

Sugary Drink Consumption among New York City Adults, Youth and Children

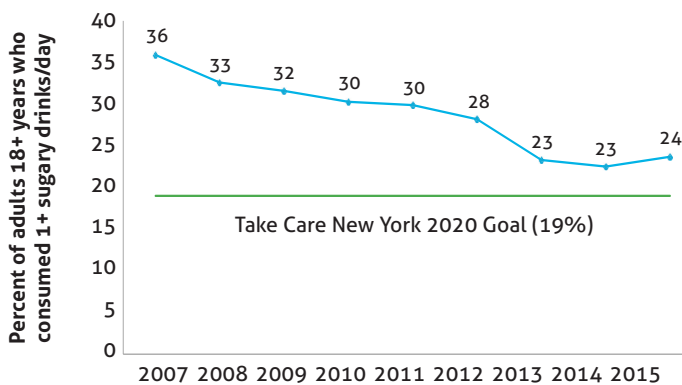
Beverages are the largest single source of added sugar in the diets of U.S. children and adults, contributing over 45% of daily added sugar intake.¹ One 20-ounce sugary drink^a can contain more added sugar than the recommended limit for an entire day.¹ Sugary drink consumption is associated with weight gain, cavities and increased risk of chronic diseases, such as type 2 diabetes and heart disease.² These beverages are calorie dense and often contain few or no nutrients. They are also heavily marketed to youth, low-income neighborhoods and communities of color.^{3,4} A 2011 NYC retail audit demonstrated a higher prevalence of sugary drink advertisements in neighborhoods with high sugary drink consumption than in neighborhoods with low consumption.⁵

The Health Department has implemented many strategies aimed at reducing sugary drink consumption among New Yorkers, including media campaigns, nutrition education, programs to make healthy beverages more accessible and unhealthy beverages less ubiquitous, and policies to ensure that sugary drinks are not served to children in schools and child care centers.

This report examines trends and demographic differences in sugary drink consumption.^b Recommendations to help reduce sugary drink consumption are also included.

After years of decline, sugary drink consumption has plateaued among New York City adults

Sugary drink consumption among New York City adults, 2007 to 2015



Source: NYC Community Health Survey, 2007-15; data are age-adjusted

- In 2015, there was a positive association between sugary drink consumption and obesity among adults in New York City (NYC).
- There was a steady decline in sugary drink consumption among adults between 2007 and 2013; however, between 2013 and 2015, the prevalence stagnated (24% in 2015).
- As part of Take Care New York 2020, the Health Department’s guide for improving health for the city overall and reducing inequities in health outcomes,⁶ the Agency set a goal to reduce the percent of adult New Yorkers who consume one or more sugary drinks per day to 19% by 2020.

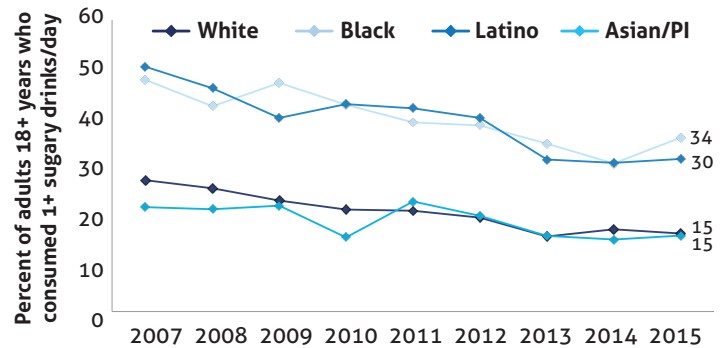
DEFINITIONS: ^a*Sugary drinks* are drinks that have added sugars, including soda, sweetened iced tea, sports drinks, energy drinks, fruit punch and other fruit-flavored drinks. Seltzer, sugar-free drinks, diet drinks, sweetened flavored milk and 100% juice are not included. ^b*Sugary drink consumption* is consuming one or more sugary drinks per day. ^c*Race/ethnicity:* For the purpose of this publication, Latino includes persons of Hispanic or Latino origin, as identified by the survey question “Are you Hispanic or Latino?” and regardless of reported race. Black, White and Asian or Asian/Pacific Islander race categories exclude those who identified as Latino.

DATA SOURCES: The NYC Community Health Survey (CHS) is an annual telephone survey of approximately 9,000 adults aged 18 and older conducted by the NYC Department of Health and Mental Hygiene (DOHMH). Since 2002, the CHS has included adults with landline phones and, starting in 2009, adults who could be reached by cell phone. Data presented are from 2007 to 2015. The NYC Child Community Health Survey (CCHS) is a population-based telephone survey conducted in 2009 by the DOHMH with support from Children’s Health Fund; the sample included approximately 3,000 children. The Child Health, Emotional Wellness and Development Survey (CHEWDS) is a random-digit-dialed survey conducted by the DOHMH in 2015 that included families eligible based on a randomized sampling design. Approximately 3,000 families were surveyed. The NYC Youth Risk Behavior Survey (YRBS) is a self-administered survey conducted in NYC public high schools in odd years by the NYC Department of Education and the DOHMH. Data presented are from 2013 and 2015.

Sugary drink consumption is highest among Black, Latino and low-income adults

- Despite overall stagnation between 2013 and 2015, from 2007 to 2015, there was a downward trend in adult sugary drink consumption for each racial/ethnic group (White, Black, Latino and Asian/Pacific Islander).
- Sugary drink consumption was higher among Black and Latino adults than among White and Asian/Pacific Islander adults every year from 2007 to 2015.

Sugary drink consumption among New York City adults by race/ethnicity, 2007 to 2015

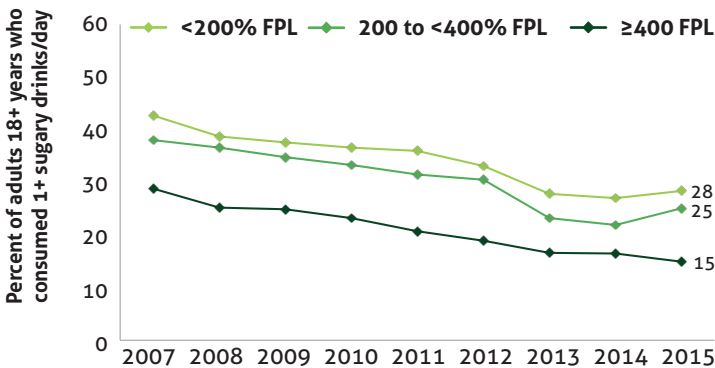


PI = Pacific Islander

White, Black and Asian/PI categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race.

Source: NYC Community Health Survey, 2007-15; data are age-adjusted

Sugary drink consumption among New York City adults by household poverty, 2007 to 2015



FPL = Federal poverty level

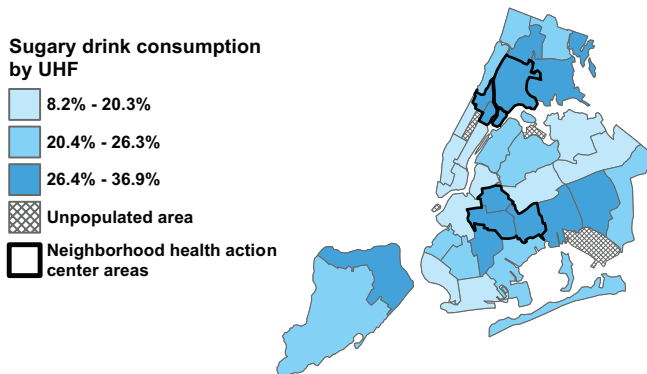
From 2007 to 2013, household poverty was derived only from reported income information. Beginning in 2014, household poverty also includes data imputed for those not reporting income information.

Source: NYC Community Health Survey, 2007-15; data are age-adjusted

- Since 2007, sugary drink consumption decreased among adults at all levels of household income, although it remained higher among the lowest-income New Yorkers (less than 200% of the Federal Poverty Level (FPL)) compared with those in the highest income group (400% or more of FPL) every year from 2007 to 2015.
- In 2015, racial disparities in sugary drink consumption were seen even within the same income level. Among those in the lowest income group, Whites had lower sugary drink consumption than Blacks or Latinos (23% vs. 41% and 31%). Furthermore, Whites in the lowest income group had similar consumption to Blacks and Latinos in the highest income group.

Neighborhood matters: higher sugary drink consumption is tied to geographic location

Sugary drink consumption among New York City adults by neighborhood, 2015

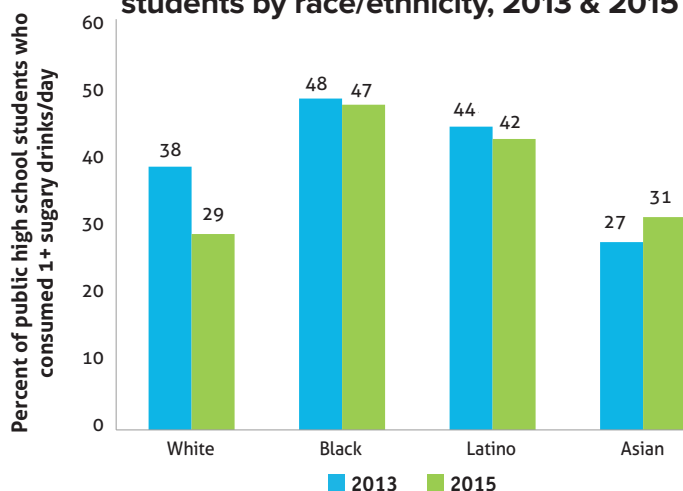


- In 2015, sugary drink consumption varied widely by neighborhood of residence.
- As shown by the map of NYC, neighborhoods in the highest consumption group (26.4-36.9%) clustered primarily in the Bronx, upper Manhattan and parts of Brooklyn and Queens, while the remainder of Manhattan neighborhoods fell in the lowest consumption group (8.2-20.3%) along with parts of Brooklyn and Queens.
- Outlined areas house the City’s Neighborhood Health Action Centers (see note below), which all fell into the highest sugary drink consumption group.

The United Hospital Fund (UHF) classifies New York City into 42 neighborhoods, comprised of contiguous ZIP codes, several of which were combined to create the 34 neighborhoods displayed here. For more information visit <https://a816-healthpsi.nyc.gov/epiquery/CHS/uhf-zip-information.pdf>. To promote health equity and reduce health disparities at the neighborhood level, the Health Department established [Neighborhood Health Action Centers](#) (formerly District Public Health Offices) in the South Bronx, East and Central Harlem, and North and Central Brooklyn, neighborhoods with high concentration of poverty and where residents (primarily people of color) experience a disproportionately high disease burden.

Sugary drink consumption is higher among Black and Latino public high school students than among White students

Sugary drink consumption among New York City public high school students by race/ethnicity, 2013 & 2015



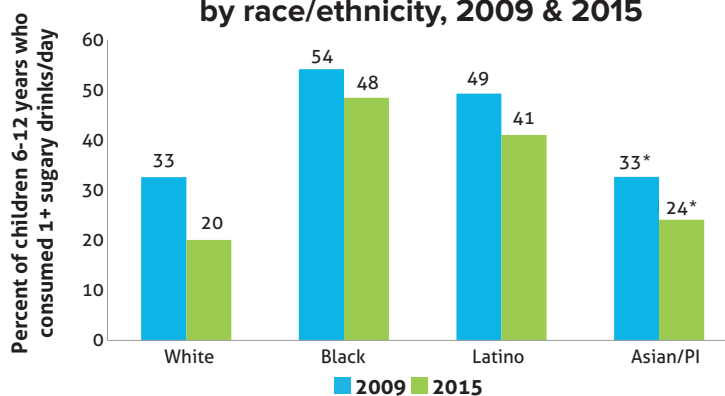
White, Black and Asian categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race.

Source: NYC Youth Risk Behavior Survey, 2013 and 2015

- Since 2013, sugary drink consumption among NYC public high school students overall has remained stable (42% in 2013 and 40% in 2015 consumed one or more per day).
- In both 2013 and 2015, Black and Latino youth had higher rates of sugary drink consumption than White youth (in 2015, 47% of Black and 42% of Latino vs. 29% of White youth consumed one or more per day).
- Sugary drink consumption among White youth declined between 2013 and 2015 (38% vs. 29%), but not among Black, Latino or Asian youth.

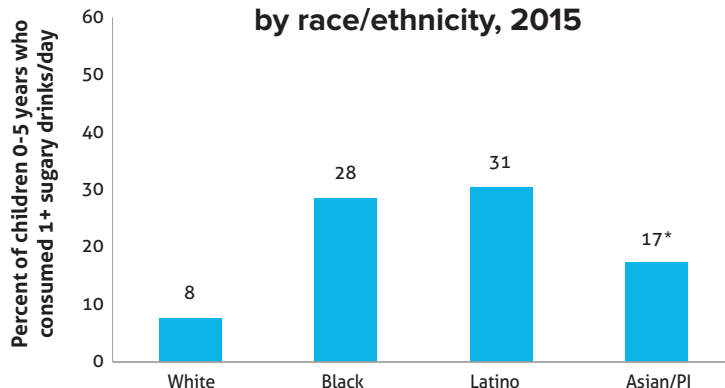
Despite overall declines among New York City children ages 6 to 12, sugary drink consumption remains highest among Black and Latino children

Sugary drink consumption among New York City children ages 6 to 12 by race/ethnicity, 2009 & 2015



- In 2015, the percent of NYC children ages 6 to 12 who consumed one or more sugary drinks per day was lower than in 2009, dropping from 44% to 36%.
- From 2009 to 2015, there was a decline among White children ages 6 to 12 (33% vs. 20%), but not among Black, Latino or Asian/Pacific Islander children.
- In both 2009 and 2015, Black and Latino children had higher rates of sugary drink consumption than White children.
- Sugary drink consumption among the youngest New Yorkers (ages 0 to 5 years) was measured for the first time in 2015. Black and Latino children in this age group had three to four times higher rates of sugary drink consumption than White children.

Sugary drink consumption among New York City children ages 0 to 5 by race/ethnicity, 2015



* Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the sample size is less than 50, or the 95% Confidence Interval half width is greater than ten, making the estimate potentially unreliable.

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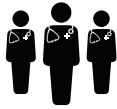
Sources: Child Community Health Survey 2009 & Child Health, Emotional Wellness and Development Survey 2015

Recommendations



All New Yorkers should avoid sugary drinks.

- Drink healthier beverages. NYC tap water is healthy, tasty and free. (Visit nyc.gov/health and search “drink water”).
- Do not give sugary drinks to children.
- Support healthy habits by modeling healthy behavior to children.



Health care and dental providers should support healthy beverage choices for patients and the community.

- Educate patients about the benefits of reducing sugary drink consumption and encourage them to replace these drinks with healthier alternatives, like water.
- Create healthy environments and workplaces by stocking only healthy beverages where drinks are provided and sold at health care facilities, including hospitals.



NYC schools and child care centers should promote healthy behaviors and environments.

- Provide nutrition education to children and caregivers.
- Create sugary drink-free environments by offering only healthy beverages at school events, activities and fundraisers and avoiding sugary drink advertising and sponsorships. (Visit nyc.gov/health and search “agency food standards”).



Community leaders and organizations should support efforts to reduce sugary drink consumption in communities.

- Ensure that water is always available and provide only healthy beverages to clients.
- Avoid sponsorship arrangements that require brand promotion or marketing of sugary drinks.
- Educate policy makers and community leaders about the negative health impacts of sugary drinks.



Retailers and restaurants should consider not selling or advertising sugary drinks.

- Place sugary drinks above the eye level of young children or out of reach; include only healthy beverages in children’s meals.
- If serving sugary drinks, offer smaller portion sizes at a lower cost.
- Adjust pricing strategy to make healthier beverages more affordable than sugary drinks.

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