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Increased Access (knowledge) of Health Promotion & Preventative care reduces chronic disease within African American Communities

Brian Jones
brianjones.bmail@gmail.com

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Abstract

This research study seeks to investigate what relationships exist between preventative health and health promotion, and knowledge of or access to these resources by low income and more specifically African American populations. Through experimental research the study is looking to see if these variables increase or decrease the outcomes of Chronic issues and diseases and issues within these populations. The research will gather information from established reputable journals and scholarly articles, in conjunction with a survey given to a number of selected and voluntary participants. The selection of individuals will be reflective of the population at large. More specifically, since the research is focusing only on the African American community, the participants will be selected based on incomes reflective of the average median African American population with in the United States. This research will attempt to randomly survey 30-50 African American participants to gather finding and analyze the responses of these individuals. If the research findings are in fact correct and consistent, the study aims to reduces chronic occurrences, raise awareness, and empower individuals to positively promote healthy living, and lifestyle change. It also aims to reduce the economic strain related to the healthcare costs, and treatment needed for individuals with Chronic issues and diseases.

Keywords: Preventative care, health promotion, Chronic disease, Health disparities, Low income, African American, Minority, Cancer, Diabetes, Over fat, overweight, High blood pressure,

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Introduction

Concerning the rise of health care cost, and increase in demand to keep up with skyrocketing chronic conditions all across the United States, the saying ‘when you know better you will do better’ is thought that would seem to be a rallying cry. If you look across the country or watch the news coverage regarding the global pandemic, you can see the broad statement by many in complete opposition to health mandates, and medical direction. It seems that there is a growing distrust or even an outright defiance to medical direction or adherence. This trend is one that most studies generally conclude that females, on average receive medical care or adhere to routine visits, far more often than do their male counterparts. This is especially true for members of the African American communities, at least according to most information released on the topic. It is a common experience for parents the world over, to suffer through dealing with children that despise of, and outright rebel against going to doctors, dentist and of medical visits. Is this merely a human instinctual reflex or defense mechanism? Revisiting the current day pandemic and vaccination status, it can be easy to understand the hesitation or reluctance of people regarding government mandating. What is not so easily understood is when adherence to medical advice and recommendation are at least life saving, why do so many still choose to ignore it. The first thoughts for possible solutions are fear, lack of trust, and habitual practice. Some other less known possibilities that come to mind are a reluctance to use or be administered ‘man made drugs’ or a healthy desire to prefer natural remedies, spiritual beliefs and practices, personal thoughts or values, and a variety of other reservations.

This study seeks to explore these factors, particularly as it relates to the African American community. It has been well documented that African Americans lead the charts in a number of health issues. From life threatening chronic diseases and conditions to common symptoms with routine treatments, it seem that African Americans drive the data on most studies with a negative impact, according to many publications. For example….(INSERT FINDING). While these finding may be true to record and bare implications regarding noncompliance, and

growing health disparity, what is interesting is the motivating factors behind these disparities. Through this experimental research the “why” behind the data is of extreme value. A variety of factors must be at the core of these consistencies, or is the data merely inaccurate or failing to capture actionable findings. With this in mind, another question emerges. What or who benefits from said findings and actions? A logical next interest or topic to explore is finance or economic status. Does financial economical status have any effect on medical adherence or literacy? For example does having better means financially, bare more positively on access or knowledge of health promotion, lifestyle and behavioral changes and adherence to healthy nutritional eating.

Through survey and analysis, the study will investigate the relationship between African American with chronic issues, adherence, access, and knowledge of Preventative Care and health Promotion. Essentially this is an investigation of the why regarding health disparity or health promotion. It will take into account the actions thoughts and views of the participants, while assessing the findings objectively. The study hypothesizes that feelings of unfair treatment or fear are driving factors for the disparities commonly listed.

> “Social inequalities in the United States resulted in negative health outcomes for the African Americans. Their stressful living conditions of poverty, discrimination, racism, abuse and rejection from American society contribute to their negative health outcomes. The lifestyles of African Americans have been influenced by poverty and prior injustices, which have molded their worldview of health and illness. Dr. Martin Luther King, national civil rights leader, brought about social change with much prayer; however, he went a step further with collective gatherings to include the power of non-violence massive public demonstrations. This paper is an analytical review of the literature addressing social inequalities impacting on health inequalities of African Americans resulting in health disparities. Policy changes are propose by implementing transformation development and community empowerment models as frameworks for community/public health nurses in guiding African American communities with addressing health

> disparities. These models empower members of the community to participate in a collaborative effort in making political and social changes to improve their overall health outcomes", (Kennedy, 2013).

However through careful investigation and thorough examination the study will review and conclude based strictly on the findings. Beginning with the history of African Americans before during and after the institution of slavery. As with most things related to this time, a great deal of effort will be required to gather relevant information from these times, that will show us a story about dietary habits, medical practices and other relevant practices. Locating and gathering information about a people's beginnings will prove invaluable, to uncover any underlying feeling or thoughts exacted in the present day. The next steps in the research will be to gather information from the present day about African Americans with regards to health adherence, promotion, or disparity. Finally, an extensive review of health initiatives from several organizations, which are having positive impact and helping to bridge the gap between health disparity and promotion within underserved communities.

Definitions and Scope

Knowledge, according to Merriam Webster is defined as 1) The fact or condition of knowing something with familiarity gained through experience or association. 2) Acquaintance with or understanding of a science, art, or technique. 3) The fact or condition of being aware of something 4) The range of one's information or understanding. 5) The circumstance or condition of apprehending truth or fact through reasoning : COGNITION. 6) The fact or condition of having information or of being learned, (Merriam Webster, 2021). A great deal on emphasis is placed on clearly defining and understanding what is known about health care, promotion, and disparity. How much information we consume is actually fact based or rumor, and even merely fabrications. To understand what African Americans know about these topics is crucially

important to bridging any gaps, and making lasting positive change in disparities. Restating the phrase, when you know better you do better, it would appear that if people are armed with helpful facts and methods, than any obstacle could be overcome. Simply by a manner of gathering necessary resources on a given topic. However it is also true that while in past times there may have been a lack of information access, these days quite the opposite may be true. Information overload it the term used to describe todays over abundance of information about a given topic. The result of having too much information could infant be another under report reason for medical noncompliance and adherence. However with the rise of several initiatives with aims to bridge these information gaps, growing enrollment and education, and general internet based research, it would appear that there is at least some uniformity with regards to information pertaining to chronic disease prevention, and preventative care. Throughout this study, the review of the awareness of African Americans' knowledge will be an essential variable in determine the effects on the chronic outcomes. What is actually known, or understood? Is the information factual or myth? Is the information readily available to persons in these communities, or is knowledge being withheld?

A subcategory of knowledge and of mutual importance is access. The focus for this study is whether or not knowledge and or access affect Chronic disease outcomes. With regards to access, a review will be conducted to assess whether or not African Americans generally have access to current factually relevant information, proper facilities and green space, required finances, and other essential resources. Defined by Merriam Webster as permission, liberty, or ability to enter, approach, or pass to and from a place or to approach or communicate with a person or thing. The study will review the degree to which access and knowledge collectively contribute to the disparity or promotion of health in the African American population.

The dependent variable is Chronic disease issues and outcomes. The hypothesis of the study is that the lack of knowledge and or access to health promotion and prevention leads to and increase of Chronic Disease in African American populations. The CDC defines Chronic disease “broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. They are also leading drivers of the nation’s $3.8 trillion in annual health care costs. . Regarding Chronic disease, the CDC presents the following methods and processes”, (CDC.gov, 2021).

> To help to meet the chronic disease burden, the US Centers for Disease Control and Prevention (CDC) uses four cross-cutting strategies: (1) epidemiology and surveillance to monitor trends and inform programmes; (2) environmental approaches that promote health and support healthy behaviors; (3) health system interventions to improve the effective use of clinical and other preventive services; and (4) community resources linked to clinical services that sustain improved management of chronic conditions. Establishment of community conditions to support healthy behaviors and promote effective management of chronic conditions will deliver healthier students to schools, healthier workers to employers and businesses, and a healthier population to the health-care system. Collectively, these four strategies will prevent the occurrence of chronic diseases, foster early detection and slow disease progression in people with chronic conditions, reduce complications, support an improved quality of life, and reduce demand on the health-care system. Of crucial importance, with strengthened collaboration between the public health and health-care sectors, the health-care system better uses prevention and early detection services, and population health is improved and sustained by solidifying collaborations between communities and health-care providers. This collaborative approach will improve health equity by building communities that promote health rather than disease, have more accessible and direct

care, and focus the health-care system on improving population health, (Bauer et al., 2014)

For this study, chronic diseases of focus will be Diabetes, Cancer, Heart Disease, Arthritis, and Asthma. It also includes certain precursors issues like High Blood pressure, Pre and Hypertension, and Obesity, as they are leading factors that can progress to chronic outcomes.

Health Disparity versus Health Promotion is clearly at the center of attention with regards to this study. Why do some populations thrive with good health and some suffer? Is there something inherently wrong with certain population, or is knowledge and access, in fact the secret to success. Health disparity is defined as “Health disparities are differences in health outcomes and their causes among groups of people.5 Groups can be defined by factors such as race, ethnicity, sex, education, income, disability, geographic location (e.g., rural or urban), sexual orientation, and gender identity”, (CDC.gov, 2021). Health promotion is obviously the remedy thereby creating health equity. The CDC defines Health promotion as “effort and initiative that seek to improve the health across the lifespan by promoting healthy communities with access to nutritious foods, places to be physically active, and smoke free public spaces”, (CDC.gov, 2021).

The final term to define and outline is Preventative care or services, which is “Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems”, (healthcare.gov, 2021).

For the purpose of this research the income used is a broad spectrum from participants in households with less than 35 thousand dollars annually, and on up over 85 thousand dollars annually. The goal is to see if there is any correlation between low income or higher incomes, with regards to healthcare disparity, health promotion and lifestyle change.

History of African Americans: From the Precolonial to Modern Times

Medical Professionals nationwide seem to be in consensus regarding the story of African American patient health. It's not good. Countless questions and debates about the cause or reasoning associated with these stats loom daily. Is it genetic or heredity? Is it climate or geographic location? Are there mental or emotional predispositions involved? Is it a matter of Financial or Educational status? A lot goes into the question of just what are the critical factors the produce chronic outcomes and health disparity on such a large scale. After a thorough look into many of these possibilities, the factor that may be the most overlooked could be the most obvious. What is the history of African American people, from a health and medical standpoint. It is with this in mind that the research here begins. To truly review or research variables in any good research you should know about the origins of the study subject. African American, most obviously originated from Africa. More specifically, most of the African Americans in the states today are descendants of West and South African Ancestors forcible brought to the newly formed colonies in the Americas as Slaves. I quick study of the Transatlantic Slave trade reveals to some the African Nations of Mali, Songhay, and Ghana, are said to be among the worlds biggest exporters of the world Slave trade. The Kush, Zulu, Axum, and Congo Nations are all said to be Slave export centers as well. This would bring the attention and focus of the research to the West African Nations predominately. These Nations were overtaken by Christians Missionaries and French Colonial Mercenaries. Which explains why these nations speak the French language today as national language. However a more in depth look into this kind of occurrence, could possibly reveal more about cultural, and biological differences. The premise is basic. If variable A was thriving prior to the introduction of variable B, than was B the cause of negative outcomes. In order to conduct a strong test, having these variables identified is most important. For the purposes of this research, a review of the diet, health and lifestyles of precolonial Africans are the variables of choice. In precolonial Africa, researchers can gauge the African descendent in natural origin, and draw conclusion as to whether new influences from the

outside world at the time could possibly have interrupted any or some form of health and harmony.

Diet and Nutrition of Precolonial Africa

A primary piece of information needed to assess the history of Precolonial African people, is that of the natural resources and native goods present in the land at a given period of time. We know from other courses of World Civilization studies that life on earth originated on the continent of Africa. With studies like the archeological findings and preservation of the “Lucy”, history has confirmed these findings. In addition to these accepted findings, historians also widely agree to the understanding that early man, was said to be hunter gatherers, and pastural nomads. Simply said, early man lived and survived on the land and the resource close to them. After they exhausted all or most of the resource in a given territory, the group, or tribe would then migrate directionally, usually with respect to water and natural resources. Just a basic understanding marine life and wildlife, will aid researches and historians in understanding that fish, cattle and other wildlife would be native to these circumstances. Think, if you teach a man to fish. From this perspective it is clear to see that wherever the current supply of fish and marine life dries up, and the cattle roam for grass and and grains, the prehistoric man would follow, as a basic survival. So this is the story of Precolonial Africa. The continent is the largest on the globe, and is surrounded the huge bodies of ocean. There is also several well noted river or inland bodies of water that flow though the African continent, ie the Nile. With the rise of population replenishment, and increase in trade or mercenary ventures people would begin to form tighter, more restrictive tribes, and then evolve into functioning civilizations.

One of the earliest known and scholarly accepted civilizations to evolve in Africa before the colonial and European Conquests, is that of the Mapungubwe civilization. To fully understand the history and origins of the native African, historians and researchers have to come to terms

with several crucial factors. 1) A vast majority of African History was destroyed by the colonizers, and conquering people. For example the remains of ancient burial cites that housed written records, artifacts, and hieroglyphics that would preserve a people's history claims and accomplishments, were destroyed or at least mishandle by archeologist and excavationists. 2) African history much like the connections to "soul music" is more tonal and oral in nature. This fact still rings true today, with music, and on throughout history with work songs and other forms of oral traditional depiction. Also with regards to tone, this speaks more to the dialect or tone of meaning. As anyone who has ventured to learn the native languages of Ewe, Gbe, Swahili or other African tongues, there is a strong meaning association with tone or inflection, that alters the intended and understood meaning. 3) Misconceptions and False narratives have been used to silence truths about Africa's native prehistoric accomplishments. This speaks to the darkness of history's past, where certain historians, archeological institutions, and researchers were sponsored and directed to destroy the truest remains of African natives, in order to promote the a false narrative that Ancient or precolonial Africans were incompetent savages unable to have built such sophisticated work without the help or influence of white or European people. This understanding is of critical importance, to explaining the origins of all prehistoric precolonial existence and civilization in Africa, and without it false narratives of "they have no history" prevail, leaving no possible way of objectively researching any subject of African correlation.

> Despite the colonial creation of real and imagined parallel uni- verses for colonized and colonizer, we have long known the boundaries between them, like boundaries between slave and master, were shaped by struggle, including evasion and creative theft of professed but impaired European civilizational precepts.3 Historians of "early" Africa need not orient their stories to European imperialism, even if the effects of struggles over imperialism and colonialism shape parts of our archive and echo through our reading publics.4 Early histories often reveal instead struggles over belonging and mobility that might be called vernacular imperialisms and colonialisms.5 Their his- tories

> provincialize some elements of more recent, continental colonial- isms, by noting common threads and differences. The violent edge of Europe's imperial project in Africa interrupted some of those vernacular imperialisms.6 (Schoenbrun, 2018 p108)

With this understanding research shows that Mapungubwe civilization emerges out of an evolution of it's people from hunter gather to cattle heard and crop bartering, to Gold and metal smelting industrial and trade growth.

> Millennia BC: The ancestors of the Khoikhoi are living in Southern Africa as hunters and gatherers. By 300 A.D. the ancestors of the Bantu speakers have settled south of the Limpopo river, and live as mixed Farmers. (Marrengane, Lenoir, 1994)

This civilization existed between 1000 and 1500 AD, ruled by a Chief. The remains of the ancient burial grounds on "hill" are said to be preserved and in holding at the University of Pretoria. The civilizations that follow are Great Zimbabwe 1275- 1450 AD, The Kingdoms of Axum, and Kush on the east, and of course the Western nations of Ghana, Mali, and Songhay, were the greatest known number of later slaves were said to have been exported. Journeying Northeastward to review one writer records the following:

> The term "Libyan" encompasses, in fact, a variety of peoples and lifestyles living not only in the regions west of the Nile Valley, but also inside Egypt itself, particularly in Middle Egypt and the Western Delta. This situation is reminiscent of the use of other "ethnic" labels, such as "Nubian," heavily connoted with notions such as ethnic homogeneity, separation of populations across borders, and opposed lifestyles. In fact, economic complementarity and collaboration explain why Nubians and Libyans crossed the borders of Egypt and settled in the land of the pharaohs, to the point that their presence was especially relevant in some periods and regions during the late 3rd and

> early 2nd millennium BCE. Pastoralism was just but one of their economic pillars, as trading activities, gathering, supply of desert goods (including resins, minerals, and vegetal oils) and hunting also played an important role, at least for some groups or specialized segments of a particular social group. While Egyptian sources emphasize conflict and marked identities, particularly when considering "rights of use" over a given area, collaboration was also crucial and beneficial for both parts. Finally, the increasing evidence about trade routes used by Libyans points to alternative networks of circulation of goods that help explain episodes of warfare between Egypt and Libyan populations for their control. (Moreno García, 2018)

Understanding the back story of the rise and fall of African Civilizations, one can gather the finding necessary essential and true to the study of African people and descendants. To understand the routines and lifestyles and diets of precolonial Africans, careful research was conducted. It was concluded that many foods, much like other findings of African research are questioned with regards origin. The findings below list foods that native to Africa prior to the arrival of Non-native people. “No one, it appears, has taken the trouble to examine all the printed sources for precolonial West Africa, plus relevant linguistic evidence, to try to determine which crops were introduced by Europeans, whence, where, and when”, (Alpern, 1992)

> The tiger nut (Cyperus esculentus), also known as the earth almond, rush nut, or chufa, is an edible tuber of Mediterranean/southwest Asian origin that probably reached West Africa from both north and south. Cultivated in ancient Egypt, it was grown on the Gold Coast in the days of Miiller, Bosnian, and Rask and was still common in the 1930s…
>
> Taro, Umari tells us both were grown in Mali, and turnips in Kanem. Cabbage, carrots, lettuce, and cauliflower are minor crops today in Nigeria, indisputably reached West

Africa before the Europeans, but perhaps via the 83 Nile Valley rather than from the East African coast.

Banana and plantains starting in the late fifteenth century argue that the plant crossed Africa earlier and that the Portuguese brought it to Sao Tom6 not from the Indian Ocean but from the west-central African mainland.

Rice, West Africans domesticated rice as long ago as 1500 B.C. but the species
Bini word for banana means white man's plantain.
they developed, Oryza glaberrima, is much less productive than Asian rice, 93
which has largely replaced it. O. sativa reached East Africa before A.D. 1000

Tamarinds, There is a small subcategory of crops that originated in Africa, traveled to India, and were brought back from Asia to West Africa by Europeans. Despite its botanical name, Tamarindus indica, the tamarind tree has been traced to Africa.

Kenaf, Also known as ambari or hemp-leaved hibiscus, kenaf seems to belong to this subcategory. In Kwaland it provides fiber for rope and bags, and its leaves 150 are eaten.

Pumpkin and Squash, Disentangling New World cucurbits—pumpkins (Cucurbita pepo) and squash (C. moschata, C. maxima, C. pepo melopepo)—from native African cucurbits such as the bottle gourd (Lagenaria siceraria or L. vulgaris), fluted pumpkin (Telfairia occidentalis), watermelon (Citrullus vulgaris or C. lanatus)
and egusi melon (Cucumeropsis edulis, C. mannii) in the literature of West 196
Africa is a daunting task.

> Okra, One of West Africa's most typical crops, okra may occupy a category all its own or shared with one or two other plants. Indisputably of African origin, it is believed to have got its English name from the Twi word for the plant, nkuruma. Williamson thought the Igbo word okoro a likelier source of okra, (Alpern, 1992)

Alpern and others provider a vivid non exhaustive listing of foods native to Africa. One could easily gather that this is a very healthy diet by todays standards. Progressing onward the study, has also revealed several sources of physical activity, and health lifestyle. It is a widely known and accepted that Africans enjoy festive dance, and music, which today we realize are excellent sources of lifestyle exercise. Additionally Upon further review of the Kush and Axum dynasties, historical findings uncover information about advanced medicine, and academic studies such as astrology and other fields. A common observation, yet also and over site is that of both Socrate's teacher, and the wiseman from the nativity story. This information is entirely relevant, with regards to health promotion, education and lifestyles in precolonial Africa. It would not be a stretch at all to conclude precolonial Africa as healthy.

The enslavement of African People

After a brief review of African civilizations rising and falling, the study progresses to that of colonial and post colonial times. Taking such a drastic turn from prosperity, innovation, and victory to on of poverty, enslavement, and doom, is a bit jarring to say the least. One can speculate what are the events causes leading up to and eventually culminating in a complete break down of a once thriving collection of people on all fronts. Of course as mentioned before "history" read European, Asian, Arab, history tells a story of great conquest and holy wars and mandates for and by God. However the rest of the story leans more toward the adage "history is told by the victors" which clearly suggest there are several perspectives to consider to gather truth. Be that as it may, from about 1500 to the 1860s and 70s, the plight of the African changes and with it so does every narrative associated with this population. Africans were essential

impressed upon by outside traders and mercenaries, originally for bartering and trading of goods, like cattle, crops, and cotton. This lead to a rise in elitism across the continent, from country to country. Rises in elitism gave way to separation of communal people by class ultimate breaking down national unity. As this story progresses and Natives began to intermingle and marry with outsiders, the populations changes, and with it so do the values and efforts. Fast forwarding to the point that after natural and quite possible peaceful resources dry up, and industry, particularly gold and other precious stone mining, begin to increase in demand, mercenaries and traders evolve into invaders or conquerors. There is also the opposite response among African nations of that time, to that of Asia. Recalling all that was mentioned, African nations open the door, citing industry and capitol, and in some cases helped to advance the plight of slavery of its own people and ultimately the land. Again, this is a progression of the break down from communal thriving civilizations to commerce and oligarchical societies driven by profits.

The progression continues from that of sell non human goods to that of mass exportation of Human property. By 1500 the French, British, Portuguese, and other nations are completely ransacking the continent, and the world becomes ultimately dependent on this trade and labor demands provided by the slave market. Africans are exported all over the world, but for the study the focus is on the Africans exported as slaves to the new world or Americas. These slave would later become the ancestors of the majority of African Americans. As earlier mentioned The French colonized West Africa predominantly, the Dutch and British colonize Southern Africa mostly, and the Portuguese mostly colonize East African nations. This is of note because, the world seems to change around this period throughout. It is particularly of interest to this study because researchers should pay more attention to and review possible affects of these dehumanizing conditions on Africans, and people of African decent. There are countless documents of cruelty to African slaves, being treated far worse than cattle, having histories and legacies robbed and destroyed. African slave men and women being tortured, raped, killed and

the list goes on and on. One does not have to think too hard to see the impact on health as whole. What is of note is that often the health implications are overlooked or diminished. For example, why is it not reviewed more about the mental, psychological, and emotional damaged caused here, not only to the people of the slave exploit, but to future descendent. Here medical people can draw conclusions of fact even based on modern thought, regarding how the mind, and emotions, play an enormous role on impacting health promotion. Looking deeper, medical experts all would agree that the gene is of great importance. So a particular thought of interest, here would be an age old one. “What came first the chicken or the egg”, or in this case, what came first chronic infested, health challenged people or the results of harsh unfair and evil treatment forced upon a population thereby producing the said catalyst to health disparity, and chronic outcomes so heavily expressed by the medical community and the world over. Of course everything is debatable to some, however most people would not hesitate to consider these impacts on populations of people from any other ethnic group nationality or descent. The same objectivity is also needed to review and assess African descendants, and possibly more with regards to the medical community and health disparity or promotion.

Digressing briefly, one should consider also, what food or dietary habits, physical activity or lifestyle patterns, and other important factors, that may have changed during or as a result of this period. Particularly with regards to dietary and lifestyle change, it is well documented that slaves were forced to eat a variety of rationed food. As Alpern lists, though very flagrantly,

> Historians of West Africa seem generally to agree that the main benefit conferred on the region by early European visitors, particularly the Portuguese, was the introduction of new crops. These crops are said to have improved diets and accelerated population growth, to the point, some would argue, that human losses through the slave trade were more than offset by the enhanced ability to feed people. Usually a few crops are cited, and the subject is not pursued very far, even in economic history texts, though the societies under study were overwhelmingly agricultural. Usually, too, American

> crops are singled out—especially maize, cassava, sweet potatoes, and peanuts, but also tobacco, pineapples, guavas, and papayas. Sometimes these are the only crops credited to Europeans, (Alpern, 1992)

Alpern suggests that the slave trade may have improved the life and health of the slave. Siting that the variety of food made Africans stronger and healthier than the foods, native Africans had available to them. It is easily agreed upon and accepted by members of the health and medical community that variety in diet is a good thing. However, to make a claim that portion of variety in diet offset the effects of slavery, is completely asinine. It also speaks to a prevailing, and much darker issue. Once again the full dichotomy of the African is not reasoned. Simply stated if you give people food to make them strong slaves, that does nothing to assist with the mental, emotional, spiritual, or psychological damage done to a person. By today's standards of medical practice, it would not be a stretch to understand that these factors play a huge role in Health promotion. One can review and recall and current article regarding depression and its affects on patients with chronic illness and conditions. Most medical conclusions state that one leads to the other, or is composed of the other. It is as finding of this study, that the same holds true here.

The history of exploitation with the medical community

"They don't seek preventative care" read they won't go to the doctor. Sounds pretty simple, with an obvious solution. Especially after considering all the advances in modern medicine, and practices by medical professionals the world over. So what in fact is the issue here. If so many black people or people of African decent have a prevalence of chronic issues and potential outcomes, what is the source or cause for the hesitancy, and rebellion agains getting medical care? One today can relate this to a modern movie plot, where a later mutant superhero, was scientifically experimented on and infused with "adamantium". He later is forced to revisit the same experimental facility in order to save human non-mutant society. However what's interesting is all the mental anguish and fear the character has to overcome to confront his past

experience. Perhaps this is an excellent storyline of the plight of African Americans, and the reluctance to seek medical attention.

“History has not proven itself to be kind to people of African origin”, (Dr. Faulkner Hines). Nothing could ring more true than this statement. As one unravels the facts regarding testing, treatment, and procedures on black people or African descendants, with regards to medical relevance, the dark narrative seems to continue. Quickly, the tone deaf statements remarking medical noncompliance fade, as you pierce deeper into historical medical data. There are a numerous amount of article published citing malpractice, harsh and unfair treatment, patient abuse, and fatalities of blacks, as result of studies, and experimentation. For example one commonly known case is the Tuskegee experiments.

> The Tuskegee syphilis study has come to symbolize the most egregious abuse of authority on the part of medical researchers. Tuskegee has also come to serve as a point of reference for African Americans distrustful of those with power, emblematic of the history of a people enslaved and then subject to social, legal, and political oppression after the end of formal servitude. When Tuskegee as a symbol of research abuse and racial oppression are merged, a potent device is at hand for uncovering profound social injustice. To understand both the uses and abuses of Tuskegee requires that we understand the But, as a historical event involving the story of what happened in rural Alabama between 1932 and 1972. As part of its study of the long-term effects of syphilis. The United States Public Health Service (PHS) denied treatment to 399 poor African American men suffering from the tertiary effects of the disease. Researchers and physicians involved in Tuskegee chose not to inform the study's participants that they were infected with syphilis or educate them regarding its treatment or prevention. Rather, they lured men to the study by offering free treatment for "bad blood" a generic term that referred to a variety of ailments. The PHS thwarted all efforts the men made to receive treatment from other sources. When penicillin dramatically altered the treatment of

> syphilis in the 1940s, the PHS withheld it, arguing that never again would they find such a group of untreated individuals. (Fairchild and Bayer, 1999)

Is it easy to see from this article how black people would have developed a growing distrust for medical and government service. The alarming fact is that this wasn't not too long ago, which should help to answer modern claims regarding hesitancy, especially with regards to the current vaccine mandate, in aside. However, as you look at the participants involve one continues to see the same dynamics at play. Vulnerable, most often under educated or uneducated black test subject or participants coerced into experimental manipulation. The story however does not stop here. We can look deeper in to the fall out and results of experiment on Black people with various regards. For example the AIDS, and other infusions into communities of color and low income potential. Further back, history recounts practices by medical professionals in experiments on African American Women. There historical account of University studies in England on African slaves etc., and other case shows malpractice and unethical methods being used on black women with the premise that black women were able to endure more pain than other women.

> J Marion Sims (1813–1883) was arguably the most famous American surgeon of the 19th century and today he is generally acknowledged as the founder of modern surgical gynaecology. His rise to prominence began with his development of the first consistently successful operation for the cure of vesicovaginal fistula, a catastrophic complication of childbirth in which a hole develops between a woman's bladder and her vagina and leads to constant, unremitting, and uncontrollable urinary incontinence
>
> Vesicovaginal fistula was a catastrophic complication of childbirth among 19th century American women. The first consistently successful operation for this condition was developed by Dr J Marion Sims, an Alabama surgeon who carried out a series of experimental operations on black slave women between 1845 and 1849. Numerous modern authors have attacked Sims's medical ethics, arguing that he manipulated the

> institution of slavery to perform ethically unacceptable human experiments on powerless, unconsenting women. (Wall, 2006)

Unfortunately for Black women and people of color the author here is attempting to disprove the harsh realities Sim's exploits. By now you are formulating patterns that are necessary to understand the reluctance of Black people to seek medical attention. Another writer addresses Sim rather differently.

> In his attempts to treat the condition vesicovaginal fistula, Dr. J. Marion Sims experimented on black slave women during the 1800s. Within 5 years, a 17 year old slave woman called Anarcha endured 30 operations under the medical supervision of Dr. Sims to repair a vesicovaginal fistula. She suffered these invasive surgeries without the aid of anesthesia. Debates on whether Sims was negligent in failing to administer this form of pain management to disenfranchised women abound, (Slice, 2019)

No detail is needed here to see the injustice, or at least the angst to adhere to medical assessment and procedure.

To summarize the history of African Americans, and Health or Medical professional adherence, is very much like the plight and diaspora of the African experience. It is entirely too complex and often times manipulated against the full story. Researchers need to take the time unravel the variations to find consistencies. There is no need to generalize or reduce the experiences felt by these populations, in order to advance a narrative, all while claiming noncompliance or fault on the said people. Likewise the findings of this study are specific, and non-exhaustive. Not one case presented is intended to explain the entire medical field, or health professionals at large. The intent is to provide examples that would alert anyone, or caution anyone from regular adherence. One way to review this reluctance it to eliminate the color or race variable. Hypothetical replace African American or African with are an infant of any other race, and more specifically a Caucasian infant. After reviewing this story with the perspective that the participants, slave or conquered person is that of a White Caucasian infant, there is usually a

higher rate of alarm and outrage understood as a common response. What is interesting and also disheartening is that, this need to view Caucasian life in higher moral or precious regard, is the very source for the negative feelings of African Americans seeking any form of care from any outside source, let alone Government or Health Professionals. With majority of Health care providers and medical professionals having advanced degrees. One possible solution to remedy this health disparity it to begin with approaches to that address the full back story of Medical and Government mistreatment. Understanding the patient or participant is of crucial importance to any issue or condition not just with in African Americans, or chronically conditioned individuals.

One might conclude at this point that fear not knowledge is a main motivating factor regarding the reluctance for health adherence. However dissecting the dichotomy of fear would often lead to an absence of knowledge. Therefor a stronger observation would suppose that medical professionals and people of the health community, have to find innovative was to overcome the specific barriers of fear in these populations with regard to medical adherence and health promotion versus disparity. For example, with regards to lifestyle practices and activity, there are several undertones that Health and Medical Professionals need to be mindful of. Hunting, gardening, and swimming all are great ways live healthy and active lifestyles. However on second glance, community health professionals should address concerns and fears regarding these activities for some and not all. Some members of the African American Community my have hesitancy to hunt due to being hunted during slavery etc. Swimming and the Transatlantic Slave migration can easily be associated. While gardening and cotton or crop farming and harvesting correlates very closes for a lot of African descendants. While these are excellent ways to engage in “Green Activity”, for most, professionals may need to overcome several barriers for African American patients. These and other views are expressed firsthand with findings in the following report.

> Although education about generics could rectify misinformation, overcoming views such as mistrust of the medical system and the sense of having to settle for generics because

> of poverty may be more challenging. Policy makers and providers should consider these perspectives when working to increase generic drug use in these populations. Many participants reported stopping medications against their doctor's advice, expressing mistrust of the doctor's abilities or a hidden financial motive. Many participants noted that "You know more about your body than your doctor does." One participant stopped her medication because she believed her doctor had inaccurately diagnosed her…One participant discontinued a medication when she learned that it was an antidepressant, which her doctor had not discussed with her. She viewed this as a reason to mistrust her physician's prescription choices. Many participants expressed concerns about their relationships with doctors, and some distrusted their doctor's prescription choices. This distrust stemmed from their belief that doctors were influenced by financial incentives provided by pharmaceutical companies: "Some doctors are pill pushers" (group B, woman) and "The more pills they push, the more money they make" (group B, woman). Another participant hypothesized, "I don't know if it's true or not that every prescription that the doctor write, they get a percentage. And so, whether it's true or not, they sure love to write" (group B, woman), to which another responded, "I think it's true, too, because they be glad to see the pharmaceuticals come. They invited them in between the patients" (group B, woman), (Sewell et al., 2012).

From a Professional Healthcare Perspective

Diversity in the Healthcare industry is indeed a concern for many members of underserved or disadvantaged communities. From my experience both as a patient, and an employee in the Health Administration, it is usually a bit of an inspiration to see other health professionals that share the same ethnicity, and even other ethnic backgrounds. The feeling is that of hope and relief regarding the professionals ability to understand and communicate effectively, and value me as a patient of their's or a contemporary in a professional work environment. To this same point having research that utilizes the

experiences, thoughts and findings of professionals who are themselves African American, can help add a much needed perspective to these conversations regarding health disparity, promotion and preventive care for African American Patients.

For this portion of the research, the study will review the perspectives, views and findings of a well respected Healthcare professional. Dr. Tiffany Faulkner-Hines is Doctor of Anesthesiology, with experience in several top notch hospitals within the Kentucky, Tennessee, and Atlanta area. Dr. Faulkner-Hines received her Bachelor of Science in Nursing at Murray State University, in 2013. She then went on to Union University earning her Doctorate of Nursing Practice Degree, specializing in Anesthesiology. Dr. Faulkner-Hines, is a rising star with over 10 years of nursing, and medical professional experience. She is an amazing example and leader, in the African American community, as well as in communities at large. Dr. Falkner-Hines is an African American Woman, from western Kentucky, who comes from humble beginnings. She is a shining example of learning better and doing better. She has held several leadership roles in several large Hospitals in Metropolitan Atlanta, Western Kentucky, and Vanderbilt in Nashville Tennessee. She is currently serving at a 600 plus bed hospital in Memphis Tennessee. Dr. Faulkner-Hines is a firm believer in practicing what you preach, and has founded and headed several community health initiatives. She is the CEO of The Broken Chain, an organization that strives to enhance African-American communities by focusing on the four pillars of Educational Advancement, Financial Literacy, Health Disparities Awareness, and Cultural Empowerment. Suffice it to say, Dr.

Hines is well versed in the issues with and pertaining to health disparity and promotion among African-American communities.

Overall health, weight, attitude, trust among African Americans

With regards to African Americans and health disparity or promotion, an often discussed position is that of the trust and feelings held with respect to healthcare professional. It has become more known that a lot of Americans, not just African Americans hold some distrust or reserve regarding treatment. It also is well documented that generally speaking men prefer to forego medical visits far more often than women. I addressed these views and asked Dr. Hines her position regarding her experience with African Americans she sees.

> “Yes. It does make a difference with regards to trust and attitude. It often surprised me at a graduate level, when I introduce myself to patients that are African American, and let them know that I'll be the one providing their anesthesia, I would say 99% of them were actually relieved. It’s no secret that in our profession, African American make up less than 2% of the professional staff. So there are definitely trust issues among African Americans patients, as it pertains to health promotion and adherence. I think a lot of it has to do with the past history of medical practices in America. Another huge factor is a lot of misinformation and a general lack of knowledge. Oftentimes, I feel like as health providers, we do an injustice or disservice when it comes to our patients as far as explaining a lot of things, especially discharge instructions and what to expect during the procedures. When I'm doing my pre op assessment, I purposely take my time and give patients a full walkthrough, so there are no surprises back

there. I let patients know everything I'm doing as I'm doing it, because oftentimes when patients are having surgery, it's not so much the surgery its generally not being well informed that frightens them" (Faulkner Hines, Personal Interview 8/21/21).

Differences in the procedures or recommended treatments by hospitals and Health Care Professionals.

Another area of interest for review regarding African Americans and Healthcare interaction, is treatment and potential reserves about receiving second rate or unfair treatment due to racism. This research seeks to investigate if these views are sound or merely opinion based on any number of biases. Dr. Faulkner-Hines was asked if she has ever observed any differences in treatment or procedures in her experience.

I would say about racism or prejudice in the healthcare industry, it exists. Oftentimes, I'll tell you why. I haven't really blatantly been presented with it, within my date to day practice in hospitals, however I was presented with it during graduate school and in nursing school. The closer I made towards got to becoming a Doctor, the more pushback I received. In once instance the reviewing doctor seemed to be trying to find any hiccups or mistakes from me. Which is a normal process that I understood and was prepared for. So there was tension there already, but it seemed the doctor wanted to dismiss my explanation of the patient assessment, and negatively critique my patient interaction with statements like "Oh, well, maybe it's a personality conflict". When you the other Health professionals in are in that same moment having the same reluctance

> from patience, you know they knew exactly what it was. After he failed to rattle me, he says “Well, you know, I just got a dog.” He continued his story telling me he had the dog for about six months ago and that he's thinking about naming it, Tiffany. Next, he pulls out his phone to show me the little black Labrador that he has. So I haven't blatantly witnessed racism in a professional setting, I have seen it from Healthcare Professionals enough to where I felt like I have to be an advocate for my patients. Since I have experienced negative racial treatment firsthand, I would find it hart to believe that certain professionals are properly and fairly treating and interacting with all of their patients.

Apprehension by AA patients with regards to treatment, preventative care, and patients of other races?

Next we turned our attention to the apprehension of African Americans to start or continue medical treatment, adhere to preventative care methods. We also wanted to know if this was in fact a cultural or race issue specific to African Americans or if this was only part of a larger issues. Dr. Faulkner-Hines preceded to share her position.

> The question of why a lot of people don't go to the hospital as much, is of extreme value. It's not always the fact that patients don't have insurance, because that's not so much the case. I think it comes back to the trust issue. Some people even growing up, like even I have family members who, unless it is bleeding or falling off, and they don't want to go to the hospital as a whole.
>
> This is an issue that may never fully be understood. Typically when African Americans are treated with something that's a chronic illness of some sort, the

death rate or mortality rate is also higher. I’m concerned that because it wasn't caught early on the same way, if you look at breast cancer, and in black women versus white women, it's actually more prevalent in white women, but black women die from it quicker, or more aggressively. This is because there is a higher number of Caucasian and women of other races that go get screened early and regularly, they are more likely to be diagnosed but less likely to become terminal. Typically by the time African American get screened or treated, it's progressed so far, and at that point, all you could really do was palliative care, and it's kind of the inevitable. On the other hand if you have more people who come in, get routine, exams, and get their mammograms scheduled you would see a different outcome, and a decrease in chronic outcomes. For example all of us know someone or has a family member that we are ready to haul off to go and get a colonoscopy or other treatment. They just don't want to do it, and won't do it. Chances are, it's gonna be the worst, because of the apprehension to get it done early. So if he ever starts to have symptoms, and typically, especially with cancer, pain is a late sign, and that's typically what drives African Americans to go to hospital. Drawing conclusions about African American patients from a medical standpoint?

For many years, I worked in the Emergency Rooms, and worked in ICU in Atlanta, Georgia. So it's very busy and extremely diverse. There has been a misperception going around for years, that black people absorb pain differently. Yes, there was actually a physician who was doing procedures on women, especially black women, without any anesthesia, because he felt that they couldn't be hurt. This led to the practice of denying medication and later towards health professionals trying

> to distinguish between patients who actually need pain medication, and persons seeking to abuse drugs. It is common to have the people coming in the ER, a lot of times just to get pain medication So I don't think hospitals are singling out just the African Americans. A lot of the times like, the nursing physician is formulating a perceptions about patients for health and safety reason. I'm grateful that a lot of them have moved to this, where they have a system to work and see how many hospitals someone has visited. As some patients will go from hospital to hospital, hospital seeking pain medication. So I can't necessarily say that I've been in a situation where some was treated differently with regards to their race or ethnicity.

Solutions for African American communities to combat and reduce chronic outcomes

In light of the commonly held medical view that African American communities have higher rates of chronic issues and disease, a serious review of possible methods to combat and reduce these rates, is of high need. It is one thing for people to theorize or brainstorm ideas, to help with this issue. However, here we are interested in the perspective and thoughts of a current medical professional. Dr. Faulkner-Hines' account is particularly interesting and somewhat in line with my original hypothesis.

> Representation is everything. For me, I'm grateful for where I am as a child, I never saw myself being where I am. I'd never seen that growing up. I could count on one hand the number of black health professionals inside the entire hospital. This leads to a greater degree of mistrust in the healthcare systems and

organizations. So representation and rebuilding trust is extremely crucial. Also reducing the knowledge deficit. With my nonprofit, one of the pillars that we focus on is increasing health disparity awareness, making you aware that for example, if your mother has a heart attack, you know, you're 50% likely to have the same. We strive to increase in this type of awareness. So, with that being said, if you smoke, you need to cut it out, if you're overweight. Also if you're into a lifestyle, where you just consuming food but you're not aware of trans fats and sugars and things like that, you know, it'll catch up to you. We focus a lot of on genetics. I have one of my best friends, he literally works out every single day, guys, and the man has 6% body fat, body fat, and his cholesterol was through the roof from genetics, fans. There's already various things and he just turned 30 those, and he's on cholesterol medication to maintain it. So if you have medical issues, and you couple it with genetics, you know to pay attention to that as well. It always used to bother me that everything was oh, this is more prevalent in African Americans. I feel when people know better, they do better.

Individual, organizational, and communal solutions or steps should be taken to reduce chronic outcomes.

Having effective processes and methods be implement by individuals and organizations is of particular interest, not just for the purpose of this research, but for the society at large. The research is focused on gathering the professional medical opinion of Dr. Faulkner-Hines in this respect.

I think things have to be explained to the patients level of understanding, and initiatives need to go to the communities of need and most affected by these outcomes. An effective solution to this issue would lead to revolutionized methods and outcomes with regards to the treatment of chronic cardiovascular disease, and obesity. I feel there are at least two ways solutions. So the first way to make health promotion more prevalent, with different efforts and throw trillions of dollars at the issue. You have some type of incentive to have a wellness assessment to make a difference. Also, I think it needs to be brought to a level that is attainable, especially in impoverished areas. Initiative efforts need targeted at impoverished areas. Those areas are the ones who get the most injustice when it comes to health disparity. Initiatives need to be held in those impoverished areas. Oftentimes Health Professionals are afraid to go into those neighborhood, even though they are the areas with the most of health issues. Social gatherings, block party, and events will have a tremendous effect on reducing these outcomes. This is a main focus of what we do at The Broken Chain organization. We have had various nurses donate their time positions, even back to school physicals as well as treating parents and grandparents and serving the communities" (Dr.Faulkner-Hines, Personal interview)

The role history plays with African American patients regarding Health Care

In order to further understand the sentiments of African Americans with regards to Health care and Health professional. You need to look deeper than just the surface or the here and now, and review the history or practices from the past. Dr. Faulkner-Hines expounds on these views, taking a deeper look from her perspective.

> Just take a look at all the apprehension and polarization around this vaccine. There's so many different politics involved with a focus on African American people, but on the other hand people have to realized that history has not always been kind to African Americans when it comes to medical treatment. We have to realize that trust is never been established. I don't like looking at it through one view though, because racism is a blanket term, with multiple layers and issues. Many people have racist and prejudiced tendencies on the expectation that you as a medical professional will be this way. That's not always the truth, and it's a vicious cycle. Unfortunately, we live in a time right now, and for whatever reason, those tendencies have never gone away. We have had various people in power, who have allowed people to feel comfortable coming out, revealing the truth, which I feel is actually good. However the misconceptions need to be addressed when it comes to healthcare, the vaccine, and general. We have to remember that African Americans were injected intentionally with Aids virus, and other experiments in the past. Unfortunately, all of that plays an integral role when it comes to the health of African American and health care. Thoughts that were was passed down even in my household growing up, was if it's not falling off or

bleeding out, we're not going to the hospital. With history, I feel like a lot of things happened and slavery was abolished but in some the mindsets remain.

Dr. Faulkner-Hines continued to with her explanation.

I do however feel like all patients in general, have a tendency to be non-compliant with regards to healthcare. Looking at African Americans as a whole, I would say this from experience, I say this when dealing with my own family we tend to be using medications and treatment as a supplement, as opposed to taking the necessary measures, implementing life changes, lifestyle changes to enhance. When you look at it financially, and visit the grocery store, look at healthy food and see how much it is to eat healthy, or have the help of a nutritionist, and versus looking at how convenient it is to get these unhealthy foods here, comparatively speaking. So I wouldn't say it is an African American thing, rather it is American thing.

Interaction with patients with chronic conditions.

Next I wanted to focus on Dr. Faulkner-Hines' daily interaction with chronically conditioned patients, in order to see any comparisons or differences.

I am working in relatively large hospitals, and majority of the patients seen are very sick, and typically chronically. It makes each procedure that much more complex when you factor in chronic issues. You never want to over or undershoot a patient and potentially put them at risk for vascular collapse or other complications. For example with women in labor, you have to pay extra attention

but everything you do to the Mother you are also doing to the baby. The same holds true for surgical patients. Anesthesiologist work as one part of a care team. The anesthesiologist and nurse anesthetist who work together in a care team model. Usually, the anesthesiologist will see the patient preoccupation and be there for extra set of hands, if he or she provides the anesthesia. There are also settings that are medically directed. The anesthesiologist is typically more hands on when they see the patient. Whenever the patient is going to sleep they are usually present. There's often a lot of politics in our profession, and seems that if you want to go that far, you have to learn to live with it. The first anesthetic that was ever done was provided during war on the foot soldiers , and nurses who administered it. The first program to train anesthesiologist came in the early 1900s, taught by a nurse. Politics and things like that do tend to play a role, but it just kind of depends on what setting you're in. So as far as what we do, we do integration into the alarms, review the different co-morbities that the patient has. For example patients are treated differently for cardiovascular issues, aortic stenosis, and other chronic issues, as opposed to that of a healthy person who may not have many issues.

Additional Insights and Perspectives for increasing Health Promotion and reducing health disparity.

To only focus on problems or issues, and not give enough study to the many possible solutions, would be counterproductive in my opinion. This study is also aimed at focusing more on solutions to help bring positive change. It is far too common for

medical and health professionals to repeat disparities and issues, to no end. Dr. Faulkner-Hines position to combat these issues, one of the reasons she is becoming a shining star in this area.

> The most important way to achieve positive change is to reduce the knowledge deficit. Health Care and Promotion organization have to find a way of getting out there and getting information to the people, in a way they can absorb it. Many organization are just you stuffing the information in magazines, or books. More thought needs to be given to the fact that some patients only read at the level of a third grader. They're not going to get it? We medical professionals have a need to bring things down a notch. Non-compliance may just be a result of a knowledge deficit, and failure by the health professional to connect with the patient in a practical manner. Instead of just handing out brochures and all these oversized discharge papers, innovating with a video with hands on demonstrations would be more effective and patients could be more compliant.

After interviewing Dr. Faulkner-Hines, many of my theories were proven and consistent. However, one big difference was that Dr. Faulkner-Hines' position regarding treatment of African Americans in medical settings. She presented a personal upfront view, and stated that she felt that there was no difference in treatment based on race but rather that classism, or screening for drug abusers. Though she suspects some African Americans have had poor experiences based on her Clinical Education experience. This is a welcomed relief, and a positive sign.

How environments impact health and fitness in African American communities.

One major part of Health promotion is health and fitness routines, or the lack thereof. Health and fitness routines vary from person to person, group to group, and can some time be overlooked when considering, how much of an impact it have on avoiding health risks. Depending on how you were raised, what your socioeconomic status is or was, genetics to some degree and a variety of other factors, your view or awareness of health and fitness will change. With this degree of variability, also your lifestyle or behaviors will match your belief often. Everyone can recall usually that if the parents in a family are fitness buffs, then usually so are the kids. Likewise the opposite is usually true. Sometime people think or suggest that altitude or geographical location, make the biggest differences. Others my suggest that genetics , or even race are the primary benefactors. To this it is can be helpful to investigate populations through isolation or other means to make comparisons and help to draw clear conclusions.

“African Americans (AAs) have a higher risk for cardiovascular disease (CVD) compared to their Caucasian American (CA) counterparts, which represents a major health disparity. Low cardiorespiratory fitness (CRF) is a well-established independent risk factor for all-cause and CVD mortality, which has been shown across many epidemiological and clinical trials to be lower in AAs compared to CAs. While much attention has been given to traditional health disparity risk factors (e.g. blood pressure, obesity, insulin resistance), the impact of racial differences in CRF on CVD mortality has not been widely considered”, (Swift et al., 2017).

However, when reviewing health and fitness within different populations, it becomes increasingly important to exam all the contributing factors for or against these type of lifestyles. Health promotion versus health disparity is a ever important topic of discussion, that asks a series of questions all pretty much centered around why some groups seem to be more successful with adhering to healthy life styles, weights, and practices while others seem to struggle more. With specific focus on the “health and fitness disparity”, this study will examine the social environments of African Americans, compared to other races. Also reviewing other impacts and other groups, as a way to isolate whether or not environments are the sole factor, or a leading or minor factor in impacting health and fitness.

“When considering differences in health, it is important to determine whether inequalities were measured across individuals in a single population, or describe group-level differences. Group definitions will vary by historic and social context, and establishing meaningful groupings will be specific to those contexts. Social group health inequalities may be generated early or late in life by differences in access to material resources, social circumstances that generate stress, or health behaviors”, (Arcaya, et al., 2015).

A review of social environments.

It has often been said people are a product of their environments, and that whatever you grew up around and routinely trained to do in your upbringing, will ultimately be the way you turn out or similarly akin to reproducing. This is not always the case but it is more often than not, just as people are creatures habit, so to speak. For this point, it can be helpful to see if also birds of a feather flock together. Another, commonly understood view regarding environmental shaping. Do social environments promote or disparage health and fitness. For example in social event or group “A”, does being participant in this social group or event, also make a person more prone to regularly monitor health, or participate in fitness routines or practices. A very simple depiction of this is the heralded fitness class. Are people more healthy and fit that participate in fitness classes? Group fitness classes, which are clear conducive for social interaction, tend to be a staple for the weekly gym warriors, soccer moms and anyone generally interested in fitness, fads or practices. You often hear stories about how someone you know, regularly attends Zumba, or Hot Yoga, or spin class. You always see these images on movies. At any rate though, do these type of social classes promote greater health gains and self efficacy.

“Participation in regular group fitness classes led to a statistically significant decrease in perceived stress and an increase in physical, mental, and emotional QOL compared with exercising regularly on one's own or not engaging in regular exercise. Attending weekly group fitness classes could be a solution to improving the emotional well-being and stress level of medical students”, (York et.al., 2020.).

The answer is definitely not so clear, but it can be easy to see the social benefit. You can also clearly see, how automatically, once you begin one of these classes or lifestyle changes, the greater the chance of adherence. Obviously, other factors impact the degree of adherence and commitment. For example, you may be the only “xy or z” in the said class and may feel isolated or on display. This brings up another potential factor, how socially motivated are the individuals. Some people are “loner” types and prefer a more introverted approach to health and fitness, and would ultimately find the social fitness class quite a bit invasive, or at least uncomfortable. However there are some introverted, loner types who, embrace the social aspect of things as more of a challenge or an extra boost. Others, may be able to see the added value of group participation, in that sometimes doing things with others, will help shine light on common mistakes, and thereby reduce the heightened fear of failure etc.

There are other aspects to social environments that need further exploration. For the purpose of this study, Social is defined according to Merriam Webster as “relating to or involving activities in which people spend time talking to each other or doing enjoyable things with each other’s. Liking to be with and talk to people : happy to be with people”, (Merriam-Webster.com, 2021). Using this definition and reviewing the variety of social settings, it would not be difficult to see connections to social inspiration, with regards to health and fitness. For this matter, the same would hold true for populations of individuals who chose not to regularly engage in healthy lifestyles or fitness routines. An example of this is, drinking or wreck-less partying. Countless studies have shown the propensity of individuals with a number of health issues, that have lead the party life for

long periods of time. Most people understand on some level how overconsumption of alcoholic beverages can have long term damaging effects on health. The same views and thoughts are similarly held regarding poor sleep habits, illegal drug use, and “promiscuous” behaviors. However, there is no shortage on attendees, or participants in these activities and lifestyles, simply because they are mainly social. This is to say that many people engage, adhere to, and recruit others to these activities, as a means to enjoy each other’s company, networks, or other reasons. It is clear to say yes these social environments help to shape the health of the individuals participating. One would also see that social environments have an added power, so to say, to multiply the outcome of promotion and adherence. It is there for a reasonable correlation, likewise for health promotion, and fitness. A common and great example of this is team sports. Look at how just the competition, in sports, team or individual, can promote social adherence, and stimulation. Players interact with one another through the games, and afterwards as a means to compete. Even competing players engage in social interaction, and some especially now more than ever are friends and interact socially outside the given sporting event. Reviewing the events themselves, which are large social events usually, these are great venues which generate massive revenues. However, they are often used for networking events, dates, and family nights. Looking further at these events, it is interesting to see if there is a correlation between going to these events, and increased or decreased health and fitness.

One can see that being around people of all walks, would have the potential to bring further awareness to ones’ own individual health. Much a like looking at a mirror in the

opposite effect, seeing more people in great shape, if you were out of shape or in poor health, might encourage you to better your health and fitness. Also, being in great shape, and interacting with people who are not could have a number of results as well. For example, maybe the healthy person will feel tempted to make more unhealthy decisions, as a result of being in a social environment that is a lot less strict regarding healthy eating and lifestyle. Another social factor at these events, which may come as surprise to people who have never been unhealthy or over fat or overweight, is just fitting in the seating, or walking around during the said events. People constantly judge and feel judge in the presence of others for, walking speed, breathing hard, and generally just being bigger. While this can have positive effects, it can also have some negative result like low self esteem, and worse. Social aspects regarding health and fitness can also branch out even further, like that seen on social media platforms.

Obviously, looking at the positive intent of people, social media can do a lot of good for so many.

“Rapid and innovative advances in participative Internet communications, referred to as "social media," offer opportunities for modifying health behavior. Social media let users choose to be either anonymous or identified. People of all demographics are adopting these technologies whether on their computers or through mobile devices, and they are increasingly using these social media for health-related issues. Although social media have considerable potential as tools for health promotion and education, these media,

like traditional health promotion media, require careful application and may not always achieve their desired outcomes", (Korda, Itani , 2013).

For example, a personal trainer, health or fitness group or individual, can now harness the power and reach of the internet, to help educate, inform and train masses of people to lead better more healthy lifestyles. Just look at all the different Facebook, Instagram and other Social Media accounts and ads, that all promote a healthier better looking you. These can clearly have positive impacts on people who are looking for added support or information etc. However they too can be misleading and cause an immense amount of anxiety and frustration, that ultimately lead an individual to unhealthy decisions. Suffice it to say that overall, social environments do in fact play a huge role in determining the health and fitness of individuals. It would appear that this is also the case with regards to African Americans. Personal factors rather than racial factors tend to be the leading issues. However, as mentioned before there are some cases where race can negatively or positively influence health and fitness socially. Take the example of being the "only one in a group". Far too often it is the case when African Americans go to the gym or health facility, or participate in spin classes, they are almost always in the overwhelming minority. This may however be more of a case by case scenario, where geographic location, socioeconomic status, or other factors may be at play. Obviously the counter to this is that with a lot of sports, African Americans tend to be the majority, and can sometimes make others feel inferior or otherwise, whether intentional or not. "African Americans, women, the elderly, obese people, and those in underserved communities are less likely than others to participate in leisure-time physical activity.

Mercy Catholic Medical Center opened two fitness centers in low-income, predominately minority Philadelphia neighborhoods. Obese/overweight women from ethnic minorities living in low-income neighborhoods participated most frequently", (Choitz et al, 2010).

It is still maintained that these are case by case, individual circumstances that, the participants generally tend to overcome through social interaction, and thereby increasing the effect of social environments on individual health and fitness outcomes.

How School Environments effect Health and fitness

Growing up around the 90's children all over will remember when schools everywhere had regular balanced healthy breakfast in the cafeteria, and required physical education and health classes, as a daily or weekly staple. Elementary through high schools, at least in western Kentucky made it mandatory to provide cafeteria menus that included balanced portions based on the food pyramid. Many students were accustomed to starting their day off with a fruit juice, milk, and protein meat with scrambled eggs, and a grain of some sort. Progressing through the day at least twice a week children were required to attend and participate in Physical education classes. These classes taught the technique and function of movement, exercise and general health. Some schools and counties even have a Spring sports day, or city wide competition for various events like track and field races and events. Children compete and are exposed to different

sports, techniques, and styles of play, while mainly focusing on functional movement and balance.

As the child's educational career progresses, schools and outside recreational programs, are offered such as team sports, 4H, and other opportunities. One such sporting activity is pop warner football, or softball. Some schools used to allow 1st through 6th graders to tryout and play on teams. The amount of impact that these activities influence participants to maintain and adhere to health and fitness is immeasurable. Fast forwarding to today, where children can not only participate in school related sporting competition, but they can enroll in programs locally and sponsored like AAU, or Upward Basketball. However the impact is not only limited to sports, but other forms of competition like band. Ask any band or form school band member about their experience, and they will speak of hot summers, marching on beat carrying heavy instruments and yes physical activity year round. "The results of this review are presented organized as sexual health, mental and emotional health, injury prevention, tobacco and substance abuse, and exercise and healthy eating. Evidence-based implementation strategies, often considered the missing link, are recommended to help achieve the Healthy People 2020 objective of increasing the prevalence of comprehensive school health education programs designed to reduce health risks for children", (Inman, 2010). Continuing the progression of the school career the individual usually progresses to college or university, where a variety of health and fitness activities are available. Everything from Varsity sports teams, to intramural sports, and even university coursework that teach proper technical movement and training

sequence for a given participant. In addition to the outlets that these courses, sports, and teams have to offer, schools also have a huge social pull and impact on the students that attend. For example, most schools tend to have athletes, or “jocks”, band students, and a plethora of various student types. The recognition tends to naturally go to peers that stand out, usually in sport or otherwise. However the correlation between health and fitness, and distinction is usually apparent. This can work negatively in the case of students who tend to bully other less fit individuals, but when properly utilized can surely influence individuals to lead more healthy and fit lifestyles by association.

With regards to individual groups or more specifically African Americans, it is clear that environments play a huge role in impacting and promoting health and fitness. However it is not just limited to that of these populations. Environments influence everyone, it would surely help to reduce health disparity, if the environments that individuals pursued after schooling were similarly as positive as the ones fostered around them during their schooling years. One common thought expressed by Health professionals, is to remind the client of their youthful activity. If individuals will compare the level of activity they participated in to their current activities, one could easily see the consequences and patterns, and make behavior changes.

“Barriers to physical activity (PA) among African Americans (AAs) have been extensively studied, yet there is limited research on innovative PA interventions designed to address them. In recent years, many studies have used the internet to promote PA, but very few have included AAs. These data suggest that specific intervention components, i.e., PA

models who match participants' profiles, flexibility and tailoring to age/gender groups, could improve uptake of web-based PA programs designed for inactive AAs. Therefore, a precision health approach needs to be employed when designing interventions to promote PA among inactive AAs", (Kariuki, et al., 2019)

No where is this more valuable than in African American communities. A possible remedy is to help African Americans reengage in the joy of regular sporting events and outside recreational events. Also adding more exposure to health initiatives for health promotion.

Statistical Data and Meta Analysis

To fully appreciate and undertake such a task of gathering data and assessing variable relationship, and causality, further authorization and skill is needed. However, upon careful review of several sources with such credentials and necessary skillset, the below study has been gathered in support of statistical data on health disparity and grouping. What is of interest here is that education seems to have a positive impact on preventing chronic disease. More specifically listed in the case study, Diabetes seems to be reduced with increased education.

> Meta-analyses of 13 studies examining the relationship between education level and diabetes quality found that having a high school education or more was associated with higher HbA1c control (OR = 1.24, 95% CI: 1.13-1.36) or receipt of dilated eye examinations (OR = 1.28, 95% CI: 1.17-1.39). For other diabetes measures, lacking a high school degree was not associated with significant differences in odds of control or receipt of care, although odds ratio estimates for high school or more were larger than one for all measures except nephropathy screening (*P* > .05). Study estimates for education indicated significant heterogeneity across all measures except HbA1c control

> (*I* 2 = 55 percent) and nephropathy screening, with *I* 2 statistics ranging from 83 to 99 percent. As with meta-analyses for race, comparisons of studies that were wholly based on insured populations did not exhibit notable differences from studies that included uninsured diabetes patients. Results for education were consistent with estimates from the trim-and-fill procedure for HbA1c control and dilated eye examinations. (Lee, Loyd, Giuriceo, Day et al, 2020).

This does in fact support my theory that “knowledge” can have a positive response in reducing chronic outcomes, at least as is the case when dealing with diabetes. The article goes on to explain the findings below.

> Performance in intermediate outcomes and process measures frequently exhibited differences by race/ethnicity even after adjustment for socioeconomic, lifestyle, and health factors. Meta-analyses showed black patients had lower odds of HbA1c and blood pressure (BP) control (OR range: 0.67-0.68, P < .05) but higher odds of receiving eye or foot examination (OR range: 1.22-1.47, P < .05) relative to white patients. A high school degree or more was associated with higher odds of HbA1c control and receipt of eye examinations compared to patients without a degree. Meta-analyses of income included a handful of studies and were inconsistently associated with diabetes care performance. Differences in diabetes performance appear to be related to access-related factors such as uninsurance or lacking a usual source of care; food insecurity and trade-offs at very low incomes; and lower adherence among younger and healthier diabetes patients.
>
> Patient race ethnicity and education were associated with differences in diabetes quality measures. Depending on the approach used to rate providers, not adjusting for

these patient characteristics may penalize or reward providers based on the populations they serve. (Lee et al, 2020)

Results for Hispanics with diabetes across 16 studies suggest Hispanic ethnicity was not associated with differences in process measures relative to white patients although Hispanic patients had lower odds of HbA1c control (OR = 0.68, 95% CI: 0.61-0.77) but no difference among other intermediate outcomes. Unlike studies examining diabetes care for blacks, estimates for Hispanics showed high levels of heterogeneity across studies for all measures (I 2 range: 79-97 percent) except lipid testing. Asians (N = 4 studies) exhibited higher control or receipt of care (OR range: 1.22-1.52, all P < .05) for HbA1c control, HbA1c testing, dilated eye examinations, foot examinations, and lipid tests but lower control for LDL cholesterol (OR: 0.76, 95% CI: 0.60-0.95) than whites. Studies contributing estimates for four measures showed I 2 ranging from 0 to 51 percent. This suggests sampling variability may have played more of a role than differences in study design in variability across study estimates. The two studies for LDL cholesterol control showed higher heterogeneity than other measures (I 2 = 84 percent) for Asians, suggesting differences between the estimates may reflect study design features. Overall, blacks and Hispanics exhibited lower control in intermediate outcomes with greater odds of care or no difference in process measures compared with white patients. Asian patients with diabetes tended to have higher control or no difference across all measures except LDL control. Studies for blacks and Hispanics exhibited high heterogeneity for important intermediate outcomes such as HbA1c and LDL control, suggesting differences in study design, patient sampling, covariate choice, and context underlie variation across studies. Results for blacks and Hispanics did not differ markedly between studies using only insured populations versus those that also included uninsured patients. Results in Table 2 were consistent with results following the trim-and-fill procedure for race/ethnicity in the HbA1c control, dilated eye examinations, foot examinations, and lipid testing measures (Lee et al., 2020)

Based on these findings, one can also draw implications about other associated chronic diseases. There is a positive correlation between knowledge of health promotion and prevention. The tables below further explain these findings.

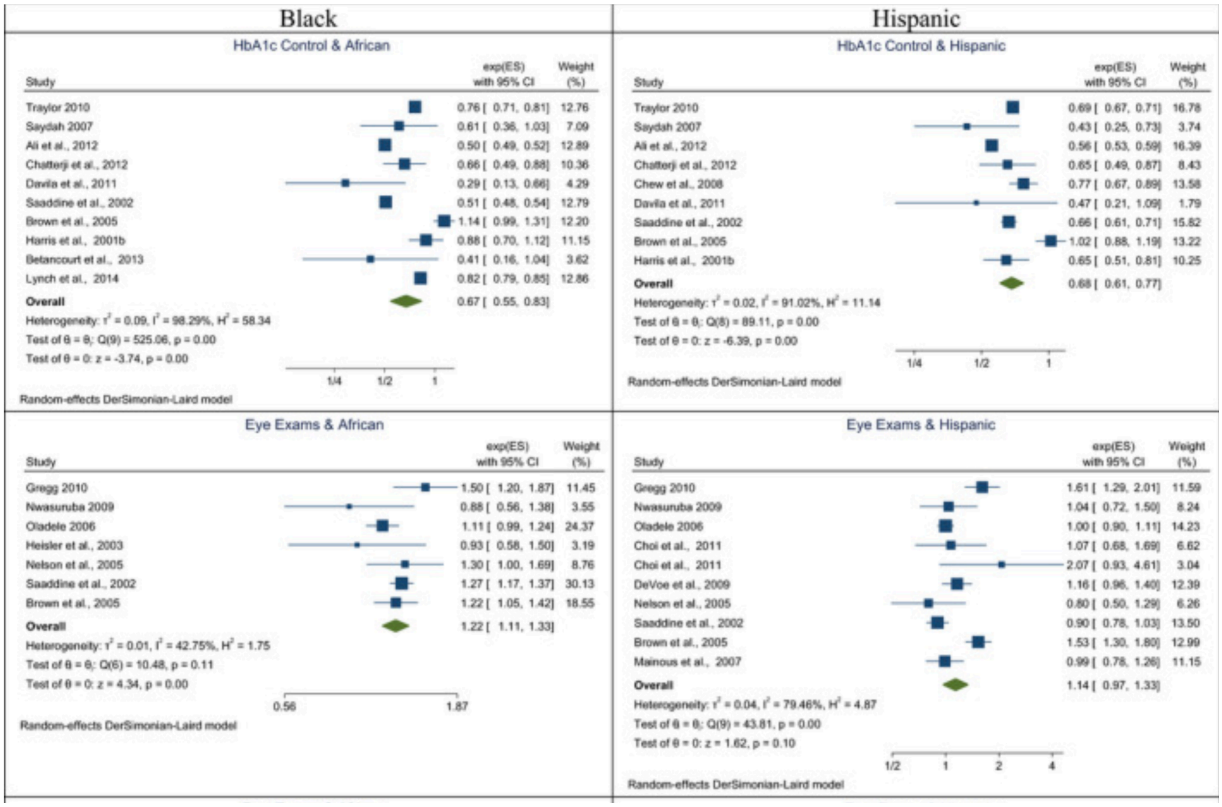
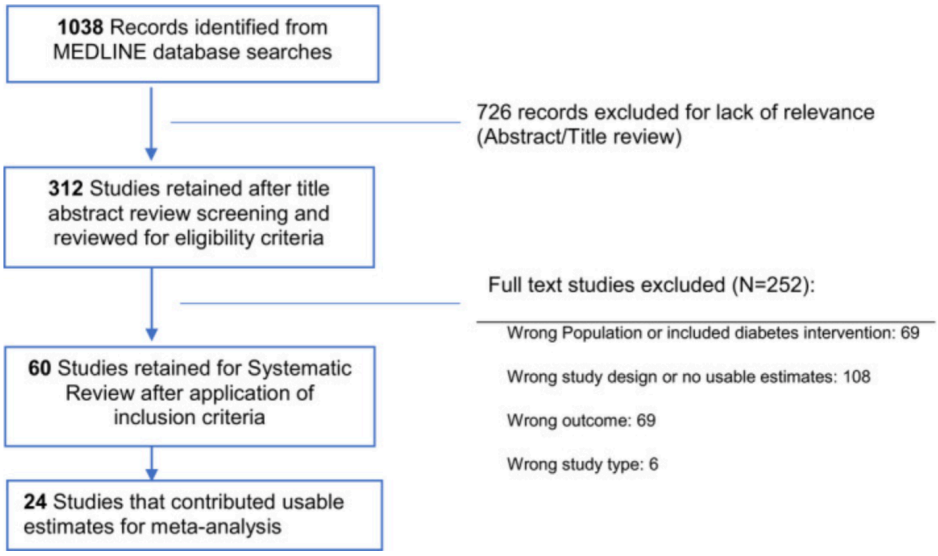


Figure 1


1038 Records identified from MEDLINE database searches
726 records excluded for lack of relevance (Abstract/Title review)
312 Studies retained after title abstract review screening and reviewed for eligibility criteria
Full text studies excluded (N=252):
Wrong Population or included diabetes intervention: 69
Wrong study design or no usable estimates: 108
Wrong outcome: 69
Wrong study type: 6
60 Studies retained for Systematic Review after application of inclusion criteria
24 Studies that contributed usable estimates for meta-analysis

Health Initiatives next steps and Conclusions

In light of the current research and findings, solutions are needed to help reconcile these disparities. All information that is readily available to health care professionals the world over, and therefore it is imperative that health professional and governments work together to provide solutions to the betterment of these populations, and the world at large. But, who if anyone is task with the burden of saving or serving these population? Governments, and Hospitals are in a state of constant overcrowding and underfunding. It would appear that the communities themselves need to step up on their own. The problem here is that, if individuals are unaware of a problem or underlying issue or set of issues, and are almost always under educated with regards to the possibility of solutions, these chronic outcomes seem to continue to exacerbate. Many times this is where the Health professionals can shine light on these issues, and possible solutions. Health professionals also need to meet these populations where they are, on a financial, educational, and socioeconomic level. Therefore new approaches are in fact needed, and alternative methods of not just resourcing, but funding financing and materializing.

The uniqueness, and often times ambiguity of this issue, has given rise to the emergence of many community based initiatives to step in and assist. For the longest time, churches and other organizations like the Salvation Army and others have been at the helm of support on a variety of levels. However for more health related needs there has long been a gap. This is where organizations like The Broken Chain, ARCHI, and other have really begin to take the lead in helping to assist these communities.

The Broken Chain is an organization founded and Headed by Murray State Alumn Dr. Faulkner Hines. Their goal is to help rebuild black communities, through educating on Financial literacy, improving Health disparities, and building generational wealth. They are located in Memphis Tennessee, with a global vision and outreach. One other such organization seeking to help

promote health in predominantly African American communities is the Atlanta Regional Collaborative for Health Improvement or ARCHI. “ARCHI offers a promising systems approach to reducing health disparities and creating place-based change for people living in the metropolitan area. The coalition’s origins, and its early efforts, could serve as a model for organizations seeking solutions to health inequality in other cities”, (ssir.org, 2021).

> ARCHI follows the *collective impact* framework which starts with the understanding that the only way to effectively address complex issues, like health disparities is to align the resources and expertise from multiple and diverse sectors in a multi-year commitment to create change. This means ARCHI is implementing a common agenda, creating shared measures to document progress, building alignments that create mutually reinforcing work, and forging the trust and relationships to sustain the work, (archicollaborative.org, 2021).

In conclusion knowledge of health promotion does in fact lead to reduced chronic outcomes. Access however is a little more difficult to prove and may be a bit of a reach. The research seems to suggest that even with access to health facilities etc, that relevant knowledge reduced onset and outcomes of chronic natures. One can conclude that proper education, health promotion by government policy makers, healthcare professionals, and community initiatives and engagement, is in fact the most effective way to reduce health disparity. The challenge requires a multifaceted effort by the community at large.

Annotated Bibliography

Alpern, S. (1992). The European Introduction of Crops into West Africa in Precolonial Times. History in Africa, 19, 13-43. doi:10.2307/3171994

This is article is the definitely one of the most important findings in the current study. The article goes into extreme detail listing foods that were brought to Africa, and those foods that were already growing and being harvested in Africa. The journalist does historical analysis using sales record and other data from merchant traders, and colonizer documentation.

This is a huge win for the current research, in that it opened the full scope of analysis regarding African diet prior to the colonial period. It was of extreme importance to do this, in order to get to the roots or begins of African descendants with regards to dietary habits etc.

Bauer, U. E., Briss, P. A., Goodman, R. A., & Bowman, B. A. (2014). Prevention of chronic disease in the 21st century: elimination of the leading preventable causes of premature death and disability in the USA. Lancet (London, England), 384(9937), 45–52. https://doi.org/10.1016/S0140-6736(14)60648-6

This article was chosen and used in the study, in order to show possible solutions to help reduce health disparity, more specifically chronic disease outcomes. In the summary the journalist points to the U.S. Center for Disease Control's four phase process, as positive remedy.

The information is particularly useful in the current study, because it helps provide a practical spectrum for health professionals, and communities at large. More specifically it is important to see that the direction for health initiatives and community engagement can play a huge role in Health promotion, and reduction of chronic outcomes.

Center for Disease Control and Prevention. (2021, May 12). National Center for Injury Prevention and Control.

https://www.cdc.gov/traumaticbraininjury/health-disparities-tbi.html

Due to the nature of the current study, relevant information regarding health disparity and data are readily available for review from the CDC. The information pulled from the cite above is useful for helping to guide the reader in the right direction, as it pertains to health disparity among differing populations and groups. The CDC is the leading health authority on disease and prevention. They regularly collect data and help to serve with initiatives for health promotion.

For the current research study this information is useful, in helping guide the direction of research. Rather than make assumptions regarding African Americans and other races, it is more reliable to draw on the findings of a leading research organization.

Danso-Wiredu, E. Y. (2018). Gendered Dynamics and Reciprocity in Fishing Communities in Ghana: The Case of Penkye, Winneba. Journal of Black Studies, 49(1), 53–70. https://doi-org.ezproxy.waterfield.murraystate.edu/10.1177/0021934717736185

This article is shows the existence of the Penkye people located along the coast. The journalist is analyzing records of interviews of people in those communities. The article explores these conversations and reviews market dynamics of that Population.

The article is useful to the current study, because it introduces fish and other market or trade interactions as a part of the daily exchange in prehistory Africa. With this information, the study adds another healthy food to the regulars diet. The finding also suggest the abundance of activities of daily living from trade and fishing.

Fairchild, A. L., & Bayer, R. (1999). Uses and Abuses of Tuskegee. Science, 284(5416), 919–921. http://www.jstor.org/stable/2899191

The above article is of particular interest to the current study, due to its ability to illustrate the growing sentiment of distrust for Medical Professionals. The Journalist is reacting to a story that that broke regarding the Tuskegee experiments. The article depicts the outrage of a community of people of the medical malpractice and governmental coverup regarding several rural Alabamian African Americans.

The article is useful in the current study as it helps to uncover a huge trust barrier in the African American community. In attempted to move to health promotion, overcoming barriers is a key and primary step.

Gaffney A, White A, Hawks L, et al. High-Deductible Health Plans and Healthcare Access, Use, and Financial Strain in Those with Chronic Obstructive Pulmonary Disease. Ann Am Thorac Soc. 2020;17(1):49-56. doi:10.1513/AnnalsATS.201905-400OC

The above listed article is an examination of findings that explain the costs of patients with chronic diseases, mores specifically COPD. The journalist is analyzing 2 groups in a study, in an attempt to discover who is spending more. The articles does provide great insight about the general cost of treatment for people with chronic issues. ‘

The work is important to the current study, as it provides a basis for the financial stain that people with chronic issues incur. This information also helps as a probing subject for further exploration, with regards to who, if anyone, benefits from these high costs? Additional it can provide a comparison about prevention and health promotion initiatives, and health disparity and chronic illness treatments.

Kariuki, J. K., Gibbs, B. B., Davis, K. K., Mecca, L. P., Hayman, L. L., & Burke, L. E. (2019). Recommendations for a Culturally Salient Web-based Physical Activity Program for African Americans. Translational journal of the American College of Sports Medicine, 4(2), 8–15.

This article examines various methods of interventions related to health disparity and promotion. With a focus on increasing physical activity in African American, the journalist is reviewing initiative that are internet based. The article also highlights using other means to approach and reduces disparity among high demographics.

The value of this article to the current research is immeasurable, as it is an additional source of methods used to promote health. Web resources are presently in such high demand, especially in light of the current global conditions. The information in this article have helped as a guiding force with regards to what directions health professionals can take to address the disparities.

Kennedy B. R. (2013). Health inequalities: promoting policy changes in utilizing transformation development by empowering African American communities in reducing health disparities. Journal of cultural diversity, 20(4), 155–162.

This article is a review of the analysis and gatherings of African American sentiments toward health professional. The journalist reviews the policy’s, living conditions and outcomes of the African American experience. The journalist is attempting to illustrate how social injustice is a more impacting variable in health disparity.

For the current study being undertaken, this article is a great resource, with regards to showing other variables that lead to health disparity. Having a greater appreciation for the these often hidden contributors, can help strengthen the analysis and provide practical solutions for health care promotion.

Lee, W., Lloyd, J. T., Giuriceo, K., Day, T., Shrank, W., & Rajkumar, R. (2020). Systematic review and meta-analysis of patient race/ethnicity, socioeconomics, and quality for adult type 2 diabetes. *Health services research*, *55*(5), 741–772. https://doi.org/10.1111/1475-6773.13326
The article above is used to get statistical data points and studies. The journalist has conducted a meta analysis of a study that is interested in seeing the correlation to diabetes outcomes and race or ethnicity. This is particularly important to the current study as is helps to guide the research, and draw conclusions based on tested and reviewed methods and practices.

Marrengane, N., & Lenoir, G. (1994). CHRONOLOGY of SOUTH AFRICAN HISTORY. The Black Scholar, 24(3), 40-43. Retrieved September 6, 2021, from http://www.jstor.org/stable/41069704
The above listed article is a historical analysis on the chronological progression of Africans in Southern Africa. The journalist draws on historical data collected around 300 AD, and articulates the lifestyles and communities of empires in sub Saharan Africa. The journalist also, introduces the reader to wild grains as a major source of food in the South African Diet, prior colonization.
This article is especially valuable to the current study, because it helps uncover the diet of Africans prior to Slavery and the colonial times. It is helpful to see if Africans consumed a different diet than that of the current diet consumed by their descendants.

May C. Slice. Fam Syst Health. 2019 Sep;37(3):270-272. doi: 10.1037/fsh0000428. PMID: 31512913.
The above article is a response and collection of findings about the experience that Dr. Sims conducted on a young African Slave girl. The Journalist draws closer attention to the point that these experiments or treatments were all done without anesthesia. This is was a widely held view that African women could handle more pain than other women.
This article's importance to the current study is that it furthers the case against the hastiness of African Americans to regular healthcare interaction. It is important to understand the thoughts and views of populations, in order to create effective practical solutions and advance positive health initiatives.

Mayeda DP, Ward KT. Methods for overcoming barriers in palliative care for ethnic/racial minorities: a systematic review. Palliat Support Care. 2019 Dec;17(6):697-706. doi: 10.1017/S1478951519000403. PMID: 31347483.
The above article explores the methodology used for healthcare. In an effort to find alternative and more innovative ways to increase adherence, the journalist is drawing on findings including ethnic and minority patients. The article suggests that traditional means of healthcare may in fact be a barrier for these populations.
This article is of immense importance, in that it supports my theory that other methods of delivery are needed to address the growing number of chronic cases in African American communities. Also it takes into consideration other thoughts and concerns outside the data, in order to address the disparities, just as the current seeks to.

Moreno García, J. C. (2018). Elusive "Libyans": Identities, Lifestyles and Mobile Populations in NE Africa (late 4th–early 2nd millennium BCE). Journal of Egyptian History, 11(1/2), 147–184. https://doi-org.ezproxy.waterfield.murraystate.edu/10.1163/18741665-12340046
The above article is an excellent source that explains life in prehistoric Africa, among the Libyan and Nubian populations. The journalist is using historical findings that use trade record or bill of sale records. In addition to food, and goods, the article details the trade of minerals, vegetable oil, and resins.

This article is specifically helpful to the current study project, in that it helps show another group of African American ancestry, and their existence. The article not only shows the nutrition or trade market of the time, but it is also gives us a peek in to the ADL Activities of Daily living which was the norm for most people of the time.

Patterson, K. (1974). Disease and Medicine in African History: A Bibliographical Essay. History in Africa, 1, 141-148. doi:10.2307/3171766
The above article is a collection of the medical history of Africa. The journalist uses Historical medical record to uncover and explain disease related to African derivation. The article focuses primarily on the findings as it relates to sub Saharan Africa.
This article is important to the current study, due to the focus placed on selective research from the locals of sub Saharan Africa. Also a view inside the medical history and narrative of Africans, can serve as great catalyst of understanding and current variations of disease.

Schoenbrun, D. (2018). Crafting Early African Histories with Jan Vansina. History in Africa, 45, 99-112. doi:10.1017/hia.2018.18
The above submitted article serves as that of an explanation historically regarding the history of African Americas. More specifically the journalist, is using historical accounts to more efficiently preserve and analyze the history of African descendants.
This is very pivotal source of information to the current research effort, with regards to just finding valid historical data traditionally. With this non traditional approach the journalist is helping uncover more relevant information about African history prior to colonization.

Sewell K, Andreae S, Luke E, Safford MM. Perceptions of and barriers to use of generic medications in a rural African American population, Alabama, 2011. Prev Chronic Dis. 2012;9:E142. doi: 10.5888/pcd9.120010. PMID: 22935144; PMCID: PMC3475503.
The above article is of great importance, as it paints the picture of conversations with African Americans regarding healthcare or medication treatment. The journalists used a series of interviews with participants to gauge their thoughts and feelings regarding the use of generic drugs. The article digs deeper and actually uncovers other reserves that African Americans have about medical professionals.
This is critical to the current study in that it is a first hand account of participants' experiences with health care professionals. Up until this point all the information has been historical documents, and analysis. This is more group therapy sessions and participant observation.

Solomons N. W. (2003). Diet and long-term health: an African Diaspora perspective. Asia Pacific journal of clinical nutrition, 12(3), 313–330.
The information provided in the above article is a great step in the right direction, regarding gathering information on the diet of enslaved Africans, during and immediately after slavery. The research journalist has collected information drawing upon his experience while serving as a chair person for the International Union of Nutritional Services. Through an analyzation of historian record, the journalist is able to find that Maize or corn was the most abundantly used crop in the diet of slaves.
The information from this article is specifically valuable to the current research, in that it helps to layout what foods many African American ancestors ate on a regular basis. Understanding this aides in connecting the past to present preferences or even rejections. It is also helpful to examine whether or not these foods contribute to chronic diseases.

Swift, D. L., Johannsen, N. M., Earnest, C. P., Newton, R. L., Jr, McGee, J. E., & Church, T. S. (2017). Cardiorespiratory Fitness and Exercise Training in African Americans. Progress in cardiovascular diseases, 60(1), 96–102. https://doi.org/10.1016/j.pcad.2017.06.001
This article is an excellent source on the risk factor statistics of African Americans. The Journalist is examining, and comparing data from African American participants and their

counterparts, in an attempt to explain health disparity. It also suggest other issues with regards to health disparity in this population.
The article is of particular interest to the current study, as a means of providing statistical data with actual numeric findings. This will serve as a great source of gathered dated to assess health disparity among African Americans.

Watkins P. (2004). Chronic disease. Clinical medicine (London, England), 4(4), 297–298. https://doi.org/10.7861/clinmedicine.4-4-297
In this article the journalist is attempting to find ways to reduce health disparity. The article suggests that financial incentives are not the best way to reduce health disparity among chronic populations. Rather that feedback, and improved client centered services would help lead to greater health promotion and adherence.
This is of specific importance with regards to the study, because it nullifies the risk reward of money being a sort of an addictive remedy, with ill intent. In short the journalist says that financial incentives can be corrupting. With this information in mind, the focus is to find other beneficiaries, if any, from the rise of chronic disease treatment and care.

Wall L. L. (2006). The medical ethics of Dr J Marion Sims: a fresh look at the historical record. *Journal of medical ethics*, *32*(6), 346–350. https://doi.org/10.1136/jme.2005.01255
The article above is an article in defense of Dr. Sims. In this apologetic yet defensive article, the journalist is attempting to refute the claims by many that, Dr. Sims used harsh treatment and practices on Black Slave Women.
The importance of the article to the current study is that if offers at least a perspective on medical practices as it pertains African Americans. It is also another explanation of why some African descendants have fears about adhering to medical direction.

Yorks, D. M., Frothingham, C. A., & Schuenke, M. D. (2017). Effects of Group Fitness Classes on Stress and Quality of Life of Medical Students. The Journal of the American Osteopathic Association, 117(11), e17–e25. https://doi.org/10.7556/jaoa.2017.140
The article above provides an examination and study centered around the effects of group fitness. The Journalist is comparing and contrasting the results from groups of participants who attend group fitness classes, against participants who engage in individual training. The findings in the article are useful to the current study, as a way to explain and explore social conditions. For example, do environmental factors contribute to health disparity or health promotion. It also, helps point out the greater need for initiatives and community engagement as an integral resource.