

Adult Eating and Health Patterns:

Evidence from the 2006-08 and 2014-16 Eating and Health Module of the American Time Use Survey

Eliana Zeballos and Brandon Restrepo
Economic Research Service, USDA


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The image features a close-up of a clock face on the left, showing numbers 23 and 25. A dark, curved, semi-transparent overlay covers the right half of the image, serving as a background for the text.

Motivation

- The formulation of effective food policy hinges, in part, on a deep and broad understanding of the eating behavior of the U.S. population.
- Understanding how individuals allocate time to food-related activities can provide insight into behaviors associated with nutrition and diet-related health.



Research Questions

- How do individuals and households allocate time to food-related activities?
- How do these eating and health patterns vary over time and across demographic subgroups?



Data

- We use the Eating a Health Module (EHM), which is a supplementary module to the nationally representative American Time Use Survey (ATUS).
- The EHM contains information on:
 - Secondary eating —that is eating while engaged in another activity considered primary by the individual.
 - Other eating-related information including food-away-from-home purchase frequency, soft drink consumption, grocery shopping, meal preparation, self-assessed general health status, exercise frequency, body mass index (BMI), and USDA food assistance program participation.
- The EHM was fielded over two three-year time periods, 2006-08 and 2014-16.



Methodology

- Our report presents statistics for an average day over 2014-16 for the adult population (18 years and older) as a whole and a wide variety of important demographic subgroups.
- It also examines whether and how select behaviors have changed since 2006-08.

Results



Americans spent 64.5 minutes eating and drinking as a “primary,” or main, activity, and 16.8 minutes eating as a secondary activity.

Time spent engaged in primary eating and drinking decreased by about 5 percent from 2006-08 to 2014-16

However, time spent engaged in secondary eating did not significantly change over the same two time periods.



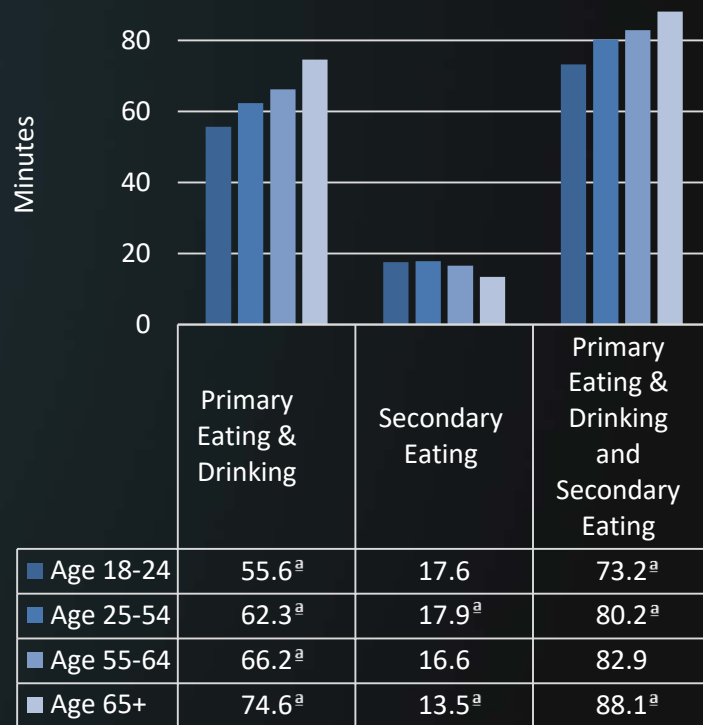
Results

- The decrease in time devoted to primary eating and drinking may help to explain part of the increase in obesity prevalence observed over the same time period as recent research suggests that eating more slowly and mindfully may help to curb excess food consumption.
- Moreover, future researchers might consider investigating whether economic factors associated with the Great Recession (December 2007 to June 2009) and the slow economic recovery afterwards played a role in these different-signed and different-sized changes over time.

Results

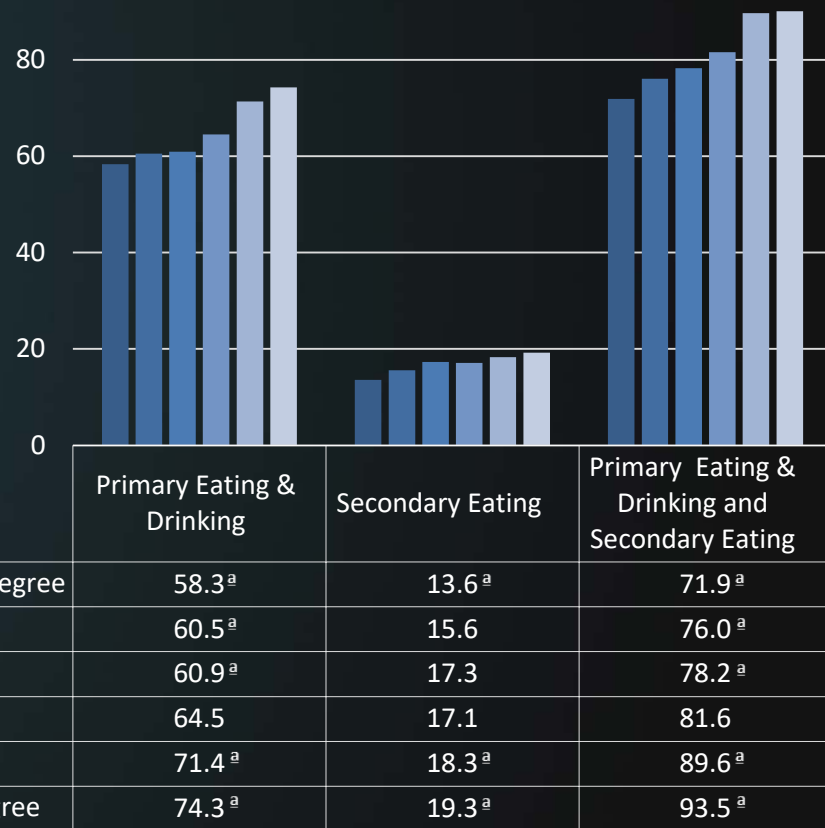
Relative to younger individuals, individuals age 65 and older spent about 20 percent more time eating and drinking as a primary activity

However, this older age group spent about 23 percent less time eating as a secondary activity.



Results

Relative to lesser-educated individuals, individuals with more than a bachelor's degree spent about 18 percent more time eating and drinking as a primary activity and about 18 percent more time eating as a secondary activity.



■ Lower than High School Degree	58.3 ^a	13.6 ^a	71.9 ^a
■ High School Degree	60.5 ^a	15.6	76.0 ^a
■ Some College	60.9 ^a	17.3	78.2 ^a
■ Associate Degree	64.5	17.1	81.6
■ Bachelor's Degree	71.4 ^a	18.3 ^a	89.6 ^a
■ More than Bachelor's Degree	74.3 ^a	19.3 ^a	93.5 ^a



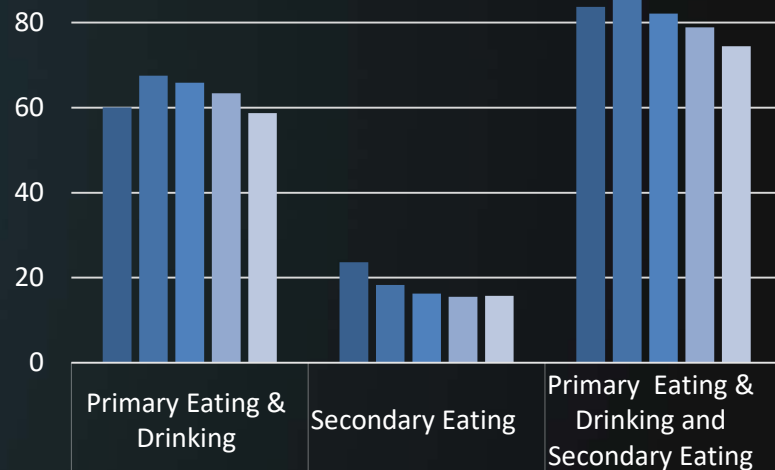
Results

- The time spent in both primary eating and drinking and secondary eating generally increased with education.
- What explains the correlation between time spent eating and education?
 - Alternatively, what correlate of education explains this result?

Results

Normal weight individuals spent 6 percent more time than others engaged in primary eating and drinking and about 14 percent more time than others eating as a secondary activity.

American adults with higher risk obesity spent less time than others engaged in primary eating and drinking (11 percent).



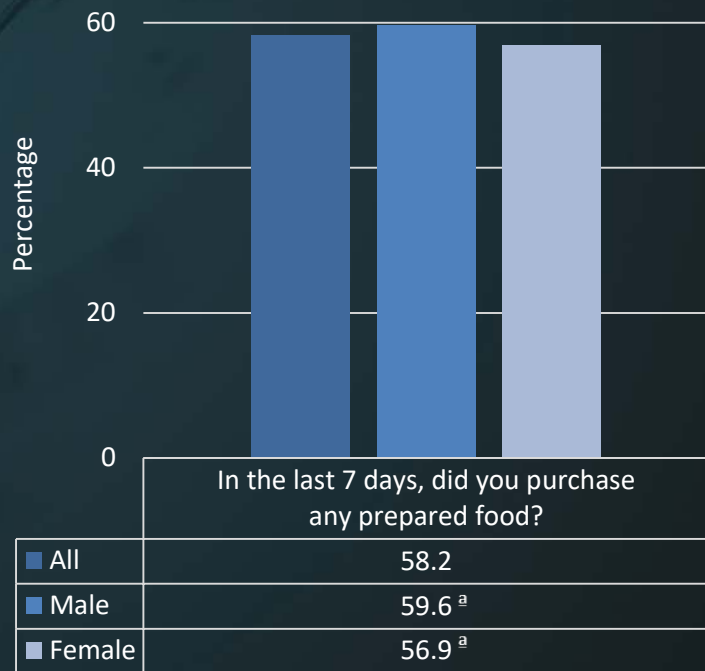
	Primary Eating & Drinking	Secondary Eating	Primary Eating & Drinking and Secondary Eating
Underweight	^a 60.1	23.6	83.7
Normal	^a 67.5	18.3	85.8
Overweight	65.9	16.3	82.2
Low-Risk Obesity	^a 63.4	15.5	78.9
Higher Risk Obesity	^a 58.7	15.7	74.5



Results

- This result provides further support to the notion that the amount of time people spend eating may play a role in the risk of becoming obese.
- Future researchers might consider shedding light on whether slower eating behavior has a causal, non-negligible impact on the risk of obesity, and whether more education increases eating times.

Results

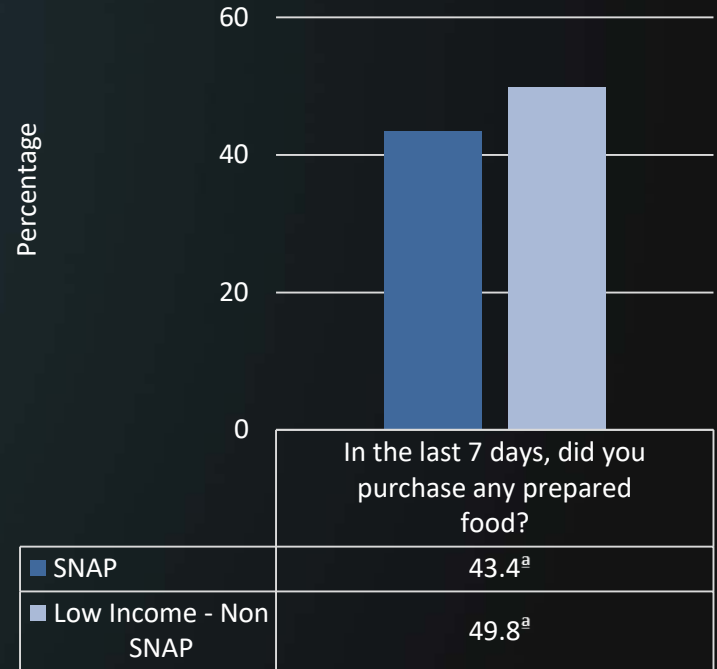


58.2 percent of Americans reported purchasing prepared food from a deli, carry-out, delivery food, or fast food at some point during the week before their interview.

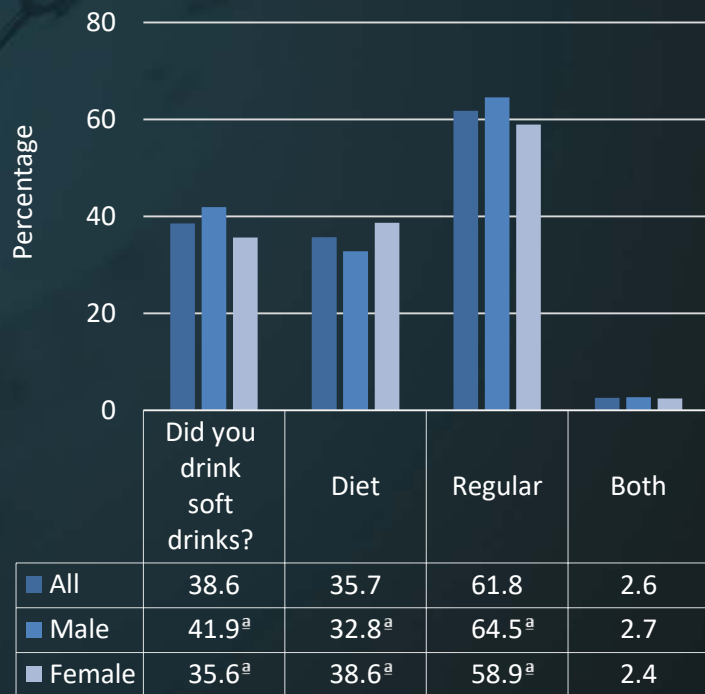
Results

About 43.4 percent of individuals who received SNAP benefits in the past month made a food-away-from-home purchase.

By contrast, about 49.8 percent of arguably comparable, low-income Non-SNAP individuals made such a purchase.



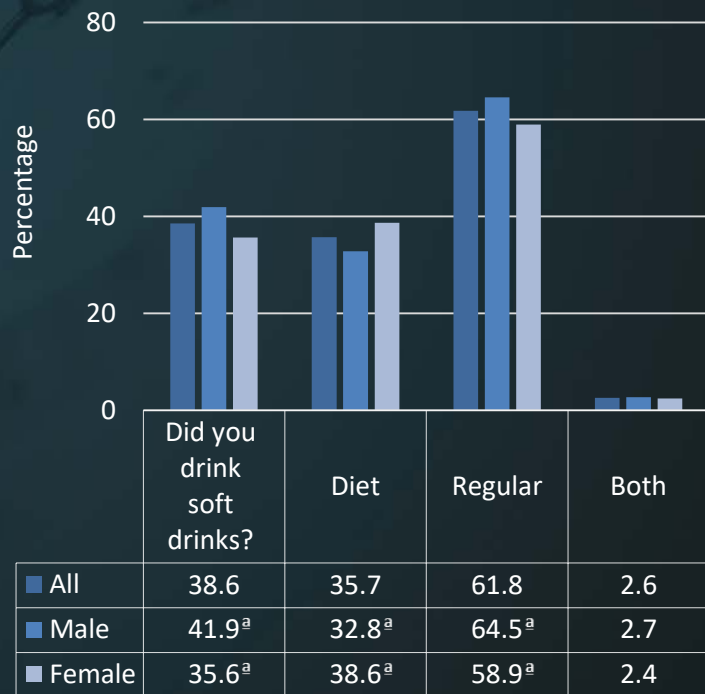
Results



About 38.6 percent of Americans age 18 and older had drunk a soft drink in the day prior to their interview while engaged in another activity.

Of these individuals, 61.8 percent consumed only a regular kind, 35.7 percent consumed only a diet kind, and the remainder of individuals had had both kinds.

Results



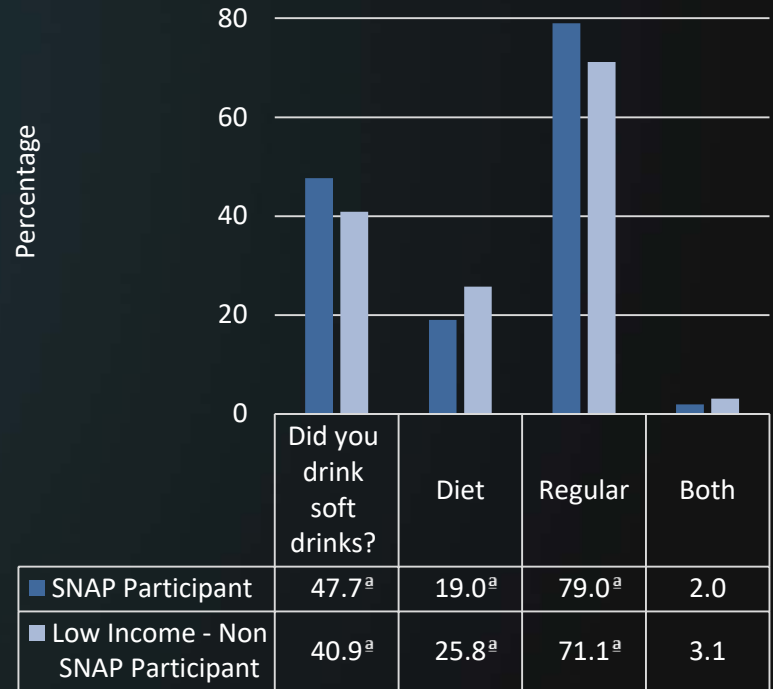
About 41.9 percent of men and 35.6 percent of women reported drinking a soft drink in the previous day.

Compared with the share of women, the share of men who had only a regular kind was 10 percent higher, and the share of men who had only the diet kind was 15 percent lower.

Results

About 47.7 percent of individuals who were part of a household that received SNAP benefits had a soft drink.

By contrast, about 40.9 percent of arguably comparable, low-income non-SNAP individuals had drunk a soft drink.





Results

- This result shows significant differences in the soft drink consumption of Americans who received SNAP benefits.
- Soft drinks are often high in calories and low in nutrients, which has led some States to levy sales taxes on soft drinks in order to reduce their consumption.
- While soft drinks are SNAP-eligible items, it is important to note that SNAP-eligible purchases made with SNAP benefits are exempt from any State sales taxes.
- As a consequence, in States that levy a sales tax on soft drinks, soft drinks are cheaper when purchased with SNAP benefits relative to cash.
- Researchers may consider exploring how much soft drink sales taxes affect the soft drink consumption behavior of SNAP households relative to low-income non-SNAP individuals.
- Such a research endeavor would throw light on whether the soft drink sales tax exemption for SNAP beneficiaries plays an important role in their soft drink consumption behavior.

Results



The share of individuals with higher risk obesity who consumed a soft drink the day prior to their interview was 32 percent higher than that of others.

However, the share of individuals with higher risk obesity who had only a regular kind was 11 percent lower and the share of individuals with higher risk obesity who had only a diet kind was 15 percent higher.



Discussion and Future Research

- The findings in this report show that over 2014-16, there were many significant and sometimes large differences in eating and health patterns by demographic subgroup.
- In the presentation we discussed four potentially policy-relevant findings that might be of interest to future researchers.
 - Primary eating and drinking over time.
 - Time spent eating and drinking and educational attainments.
 - Obesity and time spent eating.
 - Soft drink consumption and SNAP participation.

A close-up, artistic photograph of a clock face. The clock has a white face with black numbers and hands. The numbers 23, 25, and 27 are visible. The hands are black and thin. A dark, curved overlay covers the bottom half of the image, creating a modern, abstract look.

Thank you

eliana.zeballos@ers.usda.gov
brandon.restrepo@ers.usda.gov