

Concerning dietary patterns among Latinx linked to greater number of years living in the US

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Dietary acculturation may play a stronger role in some heritage groups compared with others according to a new study by researchers at



Columbia University Mailman School of Public Health and The University of North Carolina at Chapel Hill. And that adherence to cultural dietary patterns may be impacted by the number of years lived in the United States. This is the first study to take a data-driven approach using foods specific to a population to empirically derive dietary patterns. The findings are published in *The Journal of Nutrition*.

The term "Hispanic/Latino" encompasses more than 20 nationalities with substantial social, cultural, behavioral, geographic, and genetic heterogeneity. Although diet is strongly linked to health, the prevalence of certain diseases varies across US Hispanics/Latinos. For instance, Hispanics/Latinos of Mexican and Puerto Rican heritage have the highest diabetes prevalence whereas those of South American heritage have the lowest.

"Our study fills an important gap by comparing heritage-specific diets across 6 large Hispanic/Latino heritage groups and by examining differences in dietary pattern scores by years living in the United States in each heritage group," said Sandra Albrecht, Ph.D., assistant professor of epidemiology at Columbia Mailman School, and senior author.

Using data from the Hispanic Community Health Study/Study of Latinos, the largest population-based cohort of Hispanics/Latinos of diverse origin 18-74 years of age, the researchers derived dietary patterns from two 24-hour dietary recalls, which resulted in 5 overarching dietary patterns—Burgers, Fries, & Soft Drinks; White Rice, Beans, & Red Meats; Fish; Egg & Cheese; and Alcohol. Heritage-specific dietary patterns were compared to the Alternative Healthy Eating Index-2010 to assess healthfulness.

The researchers found that for all heritage groups, Burgers, Fries, & Soft Drinks dietary patterns were associated with worse healthfulness, whereas all Fish Dietary patterns, except those for Dominican heritage,



were associated with greater healthfulness. Moreover, the White Rice, Beans, & Red Meats dietary pattern was less healthy in Cuban and Central American groups but healthier in Mexican-origin individuals. Fewer years living in the United States was associated with higher scores for White Rice, Beans, & Red Meats dietary patterns in Cuban and Mexican heritage groups and lower scores on Burgers, Fries, & Soft Drinks dietary patterns in Cuban, Mexican, and Puerto Rican groups.

"In general, greater years living in the United States was associated with less healthy dietary patterns across several heritage groups, which has concerning health implications," noted Luis Maldonado, Ph.D., a doctoral student in the department of nutrition at UNC-Chapel Hill when the study was conducted, and the paper's first author.

Dietary acculturation is a complex and dynamic process by which immigrants adopt the cultural practices of the host country and shed the cultural dietary choices and behaviors practiced in the country of origin. Over time, dietary acculturation may lead to unhealthier diets, which may increase diet-related chronic disease risk. However, it is important to recognize that dietary acculturation processes can differ across heritage groups.

In a companion editorial, Katherine Tucker (University of Massachusetts) commends the research team for demonstrating the importance of using a data-driven approach to examine dietary patterns. Understanding actual dietary behaviors of population subgroups help clarify the diversity of both dietary behavior and health risk among differing Hispanic/Latino heritage groups.

"Our findings suggest that identifying effective strategies against dietrelated chronic diseases that are tailored to different groups in this diverse U.S. population is warranted," said Albrecht.



More information: Katherine L Tucker, Dietary Patterns in Latinx Groups, *The Journal of Nutrition* (2021). DOI: 10.1093/jn/nxab225

Provided by Columbia University's Mailman School of Public Health

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