

Obesity prevalence varies widely among Latino populations, NYC study finds

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A new study of obesity among the largest Latino populations living in New York City (NYC) finds that the prevalence of obesity varies widely—with Mexicans and Puerto Ricans much more likely to have obesity than Dominicans, Ecuadorians, and Colombians.

The study of over 8,000 adults, representing a weighted sample of over 1 million New Yorkers, being presented at The European and International Congress on Obesity (ECOICO 2020), held online this year (1-4 September), underscores that approaches to tackling obesity need to be tailored to the needs of diverse groups within the Latino population.

"Our study of a large, diverse sample of Latinos living in New York City reveals that there's a dramatic variation in prevalence of obesity by country of origin. This suggests that Latinos are not a monolithic group and that standardised treatment of all Latino people may obscure unique risks among specific groups", says author Carlos Devia, a doctoral candidate from CUNY Graduate School of Public Health Policy, New York, U.S..

He continues: "However, despite group differences, all Latino groups have high levels of obesity and warrant renewed effort and novel strategies tailored to the specific context and culture of each group to prevent and reduce obesity."

Latinos, the largest and fastest growing ethnic group in the U.S., are disproportionately impacted by obesity. Although Spanish-speaking

Latinos are considered as a single ethnic/racial group, they represent a diverse mix of genetic ancestry, culture, immigration history, and environmental exposures from 20 different countries in Latin America and the Caribbean.

Most of the obesity research in the U.S. to date has involved Mexican Americans, or has failed to analyse differences among the diverse subgroups that make up the Latino population.

To address these shortcomings, researchers analysed data in the NYC Community Health Survey from 2013-2017 on 7,929 adults to compare obesity prevalence (body mass index [BMI] of 30 kg/m² or higher) and [risk factors](#) among the largest Latino populations (i.e., Puerto Ricans, Mexicans, Dominicans, Ecuadorians, and Colombians). The survey is a cross-sectional telephone survey with an annual sample of around 10,000 randomly selected adults aged 18 and older from all five boroughs of NYC.

The study estimated age-adjusted obesity prevalence—to account for obesity becoming more common as a person ages—as well as weighted prevalence ratios for obesity by ethnicity adjusting for demographic characteristics (age, sex, [marital status](#), presence of children in household); socioeconomic factors (education, employment status, household size, poverty status); health-related behaviour (daily consumption of soda and sugar-sweetened beverages and exercise in the past 30 days) and health status (perception of health, and comorbidities).

Mexicans had the highest age-adjusted [prevalence of obesity](#) among the Latino populations analysed—with more than 1 in 3 (37%) of the adult population having obesity. Puerto Ricans too had very high rates of obesity—36% of adults. In contrast, rates of obesity were significantly lower among Dominicans (27%), Colombians (24%), and Ecuadorians (24%).

Even after adjusting for socioeconomic, demographic, and health factors, the analyses found that compared with Mexicans, the prevalence rate ratio of obesity was 20% lower among Colombians, 25% lower in Ecuadorians, and 28% lower among Dominicans. No significant difference was observed between Mexicans and Puerto Ricans.

"As the US Latino population continues to grow these differences between groups will become more important to addressing health needs", says Devia. "Our study strongly underscores the necessity to disaggregate Latinos into distinct cultural groups in future obesity and related health research. Furthermore, results from this study raises awareness about variations in obesity, obesity risk behaviours (e.g., diet and physical activity), and [obesity](#)-related comorbidities that should be considered when tailoring prevention interventions for Latinos."

The authors acknowledge that their findings show observational differences, so no firm conclusions can be drawn about cause and effect, and they point to a number of limitations, including unmeasured confounding that may have influenced the results, and measurement error due to recall and social desirability biases. They also note that the findings are specific to NYC and may be not generalisable to other Latino populations.

Provided by European Association for the Study of Obesity

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