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Perceptions of Whole Plant-Based Diets and Weight among Hispanics in Miami, Florida

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2025

Abstract

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Abstract

Being overweight or obese poses major public health concerns and contributes to the development of chronic illnesses. While researchers have explored how a total plant-based diet impacts excess body weight or obesity, there is still a lack of clarity about how Hispanics living in Miami, FL, perceive or understand this diet concerning overweight and obesity. Using a generic qualitative approach, this study was conducted on how Hispanics in Miami, FL, understand and view a whole plant-based diet (WPBD) for preventing and reducing overweight and obesity. Through interviews with 14 diverse Hispanic participants, the study revealed that they see WPBD as a healthful diet focused on whole, minimally processed plant foods while avoiding processed and animal products. Health knowledge, education, cultural and social factors influenced their perceptions. Participants noted experiencing health benefits, including lower lipid levels, blood pressure, and blood sugar levels; increased energy; and decreased inflammation. Despite obstacles like limited healthcare support and social challenges, they show strong confidence and dedication to the diet, considering it a sustainable and empowering method for weight and chronic disease management. The findings highlight WPBD's cultural relevance and potential to improve health outcomes in the Hispanic community, offering important insights for health professionals to create culturally appropriate obesity interventions and foster positive social change.

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Dedication

I am deeply grateful to our Heavenly Father for granting me wisdom, strength, and perseverance, and for revealing insights—particularly in statistics—that I could not have discovered on my own. I claimed this promise as I went through this journey: “Call to me, and I will answer you and tell you great and unsearchable things you do not know” (New International Version Bible, 2011, Jer. 33:3).

I sincerely appreciate the encouragement from my loved ones and friends. Especially my husband, Al Richard Powell, DBA, MBA, MFT, who has been my classmate since we got married. I am grateful for your unwavering assistance and motivation during every step of this path. I also extend my thanks to my mother, Gloria, who prayed for me and came to my rescue when I needed help. Our sons Danny and Felipe, you are my inspiration.

For the outstanding persons who have struggled with overweight and obesity, this research is a tribute to you. I have committed to exploring the advantages of practicing healthful habits, including maintaining a balanced and nutritious diet.

Acknowledgments

Above all, I praise God, who ignited my passion for learning and gave me another opportunity to live and utilize the talents He has entrusted to me to serve others.

I am also profoundly grateful to my advisors, Dr. Nina Bell and Dr. Jason Baker, for their steadfast support, insightful feedback, and encouraging words. Their thought-provoking questions pushed me to refine my thinking and elevate the quality of my work. Their mentorship contributed to the success of this academic endeavor.

Likewise, I recognize the administrative and technical staff at Walden University for their helpful support and for fostering a learning environment conducive to meaningful research.

To my husband, Al Powell, our children, Danny and Felipe, and my mother, Gloria—your unconditional love, patience, encouragement, sacrifices and your belief in me from the very beginning made this accomplishment possible.

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Chapter 1: Introduction to the Study

Dietary habits and lifestyle behaviors closely influence obesity and overweight. According to Fitch and Bays (2022), obesity is a chronic, progressive, and treatable neurobehavioral disorder influenced by various components, including excess fat tissue and its harmful effects on metabolism, physical function, and psychological well-being. Wang et al. (2020) attributed the global obesity epidemic to unhealthy diets, sedentary lifestyles, and environmental changes. In the United States, obesity is the second most common cause of death that could be prevented, following cigarette consumption. An increased body mass index (BMI) results in approximately 4 million deaths each year, primarily due to heart disease, type 2 diabetes, and kidney-related conditions (Shekar & Popkin, 2020). The severity, the degree, and duration of excess weight significantly raise the risk of developing and dying from non-communicable diseases (Shekar & Popkin, 2020).

Evidence suggests a plant-centered diet is essential for decreasing inflammation connected to poor eating habits. Escalante-Araiza et al. (2022) discovered that people following plant-based diets experienced reduced body weight, improved cholesterol levels, and lower concentrations of inflammation-related biomarkers in their bloodstream. Additionally, Guzmán et al. (2022) carried out a study involving 51 Hispanic participants following a vegan diet (23.5%) and an ovolactovegetarian diet (76.5%) in Venezuela. They discovered that people adhering to a vegan diet had a reduced BMI of 21.6, compared to 23.2 among those on a lacto-ovo-vegetarian dietary pattern. Likewise, Singh et al. (2020) evaluated the effectiveness of the Healthy Eating Lifestyle Program (HELP) in supporting a healthy weight. The intervention centered around a hospital-based and family-oriented strategy, integrating a culturally customized, plant-based dietary regimen designed explicitly for Hispanic/Latino children experiencing overweight or obesity. Healthy Eating Lifestyle Program [HELP] offers initial indications that when a healthcare organization offers an intervention specifically designed for the culture and adapted for families, provided within the context of culturally responsive care, it can successfully tackle obesity in children and adults within Hispanic/Latino families living in a region with limited access to medical services (Singh et al., 2020). While numerous studies have explored obesity within the Hispanic population, there is a lack of research examining whether Hispanics who adhere to a plant-based diet exhibit a decreased BMI relative to omnivorous eaters.

Background

The World Health Organization (2021) stated that since 1975, the global rate of excess weight has surged nearly three times. By 2016, more than 1.9 billion individuals over 18 years met the criteria for being overweight, with over 650 million meeting the criteria for obesity. In the United States, Benusic and Cheskin (2021) reported that more than 1 in 3 adults suffer from obesity. The high occurrence of this condition makes it a pressing public health matter, as it closely relates to serious diseases like metabolic disorders, heart-related illnesses, and various cancers, reduced quality of life, and increased mortality. Additionally, obesity contributes to around $150 billion in healthcare expenses annually (Benusic & Chesskin, 2021). These health and financial implications highlight the critical need for effective strategies to prevent and address obesity.

Researchers have highlighted the complex and far-reaching effects of overweight and obesity, which impact both developed and developing nations and contribute significantly to chronic illnesses. Wang et al. (2020) noted a consistent rise in the U.S. obesity prevalence since 1999, with marked differences across demographic groups and regions. For adult men, obesity (33.7%) and overweight (71.6%) rates remained relatively stable between 2009 and 2012, but both began to rise again, reaching 38% and 74.7% respectively by 2015–2016. On the contrary, Wang et al. reported a consistent increase in both obesity (41.5%) and overweight (68.9%) rates among women from 1999 through 2015–2016. Furthermore, Howell et al. (2022) reported that obesity affects 47% of Hispanic/Latino adults in the United States, compared to 38% of non-Hispanic White adults. The National Institute for Health Care Management Foundation (n.d.) estimated that by 2024, the annual healthcare expenses associated to excess weight in the United States would reach around $385 billion. Additionally, the Centers for Disease Control and Prevention (2022) noted that absence from work linked to obesity costs the United States between $3.38 billion and $6.38 billion ($79 to $132 per person with excess weight) annually. These costs encompass medical expenses—like prevention, diagnosis, and therapy—and other costs, including lost productivity due to illness, reduced work performance, early death, and disability.

Through this qualitative study, I intended to describe residents' perceptions regarding the use of a whole plant-based diet in managing overweight and obesity in Miami, FL, thus contributing to the gap in the current knowledge. Additionally, this research's preliminary results can inform health promoters about the risks of refined diets of animal origin which are high in fat and sugar and the benefits of a plant-based diet in promoting a healthy weight. Finally, this study will impact social change by reducing the risk of morbidity and mortality linked to overweight and obesity among Hispanics in Miami, FL, in the United States.

Problem Statement

Overweight and obesity are significant issues of both national and public health importance. However, there remains uncertainty regarding the perspectives or comprehension of Hispanics in Miami, FL, regarding diet and BMI. According to Borazjani et al. (2022), harmful eating patterns are a key factor in the onset of obesity and long-term illnesses, including diabetes and heart-related conditions. Similarly, Ismail and Majeed (2021) noted that people dealing with higher body weight often face serious mental health issues, particularly severe depression and low self-confidence. Sanchez et al. (2021) also pointed out that obesity rates are higher among Hispanics (42.5%) compared to non-Hispanic whites (32.6%). Addressing obesity is especially important for health educators, given that the Hispanic or Latino population makes up 23% of the U.S. population—approximately 62.1 million people, as reported in the 2020 census (Jones et al., 2021). Scholars have identified solutions to overweight and obesity, such as dieting, physical activity (Olsen et al., 2024; Vandevijvere et al., 2023), smartphone apps, wearable activity monitors (Price et al., 2022), pharmacotherapy (Fujioka and Harris, 2020), and behavior change (Beverly, 2024).

Additionally, Singh et al. (2020) claimed that plant-based diets focusing on minimally processed whole foods and reduced intake of refined cereals hold significant potential for managing obesity. However, there is a lack of data on how well this approach translates to diverse populations. Similarly, Jaceldo-Siegl et al. (2019) asserted that observational research and interventions employing dietary strategies emphasizing healthful food choices highlight the effectiveness of plant-based diets for managing obesity or weight-related conditions, particularly among non-Hispanics. Nevertheless, there is limited understanding of how applicable these findings are to Hispanic/Latino and other U.S. health-disadvantaged populations. To fill this gap, I explored the perceptions of Hispanics living in Miami, FL, about plant-based diets in preventing overweight and obesity.

Purpose of the Study

In this research, I aimed to examine how Hispanics residing in Miami, FL, interpret and view the use of a whole plant-based dietary approach to combat and lower the risk of overweight and obesity. Many individuals in this population typically consume diets high in fat and sugar, with a strong emphasis on animal-derived foods, which seems to play a role in the growing prevalence of obesity and excessive weight gain. Hernandez et al. (2024) identified this trend, showing links between sugary drink consumption and weight gain. Similarly, Maldonado et al. (2021) reported that Hispanics living longer in the United States consumed more hamburgers, French fries, and sodas than traditional Hispanic foods (rice, beans, meat). Using a generic qualitative design, I gathered participant insights through interviews to better understand their views and experiences with plant-based eating as a tool for managing weight and improving health.

Research Questions

The following questions guided this research:

RQ 1: How do Hispanics living in Miami, FL, understand the concept of a whole plant-based diet?

RQ 2: What are the perceptions of Hispanics living in Miami, FL, regarding the use of a whole plant-based diet to prevent or reduce overweight and obesity?

Theoretical Framework for the Study

This study was grounded in social cognitive theory (SCT), which provided a framework for understanding how personal and environmental influences relate to individual behavior. Developed by Albert Bandura in the 1960s (LaMorte, 2022), SCT explains the dynamic interaction among personal factors (such as understanding, emotions, and biological influences), environmental conditions, and behavioral responses (Bandura, 2011). According to Altman and Mata (n.d.), various factors impact individuals' perceptions of others, including their health, cultural background, social roles, thoughts, and environmental context. In addition, learning occurs through firsthand experiences and observing others' behaviors and consequences (Gordillo & Prescott, 2023). Similarly, SCT centers on the belief that people learn to behave by watching those around them in a social context (Luszczynska & Schwarzer, 2020). Observing others perform specific actions also makes individuals more likely to imitate those behaviors through observational learning (Gordillo & Prescott, 2023). In general, the SCT suggests that the environmental factors and the behavior of others significantly influence the formation of an individual's beliefs and values. Furthermore, Babbitt (2020) found a significant impact of participants' cooking self-efficacy on predicting BMI. Therefore, individuals might need to observe a cooking instructor's demonstrations on how to cook vegetables before attempting the task themselves.

Additionally, according to Haluza-Delay and Davison (2022), individuals actively shape their environments while simultaneously being influenced and formed by those same environments. Bandura (2011) emphasized the importance of self-management in adopting and sustaining healthy behaviors. People establish short-term and long-term goals and experience a sense of accomplishment when they achieve them. However, reaching these goals often requires internal motivation and support from others. Another key element of SCT is self-efficacy, defined as a person's belief in their ability to carry out a specific task (Sebastian et al., 2021). According to MarthaSari et al. (2021), self-efficacy plays a vital role in beginning and continuing behaviors that help in obesity prevention.

In the same way, Okpara et al. (2022) studied the elements that enhanced or limited participants' confidence in managing their nutrition as part of the Nutritious Eating with Soul (NEW Soul) study. They concluded that self-efficacy substantially impacted participants' motivation to follow the recommended dietary guidelines. Participants frequently cited "mastery experiences, vicarious experiences, social persuasion, and positive psychological arousal" (para. 8) as critical motivational factors. Incorporating these four elements into program development will likely result in positive behavioral outcomes in nutrition interventions. In conclusion, the SCT points to the dynamic interaction between individuals and their surrounding environment. It underscores the role of self-control, planning, and confidence in one's abilities to adopt and sustain healthy behaviors, especially in obesity prevention. Additionally, the theory stresses that people learn behaviors by observing others in social settings, with observational learning playing a key role in encouraging the adoption of positive actions.

Nature of the Research

For this research, I employed a generic qualitative design to explore the perspectives of Hispanics living in Miami, FL, regarding the use of a plant-based diet to prevent overweight and obesity. The study involved interviews with 14 English-speaking Hispanic adults in Miami, FL. Through these interviews, I collected data to understand their personal experiences better and to inform the development of targeted interventions to prevent obesity within Hispanic communities.

Definitions

Animal-based foods or omnivorous diets: Consists of food items derived from animals, including meat, poultry, fish, dairy products, and eggs (Elsevier, 2020). Additionally, Dutta (2022) argued that beyond saturated fat and cholesterol, foods derived from animals encompass "sialic acid, N-glycolylneuraminic acid (Neu5Gc), trimethylamine N-oxide (TMAO), heme iron, and advanced glycation end products (AGEs)." (para. 9) These factors contribute to infection, oxidative stress, disruption of gut microbiota, and endothelial lining damage. Together, these effects may increase the risk of developing hypertension, abnormal lipid profiles, cardiovascular diseases, diabetes, and obesity.

Body mass index (BMI): In 1835, Adolphe Quetelet, a mathematician from Belgium, presented the concept of BMI (Carrasquillo & Cueto, 2024). The BMI, as outlined by the World Health Organization (2023), is a simplified approach for determining the ratio between an individual's body weight and stature. Commonly applied to classify adults as overweight or obese. Healthcare providers determine BMI by dividing an individual's weight in kilograms by the square of their height in meters (kg/m^2; Carrasquillo & Cueto, 2024).

Hispanics: Persons with roots in Spanish-speaking cultures or Latin American heritage—especially Cuban, Mexican, or Puerto Rican—who often share cultural and linguistic ties (Flores, 2020; Merriam-Webster Dictionary, 2011).

Lacto-ovo-vegetarian: This plant-based diet incorporates milk, cheese, and eggs (MedlinePlus, 2023).

Obesity: A disproportionate or extreme buildup of body fat that can negatively impact overall health. The World Health Organization (2023) classifies a person with a BMI of 30 or above as obese.

Overweight: Defined as having a BMI of 25 or higher (Centers for Disease Control and Prevention, 2022).

Pesco-vegetarians: Or pescatarians, adhere to a vegetarian diet but consume fish (Wozniak et al., 2020).

Plant-based diet: Storz (2022) noted that "plant-based diet" varies widely among scholars and health practitioners. Some define it as a fully vegan regimen, whereas others interpret it more flexibly, including dairy or aligning with a semi-vegetarian perspective.

This lack of clarity can lead to confusion and make it difficult to compare research findings. For this study, I will adopt the definition provided by Kent et al. (2022), who described plant-based diets as prioritizing foods such as fruits, vegetables, whole grains, legumes, nuts, seeds, and plant-based substitutes, while limiting or avoiding animal-based foods. Similarly, Hargreaves et al. (2023) defined plant-based diets as eating patterns that significantly exclude animal-derived foods.

Ultra-processed foods (UPFs): Are commercially produced and made from modified or unmodified food-based components. They generally provide limited nutritional value. These products are often rich in calories, sugars, fats, and salt, and frequently contain chemicals—such as stabilizers, binding agents, taste intensifiers, and volume extenders—while offering minimal amounts of fiber and essential nutrients (Ribeiro et al., 2024).

Vegan diet: A nutritional approach centered entirely on plant-derived sources, such as whole grains, legumes, nuts, vegetables, and fruits. Individuals adhering to a vegan lifestyle refrain from consuming animal-derived products, including dairy and eggs (National Health Services, 2022).

Assumptions

I presumed all participants responded to the interview questions based on honest knowledge and understanding. I also believe that Hispanics living in Miami, FL, provided their diet preferences, height, weight, and ethnic background, as requested in the interview. Lastly, I assumed the open-ended questions were sufficient to gather the relevant data to address the study's research objectives.

Delimitations

This study specifically examined the perspectives of English-speaking Hispanic individuals living in Miami, FL. The participants were males and females identified as Hispanic and had adhered to a whole plant-based dietary plan for a minimum of 1 year. This study was specifically structured to address solely the research questions. To minimize potential biases that could influence the study's outcomes, it was essential to reflect on and critically evaluate my involvement in formulating the research questions, collecting data, and choosing the study participants (Galdas, 2017). As a researcher of Hispanic heritage, I recognized the potential for personal experiences, cultural familiarity, or assumptions to influence the research process unintentionally. Therefore, I consciously tried to remain objective when designing interview questions, engaging with participants, and interpreting responses, ensuring that the study reflected participants' authentic perspectives rather than my preconceptions or cultural background. Engaging in reflexivity was vital to ensure the trustworthiness and robustness of the research.

Limitations

The study faced a few challenges, including delays in the research schedule due to the need to secure Institutional Review Board (IRB) approval prior to beginning data collection. I also encountered difficulties recruiting enough participants, as some individuals chose not to participate or were reluctant to answer interview questions. The small sample size, limited to participants from the Miami, FL area, prevented me from generalizing the findings. Additionally, I focused the study only on Hispanics who followed a plant-based diet, further narrowing its scope.

Significance

Metabolic disorders pose a significant global health challenge. For instance, Escalante-Araiza (2022) stated that around 69% of individuals in the United States fall into the overweight category and 9% have type 2 diabetes, indicating a substantial portion of individuals susceptible to metabolic dysregulation and the potential risk of experiencing meta-inflammation. Similarly, the Florida Department of Health (2024) reported that presently, only 34% of adults in Florida maintain a healthy weight, with roughly 28% classified as obese and approximately 36% falling into the overweight category. The World Health Organization (2024) indicated that obesity increases the risk of type 2 diabetes, cardiovascular disease, and certain types of cancer. It also affects overall well-being, influencing sleep patterns, mobility, and reproductive health. This study explored Hispanic perspectives on whole foods and plant-based eating, along with their beliefs about the effectiveness of vegetarian diets in preventing and addressing obesity. Peters et al. (2023) highlighted a gap in research regarding the link between plant-based nutrition and the gut microbiome within the U.S. Hispanic population, a group disproportionately affected by obesity and diabetes.

Through controlled clinical studies, Pramil et al. (2020) demonstrated that a diet focused on plant-derived foods may successfully control obesity and type 2 diabetes. However, research on the effectiveness of such interventions across various population groups is still limited. Similarly, the Centers for Disease Control and Prevention (2022) indicated that even a slight decrease in body weight—between 5 and 10%—can significantly decrease the likelihood of developing long-term health conditions and enhance critical wellness indicators such as blood pressure, lipid levels, and blood sugar control. In a study involving 10,797 participants in Geneva, Switzerland, Wozniak et al. (2020) observed that individuals who limited or avoided meat had lower BMI, cholesterol levels, and hypertension rates than those who consumed meat regularly. This growing body of research supports the idea that plant-focused eating patterns may help lower the risk of obesity and long-term health conditions, contributing valuable insights to the field of health promotion. Nevertheless, raising awareness among Hispanics about the advantages of plant-based eating is still crucial. An important consideration is whether they are willing to embrace these dietary changes.

Summary

In this chapter, I examined the global rise in overweight and obesity and their role in increasing chronic disease and mortality rates. The background pointed to the escalating occurrence of obesity in the United States, especially among the Hispanic population, along with associated healthcare costs, disability, and early death due to non-communicable diseases. The problem statement emphasized the public health concern surrounding the higher obesity rates in Hispanics compared to non-Hispanic groups and the urgent need for prevention strategies. I subsequently presented the study’s purpose, which involves investigating this topic through a generic qualitative approach. I designed the research questions to understand how residents of Miami, FL, view whole-food, plant-based nutrition as a means of addressing overweight and obesity. I framed the study using SCT, discussed key assumptions and limitations, defined essential terms, and introduced the scope and boundaries of the research. Lastly, I considered the study's potential to contribute to positive social change.

The following chapter will provide an overview of existing facts on overweight and obesity among Hispanics in Miami, FL, across the United States, and globally. It will emphasize research exploring how dietary patterns—particularly whole-food, plant-based eating patterns—contribute to weight management and the prevention of chronic conditions within the Hispanic community.

Chapter 2: Literature Review

In this chapter, I explore current information about overweight and obesity globally, across the United States, and specifically within the Hispanic population in Miami, FL. The main objective of this literature review was to identify investigations on the relationship between diet and its effects on weight and long-term illnesses, highlight the benefits of whole-food, plant-based eating patterns, and examine the motivations for adopting such diets for managing weight and obesity, particularly within the Hispanic community.

Literature Search Strategy

To conduct this scholarly review on dietary habits among Hispanics concerning overweight and obesity, I accessed the following online academic databases: Emerald, Ebsco, CINAHL, Google Scholar, Science Direct, PubMed Central, MEDLINE, the National Institutes of Health (NIH), ProQuest Dialog and other databases that the Walden library suggested. I also used several keywords in the literature search, including *obesity*, *weight management*, *vegan*, *plant-based*, *vegetarian*, *fruit and vegetable consumption*, *overweight or fat*, *chronic diseases*, *diet*, *cardiometabolic disorders*, and *Hispanic or Latino*.

Background Research Concerning Primary Concepts

Overweight and Obesity

The growing prevalence of overweight and obesity poses a significant challenge for public health, as these disorders lead to a variety of medical issues, such as shortened lifespan and higher medical expenses. The World Health Organization (2024) stated that more than 2.8 million individuals globally lose their lives each year as a result of health complications linked to being overweight or obese. Additionally, these conditions contribute to approximately 36 million disability-adjusted life years (DALYs), or 2.3% of the global total. Obesity is a chronic medical disorder resulting from disrupted energy balance mechanisms, which promote fat accumulation and contribute to the development or worsening of weight-related diseases (Tchang et al., 2021). Likewise, obesity is an escalating health concern caused by an accumulation of excess body fat, which negatively impacts well-being and contributes to a reduced life expectancy and a rise in medical complications (Adhikari et al., 2019). The World Health Organization (2021) defined obesity as having a BMI exceeding 30 kg/m^2, and classified individuals with a BMI ranging from 25 to 30 kg/m^2 as overweight. These sources collectively portray obesity as a multifaceted health issue characterized by an imbalance in energy regulation, leading to excessive body fat accumulation. Consequently, it is crucial to implement broad and practical approaches to tackle and reduce the rising global obesity rates.

The escalating global obesity epidemic poses a critical public health challenge, signaling significant repercussions for future societal well-being. According to the World Health Organization (2021), global obesity rates have increased threefold since 1975. The organization reported in 2016 that almost 2 billion adults around the world were above a healthy weight, with about 650 million classified as severely overweight. Benusic and Cheskin (2021) emphasized that obesity affects more than 1 in 3 individuals across North America. Likewise, Ward et al. (2019) projected that almost 50% of Americans are expected to be obese by the year 2030. Furthermore, severe obesity is forecasted to become the predominant BMI category among specific demographic groups.

The serious public health consequences of obesity include its associations with cardiovascular conditions, type 2 diabetes, and cancer, which impact the quality of life and increase mortality risk (Benusic & Cheskin, 2021). The financial impact is also considerable, with yearly healthcare expenses nearing $150 billion. The rise in overweight and obesity presents a pressing public health challenge due to their association with numerous health complications, including reduced life expectancy and significant healthcare expenditures. These results highlight the need for comprehensive strategies to combat the rising obesity rates and reduce their adverse effects on public health and global economic systems.

The Influence of Nutrition on Weight Management

Studies have shown a strong connection between dietary habits, the likelihood of developing long-term health conditions and weight gain (Lane et al., 2021). Furthermore, inadequate nutrition is a major contributing factor to obesity, chronic diseases, and early mortality both in the United States and worldwide (Kahleova et al., 2018). In the same vein, Hemler and Hu (2019) indicated that 13% of the worldwide adult population experienced obesity, while they classified 39% as overweight in 2016. Furthermore, Verde et al. (2023) contended that the intake of ultra-processed foods like sugary beverages—low in nutritional value but high in calories—promotes the development of obesity and type 2 diabetes. Similarly, Kahleova et al. (2018) noted that a dietary pattern rich in salt and processed meats, combined with a low intake of fruits and vegetables, accounted for 45.5% of cardio-metabolic fatalities in the United States. Overall, this scientific evidence demonstrates the multifaceted impact of dietary choices on body weight regulation and the occurrence of chronic health conditions.

Various studies underscore the widespread nature of obesity worldwide and the impact of nutrition, emphasizing the significance of dietary choices in shaping health outcomes and influencing the leading causes of death. Martínez Arroyo et al. (2020) conducted a study in Chile with 882 participants, analyzing four dietary patterns. The results showed that those who followed a fast food-oriented diet and regularly ate snacks high in salt, unhealthy fats, and added sugars tended to be overweight compared to those who consumed these foods less often. Clemente-Suarez et al. (2023) characterized the standard American diet as including red and processed meats, fried foods, sugar-sweetened beverages, high-fat dairy products, and ready-made meals containing high levels of fructose. Additionally, Hemler and Hu (2019) asserted that consuming animal protein correlated with a higher likelihood of developing type 2 diabetes and dying from heart conditions, whereas consuming plant-based protein was associated with a lower risk of death from all causes. In conclusion, the impact of high-fat, high-calorie diets on health is substantial, with associations to weight gain, chronic diseases, and increased mortality risk.

On the contrary, Clem and Barthel (2021) reported that a whole food, plant-based pattern can aid in weight reduction, enhance the body’s response to insulin, and lower the risk of heart conditions. Similarly, in a randomized clinical trial with 75 participants, Kahleova et al. (2018) examined the effects of such a diet on BMI and insulin sensitivity.

Their findings highlighted that a vegan dietary approach effectively lowered body fat and weight while boosting the body's response to insulin. In another study, Zhu et al. (2021) explored how consuming plant-based foods affects weight regulation and cardiovascular risk for three years, studying 710 participants aged 26 to 70. The results indicated that sustained intake of nutrient-dense plant foods—like fruits, vegetables, and nuts—was particularly effective in supporting weight management and lowering cardiovascular disease risks. In a similar study, Daily and Park (2023) examined how dietary patterns and lifestyle behaviors influenced body fat among a cohort of 53,828 Asian adults aged 40 and above who had a genetic tendency toward obesity. Their findings indicated that a plant-based dietary approach was the most practical strategy for lowering body fat, followed by diets high in protein and reduced in calories. These dietary choices demonstrated the potential to counteract the impact of a heightened genetic predisposition to increased body fat. This evidence emphasizes how a whole food plant-based diet can support general well-being and help prevent long-term illnesses.

Omnivorous Diets

Academic research increasingly highlights the harmful health impacts associated with omnivorous diets. The carnivore or omnivorous eating pattern relies solely on animal-based meals—such as meat, fish, chicken, lard, and low-lactose dairy—while excluding all plant-derived foods (Hall, 2022). Advocates of this diet believe plant foods contain harmful substances, including residual pesticides, and claim that cutting out plants is the most effective strategy for maintaining a sugar-free diet to support weight loss and metabolic wellness (Hall, 2022). However, Najjar (2023) argued that omnivorous diets elevate the risk of heart conditions, while Ghorbani et al. (2023) linked such diets to increased cancer death rates. These findings reveal growing concerns about the negative health consequences of omnivorous diets, even as some supporters continue to promote them for metabolic and weight control benefits.

Research presents mixed conclusions regarding the health effects of red meat consumption. In a survey by Lennerz et al. (2021), 2,029 individuals participated via social media. About 85% disclosed eating red meat daily, fewer than 10% consumed plant-based foods more than once per month, and 37% did not take any vitamin supplements. The findings indicated a low prevalence of digestive, musculoskeletal, and dermatological issues among participants. However, among the subgroup that provided recent lipid profiles, Lennerz et al. noted a marked increase in low-density lipoprotein (LDL) cholesterol levels (172 mg/dL).

In contrast, Fabricius et al. (2021) found that incorporating legumes instead of red meat in Denmark's diet could improve health, as evidenced by a decrease in the burden of chronic conditions measured in disability-adjusted life years [DALYs]. Likewise, in their cross-sectional analysis, Medawar et al. (2020) found that individuals who consumed animal-based products less often tended to have a lower BMI. However, Fabricius et al. also noted that a complete replacement of red meat could raise the risk of inadequate nutrient intake. Overall, these differing results highlight the complexity of how red meat affects health, suggesting a need for further research and a nuanced approach to dietary recommendations.

However, research consistently indicates that omnivorous eating patterns elevate the risk of developing long-term illnesses. Barnard and Leroy (2020) explained that the intake of animal-derived foods increases the likelihood of cancer, potentially due to increased consumption of saturated fats, heme iron, carcinogenic compounds, elevated circulating estrogen levels, and insufficient fiber, vitamins, and minerals. They also referenced data from the Life After Cancer study, which showed that women with a history of breast cancer who consumed at least one daily serving of high-fat dairy faced a 49% greater risk of breast cancer-related mortality than those consuming less than half a serving per day, probably influenced by estrogen exposure. Furthermore, Peña-Jorquera (2023) highlighted that the fast food American diet contributes to various health issues, such as type 2 diabetes, high blood pressure, elevated cholesterol, obesity, and cardiovascular disease, due to its excessive content of sugar, salt, fat, and cholesterol. Taken together, this evidence indicates that omnivorous diets significantly endanger health by raising the risk of chronic conditions, especially cancer.

Ultra-Processed Foods

Maintaining a nutritious diet is essential for disease prevention; however, the growing popularity of UPFs poses a health risk by increasing the prevalence of long-term illnesses. Monteiro et al. (2019) introduced the NOVA classification system, which divides foods into four categories based on their level of processing, with UPFs representing the highest level. Likewise, O’Connor et al. (2023) described UPFs as products that undergo numerous industrial procedures post-harvest, such as decontamination, concentration, grinding, shaping, and freezing or cooking. They also noted that these products often contain cosmetic additives like artificial colors and sugars to improve their appeal. Common UPFs include ready-to-eat frozen meals, packaged breakfast cereals, processed meats, sugary beverages, and alcoholic drinks (Brown et al., 2022). These items are typically high in fats, sugars, and salt, yet deficient in fiber, essential vitamins, minerals, and proteins, making them potentially addictive (Bansal et al., 2022; Madalosso et al., 2023). The widespread replacement of natural ingredients with synthetic additives, flavors, and colors may be a factor in the global rise of obesity and overweight (Neri et al., 2022). Moreover, Monteiro et al. (2019) pointed out that UPFs can lead to high blood sugar, offer minimal satiety, and promote gut inflammation, increasing the risk of conditions such as heart conditions, hypertension, metabolic disorders, digestive issues, and cancer. Overall, the increased consumption of nutrient-poor, highly processed foods presents a troubling shift that may exacerbate chronic health problems worldwide.

Processed Carbohydrates

A diet high in processed carbohydrates can exacerbate obesity and long-term illnesses. According to Aleman et al. (2023), the typical diet among Hispanics leans toward a high carbohydrate intake, constituting around 50% of total energy consumption across different backgrounds. Diet quality variation, as assessed by the Healthy Eating Index, is observed among various ethnicities, with individuals from Mexico, the Dominican Republic, and Central American countries generally exhibiting higher overall dietary quality than other Hispanic groups. Additionally, Berticat et al. (2020) asserted that in the 20th century, Western countries had a notable transformation in dietary habits, adopting UPFs (especially refined carbohydrates and oils) and flavor enhancers (trans-fats, gluten, and high-fructose corn syrup). This dietary shift resulted in a significant rise in refined carbohydrate intake, accounting for over 36% of total energy consumption in the conventional American diet, in contrast to a lesser percentage two centuries prior (Berticat et al., 2020). Furthermore, health professionals have associated this change with various health issues, including obesity, insulin sensitivity, type 2 diabetes, cardiovascular conditions, and dental problems (Almarshad et al., 2022; Cascaes et al., 2023). Researchers also strongly suspect links to other adverse effects such as Alzheimer's, hypertension, infection, cancer, shortsightedness, and acne.

Zanol et al. (2022) investigated the impact of a high-carbohydrate diet (HCD) on female rats for two weeks. Their findings showed that exposure to an HCD led to metabolic disturbances in several organs, including the pancreas, liver, musculoskeletal system, thyroid gland, brown adipose tissue, and white adipose tissue, which may play a role in the development of obesity. Likewise, Her et al. (2020) also demonstrated in mouse models that an HCD may contribute to metabolic dysfunction, hyperglycemia, pancreatic β-cell dysfunction, and obesity. Therefore, the increasing consumption of ultra-processed foods, especially refined carbohydrates, has been associated with negative health effects.

Impact of Sugar-Laden Beverages on Weight Gain

Academic research indicates that refreshments that are high in added sugars—such as sodas and fruit-flavored beverages—pose health risks and contribute to obesity. Emphasizing the adverse health effects of sugar-laden beverages, Carl et al. (2021)

reported that these drinks play a significant role in obesity in children and adults, as well as in the development of type 2 diabetes, dental cavities in children, infertility in adults, arthritis, gout, sleep disturbances, and heart disease. Additionally, Hall et al. (2023) were concerned about misleading marketing practices by U.S. companies. Their randomized controlled trial examined how product labels affect parents' purchasing decisions. They discovered that parents were more inclined to buy sugary fruit beverages labeled "natural" or "all-natural," mistakenly believing they were healthier options for their children. Hall and colleagues called for stronger regulations on such claims to prevent consumer deception and reduce the consumption of sugary beverages.

Likewise, Carl et al. (2021) discovered that parents informed about sugary drinks' harmful health impacts were less inclined to purchase them. In summary, scientific research emphasizes the negative health consequences of high-sugar beverages, which play a significant role in obesity and other related health problems. These insights stress the need for informed consumer choices and the implementation of policies to regulate deceptive labeling, encouraging healthier drink selections.

Plant-Based Diets

Plant-based diets, which emphasize foods mainly sourced from plants, offer a versatile and inclusive approach to eating. McManus (2018) described these diets as being centered around plant-derived foods, including not only "fruits and vegetables but also nuts, seeds, oils, whole grains, legumes, and beans" (para 1). Likewise, Tuso et al. (2013) noted that advocates of plant-based eating promote the consumption of whole plant foods while limiting animal products and highly processed items. Importantly, McManus (2018) clarified that following a plant-based diet does not require eliminating meat or dairy. Instead, it encourages a conscious shift toward choosing more plant-based options. Trautwein and McKay (2020) further demonstrated that plant-based eating can vary widely, from flexitarian diets with minimal meat intake to pescatarian, lacto-ovo vegetarian, or fully vegan diets, all of which emphasize plant foods to different degrees. When thoughtfully planned, these diets are appropriate for people of all ages, including during pregnancy and athletic performance. However, Keaver et al. (2021) advised that vegetarians should minimize processed food consumption and consider supplements like vitamin B12 to meet their nutritional needs.

Additionally, Daily and Park (2023) have indicated that a plant-focused eating pattern is the most effective strategy for reducing body fat, with high-protein diets ranking next in effectiveness. In research, Heianza et al. (2021) examined the impact of a nutritious plant-based dietary approach in individuals with a genetic predisposition to obesity. The findings revealed that consuming more plant-based foods significantly lowered the risk of obesity and cardiovascular disease, even among those with genetic risk factors. These outcomes highlight the health benefits of adopting a plant-based dietary pattern to support overall wellness and reduce the likelihood of long-term illnesses (Kahleova et al., 2018; Zhu et al., 2021). In summary, with proper nutritional planning, plant-based diets provide a flexible and beneficial option suitable for people at all life stages, including athletes.

Researchers have found that a plant-based diet reduces the risk of long-term diseases, whereas eating lower-quality foods raises the likelihood of health problems.

According to Keaver et al. (2021), plant-based foods' nutritional quality and associated health outcomes can differ significantly. For example, diets rich in wholesome plant foods lower the likelihood of developing cardiovascular conditions, type 2 diabetes, and experiencing early mortality. In contrast, eating lower-quality plant-based items like processed carbohydrates, white potatoes, and sugary drinks increases health risks. Medawar et al. (2019) also evaluated the impact of plant-based diets. They found compelling evidence that these dietary patterns, when followed for up to 24 months, support healthy weight management, improve metabolic health, and reduce inflammation in healthy adults and those suffering from type 2 diabetes or obesity. These findings highlight the importance of selecting nutrient-dense plant foods within a plant-based diet to benefit fully from their health-promoting potential.

Scientific research supports the role of plant-based dietary patterns in promoting better health and preventing long-term illnesses. Tuso et al. (2013) highlighted that plant-based diets are affordable, support the management of chronic diseases, and can potentially reduce the need for prescription medications. As a result, such diets offer a practical approach to improving overall health and reducing disease risk. Additionally, Bansal et al. (2022) implemented an eight-week program involving 31 participants with long-term diseases from a medically underserved population. The intervention included educational sessions on preparing plant-based meals, interpreting food labels, and increasing the intake of fruits, vegetables, and whole grains. By the end of the program, Bansal et al. found that participants experienced significant improvements, including a reduction in body mass index (−0.66, [−0.91 to −0.40] kg/m^2), decreased cholesterol levels (−20 [−29 to −10] mg/dL), and lower systolic blood pressure (−12 [−19 to −5] mm Hg), with all results showing statistical significance ($p < 0.01$). These outcomes showed that a plant-based diet can produce measurable health benefits for persons with long-term illnesses. These investigations highlight the health-promoting potential of incorporating more plant-based foods into the diet.

Wholesome Plant-Based Eating Patterns

Nutritious plant-derived eating patterns are primarily composed of plant foods and are known to support overall health. According to Tuso et al. (2013), a whole food plant-derived dietary pattern encourages the intake of minimally processed plant foods, with a strong focus on vegetables, fruits, legumes, and moderate amounts of seeds and nuts. They also emphasized that limiting animal products and dietary fats can help enhance the health benefits of this eating pattern. Similarly, Craig et al. (2021) asserted that plant-based diets provide advantages for individuals at every stage of life. These plant-derived food choices, which are high in fiber and polyphenols, help foster a diverse gut microbiome that produces anti-inflammatory compounds, potentially supporting the management of various health issues. Overall, the evidence highlights that well-structured, vegetable-based diets offer considerable health-promoting effects.

Poorly Balanced Plant-Derived Food Choices

Numerous investigations emphasize the harmful effects of poorly balanced plant-based diets on long-term health conditions. Song et al. (2021) noted that diets high in processed carbohydrates, sugary beverages, potatoes, and fruit juices contribute to the development of chronic illnesses such as heart disease, hypertension, type 2 diabetes, and excess body weight. In their research involving 173,209 Koreans between the ages of 40 and 79, they discovered that individuals following a low-quality plant-based diet faced an increased likelihood of developing dyslipidemia. Likewise, Qi et al. (2023) found that elderly Chinese individuals who followed an unbalanced plant-based eating pattern experienced higher rates of central obesity, depressive symptoms, and anxiety disorders.

Similarly, Li et al. (2022) explored the relationship between nutritious and poor—quality plant—based diets and the probability of death. Their findings showed that while healthy plant-based diets lower the risk of death, unhealthy versions increase the likelihood of mortality from cardiovascular and other causes. Vajdi et al. (2023) also reported that consuming a low-quality plant-based diet contributes to higher blood glucose readings. These studies highlight the negative health outcomes of unhealthy plant-based eating patterns and stress choosing nutrient-rich, balanced plant-derived foods to support long-term health.

The Advantages of Plant-Based Eating Patterns

Researchers emphasize the substantial health advantages of plant-based diets, especially in lowering the risk of long-term conditions and reducing the likelihood of death. Barnard and Leroy (2020) found that plant-based eating patterns help decrease blood pressure, blood glucose, and LDL cholesterol, and may even reverse the progression of atherosclerosis. Likewise, Peña-Jorquera et al. (2023) reported that consumption of more nutritious plant-based foods—rich in fiber and bioactive compounds, while avoiding sugars, processed products, and unhealthy fats—helps to lower the risk of death from conditions like type 2 diabetes, cancer, hypertension, and atherosclerosis. In addition, Petermann-Rocha et al. (2023) analyzed data from 391,124 participants and, after a 10.4-year follow-up, found that individuals who follow a healthy vegetarian eating pattern and those following a nutritious diet experienced a statistically significant ($p < 0.001$) reduced probability of severe cardiac outcomes by 18% (95% CI: 0.73–0.92) and 5% (95% CI: 0.93–0.97), respectively, compared to meat eaters. These findings underscore the essential role of plant-based diets in preventing and managing long-term illnesses.

Reasons to Adopt a Plant-Derived Eating Pattern

Recently, global interest in the potential health benefits of plant-based diets has grown significantly. In a qualitative study involving 3,035 participants from Saudi Arabia, Azhar et al. (2023) reported that nearly a third of the respondents classified themselves as vegetarians. They indicated that their main motivation for choosing a vegetarian lifestyle was health, with moral and ecological factors being secondary influences. Similarly, MacInnis and Ferry (2024) noted that individuals often view health as a key motivator for choosing plant-based diets, as it aligns with their personal goals related to wellness, self-image, and identity. In addition, Wong et al. (2022) observed that some people choose plant-based eating to avoid illnesses linked to parasites, bacteria, or viruses. Their study also revealed that higher vegetable consumption may help lower the risk of virus-related diseases like hepatitis and COVID-19. Overall, the rising interest in plant-based diets across the globe reflects a variety of motivations, including health improvement, ethical beliefs, environmental concerns, and disease prevention.

Weight Management

Scientific research supports the advantages of including plant-derived products in the diet, especially for managing body weight. Arnotti and Bamber (2020) examined how educational programs that promote fruit and vegetable consumption influence weight regulation. Their findings revealed that participants who boosted their fruit and vegetable intake experienced a mean weight loss of three kilograms relative to the non-intervention group. The overall effect was −2.81 kg with a 95% CI between –4.2 and −1.4 and a z-value of −3.86 ($p < 0.001$). Additionally, individuals who ate more fruits and vegetables had a 9% to 17% lower risk of gaining weight each year. In addition, Dreher and Ford (2020) examined female participants and found that increasing fruit and vegetable ingestion promotes weight reduction, especially when combined with limiting high-fat food consumption.

Additionally, consuming fiber from plant sources enhances feelings of fullness, which aids in regulating food intake. In conclusion, this evidence emphasizes the vital role of greater fruit and vegetable intake in managing body weight, demonstrating its impact in weight reduction and lowering the risk of weight gain over a year.

Furthermore, researchers acknowledge pulses (beans, chickpeas, split peas, etc.) for their nutrient richness and extensively study them for their potential health advantages, particularly in combating obesity. Tucker (2023) explained that beans and legumes are inexpensive and an excellent source of protein, low in fat, and possess a low glycemic index. The high fiber content in beans and legumes contributes to a feeling of satiety, thus helping people to lose weight. In a decade-long study on legume consumption in the U.S., Tucker (2023) found that individuals regularly consuming beans and legumes had lower BMIs and waist circumferences than those who did not (p = 0.001 after adjusting for covariates). Similarly, Han et al. (2022) examined the influence of legume consumption on body weight among obese individuals in Korea; participants following a legume-enriched diet experienced significant decreases in body weight and BMI compared to those on their regular diet despite increased vegetable intake after 12 weeks ($p < 0.001$) (Han et al., 2022). These studies underscore the potential benefits of incorporating legumes into dietary strategies for weight management.

Likewise, unrefined grains contribute positively to heart health and body weight regulation. Marshall et al. (2020) reviewed multiple studies indicating that, regardless of cardiovascular disease risk factors, adults can benefit from choosing unrefined grains over processed grains. These benefits include reduced LDL cholesterol, triglycerides, HbA1c, and C-reactive protein. In a similar study, Wang et al. (2020) assessed the effects of a whole grain-rich diet on coronary risk factors in overweight or obese adults. Their findings demonstrated that including whole grains in the diet led to a modest reduction in body weight (MD = -0.5, 95% CI [−0.74, −0.25], $I^2 = 35$, $p < 0.0001$) and in C-reactive protein levels (MD = -0.36, 95% CI [−0.54, −0.18], $I^2 = 69\%$, $p < 0.0001$), compared to diets high in processed grains, with no significant changes in other heart-related risk markers (Wang et al., 2020). Overall, the findings from these studies provide strong evidence that whole grains support blood vessel and heart function and weight control, improving key risk indicators such as LDL cholesterol, triglycerides, HbA1c, body weight, and CRP levels.

Plant fiber plays a vital role in combating obesity and promoting general health. He et al. (2022) emphasized the importance of plant fiber—mainly found in fruits and vegetables—due to its ability to absorb water, cholesterol, and simple sugar, all contributing to effective weight management. Likewise, Dayib et al. (2020) found that fiber supports obesity control by absorbing cholesterol and increasing satiety, reducing the risk of overeating. These findings highlight that a fiber-rich diet sourced from fruits and vegetables is fundamental for obesity prevention and for maintaining overall wellness.

Diet and Heart Disease

The diet can have either beneficial or detrimental impacts on cardiovascular health. Cardiovascular disease ranks as the top global cause of mortality, accounting for 31% of all deaths, as reported by Hemler and Hu (2019). Matsumoto et al. (2019) compared different diets on cardiovascular health. They observed that vegans exhibited lower blood pressure readings (118/69) compared to individuals consuming a conventional or a vegetarian diet that includes dairy and eggs, whose average was 125/75. The differences were statistically significant ($p = 0.02$ for systolic and $p = 0.0004$ for diastolic). Additionally, vegans were also less prone to suffer from heart-related illnesses and myocardial infarctions (Matsumoto et al. 2019). Research studies also revealed that compared to nonvegetarians, vegetarians had reduced artery stiffening (Mayra & Johnston, 2022). Similarly, Koutentakis et al. (2023) argued that carefully structured whole-food plant-based diets and suitable nutritional supplements may serve as a preventive measure for individuals facing elevated risks of cardiovascular disease.

Conversely, Madalosso et al. (2023) examined how ultra-processed foods influence heart disease risk and found that such diets elevate LDL or bad cholesterol levels while reducing high-density lipoprotein (HDL) or good cholesterol. Following a vegan or vegetarian diet seems to reduce blood pressure, lessen the likelihood of heart disease, and minimize the development of atherosclerosis (Matsumoto et al., 2019). On the other hand, consuming highly processed meals might negatively impact cholesterol profiles and increase the likelihood of developing cardiovascular conditions (Juul et al., 2021). These findings suggest that food choices play a crucial role in heart health.

Food Choices and Diabetes Control

Numerous research findings emphasize how different nutritional components influence the development of type 2 diabetes. Hemler and Hu (2019) reported that diabetes played a significant role in global mortality, accounting for 1.6 million fatalities during 2015. Between 1980 and 2014, the global rate of diabetes increased from 4.7% to 8.5%, with particularly sharp growth in developing countries. Lee et al. (2023) also assessed how nutritional habits relate to type 2 diabetes indicators among aging individuals in Sharpeville, South Africa. Their results indicated that high dietary fat and cholesterol levels significantly increased the risk of type 2 diabetes, as reflected in waist circumference data and insulin resistance scores measured by the HOMA-IR model.

Nonetheless, Campbell et al. (2023) investigated the effects of the DASH and WFPB diets in addressing type 2 diabetes. Their research revealed that adhering to either the DASH or WFPB diets could reduce the need for insulin and enhance insulin sensitivity in individuals utilizing insulin in the treatment for type 2 diabetes. Likewise, Andersen et al. (2023) investigated how consuming organic foods affected the risk of type 2 diabetes among 41,286 adults between the ages of 50 and 65. Their study revealed that consuming organic foods reduced the occurrence of type 2 diabetes, potentially attributed to the elevated concentrations of flavonoids, polyphenols, antioxidants, and phytochemicals in these foods, as well as reduced pesticide levels.

Similarly, Curlin et al. (2023) analyzed how components of a plant-based diet influenced insulin concentrations after fasting in 1,714 adults. They utilized data from the 2017–2018 NHANES survey. Their findings indicated that a nutritious diet sourced from plants lowered fasting insulin levels. Specifically, each one-point increase in the plant-based diet score corresponded to a reduction of 0.0068 ± 0.003 μU/mL in fasting insulin (95% CI: -0.00097 to -0.013; $p = 0.02$). However, the comprehensive nutritional quality of the diet significantly influences the benefits of plant-based eating. Taken together, this scientific evidence emphasizes the significant link between eating patterns and the onset of type 2 diabetes.

Moreover, following plant-based diets shows promising effects in lowering the need for insulin and optimizing how the body utilizes insulin. Schiattarella et al. (2021) found that a diet rich in plant-based foods reduces the risk of gestational diabetes, partly due to the increased intake of antioxidant-rich nutrients. In contrast, diets high in fat and cholesterol may elevate the likelihood of developing diabetes–related insulin resistance (Zhen et al., 2020). These insights highlight the crucial role of nutrition in the prevention and management of adult-onset diabetes.

Dietary Patterns and Cancer Development

Researchers have recently explored the potential cancer risks tied to meat-based diets. Christensen et al. (2023) reviewed 148 studies involving nearly 17 million individuals to evaluate how red and processed meat intake relates to cancer development. Their analysis found that subjects who frequently ate red meat had an elevated risk of several cancers, including breast, uterus lining, colorectal, digestive tract (colon and rectum), lungs, and liver, compared to subjects who seldom ate red meat. Likewise, Watling et al. (2022) conducted a long-term study over 11.4 years with 472,377 individuals enrolled in the UK Biobank database. They investigated how consuming meat versus following a vegetarian diet correlates with cancer susceptibility. They found that people who followed vegetarian or pescatarian (including fish) diets had a reduced risk of all cancer types, with hazard ratios between 0.86 and 0.98. Notably, the study showed that men adhering to vegetarian or fish-based diets had a significantly lower risk of prostate cancer than those who regularly consumed meat (HR 95% CI, $p = 0.003$). These findings underscore a strong association between high meat intake and greater susceptibility to cancer while highlighting the potential protective effect of plant-based or low-meat diets in cancer prevention.

Health Complications of Obesity in Hispanic Communities

Despite their tendency to live longer, Hispanics in the United States are more likely to suffer from obesity, which has a detrimental effect on their wellbeing. According to Fernandez et al. (2023), in 2019, Hispanics had an average life span three years longer than non-Hispanic Whites and seven years longer than non-Hispanic Blacks.

Although LeBlanc et al. (2024) asserted that Hispanics exhibit extended lifespans and lower incidences of heart disease compared to non-Hispanic Whites, they attribute this lower incidence of heart disease to their adherence to traditional dietary practices or the solid social and familial networks within their communities. Furthermore, Aleman et al. (2023) contended that the Hispanic population is more likely than non-Hispanic white population to experience health conditions associated with obesity, such as type 2 diabetes, atherosclerosis, fatty liver, and cardiovascular diseases. According to Fernandez et al. (2023), Hispanics are also 0.5 percentage points more likely to have chronic liver disease, one percentage point more likely to have kidney failure, and four percentage points more likely to have ever been diagnosed with diabetes than non-Hispanic Whites.

Likewise, Matias et al. (2022) evaluated 1,300 farmworkers of Mexican origin and reported that obesity linked to dietary habits ranged from 29.2% to 54.5% across various groups. Additionally, 29.4% and 54.0% of participants showed elevated waist circumference measurements. The study also revealed that 42.0% to 45.5% of the subjects had high blood pressure, and 23.7% to 25.8% had high cholesterol levels. These findings highlight a troubling disparity in obesity prevalence within the Hispanic population in the U.S., emphasizing the urgent need for culturally tailored interventions and healthcare strategies to reduce obesity-related health risks within this population.

Health promoters must consider the various factors contributing to high obesity rates among Hispanic individuals, including environmental, economic, cultural, and healthcare access. Moncho et al. (2022) emphasized that ethnicity, income, and educational background significantly influence eating behaviors and overall health. While access to recreational spaces encourages physical activity, researchers like Hruby and Hu (2015) emphasize that access to healthy food environments, such as supermarkets with fresh produce, is even more critical. Studies have shown that proximity to fast food outlets is linked to higher body weight (Kraft et al., 2020) and even increased stroke risk among Mexican-American adults. Morgenstern et al. (2009) identified a statistically meaningful association ($p = 0.02$) between the accessibility of fast food outlets and stroke occurrences among Mexican-American adults. Their analysis revealed that for every additional fast food restaurant in a given area, the risk of stroke increased by 1% (relative risk = 1.01; 95% [CI], 1.00–1.01). Overall, environmental and social factors significantly affect health behaviors and the risk of obesity in Hispanic communities.

Access to Healthy Food and Obesity

Concerning food scarcity, which results from households having insufficient funds to purchase wholesome food, is a serious public health concern primarily associated with poor diets and obesity. Aleman et al. (2023) argued that access to healthy food is crucial for managing weight among Hispanics. Te Vazquez et al. (2021) connected food insecurity to obesity and chronic diseases in Hispanic, Black, or Indigenous women. Aleman et al. (2023) argue that most Hispanic women in metropolitan areas frequently struggle to purchase enough food due to financial constraints, and half of them have received dietary advice but cannot implement it. Additionally, Gamba et al. (2021) defined food scarcity as a lack of consistent access to enough nutrient-dense, wholesome food to sustain an active and healthy lifestyle. Choi et al. (2022) also emphasized how ecological and social variables contribute to obesity.

These include living in food deserts and restricted access to nutrient-dense meals as a result of financial hardships.

Choi et al. (2022) also noted that food scarcity contributes to poor dietary habits, such as skipping meals and consuming diets high in sugar but low in nutritional components (b = -1.21, 95% CI: −2.19, −0.22). For many Hispanic individuals and families, affording whole plant-based foods remains a significant obstacle. Consequently, food insecurity—arising from constrained household means to access healthy food choices—emerges as a critical public health issue closely tied to unhealthy eating patterns and increased risk of obesity.

Hispanic Culture and Dietary Habits

Furthermore, culture plays a role in obesity management and dietary choices among Hispanics. For instance, Aceves-Martins et al. (2022) stated that Mexican culture places food and family at its center. They noted that families use food to connect and as a reward or discipline for children. Additionally, misconceptions surrounding obesity, such as viewing it solely as an aesthetic concern or equating an individual who is overweight with good health, contribute to and enable various lifestyle factors that promote obesity.

Culturally influenced food choices rich in fat, sugar, and processed carbs can promote the development of obesity. Arango-Angarita et al. (2019) identified a significant positive relationship ($\beta = 0.347$; 95% CI [0.101, 0.594]; $p = 0.006$) between high-calorie diets and BMI Mexican adolescents, linked explicitly with frequent intake of items like fast food, pastries, and candies. Likewise, Martinez Arroyo et al. (2020) reported that diets high in fat and sugar were significantly associated with a greater likelihood of being overweight among a sample of 882 adolescents in Chile (*OR* = 1.67; 95% CI: 1.103, 2.522 and *OR* = 1.86; 95% CI: 1.235, 2.792; $p < 0.05$). These studies underscore how culturally driven dietary habits contribute to obesity prevalence among adolescents across different Latin American populations.

Research highlights the concerning prevalence of obesity and its related health complications within the Hispanic/Latino community in the United States. According to Zhang et al. (2024), this population represents the second-largest and is among the most rapidly expanding ethnic groups in the country, with an adult obesity rate of 45.6%. This elevated prevalence increases the risks of cardiovascular disease, dementia, depressive disorders, and several types of cancer. Furthermore, according to Henning (2021), obesity contributes to more than 3.4 million fatalities annually, primarily resulting from chronic inflammation and atherosclerosis (Henning, 2021). Chen et al. (2022) also explored the connections between three healthy eating patterns - the Mediterranean, Plant-based, and Healthy Eating Index - and cardiovascular disease prevalence in the US Hispanic/Latino population. The findings revealed that although adherence to healthy dietary patterns varied significantly across the subsets of the Hispanic/Latino community ($p < 0.001$), stronger compliance with these eating habits was associated with a lower risk of cardiovascular disease throughout the diverse U.S. Hispanic/Latino population. After accounting for multiple factors, the researchers found lower risk ratios of cardiovascular disease (95% CI) for each 1-SD increase in dietary scores for Mediterranean 0.74 (0.60, 0.91), Plant-based 0.74 (0.60, 0.93), and Healthy Eating Index 0.80 (0.63, 1.00) (Chen et al., 2022). These results underscore the urgent necessity for tailored public health strategies and medical interventions to combat the elevated prevalence of obesity and its related health issues within the Hispanic population.

Acculturation

As people and households embrace elements of American culture, their eating patterns often shift toward increased consumption of refined and low-nutrient foods, which may contribute to overweight. Leite et al. (2023) define acculturation as adopting a different culture's traditions, norms, and beliefs while maintaining aspects of their original cultural background. Santiago-Torres et al. (2022) investigated how adapting to mainstream norms around diet and physical activity relates to body weight among 167 Latina breast cancer survivors. Their findings revealed that Latinas who spoke English had significantly larger waist diameters (103 cm vs. 96.1 cm; $p = .01$) and poorer diet quality (Healthy Eating Index 2015 scores of 57.3 compared to 71.5; $p < .001$) than their Spanish-speaking peers. These results highlight acculturation's critical role in shaping this population's dietary behaviors and health outcomes.

Furthermore, a longer duration of residence in North America, seems to correlate positively with adopting unhealthy habits. Howell et al. (2022) affirmed that Hispanic/Latino immigrants frequently enter the United States with a healthy weight, but the duration of their stay in this country and shifts in lifestyle result in weight gain. Similarly, in their research on Hispanic/Latino immigrants, Perera et al. (2020) identified a relationship between time spent living in the United States, nutrient content, and body mass index. Their results revealed that female immigrants with longer durations of residence in the United States—mainly those who had lived there for over ten years—

exhibited the most significant differences in BMI related to eating behaviors. These findings underscore the complex relationship between personal habits and excess weight, highlighting its broader impact on the U.S. mortality prevention. The scientific evidence also emphasized the link between length of U.S. residence, dietary habits, and body weight among Hispanic/Latino immigrants, stressing the importance of culturally tailored obesity prevention strategies. Effective interventions should prioritize nutrition as a key component in supporting healthy weight management within this population.

Summary

The literature comprehensively explored key variables influencing overweight and obesity, emphasizing their rising global prevalence and associated health risks. Being overweight and obese strongly contributes to numerous chronic diseases, reduces life expectancy, and creates a significant economic burden. Dietary choices play a critical role in developing or preventing these conditions.

Research consistently indicates that poor eating habits—especially those dominated by simple carbs, ultra-processed products, sugary drinks, and animal-based products contribute to obesity and chronic illnesses such as heart disease, various forms of cancer, and type 2 diabetes. In contrast, plant-derived eating patterns, particularly those emphasizing unrefined grains, legumes, vegetables, and fruits, are linked to better weight control and a lower risk of long-term health conditions.

Nutritious plant foods enhance satiety, support metabolic function, and promote gut microbiome diversity. However, plant-based diets high in processed grains and added sugars can pose health risks. Additionally, increased dietary fiber and whole plant food consumption are crucial in promoting effective weight regulation.

In this section, I thoroughly examined obesity issues on a global scale and in the U.S. context, focusing on the Hispanic population. The literature underscores the vital influence of nutrition on body weight regulation and the prevention of long-term illnesses, noting that UPFs and processed carbs are key contributors to obesity, diabetes, heart conditions, and certain malignancies. In contrast, it highlights the positive impact of diets centered on minimally processed, plant-based foods—such as fresh produce, beans, pulses, and unrefined grains—in promoting overall health and lowering the risk of chronic disorders. The review also addresses cultural, environmental, and socioeconomic factors influencing dietary habits and obesity among Hispanics, including the impact of acculturation and food insecurity. The literature stressed the need to encourage nutritious eating habits and targeted interventions to mitigate obesity-related health disparities in diverse populations.

The next chapter outlines the research methodology employed to explore how Hispanics living in Miami, FL, understand and perceive a whole plant-based diet, particularly concerning preventing and managing overweight and obesity. This chapter details the rationale for selecting a generic qualitative design, emphasizing its suitability for capturing participants' descriptive experiences and personal beliefs. It further describes the target population, sampling strategies, data collection procedures, and measures taken to ensure ethical standards, bias control, and trustworthiness throughout the study. The methodological approach seeks to offer meaningful guidance for healthcare practitioners and scholars in developing culturally relevant health promotion interventions for the Hispanic community.

Chapter 3: Research Method

The main goal of this qualitative study was to investigate how Hispanics residing in Miami, FL, interpret the idea of a WPBD and to examine their views on using this dietary approach to prevent and lower the rates of excess weight. The methodology focuses on maintaining ethical standards, minimizing bias, protecting data security, and ensuring reliability to produce trustworthy results. The findings from this study could benefit healthcare providers and policymakers, offering valuable insights to researchers when designing programs and interventions tailored to improve the health of the Hispanic community.

Study Design and Justification

For this study, I selected a qualitative research approach. Qualitative research encompasses various methodologies, one of which is phenomenology—a branch of philosophy dedicated to describing and examining lived experiences and phenomena—essentially, how things, broadly defined, manifest themselves (Emiliussen et al., 2021). Also, the phenomenological approach delves into the concept of "embodied experience" (Finlay, 2011, p. 16). In other words, phenomenology focuses on how an individual feels regarding a phenomenon. Furthermore, in case studies, the investigator thoroughly examines "a program, event, activity, process, or individual(s)" in depth within a defined timeframe and context. The researchers gather comprehensive data over extended periods (Creswell, 2014, p. 241).

Additionally, researchers employ ethnography to analyze and record a specific community's customs, actions, convictions, and societal exchanges. It entails firsthand observation and involvement in the group's routine and cultural endeavors, typically over an extended timeframe (Hassan, 2024). Additionally, the narrative approach delves into the significant life stories of individuals, recounted in their language and environments, aiming to understand how they perceive their health and well-being within their social surroundings, including their belief-based narratives (Ntinda, 2020). Also, the generic qualitative approach prioritizes the practical outcomes and beneficial uses of the knowledge gained regarding issues or problems. Ellis and Hart (2023) stated that a generic qualitative approach is more flexible. It gives more freedom as it focuses on exploring descriptive experiences that may be somewhat limited compared to the depth of lived experiences examined in phenomenology. It delves into participants' perceptions regarding a phenomenon. A generic qualitative design will be ideal for this study since the research questions lean towards exploration and understanding of the participants' perceived experiences and their distinct viewpoints on those experiences (Ellis & Hart, 2023) rather than the essence of participants' humanity through their lived experiences that researchers using phenomenology try to investigate (Aguas, 2021; Finlay, 2011).

According to Percy et al. (2015), the generic qualitative approach effectively captures and clarifies individuals' personal beliefs and perspectives concerning their lived experiences, setting it apart from alternative methodologies. Also, Kahlke (2017) stated that in cases where topics are exploratory, the generic research approach offers the benefit of small yet in-depth sample sizes, facilitating improved delineation of nuances in research methodology and analysis. For these reasons, I employed a generic qualitative approach for this investigation. I gathered responses from the Hispanics that helped me understand their perceptions and understanding regarding a plant-based diet and weight management. I interviewed 14 participants using a questionnaire with close-ended questions to gather demographic information and open questions to address the research questions.

Methodology

I utilized a general qualitative approach in this research to examine the views of Hispanics in Miami, FL, who adhere to a plant-derived diet to reduce overweight and obesity. I conducted interviews with 14 English-speaking Hispanic individuals living in Miami, FL. These interviews provided valuable insights into their experiences and aimed to support health professionals in developing targeted interventions to prevent obesity in Hispanic communities.

Participant Selection Logic

This study encompassed the target sample population of Hispanics residing in Miami, FL, in the United States. The intended age for the participants was 30 to 90 years old. To safeguard participants' identities, I assigned each one an alphanumeric code. Based on the 2020 census, Hispanics in the United States are estimated to be around 62.1 million, representing approximately 23% of the total U.S. population (Jones et al., 2021). Furthermore, Hispanics make up 26% of the population of Florida, making them the second-largest racial and ethnic group (Ahn et al., 2022). The U.S. Census Bureau (2020) reported that 1.85 million people, or 68.8% of the Miami-Dade County, Florida population, are Hispanic or Latino.

Sampling Strategy

After receiving authorization from Walden University's Institutional Review Board (IRB), and approval number 11-21-24-1037707. I visited multiple Hispanic churches in Miami, FL, in the United States. I asked permission from the church leaders to post flyers to invite individuals who meet the requirements to participate in my research. After selecting the 14 participants who met the criteria, I arranged to conduct the interviews via Zoom.

Recruitment and Informed Consent

Each individual who agreed to take part in the research met the eligibility requirements, was provided with and signed an informed consent form, and engaged in a detailed interview. I expected participants to respond to all interview questions. I did not include those who chose not to complete the interview in the study. I clarified to participants that their involvement was voluntary and that they could withdraw at any point. If a participant decided to withdraw, any data collected from them was considered void and excluded from the study sample.

Protection of Human Subjects and Ethical Considerations

I adhered to the Walden University IRB guidelines to protect participants' rights, maintain ethical standards, and guarantee privacy. Taking part in the interview was voluntary and limited to individuals who were adults. The interview questions did not include medical information, and every subject signed a consent form outlining the study's purpose and possible risks before the interview. To ensure privacy, I did not collect identifying information beyond age, gender, height, weight, and diet patterns. I omitted participants' names from the records and securely saved all data in a computer file protected with a password. After five years, I will permanently erase the digital files and destroy any printed materials by shredding them.

I did not involve any clinical information, treatments, or interventions. I secured IRB consent prior to initiating data collection. Each individual participating in the study provided informed consent by signing an online form and voluntarily completed the survey. This process followed the guidelines set by the U.S. Department of Health and Human Services (2021), and IRB review ensured the research met ethical and regulatory standards. Additionally, I provided a free online resource in case any interview questions caused emotional distress.

Procedures for Pilot Study

I employed a convenience sampling method for this pilot study. According to Kandi (2022), this sample comprises individuals readily accessible to the researcher and lacks predefined criteria. However, conducting a pilot study with four participants was necessary to validate the instrument. Even though I did not include the pilot study's findings in the final research, I will discuss them in Chapter 4. Furthermore, the findings from convenience sampling studies may not accurately represent the population's characteristics, limiting the generalizability of the results to the subpopulation (Andrade, 2021).

Sampling Frame

Although the U.S. Southeast region encompasses a diverse range of ethnic groups—such as White, African American or Black, and non-Hispanic populations, as reported by the U.S. Census Bureau (2021)—this study specifically focused on Hispanics residing in Miami, FL. The Centers for Disease Control and Prevention (2023) reported that between 2015 and 2018, 44.8% of Hispanic men aged 20 and older in the United States were classified as obese and the rate of females aged 20 and above with obesity was 46.8%. The eligibility requirements for this study included identifying as Hispanic, possessing fluent English and Spanish reading and comprehension skills, and following a total vegetarian diet. I did not exclude participants based on their health, concomitant diseases associated with high BMI, or other health-related conditions.

Data Collection and Management

I gathered data for this research by conducting interviews and recruiting participants through social media platforms, personal referrals, and direct outreach to various Hispanic churches in Miami, FL. Church pastors and elders played a key role in the recruitment process. Interested individuals received and signed informed consent forms before participating. In addition, I made it a priority to protect participants from any harm. I informed each individual of their right to withdraw from the study at any point without needing to provide a reason.

Additionally, subjects needed to confirm that they were adults, identified as Hispanic, and adhered to a total vegetarian dietary pattern. I scheduled one-on-one Zoom interviews at a convenient time for each qualifying participant, allowing them to participate from the comfort of their home. Before each interview, I requested permission to tape the interview. Throughout the meeting, I collected demographic information and asked open-ended, in-depth questions about their perceptions and experiences with whole food plant-based diets and obesity management. Once I finished the interviews, I recorded their responses and filed them securely for later analysis.

Bias Control

A crucial component of qualitative research is managing bias. Principe (2022) argued that eliminating bias from research is challenging, given the naturalistic nature of qualitative studies. One interpretation views bias as a subjective viewpoint inherent to human perception, shaped by personal experiences. Principe also stated that bias can be seen as a distortion of data, compromising the accuracy and credibility of findings. I therefore took proactive measures to reduce the possibility of bias in this research. For instance, I asked open-ended questions and remained impartial and transparent during the data analysis by clarifying my techniques, detailing the reasons behind their selection, and explaining how I executed them. This process facilitated the potential impact of these methods on data gathering, analysis, and understanding (Bussetto et al., 2020).

Data Analysis Plan

After listening to the audiotapes, I transcribed the data into a Word document. I then classified and coded participants' responses using an Excel table to identify recurring and contrasting themes. To further analyze the data, I read through each transcript, using color-coding to highlight patterns and insights into perceptions of a whole plant-based diet among Hispanics in Miami, FL. Participants. To ensure correctness, I went over the transcribed data alongside the audiotapes, a process widely regarded as a key validation technique in qualitative research (Motulsky, 2021). Additionally, I securely stored all the gathered information on a password-protected personal computer. Data protection remained a top priority, aligning with the National Institutes of Health's (n.d.) emphasis on respecting and safeguarding participants' privacy in research.

Similarly, Bhandari (2022) recommended anonymizing the participants' names or identification numbers to prevent potential exposure of sensitive information. Also, securing data collection and storage methods involves addressing confidentiality, preventing unauthorized access, avoiding accidental loss, and ensuring appropriate disposal (UCCS Office of Sponsored Programs and Research Integrity, 2022). Therefore, ensuring the protection of participant data by providing confidentiality and anonymity is paramount.

Issues of Trustworthiness

I implemented several key strategies aligned with ethical and methodological standards to ensure trustworthiness in this qualitative study. Recognizing the difficulty of eliminating bias in qualitative research, I minimized its impact by asking open-ended questions to ensure consistent and impartial interpretations. Transparency in data collection and analysis methods further supported credibility, as I clearly explained each technique and its rationale. Ethical safeguards, including strict confidentiality protocols and secure data storage accessible only to the researcher, helped protect participant privacy. The study's ethical integrity was strengthened by following Walden University's IRB procedures. Trustworthiness arises when readers have confidence in the findings, which I strengthened through careful design, ethical practices, and transparent reporting

(Stahl & King, 2020). Collectively, these efforts formed a rigorous and reliable framework for conducting and presenting the study results.

Summary

The perspectives of Hispanics in Miami, FL, who adopted a plant-based, whole-food dietary pattern to avoid being overweight or obese, were investigated in this study using a generic qualitative approach. I chose the generic qualitative approach for its flexibility and suitability for exploring participants' descriptive experiences without the philosophical depth required by phenomenology. Although I considered other qualitative designs, including phenomenology, case studies, ethnography, and story research, they were deemed less appropriate for the exploratory objectives of the study. Additionally, I employed both closed-ended demographic questions and open-ended experiential questions to conduct interviews with 14 Hispanic individuals. Once the IRB gave its clearance, I recruited the subjects, got their informed consent, and interviewed them via Zoom. To be eligible, participants had to be Hispanic, live in Miami, speak fluent English and Spanish, and eat a total vegetarian diet. Additionally, I collected the data through audio-recorded interviews, transcribed them, and coded the data using Excel to identify common themes. I also used color-coded annotations to ensure data accuracy and validity. I strictly followed Data privacy and ethical guidelines, including anonymizing responses and storing data securely. I am committed to deleting or destroying data five years after the study concludes.

I remained neutral during interviews, asked open-ended questions, and documented analytic processes to control for bias. Although I used convenience sampling, I conducted a small pilot study with four participants to validate the instrument, though I excluded those results from the final analysis. The study protocols emphasized trustworthiness, ethical compliance, and participant protection throughout the research process.

In the upcoming chapter, I will describe the pilot test I conducted to improve the interview procedure and guarantee its lucidity and cultural pertinence. In addition, I will explain the information gathering, storage, and examination procedures and provide the participants' demographic data. Additionally, I will discuss the results and explain the steps taken to validate and code the interview transcripts, using an inductive approach supported by relevant literature to identify key themes. This thorough process aimed to enhance the study's credibility and capture culturally informed insights into plant-based diets among Hispanics in Miami.

Chapter 4: Results

Throughout this general qualitative study, I sought to examine how Hispanics residing in Miami, FL, comprehend the idea of a WPBD and their perceptions of its use in preventing or reducing overweight and obesity. This section presents the information I gathered from semi-structured Zoom interviews conducted with 14 Hispanic participants (four in the pilot group and ten in the actual study). This segment outlines the two research questions and the themes that guided my responses. Additionally, I gave a brief explanation of each theme and analyzed the participants' responses.

Pilot Study

Prior to launching the main investigation, I conducted a pilot test involving four Hispanic participants living in Miami, FL, to evaluate the cultural suitability and transparency of the instrument and to assess the effectiveness of the information collection process. I aimed to refine the interviewing guidelines and confirm that the questions were clear and culturally relevant. Participant responses were analyzed using Microsoft Word and Excel to identify initial themes and test the coding process. The themes emerging from the pilot responses aligned with the study's two research questions:

- RQ 1: How do Hispanics living in Miami, FL, understand the concept of a whole plant-based diet?
- RQ 2: What are the perceptions of Hispanics living in Miami, FL, regarding the use of a whole plant-based diet to prevent or reduce overweight and obesity?

Five primary themes emerged from the pilot interviews. The first theme was participant awareness of the benefits of a WPBD. In response to the question, “What do you know about the potential health benefits of a WPBD?” Individuals demonstrated a general comprehension of the health-related advantages of a WPBD. Comments included statements such as, “You avoid many chronic diseases, a healthier body,” and “I am 58 years old now, and I have a vitality that I did not have when I was 20.” These responses suggested that participants associated plant-based eating with improved longevity and physical well-being.

Second was participants’ source of information about WPBD. When asked how they learned about WPBD, participants cited various sources, including family members, health professionals, and the media. For example, one participant shared, “Through my mom… she wanted me to be more informed, so she shared with me documentaries so that I could see her reasoning.” This theme emphasized the significant role of familial and informal educational influences in shaping participants’ dietary awareness.

The third theme was participants’ food preparation knowledge. I asked the participants about their usual food sources and preparation habits. Most reported regularly consuming home-cooked meals, indicating a strong foundation for implementing WPBD practices. Typical responses included, “Most of the time, we eat food prepared at home,” and “Mostly, I eat what my mom makes at home.” These insights supported the notion that home food environments play a critical role in shaping dietary behaviors.

The fourth theme was participants' efforts to follow a balanced diet. Participants discussed their intake of fresh produce, pulses, and unrefined grains. Responses reflected efforts to maintain a balanced diet, such as "I eat about 5–6 servings [of fruit] daily," and "Whole wheat bread is a daily staple… every morning, it's Ezekiel bread." While most avoided refined grains, occasional consumption was reported, e.g., "Very seldom, once a week, maybe." These findings suggested that participants were mindful of their dietary choices and aligned with WPBD principles to varying degrees.

Finally, the fifth theme was participants' perception of WPBD and weight management. Participants expressed a belief in the effectiveness of WPBD for weight maintenance. In response to the question about how diet contributes to weight control, one participant stated, "It contributes to maintaining your weight, to having the ideal weight." Others noted that plant-based eating reduced the need to count calories: "When you eat like this, you don't have to worry about calories." These responses indicated a perceived link between diet and weight regulation.

The pilot study confirmed that the interview questions were clear, culturally appropriate, and effective in generating meaningful responses. It also validated the interview length (30–40 minutes) and the recording method. I only made minor revisions to improve clarity, and the themes aligned well with the study's focus, supporting the use of the revised protocol in the main study.

Demographics

The Hispanic participants in this study came from diverse countries such as Honduras, Cuba, Argentina, Puerto Rico, Paraguay, and the Dominican Republic. Their cultural backgrounds and duration of residence in the United States (ranging from a few years to several decades) may have influenced their dietary habits. Participants were between 20 and 90 years old and had varying levels of experience with a total vegetarian eating pattern—some for over 20 years and others for just a year. Many described a commitment to cooking from scratch, avoiding processed vegan foods, and focusing on whole-food, plant-based eating.

Data Collection

For this study, I gathered data through interviews with ten participants, I recruited via social media, personal referrals, and Hispanic churches in Miami, FL, with the support of church leaders. Each participant signed an informed consent form after I notified them of their right to withdraw at any time. Eligibility required participants to be Hispanic adults, 18 years and above, living in Miami, and following a whole food plant-based diet for at least a year. I scheduled Zoom interviews with those who met the criteria, requested permission to record each session, and collected demographic details. I asked open-ended questions during the interviews to explore their experiences and views on plant-based diets and obesity. Additionally, I met with each participant only once, for approximately 30 to 45 minutes. After recording the Zoom interviews, I securely stored all responses in a password-protected file on my personal computer for later analysis.

Data Analysis

After completing the interviews, I validated the transcripts by comparing them with the recordings to verify accuracy, a process widely regarded as a key validation technique in qualitative research (Motulsky, 2021). I also transcribed the data into a

Word document. I then classified and coded the participants' responses using an Excel table to identify recurring and contrasting themes. To further analyze the data, I read through each transcript. I used comments to identify recurring patterns and gather insights into how Hispanics in Miami, FL, perceive a whole plant-based diet. I cross-referenced the interview data with findings from the literature review by consulting Walden University's library, Google Scholar, and peer-reviewed sources to highlight similarities between participant responses and existing research. I began the analysis using inductive reasoning to identify themes, comparing participants' responses with the literature review and theoretical framework in Excel.

I securely stored all data on a password-protected computer and prioritized confidentiality by anonymizing participant identities. These steps aligned with ethical research standards to protect participant privacy and ensure data security. Similarly, Bhandari (2022) recommended anonymizing the participants' names or identification numbers to prevent potential exposure of sensitive information.

Evidence of Trustworthiness

Establishing trustworthiness is essential to ensuring the credibility and reliability of the findings. Stahl and King (2020) explained that trustworthiness involves instilling confidence in readers that the researcher's conclusions are accurate and grounded in the participants' responses. In this research, I demonstrated that the interview questions were thoughtfully crafted and effectively addressed the study's objectives. By maintaining transparency in data collection, analysis, and interpretation, I enable readers to assess the rigor and integrity of the research process, thereby enhancing the study's overall validity.

Results

I organized the data in this section to answer the two research questions. I stated each research question and underneath the themes that emerged from the data analysis. Additionally, under each theme, I quoted the participants' responses, revealing that Hispanics living in Miami, FL, understand WPBD as a health-promoting dietary pattern centered on whole, minimally processed plant foods supported by education and cultural context. Scientific knowledge and sociocultural factors collectively shaped their comprehension and influenced their attitudes, motivations, and behaviors toward adopting a whole plant-based diet.

I formulated two research questions to direct the study and stated the themes that emerged from the data:

- RQ 1: How do Hispanics living in Miami, FL, understand the concept of a whole-plant-based diet?
- RQ 2: What are the perceptions of Hispanics living in Miami, FL, regarding the use of a whole plant-based diet to prevent or reduce overweight and obesity?

Theme 1: Health Awareness and Education captures participants' perceptions of dietary changes and their impact on health and lifestyle diseases. It includes awareness of the health benefits and risks associated with animal products, as well as improved nutritional knowledge, and informed food choices such as increased consumption of fruits and vegetables and avoidance of processed foods. Participants express a sense of empowerment through education about plant-based diets.

Theme 2: Cultural and Social Influences addresses how cultural norms, traditions, and social practices influence participants' dietary choices and their understanding of plant-based diets. It encompases the influence of cultural background, family dynamics, and social perceptions on the adoption and adaptation of a plant-based lifestyle.

Theme 3: Health Improvements and Weight Control highlights the participants' belief in the effectiveness of plant-based eating for achieving positive health outcomes, such as improved digestion and sustained weight loss, demonstrating a clear connection between dietary changes and perceived wellness.

Theme 4: Personal Experience and Effort underscores the importance of individual commitment, with participants emphasizing the benefits of home cooking, experimenting with fasting and detoxing, and learning through personal experience, showing that successful dietary change often stems from active engagement and self-motivation.

Finally, Theme 5: Dietary Challenges and Habits addresses barriers such as economic constraints and the difficulty of maintaining a healthy diet consistently, suggesting that while participants perceived plant-based diets as beneficial, external factors may hinder long-term adherence.

Together, these themes illustrate how Hispanics in Miami comprehend the concept of a whole plant-based diet through the lenses of health knowledge and cultural context, and illuminate the perceived advantages and practical realities that shape participants' views on adopting a plant-based diet for weight management and obesity prevention.

To better understand participant responses, Table 1, presents the five key themes that emerged from the analysis, organized by research question. Themes 1 and 2 reflect how participants conceptualize a WPBD (RQ 1), and Themes 3, 4, and 5 highlight their perceptions of a WPBD's role in preventing or reducing overweight and obesity (RQ 2).

Table 1

Themes and subthemes by Research Question

RQ 1: How do Hispanics living in Miami, FL, understand the concept of a whole-plant-based diet
Theme 1. Health Awareness and Education
·Participant perceptions of dietary changes and reduction of lifestyle diseases
·Participant awareness of health benefits and longevity
·Awareness of health risks associated with the consumption of animal products
·Nutritional awareness and food choices
·Incorporating a variety of fruits and vegetables
·Avoiding ultra-processed foods (UPFs)
·Personal empowerment and education
Theme 2. Cultural and social influences
Cultural influences
·Influence of the Seventh-day Adventist beliefs on dietary choices
·Family influence on diet
·Social perceptions and medical opinions
RQ 2: What are the perceptions of Hispanics living in Miami, FL, regarding the use of a whole plant-based diet to prevent or reduce overweight and obesity?
Theme 3. Health Improvements and Weight Control
·Positive health outcomes and weight control
·Weight loss and maintenance through dietary changes
·Digestive health and weight
Theme 4. Personal experience and effort
·Personal experience with healthy eating
·Home cooking vs. eating out
·Fasting and detoxifying
Theme 5. Dietary challenges and habits
·Economic factors
·Challenges in maintaining a healthy diet

Note: The table illustrates the relationship between the themes and the research questions.

Table 2 shows the frequency and distribution of counts within Theme 1: Health Awareness and Education. This theme emerged prominently in response to RQ 1, illustrating the depth of participants' understanding of plant-based diets and their health implications. In qualitative research, frequency tables often include four key metrics that help assess the presence and significance of themes and subthemes across the data: participant count, participant references, document count, and document references. Neuendorf (2017) covers reporting options in content analysis, including frequencies and co-occurrences, as well as supporting metrics such as references across units. Participant count refers to the number of unique individuals who mentioned a specific theme or subtheme at least once. For example, in Table 2, 10 participants discussed "health benefits and longevity"; the participant count for that theme would be 10. Participant references measures the number of times that "health benefits and longevity" was mentioned across all participants; in this case, 10 individuals referred to it 17 times. Document count reflects the number of interview transcripts that contain at least one reference to a theme. For instance, "health benefits and longevity" appeared in five separate transcripts. Finally, document references tallies the total number of times a theme appears across all documents; in this case, "health benefits and longevity" was mentioned nine times across the interview transcripts. Together, these metrics provide both breadth and depth in understanding how common and significant themes are within the dataset.

Table 2

Frequency of Theme 1: Health Awareness and Education

Major/Sub-theme	Participant count	Participant references	Document count	Document references
Participant Perceptions of Dietary Changes and Reduction of Lifestyle Diseases	10	70	7	8
Participant Awareness of Health Benefits and Longevity	10	17	5	9
Health Risks Associated with the Consumption of Animal Products	10	55	2	10
Nutritional Awareness and Food Choices	10	53	4	7
Incorporating a Variety of Fruits and Vegetables	10	50	5	10
Avoiding Ultra-Processed Foods (UPFs)	10	20	2	6
Personal Empowerment and Education	10	25	10	4

Theme 1: Health Awareness and Education

This theme encompasses participant perceptions of dietary changes and their impact on health and lifestyle diseases, awareness of the health benefits and risks—particularly regarding animal products, improved nutritional awareness, and food choices, including increased consumption of fruits and vegetables, the avoidance of processed foods, and a sense of personal empowerment through education.

Participants demonstrated a comprehensive understanding of the health benefits of adopting a WPBD, with nine out of ten believing it could prevent or improve chronic diseases. P1 stated, “I’ve started this diet because I have high cholesterol... it helped me.” Similarly, P2 shared: “I was borderline diabetic, experienced headaches, and had high blood pressure, all that changed... I have more energy and sleep better.” P3 emphasized the life-saving impact of the diet: “I was diagnosed with type 1 diabetes; I wouldn’t be alive today if it were not for the transition I made.” Others echoed similar outcomes—P6 noted, “My body changed dramatically,” P8 observed reduced pain and inflammation from arthritis: “After I went vegan, I don’t think I ever had that pain.” Participants also connected dietary change to disease prevention, as P4 expressed, “If I go back to Honduras, I will cook my food. I don’t want to be another cancer patient.” P9 emphasized increased vitality: “The more whole foods I eat, the better I feel, I have more energy, I sleep well.” P10 added: “WPBD helps me to have good bones, better mental clarity, and better quality of life in every sense.” Overall, participants credited WPBD with reducing inflammation, cholesterol, and blood pressure, improving sleep and energy, managing diabetes, and enhancing mental and emotional well-being, empowering them to take control of their health.

Eight participants expressed a shared belief in the long-term health benefits of a WPBD, particularly in preventing chronic diseases and promoting longevity. P1 stated, “We can get nutrients from the earth and trees. And I feel really good, very healthy.” At the same time, P3 affirmed, “Following a vegan diet helps to reduce many lifestyle diseases.” P4 supported this with her doctor’s feedback: To keep doing what she was doing because she was very healthy. P5 linked the diet to overall well-being and longevity, noting, “You live more than ten years, more than the average person,” and highlighted her 90-year-old mother’s vitality as an example. P7 emphasized a spiritual and health-based rationale: “If you want longevity and good health, you must follow the health rules God has already instituted.” P8 added, “Deviating from [this diet] is where the disease starts... I feel healthier,” P9 noted benefits like balanced weight and increased fiber intake. P10 concluded, “The raw diet is ideal for treating all kinds of diseases.”

Participants consistently associated WPBD with disease prevention, vitality, and a longer, healthier life.

Furthermore, participants strongly believed that avoiding animal products is crucial for preventing disease and improving health, often drawing on personal experiences. P1 noted concerns about hormones and contaminants in meat, saying, "We avoid whatever sickness that animal food can bring us." P2 described a turning point after her father's cancer diagnosis: "Every doctor asked him, 'Do you eat meat, do you eat dairy?'... I started thinking those are the things I should eliminate." P3 warned, "If you don't watch what you eat, you will get diabetes, cancer, and everything," while P5 linked meat consumption to an "acidic body" that can encourage cancer. P6 observed that autistic patients "improved, they can make eye contact"—after eliminating dairy, sugar, and gluten. As P8 summarized, "When you eat something, it's in your body, and it affects you, for good or bad." P10 captured the group's shared view: "I recommend everyone get off the carnivorous diet and eat plants... so he can have a better quality of life and health." Collectively, these reflections underscore a shared belief that avoiding animal products plays a crucial role in preventing chronic diseases and promoting overall well-being.

Additionally, participants demonstrated a strong nutritional awareness, emphasizing the importance of incorporating a variety of fruits, vegetables, legumes, and whole grains while avoiding ultra-processed foods to maintain good health. P1 described her routine in detail: "I eat a bowl of fruit and vegetables daily... I try to eat nuts, tofu, hummus, and legumes daily. I try not to eat bread." P4 explained her motivation, stating, "I don't want to be another cancer patient... I became a very conscious person." For P5, healthy eating is significant: “I think that knowledge of how to eat intelligently is priceless. It’s a gift from God.” Similarly, P9 emphasized the value of variety and nutrition: “You eat more fiber... You have more access to vitamins and everything you can eat from food.” Collectively, their responses underscore the belief that mindful eating promotes disease prevention and physical health, aligning with a purposeful, informed, and intentional way of living.

Furthermore, participants consistently reported high and diverse daily consumption of fruits and vegetables, reflecting a strong commitment to a plant-rich diet for health and well-being. P1 noted, “I eat like a bowl of fruit daily for breakfast... one serving of cooked vegetables and one serving of raw vegetables,” while P2 and P3 described eating multiple servings of both fruits and vegetables with each meal, with P3 stating, “I am consuming four to five servings of fruit daily and five or six servings of vegetables.” Others echoed this dedication—P4 consumed “five or six servings of salads,” and P5 emphasized, “vegetables are the most important part of our diet.” P6, P7, and P8 also described large quantities of leafy greens and fruit, with P8 mentioning, “My salads are huge... I also eat half a cup of cooked vegetables per day.” P10 summarized, “I consume four to five servings of fruits, vegetables, and green juices regularly.” These responses focus on variety, portion size, and frequency, highlighting participants’ strong nutritional awareness and alignment with whole-food, plant-based principles.

Additionally, participants consistently emphasized the importance of consuming whole, unprocessed foods to support better health and prevent disease. P5 expressed her belief in the healing power of whole foods, stating, *“The closer to the plant, the healthier* *the product will be,"* and explained her avoidance of sugars, white pasta, and commercial dressings while substituting garlic, olive oil, and lemon. Similarly, P4 prefers lentil or quinoa pasta and has eliminated white bread, while P7 plainly stated, "I avoid everything that is processed." P9 explained, "The more whole foods I eat, and the less processed I eat, the better I feel; with more energy, I sleep well." These responses reveal a shared understanding that processed foods have a negative impact on health, while whole, plant-based options enhance energy, digestion, and overall well-being. Their dietary choices reflect a proactive, health-conscious lifestyle centered on simplicity, natural ingredients, and disease prevention.

Participants also emphasized the crucial role of formal and informal education in enabling them to make informed food choices and maintain a plant-based lifestyle. P1 stressed the power of self-belief, saying, "I always tell people, if you want to eat healthy, you can." While P2 became a certified Plant-Based Chef to overcome the common barrier, "they didn't know what to do or how to do it." Similarly, P3 recognized that processed vegan foods hindered her goals, leading to more educated decisions. P4 actively shared her knowledge through church cooking classes, and P5 described nutrition education as "a gift from God." P6 noted the value of ongoing dialogue with health professionals. At the same time, P10 attributed her shift away from traditional, unhealthy foods to personal understanding. Participants agreed that knowledge is just as crucial as motivation and that continuous learning and community support are key to maintaining long-term healthy habits.

Theme 2: Cultural and Social Influences

This theme aligns with RQ 1 and encompasses cultural norms, traditions, and practices that strongly influence participants' dietary choices, illustrating how deeply rooted social factors impact dietary choices among Hispanics in Miami. For many, understanding and adapting to plant-based diets involves reconciling these cultural influences with health-related goals. The subthemes aligned with this theme included cultural influences, the impact of the Seventh-day Adventist beliefs on dietary choices, family influence on diet, social perceptions, and medical opinions. Table 3 presents the frequency data for theme 2.

Table 3

Frequency of Theme 2: Cultural and Social Influences

Major/Sub-theme	Participant count	Participant references	Document count	Document references
Cultural Influences	10	15	2	13
Influence of the Seventh-day Adventist Beliefs on Dietary Choices	10	70	3	6
Family Influence on Diet	10	20	2	11
Social Perceptions and Medical Opinions	10	25	4	8

Cultural background significantly influences individuals' dietary habits and perceptions of food, shaping their initial eating patterns and the challenges they encounter when making changes. P2 reflected on traditional Honduran meals, saying, "In Honduras, we consume a lot of milk products... every meal has meat... and is very high in carbohydrates," but contrasted this with her current diet: "I don't eat meat or dairy, I limit... most refined carbohydrates." P5 highlighted her upbringing's positive influence, sharing, "I grew up eating lots of vegetables, a variety of beans," and cultural staples like "sweet potatoes, with sweet ripe plantains." However, cultural norms can also be a barrier; P9 noted, "People see veganism and being plant-based as something that's not enjoyable sometimes." These reflections reveal how cultural traditions profoundly shape food choices, presenting both opportunities and social challenges for individuals striving to adopt healthier lifestyles.

Faith-based beliefs significantly shaped participants' dietary practices and health behaviors, often aligning personal choices with spiritual values and religious teachings. P5 explained, "The Adventist Church promotes and supports a healthy diet... eliminating sugars, meats, which are very harmful," framing health practices as part of a divine principle for longevity. P6 echoed this perspective, stating, "From the Christian point of view, we are stewards of animals and stewards of our bodies," linking dietary habits to environmental and ethical responsibilities. Similarly, P7 affirmed, "It is a diet that God left for his children, and if we grow old, we will be in good health." These reflections illustrate how faith can influence food choices, promoting personal well-being and a sense of moral and spiritual duty in caring for one's body, animals, and the planet.

Family played a crucial role in shaping participants' dietary habits, with many describing health-conscious behaviors that have been passed down through generations. P1 noted, "My mother raised us vegetarians... I learned about the vegan plant-based diet because of my daughter," highlighting upward and downward generational influence. Similarly, P2 and P3 recalled learning healthy practices from parents and grandparents, such as gardening, using teas, and juice extracts. P5 highlighted the combined impact of family and faith, stating, “I’m happy that my father and mother gave me that knowledge… and I also learned through the Adventist Church.” These reflections show that food choices are deeply rooted in family identity and tradition, often beginning in childhood and reinforced by cultural and spiritual values. Participants viewed this inherited knowledge as a legacy, emphasizing family as a powerful and lasting influence—often more impactful than external health messages—in supporting plant-based lifestyles.

Negative or limited support from healthcare professionals often discouraged participants from adopting plant-based diets, yet some still found success despite medical skepticism. P1 recounted, “When I go to the doctors, they all tell me that’s bad (vegan diet). You have to eat meat, and they even told me that to lose weight, I had to have surgery and take pills or injections.” Despite this, going vegan was the first time I successfully lost weight. Similarly, Participant 3 shared, “I was following all the things that the doctor told me to do...but my glucose levels were not improving at all…no one talked to me about nutrition.” These accounts reveal a disconnect between participants’ health improvements on plant-based diets and the dismissive or uninformed guidance of medical professionals, underscoring the need for more inclusive, nutrition-based healthcare approaches.

Theme 3: Health Improvements and Weight Control

This theme captures participants’ perceptions of the health benefits of adopting a WPBD, particularly in terms of weight management, improved digestion, and the prevention of chronic diseases. Participants consistently reported enhanced energy, mental clarity, and significant improvements in metabolic health, including reductions in blood pressure, cholesterol, and glucose levels. Many also shared experiences of weight loss and increased vitality, viewing WPBD as a practical, non-pharmacological approach to managing obesity-related conditions. Table 4 presents the frequency of responses linked to Theme 3: Health Improvements and Weight Control, which directly addresses Research Question 2.

Table 4

Frequency of Theme 3: Health Improvements and Weight Control

Major/Sub-theme	Participant count	Participant references	Document count	Document references
Positive Health Outcomes and Weight Control	10	55	5	14
Weight Loss and Maintenance through Dietary Changes	9	50	4	11
Digestive Health and Weight	10	54	4	7

Participants reported notable improvements in health and weight from a whole-food, plant-based diet, reinforcing their motivation to sustain these habits. P2 described feeling more energized and mentally clear, stating, “I have energy, I don’t have that heaviness... when one eats poorly, one feels numb all the time.” P3 highlighted natural weight regulation, noting, “When you eat whole food, plant-based, non-processed, then your body regulates itself in many ways, especially the body weight.” P4 received positive medical feedback: “Keep doing what you do because you are very healthy... I had no problem with my iron levels.” P9 emphasized the benefits of fiber and hydration in plant-based foods, explaining, “You maintain a balanced weight, you eat more fiber, you eat less processed foods.” These accounts align with Social Cognitive Theory, illustrating how observable positive outcomes can strengthen individuals' commitment to health-promoting behaviors.

Similarly, participants highlighted the effectiveness of a plant-based diet in achieving and maintaining a healthy weight, sharing both transformative experiences and long-term benefits. P1 expressed satisfaction with weight control, saying, "I am happy with my weight." P2 and P3 described significant weight loss—P2 from 235 to 165 pounds and P3 noting, "I have lost 100 pounds since I started this diet." P4 observed improvement after increasing plant-based foods, while P5 and P7 emphasized consistency, with P5 stating, "If you are consistent, it's easy to maintain your weight." P8 linked diet to overall well-being: "I have learned to be happy knowing I'm healthy... I can easily lose five pounds in a week," and P9 added, "Among the benefits is that you maintain a balanced weight." These reflections underscore plant-based eating as a sustainable and satisfying approach to weight management.

Many participants linked a plant-based diet to improved digestive health and the body's natural regulation. P3 explained, "When you eat whole food, plant-based, non-processed, then your body regulates itself in many ways," highlighting the diet's role in maintaining internal balance. P4 emphasized the connection between food and detoxification, stating, "If you want to open your channel to detoxify your body, you have to start taking care of what you're eating." P6 added, "I think it has a lot of benefits. The first thing you see is at the digestive level, right? A correct digestive functioning in an appropriate way." These reflections suggest that a plant-based diet supports digestive health, promotes detoxification, and contributes to overall well-being, which in turn aids in weight management.

Theme 4: Personal Experience and Effort

The participants' recognition of the benefits of a plant-based diet motivated them to maintain dietary changes. Under this theme, I will discuss personal experiences with healthy eating, the benefits of home cooking versus eating out, fasting, and detoxification. Table 5 presents the frequency of responses related to theme four, highlighting the significant role of individual effort and lifestyle choices in sustaining plant-based dietary habits.

Table 5

Frequency of Theme 4: Personal Experience and Effort

Major/Sub-theme	Participant count	Participant references	Document count	Document references
Personal Experience with Healthy Eating	9	55	4	11
Home Cooking vs Eating Out	10	70	2	9
Fasting and detoxifying	10	25	4	7

Many participants reported significant health improvements after adopting a plant-based diet, especially in managing chronic conditions. P1 noted, "I feel much better... I had high cholesterol... and it helped me," while P2 shared success with weight loss and lowered blood pressure. P3 improved blood sugar levels by following Dr. Neal Barnard's guidance, and P5 emphasized a health-focused approach beyond avoiding animal products. Others highlighted increased energy and better digestion—P6 experienced a dramatic physical change, and P8 stated, "I'm sure I have more energy, and I feel healthier." P9 maintained a balanced weight, and P10 described the diet as "a blessing, it's helped my health a lot." These experiences demonstrate the positive impact of a plant-based diets on cholesterol, blood pressure, energy, and overall well-being.

Participants consistently emphasized home cooking as a crucial component of maintaining their plant-based or vegan lifestyles, as it offers control over ingredients and meal preparation. P1 stated, "I eat at home 99% of the time... We don't go to restaurants and never eat fast food," P2 shared, "I eat at home 80 percent of the time... I had to learn how to do everything myself." Similarly, P3 noted, "99% of my food is from home." P4 expressed doubt about dining out, saying, "They don't know what it means to be a total vegetarian or vegan." Others, including P5, P6, P7, and P9, described daily cooking routines, emphasizing that home preparation is a preferred and necessary strategy for sustaining a healthy, plant-based diet.

Fasting and mindful eating emerged as important strategies participants used to support detoxification, weight management, and overall health. Several practiced intermittent fasting or structured meal timing, such as P1, who said, "I practice 18 hours of fasting... I just eat once or twice a day," and P6, who followed a 16-hour fast while stressing the importance of respecting mealtimes. P5 fasted weekly, explaining, "I fast every Tuesday so that the body has a break," and warned against late eating. Participants linked fasting to increased energy and mental clarity—P8 describes, "You feel sleepy and low on energy, and then the ketones kick in... you have all that energy." Others emphasized detoxification benefits, with P2 noting early effects as the body eliminates toxins and P4 adding, "If you want to open your channel to detoxify your body, you have to start taking care of what you're eating." Collectively, these reflections underscore a shared conviction in the physical and mental benefits of mindful fasting.

Theme 5: Dietary Challenges and Habits

This theme highlights participants' belief in the long-term sustainability of a whole-food, plant-based diet (WFPBD) despite acknowledging challenges such as avoiding processed foods, social pressures, and financial limitations. Many described using mindful eating habits and intentional strategies to stay consistent with their health goals, emphasizing the importance of unprocessed plant foods for weight control and overall well-being. Their reflections demonstrate a proactive mindset, viewing WFPBD as practical and achievable. As summarized in Table 6, participants frequently mentioned economic and dietary challenges, underscoring the need for accessible, supportive solutions to maintain this lifestyle.

Table 6

Frequency of Theme 5: Dietary Challenges and Habits

Major/Sub-theme	Participant count	Participant references	Document count	Document references
Economic Factors	10	25	3	9
Challenges in Maintaining a Healthy Diet	6	23	5	9

Participants acknowledged that while organic or specialty health foods can be expensive, a whole-food, plant-based diet (WFPBD) remains affordable when centered on unprocessed staples. P1 mentioned the high cost of organic items, but others offered a more encouraging perspective—P2 said, "It's going to cost you very little," and P3 emphasized, "The vegan diet is the cheapest... rice, beans, legumes." P5 pointed out economic disparities but noted that rural, low-income communities can still eat healthfully by growing their food. P6 added that costs rise mainly with processed vegan items and highlighted long-term health savings. P8 and P10 agreed, with P10 stating, “Many claim that this diet is more expensive, but that is not true.” Participants viewed WFPBD as a nutritious, affordable lifestyle when focused on simple, home-prepared foods.

Maintaining a plant-based or vegan lifestyle presents logistical, environmental, and personal challenges, particularly due to limited access to preferred foods or during travel. Participants highlighted obstacles such as food availability—P1 shared that they needed to travel “25 or 30 minutes” to find suitable options, and P2 noted difficulties abroad or in rural areas, where people often cooked meals with lard or pork. P4 pointed out the difficulty of avoiding oils and processed foods outside the home, while P6 emphasized the importance of planning and dedication. P8 discussed personal temptations, especially with cheese, as barriers to consistency. These insights reveal that sustaining a plant-based lifestyle requires preparation, adaptability, and strong personal commitment.

Summary

In this section, I discussed the data collection and analysis process, and described the themes I derived from the interview transcripts. I also discussed how the pilot study confirmed the clarity, cultural relevance, and effectiveness of the interview questions, validated the interview length, and led to minor revisions before applying the protocol in the main study.

The two research questions I addressed in this study were:

- RQ 1: How do Hispanics living in Miami, FL, understand the concept of a whole-plant-based diet?
- RQ 2: What are the perceptions of Hispanics living in Miami, FL, regarding the use of a whole plant-based diet to prevent or reduce overweight and obesity?

The results of this investigation comprehensively addressed the two research questions by presenting rich qualitative data from Hispanic participants living in Miami, FL, alongside relevant literature. For RQ 1, the results of this research demonstrated that participants define a WPBD as a health-promoting dietary pattern centered on whole, minimally processed plant foods. They emphasize fruits, vegetables, legumes, and whole grains while avoiding processed and animal-based products. Two key themes shape this understanding: health awareness, education, and socio-cultural influences. Participants demonstrated knowledge of the diet's benefits in preventing chronic diseases and improving longevity. They highlighted how family traditions, cultural heritage, and social networks influence their dietary perceptions and practices.

Regarding RQ 2, the results revealed that the participants' perceptions were that WPBD effectively improves health and aids in weight management. Participants report positive health outcomes including lowered cholesterol, blood pressure, and blood sugar levels, increased energy, and reduced inflammation, which reinforces their commitment to the diet. The themes of health improvements and weight control, personal experience and effort, and dietary challenges and habits illustrate how participants perceive WPBD as a sustainable, empowering approach to prevent or reduce overweight and obesity despite social, logistical, and psychological barriers. Together, these insights demonstrate that Hispanics in Miami understand the concept of WPBD and perceive it as a valuable tool for improving health and managing weight within their cultural and social contexts.

In Chapter Five, I will interpret the study's findings and elaborate on how Hispanics in Miami, FL, comprehend and view whole food plant-based diets, especially in relation to preventing chronic illnesses and managing overweight and obesity. This section will also highlight the role of social cognitive theory in encouraging dietary changes. Additionally, I will share insights from participants' experiences to help health professionals develop more effective and culturally appropriate strategies for obesity prevention.

Chapter 5: Discussion, Conclusion, and Recommendations

Through this generic qualitative study, I aimed to explore how Hispanics living in Miami, FL, understand the concept of a whole plant-based diet and describe their perceptions regarding its use to prevent and reduce overweight and obesity. Through this research, I aimed to gather insights into the participants' experiences and perceptions of WPBDs to inform health promoters and professionals on developing effective interventions for obesity prevention within the Hispanic community. Additionally, I suggested that this study's results contribute to positive social change by educating Hispanics on the benefits of plant-based diets for managing overweight and obesity, as well as related chronic diseases, ultimately aiming to reduce morbidity and mortality linked to these conditions in this population.

Interpretation of the Findings

The results of this comprehensive qualitative analysis demonstrate that Hispanics living in Miami, FL, understand and perceive that a WPBD helped them to prevent overweight and obesity. The findings reveal that participants understand WPBD as a health-promoting dietary pattern centered on whole, minimally processed plant foods, emphasizing fruits, vegetables, legumes, and whole grains while avoiding processed and animal-based products. This understanding is deeply influenced by health awareness and education, as well as cultural and social factors, including family traditions and community influences.

Participants consistently perceived WPBD as an effective strategy for improving health and managing weight. They reported tangible health benefits including lowered cholesterol, blood pressure, and blood sugar levels, increased energy, improved digestion, and reduced inflammation. These positive outcomes reinforced their motivation and self-efficacy in maintaining the diet, despite challenges such as limited support from healthcare professionals and social or environmental barriers. The themes of health improvements and weight control, personal experience and effort, and dietary challenges and habits illustrate that participants view WPBD as a sustainable and empowering approach to managing weight and preventing chronic diseases.

I found in this study that participants believed that a WPBD offers significant long-term health benefits and contributes to longevity. According to several studies, consuming a WPBD can reduce the risks of cardiovascular disease, type 2 diabetes, gestational diabetes, and overall mortality, as well as improve weight management and insulin sensitivity (Clem & Barthel, 2021; Keaver et al., 2021; Schiattarella et al., 2021; Zhu et al., 2021). Additionally, Morton et al. (2021) found that individuals with high adverse childhood experiences (ACEs) who consumed more plant-based foods could gain an average of 5.5 additional years of life, highlighting diet's role in promoting resilience and longevity. These benefits span various populations and life stages.

Within the framework of social cognitive theory, outcome expectations—beliefs about the benefits of a behavior—play a crucial role in motivating dietary change (Bandura, 2004). If people believe a plant-based diet improves health, they are more likely to adopt it. Observational learning and positive role models—such as seeing others succeed or learning from educators—boost knowledge and motivation. These insights make plant-based diet education an effective means of promoting well-being and preventing chronic disease.

The participants in this study also discussed the risks associated with consuming animal products. Research consistently links diets high in animal products and low in plant-based foods to increased risks of chronic diseases and premature death. Barnard and Leroy (2020) found that animal product consumption is associated with higher cancer risk, while Kahleova et al. (2018) reported that poor diets—high in sodium and processed meats and low in fruits and vegetables—contribute to nearly half of cardio-metabolic deaths in the United States. Lane et al. (2021) further highlighted the link between diet, weight gain, and chronic disease. This evidence reflects a strong scientific consensus on the health risks associated with diets that are high in animal products. It highlights the importance of plant-based dietary interventions in preventing disease and promoting long-term public health.

Furthermore, participants who increased their nutritional awareness through direct experience can positively influence their dietary choices. Lessem et al. (2020) found that healthcare providers participating in a WFPB diet program significantly improved their knowledge and attitudes toward plant-based nutrition. Participants reported reduced animal product consumption, increased WFPB food intake, and experienced benefits such as improved mood, higher energy levels, and weight loss. These findings suggest that increased nutritional awareness can positively influence food choices and the likelihood of counseling patients on plant-based diets. Thus, integrating plant-based nutrition education and practice into healthcare training may be a key strategy for advancing public health and preventive care.

Participants in this research reported that increasing consumption of fruits, vegetables, beans, and legumes supports effective weight loss and long-term weight management due to their high fiber content and low-calorie density. Likewise, Arnotti and Bamber (2020) discovered that individuals who increased their fruit and vegetable consumption lost an average of three kilograms and were less likely to gain weight. Dreher and Ford (2020) emphasized that these benefits increase when individuals reduce the consumption of high-fat foods. Tucker (2023) noted that regularly consuming beans and legumes is associated with lower BMI and waist circumference.

From a behavioral perspective, social cognitive theory highlights the role of self-regulation and reinforcement in maintaining healthy habits. According to Bandura (1991), individuals who monitor their eating and set specific goals are more likely to sustain dietary changes, mainly when motivated by personal rewards or health improvements. These findings suggest that pairing a fiber-rich, plant-based diet with intentional self-regulation strategies is a powerful approach to supporting long-term weight and metabolic health.

The participants in this study believed that to fully benefit from a plant-based diet, minimizing the intake of processed and ultra-processed foods intake is essential. While plant-based eating offers significant health advantages, studies warn that processed vegetarian or vegan products can compromise these benefits. Keaver et al. (2021) advised vegetarians to limit their consumption of processed foods and use supplements like B12 to meet their nutritional needs. Neri et al. (2022) and Monteiro et al. (2019) linked UPFs to rising obesity rates, hyperglycemia, inflammation, and chronic diseases. Similarly, Verde et al. (2023) and Song et al. (2021) identified sugary drinks and refined carbs as major contributors to obesity and illness. Tuso et al. (2013) emphasized that plant-based diets should focus on whole foods, rather than processed alternatives. Altogether, the evidence stresses that a WPBD—rich in natural, minimally processed ingredients—is crucial for maintaining long-term health and preventing chronic disease.

This research underscores the pivotal role of educational interventions in fostering healthier dietary choices and enhancing health outcomes. Carl et al. (2021) explained that increasing awareness can significantly change behavior, such as educating parents about the health risks associated with sugary drinks. An 8-week program by Bansal et al. (2022) in an underserved community improved BMI, cholesterol, and blood pressure through plant-based cooking and nutrition lessons. These results demonstrate that practical knowledge and skills—like reading food labels and preparing healthy meals—can empower individuals, especially in high-risk communities, to make lasting, positive dietary changes and reduce health disparities.

Self-efficacy—a central principle of social cognitive theory—is crucial in encouraging and maintaining healthy eating habits. As Bandura (1997) emphasized, people must believe in their ability to create change and take action. Confidence in one's ability to adopt healthier habits boosts the likelihood of success and helps individuals persist through challenges. Therefore, strengthening self-efficacy through education, improving skill development, and encouragement are essential for supporting long-term dietary changes and enhancing health outcomes.

This study highlighted how cultural norms, traditions, and social contexts significantly shape dietary choices and can impact the adoption of plant-based diets. Participants expressed that they often struggled to align plant-based eating with cultural expectations, highlighting the importance of cultural acceptance for long-term adherence. Traditional food practices, religious beliefs, family habits, and social perceptions influenced food decisions. Research also shows that culturally preferred diets high in sugar and fat contribute to rising obesity rates, especially among adolescents in Latin America. For example, studies in Mexico and Chile link high-density, processed foods with increased BMI and overweight risk (Arango-Angarita et al. 2019; Martinez Arroyo et al. 2020).

Social cognitive theory explains these patterns through social modeling—people, especially young individuals, often mimic dietary behaviors observed in their family, peers, or media figures. To promote healthier eating, interventions must address these cultural and social influences by shifting social norms and offering culturally sensitive education and role models.

The participants in this study admitted that their religious beliefs strongly influenced their dietary choices. The Seventh-day Adventist Church promotes a vegetarian or plant-based diet as a core part of its health and spiritual teachings, rooted in the writings of co-founder Ellen G. White. She emphasized that God’s original diet for humanity was plant-based, stating, “It was not the use of flesh foods that God originally intended for man to eat” (White, 1905, p. 311). She added, “We can obtain from plants all the food we need to sustain life.” (White, 1938, p. 382). Her guidance connects dietary practices with spiritual purpose, encouraging members to view food as a faith-based decision that contributes to their health.

Social cognitive theory helps explain how this community sustains such dietary norms. Bandura’s concept of collective efficacy suggests that shared beliefs in healthful living strengthen group resilience and adherence to shared values (Bandura, 2000, p.77). Among Adventists, this collective commitment fosters a strong support system, where modeling a plant-based diet encourages individual adoption and reinforces the group’s identity. Spiritual teachings and community support shape long-lasting dietary behaviors within the Adventist culture.

This study highlighted the significant influence of family beliefs, traditions, and cultural practices on attitudes toward plant-based diets. In many cultures, such as Mexican culture, food plays a central role in family bonding and identity, which can either support or hinder dietary change (Aceves-Martins et al., 2022). In addition, Leite et al. (2023) noted that cultural assimilation, such as adopting American eating habits, often results in higher intake of processed foods and a shift away from traditional, healthier diets.

According to Social Cognitive Theory, behaviors are shaped by continuous interaction with one’s social environment, particularly within families (Bandura,1986). Observational learning—where individuals adopt behaviors modeled by family members—plays a key role in food choices. As a result, nutritional interventions are more effective when they take into account family influence and cultural context. Strategies must be culturally sensitive and involve families and social networks actively to promote lasting dietary change, especially in diverse communities.

This study demonstrates that social and medical factors have a significant impact on attitudes toward plant-based diets. Support from peers, family, and healthcare providers encourages adoption and maintenance, while a lack of support or negative pressure can hinder it. Research indicated that peer dynamics influence eating behaviors (Lin et al., 2024), misleading labels impact public understanding (Hall et al., 2023), and the fear of judgment from healthcare providers can limit open discussions about diet (Borisova et al., 2023). According to Social Cognitive Theory (Bandura, 1997), social persuasion enhances self-efficacy, increasing individuals' confidence in sustaining dietary changes. Thus, creating supportive social and clinical environments is key to promoting plant-based eating and long-term health behavior change.

This study confirms that nutrient-dense, fiber-rich plant-based foods—such as beans, legumes, and whole grains—aid in weight loss and long-term weight management by promoting satiety, regulating blood sugar levels, and reducing calorie intake. Research indicated that these foods contribute to a lower BMI and improved metabolic markers (Tucker, 2023; Wang et al., 2020). Additionally, plant-based diets enhance gut health and reduce inflammation by increasing fiber and polyphenol intake, thereby improving insulin sensitivity and overall well-being (Craig et al., 2021; Ivanova et al., 2021).

For the Hispanic population in the United States, who are at higher risk for obesity-related diseases, plant-based diets may offer significant health benefits. Studies have shown that greater adherence to healthy plant-based diet can reduce mortality from chronic conditions, such as type 2 diabetes and cancer (Fernandez et al., 2023; Peña-Jorquera et al., 2023). Plant-based diets support metabolic health and disease prevention across diverse populations and life stages.

Social cognitive theory emphasizes that self-efficacy and self-regulation are crucial for maintaining healthy dietary habits. According to Bandura (1997), individuals with high self-efficacy tend to persist in adopting a plant-based eating and adapt to challenges. Building this confidence—primarily through enactive mastery (successfully performing a behavior)—strengthens one's ability to set goals, track progress, and stay committed over time. Repeated successes in preparing and maintaining healthy meals reinforce one's belief in their capacity to sustain long-term dietary change.

This study confirmed that preparing meals at home is a powerful strategy for promoting healthier eating and reducing consumption of UPFs, which are linked to chronic diseases. Bansal et al. (2022) explained that teaching skills such as cooking plant-based meals, reading labels, and using whole foods empowers individuals to make better dietary choices. In contrast, eating out often involves meals high in fat, sugar, and sodium. Research indicated that UPFs are nutrient-poor, contain harmful additives, and may contribute to addictive eating behaviors (Monteiro et al., 2019; Neri et al., 2022; Madalosso et al., 2023). Studies also confirm that home-cooked meals offer significantly better dietary quality than restaurant food (Fertig et al., 2019; Liu et al., 2020).

From a Social Cognitive Theory perspective, structuring the environment is crucial for supporting lasting dietary change. Bandura (2004) explained that organizing one’s surroundings—such as keeping healthy foods accessible and planning meals—can boost self-regulation and reinforce positive habits. Aligning the home environment with health goals reduces barriers and promotes consistent, health-supportive behaviors.

Also, food insecurity is a significant barrier to healthy eating among Hispanic women, often leading to poor nutrition, obesity, and chronic illness. Financial hardship restricts access to quality food, leading in unhealthy behaviors such as skipping meals or relying on sugary, low-nutrient options (Te Vazquez et al., 2021; Aleman et al., 2023; Choi et al., 2022). However, plant-based diets offer a cost-effective alternative to improve health and reduce food and healthcare expenses (Tuso et al., 2013).

According to Social Cognitive Theory, environmental constraints—such as financial limitations—can override motivation and self-efficacy, making it harder to sustain healthy choices (Bandura, 1986). Therefore, effective interventions must address individual motivation and systemic barriers to support long-term dietary change in underserved communities.

Maintaining a whole food plant-based diet can be challenging due to social identity pressures and feelings of isolation in unsupportive environments. Bryant et al. (2022) found that societal misunderstandings and a lack of support can strain relationships and hinder adherence. Building supportive networks and engaging with plant-based communities can help foster a positive social identity and ease these challenges.

Resilience, driven by strong self-efficacy, is also crucial. According to Bandura (1997), individuals with high self-efficacy tend to see obstacles as manageable and remain committed to their goals. Together, community support and self-confidence are key to sustaining long-term dietary change.

The findings emphasize the importance of personal agency, showing that participants' firsthand health improvements enhance their confidence and commitment to a WFPBD. Despite some medical skepticism, their positive outcomes reinforce belief in the diet's effectiveness. Participants also practiced mindful eating by focusing on whole, unprocessed foods, which supported their health and weight goals.

Overall, Hispanic participants in Miami view WFPBD as a practical, culturally relevant strategy for improving health and managing weight. Their understanding is shaped by personal experience and scientific evidence, highlighting the diet's potential to combat obesity and chronic diseases in this community. These insights provide a solid foundation for targeted health promotion initiatives.

Limitations of the Study

Readers should interpret the results of this study considering several limitations. Consistent with many qualitative studies, the participant pool was relatively small. Since participants were volunteers who met specific inclusion criteria, the findings are limited to these preselected groups and may not be representative of all Hispanics following a plant-based diet. This limitation is significant given the selective participation criteria that do not encompass the broader Hispanic population adhering to such diets.

Furthermore, the study's focus on Hispanics residing in Miami, FL, means that the perspectives gathered may be influenced by the geographic and cultural context of this specific area, limiting the applicability of the results to broader or different populations.

Researcher bias also posed a limitation related to the trustworthiness and rigor of the study. While such bias is often unavoidable in qualitative research due to the evolving nature of understanding and analyzing phenomena (Zahle, 2024), the researcher acknowledges that personal preferences for a plant-based diet and doctoral-level education might have unintentionally influenced participants. Despite efforts to demonstrate cultural sensitivity and competence, some participants may not have consistently perceived it that way.

Additionally, I draw conclusions from the study's findings based on a finite group of participants within a particular timeframe and context. The analysis, while focused, involved subjective interpretation, which may limit the generalizability of the results to all Hispanics following a plant-based diet. Using a nonrandom convenience sample recruited primarily through Miami churches further limits the generalization of these findings to the broader Hispanic population.

Recommendations

This investigation presents practical strategies to prevent and reverse chronic diseases as well as to reduce overweight and obesity. A whole plant-based diet provides substantial health benefits, such as supporting weight loss, enhancing insulin sensitivity, and reducing risk factors for cardiovascular disease. Research by Clem and Barthel (2021) highlights how adopting this diet can positively influence key health outcomes. Supporting this, Kahleova et al. (2018) found that a vegan diet reduced body weight, fat mass, and insulin resistance. Similarly, Zhu et al. (2021) found that sustained consumption of plant-based foods, such as nuts, fruits, and vegetables contributed to better weight management and a lower cardiovascular risk. Daily and Park (2023) also observed in their study of over 53,000 Asian adults that a plant-based diet was most effective at reducing body fat, even among individuals genetically predisposed to obesity. These consistent findings from diverse populations and study designs demonstrate the broad potential of a whole plant-based diet to improve health and help prevent chronic diseases.

Based on the comprehensive information gathered in this research, I suggest the following professional recommendations to support the adoption and maintenance of whole-food, plant-based diets (WFPBD), particularly in populations at higher risk for chronic diseases.

Firstly, health professionals and community leaders should enhance access to cost-effective staples such as fruits, vegetables, whole grains, legumes, nuts, and seeds, especially in underserved or rural areas with limited access. Additionally, it is crucial to support community and urban gardening initiatives, empowering individuals to grow nutritious foods to overcome environmental and financial barriers.

Secondly, health educators and promoters should implement culturally tailored nutrition education programs that focus on practical skills, such as plant-based cooking, meal planning, and reading food labels, to empower individuals with knowledge and confidence. Additionally, they should provide strategies for navigating challenges such as travel, limited food options, and personal cravings while facilitating social support networks to mitigate isolation and social pressures, thus fostering a positive social identity around plant-based eating.

Thirdly, colleges and universities should incorporate plant-based nutrition education into healthcare training to support healthcare professionals in recognizing the role of plant-based diets in managing and preventing chronic diseases, including obesity, diabetes, and cardiovascular conditions. Also, promote the integration of evidence-based plant-based nutrition counseling in clinical practice to empower patients in making healthful dietary choices. Promoting the intake of nutrient-rich foods like fruits and vegetables, whole grains, legumes, nuts, and seeds, and avoiding ultra-processed foods, even within plant-based diets, maximizes health benefits and reduces risks of inflammation, weight gain, and chronic illness.

Fourthly, health educators should design interventions that integrate psychological and behavioral strategies grounded in Social Cognitive Theory to build self-efficacy through mastery experiences and positive outcome expectations, helping individuals reframe setbacks as manageable and reinforcing resilience for sustained dietary adherence. Furthermore, health educators can support individuals in overcoming logistical and social challenges by allowing them to recognize that success depends more on dedication and preparation than on time availability. These recommendations collectively form a comprehensive approach that addresses individual, social, environmental, and professional factors to facilitate the sustainable adoption of plant-based diets, ultimately contributing to improved public health outcomes and chronic disease prevention.

Implications

This research demonstrates that adopting whole-food, plant-based diets (WFPBD) can improve public health outcomes by significantly reducing the prevalence of chronic diseases, including obesity, type 2 diabetes, cardiovascular disease, and certain cancers. This dietary shift supports effective weight management, enhances metabolic health, and promotes longevity, thereby alleviating healthcare burdens and improving the quality of life across diverse populations, including vulnerable groups such as the Hispanic community. To address health disparities, educational interventions tailored to culturally diverse and underserved communities empower individuals with practical knowledge and skills to make informed dietary choices. These programs promote equity in health outcomes by overcoming barriers such as limited access to healthy foods and insufficient nutritional guidance. Strengthening community and social support networks is also essential, as building positive social identities around plant-based lifestyles mitigates feelings of isolation and social pressure, fostering resilience and sustained commitment to healthy eating, which contributes to stronger, health-conscious communities.

Furthermore, promoting access to affordable, whole, minimally processed plant foods through initiatives like community and urban gardening supports environmental sustainability by reducing reliance on resource-intensive animal agriculture, enhances local food security, and empowers individuals to actively participate in their nutrition and well-being. Enhancing healthcare practices by integrating plant-based nutrition education into professional training improves the quality of dietary counseling, enabling providers to offer evidence-based, supportive guidance that fosters patient trust and encourages lifestyle-based health solutions, thereby reducing dependence on medication and invasive treatments. Finally, leveraging psychological frameworks such as Social Cognitive Theory to build self-efficacy and positive outcome expectations empowers individuals to overcome challenges and maintain dietary changes, supporting mental resilience and sustained health behavior that contribute to overall well-being. This comprehensive approach addresses individual, social, environmental, and professional factors to drive meaningful and lasting positive social change by promoting whole foods and plant-based diets.

Recommendations for Future Studies

Future researchers should prioritize expanding sample diversity and size by including larger, more heterogeneous populations beyond the Miami, FL, Hispanic community to enhance the generalizability of findings related to the adoption of whole-food, plant-based diets (WFPBDs). Incorporating participants from varied geographic regions, socioeconomic statuses, and cultural backgrounds will yield a more comprehensive understanding of the perceptions and barriers influencing WFPBD adherence. Furthermore, qualitative and mixed-methods studies should investigate the complex cultural, social, and psychological determinants of dietary behavior within Hispanic and other minority groups, examining cultural identity, acculturation, and social support networks to inform culturally sensitive interventions. Additionally, longitudinal and intervention studies are necessary to evaluate the long-term health outcomes and sustainability of WFPBD, particularly in mitigating chronic diseases such as obesity, type 2 diabetes, and cardiovascular conditions. Intervention research focusing on culturally tailored educational programs and community support initiatives can further elucidate effective strategies for promoting dietary change and health improvements. Additionally, investigations into healthcare provider training are also warranted to assess how integrating plant-based nutrition education influences the quality of patient counseling, patient empowerment, and clinical outcomes related to diet-associated chronic diseases. Future studies should explore the environmental and food security dimensions by evaluating the impact of community and urban gardening initiatives as well as other sustainability efforts, on access to affordable, whole, minimally processed plant foods, dietary behaviors, and community resilience. Finally, addressing recruitment and data collection limitations through innovative strategies—such as multilingual and culturally adapted instruments—will enhance participation and data quality, especially among populations less familiar with or adherent to plant-based diets. These research directions will strengthen the evidence base, facilitate tailored health promotion, reduce health disparities, and foster sustainable dietary and social change.

Conclusion

This study underscored the significant potential of whole-food, plant-based diets (WFPBD) to improve public health outcomes among Hispanic populations in Miami, FL. The participants' responses demonstrated that they clearly understood the health benefits of WFPBD, including weight management and the prevention of chronic diseases such as obesity, type 2 diabetes, and cardiovascular conditions. Their perceptions highlighted increased health awareness, empowerment through education, and the positive influence of cultural and social factors on dietary choices. The qualitative data revealed that adherence to WFPBD contributes to enhanced energy levels, improved weight control, and overall well-being, thereby reinforcing motivation for sustained dietary changes. Furthermore, the study highlighted the importance of culturally tailored educational interventions and community support in addressing barriers and promoting equity in health outcomes. The integration of plant-based nutrition education into healthcare practices emerged as a critical factor in improving patient counseling and empowerment. Based on social cognitive theory, psychological concepts such as self-efficacy and outcome expectations are key in promoting behavioral resilience and sustaining long-term healthy eating habits.

This research contributes valuable insights into the perceptions and experiences of Hispanics regarding WFPBD, emphasizing the multifaceted benefits of this dietary approach. It highlights the need for continued efforts in education, community engagement, healthcare integration, and culturally sensitive interventions to foster sustainable nutritional changes and reduce health disparities. These findings provide valuable insights for guiding future research and developing health promotion strategies that utilize whole-food, plant-based diets to achieve meaningful and lasting positive social improvements.

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Appendix A: Interview Questions

Food Questionnaire for Hispanics Following a Whole Food Plant-based Diet and Omnivorous (containing animal products) Diet.

This questionnaire aims to assess the dietary habits of Hispanic immigrants living in Miami, FL. Thank you for participating in this interview. My name is Zoraida Powell. I am a Ph.D. Public Health Student at Walden University. I am very interested in improving health and preventing chronic diseases among Hispanics in this community. I would like to learn about your experience with diet and weight management. Please provide truthful answers to each question. There are no wrong or right answers. Thank you!

This interview will take between 35 to 60 minutes. However, I will record our conversation to capture all your answers. Please speak clearly and audibly.

I will keep all your shared information and identity confidential. Only my research team will have access to this information, and I will not reveal your identity. Please note that you do not have to discuss any sensitive information, and you can end this interview at any moment if you feel uncomfortable. Do you have any questions?

1. Is your age between 18 and 60?
2. What is your height?
3. What is your weight?
4. What is your country of birth?
5. How long have you been living in the United States?

6. How often do you eat food cooked at home, from restaurants, or fast food?
7. What are the main differences in your dietary habits compared to when you lived in your country of origin?
8. How long have you followed a whole-food plant-based diet.
9. How did you learn about plant-based diet? Through a friend, a health professional, through social media, or another?
10. What do you know about the potential health benefits of a whole food plant-based diet?
11. How many servings of fresh or frozen fruits do you usually eat daily? (A serving equals one cup, a ½ banana, or a small apple; please do not include dry fruits or fruit juices).
12. How many servings of fresh or cooked vegetables do you usually eat daily? (A serving equals one cup of raw vegetables or ½ cup of cooked vegetables such as broccoli or spinach).
13. How many servings of legumes do you usually eat daily? A serving equals ½ cup of canned or cooked legumes such as beans, peas, lentils, or chickpeas; ½ cup of tofu, ½ cup hummus, or a handful of seeds.
14. How often do you consume whole grains, and how many servings? (A serving equals ½ cup of cooked cereal: oats, grits, quinoa, barley. ½ cup of cooked brown rice, whole grain pasta, and one slice of whole grain bread).
15. How often do you consume refined grains (such as white bread, white rice, and pasta made from white flour) in your diet.

16. What health conditions do you have? How might they affect your dietary choices or lifestyle?
17. How do you feel about your actual weight? What changes would you like to make?
18. How do you think that your diet contributes to losing weight or weight gain?
19. How have economic factors influenced your ability to purchase the foods you want?
20. Can you describe any challenges you've faced in finding foods that you consider healthy?
21. Is there anything else you would like to discuss about your diet?

I will keep your information confidential. Thank you for your participation.

Appendix B: Invitation Flyer

Appendix C: Pilot Results

The themes that I recognized with the help of the Word and Excel software programs were drawn from participants' answers and their connection to the following research questions:

RQ 1: How do Hispanics living in Miami, FL, understand the concept of a whole plant-based diet plan?

RQ 2: What are the perceptions of Hispanics living in Miami, FL, regarding the use of a whole plant-based diet to prevent or reduce overweight and obesity?

1) Participant Awareness of the Benefits of a Whole Plant-based Diet

Interview question: What do you know about the potential health benefits of a whole food plant-based diet?

Participants' responses: "You avoid many chronic diseases, a healthier body." "I am 58 years old now, and I have a vitality that I did not have when I was 20." "Well, for example, you're automatically going to live a healthier lifestyle." "You wouldn't know that I would be 80 years old."

2) Participants' Source of Information About WPBD

Interview question: How did you learn about a plant-based diet?

Participants' responses: Through a friend, a health professional, through social media, or other?

"My mother was very helpful." "Through my mom… she wanted me to be more informed, so she shared with me documentaries so that I could see her reasoning."

3) Participants' Food Preparation Knowledge

Interview question: How often do you eat food cooked at home, from restaurants, or fast food?

Participants' responses: "Most of the time, we eat food prepared at home." "We seldom eat out. Most of the time, we eat food prepared at home." "Mostly, I eat at home what my mom makes."

4) Participants' Efforts to Follow a Balanced Diet

Interview question: How many servings of fresh or frozen fruits do you usually eat daily?

"I eat about 5-6 servings. Yes, I eat lots and lots of fruit, whether fresh or frozen."

How many servings of fresh or cooked vegetables do you usually eat daily? "I eat at least a cup of salad at lunchtime. But we cook vegetables almost every day, too."

How many servings of legumes do you usually eat daily? "Two servings per day."

How often do you consume whole grains, and how many servings? "Whole wheat bread is a daily staple; it's what we eat in the morning, and every morning, it's Ezekiel bread. Also, granola for breakfast every day, one cup."

How often do you consume refined grains "Very seldom, once a week, maybe."

5) Participants' Perception of WPBD and Weight Management

Interview question: What do you know about the potential health

benefits of a whole food plant-based diet? "My son, who ...has never been sick, has ideal muscle mass and weight."

Are you satisfied with your actual weight? If not, what changes would you like to make?

"Yes, happy. When you eat like this, you don't have to worry about calories".

How do you think your diet contributes to losing weight or gaining weight? “I definitely think diet can help control it (weight), and more exercise.” “Yes, it does.” “It contributes to maintaining your weight, to having the ideal weight.”