RSCH 8310 Research Topic: Impact of Cultural Beliefs: Mistrust of Healthcare Professionals by African Americans

Patrick Petty

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## Problem Statement

There is disparity and inequity in healthcare based on racial and ethnic factors (Chen et al., 2016; Gilbert et al., 2016). There are also economic and social costs associated to this racial disparity and national healthcare system (Ayanian, 2015). Racism also continues to influence the health levels of minorities in various ways (Ben et al., 2017). In response to this, interventions have been made to reduce disparities both in healthcare and in the health levels of the American population (Williams & Purdie-Vaughns, 2016). However, recent studies have shown that the general health levels of African American men continue to rank among the lowest in the country (Gilbert et al., 2016). African American men continue to be the most disconnected group from the American healthcare system (Elder et al., 2015). Black men also continue to suffer from preventable diseases and higher mortality rates disproportionately in comparison to their white counterparts despite advancements geared towards reducing healthcare disparity and the poorer quality of healthcare provided to black men has been well-documented throughout history (Elder et al., 2015).

Studies have also shown that despite the improvements in the general accessibility of mental healthcare and healthcare in general in the United States, black men are still less likely to trust medical professionals to care for their health and that their group is also the least likely to seek and receive help for mental health problems (Alegria et al., 2016; Assari et al., 2017). Based on these previous findings, the problem that this study will address is the lack of empirical knowledge on how young black men experience the legacy of racism in the context of healthcare, with particular focus on young black men dealing with mental difficulties and concerns (Alegria et al., 2016; Assari et al., 2017). Despite prior research on racism in healthcare, there continues to be a need for researchers, providers, and policymakers to adopt strategies that address the social determinants, which affect the availability, accessibility, and quality of behavioral healthcare for racial and ethnic minorities (Alegría et al., 2016).

**Research Question**

What is the perspective of racism on African American men when engaging or attempting to engage in the mental healthcare system?

The following sub-questions are used to answer specific aspects of the overarching research question:

1. What is the perception of racism for young African Americans and describe personal experiences of racism in healthcare?
2. How does their perception of the existence of racism influence their perception of the mental healthcare system?

**Purpose of the Study**

The purpose of this proposed qualitative phenomenological study is to explore the perceptions of young African American men of the legacy of medical mistreatment among African American men across history and how these young men continue to perceive racism in healthcare despite widespread attempts to improve racial and ethnical disparities at the national level. Furthermore, this study will explore how the participants’ experiences with the mental healthcare system are affected by this perception of racism. The perspectives of the participants will also provide insight in regard to how this notion of racism contributes to their lack of engagement in the mental healthcare system (Alegria et al., 2016; Assari et al., 2017).

The proposed phenomenological study will be done to assess the lived experiences and perceptions of 10-20 young African American males who are engaged in mental health treatment. The participants’ perspectives will be explored to gain insight to how they perceive the legacy of racism in healthcare, whether they have personal experiences of racism with the healthcare system, how they perceive mental healthcare in general, and how they cope with these perceptions.

**Social Change**

Despite significant policy changes that aim to improve racial integration and eradicate intolerance in healthcare, there is an urgent need to resolve the disparities present in healthcare and behavioral healthcare. Social change refers to any alteration in the cultural values, behavioral patterns, and norms of significance. These changes need to yield profound social consequences for them to be of significance. The Transition movement is a model of a strengths-based approach to social change. The transition movement focuses on all the impediments faced in creating more viable communities. The movement focuses on opportunities for potential improvement of social issues. Transition groups attempt to produce the changes communities want. Groups do not focus on challenging the status quo but instead use strengths-based approaches that focus on the community's strengths and growth opportunities.

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Despite prior research on racism in healthcare, there continues to be a need for researchers, providers, and policymakers to adopt strategies that address the social determinants, which affect the availability, accessibility, and quality of behavioral healthcare for racial and ethnic minorities (Alegría et al., 2016). By improving social determinants for minorities in general

Typically, the black community is not involved with developing strategies and programs that focus on low health status. These programs and strategies are devised and spotlighted for African Americans, but the organizers have a limited understanding of the African American community's social history. The administration of health and social organizations serving black communities is rarely in those with this knowledge and commitment to the community. Social change aims to investigate and provide data to facilitate positive social change regarding African Americans' perceptions of mental health treatment. Working on changing mental health perceptions aims to improve treatment outcomes that will also positively change the community

**Annotated Bibliography**

The main reason behind choosing the discussed articles is the wealth of information they contain concerning the challenges endured by the college-aged black men across the United States. While every individual may have different types of challenges, the historical events relating to the sociopolitical experiences among blacks and current racial imbalances may lead to increased mental health problems among the blacks. Usually, black men are associated with violence and other unfounded stereotypes. It is thus essential to device targeted behavioral healthcare interventions that can by-pass gender, social norms, and cultural barriers to integrate and enhance access to healthcare for these groups.

Ben, J., Cormack, D., Ricci, H., & Paradies, Y. (2017). Racism and health service utilization: *A systematic review and meta-analysis. PLoS One*, 12(12) doi:http://dx.doi.org.ezp.waldenulibrary.org/10.1371/journal.pone.0189900

The authors of this article investigated how racism and health service use and experience relate with one another through a systematic review of the literature. They stated that racism had been asserted in the literature as a driver for racial disparity in healthcare; however, there was still a need to analyze empirical studies that assess the "relationship between self-reported racism and different measures of healthcare utilization among minorities." In this systematic review, Ben, Cormack, Ricci & Paradies (2017) reviewed 83 papers that included a total of 250,850 participants and conducted predominantly in the United States.

This research reviewed five studies reported in not less than two articles. Of importance, the investigations published in a total of fifteen papers. Besides, the researchers evaluated the relationship between the documents by the same authors with unindicated study titles and data sources. However, the two types of research had identical characteristics. The latter suggested that the same data might have been employed in different papers. The researchers calculated the averages of relationships examined in the same study, which were reported in various documents using a Comprehensive Meta-Analysis (CMA) model. While this systematic review reported data from seventy different studies included in the 83 papers, the evaluation consisted of 58 documents with published data from 53 various studies.

 The findings of this article demonstrated that experiences of racism had negative experiences of healthcare services among patients, lower trust in healthcare-related situations, lower satisfaction, and bad communication. They also found racism to be associated with accepting or seeking treatment, lack of adherence to treatment uptake, and delaying the acquiring of healthcare services. The authors stated that small samples could influence these studies and suggested future research with different designs, sampling methods, and measures for assessing the relationship between racism and healthcare.

Ferdinand, K. C. & Nasser, S. A. (2017). Disparate cardiovascular disease rates in African Americans: The role of stress related to self-reported racial discrimination. *Mayo Clinic Proceedings, 92*(5), 689-692. doi: 10.1016/j.mayocp.2017.03.008

The researchers studied the disparity in the cardiovascular disease rates for African-Americans, with specific focus on role of stress that is related to self-reported racial discrimination. The authors stated that African-Americans continue to have disparate health outcomes, including illnesses associated with cardiovascular diseases (CVD). They added that this may be related to a) the quality of care that is given to African-Americans and b) the treatment options that are offered to them. They stated that the disparity is a cause of concern because they continue to be influenced by societal elements that can be and should be preventable. The increased marginalization and discrimination against racial minorities have been found to have negative health repercussions, especially among African-American people. The authors stated that while overt or explicit racism has declined, African-Americans continue to endure social offenses that have the potential to undermine their health over time through effects like ambulatory blood pressure, lower levels of self-care, or mistrust of clinicians, among others. The authors stated that the effects of racism are a complex mixture of poverty, disadvantaged socioeconomic status, sub-optimal education opportunities, and other psychosocial factors that lead to higher prevalence of hypertension and other CVD-related issues.

Goodwill, J. R., Watkins, D. C., Johnson, N. C., & Allen, J. O. (2018). An exploratory study of stress and coping among Black college men. *American journal of orthopsychiatry*, 88(5), 538.

 The authors of this article investigate various strategies that college-going black men use to deal with "different stressors that affect their mental health." They conducted "11 qualitative interviews" of black men aged between 18 to 25 years at a college in the Midwest; the semi-structured interviews lasted between ten minutes to 1.5 hr. Some of the coping mechanisms reported by participants were as follows: discussing issues in support group networks, intentional avoidance, relying on themselves, and participating in physical activities. Signs of unaddressed stressors included anger, violence, and substance abuse, while stigma was identified as an obstacle to seeking help.

 The findings of this research article were limited in some ways. First, the authors omitted topics that only a few participants discussed. Instead, the study relied upon a systematic analysis and data coding techniques that only allowed the researchers to extract themes that addressed their research question. As such, the finding should not be generalized; they should only be treated as exploratory findings that provide insights into college-going black men's life experiences. Second, the researchers intentionally worked alongside employees of the participating institution, and they collaborated with support groups meant to assist black men in navigating college life. With this assistance, different findings might have been discovered if participants without connections to the students were engaged.

 The article, however, addresses specific implications for professionals working with black men in clinical settings and counseling. First, practitioners can gain insight into the feelings, ideas, and beliefs about stress by asking black men intentional questions about friends or relatives. Second, they may have to consider the role of group counseling sessions; the researchers reported that most black men would hide their emotions or cut off. The implication here is to consider creating spaces where positive relationships can be fostered with others facing similar challenges.

McLeod, M. N., Heller, D., Manze, M. G., & Echeverria, S. E. (2020). Police interactions and the mental health of Black Americans: a systematic review. *Journal of racial and ethnic health disparities*, *7*(1), 10-27.

 The authors examine whether police brutality in the U.S is associated with the increased mental health problems among the male African Americans. Although African Americans form only 13% of the total U.S population, 23% of the individuals fatally shot by the police are African Americans. Experiences by the black men with the police officers have never been fair because of increased racism. Experiences of unwarranted arrests and convictions increase stress, emotional trauma, and depressive symptoms.

The authors of this article reviewed 11 different articles. After using a "quality assessment tool," one study received a reasonable rate, two of the studies had poor ratings, and eight of the studies got a relatively fair rating. The participants reported types of police interactions, "including police searches and seizures, forceful arrests, police killings, and stops." All these interactions influenced "poor mental health outcomes among the African American men." Six out of the eleven reviewed articles showed a significant statistical association between police interactions and poor mental health outcomes. Most of the African Americans had prior interactions with the police, and most of them had at least a mental problem, "including post-traumatic stress disorder, psychological distress, psychotic experiences, suicidal thoughts, and anxieties."

 The findings of this article suggest that their racism increased these police interactions. Of importance, the authors established that these police interactions have adverse effects on African American's mental health outcomes. Expanded police training, review of law enforcement policies, and improved community outreach, among other social interventions may help to reduce police interactions that negatively impact mental health among the African American men.

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