

Religiousness, spirituality linked to better heart health among African Americans

August 24 2022



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African American adults who reported more frequent participation in religious activities and/or deeper spiritual beliefs may be more likely to meet some of the American Heart Association's key metrics for cardiovascular health, such as regular exercise, a balanced diet and normal blood pressure, according to new research published today in the *Journal of the American Heart Association*.

This study is the first to investigate among African Americans the

association of a comprehensive set of [cardiovascular health](#) behaviors—the American Heart Association's Life's Simple 7 metrics (diet, [physical activity](#) and nicotine exposure) and physiological factors (weight, cholesterol, [blood pressure](#) and [blood sugar levels](#)) with [religious beliefs](#) and spirituality. The Life's Simple 7 metrics, established in 2010, were expanded and renamed to [Life's Essential 8](#) in June 2022, with sleep added as the eighth component of optimal heart [health](#).

African Americans have poorer overall cardiovascular health than non-Hispanic white people, and death from cardiovascular diseases is higher in African American adults than white adults, according to the American Heart Association's 2017 "Cardiovascular Health in African Americans" [scientific statement](#).

"Health professionals and researchers should acknowledge the importance of religious and spiritual influences in the lives of African Americans—who tend to be highly religious," said the study's lead author LaPrincess C. Brewer, M.D., M.P.H., a preventive cardiologist and assistant professor of medicine at Mayo Clinic in Rochester, Minnesota. "With religious and [spiritual beliefs](#) factored into our approaches, we may make major breakthroughs in fostering the relationship between patients and physicians and between [community members](#) and scientists to build trust and sociocultural understanding of this population."

Researchers analyzed responses gauging religiosity (strong religious feeling or belief from any religion), spirituality and the Life's Simple 7 cardiovascular health indicators from surveys and health screenings of 2,967 African American participants in the Jackson Heart Study. The Jackson Heart Study is the largest single-site, community-based investigation of cardiovascular disease among African American adults in the U.S. On average, participants were 54 years old at study enrollment, and 66% were women. The ongoing study, initiated in 1998,

includes more than 5,000 adults ages 21- to 84-years-old who identify as African American and living in the tri-county area of Jackson, Mississippi.

Researchers grouped participants by religious behaviors (their self-reported levels of attending church service/bible study groups, private prayer and the use of religious beliefs or practices in adapting to difficult life situations and stressful events—called religious coping in the study); and spirituality (belief in the existence of a supreme being, deity or God).

The religious behavior questions were adapted from the Fetzer Multidimensional Measurement of Religiousness/Spirituality (religious attendance, private prayer) and Religious Coping scale (religious coping) instruments. The spirituality measures were adapted from the Daily Spiritual Experience Scale, which assesses ordinary daily experiences according to theistic spirituality (belief in the existence of a supreme being, deity or God and to feel God's presence, desire closer union with God, feel God's love) and the nontheistic spirituality (feel strength in my religion, feel deep inner peace and harmony or feel spiritually touched by creation).

Participants were then grouped according to religiousness and spirituality scores by health factors: physical activity, diet, smoking, weight, blood pressure, blood sugar and cholesterol levels, plus the composite score of the seven components of Life's Simple 7 to estimate cardiovascular health. Researchers estimated the odds of achieving intermediate and ideal levels of the heart-disease prevention goals based on the religiousness/spirituality scores.

The participants who reported more religious activity or having deeper levels of spiritual beliefs were more likely to meet the key measures for cardiovascular health:

- Greater frequency of attending religious services or activities was associated with a 16% increase in odds of meeting "intermediate" or "ideal" metrics for physical activity, 10% for diet, 50% for smoking, 12% for blood pressure and 15% for the composite cardiovascular health score.
- Greater reported frequency of private prayer was associated with a 12% increase in the odds of achieving intermediate or ideal metrics for diet and 24% increased odds for achieving the metric related to smoking.
- Religious coping was associated with an 18% increase in the odds of achieving intermediate and ideal levels for physical activity, 10% increased odds for [healthy diet](#), 32% for smoking and 14% for the composite cardiovascular health score.
- Total spirituality was associated with an 11% increase in the odds of achieving intermediate and ideal levels for physical activity and 36% for smoking.

"I was slightly surprised by the findings that multiple dimensions of religiosity and spirituality were associated with improved cardiovascular health across multiple health behaviors that are extremely challenging to change, such as diet, physical activity and smoking," Brewer said.

"Our findings highlight the substantial role that culturally tailored health promotion initiatives and recommendations for lifestyle change may play in advancing health equity," she added. "The cultural relevance of interventions may increase their likelihood of influencing cardiovascular health and also the sustainability and maintenance of healthy lifestyle changes."

Brewer added, "This is especially important for socioeconomically disenfranchised communities faced with multiple challenges and stressors. Religiosity and spirituality may serve as a buffer to stress and have therapeutic purposes or support self-empowerment to practice

healthy behaviors and seek preventive health services."

The religiousness/[spirituality](#) survey was conducted at one point during the Jackson Heart Study, so participants' cardiovascular health was not analyzed over time. In addition, people who had known heart disease were not included in this analysis.

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More information: *Journal of the American Heart Association* (2022). [DOI: 10.1161/JAHA.121.024974](https://doi.org/10.1161/JAHA.121.024974)

Provided by American Heart Association

Citation: Religiousness, spirituality linked to better heart health among African Americans (2022, August 24) retrieved 25 April 2024 from <https://medicalxpress.com/news/2022-08-religiousness-spirituality-linked-heart-health.html>

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