



The Black Church and Cardiovascular Disease (CVD): Are We Our Brother's Keeper?

Project Description

- Brother's Keeper (BK) is a community-based research project funded by the National Centers for Minority Health Disparities and the National Heart, Lung, and Blood Institute to examine if sermon, scripture, collective prayer, and song, as *cultural tools* in black churches affect the outcomes of cardiovascular disease (CVD) in African-American men.
- BK represents a partnership among United Voices of Efland-Cheeks (UVE), a community-based organization that serves rural communities of northern Orange County; Shaw University Divinity School (SUDS); the University of North Carolina (UNC) School of Public Health; and the Orange County Health Department (OCHD) to inform, design, implement, and document the evidence of this CVD intervention.
- Brother's Keeper will assess the readiness of rural Black churches to engage in health promotion research and measure the use of *cultural tools* to create a lay-health advisor intervention that will result in a social support network of men to promote African-American men's help-seeking behavior to manage and control their CVD.

Background: African American Men and CVD

- African-American men have the highest mortality rate from cardiovascular disease (CVD) in the nation (NCHS, 2000), warranting heightened attention to their health care and outcomes.
- In North Carolina, the 2002 mortality rate/100,000 from heart disease (age-adjusted to the 2000 U.S. standard) for African-American men, 35 years and older, was 829.5, compared to 680.9 for white men.
- Behaviors associated with managing and controlling CVD, such as seeking treatment, controlling diet and exercising, are shaped by a man's awareness and knowledge, but also by his racial/ethnic identity, gender role socialization, and culture, among other influences.

Intervention: Are We Our Brother's Keeper?

- This intervention consists of three phases: (1) a telephone survey will be administered with church leaders from the 26 rural Black churches in Orange County, NC.; (2) four churches will be selected for the collection of ethnographic observational and critical incident interview data; and (3) four churches will be selected to receive a pilot intervention for male church members who are at risk for or ill with CVD.
- To date, phase one is nearly completed, and data collection for phase two has begun which will inform the direction of phase three, developing and implementing the lay health advisor intervention.

Policy Implications

- **Support health reform.** National and local initiatives are needed to monitor and make health care more accessible to African-American men using existing social support systems for health promotion and disease prevention.
- **Develop policy and funding mechanisms for Men's Health Research:** The paucity of policy and funding initiatives to address men's health exacerbates the social and health disparities African-American men experience. The Dellums Commission highlights the social and health needs of African-American men.

Keon L. Gilbert DrPH, MA, MPA

W.K. Kellogg Health Scholar, The University of North Carolina at Chapel Hill

DrPH, The University of Pittsburgh, MA, MPA, Indiana University

Phone: 919-966-0246 Email: kgilbert@unc.edu