing the contemplated behavior. Moreover, the Theory of Planned Behavior suggests that self-efficacy helps to explain behavioral outcomes (Madden, Ellen, & Ajzen, 1992).

Healthy behaviors for members of the African American community must emphasize: a) that good health is a valued priority; b) that people have the potential to engage in actions that benefit themselves; c) the cognitive modifications in perception and attitude; and, d) the core significant values and healthy ways of being.

The Theory of Planned Behavior represents a person's sense of self efficacy. They believe that with the proper resources, opportunity, and ability they are capable of performing a perceived behavior. More specifically, it is important for African American people to acknowledge that good health is vitally essential. Failure to attend to chronic diseases can only diminish the quality of life, lead to long term dependency, and premature death. African American must also learn to recognize health risk factors and examine proactive approaches when dealing with them.

In conclusion, this article has cited the existence of health disparities among African Americans and identified the leading causes of disability and death for them since 1980. Additionally, it examined cultural issues that are perceived barriers to behavior modifications that would result in reduction of incidents of chronic health issues among African Americans. Furthermore, this article demonstrates how African Americans can continue to embrace their culture while effecting behavior changes in diet and exercise that support a healthier lifestyle. To accomplish this, African Americans must perceive the value in, and place a premium on, understanding the misconceptions and purely behavioral threats to maintaining a healthy lifestyle. Cultural beliefs and practices do not have to be totally changed or eradicated. These serve to enrich the conceptualization and the existence of a people; however, certain culturally-specific behaviors can simply be adjusted or moderately modified. This is significant, especially as it helps to improve health outcomes and minimize health disparities for African Americans in the American community as a whole.

## References

- American Cancer Society (2010). Cancer Facts and Figures for African Americans 2009-2010. Retrieved 1/11/2011 [www.cancer.org](http://www.cancer.org)
- American Diabetes Association (2010A). African Americans and Complications. Retrieved 1/11/2011 [www.diabetes.org](http://www.diabetes.org)
- American Diabetes Association (2010B) Ketoacidosis (DKA). Retrieved 1/11/2011 [www.diabetes.org](http://www.diabetes.org)
- Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In K. Kuhland & J. Beckman (eds). Action control: From Cognition to Behavior (11-39) Heidelberg: Springer
- Belgrave, F.Z., & Allison, K.W. (2010). African American Psychology: from Africa to America. Thousand Oaks, CA, Sage Publications
- Bellow, A., Epstein, J.F., & Parikh-Patel, A. (2011). Lifestyle behaviors associated with secondary prevention of coronary heart disease among California Adults Preventing Chronic Disease, 8(2). Retrieved 2/2/2011 [www.cdc.gov](http://www.cdc.gov)
- Billingsley, A. (1992). Climbing Jacob's Ladder. Simon and Schuster: New York, pp.94
- Center for Disease Control Fact Sheet (2010). HIV and AIDS among African Americans, Center for Disease Control and Prevention. Retrieved 10/28/2010 [www.cdc.gov](http://www.cdc.gov)
- Center for Disease Control and Prevention (2007A). Prevalence of regular physical activity among adults-United States, 2001 and 2005. MMWR Mortal Weekly Representative 2007; 56(46):1209-12 Retrieved 2/27/2011 [www.cdc.gov](http://www.cdc.gov)
- Flegal, K.M., Carroll, M.D., Ogden, C.L., & Johnson, C.L. (2002). Prevalence and trends in obesity among adults, 1999-2000. Journal of the American Medicine Association, 288 (14):1723-7
- Fishbein, M., & Ajzen, I. (1975). Belief, attitude, intention, and behavior: an introduction to theory and research. Reading, MA: Addison-Wesley
- Grier, W.H. & Cobbs, P.M. (1968). Black Rage. Basic Books, Inc. Publishers, New York
- Harrell, Cassandra (2011). Soul Food Advisor.Com [www.soul-food-advisor.com](http://www.soul-food-advisor.com) Retrieved on 9/8/2011
- Jordan, A.D. (1999). The relative effects of socio-cultural factors on levels of obesity among African American Women. Unpublished dissertation. Virginia Commonwealth University, Richmond, VA
- Kirkendoll, K.D., Clark, P.C., Grossniklaus, D.A., Igbo-Pemu, P., Mullis, R.M. & Dunbar, S.B. (2010) Metabolic Syndrome in African Americans: Views on Making Lifestyle Changes. Journal of Transcultural Nursign 21(2) 104-113

- Madden, T.J., Ellen, P.S.& Ajzen, I(1992). A comparison of the theory of planned behavior and the theory of reasoned action. *Personality and Social Psychology Bulletin*, 18(1), 3-9
- National Association of Chronic Disease Directors-NACDD (2009). Definition of Health Disparities. Retrieved 11/2/2010 [www.chronicdisease.org](http://www.chronicdisease.org)
- National Stroke Association. African Americans and Stroke (2011). Retrieved 9/8/2011 [www.stroke.org](http://www.stroke.org)
- Office of Minority Health and Health Disparities-OMHD (2010). Black or African American Populations Center for Disease Control and Prevention. Retrieved 1/15/2011 [www.cdc.gov/omhd](http://www.cdc.gov/omhd)
- Office of Minority Health (2007). Health and Human Services Fact Sheet: Minority Health Disparities at a Glance. Retrieved 11/3/2010 [www.minorityhealth.hhs.gov](http://www.minorityhealth.hhs.gov)
- Office of Minority Health (2010a). HIV/AIDS Data/Statistics. U.S. Department of Health and Human Services. Retrieved 12/15/2010 [www.minorityhealth.hhs.gov](http://www.minorityhealth.hhs.gov)
- Office of Minority Health (2010b). Immunizations and African Americans. U.S. Department of Health and Human Services. Retrieved 12/15/2010 [www.minorityhealth.hhs.gov](http://www.minorityhealth.hhs.gov)
- Ogden, C.L., Carroll, M.D., McDowell, M.A., & Flegal, K.M. (2007). Obesity among adults in the United States-no change since 2003-2004. National Center for Health Statistics Data Brief Number 1. Department of Health and Human Services
- Rosenstock, I.M., Strecher, V.S., & Becker, M.N. (1988). Social learning theory and the health belief model. *Health Education Quarterly*, 15, 2, 175-183
- Russell, K., Wilson, M., & Hall, R. (1992). *The Color Complex*. Harcourt Brace Jovanovich, Publishers, New York
- Shuval, K., DeVahl, J., Tong, L., Gimpel, N., Lee, J., DeHaven, M., (2011). Anthropometric Measures, Presence of Metabolic Syndrome, and Adherence to Physical Activity Guidelines Among African American Church Members, Dallas, Texas, 2008. *Preventing Chronic Disease*, 8. 1 Retrieved 3/9/2011 [www.cdc.gov](http://www.cdc.gov)
- Singh, G.K., & Yu, S.M. (1995). Infant Mortality in the United States: Trends, Differentials, and Projections, 1950 through 2010. *American Journal of Public Health*. 85: 957-964
- Smith, S.C. Jr., Allen, J., Blair, S.N., Bonow, R.O., Brass, L.M., & Fonarow, G.C.(2006). AHA/ACC guidelines for secondary prevention for patients with coronary and other atherosclerotic vascular disease: 2006 update; endorsed by the National Heart, Lung, and Blood Institute. *Circulation* 2006, 113(19); 2363-72
- Staples, R. (1994). *The Black Family*, 5<sup>th</sup> ed. Wadsworth Publishing Co.: Belmont, CA pp154
- Terry, B. (2009). *Vegan Soul Kitchen: Fresh , healthy, and creative African American cuisine*. Da Capo Press: Cambridge, MA

- The National Women's Health Information Center (2010). U. S. Department of Health and Human Services; Office of Women's Health. Retrieved 2/20/2011 [www.womenshealth.gov](http://www.womenshealth.gov)
- The Stroke Network(2008) Stroke Awareness.org/Stroke Education.Info Retrived 11/19/2012 [www.strokeeducation.info](http://www.strokeeducation.info)
- Thompson, S.H., Sargent, R.G. & Kemper, K.A. (1996). Black and White adolescent males' perceptions of ideal body size. *Sex Roles* 34, (5/6), 391-406.
- Wallston, B.S. & Wallston, K.A. (1984). Locus of control and health: a review of the literature. *Health Education Monographs*, 6, 107-117
- Wilcox, S., Oberrecht, L., Bopp, M., Kanmerman, S.K., & McElmurray, C.T. (2005). A qualitative study of exercise in older African American and white women in rural South Carolina: perceptions, barriers, and motivation. *Journal of Women Aging*. 17(1-20) 37-53
- Winkleby, M.A., Kraemer, H.C., Ahn, D.K., & Varady, A.N. (1998). Ethnic and socioeconomic differences in cardiovascular disease risk factors: findings for women from the Third National Health and Nutrition Examination Survey, 1988 – 1994. *Journal of the American Medical Association* 280 (4): 356-62