Online Supplementary Appendix 1: Consumption

Citation	Objective/aims	Population/community	Study design (date, study type, method)	Results
POPULATION-BASED SURVEYS				
Australian Bureau of Statistics (2015)[1] [Ref #15 in article]	Survey of detailed health-related issues including nutrition in Aboriginal and Torres Strait Islander people (NATSINPAS).	**Population**: All Aboriginal and Torres Strait Islander people (age 2+) **Sample**: 2,900 households (N=4109 people) Adults (n=2675); Children (n=1434) Non-remote (n=2317); Remote (n=1792)	2012-2013; Representative population-based cross-sectional survey. Stratified multi-stage random sample of households (strata included remoteness, geographic region, and number of Aboriginal and/or Torres Strait Islander persons within the household). Random selection within household of 1 adult and 1 child. Structured interviews, face to face. **Consumption measure**: 24-hour prompted recall (multiple-pass) of food and beverage consumption. Used a booklet of images to estimate beverage consumption in ml, then converted to grams per person.	(All beverages including non-caloric) **Consumption prevalence (% of people drinking)** Soft drinks = 37.2% Cordial = 14.7% Energy/electrolyte/fortified = 3.1% Water (tap, bottled, unflavoured) = 81.9% (Intake per person, total sample) **Consumption amount, mean daily intake (g)** Soft drinks = 228.5g Cordial = 82.7g Energy/electrolyte/fortified = 21.0g Water (tap, bottled, unflavoured) = 997.7g **Consumption amount, proportion (%) of total sugar intake (g)** Soft drinks = 17.2% Cordial = 6.4% Energy/electrolyte/fortified = 1.7% **Consumption amount, proportion (%) of total energy intake (kj)** Soft drinks = 3.7% Cordial = 1.4% Energy/electrolyte/fortified = 0.4% **Other factors** Soft drink/flavoured mineral water consumption prevalence is: Highest in 19-30-year age group (47% of males, and 54% females) Higher in non-remote (39%) compared to remote (32%) areas (*p* not provided) Cordials consumption prevalence was highest among children aged 2-8 years (26%)

Australian Bureau of Statistics (2014)[2] [#24]	A small amount of data from the NATSINPAS survey (details provided above) was published in an online supplementary table for the Australian Health Survey: Nutrition First Results – Food and Nutrients (2011-12).	Same as above (ABS, 2015)	Same as above (ABS, 2015)	(Whether data was provided for sugar-sweetened beverages alone, or sugar-sweetened combined with non-caloric, is specified below) **Consumption prevalence (% of people drinking), by age group (years), and gender** Total sugar-sweetened beverages[i] 2-3 years = 52.4%[ii]; 4-8 years = 58.9%; 9-13 years = 58.7%; 14-18 years = 59.4%; 19-30 years = 59.9%; 31-50 years = 41.6%; 51 years and over = 24.6%; Males = 53.2%; Females = 45.7%; All persons = 50.3% Soft drinks/flavoured mineral waters (sugar-sweetened only) 2-3 years = 16.9%; 4-8 years = 22.3%; 9-13 years = 30.4%; 14-18 years = 42.4%; 19-30 years = 44.2%; 31-50 years = 29.0%; 51 years and over = 17.8%; Males = 31.5%; Females = 30.6%; All persons = 31.0% Cordials (sugar-sweetened only) 2-3 years = 26.0%[ii]; 4-8 years = 25.2%; 9-13 years = 14.7%; 14-18 years = 13.6%; 19-30 years = 12.8%; 31-50 years = 10.5%; 51 years and over = 5.1%; Males = 14.8%; Females = 13.1%; All persons = 13.9% Electrolyte drinks, energy drinks, and fortified water (all types including non-caloric) 2-3 years = 0%; 4-8 years = 0.3%; 9-13 years = 1.3%; 14-18 years = 3.3%; 19-30 years = 6.2%; 31-50 years = 4.7%; 51 years and over = 0.8%; Males = 4.9%; Females = 1.3%; All persons = 3.1% Fruit and Vegetable drinks (all types including non-caloric) 2-3 years = 19.4%; 4-8 years = 22.8%; 9-13 years = 24.0%; 14-18 years = 12.5%; 19-30 years = 13.7%; 31-50 years = 5.1%; 51 years and over = 2.9%; Males = 13.8%; Females = 11.9%; All persons = 12.9% (Intake per person, consumers of beverage only) **Consumption amount, median daily intake (ml), by gender** [iii] Total sugar-sweetened beverages[i] = 450ml (Males = 500; Females = 400ml) Soft drinks/flavoured mineral water (sugar-sweetened) = 375ml (Males = 375ml; Females = 375ml) Cordial (sugar-sweetened) = 350ml (Males = 400ml; Females = 350ml) Electrolyte, energy drinks, fortified water (all types including non-caloric) = 600ml (Males = N/S; Females = N/S) Fruit and vegetable drinks (all type including non- caloric) = 250ml (Males = 250ml; Females = 250ml) (Continues on next page)

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				(Continued) **Consumption amount, median daily intake (ml), by age (years)[iv]** Total sugar-sweetened beverages [i] 2-3 years = 250ml, 4-8 years = 351ml, 9-13 years = 375ml, 14-18 years = 661ml, 19-30 years = 600ml, 31-50 years = 500ml, 51 years and over = 375ml Soft drinks/flavoured mineral waters (all types including non-caloric) 2-3 years = 200ml; 4-8 years = 375ml; 9-13 years = 375ml; 14-18 years = 500ml; 19-30 years = 375ml; 31-50 years = 375ml; 51 years and over = 375ml; Cordials (all types including non-caloric) 2-3 years = 279ml; 4-8 years = 290ml; 9-13 years = 350ml; 14-18 years = 706ml; 19-30 years = 419ml; 31-50 years = 428ml; 51 years and over = 352ml; Fruit and vegetable drinks (all types including non-caloric) 2-3 years = 242ml; 4-8 years = 200ml; 9-13 years = 250ml; 14-18 years = 260ml; 19-30 years = 323ml; 31-50 years = 350ml; 51 years and over = 250ml

[i] Total sugar-sweetened beverages = combined soft drinks/flavoured mineral waters/cordials/fruit and vegetable drinks/energy, electrolyte, fortified drinks/flavoured waters
[ii] Margin of error >10 percentage points which should be considered when using this information
[iii] Mean daily intake data was not provided
[iv] Data not provided for the beverage category "Electrolyte, energy drinks, and fortified water"

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Zubrick et al. (2004)[3] [#25]	Obtain an indication of dietary quality in Western Australian Aboriginal and Torres Strait Islander children.	**Population:** Western Australian Aboriginal and Torres Strait Islander children (age 4-17 years). **Sample:** (N=5289) children. Parent/carers provided responses for (n=4216) children age 4-11 years. Youth age 12-17 (n=1073) provided self-report data.	2000-2002; Cross-sectional population-based survey. Stratified multi-stage sampling using an area-based frame. Random sample of families. Face to face structured interviews of parent/carer or child. Response data weighted to represent the total population. **Consumption measure**: participants asked to select which drink was usually consumed when thirsty from a list of options: water, soft drink, fruit juice, cordial or other.	(All beverages including non-caloric) **Consumption prevalence (% of people drinking)** 4-11 years 'usually drink' to quench thirst: Soft drink = 7.4% Cordial = 18.6% Water only = 67.1% 12-17 years 'usually drink' to quench thirst: Soft drink = 13.2% Cordial = 10.3% Water only = 69.4% All children age 4-17 years 'usually drink' to quench thirst Soft drink = 9.7% Cordial = 15.3% Water only = 68.0%

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Food Standards Australia New Zealand, (2003)[4] [#26]	Provide data for exposure non-caloric sweeteners in the total Australian and New Zealand populations.	**Population**: All Australians and New Zealanders aged 12 or older. **Sample**: (n=3529) Australian and New Zealanders age 12 or older, of whom (n=37) were Aboriginal or Torres Strait Islanders.	2002-2003; representative cross-sectional population-based survey. Random sample of households. 1 respondent interviewed per household (next birthday technique). Quotas set for age, gender, area. Data weighted to be representative. Structured telephone survey. **Consumption measure**: 7-day recall of beverage consumption and frequency i.e. "Have you drunk any…" and "How much …have you drunk", with prompts for size of can/glass/bottle and ml.	**Consumption prevalence (% of people drinking)** Sugar sweetened beverages: Soft drinks = 72% Cordials = 47% Fruit drinks = 18% Non-calorically sweetened beverages: Soft drinks = 28% Cordials = 5% Fruit drinks = 0 (as reported in the study, consumption was >0 for non-Indigenous) (Intake per person, total sample) **Consumption amount, mean daily intake (ml)** Sugar-sweetened beverages: Soft drinks = 249ml Cordials = 193ml Fruit drinks = 29ml Non-calorically sweetened beverages: Soft drinks = 55ml Cordials = 9ml Fruit drinks = 0ml

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WHOLE COMMUNITIES				
Brimblecombe et al. (2017)[5] [#27]	Measure the effect of a price discount on food and drink purchases with and without an in-store consumer education strategy applied at the population level.	**Community:** 20 remote communities in the Northern Territory (est. population total n=8515; range 125-1079 per community). **Sample:** ALPA or Outback Stores (n=20; 1 per community).	2012-13; Study was a RCT (SHOP@RIC study). Reported data is from baseline. Convenience sample of stores. Community-level dietary intake estimated from actual store beverage sales and community population estimates (Australian census). 49 weeks of sales data.	**Consumption amount, per capita daily intake (g)** Soft drinks = 364.7g Diet soft drinks = 62.8g Bottled water = 43.5g **Consumption amount, proportion (%) of total beverage intake (g)** Soft drinks = 58% Diet soft drinks = 10% Bottled water = 7% **Daily beverage sales, per capita ($AUD)** Soft drinks = $1.83 Diet soft drinks = $0.30 Bottled water = $0.08 **Daily beverage sales, proportion (%) of total beverage sales value ($AUD)** Soft drinks = 61% Diet soft drinks = 10% Bottled water = 3%

Citation	Objective/aims	Population/community	Study design (date, study type, method)	Results
McMahon et al. (2017)[6] [#28]	Comparison of dietary information for remote indigenous communities obtained by food and beverage purchase data (taken from the SHOP@RIC study), to 24-hour multiple-pass interview methods (taken from the National Aboriginal and Torres Strait Islander Nutrition and Physical Activity Survey; NATSINPAS).	**Population**: Aboriginal and Torres Strait Islanders living in very remote communities. Sample 1: 20 very remote Indigenous communities located in the Northern Territory, the SHOP@RIC study; see Brimblecombe et al., (2017) above for details. Sample 2: Aggregate data for Aboriginal and Torres Strait Islanders living in 'very remote' (NATSINPAS-VR) locations were extracted from the NATSINPAS for this study (n=1,363 individuals age 2+)	**SHOP@RIC study**: July 2012-June 2013; Study was a RCT. Reported data is from baseline. Convenience sample of stores. Community-level dietary intake estimated from actual store beverage sales and community population estimates (Australian census). 49 weeks of sales data. **NATSINPAS: 2012-13**; Representative population-based cross-sectional survey. Stratified multi-stage random sample of households (strata included remoteness, geographic region, and number of Aboriginal and/or Torres Strait Islander persons within the household). Random selection within household of 1 adult and 1 child. Structured interviews, face to face. Consumption measure: 24-hour prompted recall (multiple-pass) of food and beverage consumption. Used a booklet of images to estimate beverage consumption in ml, then converted to grams per person. **Analysis**: Differences between datasets were calculated using t-tests.	(Whether beverages are sweetened or non-caloric is not specified) **Consumption amount, percentage (%) of total energy intake (kj)** Soft drinks/flavoured mineral waters VR-NATSINPAS = 3.6% Store sales data = 6.8%* Cordials VR-NATSINPAS = 1.3% Store sales data = 2.3%* *Statistically significantly levels recorded through store sales data, compared to consumption claimed in interview methods ($p<0.05$ for both comparisons)

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(Lee & Sheard, 2013)[7] and Lee et al. (2016)[8] [#29] [#30]	Report on food and nutrition information and buying practices of people shopping at Mai Wiru group stores.	**Community:** 5 remote communities on the APY Lands in South Australia. (Est. populations: Amata n=441, Fregon n=254, Kanypi n=99, Pipalyatjara n=243, Pukatja n=609). **Sample:** Mai Wiru group stores (n=5; 1 per community).	2012; Community-level dietary intake estimated from actual store sales and community population estimates (Australian census). 1 month of sales data (October 2012).	**Consumption amount, proportion (%) of energy intake (kj)** Soft drinks = 3.6% Diet soft drinks = 0.02% Cordial = 2.3% Diet cordial = 0% Fruit drink = 1.5% Flavoured water = 0.4% **Beverage sales, proportion (%) of total food/drink sales volume (g)** Soft drinks = 12.7% Diet soft drinks = 5.3% Cordial = 2.3% Diet cordial = .1% Fruit drink = 3.6% Flavoured water = 1.9% **Beverage sales, proportion (%) of total soft drink sales (g) by location** Sugar-sweetened soft drinks: Amata = 34.4% Pipalyatjara = 72.0% Kanypi = 76.9% Fregon = 82.1% Pukatja = 86.8%
Brimblecombe et al. (2013)[9] [#31]	Describe the nutritional quality of community-level diets in remote northern Australian communities.	**Community:** 1 coastal and 2 desert remote communities in Northern Territory (est. population total n=2644; range n=163-2286 per community). **Sample:** 5 stores (n=3 community owned; n=2 independent) and all food services.	2010-2011; Community-level dietary intake estimated from actual store sales, actual food services sales orders, and community population estimates (Australian census). 12 months of sales and food services orders data.	(Soft drinks = regular including flavoured mineral water and electrolyte drinks; Diet drinks = non-calorically sweetened soft drinks, cordials, ice teas, and sports drinks) **Consumption amount, per capita daily intake (g)** Soft drinks = 473.9g Diet drinks = 60.1g Cordial (not diet) = 24.0g Water (bottled)= 35.6g **Beverage sales, proportion (%) of total food/drink sales value ($AUD)** Soft drinks = 15.6% Diet drinks = 2.0% Cordial (not diet) = 0.8% Water (bottled)= 0.5%

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Wycherley et al. (2017)[10] [#32]	Consider the plausible nutritional impacts of fluctuations in money availability within an income cycle for remote Aboriginal and Torres Strait Islander people.	**Community:** 1 coastal and 2 desert remote communities in Northern Territory (est. population total n = 2644; range n=163-2286 per community). **Sample:** 5 stores (n=3 community owned; n=2 independent) and food services.	2010-2011; Reported data is from baseline; Community-level dietary intake estimated from actual store sales, actual food services sales orders, and community population estimates (Australian census). 12 months of sales and food services orders data.	(Whether drinks are sweetened or non-caloric is not specified) **Consumption amount, proportion (%) of total energy intake (kj)** Fruit drink/cordials/soft drinks combined: 10.4% **Beverage sales, proportion (%) of total food/drink sales value ($AUD)** Fruit drink/cordials/soft drinks combined: 20.1% **Beverage sales, proportion (%) of total food/drink sales volume (g)** Fruit drink/cordials/soft drinks combined: 27.4%
Brimblecombe et al. (2013)[11] [#33]	Examine the feasibility of using point-of-sale data to assess dietary quality of food sales in remote stores.	**Community:** 6 remote communities across 3 States and the Northern Territory (est. population total not provided, range n=185-880 per community). **Sample:** n=6 stores (n=1 per community).	2006; Community-level dietary intake using actual store sales and estimated population data (Australian census). 3 months of sales data.	(All beverages including non-caloric) **Consumption amount, proportion (%) of total refined sugar intake (kj)** Soft drinks, cordials and fruit drinks: between 26.2-38.5% per store
Lee et al. (1994)[12] [#34]	Describe the 'store turnover method' of estimating average per capita intake of food and drinks, within remote Aboriginal and Torres Strait Islander communities.	**Community:** 3 island and 3 desert remote communities in the Northern Territory (est. population total n=1617, range n=141-353 per community). **Sample:** n=6 stores (n=1 per community; a range of store ownership structures).	1986-1987; Community-level dietary intake using store sales data and total population (determined by a household census at the time of data collection). 12 weeks of sales data.	(Whether beverages are sweetened or non-caloric is not specified) **Consumption amount, per capita daily intake (ml)** Carbonated beverages = between 84-1071 ml per community **Consumption amount, per capita annual intake (kg)** Carbonated beverages (island communities) = 224.6kg Carbonated beverages (desert communities) = 67.9kg **Consumption amount, % of total dietary sugars (g)** Carbonated beverages (island communities) = 16% Carbonated beverages (desert communities) = 6%
Lee et al. (1995)[13] [#35]	Identify, compare and validate quantitative dietary intake methods for use with Aboriginal and Torres Strait Islander communities.	**Community:** 1 Northern Coastal (est. population total n = 302), and 1 Central Desert (est. population total n = 247) community. **Sample:** n=2 stores (n=1 per community).	1986; Community-level dietary intake using store invoices and total population (determined by a community census at the time of data collection). 1 month of sales data (May 1986 for Northern Coastal; October 1986 for Central Desert).	(Whether beverages are sweetened or non-caloric is not specified) **Consumption amount, per capita daily (ml)** Carbonated beverages (Northern Coastal) = 400ml Carbonated beverages (Central Desert) = 148ml

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SPECIFIC SUB-POPULATIONS				
Cockburn et al. (2018)[14] [#36]	Investigate consumption of beverages in Australian children and evaluate trends over time.	**Population**: Australian children aged 0-11 years. **Sample**: (n=5107) Australian children age 0-11 years, of whom 4.5% (n=230) identified as Indigenous Australian.	2004-2014; Longitudinal cohort study (data from the Longitudinal Study of Australian Children; LSAC); data collected every 2 years. Stratified sampling at baseline to ensure representation of all Australian children; 71-90% participant retention at each wave. Structure interviews, face to face. **Consumption measure**: parents asked about child's beverage consumption (consumed at least once) in the last 24 hours.	**Consumption prevalence, % of children drinking** Soft drink and cordial (sugar-sweetened) 0-1 year (2004) = 3.9% 2-3 years (2006) = 48.9% 4-5 years (2008) = 55.0% 6-7 years (2010) = 50.0% 8-9 years (2012) = 64.2% 10-11 years (2014) = 62.5% Soft drink and cordial (non-caloric) 0-1 year (2004) = 0 2-3 years (2006) = 9.4% 4-5 years (2008) = 10.1% 6-7 years (2010) = 7.6% 8-9 years (2012) = 13.6% 10-11 years (2014) = 37.5% Water (whether bottled or tap is not specified) 0-1 year (2004) = 75.7% 2-3 years (2006) = 93.3% 4-5 years (2008) = 94.0% 6-7 years (2010) = 93.1% 8-9 years (2012) = 91.3% 10-11 years (2014) = 94.6% **Associated factors** Higher consumption prevalence for Indigenous children for soft drink and cordials (both types) at all time points ($p<0.05$), except for: soft drink/cordial (non-caloric) at age 6-7 years, where prevalence was lower for Indigenous children. Lower consumption prevalence for water for Indigenous children compared to non-indigenous ($p<0.05$), for all time points except age 0-1 year, where there was no difference ($p>0.05$).

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Thurber et al. (2014)[15] [#37]	Examine the association between sugar-sweetened beverage consumption with social, cultural and environmental factors.	**Population**: Australian Aboriginal and Torres Strait Islander children aged 3-9 years. **Sample**: (*n*=1282) Aboriginal and Torres Strait Islander children age 3-9 years. Purposive sampling from 11 diverse sites in Australia. **Demographic breakdown:** Aboriginal (n=1137), Torres Strait Islander (n=80), Aboriginal and Torres Strait Islander (n=65); Female (n=630), Male (n=652): <4 years (n=272); 4-5 years (n=447); 5-7 years (n=266), ≥7 years (n=297). **Measure of participant's relative isolation (% of sample):** Urban areas (28%) Low isolation (48%) Moderate isolation (15%) Remote (10%) **Primary carer's characteristics:** 64% unemployed 43% ≤ Year 10 education **Household characteristics:** 61% financial strain 8% food insecurity 41% housing instability	2011; Cross-sectional survey, data from the Wave 4 (2011) of the Longitudinal Study of Indigenous Children (LISC). In 2008-2009, 11 sites were chosen (not random) as a spread of socioeconomic and community environments. Children age up to 5 years sampled from Centrelink and Medicare lists. Parents/guardians invited to participate. Structured interviews, face to face. **Consumption measure**: beverages consumed on the day (early morning to late evening) preceding the interview (soft drinks, cordial, and sports drink, coded together), in number of glasses. Responses binary coded as consumed or did not consume on prior day.	(Sugar-sweetened beverages = combined soft drinks, cordials, and sports drinks). **Consumption prevalence, % of children drinking** Sugar-sweetened beverages: Aboriginal = 52.8%; Torres Strait Islander = 31.3%; Aboriginal & Torres Strait Islander = 44.6% Female = 51.1%; Male = 50.9% <4 years = 48.9%; 4-5 years = 49.2%; 5-7 years = 55.6%; ≥7 years=51.5% All children age 3-9 years = 51.0% **Associated factors** Higher probability of SSB consumption prevalence associated with: Not learning traditional practices such as collecting food/hunting (*p*=.001) Primary carer < Year 10 education (*p*<.001) Primary carer being unemployed (*p*=.003) Family experiencing financial strain (*p*=.049) Housing instability (*p*=.001) Not living in an area of relative isolation (*p*<.001) Not living in an area of social advantage (*p*=.001) Not associated with probability of prevalence: Family income (*p*=.428) Food insecurity (*p*=.998) Serious worries about money (*p*=.117) Household size (*p*=.360)

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Thurber et al. (2017)[16] [#38]	Quantify body mass index (BMI) trajectories among Indigenous Australian children aged 3-6 and 6-9 years, and to identify factors associated with the development of overweight/obesity	**Population**: Australian Aboriginal and Torres Strait Islander children aged 3-9 years. **Sample**: (*n*=1,404) Aboriginal and Torres Strait Islander children age 3-9 years. Purposive sampling from 11 diverse sites in Australia. Children (n=1,155) with BMI in the 'normal' range at baseline were selected for the longitudinal analysis (to facilitate examination of factors related to development of high BMI during the study period).	2010-2013; Longitudinal cohort study; data from the Waves 3-6 of the Longitudinal Study of Indigenous Children (LISC). In 2008-2009, 11 sites were chosen (not random) as a spread of socioeconomic and community environments. Children age up to 5 years sampled from government healthcare (Medicare) and welfare (Centrelink) lists. Parents/guardians invited to participate. Used multilevel growth models to examine BMI trajectories. Structured interviews, face to face. BMI measurements taken by trained LSIC interviewers, and 'normal' range identified using WHO international reference. **Consumption measure**: beverages consumed on the day (early morning to late evening) preceding the interview ("soft drinks, cordial, or sports drink, not diet", coded together). "Higher" consumption defined as ≥ 2 occasions on preceding day; "Lower" consumption defined as <2 occasions.	(Sugar-sweetened beverages = combined soft drinks, cordial, or sports drinks, not diet) **Consumption prevalence (% of sample)** Wave 3 (2010) ≥2 occasions on prior day = 30% Wave 6 (2013) ≥2 occasions on prior day = 30% There was no relationship found between sugar-sweetened beverage consumption and BMI change over time (p>.05). However, when fruit juice was added to the definition of SSBs, the relationship approached significance (p=0.05). The mean BMI intercept was significantly lower for children with low versus high sugar-sweetened beverage consumption (difference: 20.20 kg/m2; 95% CI: 20.39 to 20.01)
Ashman et al. (2016)[17] [#39]	Study of child and maternal nutrition and feeding.	**Population**: Aboriginal and Torres Strait Islander women and their infants. **Sample**: Aboriginal and Torres Strait Islander mothers (n=73) and infant (n=74) dyads from one large rural town, and one remote town, in New South Wales.	2010-2015; Prospective cohort study. Non-random sampling. Participants recruited during pregnancy. All pregnant women identifying as Aboriginal and/or Torres Strait Islander or who delivered an Indigenous infant were eligible. Repeated feeding practice surveys postpartum at 3, 6, 9, and 12 months, then annually to 5 years. Structured interviews, face to face. **Consumption measure**: 24 hour prompted recall (multiple-pass) of all food and beverage consumption.	**Consumption prevalence, % of children drinking** Sweetened/flavoured water: 3 months = 0% 6 months = 6% 9 months = 7% 12 months = 26% >12 months to 5 years = 50% Plain water: 3 months = 16% 6 months = 59% 9 months = 79% 12 months = 83% >12 months to 5 years = 97%

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Leonard et al. (2017)[18] [#40]	Describe the first foods of Aboriginal and Torres Strait Islander infants/young children, who were recruited to a nutrition promotion and anaemia prevention program.	**Population:** Aboriginal and Torres Strait Islander children aged 6-24 months living in remote communities. **Sample**: Parents/carers of (n=227) Aboriginal and Torres Strait Islander children age 6-24 months, recruited from 6 remove communities in northern Australia.	2010-2012; Prospective cohort study (baseline data reported here). Non-random sampling. All children age from 6-24 months normally residing in the community were eligible. Whether consumption was measured during a "pay week" or "not pay week" was also recorded for n=91 children. Structured interviews, face to face. **Consumption measure**: 24 hour prompted recall of all food and drink consumption (prevalence only, no questions about quantity), and a prompted 'food variety checklist' of foods consumed 'sometimes'.	(Sweet drinks = soft drink, water, cordial, and juice; Whether beverages are sweetened or non-caloric is not specified) **Consumption prevalence, % of children drinking yesterday** Sweet drinks: 6-11 months = 12% 12-17 months = 37% 18-24 months = 44% All (6-24 months) = 24.7% Statistically significant trend of higher consumption prevalence from youngest to oldest age group (p<.05) The proportion of children consuming sweet drinks was higher for children measured in a "pay week" compared to a "non-pay week" (p=0.027) **Consumption prevalence, % of children drinking 'sometimes'** Soft drink: 6-11 months = 8.9% 12-17 months = 50.0% 18-24 months = 46.5% All (6-24 months) = 32.6% Cordial: 6-11 months = 17.2% 12-17 months = 56.5% 18-24 months = 48.8% All (6-24 months) = 33.9% Water 6-11 months = 94.3% 12-17 months = 96.8% 18-24 months = 93.0% All (6-24 months) = 94.7%

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Hardy et al. (2014)[19] [#41]	Describe weight-related behaviours in Australian Indigenous children.	**Population:** New South Wales (NSW) school children age 5-16 years. **Sample:** (N=8058) NSW school children, of whom (n=254) identified self as Aboriginal or Torres Strait Islander.	2010; representative cross-sectional population-based survey. Stratified random sampling of schools. Random sample of 1 class per year level. Paper-based diet questionnaire completed by parents for years K, 2, 4, self-report by child for years 6, 8, 10. **Consumption measure**: questionnaire asked how many cups the child "usually drinks" per week (1 cup or less; 2-4 cups; 5-6 cups) or per day (1 cup; 2 or more cups). Response options: "*Soft drinks, cordials, or sports drink, such as lemonade or Gatorade*" and "*Diet soft drink or diet cordial, such as Diet Coke or Sprite or Coke Zero*" (with instruction that 1 cup=250ml; 1 can of soft drink=1.5 cups). Results were dichotomised into <1 cup per day, or ≥1 cup per day.	(Sugar-sweetened beverages = combined soft drinks, cordial, and sports drinks; non-diet) **Consumption prevalence, % of children drinking** ≥1 cup SSB per day = 19.8% of Aboriginal and Torres Strait Islander children
Gregoriou et al. (2010)[20] [#42]	Evaluation of Remote Indigenous Stores and Takeaway (RIST) resources (resources provided to stores to assist with the provision and promotion of healthy food and drinks i.e. guidelines for stocking healthy foods, marketing ideas for healthy foods, how healthy is your store checklist, etc.).	**Sample**: Aboriginal and Torres Strait Islander remote community stores in South Australia, Queensland, and Torres Strait outer islands (est. population total not provided, range n=80-2,000 per community). Takeaway stores not included. (n=15) stores (a range of government, community, and private ownership).	2008-2009; Mixed methods evaluation. Non-random sample: Stores recruited if they had ordered RIST resources, were prepared to provide sales data, and community population > 85% Aboriginal and/or Torres Strait Islander people. The study included surveys, interviews, and store sales data. 12 months of sales data.	**Beverage sales, proportion (%) of total food and drink sales ($AUD)** Sugar-sweetened soft drinks: Aboriginal communities = 10% by dollar value **Beverage sales, proportion (%) of total food and drink sales (litres/kilograms)** Sugar-sweetened soft drinks: Aboriginal communities = 19% by volume/weight Torres Strait Island communities =14% by volume/weight **Beverage sales (litres) compared to fresh fruit and vegetable sales (kilograms)** Sugar-sweetened soft drink: Aboriginal communities = 156% Torres Strait Island communities = 97% **Beverage sales, ratio of Sugar-sweetened : diet soft drinks (unit sales)** Aboriginal communities = 12 : 1 Torres Strait Island communities = 3.6 : 1

Citation	Objective/aims	Population/community	Study design (date, study type, method)	Results
Jamieson et al. (2013)[21] and (Jamieson, Roberts-Thomson, & Sayers, 2010)[22] [#43] [#44]	Estimate prevalence of several oral health impairments. Compare dental health impairment prevalence for the total sample to prevalence for sub-groups including participants consuming SSBs.	**Population**: Aboriginal and Torres Strait Islander young adults. **Sample**: Aboriginal and Torres Strait Islander young adults aged 16 to 20 years (n=442). Participants were enrolled at birth at one hospital in Darwin, Northern Territory.	2006-2008; Cross-sectional study (Wave 3 of the longitudinal Aboriginal Birth Cohort study). Face to face health checks including diet and dental health questions. Dental impairment measures included; presence of toothache; avoiding eating because of dental pain; dissatisfaction with dental appearance, (responses were yes/no). "Severe oral health impairment" indicated 'yes' response to all three impairments. **Consumption Measure**: Times per week consumed soft drink or cordial. Responses were dichotomised into "every day or a few times per week" or "once a week or less often". **Associated factors**: comparisons are made between total sample prevalence for each dental impairment measure, and prevalence for people who consumed soft drink or cordial.	(All beverages including non-caloric) **Consumption prevalence, (% of people drinking)** Soft drink: More than once per week = 68.9% Once a week or less = 31.1% Cordial: More than once per week = 65.3% Once a week or less = 34.7% **Associated factors** Soft drink consumption "every day or a few times per week" associated with higher prevalence of: Toothache (p<.05) Avoiding eating food (p<.05) Dissatisfaction with appearance (p<.05) Severe oral health impairment (p<.05) Cordial consumption "every day or a few times per week" associated with higher prevalence of: Toothache (p<.05) (not associated with avoiding eating food, dissatisfaction with appearance, or severe oral health impairment, all p>.05)
Lawrence (2015)[23] [#45]	Self-report health and nutrition survey, of adolescents and adults attending New South Wales (NSW) health services.	**Population**: Aboriginal and Torres Strait Islanders aged ≥15 years in NSW. **Sample**: (N=61) respondents, of whom (n=50) identified as Aboriginal and/or Torres Strait Islander; age 15-50+ years.	2008; cross-sectional convenience-sampled survey, distributed in waiting areas of two Aboriginal Community Controlled Health Services (one urban and one rural) and an Aboriginal Vocational Education Training college. Self-administered paper-based nutrition questionnaire. **Consumption measure**: number of cans/small bottles of soft drink consumed on an average day; number of glasses of water consumed on an average day.	(All beverages including non-caloric) **Consumption, portions per day, by proportion (%) of persons drinking** Soft drink (portion = can/small bottle) 0 = 20% 1-2 = 54% 3-4 = 24% 5-6 = 0% >6 = 2% Water (portion = glass) 0 = 0% 1-2 = 28% 3-4 = 40% 5-6 = 22% >6 = 10%

Citation	Objective/aims	Population/community	Study design (date, study type, method)	Results
Gwynn et al. (2012)[24] [#46]	Describe the food and nutrient intake of a population of rural Aboriginal and Torres Strait Islander children, who live in regions of relative social disadvantage.	**Population**: School children in years 5-6 living in rural areas of relative socio-economic disadvantage, in New South Wales. **Sample**: (n=215) children (mean age=11.30, SD=0.04), of whom (n=82) identified as Aboriginal and Torres Strait Islander.	2005; within 3 regional areas on the north coast of New South Wales, 11 government primary schools selected based on high enrolment of Aboriginal and Torres Strait Islander children. All children in 2 areas invited to participate, in 3rd area only Aboriginal and Torres Strait Islander children invited. Face to face structured interviews on 3 occasions over 2 weeks. **Consumption measure**: 24-hour multiple pass prompted recall of food and beverage consumption.	(All beverages including non-caloric) **Consumption amount, per capita daily intake (g)** Soft drink/cordial/sports drinks Boys = 457g Girls = 431g **Consumption amount, mean per eating occasion (g)** Soft drink/cordial/sports drinks Boys 259g Girls 227g **Consumption amount, proportion (%) of daily energy intake (kJ)** Soft drink/cordial/sports drinks Boys = 6.3% Girls = 6.9%
Jamieson et al. (2006)[25] [#47]	Dental health survey.	**Population**: Aboriginal and Torres Strait Islander children in remote Northern Territory communities. **Sample**: Parents/carers (n=214) of Aboriginal and Torres Strait Island children (n=409) aged 4-12 years in 3 remote Northern Territory communities.	2003-2004; Non-random sample of 3 communities (2 with water fluoridation, 1 without). Convenience sample of all parent/carers from all 3 communities with children aged 4-12 years. Face to face structured interview. **Consumption measure**: recall of beverage consumption during the evening i.e. every evening, a few times a week, about once a week, less than once a week, and don't know.	(All beverages including non-caloric) **Consumption prevalence, % of children drinking "every evening"** Soft drink = 24.8% Cordial = 25.9% **Consumption prevalence, % of children drinking "a few times a week"** Soft drink = 51.5% Cordial = 51.2% **Consumption prevalence, % of children drinking "about once a week"** Soft drink = 15.0% Cordial =18.3% **Consumption prevalence, % of children drinking "less than once a week"** Soft drink = 5.6% Cordial = 2.4%

Citation	Objective/aims	Population/community	Study design (date, study type, method)	Results
Eades et al. (2010)[26] [#48]	Describe infant feeding practices in a cohort of Aboriginal and Torres Strait Islander infants in their first year of life.	**Population**: a cohort of Aboriginal and Torres Strait Islander infants living in Western Australia. **Sample**: mothers (n=274) of Aboriginal and Torres Strait Islander infants (n=274) up to 12 months of age residing in the traditional lands of the Noongar people, Western Australia.	Mid 1990's (dates not specified); Prospective cohort study. Mothers of babies recruited at 6-12 weeks of age. Face to face structured interview at 3 timepoints (6-12 weeks, 7-8 months, 12 months old). **Consumption measures**: '*which does your baby drink in his/her bottle'* on a list of drinks with response options "most of the time" and "sometimes" (asked at both 7-8 months and 12 months). Asked at 12 months only: '*has your baby ever eaten any of the following foods'*, responses yes/no ticked on a list of foods and drinks.	(All beverages including non-caloric) **Consumption prevalence, % of babies who "sometimes" consumed at 7-8 months**[*] Cordial 36.8% Water 60.8% **Consumption prevalence, % of babies who "sometimes" consumed at 12 months**[*] Cordial 59.8% Water 64.5% **Consumption prevalence (% of babies who "ever consumed") at 12 months** Lemonade = 68.0% Cocoa-Cola = 56.2% Pepsi Cola = 22.5% Other carbonated beverages = 29.0% Cordial = 78.1% (Data for water not provided)

[*] Consumption prevalence, % of babies who "all the time" consumed at 7-8 months, and 12 months, is zero for each beverage type

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