Background
Dietary guidelines, updated in 2010, recommend Americans reduce their intake of calories from added sugars and specifically reduce the consumption of sugar-sweetened beverages, which are a major source of added sugar in our diet. Daily intake of sugar-sweetened beverages has been associated with an increased risk of weight gain and obesity, stroke, high blood pressure, type 2 diabetes, and dental erosion.

The 2013 Vermont BRFSS was the first to include questions about frequency of sugar-sweetened beverage consumption. Sugar-sweetened beverages include regular soda, sugar-sweetened fruit drinks such as Kool-Aid and lemonade, sweet tea, and sports or energy drinks. Diet soda, 100% fruit juice, and artificially sweetened drinks are not considered sugar-sweetened beverages.

In 2013, nearly two-thirds (64%) of adults said they have at least one sugar-sweetened beverage per day. Fifty-nine percent reported having one to two drinks, while five percent have three or more sugar sweetened beverages daily.

Physical Activity & Nutrition
Adults who have daily sugar sweetened beverages are less likely to participate in physical activity and eat fruits and vegetables. Two-thirds (65%) of adults who drink no sugar-sweetened beverages daily meet recommended physical activity guidelines, which is significantly higher than the 57% who have one or two and the 42% who have three or more. Similarly, 31% of adults consuming no sugar-sweetened beverages have at least five fruits and vegetables daily. This is significantly higher than the 17% seen among those who have one or two and the 11% among those who drink at least three sugar-sweetened beverages daily.

Chronic Conditions
There are no statistical differences in sugar-sweetened beverage consumption by obesity status. About six in ten adults, regardless of their obesity status, report having one to two sugar-sweetened beverages per day. Consumption of three or more sugar-sweetened beverages daily is similar among those who are obese (6%), overweight (4%) and neither overweight nor obese (4%).

Daily consumption of sugar-sweetened beverages is generally lower among those with other chronic health conditions than those without the conditions. Adults who have ever been diagnosed with a stroke, hypertension, and diabetes are all less likely than those without the diagnosed condition to report having one to two sugar-sweetened beverages per day. Most striking is the difference between those with and without diabetes, where those with diabetes are almost half as likely as those without diabetes to have one to two sugar-sweetened beverages daily (36% vs. 61%), a statistically significant difference. We cannot say that having diabetes, hypertension, or a stroke causes people to drink fewer sugar-sweetened beverages, however, it is possible that an increased awareness among these populations results in lower consumption among those with the disease.

Adults with a depressive disorder are nearly twice as likely as those without the condition to report drinking three or more sugar-sweetened beverages daily (7% vs. 4%), a statistically significant difference. We cannot say that depressive disorders cause adults to drink more sugar-sweetened beverages. However, further exploration of the relationship between depressive disorders and sugar-sweetened beverages may be warranted.

**Demographics**

Men are significantly more likely than women to report drinking one to two daily sugar-sweetened beverages. Two-thirds (66%) of men, compared with 53% of women, have one or two sugar-sweetened beverages daily. Younger adults are also more likely than older adults to consume sugar-sweetened beverages. Nearly three-quarters (73%) of adults 18-44 have one or two and nine percent have three or more daily. Among adults 45 and older, half (51%) said they have one or two drinks and two percent had three or more sugar-sweetened beverages daily. Sugar-sweetened beverage consumption decreases with increasing education level. Consumption of three or more sugar-sweetened beverages varies significantly by education level – eight percent among those with a high school degree or less, four percent among those with some college education, and one percent among those with at least a college degree.

For more information on the BRFSS or to suggest ideas for future BRFSS Data Briefs, contact Jessie Hammond, M.P.H. (Jessie.Hammond@state.vt.us).