

**Association Between Sugar-Sweetened
Beverages and Childhood Obesity**
**Role of Oral Health Community and Insurers in
Preventing Childhood Obesity**

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The views expressed here do not necessarily reflect the views of the foundation.

Robert Wood Johnson Foundation: Healthy Children, Healthy Weight Initiative

For more than a decade, RWJF has been working to ensure that all children grow up at a healthy weight by advancing changes in:

- Public policy
- Community environments
- Industry practices

Engaging the Oral Health Community in Efforts to Prevent Childhood Obesity

- ★ The **National Maternal and Child Oral Health Resource Center** in collaboration with the **American Academy of Pediatrics Dentistry**, the **American Dental Association**, the **American Dental Hygienists' Association**, and the **Santa Fe Group**, with support from RWJF worked to raise awareness of evidence-based recommendations, identify strategies, and promote collaborative efforts that the oral health community can employ to prevent childhood obesity.

Engaging Oral Health Community in Efforts to Prevent Childhood Obesity

- * The project addressed the following goals:
 - Increase understanding of the science focusing on oral health and childhood obesity
 - Increase understanding of strategies the oral health community can use to prevent childhood obesity
 - Increase understanding of how the oral health community can work with non-oral health professionals/organizations to prevent childhood obesity

Prevalence of Childhood Obesity in the U.S.

- U.S. Centers for Disease Control and Prevention
Obesity: BMI \geq 95th percentile
Between the 1970s and 2012, **prevalence of obesity rose from 5% to 8.4% in children ages 2 to 5; and 6.5% to 17.7% in children ages 6 to 11**
- Persistent race and income inequalities
- Physical and psychosocial consequences over the life course

Prevalence of Dental Caries in the U.S.

		NHANES 1988-1994	NHANES 1999-2004
2-5 years old	Poor	35.5	41.8
	Near-Poor	29.1	30.4
	Non-Poor	14.0	17.8
6-8 years old	Poor	60.6	65.5
	Near-Poor	54.0	61.1
	Non-Poor	38.4	39.1

HHS/WHO Dietary Guidelines

No More than 32 Grams of Sugar/Day

Foods and Beverages	Grams of Sugar
Sports Drink (20 oz.)	34
Soda (8 oz.)	26
100% Orange Juice (8 oz.)	24
Chocolate Milk (8 oz.)	24
Yogurt with Fruit (170 g.)	24
Juice Drinks (8 oz.)	21
Ice Cream (62 g.)	13
Children's cereal (29 g.)	10
Cookies (25 g.)	8

4 grams of sugar = 1 teaspoon or 16 calories

Presenters

Julie Frantsve-Hawley, RDH, PhD

Relationship Between Consumption of Sugar-Containing Beverages and Weight Gain in Children Under Age 12

Robin Wright, PhD, MA

Survey of Dentists and Dental Hygienists Regarding How Their Practices Address Childhood Obesity

Mary Foley, RDH, MPH

Role of Insurers in Oral Health Professionals' Efforts to Prevent Childhood Obesity and Reduce Consumption of Sugar-Sweetened Beverages

Raul Garcia, DMD, MMSc

Healthy Futures: Engaging the Oral Health Community in Childhood Prevention—Conference Summary and Recommendations

First Presentation

Relationship Between Consumption of Sugar-Containing Beverages and Weight Gain in Children Under Age 12

Speaker: Julie Frantsve-Hawley, RDH, PhD