The Southeast United States has experienced rapid growth in the Latino population - mostly Mexican immigrants - with the number of Latinos in the region nearly quadrupling over the past decade. These states, known as new settlement areas, are not as well prepared to meet the health needs of Spanish-speaking immigrants compared to traditional settlement states like Florida, Texas, and California. Unfortunately for these families, immigration to the United States is often associated with becoming obese, or having children at a higher risk for obesity. Rates of obesity have risen dramatically among all racial and ethnic groups in the past few decades, however, Latinos of all ages have the highest rates of overweight and obesity compared to other racial and ethnic groups. One explanation is that although adjustment to a new environment and culture takes considerable time, the adoption of a more sedentary lifestyle and unhealthy diet occurs more rapidly, leading to significant increases in obesity between first and subsequent generations. Families are important referents in establishing health behaviors in children, and there are broader social and physical environmental factors that have strong associations with the development of obesity as well. Moreover, immigrant families must strive to be healthy while coping with acculturative stressors. Relationships between all of these factors are typically studied in isolation. This article explores obesity among new settlement Latino families and provides an integrated conceptual model anchored in the social ecological perspective. (Ethn Dis. 2011;21(4):467–472)

Key Words: Public Health, Social Environment, Health Behavior, Family, Obesity

INTRODUCTION

Large numbers of Latinos have migrated to US communities where they were sparsely present just a decade or two ago. Between 2000 and 2010, the states with the largest percent growth in their Hispanic populations include Alabama, Arkansas, Kentucky, Mississippi, North Carolina, Tennessee and South Carolina. Latino population growth in these states continues to outpace the national average. With a 148% increase, South Carolina experienced the largest Latino population growth rate of those states. These new settlement areas in the South are different from the traditional settlement areas, given that migrants to traditional settlements join well-established Latino communities. Due largely to language and cultural barriers, new settlement areas are less adequately prepared to serve the health needs of Spanish-speaking immigrants, a highly vulnerable population.

Similar to general US immigration trends, the majority (65.5%) of immigrants to the new settlement areas originate from Mexico. As a group, Mexican immigrants are younger than either other immigrants or the US-born population. A higher percentage of them are male, compared to other groups, and they are more likely to be married. They are less likely to be US citizens than other immigrants, in part because they are more likely to be unauthorized. Mexicans have lower levels of education, lower incomes, larger households and higher poverty rates than other groups. They are slightly more likely to be in the labor force, where they are more likely to work in lower-skilled occupations; they currently have a higher unemployment rate than other immigrants or US-born workers. Most Mexican immigrants are young males with low educational levels, a hallmark of Mexican labor migration. Many of these males stay for jobs, marry and have children. As a result, the Latino school-age population (aged 5–17) in the six Southern states grew by 322% between 1990 and 2000. Children of Mexican immigrants are healthy at birth, but their subsequent health and development are greatly influenced by parental social status, family income, neighborhood environment and access to health and social services. South Carolina and other states in the Southeastern United States have experienced unprecedented growth in a population group with the greatest risk for developing obesity. This population shift, coupled with the language, cultural and health services deficits in the new settlements highlights the need for empirically-proven obesity prevention interventions with Latino families.

OBESITY AND LATINOS

During 2003–04, an estimated 17.1% of all US adolescents were overweight, and 33.6% were at risk for overweight. The increasing trend in overweight among children was more evident among minority children; between 1986 and 1998, overweight prevalence among African Americans and Latinos increased 120%, as compared to a 50% increase among non-Latino Whites. More recent data suggest that Mexican American youth aged 6–11 are the highest-risk child racial/ethnic group for obesity. Unfortunately, disparities persist with Mexican American children and adolescents (37.0%) aged 2–19 having the highest prevalence of at-risk of overweight or