Voices of African American Female Elders on Health and Occupational Engagement

Seventh Annual National Conference on Quality of Health Care for Culturally Diverse Populations Conference

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October 18, 2010
Objective 7:12
Increase the proportion of older adults who have participated during the preceding year in at least one organized health promotion activity.

Baseline 12% older adults
- 8% African Americans
- 8% Hispanics
- 12% White
- 22% Asian
- 20% with some college,
- 10% high school graduates


* Target 90% *
Occupational Therapy in Health Promotion

- Fundamental philosophical belief that engagement in occupation is a positive influence on health and well-being. (Meyer, 2008; AOTA, 2008)

- Socio-cultural beliefs influence health and illness behaviors and self management. (AOTA, 2008; Glantz, 2007)

- Growing body of evidence on the positive impact of occupational therapy intervention with elders, though limited research on diverse populations. (Clark et al., 1997; Jackson, Carlson, Mandel, Zemke, & Clark, 1998; Horwitz & Chang, 2004; Pearlman & Wallingford, 2003).
Yes, yes, yes—now, seriously—what can we do to improve our health?

1. Exercise
2. Exercise
3. Exercise
4. Exercise
5. Exercise
6. Exercise
7. Exercise
8. etc.
Research Purpose

- To explore the health beliefs of community-dwelling African American elders and the contribution of occupational engagement and cultural values to their beliefs.
Health Beliefs and Behaviors

- Significant amount of research on older adults evaluate predefined health behaviors:
  - physical activity, dietary and smoking habits, and alcohol consumption (Banks-Wallace & Conn, 2002; Gallant & Dorn, 2001; Masse & Anderson, 2003; Green & Adderley-Kelly, 2002).

- Older adult’s self-defined view of health and well-being more multidimensional and activity oriented
### Racial, ethnic and cultural differences

<table>
<thead>
<tr>
<th>Belief</th>
<th>European Americans</th>
<th>African Americans</th>
<th>Chinese Americans</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Get Moving” (Zahn et al., 1998)</td>
<td>exercise clubs, yoga, dancing and walking in community</td>
<td>walking within their homes and communities.</td>
<td>walking within their homes and communities.</td>
</tr>
<tr>
<td>“Keeping Busy” (Zahn et al., 1998)</td>
<td>volunteer work at senior centers and reaching out to others.</td>
<td>going to church and interacting with friends and family.</td>
<td>leisure activities such as painting or reading within their homes.</td>
</tr>
<tr>
<td>Use of Medical Care: Rural Elders (Arcury et al., 2001)</td>
<td>more likely to seek and receive medical care to stay healthy.</td>
<td>least likely to seek medical care; screenings seen as services for the sick.</td>
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Research Queries

- What types of activities and behaviors do African American female elders believe assist them to stay healthy?

- What cultural and ethnic influences shape the health beliefs of individuals and the group?

- What role does occupational engagement play in the health beliefs of African American female elders?
Methodology

- Hermeneutic narrative analysis design (Patton, 2002)
- Recruited volunteers from four churches in predominately high risk African American communities in Chicago.
- Snowball sampling technique used for maximum variation (Crabtree & Miller, 1999)
- IRB approval from Chicago State University and University of Indianapolis
Methodology

- Primary question:
  - “What are things you believe a person your age should do to stay healthy?”  
    Arcury et.al (2001)

- Probed each identified area for meaning and level of engagement.

- Second interview reviewed themes and the subject’s perceptions of common beliefs and influencing factors among African Americans.
Data Analysis

- Initial content analysis for behaviors, themes and patterns
- Circular hermeneutic analytical process to examine individuals to themes of the group
- Analytic induction process to examine data in relation to existing theories of health behavior and occupational therapy. (Patton, 2002)
- Established trustworthiness through member checking, triangulation, reflectivity and peer debriefing.
### Participants (n= 12)

<table>
<thead>
<tr>
<th>Age</th>
<th>Between 66-88 years old</th>
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</table>
| Marital Status | 4 married living with their husbands  
                  4 divorced  
                  4 widows         |
| Living situation | 11 lived in own home or condominium  
                  1 resided in a senior apartment building  
                  4 reported having at least one child sharing  
                     home in a defined area            |
| Birth Place   | 7 out of 12 moved from southern states to the Midwest  
                  5 were born in the Chicago area      |
| Education     | All completed high school  
                  3 with some college experience  
                  1 with a B.A. degree            |
| Employment Status | All “retired”  
                  Variety of vocational roles outside the home  
                  3 continue to work part-time  
                  < 20 hrs/wk                  |
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Functional Status</strong></td>
<td>All independent in ADLs and active in community</td>
</tr>
<tr>
<td><strong>Health Conditions</strong></td>
<td>11 with hypertension</td>
</tr>
<tr>
<td></td>
<td>5 with elevated blood sugars or diabetes</td>
</tr>
<tr>
<td></td>
<td>Diverse medical histories</td>
</tr>
<tr>
<td></td>
<td>1 with no diagnosed disorders other than self defined bronchitis</td>
</tr>
<tr>
<td><strong>Family Medical History</strong></td>
<td>11 out of 12 described family history of hypertension, diabetes and cancer</td>
</tr>
<tr>
<td><strong>Smoking</strong></td>
<td>2 currently smoked</td>
</tr>
<tr>
<td></td>
<td>3 with history of smoking</td>
</tr>
<tr>
<td><strong>Described Health Status</strong></td>
<td>8 rated health as good or pretty good</td>
</tr>
<tr>
<td></td>
<td>1 rated health as fair</td>
</tr>
<tr>
<td></td>
<td>3 described self as “not slowing down” or “surviving”</td>
</tr>
</tbody>
</table>
Query 1: Health Beliefs and Behaviors

- Eating right
- Exercise
- Being active
- Interacting with others
- Being stress free
- Adherence to doctor recommendations
Eating Right

- Elders can clearly describe what is meant by eating right and how to prepare healthy food.
  - “Less sodium, less sugar, less fat, more vegetables, less red meat, the things that we love. No fried foods.”

- Elders do eat what they believe they should avoid; seeking moderation and struggle with issues of “cravings” and “weaknesses”.
  - “I still say you need a little bit of everything, not a whole lot, but I think you need a little bit. Maybe I'm wrong, but that's the way I feel about it.”
Elders able to identify rules of nutritional eating and benefits but many doubted relevance to own eating and health.

“We like the greens and stuff so I guess. I don’t think our eating is a detriment. You know, we fry foods but very seldom.”

“Now the... fried hamburgers, and French fries. They are delicious and they taste good but I can't see where they really... I can't tell. But I know from reading that it isn't good for you.”
Exercise

- Clear definition of exercise activities and broad understanding of its benefits.
  - “keeps the joints moving”, “reduces the need for pain pills,” “keeps the metabolism going”, “increasing mood,” “keeps weight down” and “breathing is better.”

- Actual participation was inconsistent to none at all.
  - Barriers varied: physical limitations, general disinterest or finding it inconvenient.
  - “I was getting enough exercise when I was working… back or forth.”
Elders identified exercise as a “should do” activity but exercise was not identified as being of personal value.

“It's [exercise class] where I should be. I just haven't taken the time to go back. So there. It was on my mind, the other day you should get over there. Well, there are a lot of things we should do then what we do is a different thing. That's one I should do.”
Being Active

- Multiple phrases to describe being active
  - “doing something”, “getting out”, “being active”, “pursuing things you enjoy” and “doing activities.”

- Identified physical and mental benefits
  - “The activity is what your body needs and your mind too. If you’re out doing other things and you don’t dwell on problems that you might have… you know because that’s life…”

Chicago State University
Being Active

- Inactive was considered “sitting around”.
  - “Just being active…it just makes you feel better. You know instead of just sitting in the house doing nothing, sitting. I love to read but just sitting and reading all day, to me it would not give me the vitality, the vigor and the vim I have.”
  - “And if you sit around and don't do anything they have a tendency not to think like they're supposed to.”
Interacting with Others

- Interaction within home and especially outside of their home and family.
  - “Just getting out, amongst other people my age and talking about different things relevant to our age.”

- Benefits included learning and exchanging ideas, improving mental health and emotional well-being.
  - “The benefit from interaction is you don’t have a chance to get lonely because you associate with people who like what you like, so you do the same things, you talk about the same things.”
Adherence to Doctor’s Recommendations

- Two opposing views regarding the physician’s role in helping the elder stay healthy.
  - “I believe in doing what the doctor says. I realize that's not always the popular answer but that's just the way I feel. Because I believe if he does not know what he's talking about, I should not even be going.”
  - “Just don't take for granted that they are doing, what is best for you. They see money and they bill for money.” or I talk with the doctors, I ask them what is that for and why is that. But they only tell you half. ... They're not going to tell you all, they tell you half.
Adherence to Doctor’s Recommendations

- Staying healthy is a shared responsibility between the doctor and individual.
  - “And I know if I don't take care of myself then, I am pushing myself onto the grave. I know there's a lot of things and it is good to go to the doctor and things, but you've got to do something for yourself.”

- All elders emphasized needing to be “in tune with your body.”
  - “Getting to know your body. And to see if you’re into a disease and a lot of times you can kind of work with it. You’ve got to work with it before you get into it.”
Being Stress Free

- Stress and worry were seen as major contributors to poor health and disease.
  
  “Because you’ve to go through it and if you don’t keep a healthy mind like that, … I really think that worry will kill you. Because I always thought that. I don’t know why. Nobody has found a cure for cancer or how it happens and all that. But I really think worry has a lot to do with it.”

- My daughter got real sick so I…when she got sick, that was when the high blood pressure came up. Because high blood pressure does not run in my family. So I accounted it towards that”
Walking by Faith

- Internalized set of religious and spiritual beliefs that creates a lifestyle.

  "As I'm not smoker. I do drink some you know... but I am not a great big partier. So it's not... they're things I just did not do, because I did not particularly want them. ... My mother was a Christian and... That was the kind of life, I had and I really didn't regret it and decided to do it."
Query Two: Cultural Themes

- Walking by Faith
- Health Narratives
- Mother’s Cooking
Elders defined multiple roles for God in their health.

“I know God promised me that he will keep me in good health.”

“And your belief in God and praying and asking Him for whatever you need and he gives you help.”

“…then I also look at, you can go out there, healthy as you are, you’re doing the right thing and somebody around there see you and you’re down like this. So again that ought to be an example for us to know that God is in control.”
Health Narratives

- Health narratives of others were a predominant influence on health choices.
  - “N. is like 89 she goes right in the kitchen working and washing pots and pans. …She gets around. She talks about, I have to go and rake the leaves. I say, what are you doing raking the leaves. She says somebody’s got to rake the leaves. That gives me encouragement.”

- “My mother used to weigh almost 200 pounds. But when she found out she had hypertension. She changed her way of eating and cooking. And she went down to a hundred and thirty and that's when I started baking and broiling.”
Elders discussed a reciprocal nature of sharing narratives.

“I went through many years with my husband with medical problems. ...the medication in the end had a lot to do with it. So from experiences with my husband ...and what happens with years and years of medication and all. I just think it's important that we [family] try to stay away from the medication if we can.”

“The most influence would be when you hear others talking about the health problems that they have... So, you learn through experience and because I believe that this has helped me then I can share that with someone else.”
Mother’s Cooking

- Meal preparation a key factor in their eating habits and held social and personal meaning.
- Feeling “full” and “satisfied”.
- Eating good tasting food as a “comfort”.
- Family “tradition” and “caring for others”.
  - “We like those things. Fried chicken, fried fish, pork chops. And that’s why it’s hard. And it’s hard to break yourself from those patterns and the sodium. … We all I think are looking for our childhood. Mother’s cooking.”
Query 3: Role of Occupational Engagement

- Meaningful and active participation in subjectively defined occupations.
- Need to interact within a variety of physical and social environments.
The elders discussed everyday activities uniquely meaningful, purposeful and influential to their health.

“You clean them up. Are you finished? You walk in the table it’s a mess again. So that’s one of the main reasons you get reward of being able to do something you can enjoy. I enjoy a clean kitchen but it doesn’t stay too long. So that’s the big thing in gardening, you are rewarded.”
Elders emphasized “getting out” and interacting with a larger social and physical environment.

“I go to the dollar store a lot. I go to the grocery store and least twice a week. Maybe I don't really need anything, but I have to get out of the house.”

“I think change of scenery, and setting helps people. You know just step out the house and go anywhere instead of being in the same environment all the time, I don’t think that’s healthy for you. …I have to.”
Discussion

- Practitioners must be willing to listen and collaborate with the older adult as active team member.

- Cognitive dissonance between multiple sources of health information and personal values and experiences.

- Elders tune into the value of everyday “lived” experiences instead of the specific defined behaviors for healthy living.
Multiple Levels of Perceived Agency (Bandura 2001)

- Personal
- Collective
- Proxy
Limitations

- Cannot be generalized to all African Americans female elders.
- Small sample in a narrow geographic region
- Convenience sampling within faith-based organizations.
Conclusions

- Health promotion programming must consider “deep structure” elements of culture and drive for well-being and personal satisfaction.

- Multiple areas of perceived agency and reliance on shared narratives implies need for strong interpersonal, intrapersonal and spiritual focus in health education.

- Incorporate use of everyday occupations into intervention programs.
“Giving opportunities rather than prescriptions”
Adolph Meyer (1922)


References