

## **AFRICAN AMERICANS FROM THE GULF COAST:**

### ***CULTURAL AND HEALTH INFORMATION FOR HURRICANE RELIEF AND PUBLIC HEALTH WORKERS***



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#### **Overview**

- Hurricane Katrina severely affected multiple states along the Gulf of Mexico, including Louisiana, Mississippi, Alabama, and parts of Florida. African Americans are the largest minority population in this “Deep South” region of the United States. In fact, within these affected states, African Americans are actually the majority population in many counties.
- Many populations have had an important socio-economic influence on the history of the Lower Mississippi Delta and Gulf Coast regions. The cultures of indigenous populations, African slaves, and colonists from France, Spain, and England contributed to the unique character and culture of this region that developed over the past few centuries. For instance, Cajuns are descendants of the French Acadians from Canada that settled in Louisiana, while Creoles are mixed-race descendents of French, Spanish, or Caribbean slaves and natives.
- Many African American communities in the states affected by Hurricane Katrina, particularly those living in the Lower Mississippi Delta region, experience some of the worst health, education, and economic disparities of any minority population in the United States. For example, the percentage of black families with incomes below the poverty level can be as high as 68% in some Mississippi counties, compared to that of the white population which can range from 7% to 14%. Similarly, up to 24% of blacks in some Mississippi counties are unemployed, compared to 5% of whites in those areas.
- The legacy of slavery, racism, segregation, and political disenfranchisement continues to have profound influences on the health and wellbeing of African Americans from this region, and can contribute to their general mistrust of health providers, relief workers, and others from outside this group.
- Victims of Hurricane Katrina are technically classified as evacuees or internally displaced persons. The term “refugee” should not be used, as it is a legal designation by the United Nations that refers to people who have crossed their own international border to flee persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.

### **Language and Religion**

- African Americans from the Gulf Coast overwhelmingly speak English as their native language. However, a number of regional black dialects exist that are unique to urban inner cities or rural southern communities. Residents of New Orleans, for instance, do not speak with a stereotypical “southern drawl”, but rather with a lilt and pattern all their own. An example of this would be the pronunciation of “New Orleans” by locals as “Nawlins.” Also, unique slang words can be part of the language of blacks from the region that reflect historic French, Cajun, African, or Creole influences. Health and relief workers should listen carefully to clients and ask for clarification if they do not understand a regional dialect.
- Most African Americans from the Gulf Coast devoutly practice some form of Christianity, and religion plays an extremely important role in the lives of most residents. Mississippi, for example, has more churches per capita than any other state in the country.

### **Family and Social Structure**

- Large, extended families are the foundation of African American society in the Gulf. The family often 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 to unmarried parents. Black families provide great strength in times of crisis. Black women are especially recognized for their strength, leadership, and nurturing.
- In a number of cases, Hurricane Katrina relief workers are finding that large numbers of African American extended family members are choosing to stay at length with their relatives in other states, rather than seeking private temporary residences through emergency housing.
- Many predominantly black communities are organized into neighborhood associations or connected to a particular local church. These neighborhood associations or churches are often active socially and politically in the community. Where possible, it is helpful for relief workers to link with leaders of these religious and neighborhood associations and incorporate them into providing care. For instance, many black evacuees might feel more comfortable in a smaller relief shelter operated by an African American church of the same denomination, than they would in a more impersonal, larger setting operated by a government agency.

### **Cultural and Communication Style**

- In general, many African Americans are more openly expressive than European Americans. They often display more direct eye contact, closer body spacing, and a higher level of physical touch than many whites. Many black children, though, avoid direct eye contact with adults out of respect. Face-to-face interaction is typically preferred over written communication, particularly if literacy levels are lower.
- Verbally, African Americans 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. When providing relief services, workers should allow ample opportunity for discussion, problem solving, hands-on learning, and visual explanations.

### Older Adults

- The United States Office of Minority Health notes that 33% of older African Americans live below poverty. They have the highest overall rates for cancer of any minority group, and experience very high levels of obesity, diabetes, hypertension, and other chronic conditions.
- Older adults in the African American community are highly respected members of the family, and they often heavily influence decisions made within the extended family. Most African Americans are much more likely than whites to take care of ill older relatives and friends at home, rather than send them to formal providers or nursing homes for care.
- Older adults may serve as the primary caretakers for their grandchildren. Relief workers should recognize this extra “caretaker” responsibility, and be aware that there may be questions and medical issues to be addressed as a result. For instance, elderly women may be responsible for purchasing and preparing food for their young grandchildren, but may now have serious medical or financial problems that limit their ability to do so.

### Health Issues

- As a group, the health status of blacks from the Lower Mississippi Delta and parts of the Gulf Coast is among the worst in the nation, with significantly higher morbidity and mortality rates for almost all diseases in comparison to whites and other minority groups. Some of these figures are due to genetic factors, but most are a result of higher poverty and unemployment rates, lower education and literacy levels, racism, institutional bias based on ethnicity, limited financial and cultural access to health care, and lifestyle factors.
- Relief workers should ensure that a thorough medical assessment has been conducted on evacuees to determine their short- and long-term health needs. Numerous African American adults will need assistance obtaining their prescription medicines again after the disaster, while others may need durable medical equipment such as wheel chairs, walkers, and canes.
- Numerous public health studies have shown that blacks have a low level of trust in the United States medical system and its providers, who are primarily white. This mistrust is a very important cultural barrier to care and should not be underestimated. Relief providers should focus on developing trusting, warm, face-to-face, and respectful relationships with clients.
- Many evacuees are currently experiencing extremely high levels of stress, anxiety, grief, and depression, which will likely continue for weeks or months after Hurricane Katrina. Some may have difficulty sleeping, concentrating, or thinking until they have been reunited with loved ones or feel more confident about their future in light of the disaster. These are common human reactions to uncommon circumstances, and should be expected. Mental health programs should be implemented simultaneously with other relief efforts to address these challenges in the short- and long-term. Mental health workers should recognize, also, that many African American evacuees feel that racism and poverty were factors that contributed to blacks being affected most severely by the hurricane.

- Prior to Hurricane Katrina, many low-income African Americans from the Gulf Coast utilized emergency rooms as their primary form of medical care, and often delayed seeking treatment until diseases were in an advanced state due to financial, cultural, and other barriers to care. Relief workers should educate clients on the importance of early disease intervention and detection, and make preventive, routine health services available to these hurricane victims on-site in shelters and temporary housing facilities.

### **Serious Illness and Bereavement**

- Bereavement practices vary somewhat among African Americans depending on religious denomination. In general, many African Americans, particularly women, are deeply spiritual, and place great emphasis on their religious values. A religious leader from the client's faith should usually be notified in the case of serious illness or death.
- Many extended family members and friends, particularly women, will likely visit patients who are ill or have died. Visitors may be visibly upset about the condition of the patient. 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. Most African Americans are reluctant to allow organ donations by family members, but will generally allow autopsies when necessary.

### **Traditional Health Beliefs and Practices**

- Public health studies clearly show that African Americans as a whole have different health beliefs and attitudes about various medical conditions than do whites or other minority populations. Health workers should take the time to listen to these patients and try to understand why they may feel a certain way about a condition or illness.
- In general, African Americans have been shown to attribute their health status to factors outside their own control, such as fate, God's will, or destiny. In other words, while whites may feel that they 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 events. God is also seen as a source of significant strength in times of illness and poor health. Indeed, many blacks place greater emphasis on the role of God in healing disease than in medical providers.
- Africans, when they were first brought to the United States several centuries ago, carried with them a wealth of knowledge about traditional healing through herbs, rituals, and spirituality. Much of this direct knowledge from West Africa was eventually lost over the years, although many African Americans today continue to value alternative, natural treatments to care, such as herbal remedies, holistic healing, and prayer.
- Hurricane relief workers may find it beneficial to partner with African American community clergy, families, networks, resources and organizations to assist with networking and the delivery of services. Where possible, it is also helpful to have at least some public health and relief workers of the same ethnicity as the evacuee clients to help provide culturally appropriate support, comfort, reassurance and resources during this time of tragedy.