Healthy Heart Study

ACCULTURATION AND SELF-REPORTED HEALTH AMONG HISPANICS USING A SOCIO-BEHAVIORAL MODEL

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Short Description: This study investigated the relationship between acculturation and self-rated health (SRH) among Hispanics. Hispanic participants were assessed on acculturation, various psychosocial factors (stress, social support) and a self-reported single item general health status measure. The Andersen socio-behavioral model was used to study the role of predisposing factors, enabling factors, and need factors in self-rated health, allowing for variables to be clustered into predisposing factors, enabling factors, and need factors. Results found Mexican-oriented participants were more likely to report fair/poor SRH compared to Anglo-oriented Hispanics. Acculturation status is a powerful determinant of SRH and should be used as a tool in medical and public health to better understand the role of acculturation in Hispanic behaviors, health outcomes and health care use.

Purpose: Acculturation is defined as continuous, firsthand contact with other cultures functioning at both group and individual levels (Castro 2007). It is reflected in our culturally diverse society, calling for a greater understanding of the environmental and cultural impact on health (Castro 2007). Self-reported health (SRH), a robust and well validated predictor of future mortality for all racial/ethnic groups, has been differentially reported by Hispanics compared to whites, especially based on their acculturation status (Idler and Benyamini 1997; McGee et al. 1999; Sudano and Baker 2005). This study investigated the relationship between accul-teration, and self-rated health (SRH) among Hispanics.

Methods: Hispanic participants (n=135) were assessed on acculturation, various psychosocial factors, and a self-reported single item general health status measure. Participants underwent a comprehensive interview utilizing a standardized questionnaire on acculturation, various psychosocial factors, and a self-reported single item health indicator. Health status was ascertained by the question, "In general, would you say your health is: excellent, very good, good, fair, or poor" (Cohen, Kamarck, and Mermelstein, 1983). In addition, physiological measurements and demographic characteristics including age, gender, body mass index (BMI), medical history, and socioeconomic status were also obtained.

Results: Univariate analyses found Mexican-oriented participants 3.16 times more likely to report fair/poor SRH (95% CI 1.37, 7.25) compared to Anglo-oriented Hispanics. Acculturation was also associated with SRH in multiple regression models controlling for enabling or need factors, but not predisposing factors.

Conclusions: Acculturation status is a powerful determinant of SRH, even after accounting for other underlying factors. Medical and public health professionals should promote the use of acculturation measures in order to better understand the role of acculturation in Hispanic behaviors, health outcomes and health care use. Such research findings will contribute to the design of culturally sensitive prevention and treatment strategies for racially/ethnically diverse and immigrant populations.

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