

TABLE 1 Referenced studies examining the relationship between acculturation and selected behaviors, health care use measures, and health outcomes among U.S. Latinos¹

Area	Negative effect ^a	Mixed or no effect	Positive effect ^b
Health Behaviors			
Nutrition	10, 42, 62, 64, 96, 106, 109	97	
Exercise	49, 62, 135	20	34
Substance abuse			
General drug use	14, 23, 57, 58, 108, 141, 147, 148	48	
Cocaine	3, 23, 144	128, 149	
Marijuana	3, 23, 144	141	
Alcohol	12, 23, 89, 96, 109, 117, 145, 147	20, 92, 95, 141	
Smoking	28, 30, 47, 58, 62, 78, 109, 145	20, 43, 88, 91, 127, 142	
In pregnancy			
Breastfeeding		15	
Smoking	1, 27, 73	156	
Diet and other behaviors	27, 158		
General substance abuse	29, 73, 158		
Health care use and access			
General health care use		94	24
Use of preventive services		134	26, 75, 96
Have a regular source of care			63
Insurance			63, 75, 140
Continuous Medicaid insurance		67	
Decreased barriers to care			26, 153
Satisfaction with care			75
Immunizations	4, 120	52, 101	
Cervical cancer screening		137, 157	44, 59, 68, 96, 133
Breast cancer screening		122, 137, 157	13, 44, 59, 68, 107, 114, 115, 133
Health perceptions and outcomes			
Self health assessed reported health			5, 51, 98, 131
Birth outcomes			
Low birthweight	17, 22, 27, 45, 77, 129, 132	7, 46, 123, 156, 158	

(Continued)

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Area	Negative effect ^a	Mixed or no effect	Positive effect ^b
Prematurity	22, 35	156, 158	
Teenage pregnancy	29		
Caesarean birth/postpartum complications		73, 123	
Neonatal and Post-neonatal mortality	132	45, 82	
Childhood illness at 8–16 months	65		
Chronic conditions			
Childhood asthma	81, 99	83	
Diabetes	29, 135, 155	69, 80	72
Hypertension	50	93	
Coronary artery disease mortality		139	
Obesity—adolescent	62, 118	20, 79, 138	
Mental health	1, 108, 147	14	
Depression—adolescents	74, 103	38, 76, 141	60

^aAcculturation associated with worse/detrimental outcomes or behaviors; ^bAcculturation associated with better/beneficial outcomes or behaviors.

[†]Shaded boxes indicate overall tendency of acculturation effect on shown outcomes: negative effect, mixed or no effect, or positive effect.

acculturated (51). There are important exceptions, however, in which the evidence is not as clear: for example, the effect of acculturation on immunization rates, where studies have shown both a negative and no effect (4, 52, 101, 120).

When reviewing the literature, we found that, across the board, past research studies have not been consistent in their measurement of acculturation or in their adjustments for possible confounding factors. This inconsistency is very important to consider in the overall interpretation of the findings. In some cases, the acculturation effect on health outcomes can be related to whether language, country of origin, or an acculturation scale was used to measure acculturation. For example, English (46) found that Mexican maternal nativity, and not necessarily speaking Spanish, was associated with better birth outcomes. In other cases, when studies have controlled for factors such as age, educational attainment, income, insurance, and other predisposing, enabling, or need factors, the effects of acculturation diminish or disappear (67, 157, 158). For example, in some studies, the “protective” or positive effect of acculturation on some health care use behaviors (e.g., cancer screening) has been accounted for by higher educational and income levels among the more acculturated (157). Solis and colleagues (134) found that socioeconomic status (SES) characteristics, and an access “score,” predicted health care use more strongly than did acculturation. Of the acculturation variables, language but not