

Community violence and associated risks among an African American church population

Marcie Berman, MA, Jannette Berkley-Patton, PhD, Carole Bowe-Thompson, BS, Alexandria Booker, BA, Marvia Jones, PhD & Therese Petty, MA
University of Missouri-Kansas City



Introduction

- ❖ African Americans (AAs) are six times more likely to be victims of homicide than Whites.
- ❖ Individuals who experience violence are more likely to be diagnosed with a myriad of health disorders.
- ❖ There is a need to address the effects of homicide and violence in AA communities, particularly in faith settings, which have been effective for delivering other health disparity interventions.
- ❖ Few studies exist which gather chronic illness diagnoses from AAs based on experiences of losing a family member or friend to homicide or violence in a faith-based setting.



Method

- ❖ A health needs assessment survey was conducted with AA church and community members from 11 AA churches in the Kansas City metropolitan area.
- ❖ Participants answered questions on individual and family experiences with homicide and violence.
- ❖ Participants also reported on 12 health disparity diagnoses (e.g., asthma, diabetes, heart disease, depression).
- ❖ Surveys took approximately 20-30 minutes to complete.
- ❖ Church members were compensated \$10 for their time.

Sample

- ❖ $N = 463$ church and community members
- ❖ Aged 18 to 93, $M = 45$, $SD = 16$
- ❖ 72% female ($N = 334$)
- ❖ Median education level was "Some college"
- ❖ Median household income was \$2,001-3,000 per month

Results

Ever Received Health Disparity Diagnosis	p -value
Asthma	0.001
Diabetes	0.03
Cervical cancer	0.04
Breast cancer	0.07
High blood pressure	0.16
Colon cancer	0.25
Heart disease	0.32
High cholesterol	0.37
Depression or other mental health condition	0.73
Sexually transmitted infection, including HIV	0.79
Prostate cancer	0.86
Stroke	0.90

- ❖ A majority of participants (51%; $N = 237$) reported losing a family member or friend to homicide or violence.
- ❖ Participants who reported losing someone to homicide or violence were significantly more likely to have received counseling from a religious leader ($p < .001$) and a mental health professional ($p < .001$).
- ❖ They were also significantly more likely to currently use/have a history with tobacco products ($p = .03$).

Discussion

- ❖ More than half of participants reported losing a family member or friend to homicide or violence.
- ❖ Participants who reported losing someone to homicide or violence were significantly more likely to have ever been diagnosed with asthma, diabetes, cervical cancer, and breast cancer than participants who did not report ever losing someone to homicide or violence.
- ❖ There were no significant differences between groups in high blood pressure, colon cancer, heart disease, high cholesterol, STI/HIV, prostate cancer, and stroke diagnoses.
- ❖ Asthma was the greatest health disparity noted between groups, indicating a need to address asthma-prevention strategies among this population.
- ❖ Further research is necessary to determine why these specific health disparities were significantly different between groups, in addition to conducting intervention strategies within a faith-based setting for AA church members and the community members they serve.
- ❖ Multilevel strategies and health disparity diagnoses identified by AA faith and community members, along with other strategies tailored for long-time church members, should be considered when developing faith-based interventions to increase reach of health disparity prevention, screening, and linkage to care services to AAs.



Acknowledgements

We would like to acknowledge the following sources of support for this research:

- **Grants:** 1R24MD007951-01
- **Individuals and Organizations:** Andrea Bradley-Ewing, MPA, MA; Kathy Goggin, PhD; Delwyn Catley, PhD; UMKC Psychology Department; Calvary Community Outreach Network.