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Self-Rated Health and Health Care Access Associated With African American Men's Health Self-Efficacy

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Abstract

Health self-efficacy, a measure of one's self-assurance in taking care of their own health, is known to contribute to a range of health outcomes that has been under examined among African American men. The purpose of this investigation was to identify and contextualize predictors of general health self-efficacy in this population. A cross-sectional sample of surveys from 558 African American was examined. These men were older than 18 years, could read and write English, and attended a hospital-based community health fair targeting minority men in 2011. The outcome of interest was health self-efficacy, which was assessed by asking, "Overall, how confident are you in your ability to take good care of your health?" Responses ranged from 1 (*not confident at all*) to 5 (*completely confident*). Covariates included age, self-rated health, health insurance status, having a regular physician, and being a smoker. The mean age of participants was 54.4 years, and 61.3% of participants indicated confidence in their ability to take good care of their health. Older age and being a smoker were inversely associated with the outcome. Good self-rated health, having health insurance, and having a regular doctor were positively associated with reports of health self-efficacy. Findings suggest that multiple points of connection to the health care system increase the likelihood of health self-efficacy for this sample and interventions to support older African American men who may evaluate their own health status as poor and who may face barriers to health care access are implicated.

Keywords

men's studies, development and aging, men of color, special populations, access to care, psychosocial and cultural issues

Background and Research Question

The high burden of health disparities experienced by African American men across chronic diseases (Thorpe et al., 2013), cancer (Mitchell, Watkins, & Modlin, 2013, Mitchell, Manning, Shires, Chapman, & Burnett, 2014; Mitchell, Thompson, Watkins, Shires, & Modlin, 2014), and mental health (Watkins, Hawkins, & Mitchell, 2015) outcomes has been documented in the literature. Health self-efficacy, a measure of one's self-assurance in taking care of their own health (Marks, Allegrante, & Lorig, 2005), is a proximal and direct predictor of health behaviors, intentions, and outcomes and has been linked to improvements in chronic disability (Marks et al., 2005), physical activity (McAuley et al, 2006), diabetes management (Lee & Lin, 2009), and a host of other health-related outcomes. Unfortunately, this robust construct has been underexamined among African American men with regard to the impact it could have on their disparate health profile. Certain individual and sociocultural factors increase the likelihood of health self-efficacy such as having social support and few dependents, increased income and education, having adequate access to health care, and adhering to a personal faith, or religious activities (Callaghan, 2005). Specifically regarding health care access, research indicates that adequate health insurance coverage significantly improves self-efficacy beliefs among older adults in particular (Callaghan, 2005). In this context, health insurance (as a proxy for health care access) may act as both a direct resource to bolster

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Table 1. Binary Logistic Regression Predicting Confidence in the Ability to Take Good Care of One's Health.

Predictor variable	B	*SE* (B)	Wald	OR	95% CI	
					Lower	Upper
Age ≥55 years	−0.715**	0.200	12.73	0.489	0.330	0.725
Good self-rated health	0.944***	0.204	21.44	2.569	1.72	3.83
Has health insurance	0.492*	0.212	5.37	1.635	1.079	2.478
Has a regular doctor	0.633**	0.210	9.114	1.883	1.249	2.84
Smoker	−0.421*	0.210	4.019	0.656	0.435	0.991
Constant	−0.357	0.226	2.496	0.700		
$\chi^2 = 55.336$***						

Note. *SE* = standard error; OR = odds ratio; CI = confidence interval.
*$p < .05$. **$p < .01$. ***$p < .001$.

one's ability to care for themselves and behavioral linkage to the health care system, directly or indirectly promoting healthier lifestyle choices (Callaghan, 2005). Given the limitations of prior applications of health self-efficacy to understanding disparate health outcomes among African American men, the purpose of this investigation was to identify and contextualize predictors of general health self-efficacy in this population.

Design and Data Collection

This study used a cross-sectional purposive sample of African American men who were over 18 years of age, could read and write English, and who attended a hospital-based community health fair targeting minority men in 2011. Undergraduate student volunteers disseminated an anonymous paper-based self-reported survey consisting of 40 items to participants. The survey was composed of a combination of Likert-type scale, multiple choice, and open-ended questions on demographic characteristics, health behaviors and beliefs, and health history. Participants gave oral consent following a script read by volunteers and did not receive an incentive for completing the approximately 7- to 10-minute survey. The institutional review board at the hosting hospital, located in the Midwest United States, approved this study. Data reported here is a part of a larger descriptive, exploratory study investigating the health beliefs and behaviors of older African American men in an urban community context. A total of 558 African American men completed the survey, representing approximately 30% of the African American male health fair attendees; a refusal rate was not recorded. The mean age of participants was 54.4 years, 37.1% were married, 47.1% were employed, 49% had at least some college education, 66.5% had a household annual income below $35,000, and 55.6% had some form of health insurance coverage. This sample was found to be comparable to a nationally representative sample of African American men taken from the Current Population Survey (U.S. Census Bureau, 2011).

The outcome of interest was health self-efficacy, which was assessed by asking "Overall, how confident are you in your ability to take good care of your health?" Responses ranged from 1 (*not confident at all*) to 5 (*completely confident*) and were collapsed to compare *very confident*/*completely confident* to all other responses. This item has been used extensively and validated over several cycles of a nationally representative data set collected by the National Cancer Institute (Hesse & Moser, 2007). Binary logistic regression was performed in SPSS Version 19 with five variables (age, self-rated health, insurance, regular physician, and smoking) related to the outcome in initial analyses; variables were entered simultaneously

Findings

A total of 61.3% of participants indicated confidence in their ability to take good care of their health. Of those 342 men with high health self-efficacy, 61.4% also reported having a form of health insurance, while 58.7% had a regular physician. Bivariate analysis revealed that both having health insurance ($\chi^2 = 12.27$, $p = .0$) and having a regular doctor ($\chi^2 = 14.7$, $p = .0$) were significantly associated with health self-efficacy. In the final logistic regression model, older age and being a smoker were inversely associated with reporting health confidence while good self-rated health, having health insurance, and having a regular doctor were positively associated with reports of health confidence (see Table 1).

Recommendations and Limitations

The present study was designed to assess the factors that contribute to African American men's confidence in their ability to take good care of their health. Good self-rated health was the strongest predictor of this outcome, which is consistent with extant studies not specific to African American men, identifying that good, very good, or excellent self-rated health is associated with higher health confidence and better health outcomes (Rohrer, Young,

Sicola, & Houston, 2007). Our findings also suggest that multiple points of connection to the health care system in the form of having both insurance coverage and a specific health care provider increase the likelihood of health self-efficacy for this sample and could be consequential for reducing the pervasive and costly health disparities faced by African American men. Results support targeting older African American men who may evaluate their own health status as poor and/or who may face barriers to health care access, for supportive interventions to self-manage their health. Despite the findings, there are some limitations that should be considered. The data analyzed for this study were cross-sectional and lacked a random sampling plan; thus limiting the generalizability, the ability to establish causality, and the capacity for making predictions beyond a limited scope of time. In addition, because participants were recruited from one health system in one geographic region, findings may not be generalizable to other populations of African American men. We believe that data gathered from this study contributes to understanding the typology of African American men, who with proper support, are poised to overcome barriers to self-care.

Declaration of Conflicting Interests

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