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Family Meals Then and Now: A Qualitative Investigation of Intergenerational Transmission of Family Meal Practices in a Racially/Ethnically Diverse and Immigrant Population

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Abstract

Having frequent family meals has consistently been associated with better health outcomes in children/adolescents. It is important to identify how intergenerational transmission of family meal practices occurs to help families benefit from family meals. Limited studies exist that explore the intergenerational transmission of family meal practices, particularly among racially/ethnically diverse and immigrant populations. This study explores how parents describe differences and similarities between meals then and now, the lessons they learned as children about family meals, and the lessons they pass onto their children, the challenges of carrying out family meals, and how families handle the barriers/challenges to intergenerational transmission of family meal practices. This is done with a sample of African American, Native American, Latino, Hmong, Somali, and White families (25/category). Qualitative themes were explored with the overall sample, by race/ethnicity, immigrant status, and by time in the United States (US) as an immigrant. Parents overwhelmingly reported learning as children that family meals were important and conveying this message to their own children. Differences existed among racial/ethnic groups and time in the US as an immigrant. For example, Somali parents frequently endorsed having no challenges with intergenerational transmission of family meal practices. Immigrant parents in the US for a longer period of time were more likely to endorse learning/teaching about family meal importance, that the food eaten now is different than growing up, that a chaotic environment is a challenge to having family meals, and that they accommodate family member's schedules when planning family meals. Results demonstrate that exploring a parent's early family meal experiences may be important when intervening with parents from diverse racial/ethnic and immigrant populations when trying to improve or increase family meal practices.

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Keywords

qualitative; family meals; intergenerational transmission; Hmong; Somali; Latino

Introduction

Having regular family meals has consistently been associated with better dietary intake (e.g., increased fruit and vegetable intake), weight-related outcomes (e.g., lower weight status, less unhealthy weight control behaviors), and emotional health (e.g., lower depressive symptoms) in children and adolescents.¹⁻⁵ Additionally, a recent literature review on family meals suggested that people benefit from family meals across the lifespan.² It is important to identify potential mechanisms that can increase the likelihood of the transmission of family meal practices to future generations in order to increase the protective nature of family meals. However, recent studies tend to focus only on current family influences (e.g., parenting style, financial resources) that are associated with the occurrence of family meals. For example, families report limited time/busy schedules as influencing the decision to have family meals,⁶ low enjoyment of cooking, and high purchasing barriers as limits for serving healthy foods at family meals.⁷

A review paper examining family meals and diet/weight outcomes across the lifespan recommended conducting intergenerational studies regarding how parents experienced family meals as a child and their current family meals to better understand predictors of the transmission of regular family meals practices.² There are limited studies examining the transmission of family meal practices from one generation to the next. Of the few studies found, one study showed that the frequency of family meals and family meal expectations (e.g., expectations to be home for dinner) in adolescence predicted family meal patterns and practices fifteen years later in young adulthood/parenthood.⁸ Another study found that adolescents' who had regular family meals had better diet, weight-related (e.g., lower weight status) and psychosocial (e.g., lower depressive symptoms) outcomes fifteen years later as parents compared to adolescents who did not have regular family meals.⁹ One retrospective study of parents of 8–12 year old children (primarily White mothers) compared parent's childhood experiences of family meals with their current mealtime experiences.¹⁴ Parent report of frequent family meals as a child was significantly associated with having more frequent family meals with their current family; these families were also more likely to have more family routines in their current family (e.g., family members have specific dinner time roles, an expectation that family members will be home), as well as higher meal expectations (e.g., importance of eating together daily, dinner time as a time to connect).¹⁴

Some qualitative research exists that explores parents' experiences with family meals as children and how this influences their current family meal practices.^{12,13} Interviews with primarily African American mothers of preschoolers found that mothers were motivated to carry forward family meals because of their own childhood experiences.¹² This included both negative recollections of their own mothers being absent as well as positive childhood family meal experiences. In interviews with parents of children with anorexia nervosa,

parents described negative childhood mealtime experiences, which prompted parents to try and have better mealtime experiences with their own children.¹³

Intergenerational influences on family meals must also be considered through the lens of immigration and acculturation as well as race/ethnicity. It is well-documented that immigrants' eating patterns are influenced by their time in the United States (US).^{15–20} Studies with Asian US college students, Somali refugees, and Latino immigrants found that higher acculturation (e.g., time in the US, English language proficiency) was positively associated with intake of nutritionally-poor foods (e.g., soda, snack foods, sweets) and a decrease in the consumption of fruits and vegetables.^{15,17,21} Hmong immigrants reported in focus groups that the access of food in the US and greater financial stability led to overeating nutritionally-poor foods.¹⁸ Other research has also shown that immigrant populations have more frequent family meals than those who are US-born.^{19,20} Thus, the dual influence of immigrant parent's experience of family meals as children and their experience of being an immigrant in the US needs to be further explored.

This study seeks to expand the knowledge on intergenerational transmission of family meal practices with regard to parents' childhood meal experiences and how these experiences shape their current mealtime practices with their own children. In addition, the current study explores the challenges racially/ethnically diverse and immigrant families face transmitting family meal practices to their own families. Using qualitative data, this study investigated the following research questions, 1) What differences do parents describe between mealtimes with the family they grew up in (i.e., "then") and their current family (i.e., "now")?; 2) What similarities do parents describe between family meals then and now?; 3) What lessons did parents learn from their own parents and grandparents about family meals?; 4) What lessons are parents passing on to their own children?; 5) What do parents wish they did now, based on family meal experiences as a child?; 6) What challenges do families face in carrying out family meal practices?; and 7) How do families handle the challenges to intergenerational transmission of family meal practices? This study's large, racially/ethnically-diverse sample allows these research questions to be investigated by race/ethnicity and immigrant status to better understand these population's experiences with intergenerational transmission of family meal practices.

Family systems theory (FST) guides the study design, research questions, and analysis in the current study.^{10,11} FST purports that in a family system, families model both healthful and unhealthful behaviors which have a high likelihood of being transmitted from parent to child intergenerationally. Additionally, FST suggests that the family is an important intervention point to increase the likelihood of intergenerational transmission of family meal practices patterns.

Methods

Data from this study are from Phase I of a National Institutes of Health funded study called Family Matters.²² This study is a two-phased, incremental, mixed-methods study that examines risk and protective factors for childhood obesity in low-income and minority households. This study includes results from Phase I, which included direct observation of

diverse families (n=150; 25 each from African American, Native American, Latino, Hmong, Somali, White families) via a video-recorded family task (i.e., a family board game), ecological momentary assessment (EMA), and qualitative interviews. Details regarding the study designs for both phases of the study can be found elsewhere.²² Phase I families (n=150) were recruited from primary care clinics in the Twin Cities between 2015–2016. Families with a 5–7 year old child with a recent wellness screening were sent a letter from their primary care clinic; interested families were screened by phone by Family Matters staff. Eligibility criteria included having a 5–7 year old child and another sibling living in the home full time and the ability to read and speak English, Spanish, Somali, or Hmong. There were 188 families who agreed to participate in the Family Matters study; 34 of these families chose not to enroll in the study (i.e., canceled the initial meeting), and 4 families enrolled in the study but dropped out prior to completing the study. Direct observational data were collected from families over the course of two home visits (e.g., anthropometry, home food inventory). A qualitative interview was conducted with the parent/primary (“parent”) guardian during the second home visit by trained research team members; the “parent” was the person who identified themselves as the main caretaker of the 5–7 year old child. Families completing all study components received the iPad Mini they used to take the EMA surveys and up to \$100 in gift cards. The current study focuses on data collected during the qualitative interview. All family participants consented/assented to being in the study, and Family Matters protocols were approved by the University of Minnesota’s Institutional Review Board.

As Family Matters sought to explore the home environment of racially/ethnically diverse and immigrant families, recruitment was stratified so that six racial/ethnic groups were represented: African American, Native American, Latino, Hmong, Somali, and White (25 of each group, n=150 total). The majority of parent responders were female (91%), with a mean age of 34 years (sd=7.1). Nearly half of parents were immigrants (42%); of those, 76% had been in the US more than 10 years, and 24% had been in the US 0–10 years. The largest immigrant groups were Somali (100% were immigrants), Latino (76% immigrants), and Hmong (64% immigrants). Of the three remaining racial/ethnic groups, only two White parents were immigrants. See Table 1 for additional study demographics.

Procedures

The research team conducting the Phase I parent interviews was a partnership between University of Minnesota researchers and community researchers from the Somali, Latino, and Hmong Partnership for Health and Wellness (SoLaHmo). The team included Somali, Latino, and Hmong researchers who were both bilingual and bicultural, which allowed parent interviews to be conducted in the participant’s preferred language (i.e., English, Spanish, Hmong, or Somali) by a research staff member representing the same ethnic group as the interviewee. All research team members were trained in qualitative research methods. Interview questions were developed based on three sources: 1) tenets of Family Systems Theory regarding intergenerational transmission of family patterns/practices;¹⁰ 2) recommendations from prior studies to explore family meals across the lifespan and across populations;² and 3) identifying gaps in the literature regarding family meals, physical activity and weight talk. Development of the interview guide was a team process where

members contributed questions and guidance for making the questions accessible to the race/ethnicities sampled. Specific interview questions (Table 2) were designed to explore parents' family meal practices as children, what practices they had transmitted to their own children, and the challenges they faced in carrying out family meals in their own families. The interview was semi-structured, meaning the interviewers used a set of pre-determined questions but were trained to use probes to ensure questions were fully answered. All parent interviews (n=150) were audio-recorded and transcribed; those done in a language other than English were transcribed and translated into English by a staff member fluent in the interviewee's language. The average interview length was 34 minutes.

Transcripts were coded using a hybrid deductive and inductive content analysis approach.²³ To ensure transcripts were interpreted with the correct cultural lens, coding teams with representation from the race/ethnicities of the study participants developed an initial coding tree through group coding twelve transcripts. The hybrid deductive/inductive qualitative approach allowed the initial research questions to guide the development of the coding tree (deductive), while also allowing for unique themes to emerge (inductive) during the coding. After the coding tree was created, two main coders completed the coding of the remaining transcripts, with consensus meetings being held as needed to discuss any cultural or language-specific discrepancies in the coding. After the creation of the coding tree, qualitative coding took place in multiple stages: 1) line by line coding to identify broad themes; 2) organization of themes into sub-themes; and 3) identification of overarching themes. The two main coders coded the first twenty transcripts together to ensure inter-coder reliability. After these twenty transcripts, coders double coded every fifth interview and met to discuss the coding until 100% agreement was reached. All 150 interviews were coded to ensure theme saturation; the first author (act) was a main coder. A kappa of 0.86 was achieved across all coded transcripts. In the third stage of coding, a culturally diverse team was assembled to review the major themes identified and provide culturally-sensitive interpretations of the findings. NVivo 11 software was used for the qualitative coding.

Because there is limited exploration of intergenerational transmission of family meal practices in a diverse sample, the authors chose fifteen percent as the level of endorsement needed for a theme to be included in the study.²⁴ This allowed a larger range of themes to be explored and offers more direction for future research. Themes were also explored in the "overall" sample (i.e., endorsed by at least 15% of the total study population, n=150), as well as "differing by race/ethnicity or immigration status" (i.e., endorsed by at least 15% of a racial/ethnic group but not the overall population), or showing at least a 15% difference between immigrant status or time in the US as an immigrant.

Results

Themes endorsed by the overall sample are presented first followed by themes differing by race/ethnicity, immigrant status, or time in the US. Quotes are labeled with the family's race/ethnicity, parent sex (M or F), age, immigrant family status (I=immigrant, NI=non-immigrant), and time in US (<10 yrs or >10 yrs). Any names have been changed to protect confidentiality. See Table 3 for a summary of results displayed in a table format.

Research Question #1: What differences do parents describe between mealtimes then and now?

Overall Themes: 1) Types of food eaten are different; 2) Meal atmosphere and conversation is different; 3) Mealtime rules are different

Themes different by race/ethnicity or immigration status: 4) How food is served is different

1) Types of food eaten are different: All race/ethnicities endorsed this theme (48/150), although it was reported most frequently by Hmong (12/25), Latino (11/25) and White families (9/25). Hmong and Latino families discussed the difference as foods being more processed in the US and Hmong families discussed having more access to food in the US. One parent said, “It was very more homemade. My mom had a garden and we had meat that went to butcher. And so everything was always prepped by her, and we always helped my mom” (Hmong F, 28 y.o., NI). Another parent said, “Food is different because in Laos you would make the dishes and there would be many things, but in this country you buy from the store...so there is less eating in Laos also” (Hmong F, 34 y.o., I (>10 yrs)). One mother said, “In Mexico, we didn’t have a refrigerator. You know, you bought your food. You’d get up in the morning, go buy this or you’d go buy that” (Latino F, 42 y.o., NI). White families (9/25) were mixed as to whether the food changes were for better or worse. One mother said, “It’s very different because my mom didn’t do a lot from scratch cooking. We had lots of canned vegetables and lots of mashed potatoes and [now] we cook more whole foods or from scratch” (White F, 42 y.o., NI).

Another father said,

I grew up in a healthier way...my parents grew up in a generation where the mothers were home and they were at the farm, too. There was always this homemade food all the time...I wish I had more homemade foods like when I was a kid now

(White M, 32 y.o., NI).

Immigrants were more likely to endorse this as a theme (compared to native-born parents); immigrants in the country more than 10 years more frequently endorsed this than newer immigrants.

2) Meal atmosphere and conversation is different: Families (23/150) reported that meals now are a time for families to connect with each other and talk about their day. Parents described the mealtime being more fun and relaxed now. This was most frequently reported amongst Native American (9/25) and White (5/25) families. One mother said,

Family meals would consist of me, my dad, and my sister, and my mom. And usually it was stressful because my dad would yell...and my mom would be scared. Now it’s nice because we sit down as a family. When we eat dinner it’s usually at the table. We sit down, and we discuss calmly how my daughter’s day was at school

(Native American F, 38 y.o., NI).

Another parent said, “I think they’re more fun [now]. I think we have more to talk about than I did in my family growing up. I think there’s maybe more interaction between the parents and the kids now” (White F, 47 y.o., NI).

3) Mealtime rules are different: Families (21/150) reported being less strict about mealtime behavior and food rules (e.g., finishing food, manners at the table) than their own parents were with them.

One parent said,

In my family, we had to eat in the kitchen. My dad did not let us go to the living room or bring food around anywhere. We cannot talk with our mouths full of food either. But I learned that that was kind of strict, so I kind of let my kids have their own free time, you know?

(Hmong F, 32 y.o., I (>10 yrs))

4) How food is served is different: Somali parents (4/25) (who were all immigrants) reported eating off a big plate/bowl as children and now everyone has an individual plate/bowl. One mother said, “I would love to traditionally all eat in one plate. But my kid’s don’t like that. So we don’t eat like how we used to eat when growing up” (Somali F, 42 y.o., I (>10 yrs)).

Research Question #2: What similarities do parents describe between mealtimes then and now?

Overall Themes: 1) Food eaten at family meals then and now is similar

Themes different by race/ethnicity or immigration status: 2) Nothing is different between family meals then and now

1) Food eaten at family meals then and now is similar: Families (26/150) describe the foods eaten at family meals as being similar; this was most frequently reported among Hmong (8/25), Latino (7/25), and Somali (4/25) families. Related, this theme was highly endorsed by immigrants, particularly those in the US a shorter time (<10 years) (5/15). Overall, the quotes suggest that these families continue to eat the traditional foods they ate as children. One parent said “I try to cook the food that I ate over there [in home country]...so it is similar...we ate fish with rice over there, and I make the same for them as well” (Latino M, 40 y.o., I (>10 yrs)).

Another mother said,

It’s almost the same. I kind of make sure my kids eat Hmong [food], so we have to have everything like my parents have before. So basically rice, vegetable with pork, and pepper, that’s the main dish that we have. It has to be rice in the meals, yeah

(Hmong F, 32 y.o., I (>10 yrs)).

2) Nothing is different between family meals then and now: African Americans (6/25) most frequently reported no differences between family meals as children and family meals now. One mother said, “I pretty much do the same things with my family” (African American F,

30 y.o., NI). Another said, “I kind of keep it pretty much the same as my mom did. I try to keep it on those basics, cause she had good values” (African American F, 36 y.o., NI).

Research Question #3: What lessons did parents learn from their own parents and grandparents about family meals?

Overall Themes: 1) Parents learned that family meals are important; 2) Parents learned how to prepare food

Themes different by race/ethnicity or immigration status: 3) Parents learned about health and nutrition

1) Parents learned that family meals are important: All racial/ethnic groups reported learning from their own parents/grandparents that family meals are important (93/150). Non-immigrant families (62/87) endorsed this lesson more often than immigrant families (30/63); immigrant families in the US more than 10 years (29/48) endorsed this lesson more often than immigrant families in the US <10 years (5/15). One mother said, “They always taught me to eat as a family, not scattered around the house....my grandma, she was always that family oriented person” (African American F, 28 y.o., NI). Another said, “[I learned] that it’s important, basically you get to converse and communicate about whatever’s going on in your little life, your problems and issues” (Native American F, 30 y.o., NI).

2) Parents learned how to prepare food: Parents from all racial/ethnic groups (and immigrant/non-immigrant status) except White families reported learning about how to prepare food from their own parents/grandparents (33/150). Immigrant parents in the US <10 years were more likely to endorse this theme (9/15) compared to immigrants in the US >10 years (8/48). One mother said, “Cooking is very important to me, because I learned young and I had come from a big family” (Native American F, 52 y.o., NI).

Another mother said,

Well, I learned from my family to cook for my children and never order from restaurants or get take out, I like to feed my children with my own hands. My mom always believed you should always make extra food in case you had relatives or neighbors come over and have a variety of food in your kitchen

(Somali F, 38 y.o., I (>10 yrs)).

3) Parents learned about health and nutrition: Hmong parents (8/25) reported learning about health and nutrition from their parents/grandparents, in particular learning about how to eat to prevent illness. One parent recalls learning, “Don’t eat too much [without thought] in case it makes you sick” (231). Another learned, “The important thing when we come together to eat at the table is that we eat good food. Don’t eat the bad food that will create illness for your body” (Hmong F, 40 y.o., I (>10 yrs)).

One mother said,

When younger...we would eat leafy vegetables and eat green beans...and you see your mom, your dad, your grandparents eating leafy vegetables mostly so they did

not have health problems. And so now I want to give that kind of stuff too. Now we eat more leafy vegetables, eat beans

(Hmong F, 34 y.o., I (>10 yrs)).

Research Question #4: What lessons are parents passing to their own children about family meals?

Overall Themes: 1) Parents teach that family meals are important; 2) Parents teach about health and nutrition

Themes different by race/ethnicity or immigration status: 3) Parents teach children how to cook; 4) Parents teach how to behave at family meals

1) Parents teach that family meals are important: Across all racial/ethnic groups, parents described teaching their children that family meals are important (51/150). Parents teach their children that it is important to sit down for a meal and connect as a family. Immigrants in the US longer than 10 years (26/48) were more likely to report teaching their children that family meals are important than immigrants in the US <10 years (4/15).

One parent said,

I guess what we've been trying to teach them is, we at least should have one meal together, even if it's a busy day, let's try to have one meal together. During that time, no other distraction, no electronics, no TV. Let's have a real talk and see how everyone's day is going

(Hmong M, 29 y.o., I (>10 yrs)).

Another mom said,

Yes, because if we eat separately it is not right. I have seen some families that eat at different times. I try not to teach that to my children....they have to have a family meal at a particular time with all of us....we have to be together all the time for meals

(Latino M, 39 y.o., I (>10 yrs)).

2) Parents teach about health and nutrition: Parents reported teaching their children appropriate portion sizes, which foods to avoid and which foods are healthy, and how to eat to avoid illness (22/150).

One mother said,

My daughter Cora, she likes to eat sweet stuff. So I tell her about diabetes and you know how we're Native American and it's more, we're more apt to get diabetes than any other person...and I told her how bad it is for her teeth...

(Native American F, 31 y.o., NI).

Another mother said,

Health, I think. We talk a lot about why we eat this food to keep us healthy and strong. We're always saying healthy and strong, and in our kitchen, I don't know if

you noticed, we have pictures of like veggies and grains and just really wholesome food, and we're...I feel like we're constantly talking about food

(Latino F, 35 y.o., NI).

3) Parents teach children how to cook or prepare meal: Latino (7/25) and African American parents (5/25) reported teaching their children how to cook or help set up the meal (e.g., grocery shopping, setting the table). This was not reported by White or Native American families. One parent said, "I'm trying to pass on to them...know how to shop for things, for the quality of foods, and where you get good quality foods from, you get the deals and everything" (332). Another said, "They're very involved in that as far as setting the table, putting the dishes away after the meal. Everyone has to play a role" (African American F, 35 y.o., NI).

One mother said,

One of them will do the salad, the other one will do the dishes while I am cooking, and I'm showing them, like "Okay, today we're going to do this recipe." Like a banana bread—or, sometimes we end up doing like a show here. Like okay, he's doing the banana bread, I'm doing the angel hair, and the other one is doing the lasagna. It's a lot of work but I know a lot like how to cook, so one of them will say "I want lasagna" so "Okay, let's do the lasagna". We check what we have

(Latino F, 43 y.o., I (>10 yrs)).

4) Parents teach how to behave at family meals: Latino (8/25), Somali (7/25), Hmong (7/25) and White families (4/25) reported teaching their children meal behaviors, including not having electronics at the meal. One parent said, "I learned from my family how to eat together and tell my kids this too. To wash your hands before you eat with them. I taught them to eat together and talk to one another while we sit and eat" (Somali M, 38 y.o., I (>10 yrs)). Another parent reported teaching, "Just don't be childish [at meals]. Act like grownups" (Hmong M, 34 y.o., NI).

One mother said,

Like I told my older son, "Turn off the phone." You know, and I said, "You are the example for your little ones. So you're doing that, so she will do the same thing. So you are naturally the older one" is more the example, be the example for them....cleaning the table, doing the dishes. I said, "You are like a mother"

(Latino F, 43 y.o., I (>10 yrs)).

Research Question #5: What do parents wish they did now regarding family meals that they experienced as children?

Overall Theme: 1) Parents wish that family meals were given the importance they had when they were children

1) Parents wish that family meals were given the importance they were when they were children: Parents (21/150) reported wishing that family meals were more intentional now, and that they were a place to talk to each other and connect. Parents also expressed the wish

that family meals included extended family more like they did when they were children. This was reported by all race/ethnicities except for Somali. One mother said, “Like bigger family meals, because my family is small, it’s just me and my kids. So if we could be able to do all of my family...do it like we used to, because it will be all of my family, like a lot of people together” (African American F, 24 y.o., NI) .

Another mother said,

Yeah, my dad would usually make us eat with them, and then after we eat, we would talk about, I mean, while we were eating, he would ask us how was our day at school, or if we have anything [to talk about]... he wanted us to tell him too, you know? Kind of like a family dinner and talk how our day is, you know? And I do that sometimes with my kids, but I’m a busy mom, you know? Sometime I just come home, immediately have the dinner and then rush and do homework, yeah. So I wish I had that time where I want them to sit with me and we can discuss more of what the day, how their day went, you know

(Hmong F, 32 y.o., I (>10 yrs)).

Research Question #6: What challenges do families face in carrying on family meal practices?

Overall Themes: 1) Busy schedules; 2) Chaotic home environment; 3) Food shortage or money concerns; 4) No challenges carrying out family meal practices

1) Busy schedules: Across all race/ethnicity and immigrant groups, families reported the biggest challenge to having family meals was being busy and having a lot of activities to accomplish (e.g., sports, work) (84/150). One mother said,

Actually we are not at home almost every day. That is the challenge. And I work full time and go part time to school. That is a big, big—so at the end of the day when I come home and I pick them up from daycare, of course it’s—I am exhausted

(Somali F, 33 y.o., I (>10 yrs)) .

Another mother said,

You know, we are gone all day. I haven’t seen my kids since this morning, 7:15. You know, some of them I won’t be seeing until 8:00 p.m. with basketball and after school, and all that. So by then they’ll have their dinner and everything, you know. I won’t be getting home until 5. So mealtime is really not even something that—it’s necessary, you know. If we come home, we’ll just have to eat whenever we can

(Somali F, 35 y.o., I (>10 yrs)).

2) Chaotic home environment: Parents report a chaotic home/mealtime environment as being a barrier to having family meals (33/150). This includes trying to prepare a meal when kids are all over the place or are hungry and irritable. Parents also report difficulty getting children to come to the dinner table and sit still. This sub-theme was most often endorsed by White families (9/25); those born in the US (25/87) endorsed this sub-them more than

immigrant families (8/63); it was also endorsed only by immigrant families in the US more than 10 years (7/48). Somali families did not endorse this sub-theme. One parent said, “Probably once a week, we end up either not making it to the table, or we made it to the table, but then somebody gets grumpy and everything sort of falls apart” (White M, 41 y.o., I (>10 yrs)).

One parent said,

The family meals, they’re difficult to prepare because they take time to prepare and it’s right at the time of the day when the kids are tired, and they go absolutely nuts. So one person is cooking, and the other person is taking care of the kids, and the kids are going absolutely nuts. So they always take too much time to prepare. And then, you prepare them and you sit down and you know, the kids seem to take one bite and be done. And the kids use bad manners when we’re sitting there. And it’s also kind of a time when my wife and I can be together, and like the kids are going nuts while we’re having the one time of the day where we can sit down and chat

(White M, 40 y.o., NI).

3) Food shortage or money concerns: Parents reported not having enough resources (e.g., food, money) as a barrier to having family meals (22/150). This was endorsed most frequently in Hmong families (7/25). Parents endorsing this theme felt that it costed more to eat healthy, and that healthier foods (e.g., fruits) spoil quickly. One parent said, “We just have to wait to get enough to buy [food]. We just can’t have everything. We all just have to sacrifice a little bit” (Hmong M, 34 y.o., NI).

Another parent stated,

Food is very expensive, and it seems like the healthiest foods that we, you know, should be eating on a daily basis is the most expensive. So sometimes I’m like okay, should I get this asparagus, or you know, forget the asparagus today, I can get an extra pack of chicken or something like. That’d be a big challenge, cause I don’t like being clipped, you know

(African American F, 31 y.o., NI).

4) No challenges carrying out family meal practices: Some parents (27/150) reported not having any challenges to having family meals. This was most frequently reported by Somali parents (11/25); immigrant families in the US less than 10 years more frequently endorsed this theme (6/15) than immigrant families in the US more than 10 years (11/48). One mother said, “Nothing at all. We always are able to find time to spend and eat a family meal” (Somali F, 38 y.o., I (>10 yrs)) . Another said, “I don’t face any problems. I don’t know what the future holds but, as of now, I don’t face any challenges making family meals” (Somali F, 27 y.o., I (>10 yrs)) .

Research Question #7: How do families handle the challenges with intergenerational transmission of family meal practices?

Overall Themes: 1) Get take out or serve quick foods; 2) Accommodate schedules

Themes different by race/ethnicity or immigration status: 3) Change purchasing habits

1) *Get take out or serve quick foods:* Parents reported accommodating busy schedules by getting take out (e.g., fast food) or serving quick foods (e.g., frozen pizza) (39/150). This was reported by all racial/ethnic groups, but was highest in African Americans (10/25) and lowest in Latino (2/25) families. Also, only immigrant families in the US more than 10 years endorsed this sub-theme (13/48); it was not reported by any immigrant families in the US less than 10 years. One parent said, "...the other days it's chaotic, and it's sandwiches for dinner in front of the TV" (African American F, 34 y.o., NI) . Another said, "I just try to prepare something that doesn't take that long to cook" (African American F, 24 y.o., NI) . Another mother stated, "If I don't come in time, or if depending on traffic...their dad, he'll run to Cub Foods and grab chicken" (Hmong F, 28 y.o., NI).

2) *Accommodate schedules:* In order to have family meals despite busy schedules, families reported changing the time of the meal (e.g., based on work schedules), eating in shifts, or having to eat without all family members present. This sub-theme was endorsed most frequently by White (11/25) and Latino (10/25) families. It was also endorsed more frequently by immigrant families in the US more than 10 years (32/48). One mother said, "It is very often that my husband is not at home and we have to eat without him. Sometimes I am not home and they eat without me" (Latino F, 34 y.o., I (>10 yrs)). Another said, "Sometimes Ed works until 8pm sometimes, and if my food's done, me and the kids will sit down and eat. Then he'll come home and eat—then we'll come sit and visit with him" (Native American F, 46 y.o., NI).

One parent said,

And it's usually nice and enjoyable, unless there's like a soccer game, then it gets a little rushed. Then I eat with Sandra, and then when Dad comes back with Alex, he eats with him. But generally I'm sitting there with them too. Sandra might be like playing outside but we usually eat together

(White F, 43 y.o., I (>10 yrs)).

3) *Change purchasing habits:* Hmong (6/25), Native America (4/25) and African American (4/25) families reported changing their purchasing habits in response to having limited funds to purchase food for family meals. One parent said, "Fruit is more expensive, so I notice that we tend to have less fruits with our meals" (Hmong F, 24 y.o., NI) . Another said, "Yeah, food shelves. I get food stamps, so that helps a lot. Sometimes friends, if we're really down and out, I'll ask a friend to buy us some groceries" (Native American F, 42 y.o., NI) . Another said,

Yeah, borrow from neighbors. And I also have a real nice close connection with the store manager, and they sell fruits and produce down there. He would let me come in and grab a few things for me to be able to make food for my kids. And I would later on, I would come back and pay him

(African American F, 22 y.o., NI).

Discussion

Findings for the overall sample

Across racial/ethnic groups and immigrant status, parents endorsed some similar themes with regard to differences and similarities between meals then and now, the lessons learned from parents/grandparents, and the lessons passed to their own children through the intergenerational transmission of family meal practices. One theme that stood out is the importance placed on family meals. Parents reported learning that family meals were important and they passed this lesson on to their own children. This core belief offers an excellent starting point for any health care provider or researcher working to improve or increase family meals across diverse families.

Overall, parents reported differences in the meal atmosphere (e.g., meals now are more fun and a time to connect) and being less strict about family meal rules between meals now and then. Some parents endorsed wishing that family meals had the same level of importance in their families now as they did as children. This is a new finding in the literature and it would be important for future research to follow-up on this finding using quantitative research to assess whether this is a generalizable finding. At the same time, parents reported that busy schedules were the biggest challenge to having family meals; a chaotic environment was the second most endorsed challenge to family meals. This finding is similar to previous literature examining barriers to family meals.⁶ Previous literature also demonstrates that parents are motivated by their childhood experiences to have positive family meals with their own children.^{12,13} Therefore, when working with families to promote family meals, it may be helpful to draw on the parent's childhood experience of family meals and what parents/grandparents did to make the meal meaningful in order to motivate current family meal practices. It may be helpful to have parents discuss their own goals for family meals and their comfort in accommodating busyness (e.g., changing the time of the family meal). This would aid in developing strategies to accomplish these goals in light of busyness/chaos that are reflective and respectful of the family meal values and traditions they learned from their own parents/grandparents.

Immigrant families and time in the US

While the importance of family meals was a strong theme, differences in family meals appeared among immigrant families and time in the US. Immigrant families in the US more than 10 years were more likely to report learning from parents/grandparents that family meals were important and to endorse teaching their own children this lesson compared to immigrant families in the US less than 10 years. While family meals are shared across cultures, actively thinking about family meals may be a US cultural concept. The longer parents are in the US, the more exposed they may be to family meal messages, perhaps leading them to reflect on their own family meals. Or, it may be that immigrants in the US for a longer period of time may become more nostalgic for their family meals as children, which makes them reflect on the positive lessons they learned about family meals from their parents/grandparents.

Time in the US may also be driving other parent responses. For example, immigrant families in the country longer than 10 years were more likely to say the food they eat is different than it was when they were children, whereas immigrant families in the US less than 10 years were more likely to say the food now is similar. This supports previous literature that demonstrates that immigrants' eating patterns are influenced by their time in the United States (US).^{15–20} This study was conducted in the Twin Cities where there are many immigrant communities and easy access to ethnic foods; it would be interesting to see if these results would be similar for immigrant families in other parts of the US. Immigrant families in the US more than 10 years more frequently endorsed accommodating family member's schedules in order to have family meals and that a chaotic environment was a challenge to having family meals. Immigrant families in the US less than 10 years did not report a chaotic environment as a challenge to family meals, were less likely to serve quick foods at a family meal in response to being busy, and more frequently endorsed having no challenges to family meals. It may be that immigrant families perceive having a busier life the longer they're in the US; they may also be more open to being flexible with how a family meal runs (e.g., not a set time, eating fast food).

Racial/ethnic differences

While many overall themes were similar across racial/ethnic and immigrant groups, there were racial/ethnic differences. For example, Somali parents (who were all immigrants), more frequently endorsed having no challenges with intergenerational transmission of family meal practices and that nothing was different between family meals now and growing up compared to other racial/ethnic groups. They also reported that the foods they eat now are similar to the foods eaten as children and did not report a chaotic environment as a challenge to family meals now. This is a new finding in the literature and it would be important for future research to confirm this finding with quantitative methods. Somali families may be rooted in the traditions they had growing up, and therefore, it is important to discuss childhood family meals when trying to improve or increase family meals now. Somali families may be less exposed to family meals messaging, and therefore, spend less time reflecting on the family meal as an event. Or perhaps they may feel less comfortable discussing topics like challenges to family meals. When discussing family meals with immigrant parents, it may be important to consider that families have learned about family meals from their own childhood experiences but may be at different stages in their learning about family meals from a US-based perspective.

There were many strengths to this study. A large, racially-diverse sample allowed for deep qualitative exploration of themes surrounding family meals. The study also benefitted from having a range of families at different immigrant status levels (including range of time in the US). Interviews were conducted in the participant's preferred language by a member of their own community, which would allow participants to express themselves in the language they are most comfortable speaking. While study results were not reviewed with the study sample, a form of member checking was done through the diverse research team who helped provide interpretations of results. A limitation to this study is that the majority of participants were female; results may vary if conducted with male caregivers. Also, results may vary if done in an area of the country with less refugees/immigrants and, therefore,

fewer resources (e.g., culturally-specific grocery stores). It is important to consider that themes not endorsed in some racial/ethnic groups do not indicate that the theme is not important to that group, but perhaps was not elicited by the nature of a semi-structured interview.

Results of this study demonstrate that the consideration and exploration of intergenerational transmission of family meal practices may be important when intervening on family meal practices. Future research may want to explore the intergenerational transmission of family meal practices in other racial/ethnic groups. In encouraging families to have more frequent family meals, it is also important to understand the nature of the busyness immigrant groups reported or how changes in financial stability, social support, or work status as a result of immigration impact the ability to maintain family meal practices.

Conclusions

In the current study the importance of family meals was found to be a value passed on intergenerationally across all racial/ethnic groups, which may offer a strong starting point for health care providers or researchers wanting to improve or increase family meal practices in diverse families. Study results suggest that intergenerational transmission of family meal practices varies across racial/ethnic groups, and in particular, time in the US as an immigrant. In addition, childhood family meal experiences are important to explore when intervening with parents with regard to family meal practices. However, regardless of childhood family meal experiences, families now appear to have the same challenges to having family meals (e.g., busy schedules). Finding positive solutions to these challenges should draw on the parent's childhood experience with family meal practices, racial/ethnic group, immigrant status, and time in the US.

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Table 1

Family Matters Demographic Characteristics (n=150)

Parent/Primary Guardian Characteristics	Primary Caregiver (n=150) N (%)
<i>Female</i>	137 (91%)
<i>Age in years (sd)</i>	34.5 (7.1)
<i>Relationship to Target Child</i>	
Mom	130 (87%)
Dad	13 (9%)
Grandparent	3 (2%)
Other	4 (2%)
Born in the United States	87 (58%)
<i>Immigrant Time in the United States</i>	
<1 year	1 (2%)
1 year - <5 years	6 (10%)
5 years - <10 years	8 (13%)
10 years - <20 years	31 (49%)
20 years - <30 years	13 (21%)
30+ years	4 (6%)
Household Characteristics	
N (%)	
<i>Number Adults in Home (sd)</i>	2.0 (1.1)
<i>Number Children in Home (sd)</i>	3.3 (1.4)
<i>Household Structure</i>	
One Parent (no other adults)	37 (25%)
One Parent (w/ other adults)	18 (12%)
Two Parents (no other adults)	78 (52%)
Two Parents (w/ other adults)	17 (11%)
<i>Work Status (Primary Caregiver and Significant Other)</i>	
Working full-time	63 (42%)
Working part-time	32 (21%)
Stay at home caregiver	25 (17%)
Currently unemployed, seeking work	18 (12%)
Not working for pay (e.g., unable to work, retired, student)	11 (7%)
Missing	1 (1%)
<i>Household Income</i>	
Less than \$20,000	50 (33%)
\$20,000 – \$34,999	55 (37%)

Parent/Primary Guardian Characteristics	Primary Caregiver (n=150)
	N (%)
\$35,000 – \$49,999	16 (11%)
\$50,000 – \$74,999	12 (8%)
\$75,000 – \$99,999	7 (5%)
\$100,000 or more	9 (6%)
Missing	1 (1%)

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Table 2**Interview Questions for Family Matters study Investigating the Intergenerational Transmission of Family Meal Practices**

Interviewer: I am interested in learning about how you ate together in the family you grew up in. This is often called a “family meal,” when adults and children living in the same household eat together.

- 1 How are family meals in your own family today similar or different from family meals when you were growing up?
 - 2 Are there things done related to family meals in the family you grew up in that you wish you did in your family now?
 - 3 What lessons did you learn from your parents and grandparents about eating together as a family?
 - 4 What messages have you passed on to your children (e.g., shopping for food, preparing meals for your family, eating together)?
 - 5 Many families tell us that they face challenges in eating family meals. What are some of the challenges your family faces?
 - 6 What has your family done to deal with some of these challenges?
-

Table 3
Qualitative Themes Regarding the Intergenerational Transmission of Family Meal Practices

Themes Endorsed by Full Sample (>15% of participants)	Differences by Race/Ethnicity, Immigrant Status, Time in the United States (US) as an Immigrant	Themes Endorsed by Racial/Ethnic Groups
<p>Research Question #1: What differences do parents describe between mealtimes with the family they grew up in (i.e., “then”) and their current family (i.e., “now”)?</p> <p>Types of food eaten are different</p> <p>Meal atmosphere and conversation is different</p> <p>Mealtime rules are different</p>	<p>This theme most frequently reported by <u>Hmong, Latino, and White</u> participants.</p> <p>This theme most frequently reported by <u>Native American and White</u> participants.</p>	<p>Somali participants: How food is served is different</p>
<p>Research Question #2: What similarities do parents describe between family meals then and now?</p>		
<p>Food eaten at family meals then and now is similar</p>	<p>This theme most frequently reported by <u>Hmong, Latino, and Somali</u> participants.</p>	<p>African American participants: Nothing is different between family meals then and now</p>
<p>Research Question #3: What lessons did parents learn from their own parents and grandparents about family meals?</p>		
<p>Parents learned that family meals are important</p>	<p>This theme endorsed by a) non-immigrant participants more than immigrant participants; and b) immigrant participants in the US over 10 years more than immigrant participants in the US 0–10 years.</p>	<p>Hmong participants: Parents learned about health and nutrition</p>
<p>Parents learned how to prepare food</p>	<p>This theme endorsed by immigrant participants in the US 0–10 years more than immigrant participants in the US over 10 years.</p>	
<p>Research Question #4: What lessons are parents passing on to their own children?</p>		
<p>Parents teach that family meals are important</p>	<p>This theme endorsed by immigrant participants in the US over 10 years more than immigrant participants in the US 0–10 years.</p>	<p>Latino and African American participants: Parents teach children how to cook</p>
<p>Parents teach about health and nutrition</p>		<p>Latino, Somali, and Hmong participants: Parents teach how to behave at family meals</p>
<p>Research Question #5: What do parents wish they did now, based on family meal experiences when growing up?</p>		
<p>Parents wish that family meals were given the importance they had when they were children</p>	<p>This theme was endorsed by all racial/ethnic groups other than Somali.</p>	
<p>Research Question #6: What challenges do families face in carrying out family meal practices?</p>		
<p>Busy schedules</p>		
<p>Chaotic home environment</p>	<p>This theme was endorsed most frequently by <u>White</u> participants and only by immigrant participants in the US over 10 years. Participants born in the US endorsed this theme more than immigrant participants. Somali families did not endorse this theme.</p>	
<p>Food shortage or money concerns</p>	<p><u>Hmong</u> participants most frequently endorsed this theme.</p>	
<p>No challenges carrying out family meal practices</p>	<p><u>Somali</u> participants most frequently endorsed this theme. Immigrant participants in the US 0–10 years endorsed this theme more frequently than immigrant participants in the US over 10 years.</p>	

Themes Endorsed by Full Sample (>15% of participants)	Differences by Race/Ethnicity, Immigrant Status, Time in the United States (US) as an Immigrant	Themes Endorsed by Racial/Ethnic Groups
<p>Research Question #7: How do families handle the challenges to intergenerational transmission of family meal practices?</p> <p>Get take out or serve quick foods</p> <p>Accommodate schedules</p>	<p>African American participants most frequently endorsed this theme. It was only endorsed by immigrant participants in the US more than 10 years (i.e., it was not reported by immigrant participants in the US 0–10 years).</p> <p>This theme endorsed most frequently by White and Latino participants and immigrant participants in the US more than 10 years.</p>	<p>Hmong, Native American, and African American participants: Change purchasing habits</p>