SEEKING HEALTHCARE? PERCEPTIONS AND BELIEFS AMONG AFRICAN AMERICANS

by

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May 2020

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Multiple studies have documented health and healthcare disparities between African Americans and whites in the United States. Many studies have traced these disparities to socioeconomic barriers such as age, income, and level of education. However, it has been found that when variables such as income, access, and insurance are controlled for, health and healthcare disparities remain. A growing body of literature suggests African Americans possess certain health beliefs and perceptions regarding concepts of health, illness, and the healthcare system that influence health and health seeking behaviors. Using empirical generalizations and theory from medical anthropology, this study expands on this growing body of literature by investigating health seeking behavior among African American adults in rural eastern North Carolina, as well as exploring African Americans' perceptions and health beliefs to see how they relate to health seeking behavior. Interviews were conducted with 20 African Americans in two rural eastern counties in North Carolina (Halifax County and Northampton County). Through data analysis, I identified a pattern of health seeking behavior. In addition, thematic analysis revealed that African Americans possess certain health beliefs (e.g. The Body Will Heal Itself) and negative perceptions of the healthcare system (e.g. African Americans do not receive equal treatment), which also influences health seeking behavior. These perceptions and beliefs

influenced the timing and decision to seek care. Ultimately, this research sheds light on several factors influential in African Americans' health behaviors that may exacerbate racial disparities in health and healthcare. Consequently, health professionals and policy makers should develop and apply individually appropriate and culturally sensitive policies and interventions.

SEEKING HEALTHCARE? PERCEPTIONS AND BELIEFS AMONG AFRICAN AMERICANS

A Thesis

Presented to the Faculty of the Department of Anthropology

East Carolina University

In Partial Fulfillment of the Requirements for the Degree

Master of Arts, Anthropology

by

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CHAPTER 1: STATEMENT OF THE RESEARCH PROBLEM

While African Americans account for only 13% of the population in the United States, they suffer disproportionately from higher disease prevalence, higher mortality rates, and lower life expectancy compared to white Americans (Centers for Disease Control and Prevention, 2017). African Americans have the highest age-adjusted death rates for several causes, including cardiovascular disease, cerebrovascular disease, diabetes, HIV and several forms of cancer (Noonan, Velasco-Mondragon, and Wagner, 2016). Health and healthcare disparities are serious health issues in the United States. Health disparities are defined as differences in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among population groups, and healthcare disparities refers to differences between groups in the availability, accessibility, utilization, and quality of healthcare services aimed at preventing, treating, and managing illnesses. For example, while African American men are more likely to die than white Americans from prostate cancer, this figure is likely driven by diagnoses occurring at later stages of the disease (Centers for Disease Control and Prevention, 2019). Similarly, despite having lower overall rates of breast cancer, African American women are more likely to die from breast cancer due to later medical interventions (Centers for Disease Control and Prevention, 2014). Consequently, health care disparities, differences in the rates of access and utilization of health care services, are serious issues in the United States. Racial and ethnic minorities, especially African Americans, face more barriers to accessing healthcare and utilize healthcare less compared to white Americans. In addition, low income African Americans experience more barriers, as well as those living in rural areas due to limited access to facilities. If health disparities are to be eliminated, then healthcare disparities must be addressed.

Health care disparities result in stark differences in terms of disease rates and treatments by race. For example, African Americans receive less aggressive cardiac interventions, less pain management, less therapy for cancer, and less rigorous diabetes management (Ross, Lypson, & Kumagai, 2012). In North Carolina, especially in rural areas, African Americans are less likely to be insured, less likely to get the preventative care they need to stay healthy, face more barriers to accessing care, and are more likely to suffer from serious illnesses (State Center for Health Statistics and Office of Minority Health and Health Disparities, 2010). Multiple studies have documented health and healthcare disparities between African Americans and whites in the United States, and these studies have shown that African Americans face greater obstacles to optimal health (Egede, 2006; Hewins-Maroney, Schumaker, & Williams, 2005; Noonan et al., 2016). However, while some (Egede, 2006; Jacobs et al., 2006) have briefly highlighted sociocultural factors such as religion and mistrust of healthcare system, which center around perceptions and beliefs, most of these studies (Cheatham, Barksdale, & Rodgers, 2008; Forrester-Anderson, 2005) have traced and linked health and healthcare disparities to socioeconomic and structural barriers such as inability to pay for services, lack of transportation, lack of inadequate health insurance, scarcity of providers, long waiting lists, and inconvenient health services locations, age, income, and level of education. However, it has been found that when variables such as income, access, and insurance are controlled, it would not eliminate health and healthcare disparities together (Weinick, Zuvekas, & Cohen, 2000). Therefore, it is very important to understand not only the economic and structural barriers that impede utilization of healthcare services, but the non-economic barriers and factors that influence health seeking behavior and impede utilization, as well as explore general health seeking behavior among African Americans.

Adopting the theoretical framework of critical medical anthropology, I explored health-seeking behavior among African Americans in eastern NC and investigated sociocultural factors (perceptions and beliefs) in order to determine if these operated as barriers to healthcare. The census data from 2016 demonstrated that eastern North Carolina has a higher percentage of African American (32%) compared to the overall average in North Carolina (23%), as well as a lower percentage of Whites (65%) compared to the state (72%); it has also been demonstrated that health in the east is significantly poorer than the rest of North Carolina (Knopf, 2019). I chose two rural eastern North Carolina counties, Halifax County and Northampton County, as field sites where I conducted 20 in-depth interviews with 20 rural African American adults. The project's primary research objectives were: (1) to explore health seeking behavior among African Americans in Halifax and Northampton County, where access is limited, and (2) to explore sociocultural factors (perceptions, beliefs) and to see if and/or how they influence health seeking among African Americans in rural eastern NC. Previous studies have demonstrated that African Americans have health-related beliefs, perceptions, and attitudes that are specific to the social, cultural, and structural dimensions of the African American experience, which influence health and healthcare seeking behavior and may act as barriers to seeking healthcare.

This research was important to conduct because it allowed me to contribute and provide further insight on several factors that contribute to health and healthcare disparities, as well as identify the barriers that African Americans face in seeking healthcare in this specific region. While health and healthcare disparities have recently gained more attention by the public health community and by institutions such as the National Institute of Health and Department of Health and Human Services, further research must be done to fully understand the causes of these disparities and health behaviors of African Americans. By demonstrating the social, cultural, and

structural barriers and factors that contribute to healthcare and health disparities in the US, health professionals and policy makers may reconsider their approach and develop more realistic and culturally sensitive policies and interventions.

The research objectives guiding this project were:

1. To achieve a general overview of health and health seeking behavior of African Americans in rural eastern North Carolina
2. Explore sociocultural factors (perceptions, beliefs) and how they influence and relate to health behaviors (health maintenance and health care seeking) of African Americans in rural eastern.

The research questions guiding my research were:

1. How do African Americans conceptualize health maintenance and health care seeking in rural eastern North Carolina?
    a. Who is involved in the decision making regarding maintaining health and seeking healthcare?
        i. Are elders consulted before seeking healthcare?
        ii. How important are social networks?
2. What role does perceptions, religion, alternative medicine, and traditional beliefs play in health maintenance and health care seeking?
    a. How do African Americans perceive health services?
    b. How has the history of racism in the United States influence their perception of the healthcare system?

c. Have past experiences with the healthcare system changed or influenced whether they sought healthcare again?

Anticipated Results and Significance

This research is significant, because with my expected results it will provide further insight and shed light on the several factors that contribute to health and healthcare disparities, as well as help identify the barriers in which African Americans face in seeking healthcare. These results could also help address the gap in research and literature on disparities in eastern North Carolina. While health and healthcare disparities have recently gained more attention by the public health community and by institutions such as the National Institute of Health and Department of Health and Human Services, further research must be done to fully understand the causes of these disparities and health behaviors of African Americans. As a result, health professionals and policy makers may reconsider their approach and develop more realistic and culturally sensitive policies and interventions to address the matter. Exploring health seeking behavior will also help researchers understand how African Americans in rural eastern North Carolina engage and interact with the healthcare system, respective of their economic, social, and cultural circumstances.

This data will be used to assess the different factors and barriers influencing health seeking behavior, as well as looking at how perceptions and health beliefs may contribute to healthcare disparities. Exploring African Americans' perceptions and beliefs within and outside the health care system will add to our understanding on African Americans health seeking behavior and underutilization of health services. While this data may not be generalizable to the

entire African American community, the data acquired will provide preliminary data for further studies and could be useful for local healthcare facilities.

Precis

In the following chapters, I will review existing literature, describe the research methodology and sampling procedure, report the results of both the survey and the in-depth interviews and discuss the implications and conclusions of these findings. In chapter two, I provide the background that necessitates this research, discuss health seeking behavior, and past research on perceptions and beliefs found among African Americans. In chapter three, I detail my research methodology, sampling and data collection methods, and data analysis. Results from the research are presented in Chapter 4. A detailed discussion of results is presented in Chapter 5. The final chapter summarizes the analysis and discusses the implications of the results.

CHAPTER 2: LITERATURE REVIEW

In the United States, African Americans suffer disproportionately from high disease prevalence, higher mortality rates and lower life expectancy compared to white Americans. Overall, African Americans are in poorer health and tend to have less access to health care compared to white Americans (Hewins-Maroney et al., 2005). African Americans have the highest age-adjusted death rates for several causes, including cardiovascular disease, cerebrovascular disease, diabetes, HIV and several forms of cancer, which are all leading causes of death in Northampton and Halifax County, NC (Noonan et al., 2016). Some of these conditions are preventable and controllable with proper healthcare. Disparities in health care are serious issues in the United States that are plaguing different racial and ethnic minorities, especially African Americans. African Americans living in rural areas, especially in eastern North Carolina, often have less access to health services and tend to use them less frequently compared to white Americans. Compared to white Americans, African Americans receive less aggressive cardiac interventions, less pain management, less therapy for cancer, and less rigorous diabetes management (Ross et al., 2012).

Historically, African Americans have been forced by social structures (legalized segregation, discrimination) to use poorer health services and facilities compared to other groups in the United States. The lack of access to quality and preventative care (healthcare disparities) combined with a stressful lifestyle, poor education, inadequate housing, low paying jobs, and a lack of insurance power have all been cited as factors and predictors of health outcomes (Drayton-Brooks & White, 2004). However, it has been noted that when income, access, and insurance variables are controlled, it would not eliminate health and healthcare disparities (Weinick et al., 2000). Therefore, researchers must not only identify the economic barriers that

impede the utilization of healthcare services, but also the non-economic barriers and factors that impede utilization, as well as gain an understanding of health seeking behavior among African Americans and the factors which influence this behavior.

Health Seeking Behavior

One objective of the research was to generate an overview of health seeking behavior among African Americans living in Halifax and Northampton, County, where access to care is limited. Health seeking behavior can be defined as actions taken by an individual who perceives themselves to be ill or have a health problem (Oberoi, Chaudhary, Patnaik, & Singh, 2016). It can also be defined as a sequence of actions that individuals undertake and decisions they make once symptoms develop, such as getting in contact with a healthcare professional, type of healthcare they seek out, reasons for choosing a health professional, or reasons for not seeking help at all from healthcare professionals. Health seeking behavior can also include behaviors and actions people undertake to control and reduce the impact of perceived illness. Studying health-seeking behaviors of individuals and groups of people has become a helpful tool to understand how people engage with the healthcare system, respective of their economic, social, and cultural circumstances.

There has been research on health seeking behavior among African Americans. Bailey (1987) investigated healthcare seeking behavior of Black Americans in the Detroit Metropolitan area where he identified a pattern of health care seeking behavior among African Americans. Bailey (1987) found that respondents said that they would wait for a certain period hoping the body would heal itself, accompanied by a prayer, and would seek advice from a family member before finally attending a health clinic or family physician (p. 30). Jones, Steeves, and Williams

(2009) conducted a study among 17 rural African American men, where he found that the majority of the participants stated that they would seek advice from another family member after recognizing symptoms before getting in contact with a healthcare professional as the first step in their health seeking pattern (p. 167). Participants in the study stated that seeking out another family member or close friend would help them determine whether they should seek treatment from a healthcare professional. They explained that African Americans were uncomfortable with seeking advice from people who did not look like them (p. 167). This advice would occasionally lead them to seek out a healthcare professional, but many also sought help elsewhere or among other alternative methods of healing.

The important role of family members and social networks in the health seeking process and decision making has been reflected in different studies (Jones, Steeves, & Williams, 2009; Neighbors & Jackson, 1984). Friends and family have found to be very important actors in the health seeking process among African Americans. Jones, Steeves, & Williams (2009) found that the majority of the African American men in their study stated that having a member of the family involved with health decisions such as prostate cancer screening was important to them. Most trusted their relatives and believed that their family members wanted their health to be good. Therefore, consulting them before deciding to seek healthcare was an influential factor (p. 170). Neighbors and Jackson (1984) conducted analyses on a nationally representative cross-section sample of the adult Black population. They used the 1970 census to select households to interview. They found when there was a physical problem, African Americans were more readily to turn to their informal helpers (friends, family, pastor) for advice. The issue with these studies is that many of them focus on specific health issues, such as prostate cancer. Also, many of these

studies sampled only one gender or one segment of the population. There needs to be more studies examining health-seeking behavior in general rather than be too specific.

Barriers

Multiple studies have documented that barriers exist for African Americans when seeking out and accessing healthcare. These barriers not only impede health care utilization, but also influence whether African Americans seek out healthcare. These barriers can be categorized into two different categories: economic (education, income) and noneconomic (health beliefs, perceptions, mistrust). However, much of the literature tends to focus on the economic barriers.

Economic barriers consist of factors related to socioeconomic status (SES), including education, income, insurance, and employment. In 2018, it was reported that African Americans' unemployment rate was double the national average. Additionally, troubling is that among full-time African American men, their earnings were only 72% of comparable white men's earnings (Ell, 2018). African Americans are twice as likely to be uninsured and are also more likely to work in jobs that do not provide health insurance. (Copeland, 2005, p. 266) Research has demonstrated that the impact of being uninsured and underinsured disproportionately affects African Americans, as well as Latinos by limiting access to doctors, going without a prescription for needed illness, or foregoing recommended tests or necessary treatments (Carrillo et. al., 2011). African Americans at the lower end of SES are less likely to be able purchase insurance or have employer provided insurance.

Forrester-Anderson (2005) conducted a study among African American in the Baltimore metropolitan area to explore prostate cancer screen perceptions and behaviors. The African American men cited financial barriers as a major barrier to seeking healthcare during semi-structured interviews. Many verbally acknowledged that they did not have the money to pay for a

good doctor and get quality care (p. 60). In 2008, Cheatham, Barksdale, and Rodgers discussed numerous studies where African American respondents also cited the inability to pay and lack of health insurance as barriers to health seeking behaviors as well (Cheatham et al., 2008, p. 556-557).

However, economic factors alone do not explain health care disparities. Several studies have implicated non-economic barriers and sociocultural factors such as cultural mistrust, racism, health beliefs, and perceptions regarding health and the healthcare system as barriers, which also influence health seeking behavior. However, there have not been many studies that have explored these factors in relation to general health seeking behavior. Some of these studies tend to focus on one specific group, such as the elderly, a specific gender, or related to a specific condition. Also, more studies are needed in rural areas, where disparities are evident. Below, I will present the sociocultural factors that have been explored among African Americans and found to be related to health-seeking behaviors. These factors include health beliefs and perceptions.

Health Beliefs and Perceptions

One of the research objectives and goals for this study was to investigate health beliefs and perceptions among African Americans. Health beliefs and perceptions play a big role in people's decision whether to seek care and from whom to seek it. Health beliefs can also act as barriers to seeking healthcare for African Americans. Health beliefs consist of attitudes, values, and knowledge that people have regarding health and the healthcare system. These beliefs may also include perceptions they have of the healthcare system, attitudes towards professional providers, and perceptions of barriers.

Perceived Barriers, Discrimination, and Cultural Mistrust

Perceived barriers can be defined as beliefs that are based on how difficult it is to participate in healthy behaviors and/or seek healthcare. Perceived barriers focus on the possible negative outcomes when engaging in healthy behaviors, which includes seeking out healthcare for treatment, screening, and other services. Fowler-Brown, Ashkin, Corbie-Smith, Thaker, and Pathman (2006) conducted a 25-minute survey among rural African Americans in the South. They found that elderly Black men, middle-aged Black men, and less educated black men perceived more racial barriers to care than White people of both genders. Their perceived racial barriers to healthcare resulted in them being not satisfied with their physicians and with the care they received, which ultimately resulted in less contact with the healthcare system.

Perceived barriers can be linked back to the history of racism and discrimination in the United States. Previous studies have shown that African Americans perceived there was discrimination in the health care system. A 2006 survey of 4,157 randomly selected U.S. adults survey led by Robert Blendon revealed that many ethnic minority groups perceived discrimination in receiving health care and believed they would not receive the best care if sick (Blendon et al., 2007, p. 1444). Van-Houtven et al. (2005) conducted a phone survey in 2002 among a randomly selected sample of 181 Blacks, 148 Latinos, and 193 Whites in Durham County, NC, where they discovered that perceived discrimination in the health care system was associated with delays in pharmacy prescriptions or delays in medical tests or treatments. She discovered that those who delayed tests perceived racism to be a big problem in healthcare.

Perceived racial barriers and discrimination is not uncommon for African Americans. Mistrust of the healthcare system stemming from previous personal experiences of racism and the history of discrimination in the US has been the most cited non-economic factor and socio-

cultural barrier to healthcare African Americans face. A study by the Kaiser Foundation found that African Americans and Latinos were more likely than whites to say they had been judged unfairly or treated with disrespect resulting mainly from their ability to pay for care and their race or ethnic background. The same study found that 82 % of African Americans cited racial and ethnic barriers as either a major or minor problem for the average African American (Hewins-Maroney et al., 2005).

Ross, Lypson, and Kumagai (2012) conducted interviews and focus groups among African Americans in three suburban cities in the Midwest to see how they perceived the healthcare system. Many African Americans said that they felt they were treated differently compared to whites and that medical care professionals often assume the worst about African Americans and believe in stereotypes (lack of insurance, sexually promiscuous, illegal drugs). Others described their experiences as victims of blatant discrimination (p. 535). These experiences resulted in African Americans taking action on their own, which hurt them in the long run. Dodd, Watson, Choi, Tomar, and Logan (2008) also found that mistrust of the healthcare community due to past experiences deterred men from seeking health care for screenings for oral cancer, which is more prevalent and more likely to be fatal in African Americans. However, with these beliefs and perceptions of the healthcare system and not utilizing healthcare, African Americans risk their health. These studies highlight that African Americans, particularly older African Americans perceive more barriers to seeking healthcare, especially in the form of discrimination. However, more qualitative data is needed in rural areas.

Fear and Fatalistic Beliefs

Fear and fatalistic beliefs have also been identified as significant factors influencing health and health seeking behaviors. Fatalism can be defined as the belief that an individual's

health outcome is predetermined and not within the individual's control (Powe & Johnson, 1995, p. 123). Fatalistic beliefs have been identified as a factor and barrier associated with underutilization of health care services. A person with fatalistic beliefs perceives their health as being beyond their control. Previous cancer research has that African American women who endorse fatalistic beliefs are less likely to get screened for cancer (Franklin et al., 2007). Without early detection, their chances of a late stage diagnosis and mortality increases. Fatalistic health beliefs have been associated with decreased health care utilization, late diagnosis, and poor health behaviors among African Americans, contributing to the overall rates of healthcare disparities. Fears of the healthcare system can also prevent people from seeking health care. Some people are afraid to go to the doctors, because they are afraid of getting bad news. Martin et al. (2010) explored the influence of culture and discrimination on elderly health-seeking behavior in Alabama. African Americans were asked why they thought African Americans did not see medical treatment. A key theme was avoidance of bad news. Participants suggested that other African Americans were afraid of receiving disturbing news about their health if they went to a medical doctor (p. 321).

These studies highlight fatalism can be a major barrier to seeking care, especially participating in screening programs for Blacks. However, a few of these studies are not diverse in their samples. Franklin et al. (2007) focused on women and breast cancer. Ravenell, Whitaker, & Johnson (2008) sampled only men in their study. Martin et al. (2010) sampled only elderly African Americans. There needs to be more research with more diversity in sampling.

Perceived Needs

Perceived needs can be defined as the individuals' perception of need for professional help. Perceived needs include how people view their own health and whether or not they judge

their problems to be very important to seek professional health. Understanding care seeking requires understanding how and when African Americans perceive when they need help. An individual's perception regarding the seriousness and source of his or her health problems can be a major barrier factor when it comes to seeking healthcare. Connell, Wang, Crook, and Yadrick (2019) conducted focus groups among African American adults in rural Mississippi. One of the sub-themes was "No need to seek healthcare as long as physical ability is not impacted." Forrester-Anderson (2005) conducted a study among African American in the Baltimore metropolitan area to explore prostate cancer screen perceptions and behaviors. Men in their studies did not perceive the need for primary prevention. However, Forrester-Anderson (2005) included only African American men. My study will explore these perceptions among both African American women and men. Participants from Watson's study also discussed how "bad" they had to get in order to see medical attention. Many claimed they had to be in extreme pain before seeking out treatment (Watson, 2014).

Religious Health Beliefs

Religious beliefs have been an important part of African American culture. Numerous studies have found strong connections between religious beliefs and health beliefs among African Americans. Throughout literature, African Americans have emphasized the importance of having faith in God for healing and the use of prayer (Levin, Chatters, & Taylor, 2005; Martin et al., 2010). Klonoff and Landrine (1996) found that African Americans hold a strong belief in the curative power of prayer. This particular belief was found among African Americans of different class levels and educational backgrounds, indicating its origin is in their culture. Religion has been identified as both a coping mechanism and barrier to seeking healthcare.

Blocker et al. (2006) conducted focus groups with 29 men and women at two African American churches in North Carolina. One of the primary themes that emerged was the influence of religious beliefs associated with health and health behaviors (p. 1291). Focus group participants mentioned how important their faith has been in helping to make decisions about their health. Their faith encourages them to engage in proper nutritional practices, exercises, and take the necessary steps to monitor their health. The participants who expressed these views were more likely to visit healthcare providers regularly. However, others who accepted their illness as God's will were not likely to adhere to treatment. However, many of these studies examined religious beliefs in the context of specific diseases and illnesses. More studies need to examine religious beliefs among rural African Americans and how they influence health seeking behavior, whether that may be to encourage them or deter them from seeking healthcare.

Theoretical Framework

This study was designed to understand health seeking behavior among African Americans, as well as understand the barriers and factors which contribute to healthcare disparities between African Americans and white Americans. The theoretical literature from medical anthropology and critical medical anthropology within anthropology served as frameworks for this proposed research. The field of medical anthropology developed from a long-standing anthropological interest in non-Western societies' health care systems. Today, medical anthropologists study and explore how illnesses and health is experienced and managed by different groups in the world. Three empirical generalizations have emerged within medical anthropology and they are the following: (1) all known human groups develop methods and

allocate roles, congruent with their resources and structures, for coping with, or responding to disease; (2) all known human groups develop some set of beliefs, cognitions, perceptions, consistent with their cultural matrices, for defining or recognizing disease; (3) people experience different perceptions of the healthcare system and these perceptions vary widely from one group to another (Bailey, 2002). This proposed research will contribute to the overall field of medical anthropology by exploring how African Americans in a low resource environment interact with their local health care system by exploring their health seeking behavior, and the barriers they face in seeking healthcare.

This research also contributes and pulls theoretical literature from a relatively new theoretical framework/subspecialty within medical anthropology called critical medical anthropology (CMA). CMA was developed in the 20th century to understand how illness and health is influenced by macro-level and micro-level structures. CMA recognizes the influence of social inequalities on health outcomes and disparities in health and healthcare. CMA also recognizes that economic and political structures shape people's health and access to health care. Historically, African Americans have had to use worse health services, and with the history of segregation, many African Americans are living in physical environments with limited access to quality healthcare. In both Northampton and Halifax County, access to health care is limited.

The theoretical framework of critical medical anthropology recognizes how health, illness, and access to health care can and is affected by inequality and stratification. In the CMA framework, health is defined as the access to and control over basic resources that sustain and promote life at a high level of satisfaction. (Witeska-Młynarczyk, 2015). Critical medical anthropologists have studied health care systems and how they function at multiple levels: the individual level, micro-level of physician-patient relationships, intermediate level (local health

care systems), and the macrosocial level. They have studied and researched how health care is embedded within power relations such as race, class, and gender (Witeska-Młynarczyk, 2015). Next, I will describe the methodology.

CHAPTER 3: RESEARCH METHODOLOGY

The overall goal of this research was to explore health-seeking behavior and perceptions and beliefs related to health and the healthcare system among African Americans. The specific objectives were to understand: (1) explore health seeking behavior among rural African American adults; (2) explore perceptions and beliefs related to health and the healthcare system among rural African American adults. In order to better understand health-seeking behavior and African Americans' perceptions and beliefs, this study took an exploratory approach. The location chosen for this study were Halifax and Northampton counties in eastern North Carolina. Eastern North Carolina can be characterized as a highly rural area with limited healthcare access, high levels of poverty, and low rates of health insurance. In addition to the high rates of mortality and morbidity, Northampton and Halifax County are both Tier 1 counties in NC. Tier 1 counties in North Carolina are the most economically distressed in the state. The designations of the counties play a role in economic development. Tier designations determine eligibility for several different grant programs.

In Northampton County, the total population is approximately 19,483 (40.2% for Whites, 57.5% for Blacks). Approximately 14.9% of the population (under 65) are living with a disability. Approximately 12.5% of the population (under 65) are living without health insurance. Approximately 79% of the population graduated from high school (United States Census Bureau, 2019a). In Halifax County, the total population is approximately 50,000 (40% for Whites, 53.7% for Blacks). Approximately 13.9% of the population (under 65) are living with a disability (United States Census Bureau, 2019b). Approximately 13% of the population are living without health insurance. Approximately 77% of the population graduated from high

school (United States Census Bureau, 2019b). Between the two counties, there is one hospital, which is located in Halifax County and that is Vidant Regional.

This study was approved by the IRB (see Appendix A) of ECU before sample recruitment began. Using purposive and snowball sampling strategies, a decision was made to sample 20 African American adults. A probability sample was deemed impractical due to the exploratory nature of the study. Nonprobability sampling strategies such as purposive and snowball are particularly useful for pilot studies and in-depth research (Bernard, 2006). Also, the decision to sample only 20 informants was made, because a small sample of 20 informants are typically sufficient for exploratory studies that require in-depth interviews. The small sample size of 20 should be enough to allow exploration of topics in detail.

The researcher first contacted individuals who qualified as potential informants she met through an internship she held with the Roanoke Valley Community Initiative and had former connections to, and then asked for recommendations from each informant for potential others. The initial goal was to recruit 10 Halifax County residents and 10 Northampton County residents. However, there were scheduling issues.

Research Instruments

The study design for this research included two interview instruments: a structured, survey-type instrument (see Appendix B) and an open-ended, semi-structured interview instrument (see Appendix C). These instruments were approved by the IRB at East Carolina University, and written consent forms were obtained for each respondent. Through the structured, survey-type instrument (see Appendix B), I gathered demographic information to provide a background of participants in the study. Participants were asked their age, gender,

county of residence, educational background, insurance status, perceived health status, and report diagnosed health conditions.

The interview guide (see Appendix C) was developed to meet the main objectives of the research project. These objectives were

1. To achieve a general overview of health and health seeking behavior of African Americans in rural eastern North Carolina
2. Explore sociocultural factors (perceptions, beliefs) and how they influence and relate to health behaviors (health maintenance and health care seeking) of African Americans in rural eastern.

In order to meet these objectives, the decision was made to conduct interviews utilizing a semi-structured, in-depth guide. The goal of this technique is to elicit in-depth information and to allow respondents to discuss in detail about the topic. This type of research instrument allows the interview to progress as a conversation where the researcher can probe for further detail. The researcher is also able to take detailed notes during the conversation for later reference.

The first three questions were designed to collect basic information on the individuals' health-care history and their future plans. The next set of questions 4-8 were designed to inquire about respondents' health seeking behaviors and the factors that may influence their behavior. These questions were designed to meet my first research objective.

The second set of questions (see Appendix B: 8-20) were designed to meet my second research objective. Alongside health-seeking related questions, the interview guide was designed to elicit perceptions and beliefs participants may have related to health and the healthcare system. Questions were developed to inquire about their religious beliefs related to

health, health maintenance strategies, how they define health concepts (healthy, sick), how they perceive their local health care system, and their overall perceptions of the healthcare system in the United States. Questions 8-15 were developed to ask respondents their beliefs on health-related concepts, including good health, sickness, symptoms, fear, fatalistic beliefs, and the role of religion. Question number 16 asked respondents whether they have experienced any barriers to seeking health from a healthcare facility and whether their perceptions served as barriers. Question number 17 asked respondents have they ever been treated poorly by the health care system and whether this experience influenced their health-seeking behavior. Questions 18 -19 asked respondents to respond to statements about perceptions of the healthcare established throughout the literature. Questions 20-21 asked respondents about their own perceptions of the healthcare system.

Research Procedure

The research protocol and interview guide were approved by the East Carolina University Institutional Review Board. All respondents were read the consent documents and asked to sign them before interviews were conducted. Respondents were able to select a location for the interviews which were done by the primary investigator. All respondents chose to complete the instruments at their respective homes. Interview questions were read aloud and recorded with a digital recorder. The interviews took between 10 and 30 minutes each. During these interviews, notes were taken for later reference and analysis

Procedures for Data Analysis

After data were collected, responses to the structured survey were managed and coded in Microsoft Excel to generate descriptive statistics. Interview recordings were listened to multiple times and analyzed using the framework of grounded theory. Grounded theory allows researchers to identify themes and categories and build conceptual models (Bernard, 2006). Thematic analysis was also utilized. Thematic Analysis is the process of identifying patterns and themes within text. This type of qualitative analysis was selected in order to deeply explore sensitive topics among African Americans (Braun & Clark, 2006).

The first round of analysis involved the researcher checking for codes and emerging themes by reading and rereading through notes while listening to the audio recordings. During this round of analysis, I compiled my list of codes I identified across my data set, made constant comparisons, and sorted into themes. When one key theme was found in one interview, I looked for similar wording and themes.

During the second round of analysis, interviews, which were recorded with a digital voice recorder were transcribed and entered in Atlas.ti text for further analysis. Atlas.ti is a qualitative data management software that can assist researchers with qualitative data to highlight codes, organize data, and find themes. Atlas-ti was used to help navigate the data, in-depth analysis of codes, and identify larger themes. This round of the analysis used the set of themes determined during the first round of analysis. The interviews were checked for the co-occurrence and recurrence of themes. Interpretations of the data were then made from the analysis, which were then compared to the existing literature. Themes were also analyzed to determine their association with health-seeking behavior. Themes were clustered into three categories:

Perceptions of the Healthcare System, Perceptions of the Local Healthcare System, and Health Beliefs.

CHAPTER 4: RESULTS

Description of the Sample

Each participant answered a set of demographic questions by filling out a brief survey at the beginning of their interview (Table 1). This survey was developed to assist in providing a descriptive portrait of the study sample. The sample consisted of 20 participants ranging from 28 to 84 with the mean age being 54. Fifteen African American women participated in the study with ages ranging from 24 to 89, and the mean age being 58. Five African American men participated in the study with ages ranging from 24 to 89, and the mean age being 58. Of the total 20 participants, 11 of them were from Northampton County and 9 were from Halifax County. The goal was to recruit 10 participants from Northampton County and 10 participants from Halifax County; however, this was not achieved. Shortly before the interview, one participant relocated to Northampton County.

About half of the total participants reported having hypertension, two reported having diabetes, and one reported a history of cancer. The first half of the questions were created to inquire about their socioeconomic situation. Socioeconomic factors have been cited as barriers to healthcare and influential in health-seeking patterns. This information helps frame out health seeking patterns and decision-making regarding their financial situation. In response to a question identifying whether they had insurance, 95% responded “Yes.” Type of insurance was not inquired given the sensitivity of the topic. In response to their education level, 3 participants marked “high school” as their highest education level attained, 7 marked “some college” as their highest education level attained, 3 marked “bachelor’s degree” as highest education level attained, 5 marked “graduate school” as highest education level attained, and 2 marked

"other/trade school" as highest education level attained. The final set of demographic questions addressed the participants' health. Twelve of the participants reported their health as "good," 6 as "fair," and 2 as "excellent."

Table 1: Description of the Sample

Age	
mean	54
range	28-74
Highest Level of Education	
High School	3
Associate Degree	0
Some College	7
Bachelor's Degree	3
Graduate's Degree	5
Other/Trade School	2
Insured	
Yes	19
No	1
Self-Reported Health	
Bad	0
Fair	6
Good	12
Excellent	2
Gender	
Female	15

Male	5
County of Residence	
Halifax	9
Northampton	11
Reported Conditions	
Hypertension	8
Diabetes	2
Cancer	1

Health Seeking Behavior

One of my main research objectives was to achieve a general overview of health seeking behavior of African Americans in Halifax and Northampton counties in rural eastern North Carolina. To achieve such objective, the following questions were asked to provide an overview:

(1) When you are sick or when you first feel symptoms develop, what do you do?

(1b) How long do you normally wait before heading to the doctor?

(2) Would you seek advice elsewhere regarding a health problem before heading to the doctor? Whom do you consult? Is family usually involved in your decision on whether to seek healthcare?

(3) What affects your decision about who and when to go see a particular health concern? (is it economics, insurance, past experience, advice from …)?

(4) If your insurance changes (because of a job shift), how does that influence how you seek care?

(5) Do you use home or plant remedies before attending a healthcare facility? How important are home remedies in your health seeking process? Where do you get these plant remedies from? If you had equal access to all options of quality care, would you continue to use home remedies?

Among the sample, through analysis, it was discovered the health seeking process for this group of participants occurred in four steps which I have presented in Figure 1. It is also important to state that this health seeking pattern is highly contingent upon a number of sociocultural factors, specifically perceptions and beliefs, which I will discuss later. A description of the pattern is presented below, and a theoretical analysis of the process will be presented in the discussion chapter. The health seeking process for rural African American adults occurred in four separate steps: Symptoms Appears, Individual Waits with Rest, Self-Treatment, and Seeking Healthcare (Figure 1). A detailed description of this process is presented below.

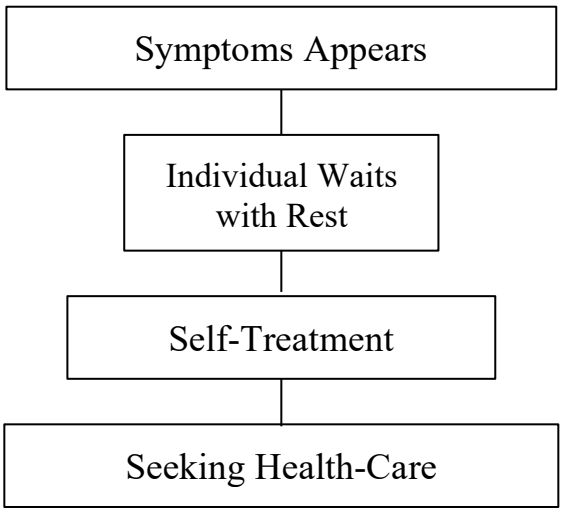

Figure 1: Health-Seeking Pattern

Health Seeking Pattern

1. Symptoms Appears

2. Individual Waits with Rest

3. Self-Treatment

4. Seeking Healthcare

Symptoms Appears

To initiate the health seeking process, one must feel that something is wrong. The first step, "Symptoms Appears," can be defined as the realization that there is something going on with the body that is different or unusual with the appearance of "symptoms." Symptoms varied throughout the study. Participants throughout the study used various phrases and words to describe what it means for them to be sick to initiate the health seeking process. Six participants discussed various symptoms that would warrant care. These symptoms include nausea, dizziness, high chest pains, and aches. A 29-year-old woman expressed, *"My back hurts. Maybe chest pains."* Three of the participants also expressed the inability to be mobile, as well as increasing dependence warrants attention. One elderly woman expressed, *"If I cannot do my job on the farm, then I know something is wrong."* Another expressed, *"If I had to depend on others to get something done, then I know something is wrong."* This clear dependence on others alerted them that something needs attention and care. The remaining participants described a more internal mechanism, which required them to seek care. A 52-year-old woman expressed, *"I'm not feeling myself."* A 30-year-old woman expressed, *"It's like mind-boggling. I know something is wrong."* A 50-year-old man expressed, *"I just don't feel well."*

Individual Waits with Rest

The next step in the health seeking process for this group was *Individual Waits with Rest.* Participants discussed that it was better to wait it out by resting. Rest can be defined as lying down and/or suspending normal activity. To these participants, resting is a form of healing; therefore, it is a necessary step in the health seeking process. One participant, a young woman, explained *"I will lie down a little, and most of the time the illness will just go away."* Another participant, an older woman, explained, *"If I just rest and drink some water, the body will get back to normal and flush the toxins out."* To these participants, resting is a strategy, which has proven to make themselves feel better and alleviate the pain.

To rest among this group of participants means to delay seeking healthcare with the hopes the illness will go away with adequate rest. These participants would rather wait out the illness with rest before thinking of attending a healthcare facility. Eighty percent (sixteen) of the participants stated they would wait 2-3 days, ten percent of the participants said they would wait only a couple of hours, and the remainder said they would wait 1-2 weeks. However, participants did note that some symptoms required immediate attention. These symptoms include chest pains, heart palpitations, and dizziness. A 70-year-old explained, *"Definitely chest pains. I'll try to call my doctor. Also, dizziness.*" In most cases, they feel that resting is all they need. However, the participants did acknowledge that if resting did not alleviate the pain, further action needs to be taken to alleviate the issue, which leads to the next step, "Self Treatment."

Self-Treatment

The third step in the participant's health seeking behavior pattern is "Self Treatment." All participants stated that if the illness persisted after a certain amount of time and rest did not help the issue, they would try to self-treat at home. Participants in the study discussed that they

preferred “doctoring” or treating themselves before attending a healthcare facility. One participant expressed, *“The doctors do not know what they are doing. Might as well treat the issue at home. I can usually go to the doctor and get something.”* For some, self-treatment overlapped the previous step in the health seeking process. Self-treatment for the participants was either with the use of home remedies and/or OTC (over the counter medicine). A 72-year-old woman explained, *“I tried black seed oil. For my arthritis. I’m not sure it helped my arthritis though.”* A 29-year-old woman explained, *“I usually run to the store. Get some Tylenol. It usually works and I’ll feel better.”*

Using home remedies can be defined as how one takes care of a health-related issue without seeking healthcare. Home remedies have been identified as a particularly important part of African American culture (Martin et al., 2010). The participants all expressed their use and importance of home remedies during the health-seeking process. Home remedies were described as crucial to dealing with illness. This step can also be noted as a final step before seeking and navigating the healthcare system. Table 2 includes a list of the types of home remedies mentioned by the participants and their intended purposes. Most home remedies mentioned included essential oils and teas. Most participants explained that home remedies have been in their families for generations and were passed down. A 70-year-old woman expressed, *“I was raised with it. And that kind of grew with me as a child. That’s what my grandmother did. And I saw her do it and how it worked. So, I continued with my kids.”* One elderly woman explained, *‘‘They are important. I have certainly tried many home remedies. Particularly with stomach aches. You know, when I was little, my grandmother used to have a flagroot. We used to grow it outside. Break a piece off. Good for a lot of stuff.”*

Because of this familiarity, many African Americans were very comfortable with using them to treat illnesses and symptoms. A few participants also stated they used home remedies, because of the internet. When dealing with certain symptoms, they would search the internet for home remedies and ways to treat their illnesses/symptoms at home.

Table 2: Home Remedies

Vicks Vapor Rub	*Aches, Pain*
Black Seed Oil	*Arthritis*
Chamomile	*Sleep, Pain*
Baking Soda -	*Stomach Pain*
Flagroot	*Burns*
Aloe - II	*Burns*
Essential Oils - III	*Feet*
Liquor	*Cold Symptoms*
Tea (Ginger, Chinese Herbal Tea) – II	*Sleep*
Apple Cider Vinegar	*Weight, Stomach*
Chinese Tea	*Weight*
Castor Oil	*Stomach Aches*

Honey	*Sleep*
Ginger Root Tea	*Healing Properties*

On the other hand, over the counter medicine was extremely popular. Over the counter medications (OTC) are non-prescription medications, which can be purchased from a store to help with a health/medical issue. Similar to home remedies, OTC medications were a topic and choice for alleviating health issues. However, they were less popular compared to home remedies. One participant, a younger woman, explained *"I do rely on over the counter medicine. If I got sick, I would usually just go to the store and get something like Alka-Seltzer."* Other participants stated, "*I have an entire basket of OTC under my bathroom sick."* and *"I usually try Aspirin or Advil."*

Expanding on their preference for home remedies and OTC rather than seeking healthcare, a few participants expressed their displeasure with prescription medication. *"Prescription medicine, they cause cancer."* This participant, an elderly woman, expressed serious concerns over prescription medicine. She explained, *"I don't like to take anything. They are synthetic drugs. I would rather prevent. I don't believe a bunch of medicines in the body is the right way to go."* Another participant, an elderly male, expressed similar concerns. *"Some are good. But some of them. I was taking something before for high blood pressure. But then, I heard from someone it causes cancer. You know, we don't know all of the side effects. We need to do our research."* Alongside familiarity with home remedies and concerns over prescription medicine, participants also stated that these self-treatment options are convenient and cheap. A 31-year-old male explained, "It's cheap. It's easily available. I can go into any store."

Seeking Healthcare

The last step in the health-seeking process for participants, for which nineteen of them are insured, was choosing to seek care and navigate the healthcare system. The interviewees expressed that their pain had to become unbearable, and self-treatments had to be ineffective before deciding to seek formal help. For only a few participants, insurance and the ability to pay were factors. However, the majority of participants simply explained they just did not want to attend a doctor. They felt they could take care of it themselves.

When deciding to navigate the healthcare system, preferred facilities varied. Sixteen of the participants reported they preferred their private primary provider in most cases, two participants reported the use of emergency care (hospital), one participant reported the use of urgent care, one participant reported the use of a rural health clinic, and two participants reported their local health department.

Those who chose their private primary provider cited comfort and their relationship with their doctor. They emphasized the good treatment and care they received from their physicians unlike other facilities. Those who chose emergency rooms, cited their familiarity and accessibility of the facility. For the participants who chose the urgent care facility (Halifax County) and their nearest health department, they emphasized comfort and prior experience. For the one participant who chose the rural health clinic, their reason was the accessibility of the healthcare facility.

It is to be noted and highlighted that accessing these sources of care was the end point in the process of seeking health care among these participants with insurance. Also, none of the participants expressed any worries or challenges in navigating the healthcare system.

The health seeking behaviors among the African Americans in which I have identified from qualitative analyses represent the actions taken by the sample African Americans in the study from the initial point of appearance of symptoms to accessing and navigating the healthcare system. As will become evident later, this cultural pattern is influenced by sociocultural factors, specifically perceptions and beliefs.

Perceptions and Beliefs

The goal of this research was not only to generate an overview of health seeking behavior, but to also explore sociocultural factors, specifically perceptions and beliefs, and determine if and/or how these perceptions and beliefs relate to health behaviors and the impact they may have on health seeking behavior. After discussing health seeking behaviors, discussion moved towards health beliefs and perceptions. Alongside health-seeking related questions, the interview guide was designed to elicit perceptions and health beliefs participants may have related to health and the healthcare system.

Health beliefs and perceptions play a big role in people's decision whether to seek care and from whom to seek it. Health beliefs can also act as barriers to seeking healthcare for African Americans. Health beliefs consist of attitudes, values, and knowledge that people have regarding health and the healthcare system. These beliefs may also include perceptions they have of the healthcare system, attitudes towards professional providers, and perceptions of barriers.

To identify themes, I conducted thematic analysis driven by a grounded theory approach. Themes were analyzed using a grounded theory approach to find and identify common topics, ideas, keywords and phrases related to health beliefs and perceptions, which were identified as themes and sorted into three clusters*: Perceptions of the Healthcare System, Perceptions of the Local Healthcare System, and Health Beliefs.* The themes in each of these clusters focus on the

various perceptions African Americans hold, as well as their beliefs about health concepts. These themes can be seen in Table 3.

Table 3: Perceptions and Beliefs Themes

1. Perception of the Healthcare System - National		
	Doctor's Agenda	*"Doctors, they just want to prescribe and prescribe. They just want to make more money. In order to get prescribed, I have to pay to go see the doctor to get a prescription, and then pay another hefty fee just for the prescription."*
	Not Equal	*"White doctors are not as invested when it comes to their black patients."*
	Only Go When Needed.	*""I would need a really good reason for me to go to a doctor. Like a good reason."*
2. Perception of the Local Healthcare System		
	Poor Quality	*"It's not as good as everyone else. We don't get the best candidates in Roanoke Rapids."*
3. Health Beliefs		
	Eat Rice and Exercise!	*"I like to go to the gym. Get on the bike for 30 minutes. I also like to do some arm lifts. I think it is also important to maintain a good diet and pray."*
	God's Role	*"God, he will step in and heal. Because healing comes from God."*
	Being Sick: Mind-Body Experience	*"It's also a mind thing."*

	Discomfort is Part of the Healing	*"If I wait out the pain, the body will revert back."*

Perceptions of the Healthcare System

One of the goals for this research was to learn how African Americans perceive the health care system in the United States, and whether these perceptions influence health seeking behaviors. Participants were asked the following questions,

1. What have you heard in general about health care delivery of service?
2. What have you heard about how African Americans are treated in the healthcare system?
3. Does what you've heard influence your decision to utilize these services?
4. A person's race and racism have been identified as barriers that impact African Americans when they interact with healthcare delivery systems. What do you think about that? Do you agree?
5. Trust in the healthcare system has also been identified as a barrier that may influence Blacks in accessing and using preventative healthcare. What do you think about that? Do you agree?

All participants reported negative perceptions about the healthcare system. Themes that arose were the following: *Doctor's Agenda, Not Equal, and Only Go When Needed.* The first theme in this cluster, *Doctor's Agenda*, refers to concerns African Americans have regarding doctors' motives in the healthcare system while the second theme, *Not Equal*, refers to how African Americans believe they are seen and treated by the healthcare system, and the last

theme, *Only Go When Needed,* refers to idea among African Americans that attending a healthcare facility is on a need-based.

The first theme in this cluster, *Doctor's Agenda*, refers to concerns African Americans have regarding doctors' motives in the healthcare system. Surprisingly, fifty-five percent (eleven) of the African Americans voiced their concerns over the motives of doctors within the United States healthcare system. They expressed their fears and beliefs that doctors in the country just care about making money. One elderly woman explained that she believes doctors take advantage of the lower class. Another elderly woman expressed that she believes doctors care more about the income of the patient than the actual patient, because they are more concerned about their own finances. Another participant, a much younger woman, expressed in her own words that her main concern when visiting the doctors is that they have an "agenda" within the healthcare system. This *agenda* is to make more money.

Other concerns expressed about the motives of the healthcare system. One elderly woman expressed, *"It's a vicious cycle."* A 52-year-old woman explained, *"Doctors, they just want to prescribe and prescribe. They just want to make more money. In order to get prescribed, I have to pay to go see the doctor to get a prescription, and then pay another hefty fee just for the prescription."*

To expand on her concerns about the motives of doctors in the United States, a 29-year-old woman explained, *"Doctors, they are quick to say anything. They don't listen to you. They don't want to run any tests. They just look at you. They don't care. You might as well heal yourself at home."* Participants, young and old, shared concerns about the motives of doctors and the healthcare system. Greed is a characteristic that is associated with doctors (locally and

nationally) among these participants. Given this information, some participants noted that they have to be cautious when interacting with the health care system.

The second theme, *Not Equal*, refers to a negative perception among African Americans on how they believe they are seen and treated within the health care system. Participants of all ages discussed how they believed health-care providers are not attentive to the needs of African Americans as they are to Whites and did not give them the best treatment. They all voiced their concerns on interacting with the healthcare system as an African American. A 31-year-old woman explained, *"They don't care about us. White doctors don't put in the same effort with their black patients as they do with their white patients."*

Similar statements were echoed throughout the interviews: A 50-year-old woman explained, *"White doctors simply do more for Whites."* A 70-year-old man explained, *"They don't want to see us."* A 65-year-old woman explained, *"We are given less treatment."* A 72-year-old woman explained, *"White doctors are not as invested when it comes to their black patients."* Another participant, a 28-year-old woman, attributed a negative past experience with a healthcare provider to race. She explained, *"The lady at the front desk, she just didn't care. She looked at me once and gave me a look. She had this nasty attitude, which she didn't have before.*" For this particular participant, this negative experience with the healthcare system was the result of race, which influenced her decision on not returning to the same facility. Rather than returning to the facility, she made the decision to find another facility farther from her home to prepare for the birth of her child. Participants throughout the study stated that they believe African Americans are not taken seriously in the healthcare system. An elderly gentleman expressed, *"We are not getting the right treatment. That's why we have to be more forceful."*

When asked if and/or how these specific perceptions influence their health seeking process, there was a difference in responses between the oldest participants and the younger participants. The older participants discussed they were unfazed by their negative perceptions of the healthcare system. Most expressed they would simply go look for a new doctor. However, unlike the older participants, the younger participants were "turned off" and angrier. One participant, a 32-year-old woman, stated that ever since she heard about how Black women die at a higher rate than white women, she felt uneasy with the healthcare system.

The third theme, *Only Go When Needed*, refers to this perception that seeking formal health care is only for "urgent care." In other words, healthcare is for emergency use. A previously stated barrier to the use of primary and preventative care is the perception that physicians are urgent care providers rather than continuous care providers. At the start of the interview, participants were asked "In the last 12 months, have you ever gone to hospital OR to the doctor? If so, why?" Fifteen percent responded they had not been to a hospital or doctor in twelve months while eighty-five percent said they had been to the hospital or the doctor. However, nearly half the visits that were made were for acute care problems.

Participants were asked, "What is the likelihood of you visiting a health provider for a check-up next year?" Nearly half expressed they were hesitant to visit a health provider. Attending a healthcare facility among many participants was associated with "need" and "severity." Forty-five percent of the sample explicitly stated that symptoms would have to increase at a point of unbearable before attending a facility. One 34-year-old male expressed *"It really depends on the symptoms. If three or four days have passed, and the symptoms don't even out. I know it's time to go to the doctor."* Another participant, a 65-year-old woman, expressed that she would have to be in absolute pain and not feel well. "*If I was really sick. Feel really bad.*

I would go straight to the doctor. If I was just not feeling well, I would wait." One 29-year-old woman explained, *"I would need a really good reason for me to go to a doctor. Like a good reason."* Expanding on this, the young woman expressed her lack of faith in doctors. She explained, *"There's nothing they can do anyway. Might as well treat it at home."* Two other women, a 48-year-old and 46-year-old said they would only go to the doctor for emergency purposes, because they did not want any instructions. One woman explained*, "I don't like the way they talk to me. Telling me how I should do this and not that."* Therefore, having regular scheduled doctor visits was not usual.

Perceptions of the Local Healthcare System

This next cluster, Perceptions of the Local Healthcare System, focuses on perceptions of the local healthcare system. There was an overwhelming negative reception of the local healthcare systems in Halifax and Northampton counties. The main theme in this cluster is *Poor Quality*. This negative perception of the local healthcare systems is the result of mostly personal encounters, rather than hearsay.

The theme, *Poor Quality*, refers to this perception that if one would seek care at a facility in either of the two counties, they would not receive quality care. A 30-year-old woman expressed, "Not good at all. Bad quality." All of the participants in the study had something negative to say about the quality of healthcare in the area. One participant, a longtime resident of Halifax County, a 70-year-old male, explained *"It's not good as everyone else. We don't get the best candidates in Roanoke Rapids."* Another participant, a 64-year-old woman expressed similar sentiments, *"We get the poorest of doctors."* Another participant, a 50-year-old male explained, *"They don't even trust themselves. They just refer you out."*

When asked about the quality of healthcare in Northampton County, one man explained a negative experience. *"I was breaking out. I had all of these bumps all over my back. So, I went to the hospital. They said I had poison ivy. Days later, I'm still dealing with it. I went to another doctor. They confirmed I had psoriasis."* He expressed that he would prefer not to go back. Instead, he would look somewhere out of town.

Other statements of poor quality were aimed at Halifax Regional, a local hospital in Halifax County. One young woman expressed, *"It needs to be shut down. It wouldn't be my first choice."* Another participant explained, *"They just send you home."* Nearly all of the participants complained of lengthy wait times.

Health Beliefs

The third and final cluster, "Health Beliefs," includes themes related to beliefs African Americans have about health concepts, including health maintenance, defining what it means to be sick, role of religion, healing, and the body. The themes in the cluster include, *Eat Right and Exercise!*, *God's Role*, *Being Sick: Mind-Body Experience*, and *Discomfort Is Part of the Healing*.

The first theme in this cluster, *Eat Right and Exercise!,* refers to strategies African Americans expressed in maintaining good health and preventing illness. There were similarities among the African American adults in their health maintenance strategies and prevention of illness. "Eating right," "exercising," and "avoiding red meat" were common health behaviors stated by the participants on maintaining good health and/or preventing illness. All participants expressed that eating certain foods and engaging in some form of exercise help prevent illness. Foods such as salmon, peas, and spinach were highly recommended. In addition, avoiding red meat and barbeque was also highly recommended. One young man explained*, "I tend to avoid*

barbecue. You know, high blood pressure." Expanding on what he does to prevent illnesses and maintain good health, he explained *"I like to box. Go for a jog. I don't usually go to the doctor, so I like to take care of myself."*

When an elderly participant was asked what she does to stay healthy and avoid illness and disease, she expressed: *"I like to go to the gym. Get on the bike for 30 minutes. I also like to do some arm lifts. I think it is also important to maintain a good diet and pray."* Another participant, a younger woman, stated: *"Restrictive eating is the way to go. I don't eat much carbs or fat."* In sum, all of the African American participants felt that in order to maintain good health and/or prevent illness, they would need to engage in consistent exercise, eat healthy foods, avoid unhealthy foods (red meat), and drink enough water. To put in context, good health for these participants meant to be pain-free and mobile. A 70-year-old male explained, *"I can move around. Nothing is holding me back."* Another male, a 50-year-old explained, *"There are no aches. Don't feel pain when moving. I can do whatever I want."*

The second theme, *God's Role,* refers to this belief among African Americans that God and religion play powerful roles in healing and health. A 66-year-old woman expressed, *"Oh yes. Definitely. God changes everything."* Religious beliefs have been identified as an influential cultural factor among African Americans when it comes to health behaviors, especially health seeking behaviors. This theme was also prominent in this study.

Over half of the interviewees expressed a strong belief that healing comes from God. These participants positively associated their religious beliefs with good health, as well as healing from illness. These interviewees felt that by praying and expressing their trust in God would lead to good health. For example, a 70-year-old woman explained, "I was reared in the

church. Trust in God. Prayer works. If I'm hurting, I will pray about it. I will ask God to step in and get passed whatever is going on with me."

Many of the African Americans claimed that prayer had the power of healing. One participant expressed, *"By praying to God. He will take away the pain."* Another participant echoed a similar sentiment, *"God will provide protection. He will guide the healing"* Another participant explained, *"Prayer changes everything."* An elderly African American woman stated: *"Yes. I do pray. God, he will step in and heal. Because healing comes from God."* Only one participant expressed that prayer and belief in God was important when deciding whether to seek healthcare. This participant explained, *"I have to remember. God placed doctors on here for us to use." (not enough for a whole paragraph)*

However, not all participants expressed that prayer was important for healing. Three younger women participants stated prayer and religious beliefs do not play any role in their life when it comes to their health. A 30-year-old woman was asked whether prayer was important to them and did they find any belief that prayer will help with the healing. She responded, "I don't believe it will help. No." Another woman, a 49-year-old was asked the same as the participant mentioned above. She expressed similar sentiments.

The third theme in this cluster, *Being Sick: Mind-Body Experience,* refers to a mind-body connection the participants expressed when asked what it means to be sick. This theme encapsulates this idea that the feeling and the act of being sick is not only a physical experience, but also a mental experience. When asked "What does it mean to be sick?" the majority of the participants expressed their mental state is also affected. Being sick to these participants was associated with a disruption and imbalance of their mental state. The act of being sick was not associated with a strictly physical experience. One participant, an elderly woman, explained

"When I am sick. It's kind of mind-boggling." She went on and expressed that when she feels sick, she experiences and sees it as a mental problem. Another participant, a much younger woman, explained *"It's a mind thing. It's all about your mind. If you tell your mind you are hurting, then it'll affect your body."* Over half of the participants overwhelmingly associated the act of being sick with psychological or internal mechanisms, rather than physical or spiritual ones. Various phrases and words were used to describe this view, including *"Mind-Boggling," "Not Myself," "Not Normal," "Out of Whack," "Depressed,"* and *"Helpless."* A common word that was repeated throughout the study associated with "being sick" was *helpless*. Participants throughout the study included this word in their narratives on what it was like to be sick. They described this feeling of being helpless, mentally and physically. When they feel they are helpless, they feel that it is time for assistance in the form of home remedies, over the counter medicine, and/or healthcare professionals. For the minority, being "sick" was associated solely with physical ailments, which often lead to dependence on others. One woman explained, *"Something is hurting. A headache or something in that nature."* Another explained, *"Being sick. I'm experiencing aches and pains."*

The final theme in this cluster, *Discomfort Is Part of the Healing*, refers to this common belief that the body will eventually heal itself, because discomfort is part of that healing. Therefore, there is no need to attend a health care facility either immediately or at all. This theme is associated with how African Americans perceive and experience pain and/or illness. African Americans in the study described that they trust the body to repair and heal itself with time. In order to heal, discomfort was normal. One participant, an elderly woman, expressed *"The body will eventually get back to normal."* Another elderly woman expressed similar sentiment, *"Just bear it. It'll go away."*

These participants expressed a strong belief in the body's ability to heal. However, healing comes at a cost. This particular belief in the body, pain, and healing was expressed in various ways through the study. A 30-year-old man explained, *"The body will heal itself."* A 29-year-old woman explained, "*The illness will run its course."* Another participant, a 74-year-old woman explained, "*If I wait out the pain, the body will revert back."*

One 48-year-old woman explained, *"Sometimes, I think it does heal itself. You do nothing. You have headaches. You have headaches for different reasons. Need sleep. Need water. You don't take any medicine. It heals up on its own. Just goes through a cycle. Your body has a way of getting rid of toxins without doing anything."* This belief was not only associated with healing from symptoms, but also with specific health issues. One participant, an elderly woman, gave a specific example on how she believed the body is healing itself from a particular issue with her daughter. The health issue in this case is Sickle Cell. She explained how her daughter was diagnosed with Sickle Cell at a young age. However, she believes her daughter is *"Growing Out of the Disease."*

In this chapter, I have presented results for two of my objectives. One, a health-seeking pattern was identified. The health seeking process for rural African American adults occurred in five separate steps: Symptoms Appears, Individual Waits with Rest, Self-Treatment, and Seeking Healthcare. Also, themes were analyzed using a grounded theory approach to find and identify common topics, ideas, keywords and phrases related to health beliefs and perceptions. Themes were identified and sorted into three clusters: Perceptions of the Healthcare System, Perceptions of the Local Health Care System, and Health Beliefs. The cluster, Perceptions of the Healthcare System, included the following themes: *Doctor's Agenda, Not Equal,* and *Only Go When Needed*. The cluster, Perceptions of the Local Healthcare System, included the following theme,

Poor Quality. The last cluster, Health Beliefs, included the following themes: *Eat Rice and Exercise!, God's Role, Being Sick: Mind-Body Experience*, and *Discomfort is Part of the Healing*

CHAPTER 5: DISCUSSION

The purpose of this qualitative study was to not only to generate an overview of health seeking behavior among African Americans in rural eastern North Carolina, but also to explore sociocultural factors (perceptions and beliefs), and how they relate to health seeking behaviors. Twenty adults aged 28-78 participated in semi-structured surveys and interviews, which were analyzed with the assistance of Atlas.ti. This chapter includes a discussion of major findings as related to the literature on African Americans' health seeking behavior and sociocultural factors (perceptions and beliefs) pertaining to health and the health seeking. Following this chapter, there will be a discussion of the limitations of the study, areas for future research, and a brief summary.

Health Seeking Behavior

One of the objectives for this study was to generate an overview of health seeking behavior among African Americans in rural eastern North Carolina. The pattern revealed by the analysis of the interview transcripts indicated that African Americans take numerous measures and strategies before deciding to seek medical attention. It is noteworthy to state that 95% of the sample have insurance. In North Carolina, African Americans are less likely to be insured than Whites.

Researchers have posited that the decision to delay health care can depend on numerous factors such as costs, perceptions, and health beliefs. Once a decision has been made to seek care, barriers can prevent people from seeking timely care. Barriers include geography, transportation, and long wait times. Here, delay in seeking care occurred at the decision to seek care stage for all the participants. The decision to seek care after last is consistent with earlier studies on African Americans' health-seeking patterns, which resulted in delays (Bailey, 1987;

Forrester-Anderson, 2005; Fowler et al., 2006). Instead of immediately seeking attention for their health issue, African Americans rested, waited, and used alternative treatments before navigating the healthcare system. The decision to finally seek care was made after participants exhausted all their options. I think the decision to delay seeking care was due to numerous reasons. Among the older generation, the decision to delay healthcare can be due to their previous experiences with illnesses. Prior treatments outside of the healthcare system may have been successful in the past. Therefore, they may feel like trying these treatments again. Among the younger generation, their decision to seek care may be related to the older generation. Also, they may have witnessed their older relatives trying alternative treatments and steps rather than attending a healthcare facility.

Earlier studies of African Americans have identified a cultural pattern of health-seeking, which included delays, praying, home remedies, and social networks (Bailey, 1987; Forrester-Anderson, 2005; Jones et al., 2009). In these studies, it became clear African Americans preferred to try other options before attending a healthcare facility. Therefore, I was expecting to find similar patterns including delays in seeking healthcare, praying, home remedies, and/or reliance on social networks. The health seeking behaviors of African Americans were indeed similar to prior studies. Participants utilized numerous strategies to hold off seeking healthcare. Participants tried to deal with the illness on their own rather than seek immediate help with alternative treatment. Given the similarity of these results to those of previous studies, I propose that these traditions and patterns may have been passed down from generations. Moreover, these participants may have grown up where attending a doctor was not viewed as an immediate course of action. This would not be surprising given the history of African Americans' treatment within the health system in the United States. Elders had to adapt and learn how to take care of

themselves. As a result, a cultural pattern of health seeking behavior was formed, which was passed on to their children.

However, there was one noticeable difference in these results compared to those from previous studies. Friends and family have found to be very important actors in the health seeking process among African Americans (Jones et al., 2009; Neighbors & Jackson, 1984). Social networks have been highlighted as important during the health seeking process for African Americans, because of their influence on the decision-making. Early studies have discovered that African Americans tend to depend on family and friends when making health-related decisions, especially elders. Elders are regarded with esteem and viewed as a source of wisdom. However, unlike these studies, social networks were not mentioned in the health seeking process for the participants. Participants did not express that family and friends were influential or involved in their health-seeking process. Instead, they emphasized they tried to deal with the illness on their own with the help of alternative treatments and the internet. This finding conflicts with two specific studies by Bailey (1987) and Forrester-Anderson (2005). Bailey (1987) found that African Americans would seek advice from a family member or close before attending a health facility. Forrester-Anderson (2005) found that the majority of the participants would seek advice from another family member before attending a healthcare facility. However, social networks were not found here to be influential in the health-seeking process.

Social networks, including people who may or may not be related by blood or marriage, can be very helpful in times of crisis and stress. Social networks can help people make better decisions when it comes to their health. People can share their experiences and communicate about their health issues. In contrast, the participants in the study expressed their reliance on home remedies and over the counter medicine instead of social networks. Interviewees expressed

familiarity and comfort in using home reliance and over-the-counter medicine. This is not surprising given the amount of literature emphasizing African Americans' reliance on home remedies and alternative medicine (Becker, Gates, & Newsome, 2004; Quandt, Sandberg, Grzywacz, Altizer, & Arcury, 2015). However, it can be alarming that African Americans did not emphasize social networks as a big part of their health-seeking process. Without the social support of others to urge them to see a doctor, they won't have the push they need to seek care. The lack of social networks can be due for numerous reasons. One, elderly participants may feel their past experience as enough to deal with their issues. Two, the internet. These participants may rely heavily on the internet for recommendations rather than friends and/or family.

The data presented also conflict with the results of studies citing structural and financial barriers as reasons for delay in seeking healthcare. Delays include treatment delays, hospital days, and office delays (Strogatz, 1990). In this research, delays began at the beginning of the health seeking process. The majority of the participants did not state any structural or financial reasons for their delay, which conflicts with literature (Copeland, 2005; Ell, 2008; Carrillo et al., 2011). In fact, participants expressed they were willing and could travel farther distances for healthcare. However, this could be due to the insurance statuses of the participants rather than sociocultural factors. Nevertheless, the data here strongly encourage researchers to explore other areas, which could influence health seeking behavior and reasons for delay.

Perceptions, Beliefs, and Health Seeking

The second research objective of this study was to explore sociocultural factors, including perceptions and beliefs, and how they relate to health behaviors (health seeking) among African Americans. These sociocultural factors were also explored to see whether they may impede African Americans from seeking health. Sociocultural factors of interest include

health and healthcare perceptions, religion, alternative medicine, and general health beliefs. The interview guide included questions probing participants' attitudes and beliefs regarding their health-seeking strategies (home remedies), health maintenance strategies, relationship between religion and health, and how they defined health concepts. In addition, questions were created to probe participants' perceptions of the health care system. Thematic analysis yielded eight themes: (1) *Doctor's Agenda,* (2*) Not Equal*, (3) *Only Go When Needed*, (4*) Poor Quality*, (5) *Eat Right and Exercise!,* (6) *God's Role*, (7*) Being Sick: Mind-Body Experience,* and (8) *Discomfort Is Part of the Healing.* These eight themes were organized into three clusters: perceptions of the health care system, perceptions of the local healthcare system, and health beliefs. These perceptions and beliefs served different purposes. This section of the chapter includes a discussion of major findings as related to the literature, as well as the research objective.

Perceptions of the Healthcare System: Perceived Barriers

Research on health seeking behavior and the utilization of health care services tends to focus on structural and economic barriers. Little literature exists exploring the nonstructural barriers influencing health seeking behavior. Barriers that have not been extensively studied are perceptions African Americans have about concepts of health and illness and the healthcare system. Perceptions include attitudes toward the healthcare system, treatment outcomes, and services received. It has been established these perceptions can serve as barriers especially among African Americans. These have been called perceived barriers throughout literature and theory.

Numerous studies have cited perceived barriers as influential among African Americans when engaging in healthy behaviors, especially seeking care (Blendon et al., 2007; Fowler-

Brown et al., 2006). Perceived barriers focus on the negative outcomes when engaging in healthy behaviors, including seeking healthcare. It was expected to discover African Americans have negative perceptions of the healthcare system to confirm existing studies. The data analysis uncovered four themes related to perceptions of the healthcare system: "*Not Equal," "Doctor's Agenda," "Poor Quality,"* and *"Only Go When Needed."* These themes are discussed below, which will be followed by discussion on health beliefs.

Mistrust - Generation Divide?

One prominent theme and perception of the healthcare system found among African American throughout literature is cultural mistrust. Mistrust of the healthcare system stemming from previous experiences of racism and the history of discrimination in the US has been the most cited non-economic factor and sociocultural barrier to seeking healthcare among African Americans. Therefore, it was expected to discover African Americans have trust issues with the healthcare system due to their race/racial identity. It was also expected to discover this cultural mistrust would influence health-seeking behavior negatively. The theme*, "Not Equal,"* refers to how African Americans believe they are seen and treated by the healthcare system. Participants expressed that they believe African Americans are not treated the same as White Americans. These findings are consistent with previous studies highlighting African Americans have these perceptions even now (Blendon et al., 2007; Ross et al., 2012).

However, it is important to repeat an important finding from this study. While all participants expressed they had trust issues with the healthcare system, its role and influence on health seeking was not consistent with previous studies (Dodd et al., 2008; Van-Houtven et al., 2005). Earlier studies have highlighted that cultural mistrust served as a barrier for African Americans (Dodd et al., 2008; Van-Houtven et al., 2005). However, among the older participants

in the study, these negative perceptions did not deter them from seeking healthcare. The older participants were not negatively influenced by their perceptions. They expressed they would not avoid or hesitate to go to the doctor due to these perceptions. Instead, they would just find somewhere else where they felt more comfortable. On the other hand, some of the younger participants were more alarmed. When discussing this subject, they expressed they would be more hesitant on seeking healthcare. This split in the age demographic could be due to numerous reasons. I hypothesized that the older participants may have become "used to it," while the younger participants have not had the chance to get used to these perceptions.

Money Matters? An Emerging Barrier?

Prior to interviewing my participants, it was expected to find that African Americans were more hesitant and more likely to avoid the doctor due to cultural mistrust. However, this was not really the case. A unique theme emerged throughout the study, which influenced the health-seeking behavior and decision making among the African Americans. The theme, *Doctor's Agenda,* refers to concerns African Americans have regarding doctors' motives in the healthcare system. The majority of the participants expressed that they believe doctors cared more about their finances than the patients themselves did. In fact, participants expressed that they were more hesitant to seek health care due to this perception. They felt they needed to be cautious and do their own research. This theme was quite strong throughout the study. This theme was found to conflict with prior studies mentioned earlier emphasizing mistrust due to race as a barrier and influence on health seeking behavior.

Rather than not seeking and avoiding the doctor in fear of unequal treatment, African Americans were more hesitant due to concerns they have about the motives of doctors. This may

be due to the current economic and political climate in the United States. Wealth inequality is a growing issue in the United States. Therefore, it may be wise to research more of this area.

Severity as a Motivator - Perceived Needs

Perceptions of the healthcare system also include how people perceive their health and the purpose of doctors. Despite the high rate of insured people, attending a healthcare facility was a last resort among these participants. Existing studies have documented that individuals' perception of need for professional help may pose as a barrier (Forrester-Anderson, 2005). Perceived needs, a theme widespread in literature, refers to how people view their health, and whether their health problems require professional health. The theme, *"Only Go When Needed,"* refers to this widespread perception that seeking formal health care is only for "urgent care." In other words, severity was a motivator to seeking healthcare. Participants would rather wait until a certain amount of time passed and things got "severe enough" that they would "need" care. These results are consistent with prior studies (Cheatham et al., 2008; Forrester-Andersen, 2005). However, this finding should be viewed with concern. If one waits too long, it may end up being too late and resulting in bad outcomes. Also, this poses a threat to asymptomatic issues. If one is not attending a doctor when recommended, diseases can go untreated.

Poor Quality?! Going the Distance

Last, but not least, African American did not express favorably reviews of the local health care in the two counties. The theme, *"Poor Quality,"* refers to how African Americans perceive the quality of care they would receive if they attended a healthcare facility nearby. Given the region where the participants live, I thought it was very important to ask questions about how they perceive their own local healthcare system. There was an overwhelming negative

reception of the local healthcare systems in Halifax and Northampton counties. African Americans felt they would not receive quality of care, because it was not as good as other places. Therefore, African Americans expressed they would travel far distances in certain cases to receive better treatment.

Accessing quality care has been a topic of discussion among researchers working towards solving healthcare disparities, especially in rural areas. Here, in Northampton and Halifax counties, African Americans do have issues with the quality of care. However, they did express that accessing quality care is not an issue, because they are willing to go the distance. This finding suggests that more research needs to look beyond access to quality care as factors and barriers.

Health Beliefs

Health beliefs have been known to vary within certain and cultural ethnic groups. Health beliefs are also known to influence different groups when it comes to their health behaviors, including health-seeking behaviors. When it comes to African Americans, most of the literature on health beliefs among African Americans is directed towards a specific symptom and illness. Limited research explores general health beliefs and their relationship to health seeking behaviors, especially in rural populations. The third and final cluster "Health Beliefs," consisted of themes related to beliefs African Americans have about health concepts, including health maintenance, defining what it means to be sick, role of religion, healing, and the body. The themes in the cluster included, *Eat Right and Exercise!, God's Role, Being Sick: Mind-Body Experience, and Discomfort Is Part of the Healing.* Health beliefs were explored to explore how African Americans conceptualize health maintenance and health-seeking behavior. In addition,

these health beliefs were explored to determine whether, if any, influence health-seeking behavior.

General Health Beliefs - Health Maintenance

To maintain good health, various groups have their practices and beliefs. Among African Americans, numerous self-care practices and maintenance strategies have been established throughout literature (Arcury et al., 2012; Becker et al., 2004; Ravenell et al., 2008). Self-care practices include practicing religion, praying, relying on social networks, and non-biomedical traditions. In this case, non-biomedical traditions include home remedies and alternative medicine.

Here, African Americans focused on biomedical preventative behaviors (diet and exercise) instead of non-biomedical traditions to maintain good health. The theme, *Eat Right and Exercise*, refers to strategies African Americans expressed in maintaining good health and preventing illness. Strategies included eating right, exercising, and avoiding red meat. Certain foods recommended included salmon, peas, and spinach. Foods recommended to be avoided included red meats and barbecue. Non-biomedical traditions, such as home remedies were used to rather heal illnesses than maintain current state of good health, which conflicts with studies emphasizing their use as a health maintenance strategy.

God's Role

Religious beliefs have been established as an important part of African American culture. It's relationship with health and health behaviors among African Americans has been documented (Holt, Clark, Debnam, & Roth, 2014; Levin et al., 2005; Martin et al., 2010). Therefore, I was expected to find a connection between religious beliefs and health behaviors

(health maintenance, health seeking). Mansfield and Mitchell (2002) examined beliefs among African Americans, where they found African Americans are more likely to believe that God acts through physicians.

The data from this study are consistent with the existing literature highlighting a relationship between health and religious beliefs among African Americans where healing is from God (Coats, Crist, Berger, Sternberg, & Rosenfield, 2017; Mansfield, Mitchell, & King 2002; Stolley & Koenig, 1997). The theme, *God's Role,* refers to this belief among African Americans that God and religion has a powerful role in healing and health. Participants of all ages expressed strong faith and belief in God. In addition, prayer was expressed as an important method of maintaining good health and treating concerns, confirming prior studies (Klonoff & Landrine, 1996).

Here, it is clear that unlike the prior perceptions and beliefs mentioned, African Americans' religious beliefs here do not serve as a barrier. Instead, these religious beliefs serve as a coping mechanism. Religious beliefs do not have any negative influence on health-seeking behavior. Instead, faith in God and prayer were found to be important coping mechanisms passed down from esteemed elders, which is not unusual, because elders in the African American community are regarded with esteem. These findings are in conflict with a previous study describing religious beliefs as barriers due to participants choosing to put their faith in God rather than taking control may end up doing more harm than good (Holt et al., 2014). Here, African Americans are still engaged in healthy behaviors. Nevertheless, the data encourages health professionals to keep in mind African Americans' religious beliefs when investigating disparities in health and healthcare.

Beliefs Influencing Health Seeking Behavior

Investigations exploring health seeking behavior and barriers to seeking care among African Americans have found fear and fatalistic beliefs to be influential. Fear and fatalistic beliefs have both been identified as significant factors influencing health and health seeking behaviors. Here, I was also expected to find fear and fatalistic beliefs as sociocultural barriers to seeking healthcare given the literature. However, the data did not support previous studies (Franklin et al., 2007; Ravenell et al., 2008). Majority of participants did not express they were concerned about the diagnosis or fear of attending a facility. Those who were concerned expressed they still wanted to know. Instead, two unique themes developed that influence health-seeking behavior.

These two themes are *"Discomfort is Part of Healing"* and *"Being Sic*k." "*Discomfort Is Part of the Healing,"* refers to this common belief that the body will eventually heal itself and discomfort is part of that healing, which negates the need to attend health care either immediately or at all. This theme serves as a barrier, because instead of seeking immediate attention, participants expect that the discomfort would go away. They believe the body will heal on its own. This theme may be the result of unjust treatment of African Americans within the healthcare system, which led to them avoiding healthcare. As a result, they may have felt they had no other choice, which later formed this belief and passed down generations. *"Being Sick-Mind-Body Experience"* encapsulates this idea that the feeling and act of being sick is also a mental experience. This suggests that among these participants, solutions should be addressed towards the mental aspect of experiencing sickness.

General Discussion

It is clear that health seeking behavior and decisions about what to do when ill are based upon and influenced by sociocultural factors, specifically perceptions and health beliefs. In this study, structural and financial barriers do not play a role. However, I must say this may change if the insurance statuses of the participants change. There have been several studies which report that health seeking behavior can be influenced by one's cognitive processes, past experiences, and sociocultural factors (Lauver, 1992). These studies have demonstrated that African Americans have health-related beliefs, perceptions, and attitudes that are specific to the social, cultural, and structural dimensions of the African American experience, which influence health and healthcare seeking behavior and may act as barriers to seeking healthcare. These beliefs include beliefs about the body physiology, religious beliefs, and experience of illnesses.

In this exploratory study, African Americans utilized different strategies before seeking healthcare. These strategies include resting and self-treatment options. It was also made clear this cultural pattern of health-seeking behavior was influenced by sociocultural factors, including perceptions and beliefs. Sociocultural factors, including perceptions and beliefs, include maintaining a healthy regimen, belief in God's role in healing, believing the body will heal itself, and negative perceptions of the healthcare system.

However, it is important to state that the influence of these factors varies for everyone. Several of these factors are consistent with prior studies, including negative perceptions of the healthcare system and religious beliefs. However, we did see the data conflict with existing studies, specifically the influence of fear and fatalistic beliefs on health seeking behavior.

CHAPTER 6: CONCLUSIONS AND IMPLICATIONS

Summary

The data from this study suggest that health-care disparities may be explained by factors beyond the widely documented in literature and often-cited barriers, including socioeconomic and structural barriers. In this case, health beliefs about illness and the body and perceptions of healthcare were more of barriers than motivators, while religious beliefs served as a coping mechanism. This study also raises important questions about the role of perceptions and beliefs in care-seeking behaviors and utilization of health care facilities by African Americans. It is clear that a select number of sociocultural factors are related to health-seeking behavior among the African Americans in this study. The data revealed by the analysis of interviews indicate that African Americans possess certain perceptions and beliefs, which are associated with their health behaviors, especially their health seeking behavior. These sociocultural factors include religious beliefs, perceptions of the healthcare system, and health beliefs.

Critical Medical Anthropology

Critical medical anthropology, a subdiscipline of anthropology, incorporates critical theory and political economy of health to explore the influence of social inequalities on people's health. In addition, critical medical anthropology was developed to understand how illness and health is influenced by macro-level and micro-level structures. Critical medical anthropology was used as a theoretical framework, because it is widely known and accepted that the past has disadvantaged African Americans. The social, political, and economic relationship between African Americans and the United States remains an issue today. Here, we see how the past continues to affect African Americans and their health seeking patterns. African Americans

continue to have negative perceptions of the healthcare system stemming from the past in the United States. While the influence of these perceptions varies, they still are a part of the African American community.

Implications and Areas for Research

The data from this study can have significant implications for future interventions and policies. In order to decrease health and healthcare disparities, health professionals and policymakers must create policies and interventions that are culturally sensitive. Findings from this exploratory study suggests that African Americans have certain beliefs and perceptions, which influences their health seeking behaviors. I hope that the data and findings will increase knowledge about African Americans' culture, perceptions, and beliefs, which may lead to delays in seeking health care and avoidance of utilizing services. It is also important for healthcare professionals to acknowledge the overwhelming mistrust of the healthcare system. In this case, mistrust was not only attributed to race, but also class. These new findings may also help in the future when designing culturally appropriate interventions. Before planning policies and/or interventions, it is imperative that these professionals listen and learn from African Americans.

These new findings also highlight new areas for future research, including African Americans' health beliefs and perceptions of the healthcare system. Here, it was made clear mistrust of the healthcare system is more than race related. Another area calling for research is how perceptions of the healthcare system are changing across generations. Here, it became clear that African Americans' perceptions about the healthcare system are changing across generations.

There is clearly more work to be done to approach these issues. To do this, an anthropologist has an important role in reducing health inequities. Public health administrators, public health policy makers, public health researchers, and clinicians would benefit from

collaborating with anthropologists. Anthropologists, especially those who have undertaken ethnography, can help public health researchers and clinicians understand how people construct and view their world. With the perspectives and tools of anthropologists, culturally appropriate interventions can be designed and implemented for all populations. The discipline of anthropology is particularly suited for public health and medical care because one of our subdisciplines – Sociocultural Anthropology – along with the cultural training and fieldwork that all anthropologists learn in the discipline, enables anthropologists to readily recognize how culture influences health behaviors.

Limitations

This study has certain limitations. This was a small-scale study in two small counties located in rural eastern North Carolina. I was only able to interview 20 African Americans, which is a very small sample size. Therefore, this study cannot be generalized to the entire African American community. However, the data could be useful to local community health programs. In addition to small sample size, I also asked for self-reported behavior, which may not be reliable. Self-reported behavior may be either underreported or exaggerated. Therefore, more studies need to be done on this subject. In addition, sensitive topics were discussed, which participants may have provided "socially-acceptable answers." It is also important to note that specific symptoms were not asked, and type of insurance was not inquired. Therefore, health seeking behavior may differ. It is also important to note that without statistical analyses, it is unclear the strength and significance of these sociocultural factors on health seeking behavior. Nevertheless, it does open the door for future research.

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Appendix A: IRB Approval Letter

EAST CAROLINA UNIVERSITY
University & Medical Center Institutional Review Board
4N-64 Brody Medical Sciences Building· Mail Stop 682
600 Moye Boulevard · Greenville, NC 27834
Office 252-744-2914 · Fax 252-744-2284 · **www.ecu.edu/ORIC/irb**

Notification of Initial Approval: Expedited

From:	Social/Behavioral IRB
To:	Jazmin High
CC:	Eric Bailey
Date:	6/12/2019
Re:	UMCIRB 19-001144 Seeking Healthcare?

I am pleased to inform you that your Expedited Application was approved. Approval of the study and any consent form(s) occurred on 6/12/2019. The research study is eligible for review under expedited category # 6&7. The Chairperson (or designee) deemed this study no more than minimal risk.

Changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. The investigator must submit a Final Report application to the UMCIRB prior to the Expected End Date provided in the IRB application. If the study is not completed by this date, an Amendment will need to be submitted to extend the Expected End Date. The Investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

Name	Description
Appendix A_ Survey.docx	Surveys and Questionnaires
Appendix B.docx	Interview/Focus Group Scripts/Questions
JazminHigh_InformedConsent (FinalCopy).doc	Consent Forms
JazminHigh_SurveyResearch (FinalizedCopy).docx	Consent Forms
Seeking Healthcare_ThesisProposal_JazminHigh(Copy).docx	Study Protocol or Grant Application

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

IRB00000705 East Carolina U IRB #1 (Biomedical) IORG0000418
IRB00003781 East Carolina U IRB #2 (Behavioral/SS) IORG0000418

Study.PI Name:
Study.Co-Investigators:

Appendix B: Survey

1. How old are you? _____
2. Gender _____
3. Circle County: Northampton or Halifax
4. What is your employment status?
    a. Unemployed b. Part-Time
    c. Full-Time d. Retired
    e. Unemployed disability
5. What is the highest level of education completed?
    a. Some High School b. High School Diploma
    c. Two-Year Degree d. Bachelor's Degree
    e. Graduate Degree f. Other_____
6. Do you have insurance? Yes No
7. How would you rate your overall health?
    a. Poor Health b. Fair Health
    c. Good Health d. Excellent Health
8. Have you been diagnosed with any of the following in the past five years?
    a. Hypertension b. Asthma
    c. Cancer d. Heart Disease
    e. Diabetes f. Other_____

Appendix C: Interview Guide

In-depth interviews will include a series of open-ended questions about health seeking, barriers, health beliefs, and perceptions regarding the health and the healthcare system.

Part 1: General Health

1. Can you tell me a little bit about your medical history?
    a. In the last 12 months, have you ever gone to hospital OR to the doctor? If so, why?
2. What is the likelihood of you visiting a health care provider for a check-up in the next year?
3. How likely would you be to seek medical treatment or see a medical provider if you were having health problems interfere with your work if you felt sick for 3 consecutive days?

Part 2: Health Seeking Behavior and Beliefs

4. What do you do to stay healthy?
5. When you are sick or when you first feel symptoms develop, what do you do?
    a. How long do you normally wait before heading to the doctor?
    b. Would you seek advice elsewhere regarding a health problem before heading to the doctor?
    c. Whom do you consult? Is family usually involved in your decision on whether to seek healthcare?
6. What affects your decision about who and when to go see about a particular health concern? (is it economics, insurance, past experience, advice from …)?
7. Have you ever avoided going to a doctor? Why?
8. Do you use home or plant remedies before attending a healthcare facility?
    a. How important are home remedies in your health seeking process? Where do you get these plant remedies from?
    b. If you had equal access to all options of quality care, would you continue to use home remedies?
9. What does it mean to you to be ‘‘healthy’’?
10. What does it mean to you to be ‘‘sick’’?
11. What kinds of health problems/symptoms do you consider to be little problems?
    a. Would any of these problems warrant a trip to the doctors?
12. What kinds of health problems/symptoms do you consider to be big problems?
    a. Would any of these problems warrant a trip to the doctors?
13. Are you ever concerned about either the diagnosis, cure, or treatment being worse than the illness in terms of changing one’s quality of life?
14. If your insurance changes (because of a job shift), how does that influence how you seek care?
15. What role, if any, does prayer and religious beliefs play in your life when it comes to your health?

Part 3: Established Barriers

16. Do you face any challenges in seeking health care? If so, what are these?

17. Do you ever feel you have been treated poorly by a doctor or in a health care system? Can you tell me what happened and why you felt that way?
    a. How would you rate these past experiences?
        i. Are waiting times too long?
        ii. Is the quality of care poor?
    b. Do you think being an African American has affected your healthcare experience? If so, how?
    c. Have these past experiences with the healthcare system changed or influenced whether you sought healthcare again?
18. A person's race and racism have been identified as barriers that impact African Americans when they interact with healthcare delivery systems. What do you think about that? Do you agree?
19. Trust in the healthcare system has also been identified as a barrier that may influence Blacks in accessing and using preventative healthcare. What do you think about that? Do you agree?

Part 4: Perceptions of the Healthcare System

20. What have you heard in general about health care delivery of service?
21. What have you heard about how African Americans are treated in the healthcare system?
    a. Does what you've heard influence your decision to utilize these services?