



The association between self-rated eating habits and dietary behavior in two Latino neighborhoods: Findings from Proyecto MercadoFRESCO

Mienah Z. Sharif^{a,b,*}, Shemra Rizzo^{a,c}, Enrique Marino^{a,d}, Thomas R. Belin^{a,d}, Deborah C. Glik^{a,b}, Alice A. Kuo^{a,e,f}, Alexander N. Ortega^{a,g}, Michael L. Prelip^{a,b}

^a UCLA Center for Population Health and Health Disparities (CPHHD), United States

^b UCLA Fielding School of Public Health, Department of Community Health Sciences, United States

^c UC Riverside, Department of Statistics, United States

^d UCLA Fielding School of Public Health, Department of Biostatistics, United States

^e UCLA Fielding School of Public Health, Department of Health Policy and Management, United States

^f David Geffen School of Medicine at UCLA, Departments of Pediatrics and Internal Medicine, United States

^g Drexel University, Dornsife School of Public Health, Department of Health Management & Policy, United States

ARTICLE INFO

Article history:

Received 8 September 2015

Received in revised form 2 February 2016

Accepted 7 March 2016

Available online 11 March 2016

Keywords:

Hispanics

Obesity

Psychosocial

Dietary behavior

ABSTRACT

Objective. Latinos are the largest racial and ethnic minority group in the United States and bear a disproportionate burden of obesity related chronic disease. Despite national efforts to improve dietary habits and prevent obesity among Latinos, obesity rates remain high. The objective of this study is to explore the relationship between self-rated dietary quality and dietary behavior among Latinos and how this may vary by socio-demographics to help inform future public health efforts aiming to improve eating habits and obesity rates.

Design. Cross-sectional study using a series of chi-square tests, the non-parametric Wilcoxon–Mann–Whitney test and logistic regression to explore self-rated eating habits.

Setting. Two urban, low-income, predominantly Latino neighborhoods in Los Angeles County.

Subjects. 1000 adults who self-identified as their household's primary food purchaser and preparer were interviewed from 2012 to 2013. Households were randomly selected based on their proximity to corner stores participating in a project to improve the food environment.

Results. Most respondents (59%) report “good” eating habits. Significant associations between “good” eating habits and overall health, fruit and vegetable consumption were observed ($p < 0.001$). Despite these promising findings, we also find high levels of regular soda and energy-dense food consumption.

Conclusion. This study revealed a general understanding that healthy dietary habits are associated with fruit and vegetable consumption among Latinos in two urban neighborhoods. However, there is a need for more targeted health promotion and nutrition education efforts on the risks associated with soda and energy-dense food consumption to help improve dietary habits and obesity levels in low-income Latino communities.

© 2016 The Authors. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

The obesity epidemic is a major public health concern across all age ranges (Gortmaker et al., 2011). It is associated with a lower quality of life (Fontaine and Barofsky, 2001) and is a risk factor for chronic conditions including diabetes, hypertension, stroke, heart disease, and certain cancers (Flegal et al., 2007; Malnick and Knobler, 2006). Obesity rates are expected to continue to increase in the United States and exceed 50% in 39 states thus driving obesity related

healthcare costs to increase to \$66 billion by 2030 (Voelker, 2012). Obesity among Latinos in particular is a major focus of both public health research and practice given that they are the largest minority group in the United States (U.S.) and experience a disproportionate burden of obesity-related chronic conditions, including cardiovascular disease and type II diabetes (Pérez-Escamilla, 2010; Roger et al., 2012). In 2010, nationally representative data revealed higher rates of obesity among Latino adults than their non-Hispanic White counterparts, 39.1% vs. 34.3% respectively (Flegal et al., 2012).

Nationwide, public health efforts have emphasized improving dietary habits as a critical strategy for decreasing obesity trends (Perez et al., 2013; NPR et al., 2014). However, findings have yielded mixed results (Perez et al., 2013). Moreover, despite the fact that Latinos, both children and adults, have an elevated risk of obesity, a 2014 poll

* Corresponding author at: UCLA Center for Population Health and Health Disparities, Fielding School of Public Health, 650 Charles E. Young Drive South, 26-081 CHS, Los Angeles, CA 90095, United States.

E-mail address: mienah@gmail.com (M.Z. Sharif).

reported that almost 40% of Latino immigrants perceived their diets to be “healthy” (NPR et al., 2014). A potential explanation for the disconnect between this finding and obesity trends among Latinos is a misperception of the healthfulness of one’s actual dietary habits. As Powell and colleagues explain (Powell-Wiley et al., 2014), perceived diet quality is a psychosocial factor that may be perpetuating unhealthy dietary practices as people may perceive their eating habits to be of higher quality than what is outlined by dietary guidelines or recommendations. Thus, it is important for public health efforts to further explore the topic of perceived dietary quality considering research suggesting that a large proportion, almost 40% of household meal planners and preparers in the U.S., rate their dietary quality to be higher than what is measured by objective measures (Powell-Wiley et al., 2014). Yet, there is a dearth of research focusing on the relationship between perceived dietary quality and actual dietary intake among Latinos, leaving a missed opportunity in obesity prevention efforts by not focusing more on the relationship between perceived healthfulness of dietary habits and reported dietary intake as well as how this relationship can, in turn, facilitate behavior change.

Dietary behavior is complex and is influenced by a myriad of factors including cost, accessibility to certain foods and perceived convenience. Improving the food retail environment is an increasingly popular public health strategy for facilitating healthy dietary habits, particularly in low-income, racial and ethnic minority communities that have limited access to healthful food including fresh fruit and vegetables (Cummins et al., 2014; Escaron et al., 2013; Dannefer et al., 2012; Martin et al., 2012; Ortega et al., 2015). However, preliminary studies on these efforts to improve the food environment suggest that increasing access alone does not result in the desired changes in dietary behavior (Cummins et al., 2014; Escaron et al., 2013; Dannefer et al., 2012; Martin et al., 2012). Rather, research suggests that psychosocial factors, such as perceived benefits, perceived risk, and attitudes also influence dietary behavior (Satie, 2009) but are often overlooked in public health interventions. In other words, despite an increase in accessible healthy food, people are less likely to improve eating habits when there is a lack of awareness of the benefits of healthy dietary behavior, and/or lack of change perceived risk, or unawareness that their dietary intake is unhealthy (Glanz et al., 1997) or a risk factor to their health (Kristal et al., 2001). This idea was reinforced by a study focusing on predictors of self-initiated dietary change that identified motivation as an important determinant in improving eating habits (Kristal et al., 2001). Thus, there is a need for more studies on perception of dietary quality, particularly among populations at-risk for obesity-related chronic conditions.

The purpose of this paper is to add to the body of literature on dietary habits among Latinos by being one of the first, to the authors’ knowledge, to explore the relationship between self-rated eating habits, an indicator of perceived dietary quality, and reported dietary behavior among Latinos, and how this may vary by socio-demographics. This study was based in East Los Angeles (East LA) and Boyle Heights, two predominantly Latino communities in which 97% of the residents identify as Latino/Hispanic and almost half of the community residents report being born outside the U.S. (43%) (United States Census Bureau, 2013). Moreover, both communities are characterized as socioeconomically disadvantaged considering residents have disproportionately lower levels of household income as well as lower levels of education in comparison to Los Angeles County as a whole (Los Angeles Times, 2010a, 2010b). The results from this study can help develop and disseminate more effective targeted health promotion efforts to improve dietary habits and potentially reduce current levels of chronic disease, including obesity, in Latino communities.

2. Methods

Data for this study are from a project of “the UCLA Center for Population Health and Health Disparities (CPHDD),” a National Heart, Lung

and Blood Institute-funded research center focused on reducing cardiovascular disease risk among Latinos in East LA and Boyle Heights through a multi-level, community-engaged health intervention. A major component of one project within the center is to improve the food environment by converting small locally owned corner stores into healthy food outlets by increasing access to affordable, high quality fresh produce (Ortega et al., 2015). In brief, the corner store conversions entailed installing refrigeration units at the front of stores that displayed fresh fruits and vegetables whereas the “wall of chips” and sugar sweetened beverages were moved to the back of the stores. In addition, advertisements for energy dense snacks, sugar-sweetened beverages and alcohol were removed from the stores and replaced with messages on healthy eating. Data for this current study are from the East Los Angeles Community Survey (described in more detail in Ortega et al., 2015), a survey administered to evaluate changes among residents surrounding cornerstores involved in the larger project.

Participants were selected based on a three-stage sampling plan. First, four block clusters were purposively selected from all blocks in East LA based on their proximity to corner stores involved in the larger study. Second, 125 households within the given block clusters, for a total of 1000 households, were randomly selected. However, anticipating refusals and non-eligibility, substitute households, additional households in the main sampling frame but not within the initial sample of 1000 households identified, were also randomly selected to participate. Finally, a single individual was sampled within the given household, following a request to speak with an adult that identified as the primary food purchaser and preparer for the household. The study purpose and procedures were explained to all potential participants and a \$25 VISA gift card was offered as incentive. All participants provided verbal and written consent after agreeing to participate. Data were collected using interviewer-administered computer-assisted interviews conducted in either English or Spanish in each participant’s home between July and September 2013. Interviews lasted, on average, 1 hour.

3. Instrument

The survey instrument was developed by the research team by adapting existing instruments that measured nutrition knowledge and dietary behavior including the Behavioral Risk Factor Surveillance System Survey (BRFS) Questionnaire (Centers for Disease Control and Prevention (CDC), 2010a), the National Health and Nutrition Examination Survey (NHANES) Questionnaire (Centers for Disease Control and Prevention (CDC), 2010b), the Los Angeles County Health Survey (Los Angeles County Department of Public Health, 2007) and California Health Interview Survey (CHIS) (UCLA Center for Health Policy Research, 2009). Domains focusing on corner stores and the community food environment were included after conducting literature review on similar studies on improving the food environment in low-income urban neighborhoods. Additional items, developed by the research team, were guided by results from 10 semi-structured focus groups with approximately 90 residents of East Los Angeles and Boyle Heights that took place in September and October of 2010. Participants of the focus groups were predominantly female (88%), foreign-born (80%) and all 90 identified as Latino. These focus groups focused on community residents’ nutrition knowledge, perceptions of their food environment, food purchasing and food preparation patterns, and their dietary habits. Focus groups lasted between 1.5–2 h each and participants each received a \$25 gift card and a light meal.

The survey instrument was developed in both English and Spanish and consists of 21 modules that cover a broad spectrum of topics including: participants’ food purchasing, preparation, and consumption behaviors as well as a range of other characteristics related to nutrition, health, and demographics. Staff members of the UCLA CPHDD pre-tested the entire survey in both English and Spanish with 10 East LA residents recruited by community-based organizations. The purpose of the

Download English Version:

<https://daneshyari.com/en/article/4202356>

Download Persian Version:

<https://daneshyari.com/article/4202356>

[Daneshyari.com](https://daneshyari.com)