

Date: March 9, 2005

To: House Committee on Health & Human Services

From: Kevin J. Robertson, CAE
Executive Director

RE: Testimony supporting SCR 1604

Chairman Morrison and members of the committee I am Kevin Robertson, executive director of the Kansas Dental Association (KDA) representing 1,168, or some 80% of the state's licensed dentists.

The **KDA supports SCR 1604** as an effective resolution to promote the overall health of Kansas' school children. The KDA would, however, ask that SCR 1604 be amended to include oral health concerns as follows:

Page 1, after line 27:

WHEREAS, foods and beverages high in sugar and acid levels also advance the development of tooth decay, and unregulated access to foods of minimal nutritional value promotes poor oral and overall health habits for a lifetime; and

Page 2, line 7:

,oral health

Sugar drinks and candy promote the formation of dental cavities because it feeds bacteria in the mouth (streptococcus mutans) that produces cavity causing acid. This bacteria is fed by the consumption of sugar in drinks and candy. In fact, the average 12 ounce serving of a regular soft drink contains between **9-11 teaspoons of sugar**.

In addition to the high sugar content, soft drinks (including diet soft drinks) are highly acidic with a **pH of 2.5 to 3.5**. Recalling your high school chemistry – a pH of 7.00 is neutral (water), while acids are pH 1.00-7.00 and alkaline are pH 7.00-14.00). The acidity of soft drinks can lead to the erosion of the tooth enamel (the hard outer coating) which can make the acid produced by the bacteria more dangerous to the teeth. New and developing permanent teeth in children have a softer enamel and can be more susceptible to this acid attack. Both regular and diet soft drinks using non-nutritive sweeteners are acidic, and studies have shown the repeated reduction in pH levels is significant in terms of enamel demineralization.

On the other hand, studies show that dairy products like cheese and milk strengthen the

tooth enamel and protect against tooth decay. In addition, milk has a neutral pH and contains calcium as well as electrolytes that create equilibrium within the mouth.

As devastating to a child's oral health as the consumption sugar drinks and candies is the constant "sipping" or snacking of these items throughout the day. Studies show that the cavity-causing bacteria in the mouth produces acid for 20 minutes each time it is fed. Constant drinking and snacking throughout the school day, therefore, puts a child at increased risk for cavities because bacteria are continuously producing acid.

Good oral hygiene, brushing, fluoridated water and other factors can all reduce the formation of cavities in children. Many parents allow their children unaltered access to these same drinks and candies at home; however, there is no justification for schools to promote unhealthy and hazardous habits among our children when they are not under parental supervision.

The consumption of soft drinks (nationally) by both boys and girls has increased over the past 30 years while the consumption of milk has decreased. At the same time, soft drink purchases by schools have increased by 1,100% over the past 20 years while school dairy purchases have decreased by 30%.

I encourage you to visit the Minnesota Department of Health website for more information at <http://www.health.state.mn.us/divs/hpcd/chp/5aday/5adaydocs/softdrinks.pdf>.

The KDA asks the committee to support SCR 1604 as a first step in moving toward reversing this trend.

Thank you for your time today, I am happy to answer any questions you may have at this time. I urge you to **vote YES on SCR 1604**.