INTRODUCTION

A healthy diet, including a variety of plant-based foods, is a key to good health. Evidence suggests that adopting a vegetarian diet can lower the risk of obesity and many chronic diseases\textsuperscript{1,2} that are disproportionately seen among Black subjects.\textsuperscript{3} Seventh-Day Adventists value adherence to a healthy lifestyle, and many, but not all, avoid meat consumption and use of alcohol or tobacco. Thus, Adventists are a useful population in which to study the effects of diet because of their wide range of dietary habits.

Lifestyle-related studies of Seventh-Day Adventists have contributed substantively to the scientific understanding of the relationship between nutrition and health,\textsuperscript{1} but less data on Black Seventh-Day Adventists are available from these studies.\textsuperscript{4} Food frequency questionnaires developed for predominantly White samples\textsuperscript{5,6} may not adequately capture the nutrient profile of Blacks’ diets because certain foods commonly consumed by this population are not included. Estimates of relative risks of disease are biased by such errors in dietary assessment.\textsuperscript{7}

The Adventist Health Study-2 (AHS-2) is a cohort study designed to examine the relationship between diet/physical activity and cancer outcomes and includes an ethnically diverse membership from all 50 states and Canada. Black Seventh-Day Adventists are a particular focus of recruitment efforts, and a current goal is to enroll >25,000 Blacks among the 100,000 participants.

The purpose of the sub-study described here, the Southern and Caribbean Food Study (SCFS), is to identify patterns of “special” food consumption among Black Adventists in the southern and eastern United States, some of whom are from the Caribbean. We use the word “Black” as the label for subjects of African descent rather than African American because it includes Afro-Caribbeans living in the United States.

MATERIALS AND METHODS

SCFS Study Population

Subjects were recruited from 60 randomly selected Black Adventist English-speaking congregations in the southern and northeastern United States. Each church’s health ministries director agreed to recruit five subjects from his or her church to represent a spectrum of socioeconomic status. In order to improve response rates, subjects were assured of anonymity. Thus names and contact information were not

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