**Assessing the Attitudes and Actions of Pediatric Dentists Toward Childhood Obesity**

**and Sugar-Sweetened Beverages**

**Robin Wright, PhD and Paul S. Casamassimo, DDS, MS**

**Pediatric Oral Health Research and Policy Center**

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**Purpose**

The purpose of the study was to determine the attitudes, current behaviors, future intentions, and perceived barriers of pediatric dentists regarding providing obesity-related information and other interventions to the parents of child patients, as well as providing information and other interventions about the consumption of sugar-sweetened beverages.

**Method**

The American Academy of Pediatric Dentistry, in conjunction with Nationwide Children’s Hospital, conducted online electronic surveys with a convenience sample of approximately 6,400 pediatric dentists during the spring and summer of 2016.

**Key Points**

* In 2012, 17 percent of children ages 2 to 18 were obese, about 32 percent were either overweight or obese, and 8 percent of infants and toddlers had high weight for recumbent length.
* Sugar-sweetened beverages (SSBs) are the single largest category of caloric intake in children ages 2 to 18, providing nearly one-quarter of empty calories in their average daily diet.
* Oral health care providers have an excellent opportunity to promote healthy weight in children in view of their frequent contact with pediatric patients. More than 8 in 10 children ages 2 to 17 have a dental visit in a given year
* 17 percent of pediatric dentists surveyed stated they currently offer childhood obesity information or other healthy weight interventions in their practices.
* The services offered most frequently were weighing patients and measuring their height, noting in the chart if a child showed signs of obesity, and talking to parents if a child appeared overweight or obese.
* Of pediatric dentist respondents not offering obesity interventions, 67 percent said they were interested in establishing a plan to advise parents on healthy weight goals for children.

**Key Points, Continued**

* Nearly 94 percent of pediatric dentists said they currently offer information or other interventions on the consumption of SSBs.
* The services most likely to be provided were talking to parents about SSBs if a child is at risk for caries, noting caries-risk status in the patient chart, and providing educational materials on the consumption of SSBs.
* Nearly 88 percent of pediatric dentists agreed they would be more interested in advising parents about weight management if there were a clearer clinical link between obesity and dental disease.
* Only 14 percent of pediatric dentist respondents agreed that parents are receptive to obesity counseling in the dental office, while 81 percent think parents are receptive to advice about consumption of SSBs.
* Just 9 percent of the pediatric dentists surveyed had been asked for advice from parents about obesity and maintaining a healthy weight for their child, while 85 percent had been asked for advice about SSBs.
* Concerns about parent reactions to weight management interventions were the chief barriers to offering obesity-related counseling, including a fear of offending the parent, appearing judgmental and creating parent dissatisfaction.
* Other than expected parent reactions, the most significant barriers to obesity counseling were ambiguous dietary recommendations about obesity, a lack of time in the daily clinical schedule, a lack of personal knowledge or trained personnel, and a lack of communication training or knowledge about how to start the conversation.

**Summary**

Although more pediatric dentists reported they offer childhood obesity interventions than in previous surveys, the low percentages suggest a child’s weight is seen as a medical rather than a dental issue. The vast majority of pediatric dentists provide interventions related to the consumption of SSBs, perceiving the issue as integral to their practice and the care of children.

Preferred intervention methods for obesity were chosen more for simplicity and speed (providing educational materials and noting signs of obesity in the patient chart) rather than proven effectiveness (offering motivational interviewing or behavior modification). The responses also suggest that pediatric dental interventions are propelled by market forces, particularly parent preferences and expectations.

Provision of obesity and SSB interventions may be increased by more choices of possible interventions that add little time to a dental visit, more parents asking for information about healthy weight issues, more courses on both the clinical aspects of obesity and communications skills for dentists and dental personnel, and clearer clinical guidelines on nutrition and obesity.