

# Race/ethnicity, family income and education associated with sugar consumption

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The intake of added sugars in the United States is excessive, estimated by the US Department of Agriculture in 1999-2002 as 17% of calories a day. Consuming foods with added sugars displaces nutrient-dense foods in the diet. Reducing or limiting intake of added sugars is an important objective in providing overall dietary guidance. In a study of nearly 30,000 Americans published in the August 2009 issue of the *Journal of the American Dietetic Association*, researchers report that race/ethnicity, family income and educational status are independently associated with intake of added sugars. Groups with low income and education are particularly vulnerable to eating diets with high added sugars.

There are differences within race/ethnicity groups that suggest that interventions aimed at reducing the intake of added sugars should be tailored to each group. Using data from adults ( $\geq 18$  years) participating in the 2005 US National Health Interview Survey (NHIS) Cancer Control Supplement, investigators from the National Cancer Institute (NCI), the National Heart, Lung, and Blood Institute (NHLBI), Bethesda, MD, and Information Management Services, Inc., Silver Spring, MD, analyzed responses to questions about added sugars. Both NCI and NHLBI are part of the National Institutes of Health.

In men and women, intakes of added sugars were inversely related to both education and family income. There were significant differences across race/ethnicity groups with Asian-Americans having the lowest intake of added sugars and Hispanics with the next lowest intake according to racial/ethnic categories. Black men had the highest intake

among men, although white and American Indian/Alaskan Native men were also high. Black women and American Indian/Alaskan Native women had the highest intake among women.

Writing in the article, Frances E. Thompson, MPH, PhD, and colleagues state, "A major strength of the 2005 NHIS is its large and diverse sample, allowing examination of the independent effects of factors related to added sugars intake in a multivariate setting---the first such analysis with US national data. In addition, it was possible to examine factors within subpopulations defined by race/ethnicity. The five subpopulations analyzed differ from each other in many respects, several of which are related to added sugars intake. Thus, the ability to disentangle independent effects allows for a fuller understanding of differences across race/ethnicity."

The NHIS is a cross-sectional study conducted annually by the National Center for Health Statistics of the Centers for Disease Control and Prevention to ascertain a variety of self-reported health behaviors and conditions. Periodically, a Cancer Control Module (CCM) is included to obtain information pertinent to cancer researchers. The 2005 CCM consisted of questions about diet, physical activity, tobacco use, sun exposure, cancer screening, genetic testing and family history of cancer. A limited number of questions about [diet](#) were included to allow characterization of the diets of subgroups of the population in terms of cup equivalents of fruits and vegetables, teaspoons of added [sugar](#), grams of fiber, dairy servings, and calcium intake. Four questions about foods with added sugars were asked. The responses were used in conjunction with scoring algorithms to calculate number of teaspoons of added sugars consumed daily. This method provided values for average intakes of added sugars similar to those found from more detailed methods.

**More information:** The article is "Interrelationships of added sugars intake, socioeconomic status, and race/ethnicity in adults in the United

States: National Health Interview Survey 2005" by Frances E. Thompson, MPH, PhD; Timothy S. McNeel; Emily C. Dowling, MHS; Douglas Midthune, MS; Meredith Morrissette, MPH; and Christopher A. Zeruto. It appears in the [Journal of the American Dietetic Association](#), Volume 109, Issue 8 (August 2009), published by Elsevier.

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