



New York State Behavioral Risk Factor Surveillance System Brief

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention conducted in all 50 States, the District of Columbia, and several United States Territories. The New York Behavioral Risk Factor Surveillance System is administered by the New York State Department of Health to provide statewide and regional information on behaviors, risk factors, and use of preventive health services related to the leading causes of chronic and infectious diseases, disability, injury, and death.

Sugar-Sweetened Beverage Consumption

New York State Adults, 2024



Introduction

Sugar-sweetened beverages (SSBs), or sugary drinks, are the largest source of added sugars in the diets of Americans.¹ Examples of sugar-sweetened beverages include, but are not limited to, regular soda, fruit drinks, sports drinks, energy drinks, sweetened water, and coffee and tea beverages with added sugars. Sugar-sweetened beverages add calories to the diet but offer little to no nutrients. For example, a 12-ounce regular soda has more than 10 teaspoons of added sugar and about 150 “empty” calories.

Addressing sugar-sweetened beverage consumption is important because studies have found that it is frequently linked to weight gain, tooth decay and cavities, heart disease, stroke, and type 2 diabetes in adults.²⁻³ Too much dietary sugar can increase the risk of obesity, which disproportionately affects Black and Hispanic adults, adults with disabilities, and lower income adults.⁴ The Dietary Guidelines for Americans, 2025- 2030, recommend avoiding or significantly limiting SSBs, such as sodas, fruit drinks, and energy drinks.¹

Health Equity

All people in New York State deserve access to community environments that support healthy lifestyle behaviors that can decrease the risk of chronic diseases. Creating community environments, policies, and systems that support healthy food and beverage choices in communities that face systemic barriers is a priority goal of the NYS Prevention Agenda. Communities can work together to address sugary drink consumption and promote health equity. Local health departments and organizations can work toward implementing evidence-based practices, such as banning sugar-sweetened beverages from school and workplace vending machines and providing water bottle refill stations, making water the easier choice.

Key Findings

- Over 1 in 5 (22.7%) NYS adults consumes at least one sugar-sweetened beverage daily.
- Daily consumption of sugary drinks is most prevalent among people who identify as Hispanic (26.9%) or Black, non-Hispanic (31.4%), people living with a disability (27.7%) and male (25.9%).
- Daily consumption of sugary drinks is less prevalent among people who have a household income of \$75,000 or greater (18.0%), have a college degree (14.9%), and identify as White, non-Hispanic (19.7%) or Asian or other Pacific Islander, non-Hispanic (19.5%)



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Figure 1. Daily consumption of soda and other sugar-sweetened beverages among New York State adults, Behavioral Risk Factor Surveillance System, 2016-2024

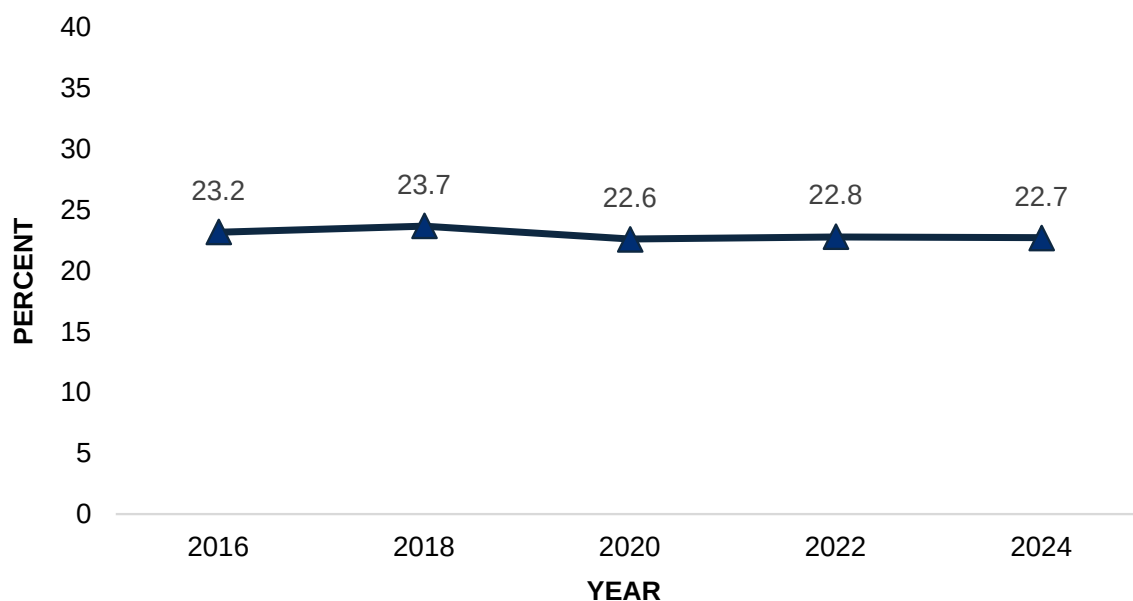
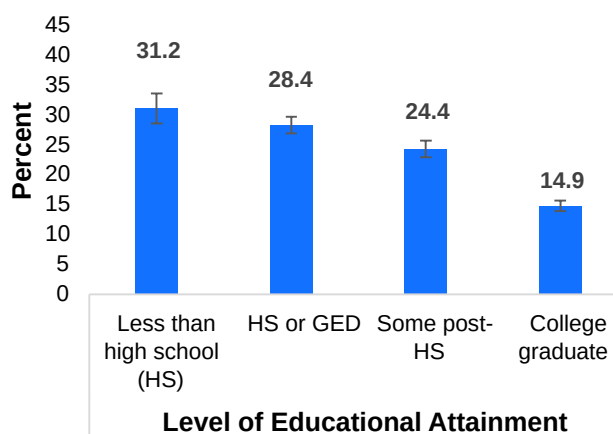
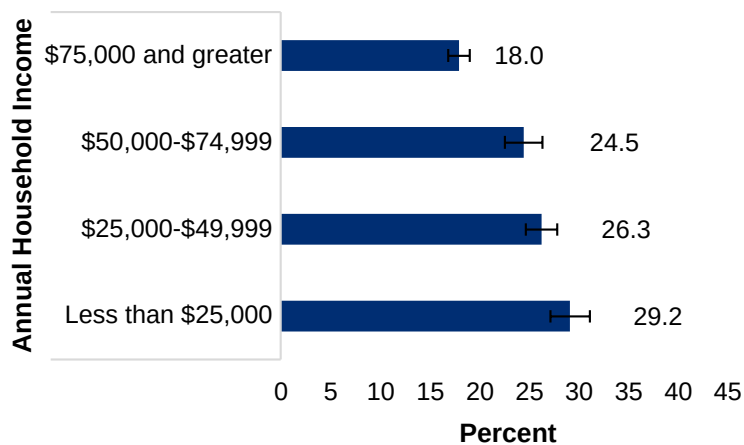


Figure 2. Daily consumption of regular soda or other sugar-sweetened beverages among NYS adults by education, Behavioral Risk Factor Surveillance System, 2024



Notes: Error bars represent 95% confidence intervals.

Figure 3. Daily consumption of regular soda or other sugar-sweetened beverages among NYS adults by household income*, Behavioral Risk Factor Surveillance System, 2024



Notes: Error bars represent 95% confidence intervals.

*More than 10% of sample did not report income; 22.8% of the missing income group reported daily consumption of soda or another SSB.

Table 1. Daily consumption of soda and sugar-sweetened beverages among New York State adults, 2024 Behavioral Risk Factor Surveillance System

	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}	
	% ^c	95% CI ^c	%	95% CI	%	95% CI
NYS Statewide [n=43,913]	13.7	13.2-14.3	13.2	12.7-13.8	22.7	22.0-23.4
Sex^d						
Female	11.6	10.9-12.4	11.4	10.7-12.2	19.7	18.8-20.7
Male	15.9	15.1-16.7	15.2	14.3-16.0	25.9	24.9-26.8
Age (Years)						
18-24	15.4	13.6-17.3	18.4	16.5-20.4	28.9	26.6-31.2
25-34	16.4	14.9-17.8	17.1	15.6-18.5	27.5	25.8-29.3
35-44	15.0	13.6-16.4	15.1	13.7-16.5	25.0	23.3-26.7
45-54	14.5	12.9-16.1	14.3	12.7-15.9	23.8	21.9-25.6
55-64	12.7	11.3-14.1	10.3	9.1-11.5	19.6	18.0-21.2
65+	10.8	9.7-11.9	8.9	7.9-9.8	17.2	15.9-18.5
Race/Ethnicity						
Asian or Other Pacific Islander/ Native Hawaiian, non-Hispanic	12.2	9.7-14.7	12.1	9.7-14.5	19.5	16.5-22.5
Black, non-Hispanic	17.3	15.5-19.1	21.5	19.5-23.4	31.4	29.2-33.6
Hispanic	16.6	15.2-17.9	16.1	14.8-17.5	26.9	25.3-28.5
Multiracial, non-Hispanic	11.0	8.0-13.9	16.0	11.9-20.1	24.8	20.0-29.5
White, non-Hispanic	12.3	11.6-13.0	10.5	9.9-11.1	19.7	18.9-20.5
All other race groups combined, non-Hispanic ^e	15.1	10.8-19.4	13.9	8.9-18.9	27.2	21.5-33.0
Annual household income						
<\$25,000	19.7	17.9-21.6	16.0	14.5-17.5	29.2	27.2-31.3
\$25,000-\$49,999	16.6	15.3-18.0	14.9	13.6-16.2	26.3	24.7-27.9
\$50,000-\$74,999	15.0	13.4-16.6	14.8	13.2-16.5	24.5	22.6-26.5
\$75,000 and greater	9.9	9.1-10.7	10.7	9.9-11.6	18.0	16.9-19.0
Missing ^g	13.4	12.0-14.7	13.7	12.4-15.1	22.8	21.2-24.4
Educational attainment						
Less than high school	20.6	18.3-22.9	18.7	16.6-20.9	31.2	28.7-33.8
High school or GED	18.1	16.9-19.4	16.6	15.5-17.8	28.4	27.0-29.9
Some post-high school	14.6	13.4-15.8	14.0	12.9-15.1	24.4	23.0-25.8
College graduate	8.1	7.4-8.7	8.6	7.9-9.3	14.9	14.0-15.7
Disability Status^h						
Yes	17.4	16.2-18.6	16.0	14.9-17.1	27.7	26.3-29.1
No	12.4	11.7-13.0	12.1	11.5-12.8	20.8	20.0-21.6
Region						
New York City	13.6	12.5-14.6	14.0	13.0-15.0	22.8	21.5-24.1
New York State excluding New York City	13.8	13.2-14.5	12.7	12.1-13.3	22.7	21.9-23.4

^aIncludes sugar-sweetened soda only

^bOther 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

^dBased on respondent's sex at birth, or current gender identity at the time of interview if sex at birth is missing

^eIncludes American Indian, Alaska Native, or multiracial, non-Hispanic

^fEstimates with a confidence interval of a half-width greater than 10 or a relative standard error greater than 30% are unstable and should be used with caution.

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

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

References



1. U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2025-2030*. 10th Edition. January 2026. Available at: [DietaryGuidelines.gov](https://www.dietaryguidelines.gov)
2. Malik VS, Hu FB. [Sugar-sweetened beverages and cardiometabolic health: An update of the evidence](#). *Nutrients*. 2019 11(8): 1840.
3. Valenzuela MJ, Waterhouse B, Aggarwal VR, Bloor K, Doran T. [Effect of sugar-sweetened beverages on oral health: a systematic review and meta-analysis](#). *Eur J Public Health*. 2021.
4. New York State Department of Health. Obesity Disparities Report. April 2023. Available at: https://www.health.ny.gov/statistics/brfss/reports/docs/2023-04_obesity_disparities.pdf

Behavioral Risk Factor Surveillance System Questions



Sugar-Sweetened Beverages

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.

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Program Contributions



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