Guest Editorial

The Role of the Dental Hygiene Profession: Reducing the Risk of Obesity, One Sweetened Beverage at a Time

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Childhood obesity is a major public health concern in the United States. The prevalence of obesity is 17% for children and adolescents aged 2-19 years.[1] A closer look at the statistics show the breakdown as: 8.9% for 2-to 5-year-olds, 17.5 % for 6- to 11-year-olds and 20.5% for those aged 12-19.[1] Children's eating behaviors are a prime culprit, with sugar sweetened beverage (SSB) consumption becoming more widespread and problematic among our youth. Diets high in sugar not only contribute to risk of overweight and obesity but increase the risk of dental caries. The World Health Organization and the 2015-2020 Dietary Guidelines for Americans recommend an energy intake of less than or equal to 10 percent of calories from added sugars.[2,3] Sugar sweetened beverages are one of the primary sources of added sugars in the diet. Soft drinks, sports drinks and fruit drinks are the greatest offenders. Although, 100% fruit juice is comprised of natural sugar rather than added sugar, regular consumption can pose a risk as well. Previously, pediatricians recommended fruit juice consumption as a great source of vitamin C. In a recent release, the American Academy of Pediatrics (AAP) took a strong stance in support of policies that encourage a reduced consumption of fruit juice and an increased consumption of whole fruits. The AAP warns that the sugar content of juice provides excess calories that can lead to weight gain and an increased risk of dental caries.[4]

As a health care professional and educator, I am committed to two interconnected goals: sharing my knowledge, expertise, and passion while also promoting the value of interprofessional collaboration among dental professionals within the wider health care community for greater patient/client outcomes. In January 2016, the American Dental Hygienists' Association (ADHA) announced a cooperative effort with the National Maternal and Child Oral Health Resource Center (OHRC) at Georgetown University, in partnership with the American Academy of Pediatric Dentistry (AAPD), the American Dental Association (ADA), and the Santa Fe Group to identify opportunities to involve oral health professionals in the battle against childhood obesity. The primary goal of this intercollaborative initiative, funded by the Robert Wood Johnson Foundation, is to assist the OHRC in gaining scientific evidence about the relationship between oral health and childhood obesity, and in turn, develop recommendations and approaches that oral health professionals can incorporate to reduce the risk of childhood obesity.[5,6] This effort involved the development of scientific background papers that were presented at a national conference amidst other key stakeholders in the oral health arena. I was privileged to be one of the individuals asked to provide an evidenced based review and present the findings at the conference. Working alongside colleagues *Linda Boyd, RDH, RD, EdD and Cynthia Stegeman, EdD, RDH, RD, CDE, FAND,* we were tasked with addressing the research question: "What skills (e.g. communication counseling) and tools do oral health professionals need to effectively engage children (under age 12) and parents in implementing dietary changes that present childhood obesity and consumption of sugar sweetened beverages?"[7]

So what did we find? What earthshattering evidence is available in the literature that will guide us as a profession to decrease the consumption of SSBs and reduce the risk of obesity? As it turns out, there is limited evidence that addresses *both* SSB consumption and obesity in the dental setting. As a profession, we are doing little to address this issue. Lack of knowledge, concern about how to implement, no clear cut correlation between obesity and oral disease and insecurities surrounding personal weight issues are common reasons identified in the literature for not integrating conversations on this topic during chairside education with patients.[7,8] To make these conversations consistent in chairside education, dental hygienists need more in depth

focus in the dental hygiene curriculum. Continuing education courses, webinars or self-study modules that heighten awareness of childhood obesity and discuss implications for oral health are necessary to provide better guidance on the role of the oral health professional in this area.

Collaborative efforts among the health professions are needed to effectively address the obesity epidemic. The association between obesity and oral health presents an opportunity for oral health professionals to engage with other health care professionals in the prevention and management of this significant public health issue. As a profession, we are uniquely positioned to address SSB consumption and promote positive dietary habits for improved oral health and healthy weight management. After all, we are the gatekeepers of the mouth—where eating and drinking occurs regularly! Whether it is providing education and awareness of SSB consumption in our practice settings, serving as advocates in our communities or getting involved with grass roots efforts on the public policy front; active involvement to decrease SSB consumption and behavioral modifications in the dental setting to reduce risk of obesity is a priority area that must be explored further.

I recently had the opportunity to serve on a panel with other dental hygiene educators of varying backgrounds and niche interests. At the end, the moderator asked each of us to 'sum up' the message we wanted to get across to our RDH audience in five words or less. My message that day is my mantra for the dental hygiene profession a large – *Maximize your role in healthcare*. Don't stand by idly – be a part of the change that moves our profession forward.

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