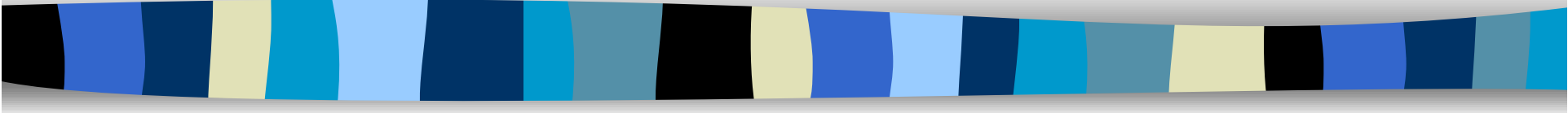


# African Americans, Acculturation, and Health Practices: Does Age Matter?



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# Acculturation

- The extent to which racial/ethnic minorities adapt to the cultural traditions, values, beliefs, assumptions, and practices of the dominant culture, retain their own cultural traditions, or participate in traditions of their own culture and that of the dominant culture (Landrine & Klonoff, 1996)



# Acculturation and Health Behaviors

- Studies exploring association between African American acculturation and health behaviors are small in number and limited in scope
- Previous studies have primarily focused on smoking, dietary practices, and breast self-examination



# Studies of African American Acculturation and Health Behaviors

- Studies exploring smoking have demonstrated a negative association between being a smoker and being a more acculturated African American adult (Guevarra et al., 2005; Landrine & Klonoff, 1999)
- African American women who are more traditionally oriented have been shown to be more likely to perform breast self-examinations (Guevarra et al., 2005)
- Acculturation among African Americans has also been demonstrated to be associated with healthier dietary practices, particularly among diabetics (Ard, Skinner, Chen, Aickin, & Svetkey, 2005; de Groot et al., 2003)



# Studies of African American Acculturation and Health Behaviors

- None of the previous studies have explored the association between acculturation and health behaviors by age group
- *The purpose of this study was to explore the relationship between acculturation and health behaviors by age group among African American men and women*



# Methods: Sample Recruitment

- Participants were recruited through 2 venues:
  - The African Methodist Episcopal (AME) Zion Churches in the MSA of Charlotte-Gastonia-Rock Hill
  - University of North Carolina at Charlotte
- AME Zion church council received two \$1,000 scholarships
- University participants received \$10 gift card
- All recruitment materials were approved by the UNC-Charlotte Office for the Protection of Research Subjects
- N=273



# Measures

- Each participant was asked to complete an anonymous paper-based survey.
- Demographic data collected in the survey included: education, income, marital status, self-rated health, age and gender
- Health behaviors explored include: smoking status, alcohol consumption and dietary patterns





# Measures

- Level of acculturation was measured using the African American Acculturation Scale (AAAS) (Landrine & Klonoff, 1994)
  - Total of 74 items
  - 8 subscales:
    - Preference for things African American
    - Traditional African American family structures
    - Traditional African American health beliefs
    - Traditional African American foods
    - Traditional African American Childhood Socialization
    - Traditional African American religious beliefs
    - Intercultural attitudes of mistrust
    - Superstitions



# AAAS Scoring

- Total scale score range: 74-518 possible
  - Traditional: 345-518
  - Bi-cultural: 172-344
  - Acculturated: 74-171



# Data Analysis

- Univariate analysis was conducted to obtain a summary of sample characteristics
- Bivariate analyses were used to determine prevalence of health behaviors by age group
- Logistic regression was used to determine odds ratios and 95% confidence intervals, stratified by age group
- Analyses were conducted using Stata Intercooled 9.

# Sample Demographics

	Age 25-49	Age 50 and above
N(%)	150(54.95)	118(45.05)
Age: mean	37.74	58.44
Standard Deviation	7.32	7.71
Education (%): HS or less	17.33	18.85
Some college	22.67	37.70**
College	60.00	43.44**
Income (%): Less than 30,000	28.77	31.36
\$30,000-69,999	47.95	46.61
\$70,000 and above	23.29	22.04
Marital Status (%): Married	32.00	50.41**
Never Married	44.00	13.82**
Self-rated Health (%):		
Exc.-Very good	62.00	44.27*
Good	28.00	40.98*
Fair/Poor	10.00	14.25
Gender(%): Male	22.00	29.27
Female	78.00	70.73

\*p<.05, \*\*p<.01

# AAAS Scores by Age Group

Subscale	Age: 25 to 49 Mean (Alpha)	Age: 50 and above Mean (Alpha)
Family Practices	50.40 (.80)	52.64 (.63)
Preference for things African American	49.82 (.84)	52.82 (.78)*
Health Beliefs	51.18 (.85)	52.15 (.75)
Foods	36.14 (.85)	39.57 (.81)*
Childhood Socialization	46.96 (.78)	57.72 (.65)**
Religious Beliefs	36.17 (.87)	38.44 (.84)**
Intercultural Attitudes	28.13 (.89)	29.44 (.83)
Superstitions	20.66 (.74)	23.24(.65)**
Total Scale	319.46 (.95)	346.01 (.90) **

\*  $p < 0.05$ , \*\* $p < 0.01$



# Health Behaviors by Age Group

- A majority of participants in both age groups were found to engage in positive dietary practices
- Differences between age groups were found in regards to negative health behaviors such as alcohol consumption and smoking.

# Health Behaviors by Age Group

	Age: 25-49 (%)	Age: 50 and above (%)
<i>Positive Health Behaviors</i>		
Eating More Fruits and Vegetables	83.22	84.75
Eating Fewer Salty Foods	71.23	77.78*
Avoiding Salting at the Table	72.30	77.78
Eating Foods with Less, Fat, Oil, Margarine, or Lard	79.05	90.52
Eating Fewer Sweets	70.75	79.13
Drinking 1%, 2%, or Skim Milk	67.81	69.30
<i>Negative Health Behaviors</i>		
Drinking Alcohol	47.97	24.14**
Smoking		
Current	17.57	5.88*
Former	36.97	47.75*

\* p<0.05, \*\*p<0.01



# Association between Health behaviors and Traditionally-Oriented AAAS Scores

- Logistic regression stratified by age group reveals that the association varies by age group (controlling for education, income, marital status, gender, and self-rated health status)
- In the younger age group:
  - drinking alcohol (OR=1.67, 95% CI = .57-4.88)
  - being a current smoker (OR=1.09, 95% CI=.31-3.77)
  - being a former smoker (OR=1.11, 95% CI = .37-3.36)
- In the older age group:
  - drinking alcohol (OR=.67, 95% CI=.19-2.37)
  - being a current smoker (OR=.38, 95% CI=.08-1.76)
  - being a former smoker (OR=.54, 95% CI=.14-2.12)





# Association between Health behaviors and Traditionally-Oriented AAAS Scores

- Differences in eating fewer salty foods were also found by age group:
  - Age 25-49: OR=.62, 95% CI=.18-2.14
  - Age 50 +: OR=1.12, 95% CI=.26-4.87

# Relationship between AAAS Subscales and Health Behaviors

	Age: 25-49 OR(95% CI)	Age: 50 and above OR(95% CI)
<b><i>Drinking Alcohol</i></b>		
Traditional African American Family Structure	1.03(1.01-1.06)*	1.01(.95-1.07)
Preference for Things African American	1.03(1.01-1.07)*	1.01(.95-1.07)
Intercultural Attitudes of Mistrust	1.05(1.01-1.10)*	1.02(.95-1.11)
Superstitions	1.07(1.01-1.14)*	.98(.86-1.11)
<b><i>Current Smoking</i></b>		
Traditional African American Health Beliefs	1.05(1.01-1.10)*	1.08(.98-1.20)
Intercultural Attitudes of Mistrust	1.04(.98-1.11)	1.29(1.02-1.63)*
<b><i>Former Smoking</i></b>		
Traditional African American Family Structure	1.04(1.01-1.08)*	1.04(.97-1.10)
<b><i>Eating Fewer Salty Foods</i></b>		
***no specific subscales identified		



# Discussion

- Overall, the results were consistent with some of the findings of previous studies
- Some findings in this analysis, although not statistically significant, do reveal trends in age group differences in the association between acculturation and some specific health practices
  - Greater likelihood for those in the younger age group to be both current and former smokers and to consume alcohol
  - Those in the older age group were more likely to actively engage in eating fewer salty foods



# How does age influence the relationship?

- Age group differences may be reflective of societal and environmental differences
- Older African Americans who are more traditionally oriented may have already developed a chronic illness or may know of someone who has developed a chronic illness



# Study Limitations

- Small sample size
- Selection bias
- Reliability of AAAS in Southern sample



# Summary

- The findings of this analysis highlight the importance of identifying the level of acculturation in African American communities and in determining how it influences their health practices
- Although findings are not significant, young adults who were more traditionally oriented are more likely to be smokers and to drink alcohol.
- Important indications for culture-based interventions with African Americans