African American women are dying disproportionately from breast cancer compared to other ethnicities as it is the second leading cause of cancer deaths among this group (American Cancer Society, 2007). Even though the death rate has decreased, the survival rate of African American women with breast cancer compared to White women continues to decrease (American Cancer Society, 2005).

This research study attempted to address this issue by examining information processing of religious symbols in breast cancer advertisements among African American women. Because this group of women has the tendency to be religious (Mattis, 2000) and research has shown that health is highly correlated with spirituality among African American women (Holt, Clark, Kreuter & Rubio 2003), it was hypothesized that a religious symbol, the cross, would have an impact on the way African American women processed health advertisements.

Research to date has been increasing as to how religion and spirituality in particular impact health behavior among African American women. Recent studies have shown cultural tailoring to be important when creating promotional public health materials to individuals via direct marketing and the internet (Kreuter, Skinner, Steger-May, Holt, Bucholtz, Clark, & Sanders-Thompson, 2003). However, very little research
has investigated the roles of religion and spirituality in advertising health messages via the mass media to African American women.

Even though the hypotheses were not fully supported, there was a main effect of the cross among African American women highly and lowly involved with health. In particular, there was a main effect of the exposure to a cross on attitude toward the ad and behavior intention toward the sponsor. This finding could not only indicate the impact of religion on information processing but also the strong correlation that spirituality has among African American women (high and low-involved with health). Spirituality was also shown to have a main effect for the dependent variable of memory of the brand; spirituality, however, was not shown to be a moderator in the interaction of health involvement and religiosity.

In sum, the method and theoretical models were used in this study to show the merit in evaluating the effectiveness of religious symbols, such as the cross, in health advertisements targeting African American women.

Practical implications of the study include the branding of the church as a socially desirable commodity. The benefits of this type of “branding” may position the church sponsor as not only a producer of healthy products (i.e. prevention messages) but also a marketer of cancer prevention information. Ultimately, theoretical and practical implications of this study can assist researchers and health communicators who wish to investigate the issue of religious effects in health information targeting African American women.