

Level of neighborhood deprivation predicts fruit & vegetable and sugar-sweetened beverage intake in children aged 12–24 months

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Poster ID: **P04-019-21**, Presenter email: conreysc@ucmail.uc.edu

Background

- 2020-2025 Dietary Guidelines for Americans include children under two for first time¹
 - Recommends intake of fruits & vegetables, avoidance of sugar-sweetened beverages
- Diet quality disparities are associated with neighborhood socio-economic environment (SEE) in older children and adults²
- Little is known about neighborhood effect on complementary diet patterns³
- The Deprivation Index⁴ (Figure 1) summarizes SEE into a composite score
 - 0 = lowest neighborhood deprivation
 - 1 = highest neighborhood deprivation
- We assessed intake of fruits and vegetables and sugar-sweetened beverages by neighborhood SEE in a cohort of children from 12-24 months of age

Methods

The PREVAIL Cohort is a CDC-sponsored, 2-year prospective birth cohort in Cincinnati, OH

Inclusion

- Delivery of healthy, term, singleton infant
- Live in greater Cincinnati
- Completion of food frequency questionnaire at 12, 18, and/or 24 months of age ($n=207$)

Data Collection

- Demographics, address, & socio-economic position data collected at baseline
- Addresses were geocoded using DeGAUSS⁵ software, merged with Deprivation Index
- Categorized by quartile of score
 - High SEE (least deprived)
 - High Mid & Low Mid (intermediate scores)
 - Low SEE (most deprived)
- Food frequency questionnaire administered at 12, 18, and 24-month clinic visits
 - Foods classified by primary components

- High SEE
- High Mid
- Low Mid
- Low SEE

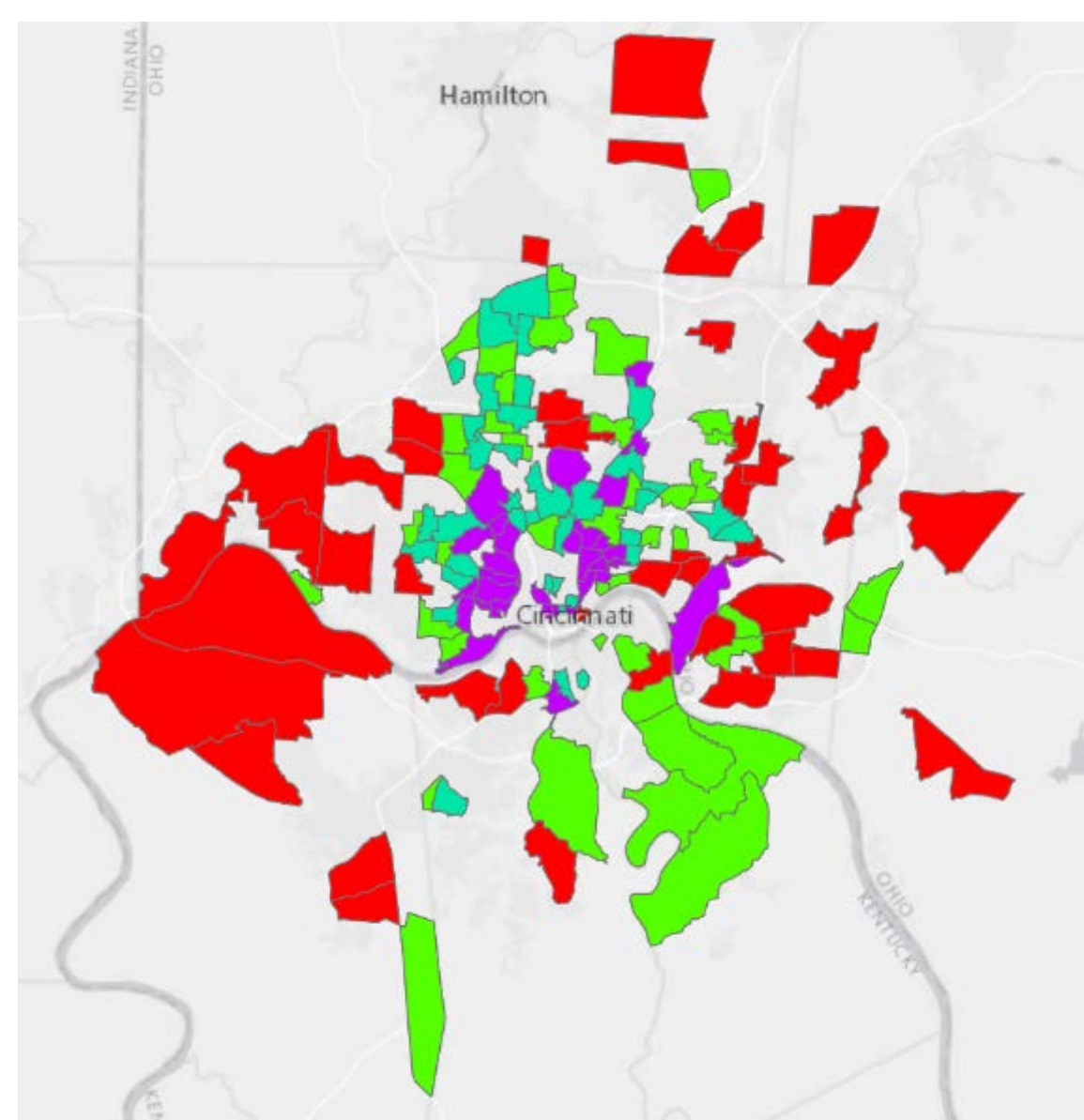


Figure 1. PREVAIL census tracts by Deprivation Index category

Results

Figure 2: Demographic comparison High to Low socio-economic environment

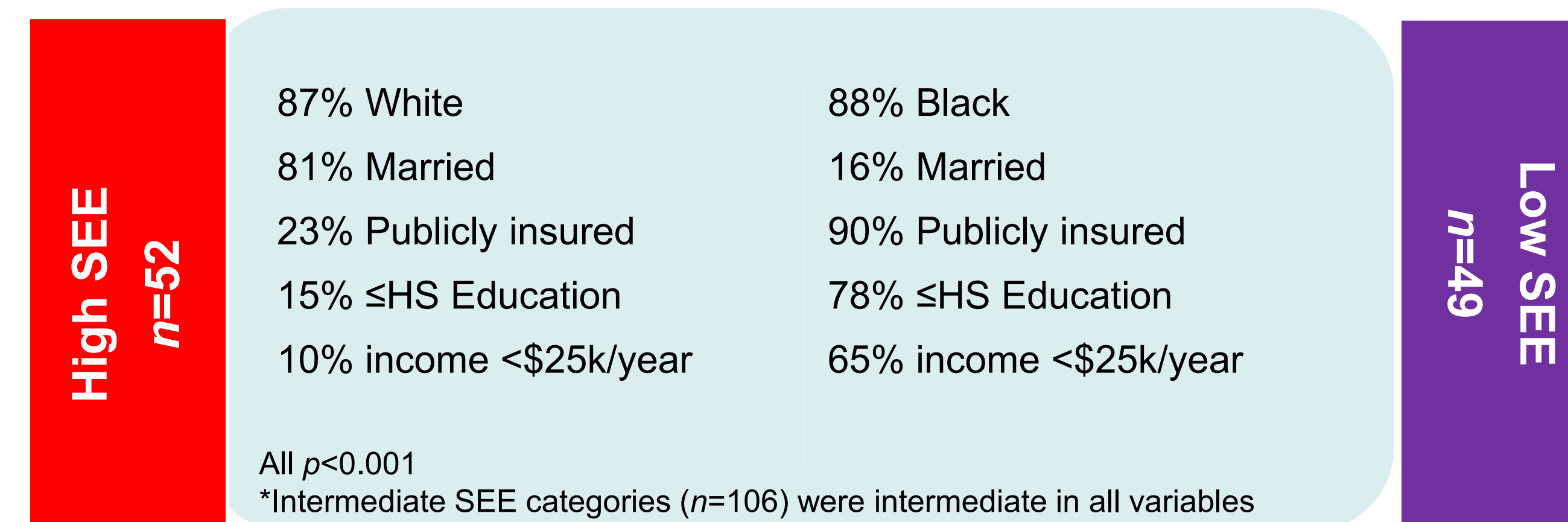
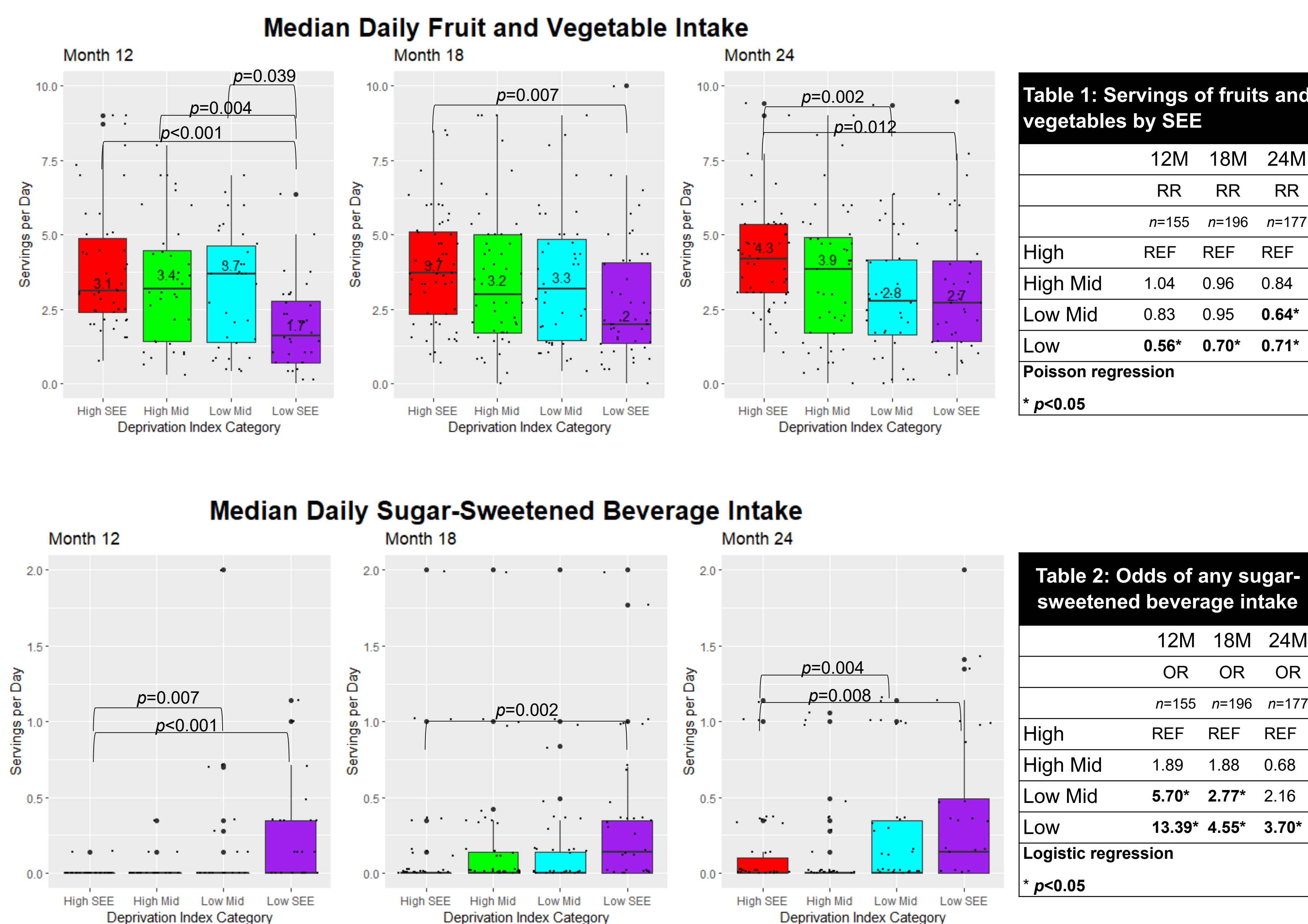


Figure 3: Intake of fruit and vegetables and sugar-sweetened beverages by socio-economic environment



Discussion

- Distribution of census tracts clearly segregated by race, income, education, marital status
- All factors associated with differences in diet and diet-related health disparities in adults
- Deprivation Index category acts as proxy for multiple measures
- More granular measure than “food desert” or “median income”
- Low SEE associated with lower fruit and vegetable, higher sugar-sweetened beverage intake at each time-point & longitudinally
- Current model for nutrition support underused
 - Structural barriers (transportation, child-care) cited as reasons⁷
- Locating services within low-income communities could improve diet, diet-related health disparities
- Identifying neighborhoods at risk for nutrition disparities will
 - Enable outreach
 - Better target resources
- Strengths
 - Cohort design
 - Novel use of environmental predictor, population
 - US Census-derived deprivation measure
- Limitations
 - Limited number of high-income Black families
 - Generalizability

Statistical Analysis

- Deprivation Index categories assigned by quartile of score (1st=High, 4th=Low)
- Medians: Kruskal-Wallis; Pairwise comp.: Holm
- Regression models: Poisson, Logistic
- Longitudinal model: Generalized Estimating Equation
- All analysis performed using R statistical software⁶

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