Diet Perception Among Adults in Los Angeles County

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Background

• What is a "Healthy Diet"?

• Diet perceptions are changing
  – People are less likely to rate their diets as “Excellent” or “Very Good”
  – Suggesting a more “realistic” self-assessment based on more awareness

• Knowledge and attitudes/perceptions influence dietary choices, and health behaviors
Objectives

• Assess diet perception and factors associated with diet perception in the LA County adult population

• Examine diet perception with
  – Nutrition intake and access
  – Physical activity
  – Chronic conditions

• Evaluate reasons given for not eating healthier meals
2007 Los Angeles County Health Survey (LACHS)

- Random digit dial telephone survey
- Conducted every 2-3 years since 1997
- 6 Languages
  - English, Spanish, Mandarin, Cantonese, Vietnamese, Korean
- 7,200 adults (18+ years)
  - Nutrition series from a random sub-sample of 1,040
- Data weighted to reflect non-institutionalized population of LA County
Survey Question

• How healthy do you think your diet is?
  – Very Healthy
  – Somewhat Healthy
  – Somewhat Unhealthy
  – Very Unhealthy

• “Very Healthy” = Positive Diet Perception
• Not “Very Healthy” = Negative Diet Perception

• Those with negative diet perception asked follow-up questions about reasons for not eating healthier meals
Results

72% of adults reported that they think their diet was not “very healthy”

“Negative Diet Perception”
Negative Diet Perception by Age Group

- 18-24: 78%
- 25-29: 83%
- 30-39: 75%
- 40-49: 74%
- 50-59: 72%
- 60-64: 63%
- 65+: 52%
Negative Diet Perception by Race/Ethnicity

- Latinos: 76%
- Whites: 67%
- African Americans: 71%
- Asian/Pacific Islanders: 70%
Negative Diet Perception by Education

- Less than high school: 71%
- High school: 79%
- Some college or trade school: 74%
- College or post graduate degree: 67%
Negative Diet Perception by Federal Poverty Level (FPL)

- <100% FPL: 76%
- 100-199% FPL: 78%
- 200-299% FPL: 73%
- ≥300% FPL: 66%
Negative Diet Perception by Service Planning Area (SPA)

Legend
- ≥80%
- 70-79%
- 60-69%
- <60%

Antelope Valley: 83%
San Fernando: 62%
San Gabriel: 71%
West: 59%
Metro: 75%
South: 79%
East: 75%
South Bay: 78%

Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, 2007 Los Angeles County Health Survey.
Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, 2007 Los Angeles County Health Survey.

* The estimate is statistically unstable (relative standard error ≥23%)
Nutrition Intake & Access
Fruit/Vegetable Access & Consumption by Diet Perception

- Access to very high quality fruit & vegetables:
  - Positive Diet Perception: 54%
  - Negative Diet Perception: 32%

- 5+ Servings of fruit & vegetables/day:
  - Positive Diet Perception: 28%
  - Negative Diet Perception: 9%
Fast Food & Soda Consumption by Diet Perception

- **Drank 1+ soda(s)/day**
  - Positive Diet Perception: 27%
  - Negative Diet Perception: 43%

- **Ate fast food 1+/wk**
  - Positive Diet Perception: 23%
  - Negative Diet Perception: 46%
Physical Activity

To meet Physical Activity Guidelines:

• **Vigorous Activity** for \( \geq 20 \) minutes, \( \geq 3 \) days/wk,

• **Moderate Activity** for \( \geq 30 \) minutes, \( \geq 5 \) days/wk,
Physical Activity by Diet Perception

**Positive Diet Perception**
- 60% Active (Meet Guidelines)
- 28% Some Activity (Does Not Meet Guidelines)
- 12% Minimal to No Activity (Sedentary)

**Negative Diet Perception**
- 48% Active (Meet Guidelines)
- 42% Some Activity (Does Not Meet Guidelines)
- 10% Minimal to No Activity (Sedentary)
Chronic Conditions
Chronic Conditions† by Diet Perception

- **Depression**
  - Positive Diet Perception: 10%
  - Negative Diet Perception: 14%

- **Diabetes**
  - Positive Diet Perception: 6%
  - Negative Diet Perception: 9%

- **Obesity**§
  - Positive Diet Perception: 13%
  - Negative Diet Perception: 25%

† Age adjustment to 2000 census standard population

§ Weight status is based on Body Mass Index (BMI) calculated from self-reported weight and height. According to NHLBI clinical guidelines, a BMI ≥ 30 is obese.
Chronic Conditions† by Diet Perception

- **Heart Disease**
  - Positive Diet Perception: 8%
  - Negative Diet Perception: 10%

- **High Cholesterol**
  - Positive Diet Perception: 28%
  - Negative Diet Perception: 31%

- **Hypertension**
  - Positive Diet Perception: 20%
  - Negative Diet Perception: 28%

† Age adjustment to 2000 census standard population
Follow-up Questions

Are any of the following reasons why you don’t eat healthier meals?

– Personal Preference
  – You *don’t want to give up the foods you like*
  – Your *prefer to eat at restaurants or get take out*

– Perceived Barriers
  – It *takes too much time/effort* to prepare healthy meals
  – It *cost too much* to purchase foods that are nutritious
  – You *don’t know or understand nutrition guidelines*
Personal Preference
Reasons for Not Eating Healthier Meals
Personal Preference Reasons For Not Eating Healthier Meals

- Don't want to give up foods they like: 54%
- Prefer to eat out: 30%
Personal Preference Reasons by Race/Ethnicity

Don't want to give up foods they like

- Latinos: 53%
- Whites: 56%
- African Americans: 51%
- Asians/Pacific Islanders: 55%

Prefer to eat out

- Latinos: 29%
- Whites: 32%
- African Americans: 23%
- Asians/Pacific Islanders: 36%

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Personal Preference Reasons by Education

- **Don't want to give up foods they like**
  - Less than high school: 51%
  - High school: 53%
  - Some college or trade school: 53%
  - College or post graduate degree: 57%

- **Prefer to eat out**
  - Less than high school: 27%
  - High school: 28%
  - Some college or trade school: 28%
  - College or post graduate degree: 35%
Personal Preference Reasons by Federal Poverty Level (FPL)

- Don't want to give up foods they like:
  - <100% FPL: 49%
  - 100-199% FPL: 50%
  - 200-299% FPL: 52%
  - ≥300% FPL: 60%

- Prefer to eat out:
  - <100% FPL: 28%
  - 100-199% FPL: 25%
  - 200-299% FPL: 32%
  - ≥300% FPL: 33%
Barriers to Eating Healthier Meals
Barriers To Eating Healthier Meals

- Time/effort: 45%
- Cost too much: 25%
- Do not understand nutrition guidelines: 21%
Barriers To Eating Healthier Meals by Race/Ethnicity

The diagram shows the percentage of each ethnic group facing barriers to eating healthier meals. For each barrier (Time/effort, Cost too much, Do not understand nutrition guidelines), the vertical bars represent the percentage of each group facing that barrier. The bars are color-coded: blue for Latinos, red for Whites, orange for African Americans, and purple for Asians/Pacific Islanders.

- **Time/effort**: 42% Latinos, 53% Whites, 46% African Americans, 35% Asians/Pacific Islanders.
- **Cost too much**: 32% Latinos, 14% Whites, 25% African Americans, 25% Asians/Pacific Islanders.
- **Do not understand nutrition guidelines**: 35% Latinos, 8%* Whites, 14%* African Americans, 14%* Asians/Pacific Islanders.

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Barriers To Eating Healthier Meals by Education

- **Time/effort**
  - Less than high school: 39%
  - High school: 45%
  - Some college or trade school: 44%
  - College or post graduate degree: 51%

- **Cost too much**
  - Less than high school: 40%
  - High school: 32%
  - Some college or trade school: 23%
  - College or post graduate degree: 12%

- **Do not understand nutrition guidelines**
  - Less than high school: 50%
  - High school: 29%
  - Some college or trade school: 11%
  - College or post graduate degree: 7%

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Barriers To Eating Healthier Meals by Federal Poverty Level (FPL)

- Time/effort
  - <100% FPL: 37%
  - 100-199% FPL: 49%
  - 200-299% FPL: 54%
  - ≥300% FPL: 42%

- Cost too much
  - <100% FPL: 38%
  - 100-199% FPL: 42%
  - 200-299% FPL: 29%
  - ≥300% FPL: 25%

- Do not understand nutrition guidelines
  - <100% FPL: 14%
  - 100-199% FPL: 14%
  - 200-299% FPL: 11%
  - ≥300% FPL: 8%

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Conclusions

• High prevalence of adults had negative diet perception in LA County

• Negative diet perception associated with:
  • **Lower** fruit/vegetable access and consumption
  • **Higher** fast food and soda consumption
  • **Higher** sedentary lifestyle
  • **Higher** prevalence of diagnosed chronic conditions

Diet Perception aligns with Health Behavior
Recommendations

• Socio-economic barriers & racial disparities should be addressed by increasing
  
  – Availability of high quality, low cost healthy food
  
  – Education regarding nutrition guidelines
  
  – Targeted outreach on quick and healthy meal preparation

• More research is needed on diet perception
Limitations

• Self reported cross-sectional data

• Non-telephone and cell-phone only households not included in the sample

• Non-institutionalized population (excludes nursing homes, college dormitories, jails etc.)

• Questionnaire content limited by time constraints
For More Info

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