

Salud America!

The Robert Wood Johnson Foundation Research Network to Prevent Obesity Among Latino Children

Bridging the Gap

Research Informing Policies & Practices for Healthy Youth

ISSUE BRIEF

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How to Reduce Sugary Drink Consumption among Latino Kids

Introduction

Latino kids ages 0-5 consume more sugary drinks—including soda, sports and energy drinks, fruit juices and fruit drinks that contain less than 100% juice, and flavored milk—than the average child, contributing to their higher rates of obesity.

How can sugary drink consumption be reduced and water promoted?

Several initiatives have been proposed or implemented, including policies affecting beverages available and promoted in the school and early child care settings, regulatory and voluntary measures to limit marketing of SSBs to children, pricing issues, and promotion of water.

Efforts like these can build a culture of health where everyone is empowered to live the healthiest lives they can.

The Evidence

Research links sugary drink intake and weight gain in Latino children, even in early childhood.

- Studies have found higher obesity rates among 6-year-olds who consumed sugary drinks between ages 1-12 months than those who didn't (17% vs. 8.6%), and kids ages 4-5 had higher obesity odds if they drank one or more sugary drinks a day.
- Latino race/ethnicity and drinking sugary beverages at kindergarten age at least once in the past week were both associated with 2.3 times the odds of severe obesity in kindergarten.
- Latino toddlers ages 2-4 who didn't consume sugary drinks had 31% lower odds of being obese than those with a high intake of sugary drinks, a study found.

Sugary drink consumption is high among kids of all ages.

- Nearly 26% of babies consumed sugary drinks sometime during infancy (ages 1-12 months).
- Among toddlers, rates of sugary drink consumption on a given day were 14.3% (for ages 12-14.9 months), 29.4% (ages 15 to 17.9 months), 28.6% (ages 18 to 20.9 months), and 38.2% (ages 21 to 23.9 months).
- Average daily caloric intake from sugary drinks was 69 among children ages 2-5.

Latino kids consume more sugary drinks than non-Latino kids at all ages.

- U.S. Latino infants and toddlers were significantly more likely than their non-Latino peers to be fed sugary fruit-flavored drinks at 6-11 months (13.2% vs. 5.4%) and 12-24 months (47% vs. 29.5%).



ABOUT THIS ISSUE BRIEF

This issue brief is based on a joint research review by Salud America! and Bridging the Gap. The issue brief and research review were prepared by Frank J. Chaloupka, Ph.D., University of Illinois at Chicago, project director for Bridging the Gap, and Amelie G. Ramirez, Dr.P.H., and Kipling J. Gallion, M.A., University of Texas Health Science Center at San Antonio, director and deputy director of Salud America!, respectively. The full research review and citations are available at <http://salud.to/ssbresearch>.

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- About 74% of Latinos have consumed sugary drinks by age 2, compared with 45% of non-Latino whites.
- Several studies have reported higher consumption of sugary drinks by Latinos ages 2-5, 6-11, and 12-19.
- Latino kids increased their consumption of sugary drinks between 1988 and 2004.

Latinos are highly exposed to marketing by beverage companies.

- Marketing initiatives often use soccer athletes, Latino music celebrities, and other culturally nuanced aspects that appeal to young Latinos, who have increasing buying power.
- Latino students watch more TV each evening (2.4 hours per night) and drink more soft drinks (1.6 per day) than white (1.3 hours and 1.1 drinks) or Asian (1.3 hours and 0.7 drinks) students.
- Ads for sugary beverages were more commonly found on Spanish-language than English-language TV, and ad spending on sugary drinks on Spanish-language TV rose 44% from 2010 to 2013, a study found.
- Latino kids are 93% more likely to visit the 20 top beverage company websites than kids overall.

Very few early childcare facilities report serving sugary drinks to children ages 0-5, but increased regulation can reduce serving of sugary drinks and increase promotion of water.

- Most early childcare centers are sugary-drink-free, although no studies indicate that all centers achieve this status. For example, a national survey of 1,810 Head Start program directors found that 99% reported never serving sugary drinks, and 95% reported never serving juice drinks with less than 100% juice.
- In 2010, after California passed a law prohibiting beverages with added sweetener and mandated drinking water be available at all times in all licensed childcare sites in the state, significantly more child care sites served water with meals and snacks in 2012 than in 2008 (46.7% vs. 28%) and made self-service water available to children both indoors and out. Fewer sites reported serving sugary drinks than they did before.
- New York restricted sugary drinks and required water to be available in early childhood centers; compliance with this regulation was linked to 86% lower odds of a child consuming sugary drinks with a meal or snack.
- In April 2016, the U.S. Department of Agriculture (USDA) Food and Nutrition Service approved revisions to meal patterns for the Child and Adult Care Food Program (CACFP)—a federal program that provides site training and reimbursement for meals and snacks served to income-eligible children—to better align them with dietary guidelines, including serving water and avoiding the serving of sugar-sweetened drinks.

Increasing the prices of sugary drinks reduces consumption and, ultimately, could improve health.

- Two models have estimated that a 10% increase in soft drink prices would lead to a reduction in soft drink consumption of between 7.9% and 12.1%.
- Sugary drink taxes (e.g., per ounce or gram of added sugar) have been proposed in several states, and a federal tax was introduced in 2014; to date, no such legislation has been passed at the state or federal level.
- In November 2014, Berkeley, Calif. (10.8% Latino) became the first U.S. jurisdiction to pass a tax on sugary drinks. Revenue from this penny-per-ounce excise tax, estimated at over \$1 million annually, will go to the city's general fund. An appointed panel of health experts will recommend specific health programs to fund.
- In June 2016, Philadelphia became the first major U.S. city to approve a tax on sugary drinks. In November 2016, measures also passed in Boulder, Colo., Cook County, Ill., and San Francisco, Oakland, and Albany, Calif.
- Beginning in 2014, Mexico implemented a peso-per-liter tax on sugary drinks (about a 10% increase in price). Purchases of soda and other taxed drinks declined 12% after one year, while sales increased for

bottled water and other untaxed drinks (e.g., milk), according to public health data. The tax is also projected to prevent 19,000 deaths among Mexicans ages 35-94 over the next 10 years, in addition to saving \$1 billion in direct healthcare costs in that span, according to a study on long-term health and economic effects.

The affordability and safety of water plays a role in sugary drink consumption among Latinos.

- Mexican-American kids (and lower-income kids) consume less plain water than white kids.
- Latino kids are more likely to perceive tap water as unsafe and are less likely to drink it than white kids. Negative perceptions of school water fountains were associated with sugary drink intake among Latino kids.
- Bottled water is available in 97% of food stores. As of January 1, 2014, 17 states and Washington, D.C., had sales taxes on bottled water sold in stores; 34 had sales taxes on bottled water sold in vending machines.
- When New York elementary and middle schools replaced vending machines with water jets, students' likelihood of being overweight dropped 0.9 percentage points among boys and 0.6 points among girls.
- Kids would consume 205 fewer calories a day by replacing sugary drink consumption with low-fat milk at meals and water between meals, analyses show.

Conclusions and Policy Implications

Conclusions

- The large amount of added sugar consumed by Latino children in the form of sugary drinks must be addressed.

Policy Implications

- Early childcare centers should consider best practices from the revised Child and Adult Care Food Program (CACFP) guidelines, such as promoting water and avoiding serving sugar-sweetened beverages.
- Beverage companies' voluntary efforts to reduce children's exposure to sugary drink marketing have had little impact. Stronger restrictions on sugary drink marketing to children are likely to be necessary to achieve significant reductions in exposure to advertising and promotion.
- A sugary drink tax that raises prices by 20 percent would reduce sugary drink consumption by 24 percent, with the net impact on weight less clear.
- Policies to lower the price of healthier beverages relative to sugary drinks are also likely to reduce sugary drink consumption and potentially improve weight outcomes.