

# CONFERENCIA

## Problemáticas Nutricionales de los Latinos en los Estados Unidos

PERSPECTIVA EN NUTRICIÓN HUMANA  
ISSN 0124 - 4108  
Separata 40 años. Agosto 2005  
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### RESUMEN

**Introducción:** Los latinos forman parte de un grupo étnico que está creciendo desde el punto de vista numérico y proporcional en los Estados Unidos y a su vez en influencia en la vida de este país. Así mismo presenta un perfil epidemiológico con características propias y generadas de su estilo de vida, donde la alimentación juega un papel preponderante.

**Objetivo:** Examinar la problemáticas de salud y nutrición de la población latina que vive en los EEUU.

**Resultados:** Los latinos son el grupo étnico más grande en los Estados Unidos, esta conformado por de 40 millones personas, entre emigrantes e hijos de latinos que nacieron en este país. Este grupo esta

creciendo más rápido que los otros grupos, porque cada generación tiene mas personas aunque no se identifiquen con el país de donde viene su familia. Este es un grupo diverso según su origen, esta compuesto en su gran mayoría por personas de Centro y Sudamérica, de manera especial de México y Puerto Rico. Por lo regular viven en el sur de país y las ciudades más grandes como Chicago y Nueva York. Los latinos tienen menos educación y ganan menos dinero que la población general. Las problemáticas nutricionales incluyen: cambios de los hábitos dietéticos, aculturación, diabetes y obesidad, y la inseguridad alimentaria. Los cambios de hábitos dietéticos consisten en menor capacidad de ir de compras, y menor disponibilidad de alimentos. La aculturación de los latinos genera muchas consecuencias. Por ejemplo, mientras que

se adaptan a la cultura norteamericana, aumenta el consumo de cigarrillos, cerveza y drogas perjudiciales y comen menos saludable. Comienzan a hacer menos ejercicio y perciben que su salud es peor. Una cosa buena de venir a los Estados Unidos es que hay mejores servicios de salud para los latinos. Los latinoamericanos, igual que otros grupos étnicos, sufren de obesidad y diabetes pero a un nivel más alto que los caucásicos. Los hogares latinoamericanos tienen más inseguridad alimentaria que los otros grupos étnicos (21.4%). Son muchas las problemáticas que los latinoamericanos tienen que afrontar al llegar a los Estados Unidos y hay gran necesidad de programas para esta población.

**Conclusión:** los latinos emigrantes a los EEUU presentan los siguientes problemas nutricionales: cambios de los hábitos dietéticos, aculturación, diabetes, obesidad e inseguridad alimentaria

**Que se está haciendo:** En el estado de Ohio estamos desarrollando programas para ayudar a los latinos. Este año comenzamos un programa que se llama Latinos Saludables que tiene tres componentes importantes. Ejercicio aeróbico, nutrición, y cocina saludable.

### Text

**Introduction:** The Latino population in the United States has increased drastically in the last ten years. As this group increases in size and influence, improved understanding is necessary to explore their challenges and needs.

**Objectives:** Examine the health and nutrition challenges that face the Latino population in the United States.

### Results:

*Demographics:* Individuals from Central and South America make up the largest group to come to the US encompassing 51.8% of 16,086,974 immigrants in 2002<sup>1</sup>. In addition to having the largest immigration flux, this group also is increasing at a faster rate than Caucasians, Blacks, Asians, Pacific Islanders, and American Eskimos<sup>2</sup>. Latin Americans come from many different countries such as Mexico (63%), Puerto Rico (10%), Cuba (4%), Dominican Republic (3%), El Salvador (3%), Other Central American countries (4%), South America (5%), and Others (8%)<sup>2</sup>.

Latin Americans tend to congregate into large metropolitan centers such as Chicago, New York, and Miami where they make up 10-19% of the population. Along the border of Mexico in the states of California, Arizona, New Mexico and Texas a large percentage of Latinos are evident with a percentage of the population of 20% and over (Figure 1). The number of Latinos currently in the US is 40.4 million with a percentage of 14% of all groups, with 22.4 million immigrants (7.7%) and 18 million (6.6%) born inside the US to foreign born parents<sup>2</sup>. Even though immigration increases the size of this ethnic group, the number of individuals born to foreign born parents inside the US also adds to the Latino population (Figure 2).

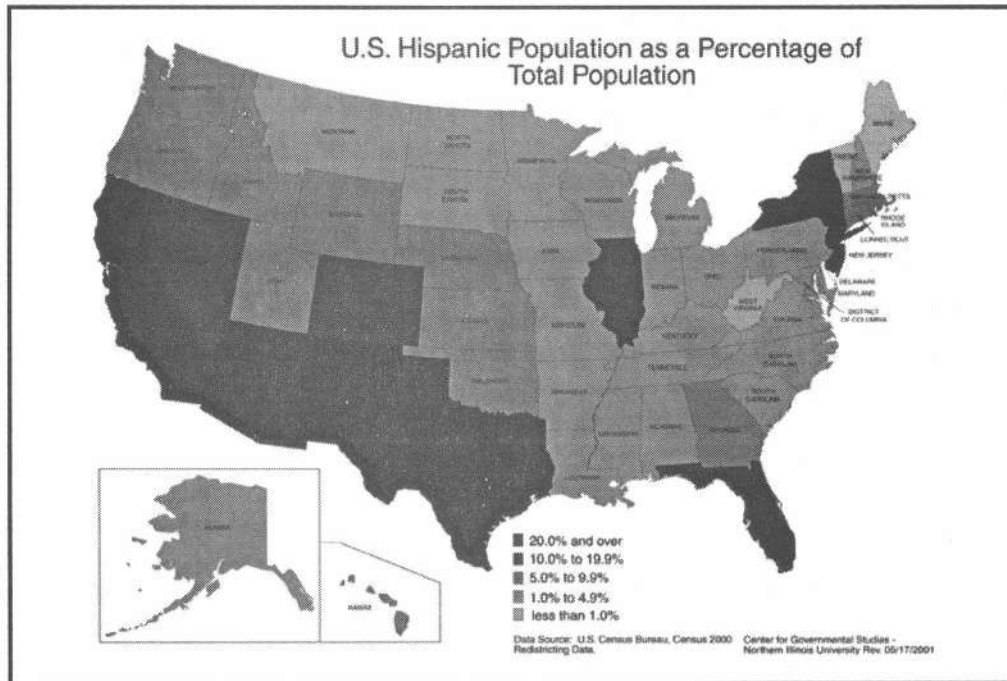


Figure 1: Hispanic population as a percentage of total population<sup>3</sup>.

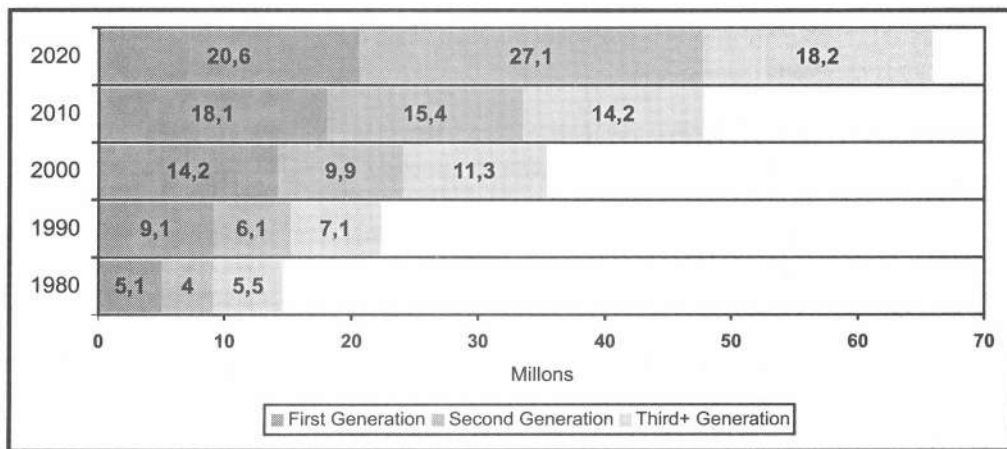


Figure 2: Hispanic Population, Actual and Projected, 1980-2020, in millions<sup>2</sup>

With each generation, Latinos become more acculturated causing a unique social identity situation. More than two-thirds (68%) of foreign-born Latinos cited their country of origin as the first or only term used for self-identification. The second generation identified themselves in two different ways: by their parents' countries of origin (38%), or as American (35%). Fifty-seven percent of third generation Latinos and beyond identify themselves first and foremost as an American<sup>2</sup>.

Education levels are lower for Latinos than the general population in the US. For example, only 57% graduate from high school compared to 84% of their peers. Latinos graduate from universities at less than half the rate that the general population does (11% compared to 27%). An important aspect of education is the ability to use of English in communication. This has a great influence on the types of jobs and amount of money available to Latinos. Of those who speak only Spanish 65% earn less than 30,000 dollars a year and 2% earn more than 50,000. In comparison, 25% of those who speak English earn less than 30,000 and 44% earn over 50,000 dollars a year<sup>2</sup>.

*Dietary Habits:* Included in dietary habits is "The way in which individuals or groups of individuals in response to both physical and socio-cultural situations, select, consume and utilize portions of the available food supply..."<sup>4</sup>.

Determinants of dietary habits are as follows: cultural availability of a given food, physical availability of food, physical accessibility of the regional available food, economical accessibility to the available and physically accessible food. Those individuals coming to the United States find a world vastly different than the one they left

which heavily affects the dietary habits they had prior to immigration.

Once the Latinos make it to the grocery store they are confronted with a wide variety of food that they are unaccustomed to causes decreased culturally availability of food. Although more Mexican food is currently available, immigrants from Central and South America would have a hard time finding food that they are familiar with.

Physical availability of food in the United States is limited to few large grocery stores that are often far from the public and require a mode of transportation other than walking to arrive. Public transportation is not well developed and most people in the US rely on to their own automobiles to procure food.

In addition to transportation, capital is necessary to buy the items as a part of economical accessibility of food. Poverty in the United States is determined using the household income measures. Money income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as food stamps and housing subsidies) do not count<sup>5</sup>. More Latinos (27%) suffered from poverty than the US population as a whole (19%) in 2000<sup>6</sup>. Latin American who live in the United States illegally do not have access to the Food Stamp program as the other individuals below the poverty line do, which limits their coping ability.

*Food Security:* Food security is defined as

access by all people at all times to enough food for an active and healthy life, which includes ready availability of nutritionally adequate and safe foods<sup>7</sup>. This encompasses the ability to acquire foods in socially acceptable ways without resorting to emergency food supplies, stealing, scavenging or other coping strategies. Food Security at the household level includes the following components:

- 1) Quantitative component of having enough food,
- 2) Qualitative aspect concerning the types and diversity of food,
- 3) Psychological aspect of anxiety about deprivation or restricted choice of accessible food,
- 4) Social and cultural aspects of acquisition and availability of food, and
- 5) Periodicity or seasonal patterns.

There are a number of factors associated with food insecurity such as poverty, mother's education level, household size, age, female-headed, and race<sup>8</sup>. Food insecurity in the US is currently quantified using the Food Security Survey Module which consists of 18 questions dealing with

the conditions and behaviors known to be associated with food insecurity<sup>8</sup>. The number of positive answers allows for each household with children to be assigned as either food secure (0-2), food insecure without hunger (3-7), and food insecure with hunger (8-18). In households without children, food secure is still defined as responding affirmatively to two or fewer questions. But food insecurity for households without children has a division is of three to five for those without hunger, and six to ten for those with hunger<sup>9</sup>.

Table 1: Number of food insecurity level by ethnic group<sup>9</sup>.

Latino households have the highest levels of total food insecurity and food insecurity without hunger than Caucasians, Blacks and the other groups put together. In Latino households with pre-school children, those with higher food insecurity are less likely to meet the Food Guide Pyramid recommendations<sup>10</sup>. In a study of Latinos in California, those households with lower levels of most foods, specifically fruits and vegetables, were more food insecure<sup>11</sup>.

Category	Total (1,000)	Secure	Insecure		
			Total	Without Hunger	With Hunger
All Households	106.043	89.5%	10.5%	7.3%	3.1%
<b>Ethnic Group</b>					
Caucasian	79.697	92.4%	7.6%	5.2%	2.4%
Black	12.813	79.5%	20.5%	14.1%	6.5%
<i>Latino</i>	9.445	78.6%	21.4%	16.5%	4.8%
Other Groups	4.088	90.5%	9.5%	6.7%	2.8%

Table 1: Number of Food insecurity level by ethnic group.

*Acculturation:* Acculturation is defined as a long-term process during which individuals simultaneously learn and modify certain aspects of a new culture and of their culture of origin<sup>12</sup>. As acculturation increases, there is a decrease in the consumption of "ethnic" foods among more acculturated elderly Latinos. Consequently Latinos residing longer in the US begin to have macronutrient profiles similar to those of Caucasians<sup>13</sup>.

In a review of all current research done with Latin-Americans and acculturation, the startling results were found<sup>14</sup>. As acculturation increased, the following health behaviors were exhibited: poorer nutrition, decreased exercise, increased substance abuse and smoking in the general Latino population and during pregnancy. Health care use and access improved with increased acculturation

which may have to do with improved communication in English. Health perceptions and outcomes had mixed results in the studies and require additional research.

*Obesity:* The Body Mass Index (BMI) is a measure of body weight (kilograms) relative to height (centimeters) which can be used to determine if people are at a normal weight (18.5-25), overweight (25.1-29.5), or obese (>30). In the US rates of obesity have been increasing over the last 14 years in all ethnic groups<sup>15</sup>. As Latinos acculturate they have a tendency to gain weight, and after just ten years of living in the US, the rate of obesity doubled in this study of 2420 immigrants (Table 2). This phenomenon may be a result of increased consumption of fat and decreased consumption of fruits and vegetables and decreased exercise<sup>16</sup>.

Years of Residency	0-4	5-9	10-14	>15
Percentage of Obesity	9.4%	14.5%	21%	24.2%

Table 2: Prevalence of obesity in immigrants by years in the Us<sup>16</sup>.

*Diabetes:* Diabetes Mellitus is one of the most common and costly chronic diseases affecting an estimated 16 million Americans. According to the American Diabetes Association, it is the fifth leading cause of death in the U.S, totaling an estimated \$132 billion in indirect and direct costs in 2002<sup>17</sup>.

On the average, Latino Americans are 1.5 times as likely to have diabetes as compared to Caucasians of similar age. Two million, or 8.2% of all Latino Americans age 20 years or older have diabetes. Approximately 24% of Mexican Americans in the United States and 26% of Puerto

Ricans between the ages of 45-74 have diabetes. Nearly 16% of Cuban Americans in the United States between the ages of 45-74 have diabetes<sup>17</sup>.

Less acculturated Latinos have decreased knowledge about diabetes than their more acculturated counterparts. Limited understanding is manifested in 40% which believe that emotional stress causes the onset of diabetes. Seventy-one percent are uncertain about the effect of insulin and 17% think that insulin injections are harmful and sixty percent of Latinos believed that diabetes can be cured and 40% reported fear of screening for diabetes<sup>17</sup>. The lack of

understanding about diabetes may be due to the language barrier, no health insurance and limited access to preventative care.

## CONCLUSIONS

Immigrants from Latin America make up the largest ethnic group in the United States and is continuing to increase in size from immigration and replication. The problems that face Latin Americans are diverse in nature which, include but not limited to, decreased education and English fluency. Dietary habits change upon immigration due to differences in cultural availability of a given food, physical availability of food, physical accessibility of the regional available food, economical accessibility to the available and physically accessible food. Latinos have higher rates of total food insecurity than any other ethnic group in the United States.

A number of nutrition difficulties are associated with acculturation in the United

States such as poorer general nutrition, decreased exercise, increased substance abuse and smoking. Latinos also have problems of increased obesity the longer they live in the US and higher rates of diabetes than other ethnic groups. This creates a unique situation of individuals at risk many problems but can not be reached due to cultural, economic, and language barriers.

**Future work:** The Ohio State University is attempting to address the needs of this high risk population through a model social network health program that positively impacts Latino families in prevention of cardiovascular health and diabetes. This community centered program consisted of classes catered to the Latin population in nutrition, healthy cooking and aerobic exercise. The goal is that through culturally appropriate education, Latinos will make lifestyle changes to improve their health in the United States.

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