Eat, Pray, Live: A closer look at the role of gender and denomination in the faith-health connection for African Americans

Report
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EXECUTIVE SUMMARY

Researchers have long treated "the Black Church" as a monolith, which obscures and prevents a more precise understanding of the varied health outcomes within this diverse population. To combat this characterization, the Cook Center's Health Equity working group has produced three journal articles in recent months—the third of which was published online Sunday—that highlight disparate health outcomes that are present within the Black Christian community.

These studies indicate that the relationship between religion and health among Black Protestants is not uniform and underscore the necessity to examine the nuances within this population. This will allow researchers to determine why certain subgroups experience better outcomes and how to improve the health of people from groups with higher prevalence of these cardiovascular disease risk factors.

The trio of papers are part of a five-year project the Cook Center began in 2017, supported by a grant from the National Institute on Minority Health and Health Disparities of the National Institutes of Health. The researchers—led by Bentley-Edwards, the Center's associate director of research—and Paul A. Robbins, a postdoctoral research associate and a primary author on all three papers—had previously explored the connection between religiosity, obesity, and diabetes among Black men and women in a 2019 paper.

This endeavor is critical given that African Americans report the highest levels of religious engagement of any ethnic group in the United States, making church services and other religious activities potential channels for strategic health engagement. These papers, synthesized below, emphasize why it is not always appropriate to treat Black faith groups like they are essentially the same and establish several key research and intervention considerations moving forward. The authors' findings show that, at times, denomination and its associated culture matters in health research, and that this might be particularly true for Black women—America's most religious demographic group.

"The dynamics between historically Black churches and denominations vary widely in regards to gender from personal expectations, division of labor, all the way to leadership roles," said Bentley-Edwards. "We anticipated that these gender dynamics may also play a role in how denomination and gender, among other things, intersect to affect health-which our findings supported."

According to the recent publications, researchers and practitioners should evaluate the potential presence of cultural diversity within and between Black faith communities, even among historically Black denominations. These three studies suggest that, in order to conduct more meaningful research on religion and health, researchers must disaggregate data to determine how the intersections of denomination, gender, age, and level of religious involvement can affect various outcomes. "These groups often have distinct religious experiences and researchers should seek to examine within group differences in health studies whenever possible," said Robbins. "Approaching investigations with greater nuance can provide information that improves community health engagement by identifying groups who manage their health well and sending more targeted resources to groups who could benefit from additional support."

KEY FINDINGS

1. **Religion and Hypertension: "Denominational and Gender Differences in Hypertension Among African American Christian Young Adults"**

In the first paper, published in November 2020 in *Journal of Racial and Ethnic Health Disparities,* the authors analyzed data from the National Longitudinal Study of Adolescent to Adult Health (Add Health) of more than 3500 Black young adult Christians living across the U.S. Their objective was to assess and understand the varying effects of religiosity on hypertension for individuals across different denominations, genders, levels of religiosity, and more.

Notably, the authors found that Pentecostal women between the ages of 24 and 32 had higher odds of hypertension when compared to similarly aged Baptist and Catholic women. Young women attending church services more than once a week were less likely to have hypertension than those who never attend. However, those who reported using their religion to help them cope with difficult situations were more likely to suffer from hypertension than those never or rarely using religious coping.

These findings add to the previously mixed literature on whether people who are active at church experience better or worse cardiovascular outcomes. The authors suggest that religious and spiritual engagement simultaneously may be a source of blood pressure risk and resilience, especially for African American young women, but that further investigation is warranted to determine what is causing these conflicting results. Since these significant differences did not appear among men, the authors suggested that future researchers work to understand why these factors may affect men's health differently.

2. **Religion and Depression: "Shades of Black: Gendered denominational variation in depression symptoms among Black Christians"**

The second paper, published in December 2020 in *Psychology of Religion and Spirituality,* examined National Survey of American Life (NSAL) data to study the interaction between denominational and gender differences in depression symptoms among Black adults. Like previous studies, the authors found that those who attended church 1-3 times each week were less likely to demonstrate moderate depression symptoms than people who never attended church.

What is unique about this study was its finding that men and women in some denominations had similar odds of reporting elevated depression symptoms, while other groups had significant gender differences in symptoms. Specifically, both Baptist and Catholic men had rates of reporting elevated depression symptoms that were more similar to the women in their denomination than Methodist men did to the women in their group. In fact, the gender gap in odds of having elevated symptoms was approximately 2-3 times larger for Methodists than for Baptists and Catholics.

"While there are not necessarily differences in experiencing depression symptoms between Black men and women, there are often gender differences in the willingness to report these symptoms. Our results were intriguing because they indicated that the inclination to either over- or underreport symptoms may vary by denomination," Robbins said. The authors suggest that this may signify that Baptists and Catholics communicate that depression

symptoms are "universally suitable or unsuitable for men and women" alike, while Methodists might provide more gendered messages about depression that contribute to group differences in symptom reporting.

3. Religion and Obesity: "Denominational differences in obesity among Black Christian adults: Why gender and life stage matter"

The third paper, published in April 2021 in *Journal for the Scientific Study of Religion*, revisits the connection between obesity and religiosity that the authors' 2019 article explored. In the earlier paper, the authors found that, among Black Americans, Baptists had higher odds of having diabetes than Catholics and Presbyterians. Also, Black men who attended church almost daily were nearly three times as likely to be obese than those who never (or very rarely) attended.

Since previous research does not adequately examine the interaction between religious affiliation across age groups among Black people, the recently published paper features the novel finding that denominational differences in obesity may vary by life stage for Black Christian women. Essentially, while employing the NSAL dataset, the researchers found that the difference in obesity odds for middle-aged compared to young women was much larger for Pentecostal than for Baptist women. Bentley-Edwards stated, "While we expect to see obesity differences between younger and middle-aged women, this difference was notably larger among Pentecostal women. We began to wonder whether the social demands during this life stage make it particularly challenging for women from this highly engaged religious group to prioritize their health. Health initiatives must consider these time constraints and should accommodate faith-based norms of modesty that may or may not be present in other historically Black denominations."

Also, the study showed that frequent church attendance was associated with greater odds of obesity for both men and women, which the authors say suggests that the potential health support that faith communities can provide may not be experienced by those who invest the most time at church.

CONCLUSION AND FUTURE STUDY

This project faces a number of constraints: In particular, the datasets employed are older than ideal and frequently consolidate denominational categories in a manner that inhibits breadth of analysis. To move this work forward, the researchers are conducting interviews and focus groups with Black members and leaders of historically Black faith institutions to move from identifying relationships to understanding why these health relationships exists. These qualitative findings will jumpstart a wealth of analysis for the real-world implications of the role of Black faith communities in promoting cardiovascular health in African Americans following publication of its findings.

These three papers, however, are more than sufficient to provide a number of conclusions and recommendations. In summation, they make an emphatic case for both better research and better interventions. By highlighting the nuanced realities of Black churchgoers (and

church abstainers), they debunk the notion of "the Black Church" as a monolithic entity and underscore the flaws of one-size-fits-all faith-based or faith-placed health initiatives. With continued disaggregation of this analysis, and diligent studying of the confluence of race, religiosity, gender, age, and other factors in producing both positive and negative health outcomes for African Americans, better targeted strategies for community health outreach will be made possible.

The findings make it clear that in order to understand the role of religion and spirituality in the health of African Americans, denomination matters. Faith-based health initiatives need to appropriately integrate the faith practices and norms of Black church members with denomination in mind, and with a specific eye on gender norms within denominations.

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