Sugar sweetened beverage consumption among WIC children in Los Angeles County

Data Mining Project

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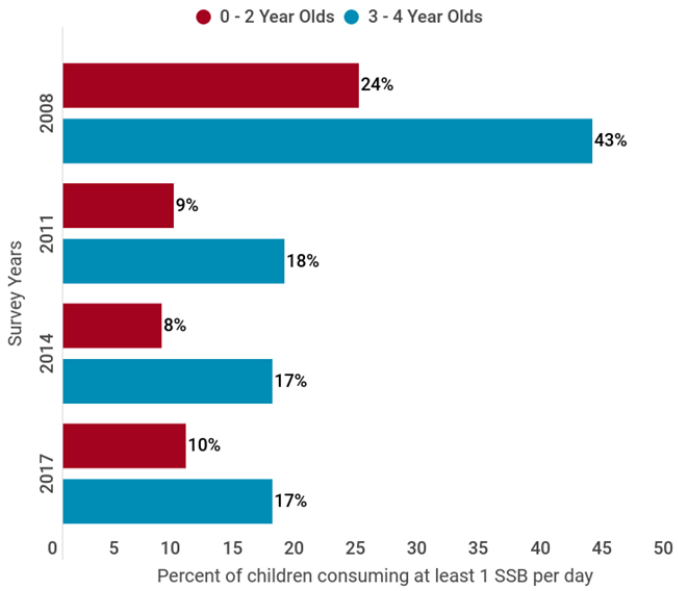
The consumption of sugar sweetened beverages (SSB) or sugary drinks has been closely linked to an increased risk of childhood obesity and other associated adult chronic diseases such as diabetes and heart disease.[1,2] SSBs are defined by the CDC as "any liquids that have been sweetened with any various forms of added sugars like brown sugar, corn sweetener, corn syrup, dextrose, fructose, glucose, high-fructose corn syrup, honey, lactose, malt syrup, maltose, molasses, raw sugar, and sucrose."[3] Some examples of these beverages include but are not limited to regular soda, diet soda, sports drinks, energy drinks, fruit flavored drinks, and sweetened teas.[2,3] Nationwide, there has been a decrease in the number of children who consume SSBs which, in recent years, has been largely driven by children 2-5 years old.[4] Despite the decline, rates of SSB consumption remain high among children in this age group.[4,5] To study the extent of SSB consumption among 0- to 5- year- old Los Angeles County (LAC) children participating in the Special Supplemental Program for Women, Infants and Children (WIC), questions related to SSB consumption were included in the triennial telephone LAC WIC survey. The LAC WIC survey is conducted among a randomly selected sample of approximately 5000 LAC WIC participants. Since 2008, parents have been asked to recall the amount of SSB drinks their child consumes on an average day. For the purposes of this brief, SSB consumption is defined as the total number of reported SSBs such as Gatorade, Red Bull, or Sunny Delight on a typical day. WIC children have been grouped into two age groups, 0-2 year olds and 3-4 year olds, as the diet for children over the age of 2 is typically more varied than the diet for children aged 2 and under. Figure 1 shows that 2008 had the most reported SSB consumption among both age groups, 24% for 0-2 year olds and 43% for 3-4 year olds. Within three years, the percentage of children consuming SSBs dropped significantly for both age groups to 9% and 18% for 0-2 and 3-4 year olds, respectively. Since 2011, the rates of SSB consumption in WIC children in LAC have remained stable. While the trends for LAC WIC children aged 5 and under follow the trends seen in the overall US population of children, the percentage of LAC WIC children consuming SSBs is much lower than the percentages reported in the overall county and state. The LA County Health Survey reported that 28% of children under the age of 5 consumed at least 1 SSB per day.[2] Comparatively, the 2013-14 California Health Interview Survey reported that 31% of children 2-11 years of age consumed at least 1 SSB per day.[6] While many studies have shown that low income children are more likely to consume SSBs starting at an earlier age, the results in this brief show that WIC children in LAC are less likely to consume SSB and rates have not changed since 2011.



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