



**STATEMENT OF THE**

**AMERICAN DENTAL ASSOCIATION**

**TO THE**

**SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES,  
EDUCATION, AND RELATED AGENCIES**

**COMMITTEE ON APPROPRIATIONS**

**U.S. HOUSE OF REPRESENTATIVES**

**ON**

**THE NEED FOR MORE RESEARCH ON RELATIONSHIPS BETWEEN  
DIET, NUTRITION, AND ORAL HEALTH**

**SUBMITTED BY**

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**PRESIDENT OF THE AMERICAN DENTAL ASSOCIATION**

**April 29, 2015**

Good morning, Chairman Cole, Ranking Member DeLauro, and Members of the Subcommittee. I am Dr. Maxine Feinberg, President of the American Dental Association and a practicing periodontist in Cranford, New Jersey.

The American Dental Association is requesting \$425 million for the National Institute of Dental and Craniofacial Research for fiscal year 2016. We are urging NIDCR to use a portion of its resources to conduct more research on the effects of added sugars, sweeteners, and artificial sweeteners on oral health.

Additionally, we are urging other federal research agencies to carve out a role for oral health when conducting any nutrition-related research.

Eating patterns and food choices play an important role in maintaining good oral health. From a dental perspective, a steady diet of sugary foods and drinks, including natural fruit juices and sports drinks, can damage teeth. A lack of certain nutrients can also make it more difficult for tissues in the mouth to resist infection.

Mr. Chairman, we recognize—and share—the national concern about obesity. We also recognize the growing popularity of taxing sugar-sweetened beverages and pursuing other measures to tackle the epidemic of obesity. Of course, the ADA is primarily concerned with whether and how these policies would reduce the prevalence of dental caries. Compared to the available data on obesity, however, the available research on dental caries is lacking.

On January 28, the 2015 Dietary Guidelines Advisory Committee (DGAC) submitted its scientific report to the U.S. Departments of Agriculture and Health and Human Services. The report, which is advisory only, will serve as the basis for developing the next iteration of Dietary Guidelines for Americans policy.

In its report, the DGAC concluded there was a high degree of consistent evidence associating the consumption of added sugars with excess body weight and type 2 diabetes. Comparatively, the DGAC found only a *moderate* degree of consistent evidence supporting a relationship between the consumption of added sugar(s) and the development of dental caries.

The dental caries finding was based largely on a systematic review commissioned by the World Health Organization for its 2015 guideline on sugars intake for adults and children. That review is perhaps the most thorough and reliable evidence review of the topic to date.

Mr. Chairman, considering how much money the federal government has already spent on nutrition research examining the relationship between dietary sugars and obesity—and associations with cardiovascular disease, type 2 diabetes, and other health conditions—why is there still only a *moderate* degree of consistent evidence addressing the volume of added sugar(s) and artificial sweeteners consumed and the development of dental caries? Surely we can do better than that.

For many years, the ADA has pursued a “carrot” approach to encourage people to adopt healthier diets. Our mission has been to empower consumers to achieve optimal oral health by being food wise.

We have been a strong advocate for including oral health education in Team Nutrition, SNAP-Ed, WIC, and other federal food assistance programs. We have pushed the USDA to adopt nutrition standards that promote optimal oral health for all foods offered in schools, and to include oral health education in local school wellness policies. We have even pressed the Federal Trade Commission to develop basic industry standards for marketing foods and beverages to children.

I would also note that we *strongly* support the recent Food and Drug Administration proposal to require a separate line for added sugar(s) on the Nutrition and Supplement Facts labels. Doing so will help consumers monitor their added sugar intake simply by reading a nutrition label.

There is no doubt that Congress will continue investing in research examining the relationships between diet, obesity, and its corresponding health conditions. Similar research on the effect of diet on oral health should be part of that agenda.

So, what do we need? Among other things, the American Dental Association would like to see a high degree of consistent evidence about whether and how dental caries rates fluctuate based on the volume of added sugar(s) and sweeteners consumed. We would like to see demonstration projects evaluating whether sugar-sweetened beverage taxes and other disincentive pricing strategies will lower dental caries rates over the life span,

or whether consumers will simply switch other foods that may further increase the risk for dental caries. We would also like to know the synergistic effect of acids and sugars on dental caries incidence, and how we can better leverage nutrition counseling in dental settings to improve oral health outcomes.

Oral health is inextricably linked to overall health and well-being. Any strategy to improve the dietary habits of Americans can and must include an oral health component. It is an agenda worth embracing.

Again, the American Dental Association is requesting \$425 million for the National Institute of Dental and Craniofacial Research for fiscal year 2016. We are urging NIDCR to use a portion of its resources to conduct more research on the effects of added sugars, sweeteners, and artificial sweeteners on oral health.

Additionally, we are urging other research agencies to carve out a role for oral health when conducting any nutrition-related research.

I would like to thank the committee for this opportunity to testify. We appreciate your ongoing support of NIDCR and are committed to working with you, NIDCR, and other federal nutrition research agencies to better understand associations between diet, nutrition, and oral health.