



Federal Data Analysis Report for the 2025 Dietary Guidelines Advisory Committee: Current Patterns of Food and Beverage Intake

Colleen M. Cruz, MPH, RDN,^a Dana DeSilva, PhD, RD,^b Kara Beckman, PhD,^c Hazel Hiza, PhD, RDN,^d Sarah Karp, MNSP, RD, LDN,^c Kevin Kuczynski, MS, RD,^d Tessa Lasswell, MPH, RDN,^d Chinwe Obudulu, MS, RD, LD,^d TusaRebecca Pannucci, PhD, MPH RD,^e Leigh Ann Richardson, PhD, MPH,^f Eve Stoodly, PhD,^g Janet de Jesus, MS, RD^h

^a Data Analysis Team Co-lead, Nutrition Guidance and Analysis Division (NGAD), Center for Nutrition Policy and Promotion (CNPP), Food and Nutrition Service (FNS), U.S. Department of Agriculture (USDA)

^b Data Analysis Team Co-lead, Office of Disease Prevention and Health Promotion (ODPHP), Office of the Assistant Secretary for Health (OASH), U.S. Department of Health and Human Services (HHS)

^c Data Analysis Team, ODPHP, OASH, HHS

^d Data Analysis Team, NGAD, CNPP, FNS, USDA

^e Branch Chief, Nutrition and Economic Analysis Branch (NEAB), NGAD, CNPP, FNS, USDA

^f Data Analysis Team, Contractor, Panum Telecom, LLC (A wholly owned subsidiary of Aretum), under contract with FNS, USDA

^g Director, NGAD, CNPP, FNS, USDA

^h Designated Federal Officer and Nutrition Advisor, ODPHP, OASH, HHS

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Introduction

The 2025 Dietary Guidelines Advisory Committee (Committee) used data analysis to describe the current health status and dietary intakes of individuals in the United States. The federal data analysis team and interagency partners supported the work of the Committee by analyzing data on specific topics and questions. The federal team and partners included expert scientists with advanced degrees in nutrition, statistics, and epidemiology from the following Departments and agencies:

United States Department of Health and Human Services (HHS)

- Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health
- National Cancer Institute, National Institutes of Health
- National Center for Health Statistics, Centers for Disease Control and Prevention

United States Department of Agriculture (USDA)

- Center for Nutrition Policy and Promotion, Food and Nutrition Service, Food, Nutrition, and Consumer Services
- Food Surveys Research Group, Beltsville Human Nutrition Research Center, Agricultural Research Service, Research, Education, and Economics

The Federal Data Analysis Reports provide federal staff-led summaries for the full collection of data analysis results that were cited in the Federal Data Analysis Plan or published in the Federal Data Analysis Supplements.¹⁻⁴¹ This report includes results for the current patterns of food and beverage intake, which contributed to the body of evidence for 1 of the 4 data analysis scientific questions:

- What are the current patterns of food and beverage intake?

The 2025 Committee's Scientific Report synthesizes the data analysis results and presents conclusion statements that describe the state of the science based on the evidence considered for each data analysis question.⁴² Neither the Federal Data Analysis Reports nor the Committee's Scientific Report should be interpreted as dietary guidance.

A brief overview of the data analysis methodology for the scientific question addressed in this report, along with summaries of the evidence, are described in the following sections.

Methodology

A collection of federal data sources, including the What We Eat in America (WWEIA), National Health and Nutrition Examination Survey (NHANES), informed the Committee's data analysis work. The Federal Data Analysis Plan describes the data analysis process, strategy, sources, and analyses used to support the Committee in answering the prioritized scientific questions.¹ The Federal Data Analysis Plan also provides a summary of and cites the methodology for each data source, including data collection, preparation, and analysis.

The Federal Data Analysis Reports provided a comprehensive summary of results for the topics examined in the data analysis questions.⁴³⁻⁴⁷ Data points that may be unreliable—such as those with a small sample size, wide confidence interval (CI) and/or relative CI, large standard error, or large coefficient of variation—were excluded from the reports; however, these data points can be viewed in the original publications for most

analyses. Analyses that included statistical testing were prioritized when possible—but were often not available—to identify differences between sociodemographic groups. When statistical testing was completed, significant differences were reported.

Questions and Key Definitions

This report describes data analysis results for the current patterns of food and beverage intake, which contribute to the evidence for 1 data analysis question. The methodology and key definitions for that question are presented below.

1. What are the Current Patterns of Food and Beverage Intake?

This question primarily examined data from up to 2 self-reported 24-hour dietary recalls in What We Eat in America (WWEIA), National Health and Nutrition Examination Survey (NHANES) along with information from the Food Pattern Equivalents Database. For infants only, data on human milk feeding data were also obtained from the National Immunization Survey-Child (NIS-Child) and National Vital Statistics System (NVSS).

For ages 12 months and older, dietary patterns were measured from WWEIA, NHANES 24-hour recall data using the Healthy Eating Index-2020 (HEI) and HEI-Toddlers-2020, which are measures of diet quality with 13 components used to assess how well a set of foods aligns with the key recommendations of the *Dietary Guidelines for Americans, 2020-2025*. Corresponding with the dietary patterns in the *Dietary Guidelines*, the HEI-2020 is used for ages 2 years and older, and the HEI-Toddlers-2020 is used for ages 12 through 23 months. The components and scoring standards for the HEI-2020 and for the HEI-Toddlers-2020 are described in detail elsewhere.⁴⁸ The scoring standards for the HEI-2020 are the same as those for the HEI-2015, while for the HEI-Toddlers-2020, the components are the same as those for the HEI-2020 with the exception of stricter standards related to the avoidance of added sugars and more flexible scoring related to saturated fat as the recommendation to limit saturated fat does not apply to children younger than 24 months. Intakes equal to or better than the standards set for each individual component are assigned a maximum score from 5 to 10 points. Scores for intakes between the minimum and maximum standards are scored proportionately and are summed to create a total maximum HEI score of 100 points. Nine of the 13 components assess adequacy (total fruits, whole fruits, total vegetables, greens and beans, whole grains, dairy, total protein foods, seafood and plant proteins, and fatty acids) for which higher scores reflect higher intakes. The remaining 4 components (saturated fats, sodium, added sugars, and refined grains) assess foods or dietary components that should be consumed in moderation, for which higher scores reflect lower intakes. Previous evaluation explored the magnitude of differences between HEI scores and indicated that a difference of 5 to 6 points between groups may be considered meaningful.⁴⁹

For ages 6 months and older, beverage patterns were analyzed using data on the types, volume, proportions, and nutritional contributions of beverages consumed (mean intakes). For infants and young children, the initiation, exclusivity, and duration of human milk feeding was also examined.

Due to the Committee's interest in the frequency of meals and/or snacking, evidence on eating occasions including breakfast, late evening intake, snacking, and intake of sweet foods was also included in the report for this question. Breakfast, late evening intake, snacking, and intake of sweet foods were examined for individuals ages 2 years and older. Analytic topics included the prevalence of the eating occasion, nutrient and/or dietary component intakes at the eating occasion, and the food and/or beverage categories consumed at the eating occasion.

Table 1 summarizes the analyses and data sources in this report that contributed to the evidence for the question.

Table 1. Topics, Measures, and Data Sources Contributing to the Evidence on Current Patterns of Food and Beverage Intake in the United States by Life Stage

Topic	Measure	Infants and Young Children (Ages 6-23 Months)	Children and Adolescents (Ages 2-19 Years)	Adults and Older Adults (Ages 20+ Years)	Individuals who are Pregnant or Lactating (Ages 20-44 Years)
Healthy Eating Index (HEI) scores	HEI-Toddlers-2020 Scores	WWEIA, NHANES 2011-2012, 2013-2014, 2015-2016, and 2017-2018 (young children ages 12-23 months only)			
Healthy Eating Index (HEI) scores	Healthy Eating Index-2020 (HEI-2020) Scores		WWEIA, NHANES 2011-2012, 2013-2014, 2015-2016, and 2017-2018	WWEIA, NHANES 2011-2012, 2013-2014, 2015-2016, and 2017-2018	WWEIA, NHANES 2013-2014, 2015-2016, and 2017-2018
Eating occasions	Prevalence of eating occasions	n/a	WWEIA, NHANES 2017-March 2020 (breakfast and snacking) WWEIA, NHANES 2015-2016 and 2017-2018 (late evening and sweet foods)	WWEIA, NHANES 2017-March 2020 (breakfast and snacking) WWEIA, NHANES 2015-2016 and 2017-2018 (late evening and sweet foods)	n/a
Eating occasions	Energy, nutrient, and dietary component contributions	n/a	WWEIA, NHANES 2017-March 2020 (breakfast and snacking) WWEIA, NHANES 2015-2016 and 2017-2018 (late evening and sweet foods)	WWEIA, NHANES 2017-March 2020 (breakfast and snacking) WWEIA, NHANES 2015-2016 and 2017-2018 (late evening and sweet foods)	n/a
Eating occasions	WWEIA food category sources of foods and beverages (breakfast, snacking, and late evening only)	n/a	WWEIA, NHANES 2017-March 2020 (breakfast and snacking) WWEIA, NHANES 2015-2016 and 2017-2018 (late evening)	WWEIA, NHANES 2017-March 2020 (breakfast and snacking) WWEIA, NHANES 2015-2016 and 2017-2018 (late evening)	n/a

Topic	Measure	Infants and Young Children (Ages 6-23 Months)	Children and Adolescents (Ages 2-19 Years)	Adults and Older Adults (Ages 20+ Years)	Individuals who are Pregnant or Lactating (Ages 20-44 Years)
Eating occasions	Energy contributions from consumers compared to non-consumers (snacking and late evening only)	n/a	WWEIA, NHANES 2017-March 2020 (snacking) WWEIA, NHANES 2015-2016 and 2017-2018 (late evening)	WWEIA, NHANES 2017-March 2020 (snacking) WWEIA, NHANES 2015-2016 and 2017-2018 (late evening)	n/a
Eating occasions	Prevalence between time periods (snacking only)	n/a	n/a	WWEIA, NHANES 1999-2000 WWEIA, NHANES 2017-March 2020	n/a
Eating occasions	Frequency per day (snacking only)	n/a	n/a	WWEIA, NHANES 2017-March 2020	n/a
Human Milk Feeding	Breastfeeding initiation	NVSS 2020-2021 PRAMS 2018-2020	n/a	n/a	n/a
Human Milk Feeding	Prevalence and duration of any breastfeeding	NIS-Child 2021	n/a	n/a	n/a
Human Milk Feeding	Prevalence and duration of exclusive breastfeeding	NIS-Child 2021	n/a	n/a	n/a
Beverage Patterns	Beverage types	WWEIA, NHANES 2009-2010, 2011-2012, 2013-2014, 2015-2016, and 2017-2018	WWEIA, NHANES 2017-2018	WWEIA, NHANES 2017-2018	WWEIA, NHANES 2015-2016 and 2017-2018
Beverage Patterns	Energy and nutrient contributions from infant milk and beverages	WWEIA, NHANES 2009-2010, 2011-2012, 2013-2014, 2015-2016, and 2017-2018	n/a	n/a	n/a
Beverage Patterns	Energy and nutrient contributions from beverages	WWEIA, NHANES 2009-2010, 2011-2012, 2013-2014, 2015-2016, and 2017-2018	WWEIA, NHANES 2017-2018	WWEIA, NHANES 2017-2018	WWEIA, NHANES 2015-2016 and 2017-2018
Beverage Patterns	Mean intakes between time periods	n/a	WWEIA, NHANES 2007-2008 WWEIA, NHANES 2017-2018	WWEIA, NHANES 2007-2008 WWEIA, NHANES 2017-2018	n/a
Beverage Patterns	Beverage amounts (volume)	n/a	WWEIA, NHANES 2017-2018	WWEIA, NHANES 2017-2018	WWEIA, NHANES 2015-2016 and 2017-2018

Topic	Measure	Infants and Young Children (Ages 6-23 Months)	Children and Adolescents (Ages 2-19 Years)	Adults and Older Adults (Ages 20+ Years)	Individuals who are Pregnant or Lactating (Ages 20-44 Years)
Beverage Patterns	Sugar-sweetened beverage consumption frequency	n/a	NSCH 2021	n/a	n/a
Beverage Patterns	Food group contributions	n/a	n/a	WWEIA, NHANES 2017-2018	WWEIA, NHANES 2015-2016 and 2017-2018

WWEIA, NHANES = What We Eat in America, National Health and Nutrition Examination Survey

NIS = National Immunization Survey-Child

NVSS = National Vital Statistics System

PRAMS = Pregnancy Risk Assessment Monitoring System

NSCH = National Survey of Children's Health

Key Definitions

Household Food Security Category: Sociodemographic data identified by the NHANES variable FSDHH from the Food Security Questionnaire. This variable uses the U.S. Food Security Survey Module questions to measure 4 levels of household food security: full, marginal, low, or very low.

Household Supplemental Nutrition Assistance Program (SNAP) Participation: Sociodemographic data identified by the NHANES variable FSD230 from the Food Security Questionnaire. This variable measures a household's current SNAP participation status, regardless of SNAP eligibility.

Child Special Supplemental Nutrition Program for Women, Infant, and Children Program (WIC) Participation: Sociodemographic data identified by the NHANES variable FSD660ZC from the Food Security Questionnaire. This variable measures a child's current WIC participation status, regardless of WIC eligibility.

Income as a percentage of the federal poverty level (FPL): Demographic data identified by the NHANES variable INDFMPIR.⁵⁰ Data is expressed as the ratio of family income to the U.S. Department of Health and Human Services poverty guidelines expressed as a percentage.⁵¹ This report applies the terminology included in each original data publication for its summaries. Thus, the terms "poverty to income ratio," "poverty income level," "household poverty level," and "family income relative to the poverty guidelines" will also be used interchangeably.

Race and/or Hispanic origin: Demographic data identified by the NHANES variables RIDRETH1 and RIDRETH3. These variables recoded participants' self-identified race and/or Hispanic origin into 7 categories: Mexican American, other Hispanic, non-Hispanic White, non-Hispanic Black, non-Hispanic Asian, and other race including multi-racial. For the purposes of the Committee's work, the term "race and/or ethnicity" will be used interchangeably with "race and/or Hispanic origin".

A more extensive list of other relevant definitions can be found in the Federal Data Analysis Plan.

Methodology: Dietary Patterns

Dietary patterns, including HEI scores and intakes at eating occasions, are estimated using data from WWEIA, NHANES. Context and methodology specific to each analysis type is described below.

HEI-2020 and HEI-Toddlers-2020 Scores

- The HEI-Toddlers-2020 is used with proxy-reported 24-hour dietary recall data (USDA Automated Multiple-Pass Method) from WWEIA, NHANES to measure diet quality among young children ages 12 through 23 months.^{41,52} Estimates combine data from WWEIA, NHANES 2011-2012, 2013-2014, 2015-2016, and 2017-2018 to provide a larger sample size for analysis. The Markov chain Monte Carlo method is used to obtain distributions of total and component HEI scores.
- The HEI-2020 is used with 24-hour dietary recall data from WWEIA, NHANES to measure diet quality among individuals ages 2 years and older. The HEI-2020 total and component scores in this section reflect usual dietary intakes among individuals ages 2 years and older using WWEIA, NHANES. Estimates combine data from WWEIA, NHANES 2011-2012, 2013-2014, 2015-2016, and 2017-2018 to provide a larger sample size for analysis. The Markov chain Monte Carlo method is used to obtain means and distributions of total and component HEI scores.
- The HEI-2020 is used with 24-hour recall data from WWEIA, NHANES to measure diet quality among females ages 20-44 years who are pregnant or who are lactating. Estimates combine data from WWEIA, NHANES 2013-2014, 2015-2016, and 2017-2018 to provide a larger sample size for analysis. The population ratio method was used to obtain the mean HEI total and component scores.

- Meaningful differences are described when there is a 5- to 6-point variation in total HEI scores, based on prior evaluation.⁴⁹ Component scores are described as close to the maximum component scores when they are within 0.1 to 0.2 points of the maximum score.

Intakes at Eating Occasions: Breakfast

- Breakfast consumption among children and adolescents ages 2-19 years and adults and older adults ages 20 years and older was primarily reported using 24-hour dietary recall data from WWEIA, NHANES 2017-March 2020.^{53,54} Breakfast consumption was defined as “meal occasions designated by the respondent as ‘breakfast’ or the Spanish equivalents ‘desayuno’ and ‘almuerzo’” reported on a given day regardless of the time.
- The data for food categories of foods and beverages consumed at breakfast use the WWEIA Food Categories, a scheme for classifying each food and beverage reported in WWEIA, NHANES into 1 of approximately 150 mutually exclusive categories. The WWEIA Food Categories for coffee and tea also include additions such as milk, creamer, and sweeteners and prepared coffee and tea drinks. Sweetened beverages include soft drinks, fruit drinks, sport and energy drinks, nutritional beverages, and smoothies and grain drinks.
- Breakfast prevalence between time periods was also examined for children and adolescents only and used data from WWEIA, NHANES 2009-2010, 2015-2016, and 2017-2018.⁵⁵ For these estimates, breakfast consumption was defined as “children and adolescents (or their proxies) who reported ‘breakfast’ or ‘desayuno’ as the eating occasion for a food or beverage during the in-person 24-hour dietary recall.” Estimates combine data from WWEIA, NHANES 2015-2016 and 2017-2018 to provide a larger sample size for analysis.

Intakes at Eating Occasions: Late Evening Consumption

- Late evening consumption is analyzed using 24-hour recall data from WWEIA, NHANES 2015-2016 and 2017-March 2020, which are combined to provide a larger sample size for analysis.⁴ Late evening consumers are defined as those having reported any food or beverage intake other than plain water between 8:00 pm and 11:59 pm on the intake day.
- Data are examined for 2 age groups: 1) children and adolescents ages 12-19 years, and 2) adults and older adults ages 20 years and older, excluding females ages 20-44 years who are pregnant or lactating.
- The data for food categories of late evening foods and beverages consumed use the WWEIA Food Categories, a scheme for classifying each food and beverage reported in WWEIA, NHANES into 1 of approximately 150 mutually exclusive categories, an approach that is described in previous publications.⁵⁶

Intakes at Eating Occasions: Snacking

- Data on snacking among children and adolescents ages 2-19 years and adults and older adults ages 20 years and older are primarily from WWEIA, NHANES 2017-March 2020 24-hour recall data.^{5,57} However, WWEIA, NHANES 1999-2000 data are also used for comparison between cross-sectional time periods in adults only.⁵
- Snacks are defined as eating occasions where at least one food or beverage is reported, designated by the participant as “snack,” “drink,” “extended consumption,” “merienda,” “entre comida,” “botana,” “bocadillo,” “tentempie,” or “bebida.”^{57,58} Snacks comprised of only water are excluded in the analyses for adults, but are included in the analyses for children.
- The data for food category sources of nutrients from snack occasions use the WWEIA Food Categories to classify groups of foods or beverages that are consumed together.

Intakes at Eating Occasions: Sweet Foods

- The data reported are from WWEIA, NHANES 2015-2016 and 2017-2018 24-hour dietary recall and describe intake of sweet foods among children and adolescents ages 2-19 years and adults and older adults ages 20 years and older.^{59,60} Estimates combine data from WWEIA, NHANES 2015-2016 and 2017-2018 to provide a larger sample size for analysis.
- In this analysis, sweet foods included snack/meal bars, sweet bakery products, candy, and other desserts, and excluded fruit and all types of beverages.

Methodology: Beverage Patterns

Beverage patterns, including human milk feeding and types and amounts of beverages consumed, are estimated using data from WWEIA, NHANES. Context and methodology specific to each analysis type are described below.

Analytic results for food category sources of energy, which include beverage types in major food categories and food subcategories, also contribute to the evidence on beverage patterns. These data are available in the Federal Data Analysis Report on nutrient and dietary component intakes.⁴³

Human Milk Feeding

- Estimates on human milk/breastfeeding initiation, prevalence, exclusivity, and duration are obtained from the National Immunization Survey-Child (NIS) 2021, National Vital Statistics System (NVSS) 2020-2021, and Pregnancy Risk Assessment Monitoring System (PRAMS) 2018-2020.⁶¹⁻⁶⁴ For the purposes of these analyses, exclusive breastfeeding is defined as consumption of only breast milk and no solids, water, or other liquids. Statistical testing of differences was not completed for the NIS or NVSS estimates but is available for the PRAMS estimates.
- NIS applies cellular telephone sampling to obtain data on human milk feeding among infants ages 19-35 months using 3 questions:
 - “Was [child] ever breastfed or fed breast milk?”
 - How old was [child’s name] when [child’s name] completely stopped breastfeeding or being fed breast milk?
 - This next question is about the first thing that [child] was given other than breast milk or formula. Please include juice, cow’s milk, sugar water, baby food, or anything else that [child] may have been given, even water. How old was [child’s name] when (he/she) was first fed anything other than breast milk or formula?”
- NVSS collects human milk feeding data from birth certificates, which use medical records to answer the question, “Is the infant being breastfed at discharge?” Compared to NIS, NVSS captures broader racial and/or ethnic representation, including disaggregated data for Hispanic, Asian, and Native Hawaiian or Other Pacific Islander groups, due to larger sample size.
- PRAMS is a surveillance survey collecting self-reported data from a random sample of birth certificate files on experiences before, during, and after pregnancy; and offers age-adjusted estimates of human milk feeding based on disability status. Disability is defined as reporting “a lot of difficulty” or “cannot do this at all” on the Washington Group Short Set of Questions on Disability, which measures difficulty with seeing, hearing, walking or climbing stairs, remembering or concentrating, self-care, and communicating.

Beverage Patterns: Infants and Young Children

- Patterns of beverage intake in infants and young children ages 6 through 23 months are primarily estimated using proxy-reported 24-hour recall data from WWEIA, NHANES.³ Ten years of data (5 WWEIA, NHANES cycles: 2009-2010, 2011-2012, 2013-2014, 2015-2016, 2017-2018) is analyzed to achieve an adequate sample size for this age group. However, the sample size remains small for infants fed human milk. Thus, estimates are not described in this section when they contain an estimate that may be less precise than other estimates due to small sample size and/or large relative standard error, or report a non-zero value <0.5 percent.
- The data describe the percentage who consume beverage types at least once per day, along with mean and percent contributions from beverages to daily intakes of nutrients and dietary components. Intakes are stratified by age in months and, when possible, infant milk type (i.e., human milk or infant formula) and/or beverage type, which includes whole milk, other plain milk, flavored milk, milk substitutes, 100% juice, sweetened beverages, other beverages, and plain water.
- Definitions used for the purposes of the beverage analyses are detailed elsewhere and summarized below.⁶⁵
 - **Water** includes tap, bottled, flavored, carbonated, and enhanced/fortified water.
 - **Milk** includes plain and flavored milks, other milk drinks, and milk substitutes including non-dairy milk alternatives.
 - **Sugar-sweetened beverages** include soft drinks, fruit drinks, sport and energy drinks, nutritional beverages (e.g., meal replacement beverages), and smoothies and grain drinks that contain more than 40 kilocalories (kcal) per reference amount customarily customized.
 - **Diet beverages** include diet soft drinks, diet sport and energy drinks, and other diet drinks that use low- or no-calorie sweeteners.
 - **Coffee and tea** include regular and decaffeinated coffee or tea with additions (e.g., milk, cream, sweeteners) and coffee and tea drinks (e.g., ready-to-drink coffees).

Beverage Patterns: Children and Adolescents

- Beverage intakes among children and adolescents ages 2-19 years are primarily estimated using Day 1 24-hour recall data (which may be reported by proxy for younger children) from WWEIA, NHANES 2017-2018.⁶⁵ For beverage intakes between time periods, data from WWEIA, NHANES 2017-2018 and WWEIA, NHANES 2007-2008 are compared.⁶⁶ Beverages include liquids consumed as beverages and exclude liquids added to foods, such as milk to cereal.
 - The data describe consumption of beverage types (i.e., water, coffee/tea, sweetened beverages, alcoholic beverages, milk, 100% juice, and diet beverages), mean beverage intakes, sweetened beverage intakes, and beverage intake contributions to nutrients, dietary components, and Food Patterns Equivalents Database (FPED) components. Beverage type definitions are provided in the methodology for the Federal Data Analysis Report on **Beverage Patterns: Infants and Young Children**. The Food and Nutrient Database for Dietary Studies (FNDDS) 2007-2008 and 2017-2018 are used to estimate intakes of energy, nutrients, and dietary fiber from beverages, and FPED 2007-2008 and 2017-2018 are used to estimate intakes of added sugars from beverages.
- Data on sugar-sweetened beverage intakes are also available from the 2021 National Survey of Children's Health (NSCH), which uses a paper- and web-based questionnaire to collect health and well-being information from U.S. children and adolescents under age 18.⁶⁷ In this instance, the data are used to describe how frequently children ages 1-5 years consume sugar-sweetened beverages (via parent reporting) based on the preceding week. Sugar-sweetened beverages are defined as including soda, fruit drinks, sports drinks, or sweet tea, but not 100% fruit juice.

- NSCH assessed food sufficiency through the following question: “Which of the following best describes your household’s ability to afford the food you need during the past 12 months?” Responses options were recoded to fall into 1 of the 3 groups: food sufficiency (could always afford to eat good nutritious meals), marginal food sufficiency (could always afford enough to eat but not always the kinds of foods we should eat), or low food sufficiency (sometimes or often we could not afford enough to eat).⁶⁷

Adults and Older Adults

- Beverage intakes among adults and older adults ages 20 years and older are estimated using Day 1 24-hour recall data from WWEIA, NHANES 2017-2018.⁶⁸ For beverage intakes between time periods, data from WWEIA, NHANES 2017-2018 and WWEIA, NHANES 2007-2008 are compared.⁶⁹
- The data describe consumption of beverage types (i.e., water, coffee/tea, sweetened beverages, alcoholic beverages, milk, 100% juice, and diet beverages), mean beverage intakes, and beverage intake contributions to nutrients, dietary components, and FPED components. Beverage types are defined in the source publication.⁶⁸ FNDDS 2007-2008 and 2017-2018 are used to estimate intakes of energy, nutrients, and dietary fiber, and FPED 2007-2008 and 2017-2018 are used to estimate intakes of added sugars.

Females who are Pregnant or who are Lactating

- Beverage intakes among females ages 20-44 years who are pregnant or who are lactating are described using 1 day of 24-hour dietary recall data from WWEIA, NHANES 2015-2016 and 2017-2018, which are combined to provide a larger sample size.³ Many estimates are less precise than others due to small sample size and/or large relative standard error, and thus are not included in this report.
- The data describe consumption of beverage types, mean beverage intakes, and beverage intake contributions to nutrients, dietary components, and FPED 2015-2016 and 2017-2018 components.

Summary of the Evidence: Current Patterns of Food and Beverage Intake

Dietary Patterns

HEI-Toddlers-2020 Scores

Young Children Ages 12 through 23 Months

Mean HEI total and component scores⁵²

- The HEI-Toddlers-2020 total and component scores in **Table 2** reflect proxy-reported, mean dietary intakes.

Table 2. Mean Total and Component Healthy Eating Index-Toddlers-2020 (HEI-Toddlers-2020) Scores for Young Children Ages 12 through 23 Months

Total and Components (Maximum Score)	Mean Score
Total HEI score (100)	62.9

Total and Components (Maximum Score)	Mean Score
Total Fruits (5)	4.6
Whole fruits (5)	4.7
Total Vegetables (5)	2.8
Greens and beans (5)	2.7
Whole Grains (10)	3.6
Dairy (10)	8.4
Total Protein Foods (5)	4.2
Seafood and plant proteins (5)	2.9
Fatty acids (10)	5.9
Refined Grains (10)	5.9
Sodium (10)	5.8
Added sugars (10)	4.3
Saturated fats (10)	7.1

HEI total score distributions by race and/or Hispanic origin, household food security category, poverty to income ratio, and household SNAP participation⁴¹

- **Table 3** shares the mean and distribution of HEI-Toddlers-2020 total scores for young children ages 12 through 23 months at the 5th, 50th, and 95th percentiles.
- Meaningful differences in mean HEI scores are observed between non-Hispanic Asian males and females, and males of other racial and/or ethnic groups.

Table 3. Mean and Distributions of Healthy Eating Index-Toddlers-2020 (HEI-Toddlers-2020) Total Scores for Young Children Ages 12 through 23 Months by Race and/or Hispanic Origin, Household Food Security Status Poverty to Income Ratio, and Current Household SNAP Participation Status

Sex	Sociodemographic Group	Total HEI Scores (Maximum Score = 100)			
		Mean	5th Percentile	50th Percentile	95th Percentile
Males	Total	62.4	46.2	62.8	77.3
	Non-Hispanic White	61.6	45.2	62.0	76.3
	Non-Hispanic Black	62.3	48.2	62.4	76.2
	Non-Hispanic Asian	65.8	48.6	66.3	81.7
	Hispanic	63.2	47.7	63.7	77.1
	Other Race	59.8	43.2	60.2	75.5
	Food Secure	62.7	47.9	63.0	76.8
	Food Insecure	61.3	44.4	61.7	76.6
	PIR \leq 1.85	61.9	46.0	62.4	76.3
	PIR > 1.85	62.8	47.4	63.2	77.2
	SNAP Participant	62.5	46.8	62.9	76.7
	SNAP Nonparticipant	62.7	46.7	63.0	77.4

Sex	Sociodemographic Group	Total HEI Scores (Maximum Score = 100)			
		Mean	5th Percentile	50th Percentile	95th Percentile
Females	Total	63.4	46.7	63.8	78.7
	Non-Hispanic White	62.8	45.9	63.0	78.4
	Non-Hispanic Black	61.7	46.7	62.0	75.7
	Non-Hispanic Asian	65.0	48.3	65.1	80.8
	Hispanic	64.0	48.8	64.4	77.6
	Other Race	62.5	46.1	63.0	77.2
	Food Secure	64.0	48.1	64.3	78.6
	Food Insecure	61.3	44.4	61.7	76.6
	PIR \leq 1.85	62.8	46.9	63.1	77.1
	PIR > 1.85	63.6	48.0	63.8	78.5
	SNAP Participant	63.8	47.9	64.4	78.0
	SNAP Nonparticipant	63.4	47.0	63.8	78.7

PIR = Poverty to income ratio

SNAP = Supplemental Nutrition Assistance Program

HEI-2020 Scores

Individuals Ages 2 Years and Older

Mean HEI-2020 scores do not align with the *Dietary Guidelines* across all groups, with scores ranging from 49 (among all adolescents ages 14-18 years) to 66.4 (among female adults ages 19 years and older who are non-Hispanic Asian).^{41,70,71} Mean HEI-2020 scores by the sociodemographic groups examined are provided below.

HEI total score distributions by race and/or Hispanic origin, household food security category, poverty to income ratio, and household SNAP participation⁴¹

- **Table 4** shares the mean and distribution of HEI-2020 total scores by sociodemographic groups for individuals ages 2 years and older at the 5th, 50th, and 95th percentiles.
- At the 95th percentile, all sociodemographic groups have mean HEI-2020 total scores of less than 80, except for non-Hispanic Asian individuals who score 80.5.

Table 4. Mean and Distributions of Healthy Eating Index-2020 (HEI-2020) Total Scores for the U.S. Population Ages 2 Years and Older by Race and/or Hispanic Origin, Household Food Security Status, Poverty to Income Ratio, and Current Household SNAP Participation Status

Sociodemographic Group	Total HEI Scores (Maximum Score = 100)			
	Mean	5th Percentile	50th Percentile	95th Percentile
Total Population	55.7	35.8	55.8	75.1
Non-Hispanic White	55.6	35.6	55.7	75.4
Non-Hispanic Black	53.9	35.4	53.7	72.9
Non-Hispanic Asian	62.6	42.7	63.3	80.5
Hispanic	56.0	38.1	56.2	73.4
Other Race	53.2	33.9	53.2	72.9
Food Secure	57.0	36.8	57.1	76.6
Food Insecure	52.6	35.1	52.4	70.8

Sociodemographic Group	Total HEI Scores (Maximum Score = 100)			
	Mean	5th Percentile	50th Percentile	95th Percentile
PIR \leq 1.85	53.6	35.2	53.5	72.2
PIR > 1.85	56.9	36.8	57.1	76.5
SNAP Participant	52.5	34.7	52.3	70.9
SNAP Nonparticipant	56.5	36.6	56.6	75.9

PIR = Poverty to income ratio

SNAP = Supplemental Nutrition Assistance Program

Children and Adolescents

Mean HEI total and component scores by age and sex^{41,70}

- Mean total and component HEI-2020 scores for children and adolescents ages 2-18 years are available in **Table 5**.
- Mean total scores range from 49 among ages 14-18 years, to 62 among ages 2-4 years.
- On average, children ages 2-4 years achieve the maximum component scores for total Fruits and whole fruits, and are close to the maximum component score for Dairy.

Table 5. Mean Total and Component Healthy Eating Index-2020 (HEI-2020) Scores for Children and Adolescents Ages 2-18 Years by Age and Sex

Total and Components (Maximum Score)	Mean HEI Scores by Age and Sex							
	Males				Females			
	2-4 Years	5-8 Years	9-13 Years	14-18 Years	2-4 Years	5-8 Years	9-13 Years	14-18 Years
Total HEI score (100)	57.9	52.5	50.3	48.4	59.0	53.8	51.7	50.7
Total Fruits (5)	4.2	3.4	2.8	2.3	4.3	3.6	3.0	2.5
Whole fruits (5)	4.2	3.6	3.1	2.4	4.3	3.8	3.3	2.7
Total Vegetables (5)	2.0	2.0	2.2	2.4	2.3	2.3	2.5	2.8
Greens and beans (5)	1.5	1.5	1.5	1.5	1.7	1.7	1.8	2.1
Whole Grains (10)	3.4	3.1	3.0	2.8	3.4	3.1	3.0	2.9
Dairy (10)	9.1	8.3	7.7	7.1	9.2	8.3	7.6	6.7
Total Protein Foods (5)	4.0	4.1	4.3	4.6	4.0	4.0	4.2	4.4
Seafood and plant proteins (5)	2.8	2.7	2.7	2.8	2.8	2.7	2.9	3.2
Fatty acids (10)	2.5	3.0	3.2	3.6	2.6	3.1	3.5	4.1
Refined Grains (10)	6.0	4.6	4.3	4.4	6.2	4.7	4.5	4.6
Sodium (10)	6.1	5.1	4.5	3.7	6.2	5.2	4.6	4.0
Added sugars (10)	7.2	6.1	5.9	5.8	7.4	6.3	5.9	5.5
Saturated fats (10)	4.8	4.9	5.0	5.1	4.7	5.0	5.0	5.3

Mean HEI total and component scores by sex and race and/or Hispanic origin, household food security status, poverty to income ratio, and household SNAP participation⁴¹

Mean total and component HEI-2020 scores for children and adolescents ages 2-18 years are available below by race and/or Hispanic origin (**Table 6**), household food security status (**Table 7**), poverty to income ratio (**Table 8**), and household SNAP participation status (**Table 9**).

Table 6. Mean Total and Component Healthy Eating Index-2020 (HEI-2020) Scores for Children and Adolescents Ages 2-18 Years by Sex and Race and/or Hispanic Origin

Total and Components (Maximum Score)	Mean HEI Scores by Sex and Race and/or Hispanic Origin									
	Males					Females				
	NH White	NH Black	NH Asian	Hispanic	Other Race	NH White	NH Black	NH Asian	Hispanic	Other Race
Total HEI score (100)	50.2	51.6	56.7	53.7	49.5	52.3	51.2	57	54.8	51.6
Total Fruits (5)	2.9	3.0	3.4	3.4	2.9	3.1	2.8	3.7	3.5	3.2
Whole fruits (5)	3.2	2.8	3.8	3.6	3.1	3.5	2.8	4.3	3.7	3.4
Total Vegetables (5)	2.1	2.3	2.8	2.4	2.0	2.4	2.4	2.8	2.7	2.3
Greens and beans (5)	1.2	1.5	2.3	2.1	1.2	1.6	1.7	2.6	2.3	1.4
Whole Grains (10)	3.1	2.9	3.5	2.7	3.1	3.3	2.6	3.6	2.7	3.3
Dairy (10)	8.0	6.6	7.6	7.9	7.5	7.8	6.5	7.2	7.8	7.3
Total Protein Foods (5)	4.2	4.5	4.3	4.4	4.3	4.0	4.5	4.2	4.3	4.2
Seafood and plant proteins (5)	2.6	2.6	3.4	3.1	2.5	2.8	2.7	3.6	3.1	2.7
Fatty acids (10)	2.9	4.4	3.4	3.2	2.8	3.1	4.5	3.5	3.4	3.1
Refined Grains (10)	5.0	4.7	4.2	4.0	4.9	5.0	5	4.2	4.3	5.1
Sodium (10)	4.7	4.7	4.0	4.7	4.5	5.0	4.5	4.1	4.9	4.8
Added sugars (10)	5.8	5.8	8.3	6.8	6.1	5.8	5.8	7.5	6.7	6.3
Saturated fats (10)	4.6	5.8	5.8	5.2	4.5	4.8	5.6	5.7	5.3	4.5

NH = Non-Hispanic

Table 7. Mean Total and Component Healthy Eating Index-2020 (HEI-2020) Scores for Children and Adolescents Ages 2-18 Years by Sex and Household Food Security Status

Total and Components (Maximum Score)	Mean HEI Scores by Sex and Household Food Security Status			
	Males		Females	
	Food Secure	Food Insecure	Food Secure	Food Insecure
Total HEI score (100)	51.5	51.7	53.4	52.0
Total Fruits (5)	3.1	3.0	3.2	3.1
Whole fruits (5)	3.3	3.1	3.5	3.3
Total Vegetables (5)	2.1	2.3	2.5	2.5
Greens and beans (5)	1.4	1.8	1.9	1.8
Whole Grains (10)	3.1	2.9	3.2	2.8
Dairy (10)	7.7	7.8	7.5	7.8
Total Protein Foods (5)	4.3	4.3	4.2	4.1
Seafood and plant proteins (5)	2.8	2.8	3.0	2.6
Fatty acids (10)	3.2	3.2	3.4	3.4
Refined Grains (10)	4.8	4.7	4.9	4.8
Sodium (10)	4.7	4.7	4.9	4.7
Added sugars (10)	6.1	6.1	6.2	6.0
Saturated fats (10)	5.0	5.0	4.9	5.2

Table 8. Mean Total and Component Healthy Eating Index-2020 (HEI-2020) Scores for Children and Adolescents Ages 2-18 Years by Sex and Poverty to Income Ratio

Total and Components (Maximum Score)	Mean HEI Scores by Sex and Poverty to Income Ratio			
	Males		Females	
	≤1.85	>1.85	≤1.85	>1.85
Total HEI score (100)	51.6	51.4	52.3	53.4
Total Fruits (5)	2.9	3.1	3.1	3.3
Whole fruits (5)	3.0	3.4	3.2	3.7
Total Vegetables (5)	2.3	2.1	2.5	2.5
Greens and beans (5)	1.7	1.4	1.8	1.8
Whole Grains (10)	2.8	3.2	2.8	3.4
Dairy (10)	7.8	7.6	7.6	7.6
Total Protein Foods (5)	4.3	4.4	4.4	4.1
Seafood and plant proteins (5)	2.8	2.7	2.8	2.9
Fatty acids (10)	3.3	3.1	3.5	3.3
Refined Grains (10)	4.7	4.7	4.8	4.8
Sodium (10)	4.7	4.7	4.7	5.0
Added sugars (10)	6.1	6.1	6.0	6.2
Saturated fats (10)	5.1	4.8	5.1	4.9

Table 9. Mean Total and Component Healthy Eating Index-2020 (HEI-2020) Scores for Children and Adolescents Ages 2-18 Years by Sex and Current Household SNAP Participation Status

Total and Components (Maximum Score)	Mean HEI Scores by Sex and Current Household SNAP Participation Status			
	Males		Females	
	SNAP Participant	SNAP Nonparticipant	SNAP Participant	SNAP Nonparticipant
Total HEI score (100)	51.2	51.6	52.3	53.3
Total Fruits (5)	3.0	3.1	3.1	3.2
Whole fruits (5)	3.0	3.3	3.2	3.6
Total Vegetables (5)	2.2	2.2	2.4	2.5
Greens and beans (5)	1.6	1.5	1.9	1.8
Whole Grains (10)	2.8	3.1	2.8	3.2
Dairy (10)	8.3	7.6	8.1	7.5
Total Protein Foods (5)	4.2	4.3	4.2	4.2
Seafood and plant proteins (5)	2.6	2.8	2.7	3.0
Fatty acids (10)	3.3	3.2	3.4	3.4
Refined Grains (10)	4.6	4.7	4.8	4.9
Sodium (10)	4.6	4.7	4.7	4.9
Added sugars (10)	5.9	6.2	5.9	6.2
Saturated fats (10)	5.1	4.9	5.1	5.0

Mean HEI total and component scores by child WIC participation

Mean total and component HEI-2020 scores for children ages 1-4 years by child WIC participation status are available in **Table 10**.

Table 10. Mean Total and Component Healthy Eating Index-2020 (HEI-2020) Scores for Children and Adolescents Ages 1-4 Years by Current Child WIC Participation Status

Total and Components (Maximum Score)	Mean HEI Scores by Current Child WIC Participation Status	
	WIC Participant	WIC Nonparticipant
Total HEI score (100)	60.7	59.3
Total Fruits (5)	4.5	4.5
Whole fruits (5)	4.3	4.5
Total Vegetables (5)	2.5	2.2
Greens and beans (5)	2.3	1.8
Whole Grains (10)	2.9	3.6
Dairy (10)	8.5	8.6
Total Protein Foods (5)	4.1	3.9
Seafood and plant proteins (5)	2.9	2.9
Fatty acids (10)	4.3	3.5
Refined Grains (10)	5.9	5.8
Sodium (10)	5.8	6.0
Added sugars (10)	6.7	6.6
Saturated fats (10)	6.1	5.4

WIC = Special Supplemental Nutrition Program for Women, Infants, and Children

HEI total score distributions by race and/or Hispanic origin, household food security status, poverty to income ratio, and household SNAP participation⁴¹

- **Table 11** shares the mean and distribution of total HEI-2020 scores for children and adolescents ages 2-18 years by sex and sociodemographic groups at the 5th, 50th, and 95th percentiles.
- Meaningful differences in mean HEI scores are observed by race and/or Hispanic origin among both male and female children.

Table 11. Mean and Distributions of Healthy Eating Index-2020 (HEI-2020) Total Scores for Children and Adolescents Ages 2-18 Years by Race and/or Hispanic origin, Household Food Security Status, Poverty to Income Ratio, and Current Household SNAP Participation Status

Sex	Sociodemographic Group	Total HEI Scores (Maximum Score = 100)			
		Mean	5th Percentile	50th Percentile	95th Percentile
Males	Non-Hispanic White	50.2	32.3	50.3	67.8
	Non-Hispanic Black	51.6	33.8	51.7	69.0
	Non-Hispanic Asian	56.7	38.1	57.1	74.3
	Hispanic	53.7	37.1	53.9	69.6
	Other Race	49.5	31.7	49.8	66.9
	Food Secure	51.5	33.4	51.8	68.9
	Food Insecure	51.7	35.0	51.6	68.7

Sex	Sociodemographic Group	Total HEI Scores (Maximum Score = 100)			
		Mean	5th Percentile	50th Percentile	95th Percentile
Males	PIR \leq 1.85	51.6	34.5	51.7	68.4
	PIR > 1.85	51.4	33.3	51.7	68.8
	SNAP Participants	51.2	34.3	51.2	68.1
	SNAP Nonparticipants	51.6	33.6	51.7	69.2
Females	Non-Hispanic White	52.3	33.7	52.5	70.3
	Non-Hispanic Black	51.2	33.6	51.3	68.6
	Non-Hispanic Asian	57.0	38.6	57.3	74.1
	Hispanic	54.8	37.5	55.0	71.3
	Other Race	51.6	33.2	52.0	69.0
	Food Secure	53.4	35.0	53.6	70.8
	Food Insecure	52.0	34.3	52.1	69.6
	PIR \leq 1.85	52.3	34.5	52.5	69.5
	PIR > 1.85	53.4	35.0	53.6	71.0
	SNAP Participants	52.3	34.5	52.5	69.5
	SNAP Nonparticipants	53.3	34.7	53.5	71.2

PIR = Poverty to income ratio

SNAP = Supplemental Nutrition Assistance Program

HEI total score distributions by child WIC participation⁴¹

- **Table 12** shares the mean and distribution of total HEI scores by child WIC participation status for children ages 1-4 years at the 5th, 50th, and 95th percentiles.
- There is no meaningful difference in mean total HEI scores between WIC participants and nonparticipants.

Table 12. Mean and Distributions of Healthy Eating Index-2020 (HEI-2020) and HEI-Toddlers-2020 Total Scores for Children Ages 1-4 Years by Current Child WIC Participation Status

Sociodemographic Group	Total HEI Scores (Maximum Score = 100)			
	Mean	5th Percentile	50th Percentile	95th Percentile
WIC Participant	60.7	47.3	60.5	74.9
WIC Nonparticipant	59.3	44.1	59.3	74.5

WIC = Special Supplemental Nutrition Program for Women, Infants, and Children

Adults and Older Adults

Mean HEI total and component scores by age and sex^{41,71}

- Mean total and component HEI-2020 scores for adults and older adults ages 19 years and older are provided by age and sex in **Table 13**.
- Mean total HEI scores range from 52.1 (among adult males ages 19-30 years) to 61 (among female older adults ages 60 years and older).
- All age-sex groups are close to meeting the maximum component score for total Protein Foods, except for female adults ages 19-30 years.

Table 13. Mean Total and Component Healthy Eating Index-2020 (HEI-2020) Scores for Adults and Older Adults Ages 19 Years and Older by Age and Sex

Total and Components (Maximum Score)	Mean Scores by Age and Sex									
	Males					Females				
	19-30 Years	31-50 Years	51-59 Years	60+ Years	71+ Years	19-30 Years	31-50 Years	51-59 Years	60+ Years	71+ Years
Total HEI score (100)	52.1	54.0	56.2	58.3	58.2	55.5	56.7	59.6	61.0	60.9
Total Fruits (5)	2.0	2.0	2.2	2.7	2.6	2.5	2.5	2.7	3.2	3.2
Whole fruits (5)	2.2	2.4	2.6	3.2	3.1	2.9	3.1	3.4	3.8	3.8
Total Vegetables (5)	2.9	3.2	3.4	3.6	3.6	3.5	3.6	3.8	3.9	3.9
Greens and beans (5)	2.4	2.6	2.8	2.7	2.7	3.0	3.1	3.2	3.1	3.0
Whole Grains (10)	2.3	2.4	2.9	3.6	3.7	2.7	2.7	3.1	3.7	3.7
Dairy (10)	5.6	5.3	4.9	5.3	5.4	5.7	5.5	5.5	5.7	5.7
Total Protein Foods (5)	4.8	4.8	4.9	4.9	4.9	4.7	4.8	4.8	4.8	4.8
Seafood and plant proteins (5)	3.6	3.8	4.0	4.1	4.1	3.9	4.1	4.3	4.3	4.3
Fatty acids (10)	4.5	4.8	5.0	4.9	4.9	4.7	4.9	5.1	5.0	4.9
Refined Grains (10)	5.7	6.2	6.9	6.9	7.0	5.8	6.2	7.0	7.1	7.1
Sodium (10)	3.7	3.7	3.9	3.9	3.9	3.8	3.9	4.1	4.1	4.1
Added sugars (10)	6.7	6.8	7.0	7.1	7.1	6.5	6.5	6.8	7.0	7.0
Saturated fats (10)	5.8	5.9	5.9	5.4	5.3	5.8	5.8	5.7	5.4	5.3

Mean HEI total and component scores by race and/or Hispanic origin, household food security status, poverty to income ratio, and household SNAP participation⁴¹

Mean total and component HEI-2020 scores for adults and older adults ages 19 years and above are available below by race and/or Hispanic origin (**Table 14**), household food security status (**Table 15**), poverty to income ratio (**Table 16**), and household SNAP participation status (**Table 17**).

Table 14. Mean Total and Component Healthy Eating Index-2020 (HEI-2020) Scores for Adults and Older Adults Ages 19 Years and Older by Sex and Race and/or Hispanic Origin

Total and Components (Maximum Score)	Mean Scores by Sex and Race and/or Hispanic Origin									
	Males					Females				
	NH White	NH Black	NH Asian	Hispanic	Other Race	NH White	NH Black	NH Asian	Hispanic	Other Race
Total HEI score (100)	54.9	54	63.7	55.1	53.5	58.4	55.3	64.4	58.6	55.6
Total Fruits (5)	2.1	2.2	3.3	2.6	2.0	2.6	2.3	3.7	3.2	2.2
Whole fruits (5)	2.5	2.2	3.7	3.0	2.3	3.3	2.8	4.3	3.6	2.7
Total Vegetables (5)	3.3	2.9	3.9	3.4	3.0	3.7	3.3	4.3	3.9	3.5
Greens and beans (5)	2.4	2.2	3.9	3.5	2.6	3.0	2.7	4.0	3.7	2.7
Whole Grains (10)	2.9	2.3	4.3	1.9	2.6	3.2	2.5	4.1	2.4	3.0
Dairy (10)	5.8	3.9	4.1	5	5.2	6.1	4.0	4.4	5.6	4.9
Total Protein Foods (5)	4.8	4.9	4.9	4.9	4.8	4.7	4.9	4.9	4.9	4.8

Total and Components (Maximum Score)	Mean Scores by Sex and Race and/or Hispanic Origin									
	Males					Females				
	NH White	NH Black	NH Asian	Hispanic	Other Race	NH White	NH Black	NH Asian	Hispanic	Other Race
Seafood and plant proteins (5)	3.8	3.6	4.6	4.3	3.8	4.1	4.1	4.7	4.4	4.1
Fatty acids (10)	4.5	5.7	6.7	4.8	4.6	4.6	5.8	6.4	4.9	5.1
Refined Grains (10)	6.8	6.9	5.3	4.5	6.3	6.9	6.9	5.3	4.7	6.6
Sodium (10)	3.8	4.3	2.1	3.8	4.0	4.1	4.2	1.9	3.9	4.1
Added sugars (10)	6.8	6.3	8.9	7.0	6.5	6.7	5.7	8.5	7.1	6.3
Saturated fats (10)	5.2	6.5	8.0	6.3	5.8	5.2	6.1	7.7	6.3	5.6

NH = Non-Hispanic

Table 15. Mean Total and Component Healthy Eating Index-2020 (HEI-2020) Scores for Adults and Older Adults Ages 19 Years and Older by Sex and Household Food Security Status

Total and Components (Maximum Score)	Mean Scores by Sex and Household Food Security Status			
	Males		Females	
	Food Secure	Food Insecure	Food Secure	Food Insecure
Total HEI score (100)	56.3	52.1	60.0	53.6
Total Fruits (5)	2.3	2.0	2.9	2.4
Whole fruits (5)	2.7	2.3	3.5	2.9
Total Vegetables (5)	3.4	3.0	3.8	3.5
Greens and beans (5)	2.7	2.4	3.2	2.9
Whole Grains (10)	3.0	2.1	3.3	2.5
Dairy (10)	5.4	5.1	5.6	5.6
Total Protein Foods (5)	4.9	4.8	4.8	4.7
Seafood and plant proteins (5)	4.0	3.6	4.3	3.7
Fatty acids (10)	4.8	4.6	5.2	4.4
Refined Grains (10)	6.6	5.8	6.7	5.9
Sodium (10)	3.6	4.3	4.0	3.9
Added sugars (10)	7.2	6.0	7.0	5.9
Saturated fats (10)	5.6	6.1	5.7	5.6

Table 16. Mean Total and Component Healthy Eating Index-2020 (HEI-2020) Scores for Adults and Older Adults Ages 19 Years and Older by Sex and Poverty to Income Ratio

Total and Components (Maximum Score)	Mean Scores by Sex and Poverty to Income Ratio			
	Males		Females	
	≤1.85	>1.85	≤1.85	>1.85
Total HEI score (100)	52.6	56.4	55.5	59.7
Total Fruits (5)	2.0	2.2	2.6	2.8
Whole fruits (5)	2.2	2.7	3.0	3.4

Total and Components (Maximum Score)	Mean Scores by Sex and Poverty to Income Ratio			
	Males		Females	
	≤1.85	>1.85	≤1.85	>1.85
Total Vegetables (5)	3.1	3.4	3.4	3.9
Greens and beans (5)	2.5	2.7	2.7	3.3
Whole Grains (10)	2.3	2.9	2.7	3.3
Dairy (10)	5.3	5.4	5.5	5.7
Total Protein Foods (5)	4.8	5.0	4.9	4.8
Seafood and plant proteins (5)	3.7	4.0	3.9	4.2
Fatty acids (10)	4.7	4.8	4.8	5.1
Refined Grains (10)	5.9	6.7	6.0	6.8
Sodium (10)	4.1	3.6	4.0	3.9
Added sugars (10)	6.2	7.2	6.0	7.1
Saturated fats (10)	6.0	5.6	5.9	5.5

Table 17. Mean Total and Component Healthy Eating Index-2020 (HEI-2020) Scores for Adults and Older Adults Ages 19 Years and Older by Sex and Current Household SNAP Participation Status

Total and Components (Maximum Score)	Mean Scores by Sex and Current Household SNAP Participation Status			
	Males		Females	
	SNAP Participant	SNAP Nonparticipant	SNAP Participant	SNAP Nonparticipant
Total HEI score (100)	52.1	55.7	53.4	59.3
Total Fruits (5)	1.9	2.3	2.4	2.8
Whole fruits (5)	2.1	2.7	2.6	3.5
Total Vegetables (5)	2.8	3.4	3.3	3.8
Greens and beans (5)	2.3	2.7	2.6	3.2
Whole Grains (10)	2.2	2.9	2.4	3.2
Dairy (10)	5.0	5.4	5.6	5.6
Total Protein Foods (5)	4.8	4.9	4.8	4.8
Seafood and plant proteins (5)	3.5	4.0	3.8	4.2
Fatty acids (10)	4.6	4.8	4.4	5.1
Refined Grains (10)	6.3	6.4	6.2	6.6
Sodium (10)	4.7	3.7	4.0	3.9
Added sugars (10)	5.5	7.1	5.5	7.0
Saturated fats (10)	6.4	5.6	5.8	5.6

SNAP = Supplemental Nutrition Assistance Program

HEI total score distributions by race and/or Hispanic origin, household food security status, poverty to income ratio, and household SNAP participation⁴¹

- **Table 18** shares the mean and distribution of HEI-2020 total scores for adults and older adults ages 19 years and older by sex and sociodemographic groups at the 5th, 50th, and 95th percentiles.
- Meaningful differences in mean total HEI scores are observed by race and/or Hispanic origin among both males and females. Among females only, there are also meaningful differences by household food security status and SNAP participation status.

Table 18. Mean and Distributions of Healthy Eating Index-2020 (HEI-2020) Total Scores for Adults and Older Adults Ages 19 Years and Older by Race and/or Hispanic Origin, Household Food Security Status, Poverty to Income Ratio, and Current Household SNAP Participation Status

Sex	Sociodemographic Group	Total HEI Scores (Maximum Score = 100)			
		Mean	5th Percentile	50th Percentile	95th Percentile
Males	Total	55.0	35.6	55.0	74.4
	Non-Hispanic White	54.9	35.4	54.8	74.6
	Non-Hispanic Black	54.0	36.2	53.8	72.7
	Non-Hispanic Asian	63.7	43.6	64.3	81.8
	Hispanic	55.1	37.7	55.3	71.9
	Other Race	53.5	34.2	53.4	73.2
	Food Secure	56.3	36.3	56.3	76.0
	Food Insecure	52.1	35.6	51.8	69.8
	PIR \leq 1.85	52.6	34.8	52.4	71.3
	PIR > 1.85	56.4	36.6	56.4	75.8
	SNAP Participant	52.1	34.7	51.7	70.8
	SNAP Nonparticipant	55.7	36.2	55.7	75.0
	Females	Total	58.2	37.7	58.6
Non-Hispanic White		58.4	37.9	58.8	77.4
Non-Hispanic Black		55.3	35.9	55.3	74.7
Non-Hispanic Asian		64.4	45.2	65.1	80.8
Hispanic		58.6	39.5	59.1	76.0
Other Race		55.6	35.3	55.7	75.4
Food Secure		60.0	39.5	60.5	78.5
Food Insecure		53.6	35.0	53.5	72.4
PIR \leq 1.85		55.5	36.2	55.7	74.4
PIR > 1.85		59.7	39.1	60.2	78.4
SNAP Participant		53.4	35.0	53.2	72.5
SNAP Nonparticipant		59.3	39.0	59.8	78.0

PIR = Poverty to income ratio

SNAP = Supplemental Nutrition Assistance Program

Pregnancy and Lactation

Mean HEI total and component scores⁷²

- Mean HEI-2020 total and component scores for females ages 20-44 years who are pregnant or lactating are presented in **Table 19**.
- Total HEI-2020 scores are 63 among females who are pregnant and 62 among females who are lactating, compared to 53 among females who are not pregnant or lactating.
- Both females who are pregnant and females who are lactating meet or are close to meeting the maximum component scores for total Protein Foods and seafood and plant protein.
- Females who are pregnant also achieve maximum scores for whole fruits and score 4.4 out of 5 for greens and beans and 4.1 out of 5 for total Fruits. Females who are lactating score 4.4 out of 5 for whole fruits and 4.5 out of 5 for greens and beans.

Table 19. Mean Total and Component Healthy Eating Index-2020 (HEI-2020) Scores for Females Ages 20-44 Years who are Pregnant, Lactating, or Not Pregnant or Lactating

Total and Components (Maximum Score)	Mean Scores		
	Pregnant	Lactating	Not Pregnant or Lactating
Total HEI score (100)	63	62	53
Total Fruits (5)	4.1	3.1	2.2
Whole fruits (5)	5.0	4.4	3.1
Total Vegetables (5)	3.7	3.3	3.3
Greens and beans (5)	4.4	4.5	3.6
Whole Grains (10)	3.6	4.2	2.3
Dairy (10)	6.7	5.3	6.7
Total Protein Foods (5)	5.0	5.0	5.0
Seafood and plant proteins (5)	4.8	5.0	4.6
Fatty acids (10)	4.2	5.6	3.2
Refined Grains (10)	6.9	5.4	4.8
Sodium (10)	4.5	3.1	3.7
Added sugars (10)	5.3	7.8	6.3
Saturated fats (10)	5.2	5.6	4.4

Intakes at Eating Occasions: Breakfast

Children and Adolescents

Prevalence of Breakfast Consumption

Total⁵³

- On a given day, 83 percent of children and adolescents ages 2-19 years consume 1 or more foods and/or beverages at breakfast.

Age and sex⁵³

- The prevalence of children and adolescents consuming breakfast on a given day is significantly different between age groups. The percentage consuming breakfast is highest among children ages 2-5 years (96 percent), lower among children ages 6-11 years (88 percent), and lowest among children and adolescents ages 12-19 years (72 percent).
- There are no significant differences in the prevalence of breakfast consumption between males and females.

Race and/or Hispanic origin and age⁵³

- Among the race and/or Hispanic origin groups examined (non-Hispanic White, non-Hispanic Black, non-Hispanic Asian, and Hispanic), there are no significant differences in the prevalence of breakfast consumption on a given day.

- For children ages 2-5 years, the prevalence of breakfast consumption is 89 percent among non-Hispanic Black children, 97 percent among non-Hispanic White children and non-Hispanic Asian children, and 98 percent among Hispanic children.
- For children ages 6-11 years, the prevalence of breakfast consumption is 80 percent among non-Hispanic Black children, 89 percent among Hispanic children, 90 percent among non-Hispanic White children, and 93 percent among non-Hispanic Asian children.
- For children ages 12-19 years, the prevalence of breakfast consumption is 66 percent among non-Hispanic Black children, 71 percent among Hispanic children, 73 percent among non-Hispanic White children, and 78 percent among non-Hispanic Asian children.

Family income as a percentage of the federal poverty level and age⁵³

- Among the groups examined for family income as a percentage of the FPL (<131 percent, 131 percent to 350 percent, and >350 percent), there are no significant differences in the prevalence of breakfast consumption.
- For children ages 2-5 years, the prevalence of breakfast consumption is 95 percent among those with family income <131 percent and those with family income 131 percent to 350 percent, and 99 percent among those with family income >350 percent.
- For children ages 6-11 years, the prevalence of breakfast consumption is 87 percent among those with family income 131 percent to 350 percent, 88 percent among those with family income <131 percent, and 92 percent among those with family income >350 percent.
- For children ages 12-19 years, the prevalence of breakfast consumption is 67 percent among those with family income <131 percent, 68 percent among those with family income 131 percent to 350 percent, and 77 percent among those with family income >350 percent.

Energy, Nutrients, and Dietary Components Contributed from Breakfast Consumption⁵³

- Among breakfast consumers, breakfast contributes to mean daily intakes of energy (21 percent), protein (20 percent), dietary fiber (21 percent), added sugars (23 percent), potassium (23 percent), vitamin C (24 percent), calcium (30 percent), folate (34 percent), iron (34 percent), vitamin B12 (36 percent), vitamin A (37 percent), and vitamin D (46 percent).

WWEIA Food Categories of Foods and Beverages Consumed at Breakfast⁵³

- The top 3 WWEIA Food Subcategories of foods consumed by all children and adolescents at breakfast are ready-to-eat cereals (31 percent), quick breads and bread products (14 percent), and pancakes, waffles, and French toast (11 percent) and sandwiches (11 percent).
- At breakfast, 71 percent of children and adolescents consume beverages. The top 3 WWEIA Food Subcategories of beverages consumed by all children and adolescents at breakfast are water (27 percent), plain milk (17 percent), and 100% juice (13 percent).

Breakfast Consumption Between Time Periods⁵⁵

- There was no significant difference in the prevalence of breakfast consumption among children and adolescents in 2017-2018 (82.5 percent) compared to 2009-2010 (82.1 percent), among all children and by age groups.

Adults and Older Adults

Prevalence of Breakfast Consumption

Age and sex⁵⁴

- On a given day, 85 percent of adults and older adults ages 20 years and older consume one or more foods and/or beverages at breakfast.
- The prevalence of adults consuming breakfast on a given day is significantly different between age groups. The percentage of adults consuming breakfast is highest among older adults ages 60 years and older (93 percent), lower among adults ages 40-59 years (85 percent), and lowest among adults ages 20-39 years (77 percent).
- There are no significant differences in the prevalence of breakfast consumption between males and females.

Race and/or Hispanic origin⁵⁴

- The prevalence of breakfast consumption is significantly lower among non-Hispanic Black adults (73 percent) compared to among non-Hispanic Asian adults (83 percent), non-Hispanic White adults (87 percent), and Hispanic adults (87 percent).

Family income as a percentage of the federal poverty level⁵⁴

- Among the groups examined for family income as a percentage of the FPL (<131 percent, 131 percent to 350 percent, and >350 percent), there is a significantly higher prevalence of breakfast consumption among adults with family income >350 percent compared to adults with family income <131 percent.

Energy, Nutrients, and Dietary Components Contributed from Breakfast Consumption⁵⁴

- Among breakfast consumers, breakfast contributes to mean daily intakes of energy (21 percent), protein (21 percent), dietary fiber (22 percent), added sugars (22 percent), potassium (24 percent), vitamin C (24 percent), calcium (27 percent), vitamin B12 (27 percent), folate (30 percent), iron (30 percent), vitamin A (30 percent), vitamin D (42 percent), and caffeine (51 percent).

WWEIA Food Categories of Foods and Beverages Consumed at Breakfast⁵⁴

- The top 3 WWEIA Food Subcategories of foods consumed by all adults and older adults at breakfast are eggs and omelets (18 percent), breads, rolls, and tortillas (17 percent), and ready-to-eat cereals (14 percent).
- At breakfast, 84 percent of adults and older adults consume beverages. The top 3 WWEIA Food Subcategories of beverages consumed by all adults and older adults at breakfast are coffee (48 percent), water (26 percent), and sweetened beverages (10 percent).

Intakes at Eating Occasions: Late Evening Consumption

Children and Adolescents

Prevalence of Late Evening Consumption

Age and sex⁴

- The prevalence of late evening consumption is 67 percent among adolescents ages 16-19 years and 61 percent among adolescents ages 12-15 years. No significant differences are noted between age and/or sex groups.
- Prevalence by sex for each age-sex group is described in **Table 20**.

Table 20. Prevalence of Late Evening Consumption Among Adolescents Ages 12-19 Years by Age and Sex

Sex and Age	Prevalence of Late Evening Consumption (%)
Males, 12-15 Years	63%
Males, 16-19 Years	70%
Females, 12-15 Years	59%
Females, 16-19 Years	64%

Race and/or Hispanic origin and sex⁴

- Percentage of late evening consumption is significantly higher among non-Hispanic Black adolescents ages 12-15 years (71 percent) compared to non-Hispanic White adolescents of the same age (55 percent). No other significant differences between race and/or Hispanic origin groups and/or age groups are noted. Prevalence is 67 percent among Hispanic adolescents and 68 percent among non-Hispanic Asian adolescents.
- Prevalence of late evening consumption by race and/or Hispanic origin is described in **Table 21**.

Table 21. Prevalence of Late Evening Consumption Among Adolescents Ages 12-19 Years by Race and/or Hispanic Origin and Sex

Race and/or Hispanic Origin and Sex	Prevalence of Late Evening Consumption (%)
Non-Hispanic White, Males	65%
Non-Hispanic White, Females	56%
Non-Hispanic Black, Males	69%
Non-Hispanic Black, Females	71%
Hispanic, Males	68%
Hispanic, Females	66%
Non-Hispanic Asian, Males	70%
Non-Hispanic Asian, Females	67%

Energy from Late Evening Consumption in Late Evening Consumers Compared to Late Evening Non-consumers⁴

- Among adolescents ages 12-19 years, 18 percent report consuming <15 percent of their total daily energy intake in the late evening; 17 percent report consuming 15-30 percent of their total daily energy intake in the late evening; and 30 percent report consuming >30 percent of their total daily energy intake in the late evening.
 - These individuals, who consumed a portion of their total daily energy intake from late evening consumption, are described as “late evening consumers” moving forward in this report.
- Among adolescents, 36 percent report consuming 0 percent of their total daily energy intake from late evening consumption (i.e. late evening non-consumers).
- Late evening consumers have a significantly higher mean daily energy intake (2,164 kcals) compared to late evening non-consumers (1,844 kcals).
 - Females ages 12-19 years who are late evening consumers have significantly higher mean daily energy intake (1,922 kcal) compared to females who are not late evening consumers (1,638 kcal).
 - Mean daily energy intake is 2,383 kcals among males ages 12-19 years who are late evening consumers and 2,075 kcals among males who are late evening non-consumers.
 - Among adolescents who are Hispanic, late evening consumers have a significantly higher mean daily energy intake (2,082 kcal) compared to non-consumers (1,707 kcal).

*Energy, Nutrients, and Dietary Components Contributed from Late Evening Consumption Among Late Evening Consumers***Total⁴**

- Among adolescent late evening consumers, the mean energy intake from foods and beverages consumed in the late evening is 632 kcals (29 percent of total daily energy intake).
- Among late evening consumers, late evening consumption provides an average of 31 percent of total daily added sugars intake, 31 percent of total daily saturated fat intake, 28 percent of total daily sodium intake, and 28 percent of total daily dietary fiber intake. It contributes a range of 22 to 28 percent to mean daily intakes of vitamins and minerals.

Age⁴

- Among late evening consumers ages 12-15 years, mean daily energy intake from late evening consumption is 589 kcals (27 percent of total daily energy intake).
- Among late evening consumers ages 16-19 years, mean daily energy intake from late evening consumption is 672 kcals (31 percent of total daily energy intake).

Age and sex⁴

- Among late evening consumers ages 12-19 years, males have significantly higher mean energy intake from late evening eating occasions (709 kcal) compared to females (547 kcal).
- Mean energy intake from late evening consumption and the percentage contribution to total daily energy intake is summarized in **Table 22** by age and sex.

Table 22. Mean Energy Intake from Late Evening Consumption and the Percentage of Total Daily Energy Intake Among Adolescent Late Evening Consumers Ages 12-19 Years by Sex and Age

Sex and Age	Mean Late Evening Energy Intake	Percent of Total Daily Energy Intake
Males, 12-15 Years	648 kcal	28%
Males, 16-19 Years	768 kcal	31%
Females, 12-15 Years	524 kcal	27%
Females, 16-19 Years	569 kcal	30%

- Among adolescent males, late evening consumption provides an average of 30 percent of total daily added sugars intake, 31 percent of total daily saturated fat intake, 28 percent of total daily sodium intake, and 30 percent of total daily dietary fiber intake. It contributes a range of 21-30 percent to mean daily intakes of vitamins and minerals.
- Among adolescent females, late evening consumption provides an average of 32 percent of total daily added sugars intake, 32 percent of total daily saturated fat intake, 27 percent of total daily sodium intake, and 26 percent of total daily dietary fiber intake. It contributes a range of 21-27 percent to mean daily intakes of vitamins and minerals.

Race and/or Hispanic origin⁴

- Among adolescent late evening consumers, the contribution of late evening consumption to total daily energy intake is described by race and/or Hispanic origin in **Table 23**.
- There are no significant differences in mean energy intake from late evening consumption between any race and/or Hispanic origin groups.

Table 23. Mean Energy Intake from Late Evening Consumption and the Percentage of Total Daily Energy Intake Among Adolescent Late Evening Consumers Ages 12-19 Years by Race and/or Hispanic Origin

Race and/or Hispanic Origin	Mean Late Evening Energy Intake	Percent of Total Daily Energy Intake
Non-Hispanic White	637 kcal	28%
Non-Hispanic Black	684 kcal	33%
Hispanic	605 kcal	29%
Non-Hispanic Asian	596 kcal	29%

WWEIA Food Category Sources of Foods Consumed in the Late Evening Among Late Evening Consumers⁴

- Among adolescent late evening consumers ages 12-19 years, 91 percent report late evening food consumption (mean energy contribution of 600 kcal).
- The percentage of late evening consumers reporting WWEIA Food Category sources of food in the late evening, as well as the mean energy contribution from each category per reporter, are described below:
 - Snacks and sweets: 46% (334 kcal per reporter)
 - Mixed dishes: 38% (582 kcal per reporter)
 - Protein foods: 17% (425 kcal per reporter)
 - Vegetables: 14% (247 kcal per reporter)
 - Grains: 15% (326 kcal per reporter)
 - Fruit: 8% (104 kcal per reporter)
 - Cheese and yogurt: 2% (The estimated mean is less precise due to small sample size and/or large relative standard error.)

WWEIA Food Category Sources of Beverages Consumed in the Late Evening Among Late Evening Consumers⁴

- Among adolescent late evening consumers ages 12-19 years, 71 percent report late evening beverage consumption (mean energy contribution of 118 kcal).
- The percentage of late evening consumers reporting WWEIA Food Category sources of beverages in the late evening, as well as the mean energy contribution from each category per reporter, are described below:
 - Water: 36% (Mean energy contribution is a non-zero value too small to present.)
 - Sweetened beverages: 25% (161 kcal per reporter)
 - Milk and dairy drinks: 9% (250 kcal per reporter)
 - Tea: 5% (126 kcal per reporter)
 - 100% juice: 3% (150 kcal per reporter)
 - Diet beverages: 2% (Estimated mean may be less precise due to large relative standard error.)
 - Coffee: 1% (Estimated mean may be less precise due to large relative standard error.)

Adults and Older Adults*Prevalence of Late Evening Consumption***Age and sex⁴**

- Prevalence of late evening consumption is 66 percent among adults ages 20-39 years, 66 percent among adults ages 40-59 years, and 57 percent among older adults ages 60 years and older.
- Late evening consumption is significantly lower among older adults ages 60 years and older (57 percent) compared to adults ages 20-39 years (66 percent) and ages 40-59 years (66 percent).
- Prevalence by sex and age is described in **Table 24**.

Table 24. Prevalence of Late Evening Consumption Among Adults and Older Adults Ages 20 Years and Older by Age and Sex

Sex and Age	Prevalence of Late Evening Consumption (%)
Males, 20-39 Years	69%
Males, 40-59 Years	69%
Males, 60+ Years	59%
Females, 20-39 Years	64%
Females, 40-59 Years	63%
Females, 60+ Years	56%

Race and/or Hispanic origin and sex⁴

- The prevalence of late evening consumption among adults and older adults ages 20 years and older by race and/or Hispanic origin is below:
 - Non-Hispanic White individuals: 62%
 - Non-Hispanic Black individuals: 68%
 - Hispanic individuals: 64%
 - Non-Hispanic Asian individuals: 69%
- Prevalence of late evening consumption by sex and race and/or Hispanic origin is described in **Table 25**.
 - Prevalence is significantly lower among non-Hispanic White females (58 percent) compared to non-Hispanic Asian females (70 percent) ages 20 years and older.
 - Prevalence is significantly lower among Hispanic males (64 percent) compared to non-Hispanic Black males (72 percent).

Table 25. Prevalence of Late Evening Consumption Among Adults and Older Adults Ages 20 Years and Older by Race and/or Hispanic Origin and Sex

Race and/or Hispanic Origin and Sex	Prevalence of Late Evening Consumption (%)
Non-Hispanic White, Males	65%
Non-Hispanic White, Females	58%
Non-Hispanic Black, Males	72%
Non-Hispanic Black, Females	65%
Hispanic, Males	64%
Hispanic, Females	63%
Non-Hispanic Asian, Males	68%
Non-Hispanic Asian, Females	70%

Energy from Late Evening Consumption in Late Evening Consumers Compared to Late Evening Non-consumers⁴

- Among adults and older adults ages 20 years and older, 37 percent consume 0 percent of their total daily energy intake in the late evening, 24 percent consume <15 percent of their total daily energy intake in the late evening, 18 percent consume 15-30 percent of their total daily energy intake in the late evening, and 22 percent consume >30 percent of their total daily energy intake in the late evening.
- Adult and older adults who are late evening consumers have significantly higher mean daily energy intake (2,243 kcal) compared to those who are non-consumers (1,930 kcal).
- Among adult males, late evening consumers have significantly higher mean daily energy intake (2,585 kcal) compared to late evening non-consumers (2,234 kcal).

- Among adult females, late evening consumers have significantly higher mean daily energy intake (1,886 kcal) compared to late evening non-consumers (1,678 kcal).
- Among non-Hispanic White, non-Hispanic Black, and Hispanic adults, late evening consumers have significantly higher mean daily energy intakes compared to individuals of the same racial and/or ethnic group who are not late evening consumers. Differences range from 296 to 371 kcal.

Energy, Nutrients, and Dietary Components Contributed from Late Evening Consumption Among Late Evening Consumers

Total⁴

- Among late evening consumers ages 20 years and older, the mean energy intake from foods and beverages consumed in the late evening is 559 kcal (25 percent of total daily energy intake).
- Late evening consumption provides an average of 26 percent of total daily added sugars intake, 26 percent of total daily saturated fat intake, 22 percent of total daily sodium intake, and 23 percent of total daily dietary fiber intake. It contributes a range of 20-23 percent to daily intakes of vitamins and minerals.

Age⁴

- Mean energy intake from late evening consumption is significantly higher among late evening consumers ages 20-39 years (689 kcal) compared to late evening consumers ages 40-59 years (532 kcal) and 60 years and older (418 kcal).

Age and sex⁴

- Among late evening consumers ages 20 years and older, males have significantly higher mean energy intake from late evening eating occasions (661 kcal) compared to females (453 kcal).
- The mean energy intake from late evening consumption and the percentage of mean daily energy intake are presented by sex and age in **Table 26**.

Table 26. Mean Energy Intake from Late Evening Consumption and the Percentage of Total Daily Energy Intake Among Adult Late Evening Consumers Ages 20 Years and Older by Sex and Age

Sex and Age	Mean Late Evening Energy Intake	Percent of Total Daily Energy Intake
Males, 20-39 Years	810 kcal	30%
Males, 40-59 Years	610 kcal	23%
Males, 60+ Years	503 kcal	22%
Females, 20-39 Years	546 kcal	28%
Females, 40-59 Years	451 kcal	24%
Females, 60+ Years	342 kcal	19%

- Among males, late evening consumption provides an average of 25 percent of total daily added sugars intake, 26 percent of total daily saturated fat intake, 23 percent of total daily sodium intake, and 24 percent of total daily dietary fiber intake. It contributes a range of 20 to 24 percent to mean daily intakes of vitamins and minerals.
- Among females, late evening consumption provides an average of 27 percent of total daily added sugars intake, 26 percent of total daily saturated fat intake, 22 percent of total daily sodium intake, and 21 percent of total daily dietary fiber intake. It contributes a range of 18 to 23 percent to mean daily intakes of vitamins and minerals.

Race and/or Hispanic origin⁴

- The mean energy intake from late evening consumption and the percentage of total daily energy intake are presented by race and/or Hispanic origin in **Table 27**.
- Non-Hispanic White adults have a significantly lower mean energy intake (511 kcal) from late evening consumption compared to non-Hispanic Black adults (691 kcal) and Hispanic adults (615 kcal).
- Non-Hispanic Black adults have significantly a higher mean energy intake from late evening consumption (691 kcal) compared to non-Hispanic Asian adults (549 kcal).

Table 27. Mean Energy Intake from Late Evening Consumption and the Percentage of Total Daily Energy Intake Among Adult Late Evening Consumers Ages 20 Years and Older by Race and/or Hispanic Origin

Race and/or Hispanic Origin	Mean Late Evening Energy Intake	Percent of Total Daily Energy Intake
Non-Hispanic White	511 kcal	23%
Non-Hispanic Black	691 kcal	31%
Hispanic	615 kcal	26%
Non-Hispanic Asian	549 kcal	28%

WWEIA Food Category Sources of Foods Consumed in the Late Evening by Late Evening Consumers⁴

- Among late evening consumers ages 20 years and older, 89 percent consume foods (mean energy contribution of 519 kcal).
- The percentage of late evening consumers reporting WWEIA Food Category sources of food in the late evening, as well as the mean energy contribution from each category per reporter, are described below:
 - Snacks and sweets: 50% (284 kcal per reporter)
 - Mixed dishes: 30% (547 kcal per reporter)
 - Protein foods: 18% (343 kcal per reporter)
 - Vegetables: 16% (232 kcal per reporter)
 - Grains: 12% (294 kcal per reporter)
 - Fruit: 11% (104 kcal per reporter)
 - Cheese and yogurt: 5% (158 kcal per reporter)

WWEIA Food Category Sources of Beverages Consumed in the Late Evening by Late Evening Consumers⁴

- Among late evening consumers ages 20 years and older, 70 percent consume beverages (mean energy contribution of 141 kcal).
- The percentage of late evening consumers reporting WWEIA Food Category sources of beverages in the late evening, as well as the mean energy contribution from each category per reporter, are described below:
 - Water: 35% (3 kcal per reporter)
 - Alcoholic beverages: 14% (341 kcal per reporter)
 - Sweetened beverages: 13% (176 kcal per reporter)
 - Tea: 8% (74 kcal per reporter)
 - Milk and dairy drinks: 7% (201 kcal per reporter)
 - Diet beverages: 4% (10 kcal per reporter)
 - Coffee: 4% (56 kcal per reporter)
 - 100% juice: 3% (157 kcal per reporter)

Intakes at Eating Occasions: Snacking

Children and Adolescents

Prevalence of Snacking

Age⁵⁷

- The prevalence of snacking is significantly lower among adolescents ages 12-19 years (90 percent) compared to children ages 2-5 years (95 percent) and ages 6-11 years (95 percent).
- Prevalence is not significantly different between males and females.

Race and/or Hispanic origin⁵⁷

- The prevalence of snacking is significantly lower among children and adolescents ages 2-19 years who are non-Hispanic Black (87 percent) compared to those who are non-Hispanic White (95 percent), non-Hispanic Asian (95 percent), and Hispanic (92 percent).

Family income as percent of the federal poverty level⁵⁷

- Among children and adolescents ages 2-19 years, the prevalence of snacking is not different by family income levels. Prevalence is 91 percent among children with family income <131 percent of the FPL, 92 percent among children with family income 131-350 percent of the FPL, and 96 percent among children with family income >350 percent of the FPL.

Energy from Snacking in Snack Consumers Compared to Snack Non-consumers⁵⁷

- On average, among children and adolescents ages 2-19 years, 7 percent consume 0 percent of their total daily energy intake from snacks, 51 percent consume <25 percent of their total daily energy intake from snacks, 32 percent consume 25-50 percent of their total daily energy intake from snacks, and 10 percent consume >50 percent of their total daily energy intake from snacks.

Energy, Nutrients, and Dietary Components Contributed from Snacks Among Snack Consumers⁵⁷

- On average, among snack consumers ages 2-19 years, snacks contribute 27 percent of total daily energy, 42 percent of daily added sugars, 26 percent of daily dietary fiber, 26 percent of daily saturated fat, 20 percent of daily vitamin D, 25 percent of daily calcium, 17 percent of daily sodium, 24 percent of daily potassium, and 20 percent of daily iron intake.

WWEIA Food Category Sources of Snacks⁵⁷

- The most frequently reported WWEIA Food Category sources of foods consumed by all children and adolescents at snack occasions are snacks and sweets (77 percent), fruit (26 percent), dairy excluding milk beverages (11 percent), grains (11 percent), and mixed dishes (10 percent).
 - The most frequently reported WWEIA Food Subcategory sources of foods consumed at snacks are savory snacks (34 percent), sweet bakery products (29 percent), candy (25 percent), crackers (13 percent), and ice cream and frozen dairy desserts (12 percent).
- The most frequently reported WWEIA Food Subcategory sources of beverages consumed by all children and adolescents at snack occasions are water (71 percent), sweetened beverages (25 percent), plain milk (11 percent) and 100% juice (8 percent).

Adults and Older Adults

Prevalence of Snacking Between Time Periods⁵

- In 1999-2000, 12 percent of adults and older adults ages 20 years and older consumed zero snacks per day, and 88 percent consumed 1 or more snacks per day. Out of those who consumed any snacks, 24 percent consumed 1 snack per day, 25 percent consumed 2 snacks per day, 20 percent consumed 3 snacks per day, and 20 percent consumed 4 or more snacks per day.
- In 2017-March 2020, 14 percent of adults and older adults consumed zero snacks per day, and 86 percent consumed 1 or more snacks per day. Among those reporting any snacks, 26 percent consumed 1 snack per day, 27 percent consumed 2 snacks per day, 19 percent consumed 3 snacks per day, and 14 percent consumed 4 or more snacks per day.

Current Prevalence of Snacking

Age⁵

- The prevalence of consuming any snacks is described below by age and snacking frequency:
 - Ages 20-39 years: 16% consume zero snacks per day, 84% consume at least 1 snack per day, and 12% consume 4 or more snacks per day.
 - Ages 40-59 years: 12% consume zero snacks per day, 88% consume at least 1 snack per day, and 16% consume 4 or more snacks per day.
 - Ages 60 years and older: 13% consume zero snacks per day, 87% consume at least 1 snack per day, and 15% consume 4 or more snacks per day.

Sex⁵

- The percentage reporting one or more snacks per day ranges from 83 percent among males ages 20-39 years to 88 percent among males ages 40-59 years, females ages 40-59 years, and females ages 60 years and older.
- The prevalence of consuming any snacks is described below by sex and snacking frequency:
 - Males ages 20 years and older: 15% consume zero snacks per day, 85% consume at least 1 snack per day, and 15% consume 4 or more snacks per day.
 - Females ages 20 years and older: 13% consume zero snacks per day, 87% consume at least 1 snack per day, and 13% consume 4 or more snacks per day.

Race and/or Hispanic origin⁵

- The prevalence of consuming snacks is described below by race and/or Hispanic origin and snacking frequency:
 - Non-Hispanic White adults: 11% consume zero snacks per day, 89% consume at least 1 snack per day, and 16% consume 4 or more snacks per day.
 - Non-Hispanic Black adults: 20% consume zero snacks per day, 80% consume at least 1 snack per day, and 8% consume 4 or more snacks per day.
 - Hispanic and/or Latino adults: 19% consume zero snacks per day, 81% consume at least 1 snack per day, and 12% consume 4 or more snacks per day.

Snacking Frequency

BMI status⁵

- Individuals with BMI <25 consume an average of 3.0 snacks per day.
- Individuals with BMI ≥ 25 to BMI <30 consume an average of 2.9 snacks per day.
- Individuals with BMI ≥30 consume an average of 2.8 snacks per day.

Energy, Nutrients, and Dietary Components Contributed from Snacks⁵

- Adults who report 0 snacks per day consume an average of 1,778 kcals per day.
- Adults who report 1 snack per day consume an average of 1,897 kcals per day.
- Adults who report 2 snacks per day consume an average of 1,892 kcals per day.

- Adults who report 3 snacks per day consume an average of 2,219 kcals per day.
- Adults who report 4 or more snacks per day consume an average of 2,353 kcals per day.
- Among adults ages 20 years and older, snacks contribute to 23 percent of total daily energy, 43 percent of daily added sugars, 20 percent of daily dietary fiber, 21 percent of daily saturated fat, 15 percent of daily vitamin D, 24 percent of daily calcium, 14 percent of daily sodium, 21 percent of daily potassium, and 17 percent of daily iron intake.
- For ages 20 years and older, snack reporters consume an average of 2,160 kcals per day, and snack non-reporters consume an average of 1,856 kcals per day. There is a significant absolute difference in means of 304 kcal per day between snack reporters and non-reporters. Among snack reporters, snacks contribute an average of 522 kcals per day.
 - Male snack reporters consume 2,506 kcals per day, and male non-reporters consume an average of 2,114 kcals per day. There is a significant absolute difference in means of 392 kcal per day between male snack reporters and non-reporters. Among male snack reporters, snacks contribute an average of 613 kcals per day.
 - Female snack reporters consume 1,842 kcals per day, and female non-reporters consume an average of 1,573 kcals per day. There is a significant absolute difference in means of 270 kcal per day between female snack reporters and non-reporters. Among female snack reporters, snacks contribute an average of 439 kcals per day.
- For ages 20 and older, snack reporters consume an average of 16.8 tsp added sugars per day, and snack non-reporters consume an average of 13.8 tsp per day. There is a significant absolute difference in means of 3.1 tsp per day between snack reporters and non-reporters. Among snack reporters, snacks contribute an average of 7.2 tsp of added sugars per day.
- Among adults ages 20 years and older, snack reporters consume an average of 16.8 g of dietary fiber per day, and snack non-reporters consume an average of 13.1 g per day. There is a significant absolute difference in means of 3.7 g per day between snack reporters and non-reporters. Among snack reporters, snacks contribute an average of 3.5 g of dietary fiber per day.
- Among adults ages 20 years and older, snack reporters consume an average of 28.8 g of saturated fat per day, and snack non-reporters consume an average of 25 g per day. There is a significant absolute difference in means of 3.8 g per day between snack reporters and non-reporters. Among snack reporters, snacks contribute an average of 6.4 g of saturated fat per day.
- There is no significant absolute difference in mean daily vitamin D intake between snack reporters and non-reporters ages 20 years and older. Among snack reporters, snacks contribute an average of 0.7 µg of vitamin D per day.
- There is no significant absolute difference in mean calcium intake between snack reporters and non-reporters ages 20 years and older. Among snack reporters, snacks contribute an average of 243 mg of calcium per day.
- There is no significant absolute difference in mean daily sodium intake between snack reporters and non-reporters ages 20 years and older. Among snack reporters, snacks contribute an average of 482 mg of sodium per day.
- Among ages 20 years and older, snack reporters consume an average of 2,619 mg of potassium per day, and snack non-reporters consume an average of 2,178 mg per day. There is a significant absolute difference in means of 441 mg per day between snack reporters and non-reporters. Among snack reporters, snacks contribute an average of 550 mg of potassium per day.
 - There is no significant absolute difference in mean daily iron intake between snack reporters and non-reporters ages 20 years and older. Among snack reporters, snacks contribute an average of 2.4 mg of iron per day.

Among all adults and older adults, the top 5 WWEIA Food Category and subcategory contributors to mean daily energy from snack occasions are:

1. Snacks and sweets: 40%
 - Sweet bakery products: 15%
2. Beverages, nonalcoholic: 19%
 - Sweetened beverages: 9%
3. Beverages, alcoholic: 11%
4. Protein foods: 9%
 - Nuts and seeds: 7%
5. Mixed dishes: 8%
 - Sandwiches: 4%

Intakes at Eating Occasions: Sweet Foods

Children and Adolescents

Prevalence of Sweet Food Consumption

Age and sex⁵⁹

- Among children and adolescents ages 2-19 years, 70 percent consume at least 1 sweet food daily.
- Consumption of sweet foods (at least 1 per day) is significantly lower among children and adolescents ages 12-19 years (62 percent) than younger children ages 2-5 years (74 percent) and ages 6-11 years (78 percent).
- There is no significant difference in the prevalence of sweet food consumption by sex.
- The prevalence of sweet food consumption is significantly lower among males ages 12-19 years (59 percent) compared to males ages 2-5 years (75 percent) and ages 6-11 years (76 percent).
- The prevalence of sweet food consumption is significantly lower among females ages 12-19 years (65 percent) compared to females ages 2-5 years (73 percent) and ages 6-11 years (79 percent).

Family income (PIR) and sex⁵⁹

- Among children and adolescents ages 2-19 years, the prevalence of daily sweet food consumption is significantly higher among those with family income >350 percent PIR (77 percent) compared to those with family income 131-350 percent PIR (68 percent) and family income 0-130 percent PIR (66 percent).
- A significantly higher percentage of children ages 6-11 years with family income >350 percent consume sweet foods (84 percent) compared to children with family income 131-350 percent (78 percent) and family income 0-130 percent (72 percent). Prevalence by age and family income as PIR is described in **Table 28**.

Table 28. Prevalence of Sweet Food Consumption in a Day Among Children and Adolescents Ages 2-19 Years by Age and Family Income as Poverty to Income Ratio (PIR)

Age and Poverty to Income Ratio (PIR)	Prevalence
2-5 Years, 0-130% PIR	73%
2-5 Years, 131-350% PIR	68%
2-5 Years, >350% PIR	83%
6-11 Years, 0-130% PIR	72%
6-11 Years, 131-350% PIR	78%

Age and Poverty to Income Ratio (PIR)	Prevalence
6-11 Years, >350% PIR	84%
12-19 Years, 0-130% PIR	57%
12-19 Years, 131-350% PIR	62%
12-19 Years, >350% PIR	69%

Energy, Nutrients, and Dietary Components Contributed from Sweet Food Consumption

Age and sex⁵⁹

- Mean daily energy intake is significantly higher for children and adolescents ages 6-11 years who consume sweet foods (2,003 kcal) compared to non-reporters (1,641 kcal).
- Mean daily energy intake is significantly higher for adolescents ages 12-19 years who consume sweet foods (2,192 kcal) compared to non-reporters (1,767 kcal).
- Among sweet food reporters, the mean daily energy contributed by sweet foods ranges from 274 to 399 kcal (18-19 percent of total daily energy intake).
- Among those who report sweet food consumption, sweet foods contribute 40 percent of mean daily added sugars, 23 percent of mean daily saturated fat, 8 percent of mean daily sodium, and 11 percent of mean daily dietary fiber. Contributions to mean daily intakes of vitamins and minerals range from 7 to 15 percent.

Adults and Older Adults

Prevalence of Sweet Food Consumption

Age and sex⁶⁰

- At least once per day, 61 percent of adults consume sweet foods.
- Prevalence of sweet food consumption is significantly higher among older adults ages 60 years and older (70 percent) compared to adults ages 20-39 years (55 percent) and ages 40-59 years (60 percent).
- Prevalence of sweet food consumption is described by sex and age in **Table 29**.

Table 29. Prevalence of Sweet Food Consumption in a Day Among Adults and Older Adults Ages 20 Years and Older by Sex and Age

Sex and Age	Prevalence
Males, 20-39 Years	51%
Males, 40-59 Years	57%
Males, 60+ Years	69%
Females, 20-39 Years	59%
Females, 40-59 Years	62%
Females, 60+ Years	71%

Age and race and/or Hispanic origin⁶⁰

- Among adults ages 20 years and older, the percent who consume sweet foods is significantly higher for non-Hispanic White adults (64 percent) compared to non-Hispanic Black adults (56 percent) and non-Hispanic Asian adults (51 percent).
- **Table 30** presents the prevalence of sweet food consumption by race and/or Hispanic origin and sex. Among ages 60 years and older, non-Hispanic White older adults have a significantly higher percentage of sweet food consumers (74 percent) compared to all other racial and/or ethnic groups (48-61 percent).

Table 30. Prevalence of Sweet Food Consumption Among Adults Ages 20 Years and Older by Age and Race and/or Hispanic Origin

Age and Race and/or Hispanic Origin	Prevalence
20-39 Years, Non-Hispanic White	55%
20-39 Years, Non-Hispanic Black	55%
20-39 Years, Hispanic	57%
20-39 Years, Non-Hispanic Asian	52%
40-59 Years, Non-Hispanic White	63%
40-59 Years, Non-Hispanic Black	54%
40-59 Years, Hispanic	59%
40-59 Years, Non-Hispanic Asian	52%
60+ Years, Non-Hispanic White	74%
60+ Years, Non-Hispanic Black	61%
60+ Years, Hispanic	59%
60+ Years, Non-Hispanic Asian	48%

Age and family poverty income ratio (PIR)⁶⁰

- A significantly lower percentage of adults and older adults with family income 0-130 percent PIR (53 percent) consume sweet foods compared to those with family income 131-350 percent PIR (61 percent) and family income >350 percent PIR (64 percent).
- Prevalence of sweet food consumption by family income as PIR and age are provided in **Table 31**.

Table 31. Prevalence of Sweet Food Consumption in a Day Among Adults Ages 20 Years and Older by Age and Family Income as Poverty to Income Ratio (PIR)

Age and Poverty to Income Ratio (PIR)	Prevalence
20-39 Years, 0-130% PIR	55%
20-39 Years, 131-350% PIR	55%
20-39 Years, >350% PIR	56%
40-59 Years, 0-130% PIR	47%
40-59 Years, 131-350% PIR	61%
40-59 Years, >350% PIR	64%
60+ Years, 0-130% PIR	58%
60+ Years, 131-350% PIR	70%
60+ Years, >350% PIR	74%

Energy, Nutrients, and Dietary Components Contributed from Sweet Food Consumption**Age and sex⁶⁰**

- Among adults ages 20 and older, those who report sweet food consumption have a significantly higher mean energy intake than non-reporters (2,261 kcals vs. 1,925 kcals), with sweet foods contributing about 16 percent of total daily energy intake. The mean contribution of sweet foods ranges from 354 to 383 kcals per day across age groups.
- Sweet foods account for a significantly higher percentage of total energy intake among older adults ages 60 years and older (19 percent) who are sweet food consumers compared to adults ages 20-39 (15 percent) and 40-59 years (16 percent) who are sweet food consumers.

- Among adults and older adults reporting sweet food consumption, sweet foods provide 36 percent of mean daily added sugars, 22 percent of mean daily saturated fat, 7 percent of mean daily sodium intake, 10 percent of mean daily dietary fiber, and 5 to 15 percent of mean daily vitamins and minerals.

Patterns of Beverage Intake

Infants and Young Children

Human Milk Feeding

Breastfeeding Initiation

Total⁶⁵

- According to NVSS birth certificate data, the prevalence of breastfeeding initiation during birth hospitalization is 84.0 percent.

Maternal race and/or ethnicity⁶¹

- Breastfeeding initiation rates range from 74.5 percent to 90.1 percent. Initiation rates by maternal race and/or ethnicity are:
 - Black (single race): 74.5%
 - American Indian/Alaska Native (single race): 77.7%
 - Native Hawaiian/Other Pacific Islander (single race): 80.7%
 - Multiracial: 83.1%
 - White (single race): 85.9%
 - Hispanic (single race): 86.8%
 - Asian (single race): 90.1%

Disaggregated maternal race and/or ethnicity⁶¹

- Among single race, disaggregated, racial and/or ethnic groups, the prevalence of breastfeeding initiation ranges from 79.4 percent to 94.0 percent. Prevalence data for the single race and/or ethnicity groups are described in **Table 32**.

Table 32. Prevalence of Breastfeeding Initiation by Disaggregated Maternal Race and/or Ethnicity (Single Race)

Single Race and/or Ethnicity Groups	Prevalence of Breastfeeding Initiation (%)
Japanese	94.0%
Korean	93.7%
Asian Indian	93.4%
Other Pacific Islander origin	79.4%
Samoan	81.2%
Puerto Rican	82.2%
Guamanian or Chamorro	83.5%
Other Asian origin	84.2%
Hawaiian	84.3%
Other and unknown Hispanic origin	85.8%

Single Race and/or Ethnicity Groups	Prevalence of Breastfeeding Initiation (%)
Cuban	90.9%

- Prevalence data are also available for multiracial groups, although CIs are not included and many sample sizes are small. In total, the prevalence of breastfeeding initiation among mothers who are multiracial is 83.1 percent. Prevalence ranges from 75.0 percent to 94.2 percent and is further described for each disaggregated multiracial group with a sample size of 1,000 or greater in **Table 33**.

Table 33. Prevalence of Breastfeeding Initiation by Disaggregated Maternal Race and/or Ethnicity (Multiracial)

Multiracial Race and/or Ethnicity Groups	Prevalence of Breastfeeding Initiation (%)
Asian and White	92.3%
Asian, Native Hawaiian or Other Pacific Islander, and White	89.2%
Native Hawaiian or Other Pacific Islander and White	87.7%
Native Hawaiian or Other Pacific Islander and White	87.7%
Asian and Native Hawaiian or Other Pacific Islander	87.6%
Black and Asian	87.6%
Black, Asian, and White	86.3%

Disability status⁶²

- The age-adjusted rate of breastfeeding initiation is 86.7 percent among persons with a disability and 86.6 percent among persons without a disability. Statistical analyses indicate no difference.

Prevalence and Duration of Any Breastfeeding

Total^{61,63,64}

- 84.1 percent of infants are ever breastfed from birth through 35 months of age.
- Through 3 months, 6 months, and 12 months, infant breastfeeding rates are 71.9 percent, 59.8 percent, and 39.5 percent, respectively.
- The breastfeeding prevalence rate at 12 months (37.6 percent) is not meeting the Healthy People 2030 target of 54.1 percent.
- At 7 days of age, 62.4 percent of infants are breastfed exclusively. Exclusive breastfeeding rates at age 1 month is 56.2 percent, at 3 months is 45.3 percent, and at 6 months is 25.4 percent.

Maternal age⁶⁴

- The percentage of infants who are ever breastfed by maternal age is:
 - Ages 30 years and older: 86.1%
 - Ages 20-29 years: 80.0%
- Breastfeeding rates at 12 months by maternal age is:
 - Ages 30 years and older: 42.9%
 - Ages 20-29 years: 32.7%
- Estimates are not reported for maternal age younger than 20 years because the 95 percent CI width was mostly greater than 10 in this group.

Infant race and/or ethnicity⁶⁴

- The percentage of infants who are ever breastfed by race and/or ethnicity is:
 - Non-Hispanic Black: 75.4%

- Non-Hispanic White: 86.2%
- Non-Hispanic Asian: 92.7%
- Hispanic and/or Latino: 83.4%
- 2 or more races: 85.2%
- Breastfeeding rates at 12 months by race and/or ethnicity is:
 - Non-Hispanic Black: 31.0%
 - Non-Hispanic White: 42.5%
 - Non-Hispanic Asian: 50.8%
 - Hispanic and/or Latino: 37.0%
 - 2 or more races: 38.9%
- Estimates are not available for non-Hispanic Hawaiian/Pacific Islander and non-Hispanic American Indian/Alaska Native because the 95 percent CI width was mostly greater than 10 in these groups.

Poverty income ratio⁶⁴

- The percentage of infants who are ever breastfed by PIR is:
 - PIR ≥ 600 : 93.8%
 - PIR $400 \leq 599$: 90.2%
 - PIR $200 \leq 399$: 86.5%
 - PIR $100 \leq 199$: 79.1%
 - PIR < 100 : 76.4%
- Breastfeeding rates at 12 months by PIR is:
 - PIR ≥ 600 : 48.0%
 - PIR $400 \leq 599$: 48.7%
 - PIR $200 \leq 399$: 41.5%
 - PIR $100 \leq 199$: 32.6%
 - PIR < 100 : 33.0%

Maternal education⁶⁴

- The percentage of infants who are ever breastfed by maternal education is:
 - College graduates: 92.4%
 - Some college or technical school: 84.0%
 - High school graduates: 75.8%
 - Less than a high school education: 72.5%
- Breastfeeding rates at 12 months by maternal education is:
 - College graduates: 50.0%
 - Some college or technical school, 37.0%
 - High school graduates: 27.6%
 - Less than a high school education: 34.1%

Mother's country of birth⁶³

- Breastfeeding rates at 12 months by maternal country of birth is:
 - Mothers born outside of the United States: 61.8%
 - Mothers born in the United States: 37.1%

Geographic location⁶⁴

- The percentage of infants who are ever breastfed by geographic location is:
 - Metropolitan locations: 85.0%
 - Non-metropolitan locations: 76.8%

- Breastfeeding rates at 12 months by geographic location is:
 -
 -

Disability status⁶²

- The age-adjusted prevalence of breastfeeding by maternal disability status is:
 - Mothers with a disability: 74.2% at 1 month, 62.6% at 2 months, and 54.7% at 3 months
 - Mothers without a disability: 76.4% at 1 month, 66.6% at 2 months, and 59.6% at 3 months
- Breastfeeding rates among mothers with a disability are lower than for those without disability at 2 months (62.6 percent vs. 66.6 percent) and 3 months (54.7 percent vs. 59.6 percent).

WIC participation⁶⁴

- The percentage of infants who are ever breastfed by WIC participation status is:
 - Ineligible for WIC: 92.4%
 - Eligible but not receiving WIC: 84.6%
 - Receiving WIC: 75.4%
- Breastfeeding rates at 12 months by WIC participation status is:
 - Ineligible for WIC: 49.1%
 - Eligible but not receiving WIC: 45.4%
 - Receiving WIC: 28.3%

Prevalence and Duration of Exclusive Breastfeeding

Maternal age⁶⁴

- Rates of exclusive breastfeeding through 3 months and 6 months are listed below for each maternal age group:
 - Ages 30 years and older: 47.8% through 3 months, 28.1% through 6 months
 - Ages 20-29 years: 43.9% through 3 months, 25.2% through 6 months
- Estimates are not available for maternal age younger than 20 years because the 95 percent CI width was mostly greater than 10 in this group.

Infant race and/or ethnicity⁶⁴

- Rates of exclusive breastfeeding through 3 months and 6 months are listed in **Table 34** for each race and/or ethnicity group.

Table 34. Exclusive Breastfeeding Rates Through 3 Months and 6 Months by Infant Race and/or Ethnicity

Race and/or Ethnicity Group	Exclusive Breastfeeding Through 3 Months (%)	Exclusive Breastfeeding Through 6 Months (%)
Non-Hispanic White	50.3%	29.2%
Non-Hispanic Black	39.0%	24.4%
Non-Hispanic Asian	46.0%	30.2%
Hispanic	45.6%	25.9%
2 or more races	43.2%	23.2%

- Estimates are not available for non-Hispanic Hawaiian/Pacific Islander and non-Hispanic American Indian/Alaska Native because the 95 percent CI width was mostly greater than 10 in these groups.

Poverty to income ratio⁶⁴

- Rates of exclusive breastfeeding through 3 months and 6 months are listed in **Table 35** for each PIR group.

Table 35. Exclusive Breastfeeding Rates Through 3 Months and 6 Months by Poverty to Income Ratio (PIR)

PIR Group	Exclusive Breastfeeding Through 3 Months (%)	Exclusive Breastfeeding Through 6 Months (%)
<100	39.5%	23.4%
100 ≤ 199	42.4%	24.2%
200 ≤ 399	49.1%	29.3%
400 ≤ 599	53.9%	31.7%
≥600	53.2%	30.2%

Maternal education⁶⁴

- Rates of exclusive breastfeeding through 3 months and 6 months are listed in **Table 36** for each maternal education level.

Table 36. Exclusive Breastfeeding Rates Through 3 Months and 6 Months by Maternal Education

Race and/or Ethnicity Group	Exclusive Breastfeeding Through 3 Months (%)	Exclusive Breastfeeding Through 6 Months (%)
College graduates	53.9%	32.3%
Some college or technical school	45.8%	25.6%
High school graduates	39.1%	22.1%
Less than a high school education	38.4%	23.3%

Geographic location⁶⁴

- Rates of exclusive breastfeeding through 3 months and 6 months are listed below for each geographic location:
 - Metropolitan locations: 46.6% through 3 months, 27.2% through 6 months
 - Non-metropolitan locations: 45.8% through 3 months, 27.1% through 6 months

WIC participation⁶⁴

- Rates of exclusive breastfeeding through 3 months and 6 months are listed below for each WIC category:
 - Ineligible for WIC: 54.1% through 3 months, 32.2% through 6 months
 - Eligible but not receiving WIC: 55.0% through 3 months, 34.8% through 6 months
 - Receiving WIC: 36.6% through 3 months, 20.2% through 6 months

Beverage Patterns

Beverage Types

Ages 6 through 11 Months³

- Among infants ages 6 through 11 months, 77 percent consume infant formula and 29 percent consume human milk at least once per day.
- Other beverage types that are consumed at least once per day include plain water (59 percent), 100 percent juice (28 percent), sweetened beverages (6 percent), whole milk (4 percent), reduced fat/low-fat/non-fat milk (3 percent), and other beverages (2 percent).
- Estimates for flavored milk and milk substitutes are not reported here as they may be less precise than other estimates due to small sample size and/or large relative standard error.

Ages 12 through 23 Months³

- Among young children ages 12 through 23 months, 9 percent consume infant formula and 9 percent consume human milk at least once per day.
- Other beverage types that are consumed at least once per day: 78 percent consume plain water, 63 percent consume whole milk, 50 percent consume 100% juice, 27 percent consume sweetened beverages, 22 percent consume reduced/low/non-fat milk, 10 percent consume other beverages, 6 percent consume flavored milk, and 6 percent consume milk substitutes.

*Energy and Nutrient Contributions from Infant Milk and Beverages***Ages 6 through 11 Months³**

- Among infants ages 6 through 11 months, mean energy intakes from different beverage types are described below:
 - 103 kcals from human milk
 - 375 kcals from infant formula
 - 25 kcals from other beverages (e.g. whole milk, 100% juice, other plain milk, and sweetened beverages)
- On average, beverages (including infant milk sources) provide 504 kcals per day (out of a total of 806 kcals from all beverage and food sources).
- On average, infant milk (i.e. human milk and/or infant formula) consumption provides the following nutrients per day:
 - 479 kcals, 10.0 g protein, 51 g carbohydrates, 26.5 g total fat, 5.9 µg vitamin D, 382 mg calcium, and 484 mg potassium.
 - Infant milk consumption does not contribute to mean daily intakes of dietary fiber and added sugars.
- Other beverage types contribute an average of 0.2 tsp added sugars and 0.1 g dietary fiber per day.

Ages 12 through 23 Months³

- Among young children ages 12 through 23 months, mean energy intakes from different beverage types are described below:
 - 18 kcals from human milk
 - 30 kcals from infant formula
 - 348 kcals from other beverages (193 kcals from whole milk; 54 kcals from 100% juice; 47 kcals from other plain milk; 31 kcals from sweetened beverages; 11 kcals from flavored milk; 9 kcals from milk substitutes; 3 kcals from other beverages)
- On average, beverages (including infant milk sources) provide 396 kcals per day (out of a total of 1,211 kcals from all beverage and food sources).
- On average, beverages (including infant milk sources) provide the following nutrients per day:
 - 15.6 g protein, 49 g carbohydrates, 15.6 g total fat, 6.1 µg vitamin D, 620 mg calcium, and 842 mg potassium.

- On average, whole milk provides the following nutrients per day:
 - 193 kcals, 10.1 g of protein, 15 g carbohydrates, 10.3 g total fat, 4.0 µg vitamin D, 366 mg calcium, and 430 mg potassium.
- Infant milks do not contribute to mean daily intakes of dietary fiber and added sugars.
- Other beverage types contribute an average of 2.0 tsp of added sugars (with 1.4 tsp coming from sweetened beverages) and 0.4 g dietary fiber per day.

Energy and Nutrient Contributions from Beverages (Excluding Infant Milk)

Ages 6 through 11 Months³

- Among infants ages 6 through 11 months, beverages (excluding infant milk) contribute to mean daily nutrient intakes: 8 percent of energy, 8 percent of protein, 8 percent of carbohydrates, 19 percent of added sugars, 8 percent of total fat, 24 percent of vitamin D, 16 percent of calcium, and 10 percent of potassium.
- Mean daily nutrient contributions from different beverage types are:
 - Whole milk: 3% of kcals, 4% of protein, 5% of total fat, 14% of vitamin D, 7% of calcium, 3% of potassium.
 - Reduced fat, low fat, or non-fat milk: 2% of protein, 1% of total fat, 7% of vitamin D, 4% of calcium, 2% of potassium.
 - 100% juice: 3% of kcals, 2% of calcium, 4% of potassium
 - Sweetened beverages: 13% of added sugars
- Some estimates are not provided here due to reporting a non-zero value <0.5 percent or containing an estimate that may be less precise than other estimates due to small sample size and/or large relative standard error.

Ages 12 through 23 Months³

- Among young children ages 12 through 23 months, beverages (excluding infant milk) contribute to mean daily nutrient intakes: 30 percent of energy, 32 percent of protein, 29 percent of carbohydrates, 33 percent of added sugars, 29 percent of total fat, 77 percent of vitamin D, 60 percent of calcium, and 45 percent of potassium.
- Mean daily nutrient contributions from different beverage types are:
 - Whole milk: 17% of kcals, 22% of protein, 55% of vitamin D, 38% of calcium, 24% of potassium
 - Reduced fat, low fat, or non-fat milk: 4% of kcals, 7% of protein, 16% of vitamin D, 12% of calcium, 8% of potassium.
 - 100% Juice: 5% of kcals, 3% of dietary fiber, 3% of calcium, 8% of potassium
 - Sweetened beverages: 3% of kcals, 24% of added sugars, 2% of potassium
 - Some estimates are not provided here, due to reporting a non-zero value <0.5 percent or containing an estimate that may be less precise than other estimates due to small sample size and/or large relative standard error.

Children and Adolescents

Mean Intakes Between Time Periods⁶⁶

- In 2017-2018 compared to 2007-2008, a significantly lower percentage of children and adolescents ages 2-19 years consumed sweetened beverages (54 percent vs. 66 percent), milk (44 percent vs. 53 percent), and 100 percent juice (26 percent vs. 33 percent) at least once per day.
- In 2017-2018 compared to 2007-2008, a significantly higher percentage of children and adolescents consumed water (84 percent vs. 74 percent) at least once per day.

- Among children who are non-Hispanic Black, there was no difference in the percentage who consumed water at least once in a day in 2017-2018 (73 percent) compared to 2007-2008 (72 percent).
- Among children and adolescents ages 12-19 years, coffee/tea contributed a significantly higher percentage of mean daily energy intake in 2017-2018 (15 percent) compared to 2007-2008 (9 percent).
- Among children who reported intakes of select beverages, the mean daily intake amount (fluid ounces, fl oz) was significantly lower in 2017-2018 compared to 2007-2008 for sweetened soft drinks (14 fl oz vs. 18 fl oz) and non-fat milk (9 fl oz vs. 14 fl oz).
- In 2017-2018 compared to 2007-2008, the contribution of beverage intakes to mean daily intakes is significantly lower for energy (14 percent vs. 19 percent), carbohydrates (21 percent vs. 28 percent), added sugars (43 percent vs. 51 percent), vitamin C (43 percent vs. 58 percent), vitamin D (40 percent vs. 53 percent), and calcium (31 percent vs. 37 percent).

Beverage Amounts (Volume)

All groups⁶⁵

- Children and adolescents ages 2-19 years consume an average of 45 fl oz of beverages (approximately 5.5 cups) per day. Of this, at least half is from water and about one-third is from sweetened beverages.

Age and beverage type⁶⁵

- Mean daily beverage intake is significantly different between each age group. Intakes are lowest among ages 2-5 years (33 fl oz), higher among ages 6-11 years (38 fl oz), and highest among ages 12-19 years (56 fl oz).
- Water is the most consumed beverage among children and adolescents ages 2-19 years. Mean daily water intake is significantly different between each age group. Intakes are lowest among ages 2-5 years (16 fl oz), higher among ages 6-11 years (24 fl oz), and highest among ages 12-19 years (40 fl oz).
- Mean daily sweetened beverage intake is significantly different between each age group. Intakes are lowest among ages 2-5 years (9 fl oz), higher among ages 6-11 years (14 fl oz), and highest among ages 12-19 years (19 fl oz).

Beverage Types

Age⁶⁵

- The percentage of children and adolescents ages 2-19 who consume beverage types daily by age is provided in **Table 37**.
- The percentage of children and adolescents consuming milk and 100% juice is significantly different between each age group.

Table 37. Percentage of Children and Adolescents Ages 2-19 Years who Consume Beverage Types Daily by Age

Age	Water	Sweetened Beverages	Milk	100% Juice	Coffee/Tea
2-5 Years	82%	48%	69%	42%	14%
6-11 Years	86%	54%	47%	28%	13%
12-19 Years	85%	58%	29%	16%	28%

Race and/or Hispanic origin⁶⁵

- The percentage who consume water daily is significantly lower among non-Hispanic Black children and adolescents (73 percent) compared to non-Hispanic White (86 percent), Hispanic and/or Latino (85 percent), and non-Hispanic Asian (96 percent) children and adolescents.

- Water intake is significantly lower among Hispanic and/or Latino children and adolescents (85 percent) compared to non-Hispanic Asian children and adolescents (96 percent).
- The percentage who consume sweetened beverages daily is significantly lower among non-Hispanic Asian children and adolescents (35 percent) compared to non-Hispanic White (51 percent), non-Hispanic Black (60 percent), and Hispanic and/or Latino (61 percent) children and adolescents.
- The percentage who consume milk daily is significantly lower among non-Hispanic Black children and adolescents (31 percent) compared non-Hispanic White (44 percent), Hispanic and/or Latino (49 percent), and non-Hispanic Asian (48 percent) children and adolescents.
- The percentage who consume 100% juice daily is significantly higher among Hispanic and/or Latino children and adolescents (35 percent) compared to non-Hispanic White (21 percent), and non-Hispanic Black (26 percent) children and adolescents.
- The percentage of children and adolescents ages 2-19 who consume beverage types daily by race and/or Hispanic origin is provided in **Table 38**.

Table 38. Percentage of Children and Adolescents Ages 2-19 Years who Consume Beverage Types Daily by Race and/or Hispanic Origin

Race and/or Hispanic Origin	Water	Sweetened Beverages	Milk	Coffee/Tea	100% Juice
Non-Hispanic White	86%	51%	44%	22%	21%
Non-Hispanic Black	73%	60%	31%	16%	26%
Non-Hispanic Asian	96%	35%	48%	24%	22%
Hispanic	85%	61%	49%	20%	35%

Sugar-Sweetened Beverage Consumption Frequency

Age⁶⁷

- The percentage of children ages 1-5 years who consume a sugar-sweetened beverage at least once per week by age is:
 - Age 1 year: 30.9%
 - Age 2 years: 51.4%
 - Age 3 years: 61.4%
 - Age 4 years: 67.8%
 - Age 5 years: 72.3%
- Children age 1 year are significantly less likely to consume a sugar-sweetened beverage in the preceding week compared to children who are ages 2-5 years.

Race and/or ethnicity⁶⁷

- The percentage of children ages 1-5 years who consume a sugar-sweetened beverage at least once per week by race and/or ethnicity is:
 - Non-Hispanic Asian: 56.2%
 - Non-Hispanic Black or African American: 71.7%
 - Hispanic and/or Latino: 67.2%
 - Non-Hispanic White: 49.6%
 - Non-Hispanic Multiracial: 47.5%
- Hispanic and/or Latino children and adolescents have significantly different sweetened-beverage intakes compared to all other race and/or ethnicity groups.

Food sufficiency over the past 12 months⁶⁷

- The percentage of children ages 1-5 years who consume a sugar-sweetened beverage at least once per week by food sufficiency status is:
 - Food sufficient (could always afford to eat good nutritious meals): 53.1%
 - Marginal food sufficiency (could always afford enough to eat but not always the kinds of foods we should eat): 69.2%
 - Low food sufficiency (sometimes or often could not afford enough to eat): 70.9%
- Children living in households with full food sufficiency are significantly less likely to consume sugar-sweetened beverages during the preceding week compared to those children who from households with marginal or low food sufficiency.

Energy and Nutrient Contributions

Total⁶⁵

- Overall contributions from beverages to mean daily energy intake is 14 percent among children and adolescents ages 2-19 years. The contribution from beverages to daily added sugars intake is 43 percent.

Age⁶⁵

- Mean daily energy intakes from beverages by age group is:
 - Ages 2-5 years: 279 kcals
 - Ages 6-11 years: 236 kcals
 - Ages 12-19 years: 289 kcals
- For children ages 2-5 years, beverage intakes (primarily milk) contribute more to mean daily intake of protein (17 percent), vitamin D (56 percent), calcium (42 percent), potassium (32 percent), and phosphorous (26 percent) compared to ages 6-11 years and 12-19 years.
- For children ages 2-5 years, beverage intakes contribute more to mean daily intake of magnesium (27 percent) compared to ages 6-11 years (19 percent).
- For adolescents ages 12-19 years, beverage intakes contribute more to mean daily intake of added sugars (52 percent) compared to ages 2-5 years (34 percent) and 6-11 years (35 percent).
- While mean daily caffeine intake is small (26 mg) for children and adolescents, most caffeine is supplied by beverages. Adolescents ages 12-19 years consume a significantly higher percentage of caffeine from beverages (95 percent) compared to ages 2-5 years (81 percent) and 6-11 years (81 percent).

Beverage types⁶⁵

- Percentages of daily beverage kcals from sweetened beverages are significantly different among the 3 age groups. Percentage of daily beverage kcals from sweetened beverages is lowest among ages 2-5 years (18 percent), higher among ages 6-11 years (37 percent), and highest among ages 12-19 years (46 percent).

Adults and Older Adults

*Mean Intakes Between Time Periods*⁶⁹

- In 2017-2018 compared to 2007-2008, a significantly lower percentage of adults and older adults ages 20 years and older consumed sweetened beverages (42 percent vs. 48 percent), milk (16 percent vs. 23 percent), 100% juice (13 percent vs. 21 percent), and diet beverages (11 percent vs. 20 percent) at least once per day.

- In 2017-2018 compared to 2007-2008, a significantly higher percentage of adults ages 20 years and older consumed water (86 percent vs. 77 percent) and coffee/tea (72 percent vs. 66 percent) at least once per day.
- Among adults and older adults, 100% juice contributed a significantly lower percentage of total daily energy intake in 2017-2018 (6 percent) compared to 2007-2008 (9 percent).
- Coffee/tea contributed a significantly higher percentage of total daily energy intake in 2017-2018 (22 percent) compared to 2007-2008 (15 percent).
- Among adults ages 40-59 years and 60 years and older, there was no difference in the percentage who consumed sweetened beverages at least once in a day. However, among adults ages 20-39 years, the percentage who consumed sweetened beverages in a day was significantly lower in 2017-2018 (48 percent) compared to 2007-2008 (60 percent).
- Among adults ages 20-39 years and 40-59 years, there was no difference in the percentage who consumed milk at least once in a day. However, among adults ages 60 years and older, the percentage who consumed milk in a day was significantly lower in 2017-2018 (17 percent) compared to 2007-2008 (26 percent).
- In 2017-2018 compared to 2007-2008, the contribution of beverage intakes to mean daily intakes is significantly lower for vitamin C (34 percent vs 44 percent), vitamin D (28 percent vs. 35 percent), and calcium (28 percent vs. 31 percent). There is no significant difference in contributions to daily intake of added sugars.

Beverage Amounts (Volume)

Total⁶⁸

- On average, adults and older adults ages 20 years and older consume 84 fl oz (approximately 10.5 cups) per day, of which at least half is water.

Age⁶⁸

- Older adults 60 years and older have significantly lower mean total beverage intake volume compared to adults ages 20-39 years and 40-59 years.
- The mean amount (fl oz) of total beverages consumed by age group is provided in **Table 39**.

Table 39. Mean Amount of Beverages (Volume in Fluid Ounces [Fl Oz]) Consumed by Adults and Older Adults Daily by Age

Age	Volume Consumed (Fl Oz)
20-39 Years	87 fl oz
40-59 Years	89 fl oz
60+ Years	73 fl oz

- Mean water intake is significantly different between all age groups: 20-39 years (59 fl oz), 40-59 years (51 fl oz), 60 years and older (42 fl oz).
- Older adults ages 60 years and older have significantly lower mean alcoholic beverage intake (16 fl oz) compared to ages 20-39 years (28 fl oz) and ages 40-49 years (26 fl oz).
- Older adults ages 60 years and older have significantly lower mean sweetened beverage intake (18 fl oz) compared to ages 20-39 years (24 fl oz) and ages 40-59 years (24 fl oz).
- Adults ages 20-39 years have significantly lower mean coffee/tea intake (21 fl oz) compared to ages 40-59 years (28 fl oz) and ages 60 and older (26 fl oz).

Sex⁶⁸

- Males consume a significantly greater mean volume of beverages (91 fl oz) compared to females (77 fl oz).
- On average, males also consume significantly greater amounts of the following beverage types compared to females: water (54 fl oz vs. 49 fl oz), alcoholic beverages (31 fl oz vs. 16 fl oz), beer (38 fl oz vs. 26 fl oz), sweetened beverages (26 fl oz vs. 19 fl oz), coffee/tea (27 fl oz vs. 24 fl oz), and milk (15 fl oz vs. 12 fl oz).

Beverage Types

Race and/or Hispanic origin⁶⁸

- The percentage of adults and older adults who consume different beverage types daily by race and/or Hispanic origin is provided in **Table 40**.

Table 40. Percentage of Adults and Older Adults 20 Years and Older who Consume Beverage Types Daily by Race and/or Hispanic Origin

Race and/or Hispanic origin	Water	Coffee/Tea	Sweetened Beverages	Diet Beverages	Milk	100% Juice	Alcoholic Beverages
Non-Hispanic White	86%	78%	37%	14%	17%	12%	26%
Non-Hispanic Black	82%	47%	57%	5%	11%	16%	22%
Non-Hispanic Asian	91%	75%	30%	5%	18%	15%	11%
Hispanic	87%	68%	54%	6%	14%	16%	21%

- A significantly higher percentage of Non-Hispanic Asian adults consume water compared to non-Hispanic White and non-Hispanic Black adults.
- A significantly higher percentage of non-Hispanic White and non-Hispanic Asian adults consume coffee/tea compared to Hispanic and/or Latino adults. A significantly lower percentage of Non-Hispanic Black adults consume coffee/tea compared to all other race and/or Hispanic origin groups.
- A significantly lower percentage of Non-Hispanic Asian and non-Hispanic White adults consume sweetened beverages compared to non-Hispanic Black and Hispanic and/or Latino adults.
- A significantly lower percentage of Non-Hispanic Asian consume alcoholic beverages compared to non-Hispanic White, non-Hispanic Black, and Hispanic and/or Latino adults.
- A significantly lower percentage of Non-Hispanic Black adults consume milk compared to non-Hispanic White and non-Hispanic Asian adults.
- A significantly lower percentage of Non-Hispanic White adults consume 100% juice compared Hispanic and/or Latino adults.
- A significantly higher percentage of Non-Hispanic White adults consume diet beverages compared to Hispanic and/or Latino, non-Hispanic Black, and non-Hispanic Asian adults.

Sex⁶⁸

- The percentage of adults and older adults consuming beverage types daily by sex is described in **Table 41**.
- A significantly higher percentage of females consume coffee/tea compared to males.
- A significantly higher percentage of males consume alcoholic beverages compared to females.

Table 41. Percentage of Adults and Older Adults Consuming Beverage Types Daily by Sex

Beverage Type	Males	Females
Water	84%	87%
Coffee/tea	68%	75%
Sweetened beverages	44%	40%
Alcoholic beverages	27%	20%
Milk	17%	15%
100% juice	14%	12%
Diet beverages	11%	10%

*Energy and Nutrient Contributions***Total**⁶⁸

- On average, beverages contribute 17 percent of daily energy, 54 percent of daily added sugars, and 99 percent of daily caffeine intakes in adults and older adults ages 20 years and older.

Sex⁶⁸

- The contribution of beverage intakes to mean daily energy, nutrient, and dietary component intakes is described by sex in **Table 42**.

Table 42. Contribution of Beverage Intakes to Mean Daily Energy, Nutrients, and Dietary Components Among Adults and Older Adults by Sex

Nutrient or Dietary Component	Males	Females
Energy	17%	16%
Protein	7%	7%
Added sugars	54%	54%
Vitamin D	27%	28%
Calcium	27%	28%
Potassium	22%	21%
Magnesium	26%	25%
Phosphorus	14%	14%
Caffeine	99%	99%

*Food Group Contributions***Ages 20-64 years**³

- Beverage intakes contribute to mean daily intakes of Fruits: 30 percent of total Fruits intake, 96 percent of daily juice intake, 14 percent of daily citrus, melon, and berry intake, and 6 percent of other fruit intake.
- Beverage intakes contribute 2 percent to total daily Vegetables intake, 8 percent to daily Dark-Green Vegetables intake, and 3 percent to daily Red and Orange Vegetables intake.

- Beverages contribute 1 percent to total daily intakes of Protein Foods and 36 percent to daily soy product intake (except soy milk). Soy products which are beverages include items such as nutritional drinks/shakes.
- Beverages contribute 26 percent of daily Dairy and Fortified Soy Alternative intake, 59 percent of daily fluid milk intake, and 10 percent of daily yogurt intake.
- Beverage intake contributes 1 percent to daily Oils intake.
- The percentage contribution of total daily beverage intake to Grains is a non-zero value too small to present.

Ages 65 years and older³

- Beverage intakes contribute to mean daily intakes of Fruits: 25 percent of total Fruits, 98 percent of juice, 9 percent of citrus, melon, and berries, and 2 percent of other fruits.
- Beverage intakes contribute to mean daily intakes of Vegetables: 2 percent of total Vegetables, 5 percent of Dark-Green Vegetables, and 6 percent of Red and Orange Vegetables.
- Beverage intakes contribute 41 percent of mean daily intake of soy products (except soy milk).
- Beverage intakes contribute 28 percent of mean daily total Dairy and Fortified Soy Alternatives intake and 50 percent of mean daily fluid milk intake.
- The percentage contribution of total daily beverage intake to Grains is a non-zero value too small to present.

Pregnancy and Lactation

Beverage amounts (Volume)³

- Mean daily intake of all beverages is 85 fl oz in females who are pregnant, 77 fl oz in females who are lactating, and 79 fl oz in females who are not pregnant or lactating.

Beverage Types³

- Mean daily intake of water is 69 fl oz in females who are pregnant, and 55 fl oz in females who are not pregnant or lactating.
- The percentage of females consuming beverage types daily by pregnancy and lactation status is:
 - Sweetened beverages are consumed by 56 percent of females who are pregnant, 43 percent of females who are lactating, and 46 percent of females who are not pregnant or lactating.
 - Among females who are pregnant, 38 percent consume soft drinks and 20 percent consume fruit drinks as sweetened beverages.
 - Among females who are lactating, 26 percent consume soft drinks as sweetened beverages.
 - Coffee/tea are consumed by 41 percent of females who are pregnant, 57 percent of females who are lactating, and 63 percent of females who are not pregnant or lactating.
 - Milk, milk drinks, and milk substitutes are consumed by 29 percent of females who are pregnant and 13 percent of females who are not pregnant or lactating.

Energy and Nutrient Contributions³

- Among females who are pregnant, beverages contribute 20 percent of mean daily carbohydrate intake, 32 percent of mean daily vitamin C intake, 32 percent of mean daily vitamin D intake, and 28 percent of mean daily calcium intake.

Food Group Contributions³

- Among females who are pregnant, beverages contribute 48 percent of mean daily intake of added sugars, 29 percent of mean daily intake of Dairy and Fortified Soy Alternatives, and 61 percent of mean daily intake of fluid milk.
- Among females who are lactating, beverages contribute 44 percent of total daily intake of added sugars.
- Among females who are not pregnant or lactating, beverages contribute 58 percent of total daily added sugars intake.

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- **ARS:** Sara Crawford, PhD; Joseph Goldman, MA; Alanna Moshfegh, MS, RD; Pamela Pehrsson, PhD; Donna Rhodes, MS, RD; Rhonda Sebastian, MA
- **CDC:** Joseph Afful, MS (contractor, Peraton); Margaret Carroll, MSPH; Cheryl Fryar, MSPH; Heather Hamner, PhD, MS, MPH; Cynthia Ogden, PhD, MRP; Bryan Stierman, MD, MPH; Anne Williams, PhD, MPH
- **NIH:** Kevin Dodd, PhD; Audrey Goldbaum, PhD, MPH; Kirsten Herrick, PhD, MSc; Lisa Kahle, BA; Jill Reedy, PhD, MPH, RDN; Edwina Wambogo, PhD, MPH, RDN; Amelia Willits-Smith, PhD
- **CNPP:** Kelley Scanlon, PhD, RD
- **ODPHP:** Dennis Anderson-Villaluz, MBA, RD, LDN, FAND

The Data Analysis and Food Pattern Modeling Subcommittee members (Heather A. Eicher-Miller, PhD; Christopher A. Taylor, PhD, RDN, LD, FAND; Steven A. Abrams, MD; Sarah L. Booth, PhD; Carol Byrd-Bredbenner, PhD, RD, FAND; Teresa Fung, ScD, RD; Valarie Blue Bird Jernigan, DrPH, MPH; Sameera Talegawkar, PhD; Deirdre Tobias, ScD) were involved in identifying additional data analysis topics and needs, synthesizing analysis results, and writing conclusion statements for the Scientific Report.

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Appendices

Appendix 1: Abbreviations

Table 43. List of Abbreviations

Abbreviation	Full name
AI	Adequate Intake
ARS	Agricultural Research Service
BMI	body mass index
CDC	Centers for Disease Control and Prevention
CNPP	Center for Nutrition Policy and Promotion
DRI	Dietary Reference Intakes
EAR	Estimated Average Requirement
FNDDS	Food and Nutrient Database for Dietary Studies
FNS	Food and Nutrition Service
FSRG	Food Surveys Research Group
FPED	Food Pattern Equivalents Database
FPL	federal poverty level
HEI	Healthy Eating Index
HHS	United States Department of Health and Human Services
IHS	Indian Health Service
kcal	kilocalories
NCI	National Cancer Institute
NCHS	National Center for Health Statistics
NEAB	Nutrition and Economic Analysis Branch
NGAD	Nutrition Guidance and Analysis Division
NHANES	National Health and Nutrition Examination Survey
NHIS	National Health Interview Survey
NIH	National Institutes of Health

Abbreviation	Full name
NIS	National Immunization Surveys
NSCH	National Survey on Children's Health
NVSS	National Vital Statistics System
OASH	Office of the Assistant Secretary for Health
ODPHP	Office of Disease Prevention and Health Promotion
PIR	poverty to income ratio
PRAMS	Pregnancy Risk Assessment Monitoring System
RDA	Recommended Dietary Allowance
SEER	Surveillance, Epidemiology, and End Results
SNAP	Supplemental Nutrition Assistance Program
USDA	United States Department of Agriculture
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
WWEIA	What We Eat in America