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Sojourner Syndrome and Health Disparities in African American Women

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Despite improvements in many aspects of health, African American women experience early onset of disease and disability and increased mortality because of health disparities. African American women experience stress and health disadvantages because of the interaction and multiplicative effects of race, gender, class, and age. Sojourner Syndrome is an illustrative and symbolic representation that describes the multiple roles and social identities of African American women on the basis of historical referents and adaptive behaviors that fostered survival and resilience under oppressive circumstances. Adaptive behaviors also precipitated health risks due to chronic active coping. Weathering describes the cumulative health impact of persistent stress and chronic active coping that contributes to early health deterioration and increased morbidity, disability, and mortality in African American women. An emancipatory knowing nursing perspective provides a viewpoint from which to examine social injustices that create conditions for the excessive health burdens experienced by African American women and to frame nursing actions that create opportunities to promote health and eliminate health disparities. **Key words:** *African American women*, *discrimination*, *emancipatory knowing*, *health disparity*, *Sojourner Syndrome*, *weathering*, *intersectionality*

Of all the forms of inequality, injustice in health is the most shocking and the most inhumane.

Martin Luther King, Jr[1]

DESPITE improvements in many aspects of healthcare in recent years, there is no longer any doubt that African Americans in the United States experience poorer health status than other racial or ethnic groups because of health disparities and that the quality of healthcare varies according to race. As a group, African American women have a shorter life expectancy and experience earlier onset of chronic diseases and more years of disability than do white women.[2] Furthermore, African American women experience a higher incidence, prevalence, and mortality for heart disease and breast cancer, and poor birth outcomes, despite scientific advances in treatment.[3] Health disparity is a significant concern for nursing as a social justice issue. Unequal relationships in society that emanate from socially constructed hierarchies determine one's place in society and consequently, access to advantages and benefits, or exposure to disadvantages and burdens. Despite evidence documenting that health disparities among African American women persist as a compelling public health problem, research efforts have failed to adequately explain the causes of these disparities or the conditions that produce poor health outcomes. Health disparity takes many forms, occurs at all levels of care and in all practice environments, and has different meanings.[4] Nurses in academe and practice have been slow to acknowledge the widening gap in health disparities for African American women and to

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articulate nursing's concerns through reflection, research, and action.

Social inequalities in health status have been attributed to a complex interplay of genetic, biologic, social, economic, cultural, environmental, and behavioral factors, though much of the research has focused on biomedical factors. However, emerging research more carefully examining social, economic, and environmental factors has drawn attention to the cumulative effects of poverty, discrimination, and segregation on the development of persistent stress that triggers abnormal physiologic responses and poor health outcomes in African American women.[5–7] Research indicates that African American women experience various types of acute and chronic stress throughout life that takes its toll by creating health disadvantages through a process described as weathering, or the physiologic wear and tear that provokes the early onset of disease and disability.[8,9] Particularly pernicious sources of stress include discrimination due to race, gender, class, and age. Although the existence of various types of discrimination and their effects on physical and mental health is well documented, there is little research on their combined effects on African American women's health[9–11] and differentiating the independent effects of each of these on health outcomes can be nearly impossible.[12] It is at the intersection of these categories that the heterogeneity and complexity of the lived experience of African American women can be described and where sources of health inequalities can be discovered. Biomedical models used in the majority of health disparity research have substantial limitations, and an intersectional approach in research that addresses a broader representation of psychosocial and environmental constructs and qualitative and quantitative methodologies may more accurately describe and explain why African American women experience poor health outcomes.[13]

Sojourner Syndrome[14] is an illustrative and symbolic representation that traces the current health inequalities in African American women in the United States to the adaptive roles and responsibilities they have undertaken to maintain personhood and family in the face of multiple sources of oppression. Sojourner Syndrome describes the multiplicative and intersecting effects of race, gender, class, and age on the lived experience of African American women and how hierarchies within these categories interact to influence health risks.[14] This representation is emblematic for the multiple ways in which African American women experience their social identity within changing social contexts. Historical events trace societal and individual acts of oppression from slavery, economic subordination, family dissolution, sexual exploitation, forced child bearing for commerce, and medical experimentation that have exerted a profound and lasting impact on African American women's roles, relationships, and identity.[1,15] The legacy of innumerable dehumanizing and health-degrading experiences endured by generations of African American women is a spirit of resilience and perseverance that forged culturally affirming behaviors to ensure survival and protection of the African American family and community. These adaptive behaviors provided a degree of emancipation from the constraints of race, gender, class, and age through acts of independence and self-determination that enabled many African American women to survive in a patriarchal society. But these adaptations and continued exposure to discrimination contribute to a trajectory of poor health and provide additional explanation for health disparity in African American women today.

The purpose of this article is to describe Sojourner Syndrome as an illustrative and symbolic representation of the social identity of African American women and discuss how race, gender, class, and age are characterized in contemporary society and simultaneously intersect to influence health and disease risk. This article also addresses the role of nursing in countering the social injustices that contribute to the unequal benefits and burdens experienced by African American

women through an emancipatory knowing nursing perspective.[16] Through a recursive process of reflection and action, nurses engage in critical examination of interacting social, cultural, and political forces, sources of oppression, and power dynamics that perpetuate injustice.

HEALTH DISPARITIES IN AFRICAN AMERICAN WOMEN

Health disparity refers to the preventable differences in disease incidence, prevalence, mortality, and burden in different groups and to inequities in care that are unjust and avoidable. Inequalities in health result from a complex interplay of biological, genetic, social, environmental, cultural, and behavioral factors. *Healthy People 2010* has a stated goal to reduce health disparities.[17,18] The midcourse review of *Healthy People 2010* objectives reports that health disparities are stagnant or worsening, especially in African Americans.[19,20] Much research on health disparities has focused on the biologic, genetic, cultural, and behavioral influences at the expense of social, economic, ecological/environmental, and political factors.[10] An understanding of the pathways that lead to poor health outcomes has been hindered by the biomedical approach that gives limited attention to potential sources of health disparities in African American women.[21–23]

Poor health outcomes extend across the life span for many African American women. In addition to shorter life expectancy, a substantial number of young African American women in their 20s and 30s have already developed chronic disease and disability. Furthermore, those living in high-poverty urban areas are more likely to die by 45 years of age compared with white women nationwide who will die by 65 years of age.[2,24] African American women experience more preterm deliveries and lower birth weights, even among those with higher socioeconomic status and education, than do white women.[6,7,25] Research indicates that high infant mortality in adult African American women compared with teens is related to the progressive development of chronic disease that sets the stage for poor infant and child health.[8]

Cardiovascular disease and cancer are the 2 most prevalent and lethal chronic diseases in African American women. Although 1 in 3 women has cardiovascular disease, about half of African American women are affected. Furthermore, African American women with cardiovascular disease exhibit poorer outcomes than do other groups, in part, due to its earlier onset, more rapid progression, and associated comorbidity.[17] African American women are 35% more likely to die from cardiovascular disease than white women and will die at a younger age.[18,20] Breast cancer is the most common cancer among African American women, with the highest incidence in those younger than 40 years.[2] In white women, breast cancer incidence is higher than in African American women but mortality is lower. However, breast cancer in African American women is diagnosed at more advanced stages and is associated with higher mortality.

There is increasing attention to the social, economic, and political circumstances that predispose African Americans to environments and conditions under which good health may be impossible to attain. Research confirms significant independent associations between poor health and social class.[5] In a longitudinal study, African American women who experienced poverty throughout life experienced greater chronic stress and poor health, and poverty was an enabling factor for behaviors that may lead to poor health.[7] The adverse impact of socioeconomic status on health has been shown to operate through job strain, physical working conditions, job insecurity, and poor diet, drinking, and smoking behavior.[5] Attributing health disparities primarily to unhealthy lifestyle behaviors or socioeconomic conditions that are chosen or accepted should be questioned, because deeply rooted social injustices, adverse public policies, and discrimination continue

to be influential in limiting options for health promotion.[26] The capacity for self-advocacy is hampered by these multiple and complex influences. An important role for nursing is to recognize constraints and aid in self-advocacy efforts.

INTERSECTIONALITY RESEARCH

Most research on health disparities has been designed from a biomedical and epidemiologic perspective, with a narrow disease focus directed at the individual or group. Research has centered on genetic and biologic factors that are believed to contribute the most in explaining health disparities. However, there is increasing evidence that genetic and biologic factors explain but a small proportion of health disparities. Research that includes social, economic, and environmental factors such as income, education, neighborhood residence, and hazardous exposure is often fraught with limitations in how constructs are defined and operationalized. Examining race, gender, class, and age as independent or interaction variables also have substantial shortcomings in adequately describing the wide range of chronic and acute stressors experienced by African American women, because these experiences are not easily classified and do not fit neatly into one category.[9,12,13] Other research documents differential patterns of access, quality, and medical practice behaviors; however, these, too, fail to fully explain the widening gap in health disparities.

Research methodology that combines a biomedical approach with feminist intersectionality research methodology is proposed to more accurately capture the heterogeneity of disadvantaged or oppressed groups, the multiple meanings of social identities, and the complex conditions and social structures under which health disparities occur.[13] The need for biomedical research is not dismissed, but one must question what is absent from the research and how conflicting or unclear outcomes are interpreted.[27] Intersectionality research is concerned with pursuit of social justice through gaining a better understanding of the multiplicative effects of subordinate social identities and the root causes of inequality.[13] To understand the process through which multiple social inequalities of race, gender, class, age, and other dimensions are simultaneously generated and maintained, research designs combining qualitative and quantitative methods are employed to enhance the validity of findings and inform interventions that address individual and surface causes of disease as well as broader social structures underlying injustice.

Using an intersectionality research framework is important in research on health disparities in African American women because each of the categories of race, gender, class, and age consists of separate social hierarchies that can be occupied in different social contexts and confers different levels of power, privilege, and prestige.[11–13] African American women occupy subordinate and disempowered positions in the social hierarchies of race and gender and can experience "gendered racism," which describes how racism and sexism intertwine to subject African American women to a unique form of oppression that disparages being female and black simultaneously.[28] Differentiating sexism from racism is difficult. Further subordination in the social hierarchy occurs if African American women are low income or poor, have low education, and/or are elderly. The intersection of these specific race, gender, class, or age statuses confers health risks for African American women that are currently not fully included in empirical research.[6,11,21,28] Examination of intersectionality is also important because this approach frames health disparities not as characterizations of groups historically known to be disadvantaged, such as African Americans, the poor, women, or the elderly, but as a consequence of long-standing social, economic, and political processes that create hierarchies of privilege, power, and opportunity. The intersectional approach provokes examination of the ways in which race, gender, class, and age are not discrete or

additive but, instead, are multiplicative, interlocking, interactive, and relational in how they structure vulnerability. For African American women, Sojourner Syndrome provides an illustrative representation for examining race, gender, class, and age in the framing of a unique social identity that is historically carried out in circumstances characterized by race discrimination, gender subordination, and class exploitation.[14]

SOJOURNER SYNDROME

Sojourner Syndrome is a framework that was conceptualized by Mullings[14] to characterize the cumulative stressors and disadvantages experienced by African American women in an oppressive society. Mullings[14] originally developed the Sojourner Syndrome framework for federally-funded, community-based research conducted in Harlem, New York, that explored the social context of health disparities and poor birth outcomes among African American women. This framework provided an imaginative, culturally relevant way to examine and explain the inequalities experienced by African American women in everyday life that are conditioned by race, gender, class, and structural and environmental constraints (housing, employment, services, healthcare) and influence health and disease. The framework provides a matrix that goes beyond the analytic description of intersectionality to understand the way in which the hierarchies embedded in race, gender, and class interact to have profound health consequences.[14]

Sojourner Syndrome is based on the life story of an African American woman who lived during the pre-Civil War era. Sojourner Truth, whose birth name was Isabella Baumbee (1797–1883), was born a slave in New York and raised under oppressive circumstances. As a child, she was separated from her family and for half her lifetime lived under conditions of servitude, poverty, physical and sexual abuse, and other dehumanizing conditions including the sale of her son.[15,29,30] She escaped plantation life following the New York State Emancipation Act and joined the Spiritualism religious movement, traveling extensively to promote abolition, voting rights, temperance, and African American freedom. She was illiterate but was an ardent speaker. She was most known for a speech she gave at the Ohio Women's Rights Convention in 1851, subsequently titled *Ain't I a Woman* (Fig 1).[30(p167)] In this speech, she passionately gave voice to the strength, determination, and resilience of African American women despite formidable constraints and depravations. In this speech, she vividly contrasted her life as an African American woman accustomed to hard physical labor with white women who were expecting to be treated deferentially according to new feminine ideals. During this time in history, white women's roles were shifting from that of a farmwife who performed many valued physical tasks to a role that was socially scripted by males to focus on household duties and child rearing and directed away from work that generated commerce or income. Although this role shift was a welcome respite from hard labor, which was increasingly fulfilled by African American slave women, white women's identities were subjugated in other ways.

As African American women became liberated from slavery, they were provided no social status protections and were further exploited.[15,29] The proliferation of the slave trade provided increasing numbers of African American men and women who were exploited as laborers in the economic development of the United States. White women were held as "the weaker sex," and a white patriarchy became the dominant social model. Many African American women desired the privileged position they perceived in the feminization of white women and refused to do hard labor in the fields or worked fewer hours. Sojourner Truth challenged this shift in identity:

> That man over there says that women need to be helped into carriages, and lifted over ditches, and to have the best place everywhere. Nobody ever

Well, children, where there is so much racket there must be something out of kilter. I think that 'twixt the negroes of the South and the women at the North, all talking about rights, the white men will be in a fix pretty soon. But what's all this here talking about?

That man over there says that women need to be helped into carriages, and lifted over ditches, and to have the best place everywhere. Nobody ever helps me into carriages, or over mud-puddles, or gives me any best place! And ain't I a woman? Look at me! Look at my arm! I have ploughed and planted, and gathered into barns, and no man could head me! And ain't I a woman? I could work as much and eat as much as a man—when I could get it—and bear the lash as well! And ain't I a woman? I have borne thirteen children, and seen most all sold off to slavery, and when I cried out with my mother's grief, none but Jesus heard me! And ain't I a woman?

Then they talk about this thing in the head; what's this they call it? [member of audience whispers, "intellect"] That's it, honey. What's that got to do with women's rights or negroes' rights? If my cup won't hold but a pint, and yours holds a quart, wouldn't you be mean not to let me have my little half measure full?

Then that little man in African American there, he says women can't have as much rights as men, 'cause Christ wasn't a woman! Where did your Christ come from? Where did your Christ come from? From God and a woman! Man had nothing to do with Him.

If the first woman God ever made was strong enough to turn the world upside down all alone, these women together ought to be able to turn it back, and get it right side up again! And now they is asking to do it, the men better let them.

Obliged to you for hearing me, and now old Sojourner ain't got nothing more to say.

Figure 1. Ain't I A Woman? From http://www.feminist.com/resources/artspeech/genwom/sojour.htm

helps me into carriages, or over mud-puddles, or gives me any best place! And ain't I a woman? Look at me! Look at my arm! I have ploughed and planted, and gathered into barns, and no man could head me! And ain't I a woman? I could work as much and eat as much as a man—when I could get it - and bear the lash as well! And ain't I a woman?

Sojourner Truth bristled at the notion that African American women would desire a class status that afforded certain privileges at the expense of others and endorse a social hierarchy that established the superiority of men, both white and African American. Social class status evolved to distinguish power differentials between African Americans and whites and men and women. The new social hierarchy evolved at the expense of African American women, who were socially positioned at the very bottom. The fact that the voting rights movement at the turn of the century resulted in African American men, but not African American women, being granted voting rights illustrates one example of the early formation of the race and gender divide in the United States.

Sojourner Truth comprehended the chasm created by social divisions and hierarchies based on race, sex, and class status. The *Ain't I a Woman* speech was and continues to be an emancipatory symbol for the self-determination and independence of African American women living under oppressive circumstances. Sojourner Truth's speech fundamentally challenged the concept of white womanhood as prescribed by the male-dominated social structure and captured the essential elements of the concept of intersectionality. To Sojourner Truth, being an African American woman signified a complex, irreducible status with multiple facets—economic, political, cultural, psychological, and experiential—that intersect in historically specific contexts.[31]

Sojourner Truth's speech underscores the value of resilience and survival; however, survival meant assuming many economic and social responsibilities for maintaining the cohesion of the African American family and community. Because slaves were not permitted to marry and children were often sold into slavery, African American women strived to maintain the family unit while men sought employment that often took them away from the family. After Emancipation, African American women assumed a central role in the

family because of family disruption. Social adaptations by African American women that emerged to ensure family continuity and continue today include claiming head-of-household status, taking multiple jobs outside the home for economic stability, engaging in community activism and empowerment,[14] and preserving and transmitting family values to sustain cultural continuity and racial pride.

The consequence of the enormous responsibilities assumed by African American women is persistent psychosocial stress and stress-related illnesses.[8,9,21] A coping strategy, termed *John Henryism*, is a behavior used to manage psychosocial stress characterized by a disposition to exert considerable energy to maintain constant vigilance and confront barriers to upward mobility through a commitment to hard work and a determination to achieve goals in order to succeed.[32] John Henryism is based on American folklore about an African American slave named John Henry who was known for his strength in driving railroad spikes. The invention of the steam-powered hammer threatened the loss of jobs for many African American men. Legend holds that John Henry challenged the owner of the railroad to a competition of man against machine in order to save the jobs of African American men and prove that men were better than machines. In a grueling contest, John Henry emerged victorious but immediately collapsed and died from exhaustion. The commitment to hard work and absolute determination to succeed led to John Henry's premature death. The high-effort coping response to stress, conceptualized by Sherman James (1994) as John Henryism, describes a particular form of coping that exerts adverse health effects from cumulative biologic and psychosocial stressors. Research indicates that John Henryism is associated with cardiovascular disease, hypertension, and poor health in African American men and women, and other populations, and may contribute to health disaprities.[32,33]

Research point to the detrimental effects of chronic stress due to exposure to adverse life events, poor socioeconomic conditions, and hazardous environments on health status.[34] Biologic research on the effects of stress has found that chronic elevation of physiologic parameters cause body systems to become strained and overworked, leading to dysregulation in body systems, development of disease risk factors, and the onset and rapid progression of disease at an early age.[6,34,35] The cumulative effect of "wear and tear" is described as weathering.

WEATHERING

One theoretical perspective that is gaining attention is the weathering hypothesis, which describes the cumulative impact of persistent stress across the life span that contributes to the excessive morbidity and disability in African American women. The weathering hypothesis conceptualizes the consequences of persistent stress as "wear and tear" on emotional and biologic systems that exerts a physiologic cost that is manifested in the early health deterioration and accelerated aging seen in African American women.[6,8] Research suggests that African American women are particularly vulnerable to stress related to race, gender, class status, and age that collectively exert a cumulative, adverse effect on health. The weathering hypothesis conceives health disparities as physiologic manifestations of social inequalities between groups and the socially structured disadvantages and constraints that are faced in pursuing goals and coping with adversity.[8] Weathering begins early in life and worsens with age through the cumulative effects of poverty, employment instability and job strains, exposure to environmental biohazards, violence and crime, poor housing quality, early childbearing and raising children alone, and social network disruption.[8,21] Stressors due to racism, sexism, classism, and ageism also contribute to weathering. The toxic consequences of prolonged coping efforts in response to stressors confer unique health vulnerabilities and risks in African American women.[6]

Research has examined the biologic consequences of weathering through the measurement of physiologic parameters that link cumulative stress to poor health outcomes.[35] The body regulates physiologic responses to stress by activating various neurohormonal systems to facilitate system parameters through the processes of homeostasis and allostasis. Homeostasis maintains body system parameters, such as body temperature, within narrow ranges for normal function. Allostasis is a process that also maintains body system parameters but permits a wider range of physiologic accommodations that interact across multiple, complex body systems.[34] With repeated demands over time due to acute or chronic stress, these physiologic responses become dysregulated and body system parameters remain abnormal. Allostatic load is a quantification of physiologic measures such as increased levels of blood pressure, cholesterol, glycosylated hemoglobin, cortisol, epinephrine, and other biomarkers that exceed normal ranges and confer health risks.[34]

The physiologic stress response will depend upon one's appraisal of adverse events and the subsequent activation of aberrant physiologic stress responses. Adverse events that are appraised as stressful have greater impact on allostatic load, in contrast to the number of events.[36] Research has linked discrimination with physiologic stress and high allostatic load.[37] Allostatic load is hypothesized to precede the onset of disease and disability. Research indicates that allostatic load predicts later life mortality, cardiovascular disease, and decline in cognitive and physical functions.[36,38] In a population-based study, allostatic load scores were significantly higher for African Americans across all age groups and African American women had consistently higher scores than African American men.[6] Chronic active coping, or John Henryism, is associated with indicators that contribute to allostatic load.[32–36] Research also links allostatic load with frailty, a Syndrome associated with multisystem organ decline, disability, and mortality.[39] Allostatic load is an important theoretical perspective for studying health disparities.[6]

THE INTERSECTION OF RACE, GENDER, CLASS, AND AGE

The significance of cumulative stress, weathering, and risk for early health deterioration and disability in African American women in contemporary society relates to the continuing presence of discrimination related to race, gender, class, and age.

Race

Research indicates that racism at the individual and institutional levels persists and is a key source of stress in African American women.[36] These negative experiences are uniquely situated in African American women's roles and workplace.[9] Social constructions of race consider the historical conditions of slavery, segregation, and inequality that gave rise to racial classifications in the United States and the institutions that produce and reproduce inequality and health status. In a study of correlates of chronic stress, 93% of African American women reported racism or discrimination.[40] Using a multidimensional approach exploring distress in African American women, generic stress, race-related stress, and gender-related stress equally contributed to distress.[9] Perceived discrimination related to unfair treatment (rudeness, not treated with respect) and personal rejection (demeaning insults, calling names, threats, personal rejection) was significantly associated with mortality risk in a population-based study of older adults.[41] African American women are subjected to stress due to both sexism and racism, termed "double jeopardy," where disadvantage is due to being both female and African American.[28] Sexism and racism experienced over the course of a lifetime are associated with more psychological distress that has an additive or multiplicative effect.[28] In a study examining global stress in African American women, 14% of distress variance was explained by racist and sexist

events.[35] Environmental stimulus perceived as racist provokes different coping responses (blunted, active, chronic coping) that have negative health consequence.

Gender

Gender, and what it means to be a woman who is African American, is influenced by socially constructed meanings for race, gender, class, and age. Stereotypical and disparaging views of African American women are structured by the social context that fosters viewpoints of biologic, socioeconomic, or intellectual inferiority or construes mythical figures. For example, the image of the African American woman as a "Jezebel" arose from sexual exploitation by white men during slavery. In contrast, popularized images that depicted African American women as "Aunt Jemima" in a role characterized by devotion to the white family and the care and upbringing of white children obscured the fact that most African American women were not employed in the home but worked hard labor in the fields or factory and were denied the care of their own family.[15]

Gender-related stress refers to being treated unfairly or mistreated because of being a woman. This type of stress arises from being called sexist names, ignored or treated in a hostile manner, and being exposed to sexual harassment and unfair treatment in employment, housing, healthcare, social services, salaries, promotion, and work assignments. Sex discrimination is an important source of psychological distress.[42] In one study, sex discrimination was reported in approximately 40% of low-income African American women.[43] Although much research has focused on sexism and racism separately, in reality, "double jeopardy" often makes it difficult for African American women to attribute an adverse event to either racism or sexism, because she identifies as an "African American woman."[42] *Gendered racism* refers to a unique form of oppression due to the inseparable combination of being both female and black.[28] Research indicates that African American women experience a wide variety of oppressive experiences that include discrimination, harassment (petty and sexual), rudeness, disrespect, being called derogatory names, or the target of jokes and mistreatment by store employees and law enforcement[28]; however, when reporting such incidences, they have difficulty distinguishing whether discrimination occurred because of race, sex, or both.[28]

In alignment with Sojourner Syndrome, African American women's roles are characterized by manifesting strength despite adversity, striving to be strong, retaining their place at the center of family and community, demonstrating capacity for hard work, and exerting perseverance to make life better. African American women are oriented toward caring for others (kin care) and define family in broad terms to include individuals in their social network. Caregiving can impose considerable stress when family dynamics are disrupted, when caregiving is involuntary or by default, or when there are personal health burdens to contend with that limits physical capabilities.[21] Involvement in the church, holding spiritual beliefs and a close relationship with God, and expressing strong racial and female identity further characterize African American women's roles.[44] In meeting multiple obligations, African American women are often exposed to stressors and discrimination, related to not only race and gender but also class and age, that may provoke sustained, high-effort coping (John Henryism).

The effects of living in a race-conscious society may be felt more acutely by African American women because gendered expectations are increased for African American women to achieve educational, occupational, and social success. In contrast, there are lower expectations for African American men due to trends in unemployment rates, reduced occupational opportunities, and their less active role in the family and community.[6] Gendered expectations may also precipitate stress among African American women who identify with different sexual preferences.

The heterogeneity of African American women with respect to sexual identity must also be considered because lesbian, gay, and bisexual African American women report higher levels of discrimination and psychological distress.[9,45]

Class

The impact of socioeconomic disadvantage on health includes more than poverty designation but is described as the "education-occupation-economic chain" because these are all closely connected.[7] Class or socioeconomic status conventionally refers to an individual or group's position in the structure of society that determines differential access to power, privilege, and resources. Class status is often determined by income, education, occupation, and overall wealth and assets such as home ownership. Some studies suggest that socioeconomic factors account for the majority of the health disparities in African American, whereas others attest that disparities persist for some health problems across income gradients.[7] Class status influences where you live. Environmental factors that create risk for accelerated development of disease include severe air pollution, substandard housing, infestations, poor city services, unsafe drinking water, lead contamination, crime and violence, targeted advertising of tobacco and alcohol, lack of grocery stores and other retail outlets, and poor outdoor conditions such as sidewalks, lighting, and parks. The quality of neighborhood schools influences future employment and income opportunities.[5]

The cumulative effects of socioeconomic disadvantages and their persistence and timing affect health. In a longitudinal study of African American women, poverty, family stress, and poor health at older ages were related, and those who were high functioning in older age were less likely to be poor.[7] The persistence and timing of poverty and other disadvantages influenced health at older ages such that continuous financial hardship was more detrimental than episodic financial difficulties. African American women whose life circumstances improved financially and had less family stress over time experienced better health trajectories. Education, employment, and marriage had protective effects against poverty, but education had the strongest protective effect, for which each year of schooling was associated with a 42% reduction in the odds of being persistently poor.[7] The inability to meet basic monthly living expenses is a source of stress that forced difficult decisions about spending priorities and created a constant fear of being "one paycheck away from homelessness."[21(p230)]

Age

Age has often been viewed as the final "ism" that is associated with discrimination and disadvantage across populations. The intersection of age with race, gender, and class is significant in African American women for 2 reasons. First, African American women develop chronic disease and disability earlier in life, beginning in their 20s[8] and, second, African American women do not escape discrimination due to ageism, which is still prevalent in our society. Although women in the United States generally live longer than do men, African American women can expect to live almost 6 fewer years than white women (76.9 years vs 81 years, respectively),[46] compared to 2005, where there was a 5-year difference in life expectancy.[12] While "double jeopardy" has been described as the disadvantages of being African American and female, "triple jeopardy" involves the combined effect and hazards due to racism, sexism, and ageism that amplify health burdens in later life.[25] Longitudinal data from a national survey confirm "triple jeopardy," in which African Americans experience poorer health, and more serious illness and disability, as they aged, and higher mortality.[25] In a large cohort study, African American women were more likely to develop disability even if they were high functioning at baseline, and to die if they were identified with preclinical disability compared with white women, when

controlling for age, education, and income adequacy.[47] Study findings indicate that when African American women begin to decline, they decline more quickly.

The co-occurrence of ageism and other forms of discrimination can be difficult to untangle. In a qualitative study of lifelong experiences with racial discrimination in African Americans, Shellman[22] found that racial discrimination had a profound impact with long-lasting emotional effects, but there was a stronger significant association among white elders than among African American elders. One explanation is that older African Americans may have learned to accept or ignore certain types of discrimination over time, or view them as not as offensive, harmful, or threatening, in comparison with earlier life events. Discriminatory treatment experienced by white elders may be occurring as social consequence of ageism and perceived as more distressing because there may have been little history of discrimination. Woods-Griscombé and Lobel[9] found that age was not an independent predictor of distress experienced by African American women related to gender, race, or generic stress. Instead, these factors cohered to define a generic stress experience that was significantly associated with distress symptoms and intensity.

Clearly, the need to further explore the interrelationships of race, gender, class, and age is apparent and future research using an intersectionality perspective would make significant contributions to understanding health disparities.

NURSING IMPLICATIONS

Health disparities are widely viewed as a chain of events that have an adverse impact on health status based on differences in a person's environment, their access to and utilization of healthcare resources, and the quality of care received. But an understanding of health disparities must also consider the social inequities that lead to differences in health status that are not only avoidable but are also unfair and unjust.[12] An intersectional approach examining race, gender, class, and age and the cultural attributes and vulnerabilities of African American women as illustrated in Sojourner Syndrome provides a multidimensional perspective for potential sources of health disparities. Prerequisites of health require socioeconomic and environmental conditions that make health for all possible.[12] Thus, addressing health disparities requires thinking about health in terms of social justice that has implications for societal change beyond biomedical constructions.

However, interventions targeting healthcare alone will not eliminate health disparities or facilitate population health. A broader approach that focuses attention on system-level factors that improve population health instead of individuals and individual behaviors as the primary focus of health intervention is warranted and will require a redefinition of health policy.[12] This requires examination of the underlying social, economic, political, public policy structures, and power dynamics that foster injustices and inequities if meaningful and lasting change is to occur.[26] Like the public health improvements of the early 20th century (sanitation, hygiene, infectious disease management) that led to increased life span and quality of life, attention now needs to be directed to structural factors in the social system and environment that facilitate or compromise health, including income, employment, housing, transportation, agriculture, and education.

Healthy People 2010 calls for the elimination of racial, ethnic, and socioeconomic disparities in health and highlights the importance of system and structural changes that need to be undertaken. When considering the fundamental social, economic, and environmental conditions that create adverse conditions and disadvantage for African American women, determining ways for the elimination

of health disparities presents a considerable challenge. This requires approaches geared toward partnerships among individuals, communities, organizations, nursing and medical researchers and providers, and policy makers that enable a multilevel, comprehensive approach to health promotion. Building partnerships that effectively balance research, practice, innovation, advocacy, and service can guide the development of efforts that are successful and sustainable.

Historically, nursing has abided by values of equity, fairness, and justice and oppose injustices that constrain life opportunities and full access to the benefits of society.[48] However, the shift from a public health perspective to a focus on care of the individual over the past century has resulted in the consideration of health as an individual matter related to biologic and behavioral factors. This overshadows the degree to which societal and public policy issues significantly impact health and health behavior. This paradigm shift reframed health and healthcare not as a social imperative but as an individual responsibility. The dominance of the biomedical perspective, although scientifically important, has hindered the discovery of the important root causes of health disparities from a social perspective and obscured the magnitude of the problem. An emancipatory knowing approach questions sources and meaning of knowledge and beliefs that create contexts that provide advantages for some and disadvantages for others.[16] This approach extends nursing's view from the individual to society to uncover the less visible sources of injustice and conceive of a different view for the elimination of structural barriers to self-development and self-advocacy through access to resources or attainment of capabilities that create the capacity to achieve good health.[16]

Smith[49] speaks of reawakening caring in nursing to reflect on our own beliefs and on the sources of knowledge in the nursing profession to see where and how nursing allows or ignores health disparities as a condition related to the disadvantaged group rather than as a condition of systemic and systematic injustices. Nursing must consider ways in which discrimination and health inequities occur in their practice settings and examine their own behavior for unintentional attitudes or language that may be perceived as stereotyping or discrimination[23] because research indicates that unconscious and institutional discrimination exists at the interpersonal and institutional levels. Kendall[50] argues that although nursing is distinguished as a caring profession, nurses function in a society that devalues caring and sustains poverty and oppression that disadvantage certain groups. Through emancipatory knowing, nurses recognize the linkages between poverty, low education, and social problems with poor health and take action directed at underlying injustices rather than focusing solely on helping disenfranchised persons adjust to unjust circumstances. Nursing should engage in emancipatory nursing action to recognize where oppression exists, critically examine authority structures, engage in critical dialogue with all actors, create an empowering environment, and unify and organize political action.[50] Geronimus[8] suggests that healthcare professional advocacy include presenting evidence to policy makers and decision makers about the detrimental health impact of social policies or discriminatory or demoralizing circumstances because this may yield improved conditions that may ameliorate health disparities.[16]

Emancipatory knowing extends nursing's sphere of accountability to the examination of the social, structural, and political contexts that influence the injustices that perpetuate advantage for some and disadvantage for others. Through praxis, or the recursive process of reflection and action, nurses can critically examine what is deliberately unfair as well as why and how such practices emerged and who benefits.[16] Emancipatory knowing seeks to discern underlying, more invisible problems that are fundamental to the more obvious and visible problems. Questions that nurses can ask from an emancipator knowing perspective include "What is wrong with this

picture?" "What is hidden from view?" "Who benefits the most?" and "Whose voice is not heard?"[16]

At the interpersonal level, nursing caring practices include being attentive to indications of suffering in verbal and nonverbal expressions that may mask underlying psychosocial distress and sensitivity to relational issues such as mistrust and being misunderstood, dismissed, discounted, or overlooked.[4] Caring practices should also attend to understanding the capacity and need for self-advocacy because this is critical to health improvements. Support for self-advocacy is particularly important because many African American women undertake extensive caregiving and work responsibilities that they attend to first, putting their needs last, and leaving little time for self-care.[21] As described in Sojourner Syndrome, "being a strong woman" means taking on many economic, childrearing, and family responsibilities, striving to overcome difficulties, and taking care of others at one's own expense.[21] These behaviors perpetuate stress and leads to chronic active coping or John Henryism, which is associated with increased health risks. The nontraditional support systems embraced by African American women, the broader definition of family, the importance of social connection and relationships, and the role of the church as a community center should be discussed with African American women in terms of self-advocacy and self-care, because these are positive avenues for coping. For example, stress-reduction self-care strategies to increase physical activity might include recommendations for participation in culturally relevant dance or exercise programs that affirm race and gender identity, incorporate religious components to meet spiritual needs, and blend exercise with other events that promote social interaction and family participation.

In academe and practice, an emancipatory knowing nursing perspective provides guidance on how to critically examine hidden ideologies and assumptions in social structures, ways to challenge the status quo, and how to form equitable relationships and use grassroots efforts to promote collaboration and change.[16] Structured group experiences facilitated by an emancipatory knowing framework provide a therapeutic approach for discovering capacities for empowerment, action, and transformation. Nurses can provide support to African American women through caring actions that facilitate group processes, activism, family cohesion, community collaborations, and relationship building.[16,50] Emancipatory strategies may also facilitate active coping and problem solving at the individual level, especially related to racism, because this is associated with better health outcomes.[23] Detection and treatment of depression can improve quality of life, although one study cites concerns about overprescription of psychotropic medications and low use of psychological therapy.[21] This may signal the need to direct attention to provider practice patterns, available treatment options, and better treatment approaches that need to be developed.

An intersectional approach that takes into account the unique experiences of African American women is necessary if transformative change in health and well-being is to be achieved and sustained. Sojourner Truth, an uneducated African American woman born into enslavement, embodies the power of a woman who challenged subordination and injustice by deconstructing the major beliefs at the time about women in a patriarchal and oppressive society to create new visions about womanhood.[31] Emancipatory nursing actions extend the study of health and disease from the individual to the relationships among individuals and groups that are defined by their positions in race, gender, class, and age hierarchies and influenced by the broader social and political contexts.[51] Acknowledgement of the inextricably multidimensional experience of African American women is essential to developing new conceptualizations and methodologies to guide future research, inform public policy, and direct interventions to improve health and eliminate health disparities.

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