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AFRICAN AMERICANS IN IOWA

A Snapshot of Health Disparity Issues

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AFRICAN AMERICANS IN IOWA

African Americans have been in Iowa since before the first census in 1850, but were less than 1% of the population until 1970. Currently they make up 2.2% of the population. While slavery was never permitted in Iowa, institutional racism was law. In 1844 the constitutional convention unsuccessfully tried to keep Blacks from being state residents. The constitution of 1857 gave Blacks property rights and legal standing in courts, but deprived them of the rights to vote, sit on juries, and be members of the General Assembly. However, in 1868, not only did Iowa start admitting African Americans to public schools but also became one of only five states to give Blacks the vote (seventeen states refused). Between 1960 and 1990 discrimination in schools and employment was reduced through anti-discrimination laws and Black activism. However, housing discrimination still exists. ¹

GEOGRAPHIC DISTRIBUTION

Since most of their employment opportunities were limited to railroads, mining, packing-houses and factories African Americans settled in urban areas.² Today 89% of Blacks in Iowa still live in urban areas. The cities with the greatest percentages of the African American population are Des Moines (29% of African Americans) and Waterloo (16% of African Americans). Significant African American populations are also in Davenport/Bettendorf (16%), Cedar Rapids (8%), Iowa City (5%), Sioux City (3%), Burlington (2%), Ames (2%), Fort Dodge (2%), Fort Madison (2%), and Clinton (2%).³

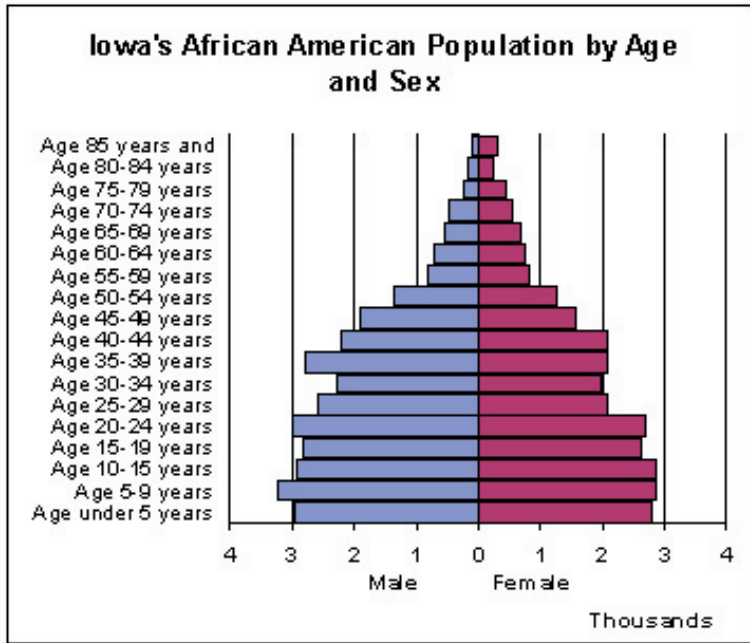


Figure 1: Iowa's African American Population⁴

In 2001 there were 72,512 African Americans in Iowa making them the second largest minority group after Latinos (82,473)⁵ This is a significant change from the 1990 Census in which Blacks were the largest minority group in Iowa. Of Blacks 9% are above 60 years of age and 39% are under the age of 20. Their median age is 25.3 and their average family size is 3.33.⁶ In 2001 their live birth rate per 1000 population was 17.7⁷ with a life expectancy of 72.2 years.⁸

In comparison, the White population is the majority population in Iowa making up 95% of residents⁹. While 27% of White Iowans are under 20 years, 20% are over 60, and the White life expectancy is 77.7 years of age.^{10 11} The average family size is 2.97 and the live birth rate is 12.7 per 1000 population

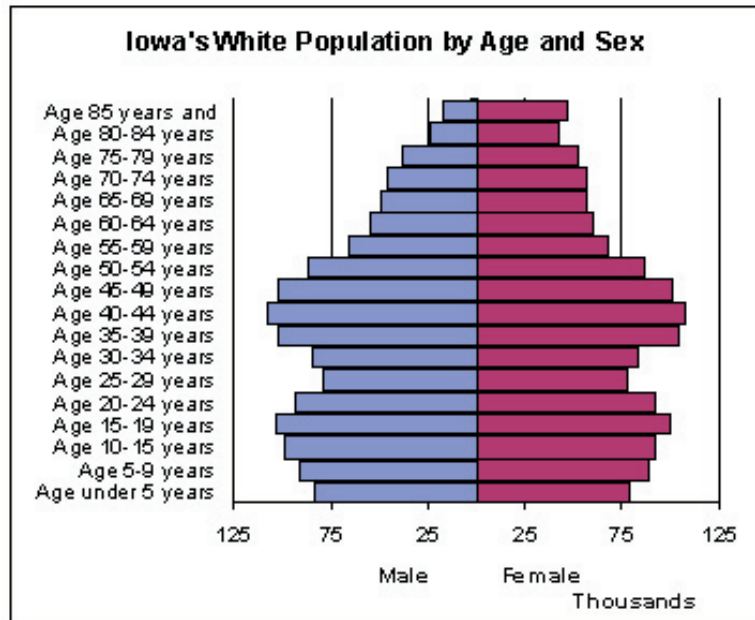


Figure 2: Iowa's White Population¹²

Household Income in 1999	Black	White
Less than \$10,000	22%	8%
\$10,000 to \$19,999	18%	13%
\$20,000 to \$29,999	17%	15%
\$30,000 to \$39,999	11%	14%
\$40,000 to \$49,999	10%	12%
\$50,000 to \$59,999	6%	10%
\$60,000 to \$74,999	7%	11%
\$75,000 to \$99,999	5%	9%
\$100,000 to \$149,999	3%	5%
\$150,000 to \$199,999	1%	1%
\$200,000 or more	1%	1% ¹³

African Americans earn nearly 40% less per capita than Whites.¹⁴

In 1999 per capita income for Blacks was \$12,400, while for Whites it was \$20,249.

In 1999 African Americans were four times as likely to live below the poverty level as Whites.

27% of Black families lived in poverty in 1999.

Only 8.1% of White families lived in poverty in 1999.

70% of African American families in poverty have single women as the head of the household.¹⁵

Iowa Poverty Status by Age 1999	White Alone Not Hispanic or Latino	Black or African American
Income in 1999 below poverty level:		
Under 5 years	1%	5%
5 years	0%	1%
6 to 11 years	1%	5%
12 to 17 years	1%	4%
18 to 64 years	5%	16%
65 to 74 years	0%	1%
75 years and over	1%	0%
Total Population	8%	32% ¹⁶

Educational Attainment for Population 25 Years and Older	Black or African American Alone	White Alone Non-Hispanic
Less than 9th grade	7%	5%
9th to 12th grade, no diploma	16%	8%
High school graduate (includes equivalency)	31%	37%
Some college, no degree	25%	22%
Associate degree	6%	8%
Bachelor’s degree	10%	15%
Graduate or professional degree	5%	6% ¹⁷

African American Iowans tend to have lower education levels than Whites. Lack of education impacts every area of a person’s life from earning ability to birthrates and life expectancy. Literacy is one of the strongest, most direct predictors of health status and poverty.¹⁸

HEALTH DISPARITIES

As a group, the health status of African Americans is among the worst in the nation, with significantly higher morbidity and mortality rates for almost all diseases and injuries. Some of these figures are due to genetic factors, but most are a result of higher poverty and unemployment levels, lower education and literacy levels, institutional racism, more single-parent families, limited financial and cultural access to health care, and lifestyle factors. Blatant as well as more subtle forms of discrimination likely contribute to higher levels of stress among African Americans, which can negatively affect their health status as it relates to hypertension, low birth weight, headaches, and other conditions.¹⁹

As evidenced in the 2001 Vital Statistics of Iowa, there are a number of significant health disparities between the African American and White populations.

Blacks have an occurrence nearly twice that of Whites for low birth weight babies, fetal deaths, infant deaths and deaths from heart disease.

Neonatal deaths (death of live born infant occurring within the first 27 days of life) among Blacks occur at more than 3 times the rate of Whites.

The Black population has a higher rate of diabetes.

75% of children born to African American women in Iowa are born out of wedlock.²⁰

African American women are nearly 2.5 times more likely to give birth under the age of 20 than White women.

Iowa Birth Events 2003	% of total African American Births	% of total White Births
Births out of wed-lock	75%	29%
Mother under age 20	22%	8%
Low Birth Weight <2500 grams	13%	6%
Fetal Deaths	1%	1%
Infant Deaths	2%	0% ²¹

IOWA-Leading Causes of Death 2003	Blacks	Whites
Major Cardiovascular Diseases	34%	39%
Cancers	23%	23%
Unintentional Injuries	5%	4%
Chronic Lower Respiratory Diseases	4%	6%
Other Infective and Parasitic Diseases	3%	1%
Diabetes Mellitus	3%	3%
Pneumonia	3%	4%
Symptoms, Signs & Abnormal Findings, Not Elsewhere Classified	2%	1%
Homicide & Legal Intervention	2%	0%
Alzheimer's Disease	2%	3%
Suicides	2%	1%
Congenital Malformations, Deformations and Chromosomal Abnormalities	1%	0% ²²

BARRIERS TO HEALTH CARE

African Americans are much less likely to access health care in a timely manner in Iowa and the United States. They often enter the system when their medical conditions are more complicated and pronounced. Early intervention programs are best provided on an outreach basis in schools, neighborhoods, churches, and other locations where African Americans already are, rather than waiting for them to seek care.

Because of cost, lack of insurance or being underinsured, lack of transportation, limited hourly access and lack of information about the ins and outs of the health care system, Black patients will often seek treatment for health problems later than the majority white population and are more likely to present with multiple, more advanced conditions.

Many continue to value alternative and more natural types of healthcare. Just as there are multiple strategies that individual health providers can undertake, health organizations can also adopt a variety of deliberate strategies to become more culturally effective with minority and immigrant patients.

Most Blacks are much more likely than Whites to take care of ill relatives and friends at home, rather than send them to formal providers or nursing homes.²³

AFRICAN AMERICANS

WORKING WITH

Create a welcoming environment. Make sure that all staff is trained in how to work effectively with immigrant and minority clients, in order to make their experience more positive.

Deliver health care services on-site: in churches, stores, community centers, schools, and work places.

Provide healthcare services at non-traditional hours including weekends and nights.

Make African Americans part of the health care community as members of your staff, hospital boards, non-profit advisory councils, and other decision-making entities.²⁴

Loss of Trust

Due to a historical legacy of slavery, institutional racism, legal segregation, unethical scientific experiments, racial profiling, and other human rights abuses over the past two centuries, lack of trust in the predominantly white American medical system is a factor in African Americans not seeking medical attention.²⁵

ENDNOTES

¹ *The African American Encyclopedia*, Second Edition. Michael W. Williams, editor.

² *Iowa's Black Legacy*. Charline J. Barnes and Floyd Bumpers. Arcadia Publishing, Great Britain, 1990.

³ SETA: Office of Social and Economic Trend Analysis. Iowa State University.

⁴ US Census Bureau, Census 2000.

⁵ Iowa Department of Public Health, Vital Statistics, 2001.

⁶ US Census Bureau, Census 2000.

⁷ Iowa Department of Public Health, Vital Statistics, 2001.

⁸ National Vital Statistics Reports, Vol.51, No. 3, December 19, 2002.

⁹ Iowa Department of Public Health, Vital Statistics, 2001.

¹⁰ US Census Bureau, Census 2000.

¹¹ National Vital Statistics Reports, Vol.51, No. 3, December 19, 2002.

¹² US Census Bureau, Census 2000.

¹³ United States Census Bureau, Census 2000, Summary File 3, Tables P151B & P151I

¹⁴ *ibid*

¹⁵ *ibid*

¹⁶ United States Census Bureau, Census 2000 Summary File 3 Tables P159I and P159B

¹⁷ United States Census Bureau, Census 2000, Summary File 3 tables P148B and P148I

¹⁸ *A Health Providers Pocket Guide to Working with Immigrants, Refugees and Minority Populations in Iowa*. Michele Yehieli and Mark A. Grey, University of Northern Iowa Project EXPORT and New Iowans Program.

¹⁸ US Census Bureau, Census 2000.

¹⁹ Iowa Department of Public Health, Vital Statistics, 2001.

²⁰ *A Health Providers Pocket Guide to Working with Immigrants, Refugees and Minority Populations in Iowa*. Michele Yehieli and Mark A. Grey, University of Northern Iowa Project EXPORT and New Iowans Program.

²¹ Iowa Department of Public Health, Vital Statistics, 2003. Tables 4A and 4B

²² *ibid*

²³ *A Health Providers Pocket Guide to Working with Immigrants, Refugees and Minority Populations in Iowa*. Michele Yehieli and Mark A. Grey, University of Northern Iowa Project EXPORT and New Iowans Program.

²⁴ *ibid*

²⁵ *ibid*

Appendix: The Cultural Communities: African Americans. From: *A Health Providers Pocket Guide to Working with Immigrants, Refugees and Minority Populations in Iowa*. Michele Yehieli and Mark A. Grey, University of Northern Iowa Project EXPORT and New Iowans Program.

Appendix

Working With Communities: African American Patients

The information provided in this section will introduce some of the fundamentals of working with specific populations. This information is to be used only as a general guide and as a starting point for providers trying to learn basic cultural competency points. All people are ultimately individuals, and this information is not meant to stereotype any group. Remember, as stated previously, culture is only one factor that influences a patient's behavior and health status. In an effort to be culturally competent, providers should not ignore other fundamental factors like gender, age, lifestyle, education level, and individual personality traits in their patients that are equally important.

Finally, the information provided in this section is meant to be only an introduction to a particular cultural group. Ultimately, providers must be willing to immerse themselves in working with people of diverse backgrounds over a regular period of time in they truly wish to improve their cultural competency.

AFRICAN AMERICANS

Overview:

- African Americans have experienced a unique history as a minority population in the United States, and this experience has profoundly affected their socioeconomic and health status. African Americans were the only major ethnic group that came to the Western Hemisphere against their will. They comprise one of the largest forced migrations of humans in history. In most cases, they were taken from their homes or were prisoners of African wars; separated from their families; spent time in slave dungeons in West Africa; transported in cramped quarters on ships across the Atlantic where many of them died; and then sold to plantation and business owners in the New World.
- African Americans were generally forced to convert from their traditional religions, kept uneducated, and were treated as property for decades in the United States. It was only about 140 years ago in parts of America that slavery was still legal. It was only about 30 years ago that Blacks in many areas of this country, particularly the south, were completely segregated from whites by law in housing, education, and jobs.
- The historically negative relationship between the dominant population in the United States and the minority African American group has had significant impact on the health status of blacks in the country and their use of services. From a public health standpoint, it is no coincidence that African Americans and Native Americans, the two minority groups that have had the worst historical relationships with the majority population, continue to have the lowest health status in the country.

Language and Religion:

- Because their families have been in the United States for centuries, most African Americans speak English as their native language. A number of subtle black dialects exist, though, in the country that are unique to urban inner cities or rural Southern communities.
- Most African Americans practice some form of Christianity in the United States. Many, particularly those who migrated to Iowa from the South, are Baptist. The percentage of Black Muslims has also been increasing, though, in the United States and Iowa, particularly among younger males.

Family and Social Structures:

- The family is the foundation of African American society. The family usually revolves around the mother, her elders and siblings, and her children. Fathers may not necessarily live with the family, particularly if they are lower income and the children were born out of wedlock. Families, in general, tend to be large and caring. Black women are especially recognized for their strength and nurturing tendencies.

- Although African Americans as a group have lower income levels than most other minority populations in the United States, the African American middle class is expanding rapidly in the country. Black women, in particular, have made great strides and many have become financially successful, although young black males continue to lag behind as a group.

- Many predominantly black communities throughout Iowa are organized into neighborhood associations, which are often associated with a particular local church. These neighborhood associations are often active socially and politically in the community. Health providers and organizations should take the time to meet the leaders of these neighborhood associations, talk to their residents, and incorporate them into outreach programming. Many health services for blacks will be utilized heavily if they are provided on site in church basements, schools, neighborhood centers, and the like.

- Most African Americans are much more likely than whites to want to take care of ill relatives and friends at home, rather than send them to formal providers or nursing homes.

Communication Style:

- In general, many African Americans are more openly expressive than European Americans. They will often display more direct eye contact, closer body spacing, and a higher level of physical touch than many whites. Verbally, they may be more likely than whites to share their opinions openly or ask questions directly. They may also display a higher level of verbal emotion and expression than European Americans. When conducting health education programs, adjust to these cultural nuances and use interactive activities that allow ample opportunity for discussion, problem solving, and hands-on learning.

Barriers to Care and Common Health Conditions:

- Cost is generally the greatest barrier to care for African Americans in Iowa and the United States.

- Some public health studies have also shown that blacks, as a whole, are less trusting of the American medical system and its providers, who are primarily white. This mistrust is a very important cultural barrier to care, and should not be underestimated. Many African Americans, even those that are highly successful and educated, feel that the historical legacy of slavery, institutional racism, legal segregation, unethical scientific experiments, racial profiling, and other human rights abuses over the past several centuries has significantly damaged black-white relationships in the United States, and will require additional time and effort to reconcile. As such, many African American patients question the methods and motives used by white providers and health organizations that provide them with care, and blacks will often be particularly sensitive and insulted by poor treatment from white providers.

- Providers should recognize the implications that the legacy of slavery and discrimination has had on the health status of African Americans. Because it has only been in the last few decades that legal discrimination has been less common, a number of factors combine to put African Americans at very high risk for poor health. As a group, their health status is among the worst in the nation, with significantly higher morbidity and mortality rates for almost all diseases and injuries. Some of these figures are due to genetic factors, but most are a result of higher poverty and unemployment levels, lower education and literacy levels, institutional racism, more single-parent families, limited financial and cultural access to health care, and lifestyle factors. Blatant as well as more subtle forms of discrimination likely contribute to higher levels of stress among African Americans, which can negatively affect their health status as it relates to hypertension, low birth weight, headaches, and other conditions.

- Blacks are disproportionately represented among those on federal or state medical assistance programs, as well as among the unemployed and underemployed.

- African Americans are much less likely to access health care in a timely manner in Iowa and the United States. They often enter the system when their medical conditions are more complicated and pronounced. Early intervention programs are best provided on an outreach basis in schools, neighborhoods, churches, and other locations where African Americans already are, rather than waiting for them to come to clinics for care.

- Common health concerns include hypertension, diabetes, breast cancer, unintentional and intentional injuries, and others based upon demographics. They experience much higher morbidity and mortality rates for many diseases when compared to the population as a whole in the United States.

Bereavement:

- Bereavement practices will vary somewhat among African Americans, depending on the form of Christianity the patients practice. In general, many African Americans are deeply spiritual, and place great emphasis on their Christian values. The patient's minister or other religious leader should usually be notified in the case of serious illness or death.
- African Americans typically have a strong belief in the afterlife.
- Large numbers of extended family and friends, particularly women, will likely visit patients that are ill or have died. Visitors may be visibly upset about the condition of the patient. Open displays of emotion are common and acceptable bereavement practices for this culture.
- In some cases where the communication between health providers and family members has been poor, visitors may be suspicious about what caused the death or illness of the patient.
- Cremation is less common among African Americans than it is among whites.

Traditional Health Practices:

- Public health studies clearly show that African Americans as a whole often have different health beliefs and attitudes about various medical conditions than do whites or other ethnic populations. Providers should take the time to really listen to their minority patients and try to understand why they may feel a certain way about a condition.
- In general, African Americans have been shown to have a higher external locus of control than European Americans. In other words, while whites may feel that they personally can control many things in their own lives, blacks are more likely to feel that factors other than their own behaviors are the cause of various life events. Providers will need to help their African American clients develop a sense of empowerment and personal involvement with their own health.
- African American cultures, as well as that of many other non-Europeans, generally believe in a higher sense of fate and destiny as they relate to health and other issues.
- Faith and spirituality play an extremely important role in the lives of most African Americans, and are significant sources of strength in times of illness and poor health.
- Because many African Americans have been shown to have a general distrust of white physicians and of the medical community in general in the United States, providers should actively focus on developing trusting, warm, and respectful relationships with their African American patients.
- Africans, when they were first brought to the United States several centuries ago, carried with them a wealth of knowledge regarding traditional healing through herbs, rituals, and spirituality. Much of this direct knowledge from West Africa was eventually lost throughout the years, although many continue to value alternative, more natural treatments to care.