



Beverage choices are important for nutrition and health. There are lots of choices and the amount of sugar, calories and nutrients can be very different. With so many beverage choices, it's easy to be overwhelmed.

This fact sheet provides evidence and recommendations for adults and kids.

Americans are overfed, yet undernourished

- Percent of Americans who don't get enough of important nutrients¹:
 - 73% vitamin D
 - 66% vitamin E
 - 45% calcium
 - 25% vitamin A
- Only 3% of Americans get enough potassium.
- Almost half of the added sugars in Americans' diets come from sugary drinks including soda, energy drinks, fruit drinks, and sports drinks (46% of added sugar intake).²

Sugary Drinks have calories and sugar, but little or no nutrition

- Sugary beverages include: soda, energy drinks, sports drinks, fruit drinks, sweetened coffee and tea, and flavored waters with added sugar.
- A 20-ounce bottle of soda contains about 16 teaspoons of sugar.
- Sugary drinks don't make us feel as full as foods, and people don't compensate for the calories in sugary drinks by eating less food.³
- Strong evidence shows that sugary beverages:
 - provide excess calories and promote weight gain in children and adults.⁴
 - are linked to cavities and tooth decay.⁵
 - increase the risk of type 2 diabetes – adults who drink 1-2 servings per day have a 26% greater risk of developing type 2 diabetes.⁶
- Sports drinks are only helpful for when playing hard or exercising for more than one hour and on hot days.

Energy Drinks are Stimulants

- Energy drinks contain caffeine or other strong stimulants. Energy drinks can have serious health risks for children and adolescents, including:
 - Increased heart rate and blood pressure, disrupted sleep, increased anxiety, irregular heartbeat, seizures, and even death.⁷
- The total amount of caffeine in some bottles or cans of energy drinks can be more than 500 milligrams, or the amount of caffeine in 14 cans of cola.⁸

Milk Matters

- In children's diets, milk is the largest source of protein, as well as calcium, vitamin D and potassium, which are nutrients of public health concern.⁹
- Milk drinking is associated with improved bone health, reduced risk of cardiovascular disease and type 2 diabetes, and lower blood pressure in adults.¹⁰
- As children get older, they drink less milk and more sugary beverages. About 80% of children aged 2-11 drink milk whereas only about 50% of teens (12-19) drink milk.¹¹

What to Choose

- Drink water throughout the day to stay hydrated and to quench thirst.
- Choose low-fat (1%) or fat-free (skim) milk for meals and snacks. Milk naturally has nutrients, such as calcium, potassium and protein that you don't get from other beverages.
- Choose 100% juice only sometimes and not too much.
 - 1-6 year olds: ½ to ¾ cup/day or less
 - 7-18 year-olds: 1 to 1 ½ cups/day or less
- For everyone, read food labels and understand what is in the beverages you choose.

About the NCO: The Nutrition Council of Oregon is a group of nutrition professionals concerned with public health nutrition issues that affect population groups in Oregon. NCO members represent public health, health systems, academic settings, nutrition and food programs, and non-profit organizations interested in promoting the nutritional health of Oregonians. www.healthoregon.org/sharedmeals

¹ Fulgoni, V. L., Keast, D. R., Bailey, R. L., & Dwyer, J. (2011). Foods, fortificants, and supplements: where do Americans get their nutrients? *The Journal of Nutrition*, 141(10), 1847-1854.

² U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2010. 7th Edition*, Washington, DC: U.S. Government Printing Office, December 2010.

³ Pan, A., & Hu, F. B. (2011). Effects of carbohydrates on satiety: differences between liquid and solid food. *Current Opinion in Clinical Nutrition & Metabolic Care*, 14(4), 385-390.

⁴ Malik, V. S., Pan, A., Willett, W. C., & Hu, F. B. (2013). Sugar-sweetened beverages and weight gain in children and adults: a systematic review and meta-analysis. *The American journal of clinical nutrition*, 98(4), 1084-1102.

⁵ Marshall T, Levy S, Broffitt B, et al. Dental Caries and Beverage Consumption in Young Children. *Pediatrics*, 112(3): e184-e191, September 2003.

⁶ Malik, V. S., Popkin, B. M., Bray, G. A., Després, J. P., Willett, W. C., & Hu, F. B. (2010). Sugar-sweetened beverages and risk of metabolic syndrome and type 2 diabetes A meta-analysis. *Diabetes care*, 33(11), 2477-2483.

⁷ Schneider, M. B., & Benjamin, H. J. (2011). Sports drinks and energy drinks for children and adolescents: are they appropriate? *Pediatrics*, 127(6), 1182-1189.

⁸ Reissig, C. J., Strain, E. C., & Griffiths, R. R. (2009). Caffeinated energy drinks—a growing problem. *Drug and Alcohol Dependence*, 99(1), 1-10.

⁹ Keast, D. R., Fulgoni, V. L., Nicklas, T. A., & O'Neil, C. E. (2013). Food sources of energy and nutrients among children in the United States: National Health and Nutrition Examination Survey 2003–2006. *Nutrients*, 5(1), 283-301.

¹⁰ U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2010. 7th Edition*, Washington, DC: U.S. Government Printing Office, December 2010.

¹¹ Sebastian RS, Goldman JD, Wilkinson Enns C, LaComb RP. Fluid Milk Consumption in the United States: What We Eat In America, NHANES 2005-2006. Food Surveys Research Group Dietary Data Brief No. 3. September 2010. Available from: <http://ars.usda.gov/Services/docs.htm?docid=19476>



Cook Together. Eat Together. Talk Together. Make Mealtime a Shared Time.