MICHIGAN BRFSS SURVEILLANCE BRIEF

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Sugar-Sweetened Beverage Consumption Among Michigan Adults, 2024

Using data from the 2024 Michigan Behavioral Risk Factor Survey (MiBRFS), this surveillance brief examines the prevalence of sugar-sweetened beverage (SSB) daily consumption by sociodemographic characteristics among Michigan adults.

Key Findings

- About 29.1% Michigan adults consume at least one sugar-sweetened beverage (SSB) daily.
- Daily consumption of SSBs is more prevalent among adults who were younger, male, Black, non-Hispanic, with high school or less education, with lower household income, uninsured, unemployed, currently smoking, consuming no alcohol, and physically inactive.

Background

SSBs are the primary source of added sugars in the American diet.[1] Examples of SSBs include, but are not limited to, regular soda, fruit drinks, sports drinks, energy drinks, sweetened water, and coffee and tea beverages with added sugars. SSBs add lots of sugar and calories without nutrients, with a single soda having over 10 teaspoons of sugar (about 150 calories).

SSB consumption is a critical public health concern in Michigan due to its established links to weight gain and obesity, type 2 diabetes, tooth decay and cavities, and cardiovascular disease in adults.[2-3] The 2020-2025 Dietary Guidelines for Americans recommend choosing beverages with no added sugar to help individuals achieve a healthy diet.[1] In April 2025, Michigan lawmakers introduced bills, such as Senate Bill 227, that seek a federal waiver to prohibit the use of Supplemental Nutrition Assistance Program (SNAP) benefits to purchase soda. This "Make Michigan Healthy Again" legislation aims to ensure taxpayer dollars fund nutritious options.[4]

What is the Michigan Behavioral Risk Factor Surveillance System (MiBRFSS)?

The MiBRFSS comprises annual, statewide telephone surveys of Michigan adults aged 18 years and older and is part of the national BRFSS coordinated by the Centers for Disease Control and Prevention (CDC). The MiBRFSS follows the CDC BRFSS protocol and uses the standardized English core questionnaire that focuses on various health behaviors, medical conditions and preventive health care practices related to the leading causes of mortality, morbidity and disability. Landline and cell phone interviews are conducted across each calendar year.
Data are weighted to adjust for the probabilities of selection and a raking weighting factor is used to adjust for the distribution of the Michigan adult population based on eight demographic variables. All analyses are performed using SAS-callable SUDAAN® to account for the complex sampling design.

Methods

The Michigan BRFSS provides cross-sectional data, and a temporal relationship cannot be established. To improve the generalizability of the data, making it possible to draw conclusions about the health of Michiganders, the CDC weighted survey data using iterative proportional fitting, also known as raking, to account for demographic differences between the survey sample and Michigan's population.

In the 2024 Michigan BRFSS survey, the SSB Module consisted of two questions assessing SSB consumption, as indicated in Table 1. We converted SSB consumption, reported as number of times per day, week, or month, to daily intake for both questions and then summed up to calculate daily SSB intake, categorized as none, more than 0 to fewer than one time per day (labeled as <1 time per day), and one or more times per day.

Table 1. SSB Module questions, MiBRFS, 2024

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.

The prevalence of daily intake of SSBs among Michigan adults was assessed by age, gender, race/ethnicity, education, household income, health insurance, employment status, weight status, smoking status, alcohol intake, leisure time physical activity, and metropolitan status. These characteristic variables were self-report survey responses. All analyses accounted for the complex sample design.

Results

In 2024, among 9,285 Michigan adults, an estimated 29.1 % of respondents consumed SSBs one or more times per day; 42.4% of adults consumed less than 1 time per day; and 28.6% never consumed SSBs.

Table 2 shows weighted prevalence and 95% confidence interval (CI) of SSBs intake by sociodemographic and behavioral characteristics. SSB intake differed by age, gender, race/ethnicity, education, household income, health insurance status, employment status, weight status, smoking status, alcohol intake, leisure-time physical activity, and metropolitan status (all $P < .001$ by χ^2 test). Daily consumption of SSBs is more prevalent among adults who were younger, male, Black, non-Hispanic, with high school or less education, with lower household income, uninsured, unemployed, currently smoking, consuming no alcohol, and physically inactive.

<u>The prevalence of SSB intake of one or more times per day:</u>

- By age group, it was highest among respondents aged 18 to 44 years (35.5%).
- By gender, it was higher among men (32.5%) than among women.
- By race/ethnicity, it was highest among Black, non-Hispanic respondents (40.3%).
- By education, it was highest among those with high school diploma or less education (41.9%).
- By household income, it was highest among respondents with household income less than $20,000 (40.4%).
- By health insurance status, it was higher among uninsured respondents (43.6%).
- By employment status, it was highest among respondents not employed (39.9%).
- By smoking status, it was highest among current smokers (52.2%).
- By alcohol intake, it was higher among respondents who consumed no alcohol in the past month (32.4%).
- By leisure time physical activity, it was higher among respondents who had no physical activity in the past month (39.5%).

Table 2. Frequency of sugar-sweetened beverages intake by sociodemographic and behavioral characteristics, MiBRFS 2024 (N=9,285)

	None		<1 Time/Day		1+ Times/Day	
	%	95% CI	%	95% CI	%	95% CI
Statewide	28.6	(27.4-29.8)	42.4	(40.9-43.8)	29.1	(27.7-30.5)
Age						
18-44	15.1	(13.4-16.8)	49.4	(46.7-52.1)	35.5	(32.9-38.2)
45-64	34.1	(31.9-36.4)	37.7	(35.4-40.1)	28.2	(25.9-30.5)
65+	43.3	(41.2-45.4)	36.8	(34.7-38.8)	19.9	(18.2-21.8)
Gender						
Male	24.9	(23.2-26.6)	42.6	(40.5-44.7)	32.5	(30.5-34.7)
Female	32.1	(30.4-33.9)	42.2	(40.2-44.2)	25.7	(23.9-27.7)
Race/Ethnicity						
White non-Hispanic	31.4	(30.0-32.8)	41.6	(40.0-43.2)	27.1	(25.5-28.7)
Black non-Hispanic	15.5	(12.5-19.0)	44.2	(39.3-49.2)	40.3	(35.5-45.4)
Other	24.5	(21.3-28.0)	46.0	(41.6-50.4)	29.6	(25.5-33.9)
Education						
High school diploma or less	23.1	(21.1-25.3)	35.0	(32.4-37.7)	41.9	(39.2-44.7)
Some college or more	31.6	(30.1-33.1)	46.8	(45.1-48.5)	21.6	(20.1-23.1)
Household Income						
< $20,000	25.1	(21.0-29.8)	34.4	(29.6-39.6)	40.4	(35.1-46.0)
$20,000 - $74,999	25.1	(23.3-26.9)	40.5	(38.1-42.8)	34.5	(32.2-36.8)
≥$75,000	32.9	(30.8-35.0)	47.2	(44.9-49.6)	19.9	(17.9-22.0)
Health Insurance						
Insured	29.5	(28.2-30.8)	42.3	(40.8-43.8)	28.3	(26.8-29.7)
Uninsured	16.7	(11.8-23.1)	39.7	(31.5-48.6)	43.6	(35.3-52.3)
Employment Status						
Employed	24.1	(22.5-25.8)	46.2	(44.1-48.3)	29.7	(27.7-31.7)
Unemployed	23.6	(18.9-29.0)	36.5	(30.3-43.2)	39.9	(33.2-47.0)
Nonworking	34.9	(33.0-36.8)	38.8	(36.7-40.9)	26.4	(24.4-28.4)
Weight Status						
non-obesity	29.3	(27.7-30.9)	42.6	(40.8-44.5)	28.1	(26.3-29.9)
Obesity	26.3	(24.4-28.4)	41.6	(39.2-44.1)	32.0	(29.6-34.5)
Smoking Status						
current smoker	17.7	(14.9-20.8)	30.1	(26.4-34.1)	52.2	(47.9-56.4)
former smoker	35.9	(33.6-38.4)	36.1	(33.6-38.6)	28.0	(25.5-30.6)
never smoked	27.3	(25.8-28.9)	48.6	(46.6-50.6)	24.1	(22.4-25.9)
Alcohol Intake						
consumed some alcohol	27.3	(25.6-29.0)	46.9	(44.8-48.9)	25.9	(24.0-27.8)
consumed no alcohol	30.0	(28.2-31.9)	37.6	(35.5-39.8)	32.4	(30.3-34.6)
Leisure Time Physical Activity						
Yes	29.2	(27.8-30.6)	44.8	(43.1-46.5)	26.0	(24.5-27.6)
No	26.5	(24.1-29.0)	34.0	(31.2-37.0)	39.5	(36.4-42.6)
Metropolitan status						
Metropolitan county	28.2	(26.8-29.6)	43.7	(42.0-45.4)	28.1	(26.5-29.8)
Nonmetropolitan county	29.6	(27.3-32.1)	38.6	(35.8-41.4)	31.8	(29.0-34.7)

Discussion

Based on the 2024 MiBRFS data, about 29.1% of Michigan adults consume at least one SSB daily. Our findings were consistent with findings of other studies observing that daily consumption of SSBs was more prevalent among adults who were younger, male, Black, non-Hispanic, with high school or less education, with lower household income, uninsured, unemployed, currently smoking, consuming no alcohol, and physical inactive. [5-7]

Our study has several limitations. BRFSS data are self-reported; however, potential bias in SSB intake data related to self-report or social desirability is not known. The amount or calorie intake from SSBs cannot be estimated, because data on SSB intake was captured as frequency rather than volume. Our findings that adult SSB intake varied across certain characteristics can be used to help inform efforts to reduce SSB consumption. Understanding Michigan-specific factors helps tailor public health messages and policies. Focusing on high-risk groups is vital for reducing SSB-related chronic diseases in Michigan.

In 2025, Michigan utilized several educational and social marketing campaigns to reduce SSB consumption, often through partnerships between state agencies, academic institutions, and health organizations including Healthy Drinks, Healthy Kids and Rethink Your Drink Michigan, Snap-Ed and WIC Education, district wellness policies, and legislative advocacy. Public health experts emphasize that reducing added sugar intake - specifically by replacing SSBs with water, unsweetened tea, or coffee - is one of the most cost-effective strategies for managing long-term health.

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