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Using Cultural Relevancy to Promote African American Brain Health

Miya Walker
Portland State University

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Title:

Using Cultural Relevancy to Promote African American Brain Health

Abstract:

African Americans are disproportionately more likely than older whites to develop Alzheimer's disease and other dementias (ADOD). Despite these disparities, there is difficulty in motivating African Americans to engage in activities suitable to maintaining cognitive health (walking, social engagement, physical activity). The Sharing History through Active Reminiscence and Photo-imagery (SHARP) walking program (Croff, PI) combines these proactive activities in a culturally relevant way to create a motivational force to preserve cognitive health. SHARP engaged 19 African Americans aged 55 and older on 72 themed, 1-mile walks over 6 months in Portland, Oregon's historically Black neighborhoods. This study examines participant responses to the SHARP walk "Afrocentrism" to illustrate how culture can be used to motivate walking and social engagement among older African Americans.

The "Afrocentrism" walk presents three questions with historic neighborhood images, each approximately 10 minutes apart along the route:

1. What are your memories of Afrocentric art? What did it mean to you and your community?
2. Did you, your friends or family show your Afrocentrism in the 1960's, 70's and 80's? How? What did it mean to you?
3. Do you have any memories about this [African clothing] shop? How were expressions of Afrocentrism accepted in the 1960's and 70's in Portland?

Participant narratives were audio recorded. Narratives were then coded for common themes that gave insight to the importance of culture in health programming.

Specific conversations amongst walking groups varied around the “Afrocentrism” prompts, however, walking groups reminisced over the same prominent people and places in the community. The commonality of participants shared neighborhood experiences creates a collective historical narrative and allows for connection to one another in ways that support connection to the neighborhood and to African American culture. This collective narrative informs researchers and allows for a deeper understanding of the Black experience, thus further facilitating the incorporation of culturally relevant prompts into the program. This is an essential way SHARP motivates participants to exercise and engage socially. Incorporating culture into health programs, as SHARP does, can be transferable to other health promotion programs to sustain retention and engagement.

Background:

The Sharing History through Active Reminiscence and Photo-imagery (SHARP) walking program (Croff, PI) aims to address cognitive health disparities in older African Americans. The program is a culmination of walking (Podewils et al. 2005; Kattenstroth et al. 2010), social engagement (Savica and Petersen 2011; Stern 2002), and reminiscence (Korte et al. 2011), all activities known to be proactive in maintaining cognitive health. The scope of this thesis is to study the audio recorded conversations older African Americans had while in the SHARP program, specifically the “Afrocentrism” walk. Researchers were curious if themed walks with prompts would motivate and sustain walking and social engagement. With walking prompts themed around Black culture, it was thought that the cultural relevancy would keep participants engaged in the study, however, research had not yet been done to see if the SHARP approach

was efficient. African Americans were the target population for the SHARP study because of the disproportionate rates at which they are at risk for ADOD.

Introduction:

Disparities in brain health

African Americans are twice as likely as their white counterparts to experience cognitive decline in the form of Alzheimer's disease or other dementias (ADOD) (Dilworth –Anderson et al. 2008; “Latest Alzheimer's Facts and Figures,” 2013; Manly and Mayeux 2004). The high rates of other chronic conditions such as high blood pressure, heart disease, and diabetes may add to African Americans being at a larger risk (Potter et al. 2009). Cognitive decline, however, is something in which the natural progression can be slowed (Burns et al., 1999; De Vreese et al., 2001), but this requires proactive behaviors and early detection.

Barriers to diagnosis of cognitive impairment

Among African Americans, there are impediments to timely diagnosis and prevention. In a survey of 452 people, 39% of whom were African Americans, it was found that African Americans had less knowledge of facts about AD, reported fewer means of access to reliable information, and perceived AD as a less threatening disease than whites (Roberts et al., 2003).

Caregivers play a key role in engaging patients physically and socially and in early detection and timely diagnosis of ADOD. Clark et al. found that when interviewed, common answers as to why caregivers often delayed seeking care were that there was a preconceived notion of normal aging and the patient was on course, or that the patient's symptoms were not severe enough to require outside advice (2005). This is conclusive with the results of studies by Connell et al. 2009 and Roberts et al. 2003. Furthermore, because the caregiver takes on a lot of the burden themselves if their patient was to be diagnosed with ADOD, Clark et al. found that

they often delayed encouraging their patients to seek care because they themselves had difficulty in facing the problem or difficulty in discussing it with the patient (2005). Coping with the recognition of cognitive impairment as well as the lack of background information on ADOD make it so that the patient is not always motivated or fully engaged in preventative measures.

Barrier to involvement in research

Barriers to care among African Americans include low levels of recruitment into clinical research and a lack of dissemination of health information. Information is not always targeted towards their demographic, so African Americans instead rely on anecdotal experiences and a communal set of assumptions and understandings about diseases which further contributes to stigmas and high rates of ADOD (Ayalon & Areán, 2004).

There is also large mistrust in research due to an association of new research with past clinical trials. The Tuskegee Syphilis Trials instilled a sense of distrust in researchers from communities of color. Furthermore, researchers often lack the ability to bridge the gap between their needs and the participants needs were barriers to prevention (Otado et al., 2015).

Barriers to establishing proactive health behaviors

It is known that being physically active and socially engaged is good for brain health (Kattenstroth, Kolankowska, Kalisch, & Dinse, 2010; Podewils et al., 2005). However, barriers to taking precautionary measures for ADOD were inconvenience and lack of motivation. In this study's target population of older African Americans living in the historically black neighborhoods of North and Northeast Portland, sense of place is a major factor as gentrification affects the climate in which participants would be proactive. Gentrification alters the housing market, economic status, and demographics in a neighborhood and diminishes its character (Bates 2013). In focus groups for older African American about barriers to healthy aging, they

reported facing displacement to less desirable places or staying in place and paying higher rents and property taxes (Croff & Boise, 2015). Either option is negative in that communities, with all their complex social networks and feelings of walkability and visibility are torn apart and made unrecognizable (Shepard 2012).

Aims:

People who attended cultural activities reported higher self-rated health (Wilkinson, Waters, Bygren, & Tarlov, 2007). In addition to self-reported health, it is thought that this can improve actual health. Cultural relevancy may aid in participants use of preventative measures and their motivation towards being physically active and socially engaged.

Methods:

Over the course of 6 months, participants walk 3 times a week in groups of three in the historically Black neighborhoods of N/NE Portland. Each walk is an approximately one-mile loop and has three “Memory Markers” along the way. A memory marker is composed of researcher-designed prompts with historical images and questions that the participants answer within their walking groups. The narratives of each group along the walk are audio recorded.

SHARP has 24 different themed walks (Table 1- in appendix) to prompt reminisce and social engagement. This paper specifically looks at the Afrocentrism walk and the ways that it allows participants to be motivated and present in walking and being socially engaged. The Afrocentrism walk ask the following questions:

1. What are your memories of Afrocentric art? What did it mean to you and your community?

2. Did you, your friends or family show your Afrocentrism in the 1960's, 70's and 80's?
How? What did it mean to you?
3. Do you have any memories about this shop? How were expressions of Afrocentrism accepted in the 1960's and 70's in Portland?

Narratives were analyzed using data driven coding and common themes were determined by what gives insight to the importance of culture in health programming. Three groups completed the Afrocentrism walk, generating approximately 4 hours of audio data to analyze. The audio was listened to 3 times for accurate transcription.

Results:

The three questions asked provided participants with a starting point to branch out their conversations and emergent themes were determined. With each theme, participants easily sustained a conversation and were able to generate new ideas or subthemes based off of others experiences in the neighborhood. Individual memories soon became collective as each participant brought a new element to the conversation of what they remembered about people and places. Specifically, one group described a family photographer in the African American community, Mr. Baltzager: “[he] was a photographer and he took all the black folks pictures.” Within this triad, the conversation expanded when a participant commented that due to the tint on an old picture, “he would have taken [her] mother's picture.” Baltzager was again integrated into the conversation in a different triad as they recalled that, “Mr. Baltzager had a house on Failing [avenue] close to Williams [avenue] on a corner.” The triad couldn't recall “if this [was] the house” but some remembered it “being a corner house” and it having a “kinda reddish color back in the day.”

Several participant's old homes or businesses were located along the walking route and they were sure to talk about them with others in their groups. One group had a participant whose store was asked about within the prompt. This group took an active role in entering the current establishment and describing what used to be there, "a storefront with a living area in the back upstairs... [They] took stuff on consignment, had some stuff made, had a lot of stuff out of [their] library for sale as far as books went but it was quite similar [to the current establishment]. Not as big." Another group was mixed in both age and locale at the time. Of the 3 walking members, only one could recall the store. The one who remembered the store proceeded to describe it to the other walkers and then added new information that "this was the area that got burned down when it had the riots." They then questioned if the store mentioned in the prompt was targeted.

Multiple responses were also generated around the Afrocentric fashion prompts. The connectedness to the Afrocentric hairstyles of the time was something in which participants could thoroughly reflect on. While each group had different experiences with the hairstyle, groups were able to collectively sustain conversation by branching off into topics of politics, fashion, and the effects of changing hairstyles on business owners.

Participants recalled getting their hair "cut into into into an afro yep because that's what they was wearing." At the time, getting an afro was taking a political stance and "was pretty pretty pretty militant you know but white folks thought that if you had a fro you were militant because you were skewing white values of straightened hair."

A connecting idea was bridged when many of the participants had parents that were beauticians or barbers. One participant got their afro "when [they] came here in seventy-six, wait a minute when [they] got [their] first afro when [they] came back here on vacation in sixty-

five and got it at [another participants] parents barber shop.” Another triad then talked about how Afros transformed the barber business. Barber shops were an integral piece to the Black community. Several groups pointed out their old locations along the route. One participants “father was a barber and and when when you know the men with with the natural with the full natural and that came in to fashion... men weren’t getting their hair cut as often so it essentially put him out of work, oh honey, yeah because you can go months without a cut so you don't [trailing off in inaudible conversation].” Furthermore, this participant continued to say “you can only get so much business get so much business out of a a shave and a mustache trim because usually a man would go in, get his haircut to get his beard done and get to get the mustache done you know that's like the total package, but yeah.”

Another common theme was the use of the term “Afrocentrism.” One participant mentioned how Afrocentrism is a buzz word that gained popularity in certain fields like black studies, but most participants were not familiar with the term during the forties, fifties, or sixties. All participants could, however, show ways in which they were Afrocentric or what that meant to them. One participant mentioned “wearing a fro I don't think I considered Afrocentrism I don't think we knew that word in the sixties mm-hmm it was black pride” and that they “don't recall thinking those words till probably the 70s.” A fellow walking member contested this in saying that “that might have been true to Portland but that wasn't the case in California. But in California a lot of things were more advanced and whatever happened in Oregon; look at how late it was to have even a major demonstration in Portland. I mean we were having them back in the fifties and sixties.”

This prompted further discussion and consideration on the researcher's behalf to use different terminology. One participant asked “well you might not have thought those words but

were you thinking at all in relationship to Africa?" in which the answer was "I certainly recall deliberately trying to appear and recognize my blackness I don't recall in the 60s [using the word though]."

This concept of better defining Afrocentrism was seen across all groups as they thought about the prompt on Afrocentric art and its role in the community. Conversation surrounded rather Afrocentric art was just art or figurines of people of color or if it was art designed by people of color. A working definition was developed by participants to include art that "relates I think to Africa one way or another via either by an African or by an African American who was focused on, on some African theme."

This sparked conversation about when participants were kids: "we didn't have Afrocentric art in that regard. I had never seen, I mean I saw photographs of black people, but I did not see positive images of black people, especially from Africa. No figurines. You know I don't remember seeing any figurines." This was matched by another participant in saying "I don't remember seeing any African art. My only my closest thing to African art was that I wanted a brown baby yeah I wanted a brown doll and I think when I was I think I got my doll Cindy when I was five uh-huh."

Participants perceptions and experiences with African art changed and it is now more common in homes today to have displays of Afrocentric art. Specifically, the above mentioned participant noted: "Hey somebody came into my house and, young person came in my house, and said 'I've never seen a house with so many people so many black people before' yeah." Similarly, another participant spoke of a poster print given to her years ago and mentions they "still have that print framed and it's in [their] living room it's been with [them] all these years

because [they] liked the sentiment in the in the picture that the elder teaching the young boy how to play the banjo yeah it's just real sweet real sweet.”

Another common theme was to hear participants describe what “used to be.” Everyone recalled large community events like the burning of a church “that was holding out [from selling] and then they finally mysteriously burned down.” Some hadn’t laid eyes on the site since it burned down because they “never could figure out what corner it was on.” Changes happen so rapidly in the neighborhood that “the church turned into one two three four five six seven eight ten [homes]”. Unfortunately, as the changes occur, the new spaces developed are seldom for the use of African American communities. The triad comments on this as one participant ask “so how many black people do we think have ownership over there” and another responds “I’m afraid to speculate.” Participants were walking down a street that was home to all of the prominent African American business in earlier decades, thus participants had a lot to say about that and the rapid turnover of some of the businesses and their selling for purposes of urban renewal.

Ultimately, this program got Black people walking. Even participants noticed that this was uncommon in saying that “The foot traffic is amazing. The traffic the amount of it, well it's kinda revisiting of the kind of foot traffic that used to be back in the forties, fifties, sixties. Yeah when it was more black population, yeah they be out on the street walking, strolling.” Another participant chimed in to say “It's been interesting. I've seen a number of black people drive by uh-huh and a whole bunch of white people walk by, yeah but I haven’t seen any black people walking.”

One group engaged with a high school senior working on a project around gentrification in the neighborhood. The group spoke as if in awe saying “When that young man

started talking about what he's been up to that just made my heart say, you know, especially in the school like that? Yes, because then he's doing his research but he's sharing that yes and so that can open a few other eyes besides his own". One participant said, "on these walks you never know yeah what you're gonna run into. Yeah, it could be so interesting and you know powerful, yeah mm-hmm, this is powerful".

Discussion:

With the disparities on cognitive health in older African Americans nationwide, (Chin, Negash, & Hamilton, 2011) the problem is impounded in African Americans in North and Northeast Portland. Heavy gentrification of the area along with it becoming predominately White resulted in a weakening of African Americans' sense of place and opportunities to be socially engaged and physically active. The SHARP program's approach supported a sense of place in a neighborhood rendered largely unfamiliar by gentrification. As participants walked and recorded their narratives, they enhanced their cultural connections to each other and the neighborhood, and to some degree, relived those experiences.

In trying to find common themes in the narratives of each group, what became apparent was the similarity in discussions outside of the specific questions asked. All three groups generated their own themes outside of the realm of Afrocentrism. However, each group was sure to discuss prominent people within the community, certain locations that are no longer there, the afro and its contribution to a political agenda and Afrocentric fashion, and local churches and the shifts in congregations and events that happened in the space.

With other SHARP walks and themes (Table 1) also targeting the African American community and their experiences, there is a common ground for participants to connect with one another in a culturally relevant way. This creates a rich historical archive that can be

continuously used as a community resource. It was expected that participants would have a lot to say on each topic, in which they did.

SHARP walks allow for shared experiences that are important to the African American community. Even with a walk titled “Afrocentrism,” participants are able to talk about more than just the Black experience. Instead they were able to frame conversations into their own topics and expand. As groups walked and talked, there was a sense of liveliness and enjoyment in each group. The study gave insight into participants’ difficulties in being proactive against brain health and even revealed possible barriers to why they aren’t walking or being physically active. Specifically, comments were made about overgrown yards and how low hanging branches can affect their field of vision and thus their perceptions of safety. Furthermore, participants are sometimes walking in neighborhoods with uneven sidewalks or construction. Participants were frequently telling each other to “watch out” or “be careful” however, with the physical barriers aside, walking likely allowed participants to re-experience the neighborhood in a familiar way. Several of the street hadn’t been walked by participants in years and this forced them to walk by old homes and businesses and recall memories that they had of all these old time places.

Limitations

A limitation of the study is that one triad had participants whose experiences were heavily utilized as prompts. The images were obtained from local archives and because of the lack of African American Archives, the families who contributed to these archives were largely represented in walks. Specifically, the pictures used talked about one participant’s parents and their Afrocentric fashion as they stood near their family home. Another participant within the same group was the owner of the store described in the third prompt. Images and ideas for

prompts were generated from the archives that these participants started and thus there was a lack of diversity in these experiences that other triads are still responding to.

Future considerations

In response to the overrepresentation of certain participant's experiences, future SHARP studies needs to make efforts in gathering community photos from others because so that history is represented across multiple lived experiences. Also, an unexpected result was the lack of familiarity with the term "Afrocentrism." The walk was titled with an unfamiliar term and as a result, participants defined the term during conversation. This is beneficial to the reminiscent aspect of the study as participants recalled their experience with the word or what it meant to them and how that's been altered with time. However, as a researcher, thought could have been put into finding a word that was representative of the older population's experience. It is important to remember that buzz words and phrases generate over time and are not always relevant. Using Black pride or Black Power as opposed to Afrocentrism as a theme would have sufficed and allowed participants to delve even deeper into the history. In the future, using more simplistic wording might better suit health programs.

Conclusion:

Cultural relevancy in program design can be adapted to motivate other groups to engage in proactive brain health behaviors. Programs that bring attention to disparities in ADOD and engage community members in a way that is meaningful to them and their sense of place and culture is important. The SHARP program approach preserves individual memories and collective memories as a motivator for walking and talking. Future studies should consider centering the ideologies of varying cultures and participant's experiences as a method for retention and engagement.

Appendix:

Table 1: All SHARP Themes

Afrocentrism	Life on MLK
Arts & Literature	Life on Williams
Businesses	Nightlife
Childhood & Family Life	Political Life
Community & Housing	Portland Patriots
Community & Leisure	Raising Young Men
Community Life	Religion and Community
Cruisin' (old cars)	School Days
Family History	Social Change
Fashion & Beauty	Social Clubs
Food & Markets	Sports and Leisure
Health & Wellness	Work Life

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