

BRFSS Brief

Number 2020-02

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention and administered by the New York State Department of Health. The BRFSS is designed to provide information on behaviors, risk factors, and utilization of preventive services related to the leading causes of chronic and infectious diseases, disability, injury, and death among the noninstitutionalized, civilian population aged 18 years and older.

Sugar-Sweetened Beverages

New York State Adults, 2018

Introduction and Key Findings

Sugary drinks or sugar-sweetened beverages (SSBs) are the largest source of added sugar in the diets of Americans.¹ Examples of SSBs include but are not limited to regular soda, fruit drinks, sports drinks, energy drinks, caloric sweetened water, and coffee and tea beverages with added sugars. SSBs provide only empty calories; they are of little to no nutritional value. Studies have found that sugar-sweetened beverage consumption is linked to weight gain, metabolic syndrome, dental caries, and type 2 diabetes in adults.²

Two studies have shown that consumption of SSBs decreased between 1999 and 2014, but Americans still consume an average of 138 calories from SSBs on a given day.^{3,4} The 2015-2020 Dietary Guidelines for Americans recommend consuming less than 10 percent of calories from added sugars,⁵ and choosing beverages with no added sugars can help individuals to achieve a healthy diet. Consuming more than recommended levels of added sugars can increase the risk of obesity, which has reached epidemic proportions in New York State and across the nation.

The New York State Prevention Agenda 2019-2024 established a goal to decrease the percentage of adults ages 18 years and older who consume one or more sugary drink per day by 5% among all adults, and by 10% among adults with an annual household income of less than \$25,000 due to higher baseline levels of sugary drink consumption.⁶

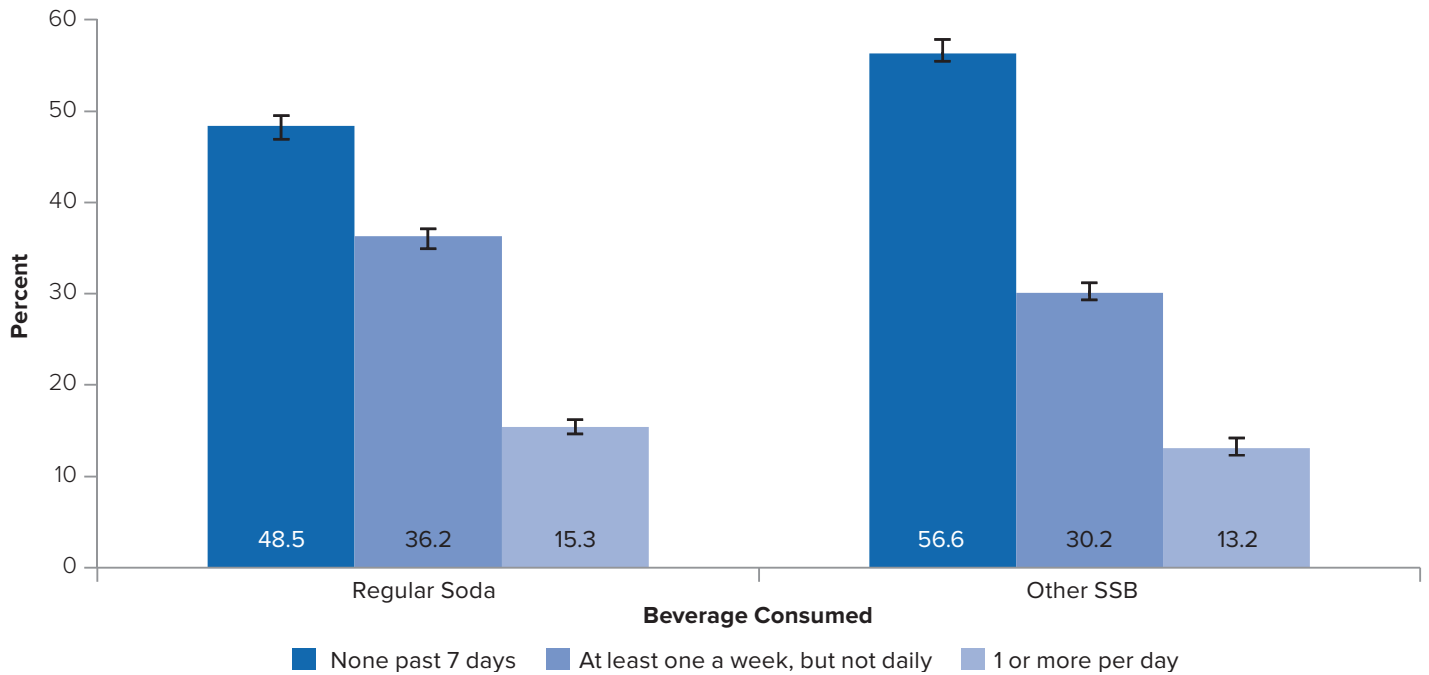
Key Findings

In New York State, more than one in five adults (23.7%) drinks at least one soda or other SSB per day. Daily consumption of soda or other SSBs is more prevalent among males, adults under 35 years of age, non-Hispanic black adults, Hispanic adults, and those living with disability. Daily consumption of soda or other SSBs is less prevalent among adults who earn an annual household income of at least \$50,000, and those with a college degree.

BRFSS questions

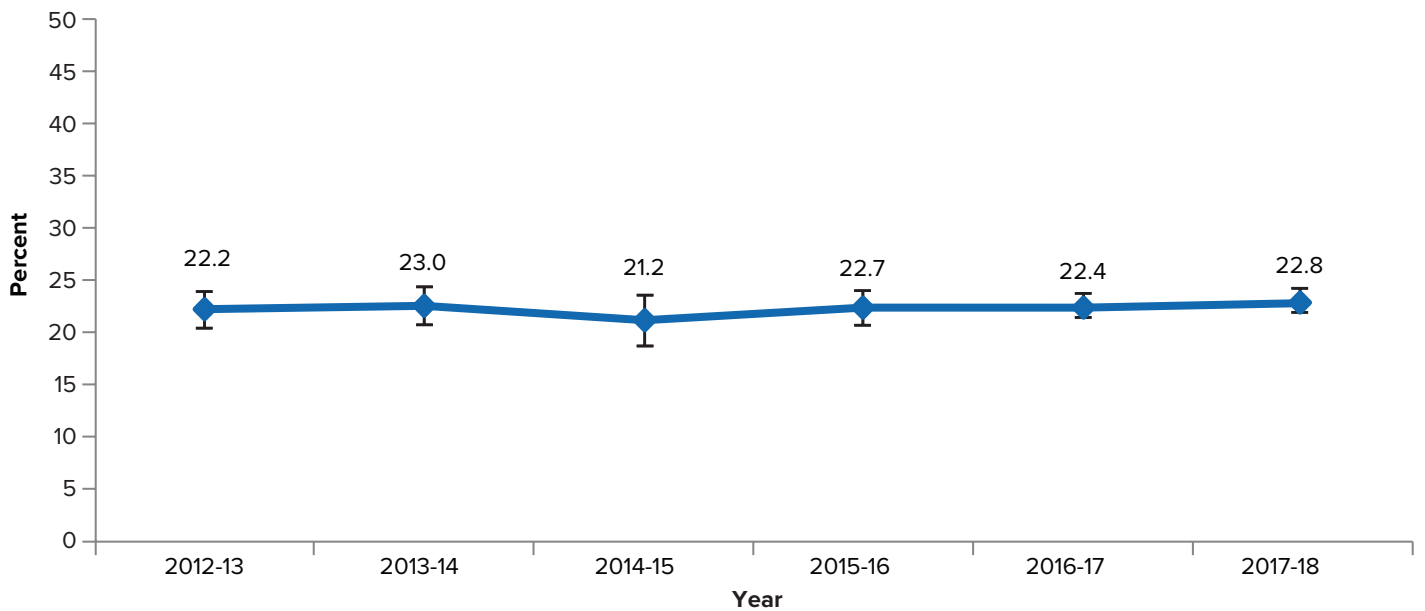
1. During the past 30 days, how often did you drink regular soda or pop that contains sugar?
Do not include diet soda or diet pop.
2. During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

Figure 1. Frequency of consumption of regular soda and other sugar-sweetened beverages (SSBs) among New York State adults, 2018 BRFSS



Note: Error bars represent 95% confidence intervals.

Figure 2. Daily consumption of regular soda or other sugar-sweetened beverages* among New York State adults, by pooled BRFSS survey years



Note: Error bars represent 95% confidence intervals.

*In 2012, the other sugar-sweetened beverage category included sweetened fruit drinks such as Koolaid, fruit juice cocktails and lemonade. In 2013, the category was broadened to include sweet tea, sports and energy drinks.

Daily consumption of soda and sugar-sweetened beverages (SSBs) among New York State adults, 2018 BRFSS

	Consumed At Least One Regular Soda Per Day ^a		Consumed At Least One Other SSB Per Day ^b		Consumed At Least One Regular Soda or SSB Per Day ^{a,b}	
	% ^d	95% CI ^c	%	95% CI	%	95% CI
New York State (NYS) [n=35,767]	15.3	14.5-16.1	13.2	12.4-14.0	23.7	22.7-24.6
Sex						
Male	18.5	17.3-19.8	15.9	14.7-17.1	27.9	26.5-29.3
Female	12.4	11.4-13.5	10.7	9.7-11.7	19.9	18.6-21.2
Age (years)						
18-24	20.3	17.3-23.3	17.5	14.8-20.1	33.3	29.9-36.8
25-34	21.4	18.9-23.9	19.5	17.1-21.8	32.0	29.3-34.7
35-44	18.0	15.9-20.1	15.5	13.4-17.6	27.2	24.7-29.6
45-54	14.5	12.7-16.4	13.6	11.8-15.5	23.1	20.9-25.3
55-64	11.3	9.8-12.8	8.5	7.1-9.9	17.0	15.2-18.9
65+	10.1	8.7-11.5	8.0	6.8-9.2	15.6	13.9-17.2
Race/ethnicity						
White non-Hispanic	13.5	12.5-14.4	10.8	9.9-11.6	20.5	19.4-21.6
Black non-Hispanic	18.7	16.2-21.2	20.3	17.8-22.8	32.2	29.3-35.1
Hispanic	21.1	18.5-23.7	16.6	14.4-18.9	30.5	27.6-33.3
Other non-Hispanic	11.5	8.9-14.0	11.5	8.9-14.1	18.6	15.5-21.6
Income						
<\$25,000	21.1	19.0-23.2	16.8	14.9-18.6	31.0	28.7-33.2
\$25,000-\$49,999	17.8	15.6-19.9	16.1	14.1-18.1	27.0	24.6-29.5
\$50,000 and greater	11.9	10.8-13.0	9.7	8.7-10.7	18.6	17.3-19.9
Missing ^d	15.0	13.2-16.9	14.9	13.0-16.8	24.6	22.4-26.8
Educational attainment						
Less than high school (HS)	26.1	22.7-29.5	21.2	18.1-24.4	37.1	33.5-40.7
High school or GED	19.3	17.6-21.1	15.2	13.7-16.8	27.8	25.8-29.7
Some post-HS	13.6	12.2-15.0	12.7	11.4-14.1	23.4	21.7-25.2
College graduate	9.2	8.3-10.2	8.9	8.0-9.9	15.3	14.1-16.5
Disability^e						
Yes	16.9	15.3-18.5	14.5	13.0-16.1	26.5	24.6-28.4
No	14.6	13.7-15.6	12.7	11.8-13.6	22.6	21.5-23.7
Region						
New York City (NYC)	15.2	13.7-16.6	13.1	11.7-14.4	23.0	21.4-24.7
NYS exclusive of NYC	15.4	14.4-16.4	13.3	12.4-14.2	24.1	23.0-25.2

a Includes sugar-sweetened soda only.

b Other sugar-sweetened beverages include sugar-sweetened drinks like sweet tea, sports or energy drinks or fruit drinks such as lemonade..

c % = weighted percentage; CI = confidence interval.

d "Missing" category included because more than 10% of the sample did not report income.

e All respondents who reported having at least one type of disability (cognitive, mobility, vision, self-care, independent living or deafness)

References

1. Sources of Calories from Added Sugars among the U.S. Population, 2005-06. Epidemiology and Genomics Research Program website. National Cancer Institute. http://epi.grants.cancer.gov/diet/foodsources/added_sugars/. Updated April 22, 2016.
2. Malik VS, Hu FB. Fructose and Cardiometabolic Health: What the Evidence from Sugar-Sweetened Beverages Tells Us. *J Am Coll Cardiol*. 2015 Oct 6;66(14):1615-24
3. Kit BK, Fakhouri TH, Park S, Nielsen SJ, Ogden CL: Trends in sugar-sweetened beverage consumption among youth and adults in the United States: 1999-2010. *Am J Clin Nutr* 2013;98:180-8.
4. Bleich SN, Vercammen KA, Koma JW, Li Z: Trends in Beverage Consumption Among Children and Adults, 2003-2014. *Obesity* (2018) 26: 432-441.
5. U.S. Department of Health and Human Services, U.S. Department of Agriculture. 2015-2020 *Dietary Guidelines for Americans*. 8th ed. 2015.
6. New York State Prevention Agenda Preventing Chronic Diseases Action Plan available at: https://health.ny.gov/prevention/prevention_agenda/2019-2024/

Program Contributions

New York State Department of Health
Bureau of Chronic Disease Evaluation and Research
Bureau of Community Chronic Disease Prevention

Order Information

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