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Ethnic and country-of-birth differences in co-occurring unhealthy lifestyles: Findings from 190,028 Australians

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Abstract

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Ethnic And Country-of-birth Differences In Co-occurring Unhealthy Lifestyles: Findings From 190,028 Australians

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While earlier work on the co-occurrence of unhealthy lifestyles has focused mainly on socioeconomic correlates, a gap exists in examining variation between and within ethnic groups.

PURPOSE: To investigate ethnic and country-of-birth differences in the clustering of unhealthy lifestyles in a cohort of Australian adults aged 45 years and older.

METHODS: Data on ancestry and country of birth was used to identify 38 groups from 190,028 participants from the baseline survey of The 45 and Up Study, a large-scale cohort study of health and social variables across New South Wales, the most populous state in Australia. An index of unhealthy lifestyles was constructed using binary indicators of whether a participant failed to adhere to published guidelines for tobacco smoking cessation, alcohol consumption, moderate-to-vigorous physical activity, and a range of dietary indicators. Multilevel regression was used to fit association between the unhealthy lifestyle index, ethnicity, and country of birth, and was adjusted for individual-and neighborhood-level confounders.

RESULTS: The prevalence and clustering of unhealthy lifestyles varied significantly between and within ancestry groups. Australians who were born in Australia scored a mean of 3.53 unhealthy lifestyles (out of a possible 8). The highest mean score was 3.85 among the Danish born in Denmark, while the lowest mean score was 3.26 among the Spanish born in Spain. These patterns were robust to controls for individual- and neighborhood-level confounders (age, gender, annual household income, educational qualifications, employment, couple status, neighborhood affluence, geographical remoteness).

CONCLUSIONS: Our findings document variation between and within ethnic groups that will help to optimize the targeting of multiple lifestyle interventions. Given these findings, future work on the co-occurrence of unhealthy lifestyles should consider ethnic differences explicitly.