Work-In-Progress Presentation

Melissa Campos, MD
Fadra Whyte, DMD, MPH
San Diego County

CHAMPION PROVIDER FELLOWSHIP

INTRODUCTION

- **Melissa Campos, MD**
  - Family Medicine Physician-San Ysidro Health
  - Faculty-Scripps Chula Vista Family Medicine Residency

- **Fadra Whyte, DMD, MPH**
  - Pediatric Dentist-San Ysidro Health
  - Faculty-NYU Langone Health
  - Chief Dental Officer, County of San Diego

Scripps

SAN YSIDRO HEALTH

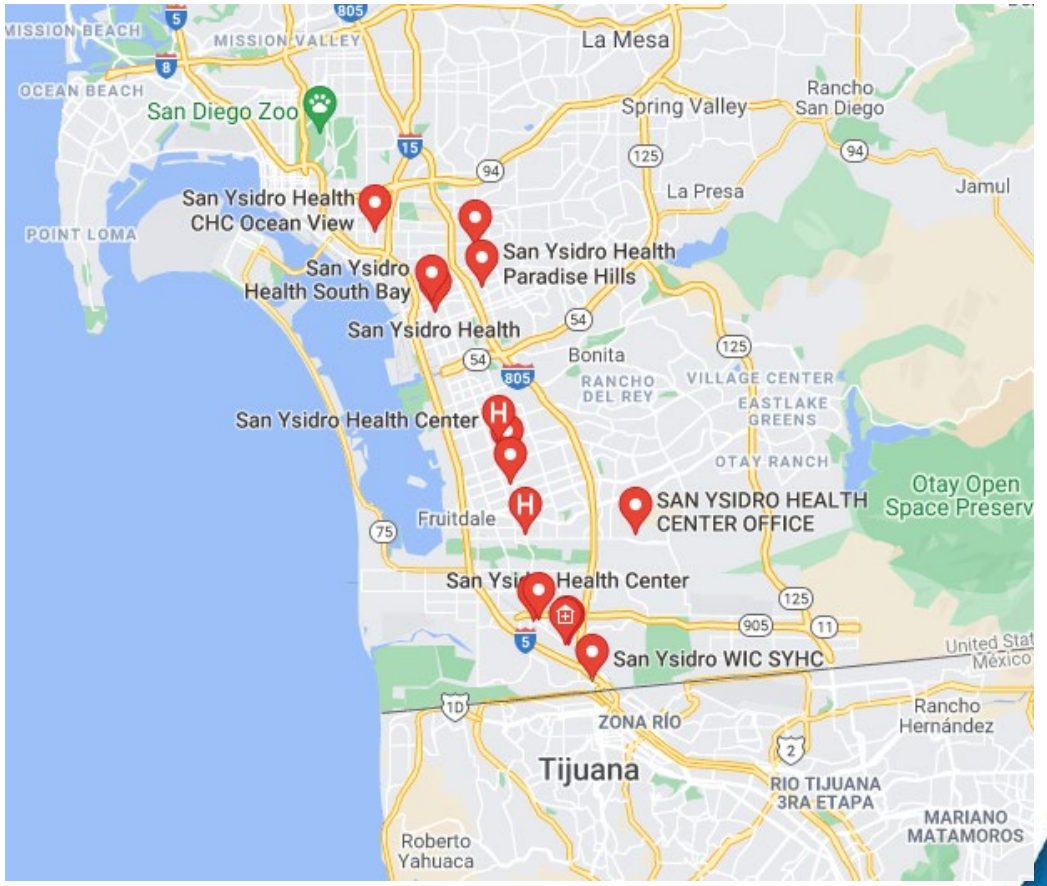
NYU Langone Health

INTRODUCTION

SAN YSIDRO HEALTH

San Ysidro Health:

- FQHC with a large footprint in the south San Diego County
- Serves approximately 96,000 patients
- Had wide range of services including medical, dental, behavioral health, and PACE programs



BACKGROUND

THE ISSUE

Increased rates of obesity and dental caries related to sugar sweetened beverage (SSB) consumption

AB 1838

- 2018 banned “soda” tax in California

AB 1163

- Would repeal the moratorium

Kids have enough sugary drinks each year to fill a bathtub.

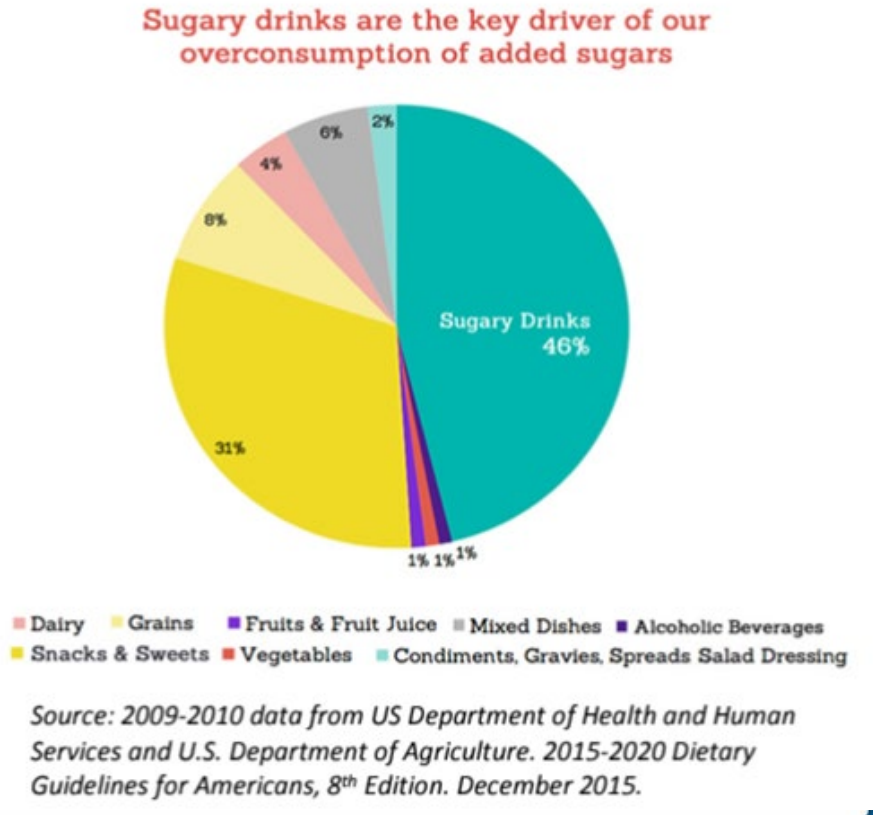
On average, children are consuming over **30 gallons** of sugary drinks every year.

Vote Yes on AB 138

American Heart Association.

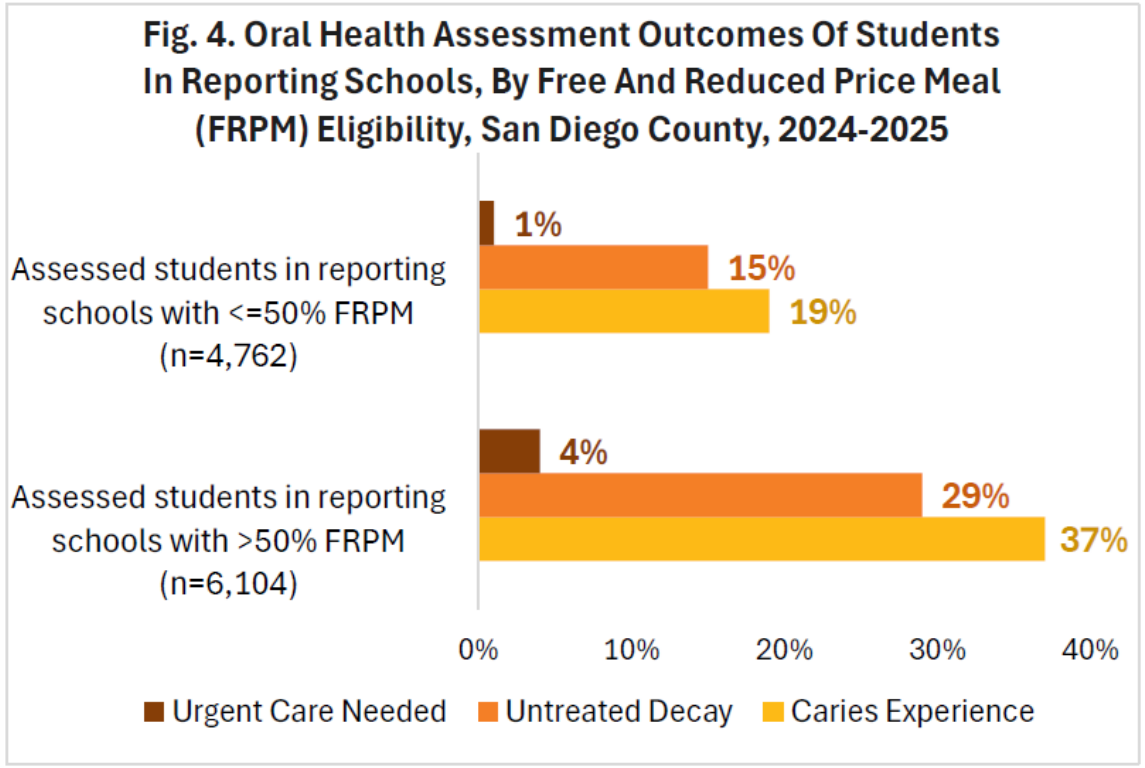
BMI & SUGAR-SWEETENED BEVERAGE DATA IN SAN DIEGO

- 13.9% of children (ages 0-11) are considered overweight for their age
- 28.5% of teens (ages 12-17) are considered overweight or obese by BMI
- Nearly 1 in 4 (22.0%) children and teens (ages 2-17) reported drinking at least one glass of soda in the past day



1. 2019, 2020 California Health Interview Survey

ORAL HEALTH DATA IN SAN DIEGO



Source: 2024-2025 San Diego County Kindergarten Oral Health Assessment Data

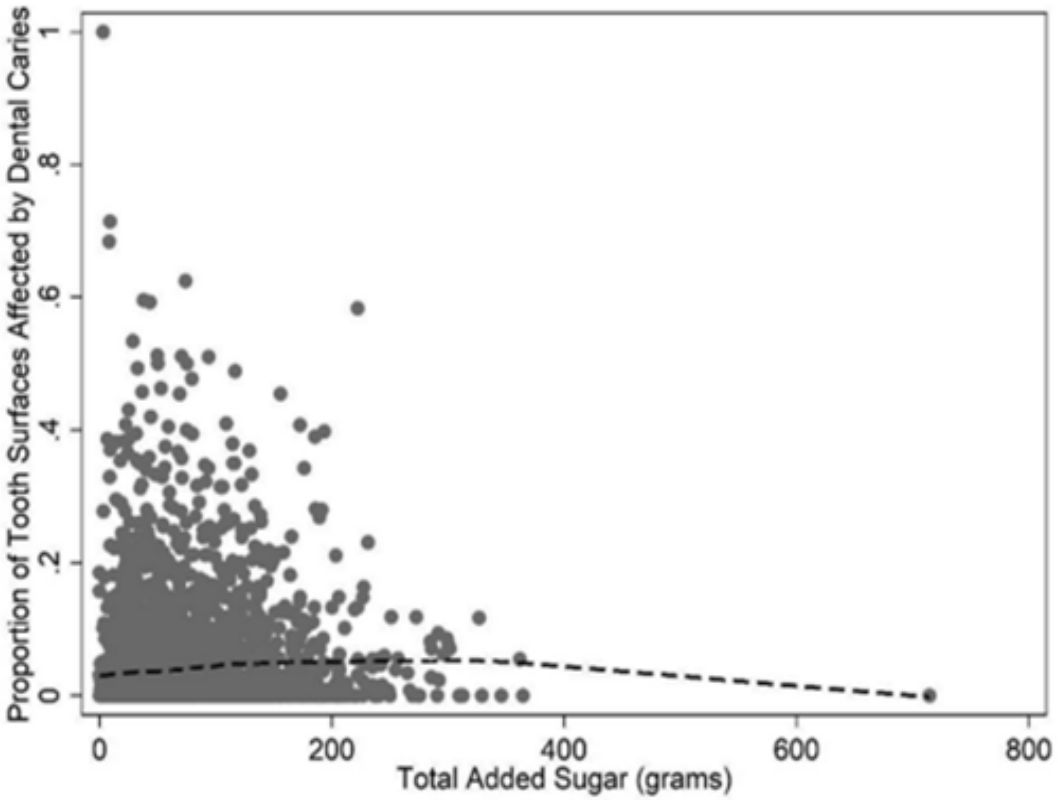
- Data reported by 282 schools across San Diego County for over 10,000 students in 2024-2025 showed 23% had untreated decay.[1]

- According to 2023-2024 survey data, 23% of San Diego County children aged 1-4 were estimated to have never been to the dentist.[2] The main reasons reported were because there was “no reason to go/no problem” and the child was “not old enough.”[2]

1. 2024-2025 Kindergarten Oral Health Assessment (San Diego) [Dataset].

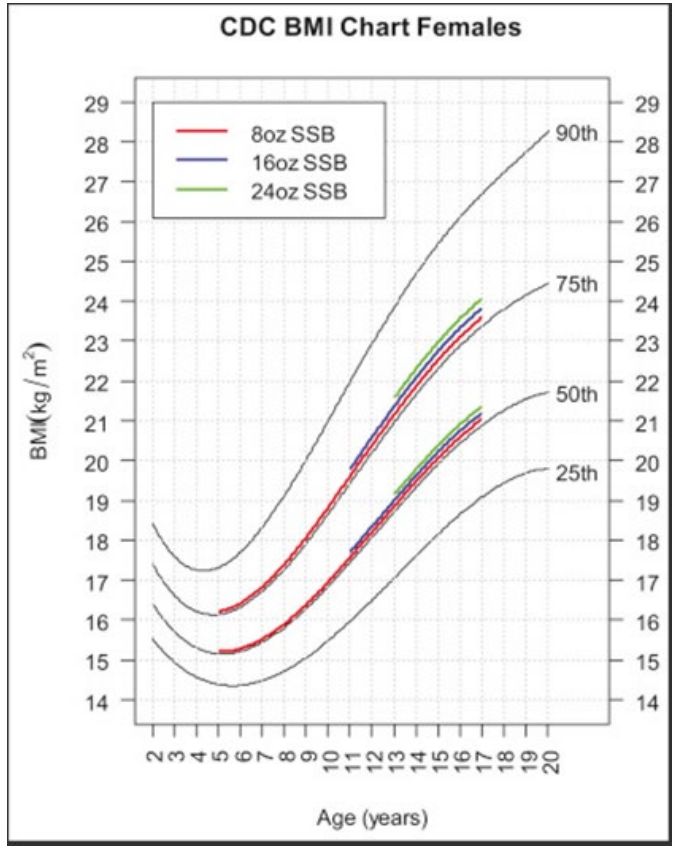
2. UCLA Center for Health Policy Research. AskCHIS 2023-2024 (San Diego). https://healthpolicy.ucla.edu/our-work/askchis

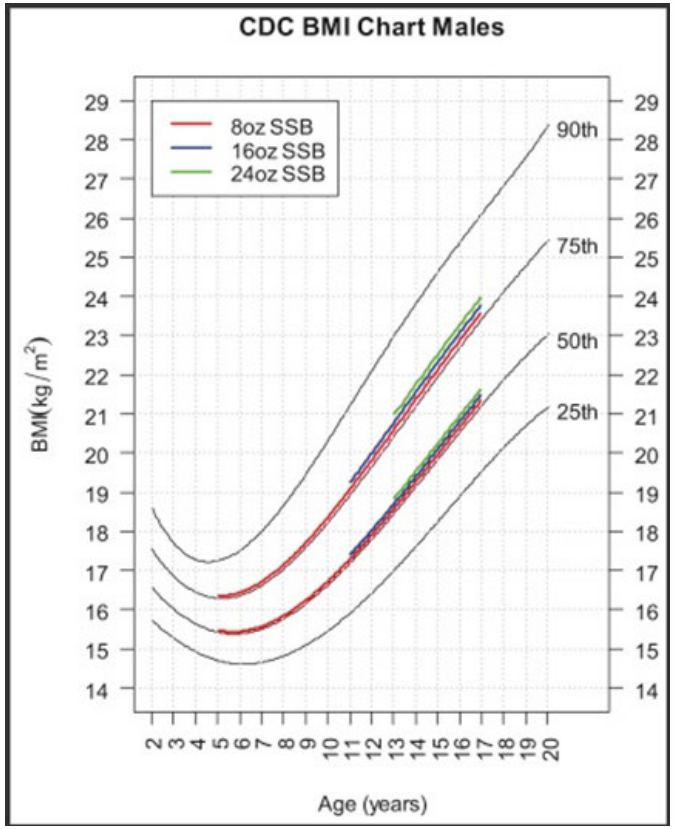
Relationship between SSB/Caries/Obesity



Plot showing added sugar versus proportion of tooth decay in children less than 18 years

Chi DL, Scott JM. Added Sugar and Dental Caries in Children: A Scientific Update and Future Steps. Dent Clin North Am. 2019;63(1):17-33 dio:10.106/j.cden.2018.08.003





Expected increase in body mass index for every 8 oz increase in SSB

Marshall TA, Curtis AM, Cavanaugh JE, Warren JJ, Levy SM. Child and Adolescent Sugar-Sweetened Beverage Intakes Are Longitudinally Associated with Higher Body Mass Index z Scores in a Birth Cohort Followed 17 Years. *J Acad Nutr Diet*. 2019;119(3):425-434. doi:10.1016/j.jand.2018.11.003

OVERVIEW

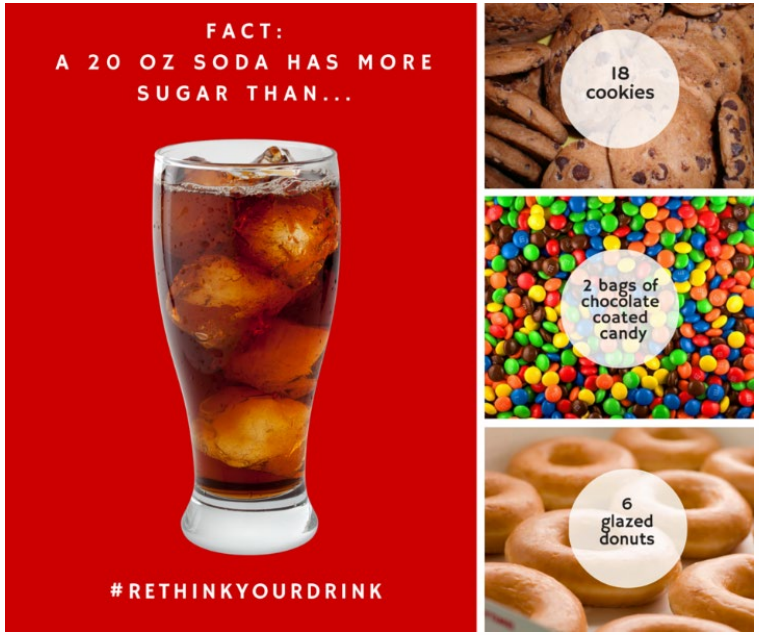
GOAL: Gather local support for AB 1163

- California Cities:
  - Albany, Berkeley, Oakland and San Francisco
- Current U.S Cities:
  - Boulder, Colorado; Philadelphia; Seattle; and the Navajo Nation
- Proposals:
  - Rhode Island and Washington, D.C.

CALIFORNIANS FOR LESS SODA
FIGHTING FOR HEALTHIER KIDS & COMMUNITIES

OVERVIEW

- **IMPACT:** San Diego Residents
  - Specifically in low income and minority communities
  - The community will decide how to use the proceeds
  - San Francisco used $1.6 million of its tax revenue to help fund local programs that provide food for those who lost school or jobs due to Covid-19



PARTNERSHIP

- San Diego Public Health Department
  - Oral Health Program and CalFresh Healthy Living
- Californians for Less Soda

THE TIMELINE

The San Diego Union-Tribune

Opinion: Taxing soda and other sugary drinks can boost community health. California should allow it.

abc 10 NEWS SAN DIEGO

Calls for 'soda tax' on sugary drinks grow after year lacking in physical activity

Family medicine practitioner Dr. Melissa Campos talks to ABC 10News about the ways a tax on soda would be beneficial to the public.

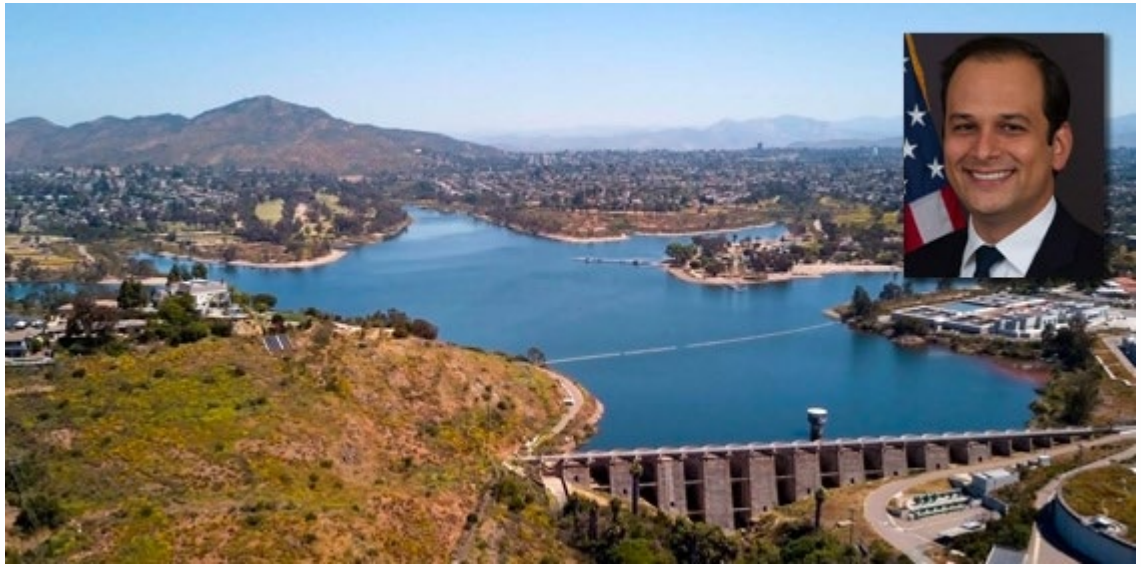
Give a child Book Bir at North Island Credi Union Locations

SAN DIEGO CITY COUNCIL MEETINGS

Councilmember Dr. Jennifer Campbell
(District 2)

DR. JEN CAMPBELL
SAN DIEGO CITY COUNCIL

Councilmember Raul Campillo
(District 7)



OUR WORK

Attended monthly meetings with CA4Less Soda Coalition

Became spokespersons for the coalition

- **Successes:**
  - Worked on and published Op-Ed piece
  - Connected the coalition with local councilmembers
  - Introduced coalition to other members of the health department

- **Challenges**:
  - Often in the middle of busy clinic
  - Funding was lost
  - No lawmaker was willing to be the first to sign onto this initiative

CALIFORNIANS FOR LESS SODA
FIGHTING FOR HEALTHIER KIDS & COMMUNITIES

NEXT STEPS

- AB 1163 was stalled
- Find a “home” for the CA4Less Soda Coalition
- Engage local politicians and find a champion for allowing discussion about a sugar sweetened beverage tax
- Engage community members to join media or local representative calls

CALIFORNIANS FOR LESS SODA
FIGHTING FOR HEALTHIER KIDS & COMMUNITIES

OTHER ACTIVITIES

Fadra Whyte

- Co-speaker at AAP/SD Dental Society meeting on childhood obesity and dental caries
- Helped edit the school wellness policy oral health language

Melissa Campos

- Organized talks at 3 local high schools about primary care
- Linked Dr. Whyte to speak to interested youth in healthcare about a career in dentistry

POST FELLOWSHIP TRANSITIONS

CHAMPION PROVIDER FELLOWSHIP

SAN YSIDRO HEALTH

- Attended UCSF Champion Provider Fellowship Mini-College in 2022 and learned about SSB video created by Dr. Amy Beck, Pediatrician, from UCSF
- https://www.youtube.com/watch?v=vdUimv8NyvQ
- Decided to collaborate with SYH health education department to create a flyer with SSB facts and a link to a SSB video in English and Spanish
- This flyer was shared within one of our clinics in the medical and dental departments

Sugary Drinks

What is a sugary drink?

Sports drinks, lemonade, energy drinks, sweetened coffee and teas, fruit drinks with added sugar and full-calorie soda.

Did you know…

Fun Fact #1

On average, children consume more than 30 gallons of sugary drinks every year. This is enough to fill a bathtub.

Fun Fact #2

Kids consume as much as 140 teaspoons of added sugars from sugary drinks per week. That's as much added sugars as 280 gummy bear candies.

Fun Fact #3

Nearly one in six (14.9%) children ages 2-5 consumes a regular soda and nearly one in four (24.1%) consumes a fruit drink on a given day.

Fun Fact #4

Consuming too many sugary drinks can lead to obesity, cavities, type 2 diabetes, and high blood pressure.

Want to learn more about how to avoid sugary drinks?
Please watch the video listed here and talk to your doctor/dentist today!

FOLLOW US @sanysidrohealth www.syhealth.org

Bebidas Azucaradas

¿Qué es una bebida azucarada?

Bebidas deportivas, limonada, bebidas energéticas, café y té endulzados, bebidas de frutas con azúcar añadida y refrescos con muchas calorías.

Sabías que…

Dato curioso #1

En promedio, los niños consumen más de 30 galones de bebidas azucaradas cada año. Esto es suficiente para llenar una bañera.

Dato curioso #2

Los niños consumen hasta 140 cucharaditas de azúcar de bebidas azucaradas por semana. Esa cantidad de azucar se calcula al igual a 280 caramelos de ositos de gomita.

Data curioso #3

Uno de cada seis niños entre 2 y 5 años, consume un refresco regular al día, mientras que uno de cada cuatro consume un jugo con alto contenido de azúcar al día.

Dato curioso #4

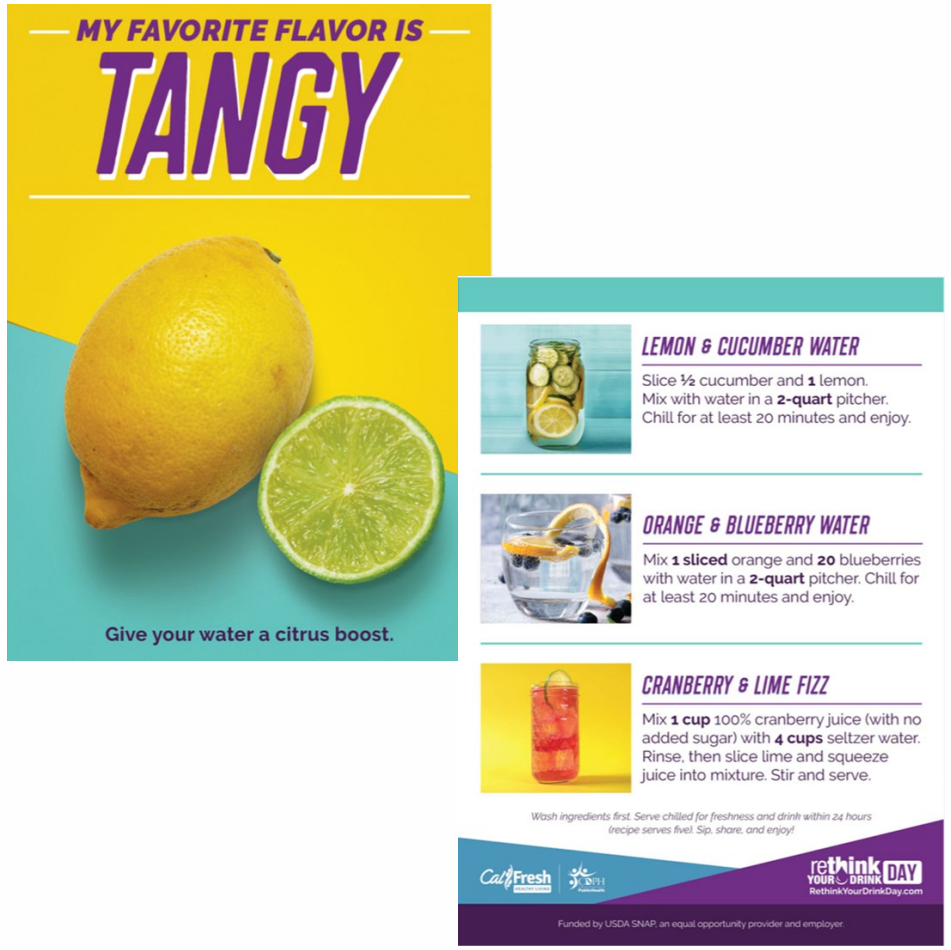
Consumir demasiadas bebidas azucaradas puede provocar obesidad, caries, diabetes tipo 2 y presión arterial elevada.

¿Quiere saber más sobre cómo evitar las bebidas azucaradas?
¡Mire el video que se incluye aquí y hable con su médico/dentista hoy mismo!

SÍGANOS @sanysidrohealth www.syhealth.org

POST FELLOWSHIP TRANSITIONS

- On the medical side, families are given the SSB flyer and a recipe card in English or Spanish to read during their child's well child visit



POST FELLOWSHIP TRANSITIONS

The effectiveness of an informational video in changing sugar sweetened beverage consumption habits.

Jonathan Mills DDS, Fadra Whyte MS, DMD, MPH

NYU Langone Dental Medicine, Advanced Education in Pediatric Dentistry Residency, San Diego, CA

NYU Langone Health

NYU Langone Dental Postdoctoral Residency Programs

INTRODUCTION

- In 2020, about 20% of US children and adolescents between the ages 2-19 were estimated to have obesity. As a result, these patients are at a higher risk for developing conditions such as high blood pressure, high cholesterol, type 2 diabetes, asthma, sleep apnea, and joint problems. This cost the US healthcare system approximately $173 billion a year. Obesity remains a major preventable health concern that requires more effective interventions.
- While the WHO recommends that no more than 5% of total energy comes from added sugar, about 66% of if school-aged children in California are consuming at least one sugar sweetened beverage (SSB) each day. SSB intake contributes to many preventable health conditions including dental caries, obesity, and type 2 diabetes. One intervention to address SSB consumption is to displace them with nutrient dense beverages, such as plain dairy milk, that provide children a source of calcium, potassium, and vitamin D.
- Environmental conditions and familial behavior can influence the child's behaviors and attitudes surrounding SSBs. Eck et al noted a positive correlation between parent and child SSB consumption and that availability at home appears to facilitate intake. Additionally, lack of knowledge of the school food environment was found as a barrier to limiting SSB intake. Parents are the food gatekeepers of the house and education about their children's nutritional requirements and the deleterious effects of harmful items is of the utmost importance.

PURPOSE

- The primary objective of this study is to determine the usefulness and likelihood of caregivers sharing an multigeneration multi-lingual information video regarding the harmful effects of sugar sweetened beverages (SSBs) and information about alternatives to SSBs.

METHOD

Survey Participants:

- Caregivers (18+) of pediatric patients that are:
- ages 0-12 years of age
- BMI >85% and/or have a history of dental caries diagnosis
- ASA I or ASA II mild asthma

Procedure

Participants were asked to watch a 4-minute informative video that highlights the harmful effects of sugar sweetened drinks on oral and overall health and offers alternatives. The video was distributed via a QR code found on a pamphlet. After watching the video participants completed a two-part survey to evaluate pediatric patients' current use of sugar sweetened beverages and their caregivers' likelihood to change their consumption habits. Additionally, the survey evaluated the video usefulness, the likelihood of sharing the video, with whom they would share it, and existing barriers to changing consumption habits.

Statistical Analysis

Data was collected in RedCap (NYU Langone Hospital in New York). Analysis was completed with significance level set p<0.05.

Figure 1

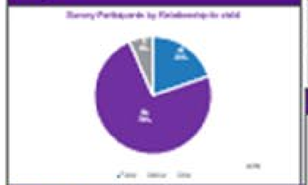


Figure 2

Figure 3

Table 1

Table 2

Figure 4

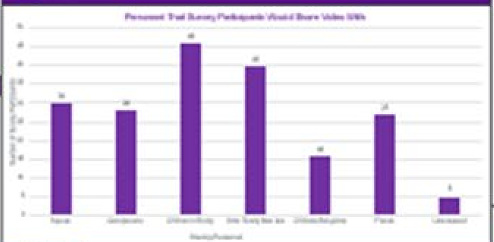
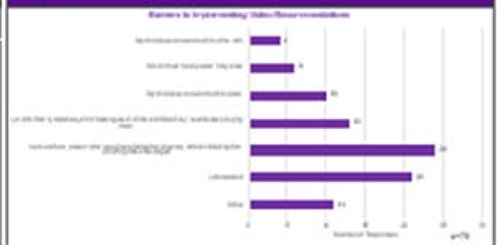


Figure 5



RESULTS

- There were a total of 76 survey participants with 73.7% completed by the patient's mother (Figure 1). Pediatric had a mean age of 7.87 (SD 2.56) (Figure 1).
- With respect to daily SSB intake, 11 (14.4%) reported 0 beverages/day, 62 (81.6%) reported 1-3 beverages/day, and 3 (3.9%) reported 4-5 beverages per day.
- With respect to daily juice intake, 18 (23.6%) reported 0 beverages/day, 55 (72.4%) reported 1-3 beverages/day, and 3 (3.9%) reported 4 beverages/day.
- 74 (97.4%) participants reported the length of the video was just right.
- After watching the video, 58 participants (76.3%) and 53 participants (69.7%) reported they were very likely to decrease consumption habits of SSBs and 100% juice, respectively.
- Children in the family were the most common personnel with whom participants reported wanting to share the video, with 46 survey participants (60.5%) followed by other family members (40 responses, 52.6%), and friends (27 participants, 35.5%) (Figure 4).
- The most frequently reported barrier was missed was the inability to prevent other caregivers from providing SSBs and juice (Figure 5).
- There was a statistical significance in video usefulness when compared to relationship (P = 0.025), likelihood of decreasing SSB consumption (P = 0.033), and the likelihood of decreasing juice (P = 0.004); but no significance when compared to age (P = 0.976 Table 1).
- There was a statistical significance in the likelihood of decreasing SSBs compared to relationship (P = 0.004), likelihood of sharing video (P < 0.001), and video usefulness (P = 0.033); but no significance when compared to age (P = 0.520). (Table 2)

DISCUSSION

- The results of this study demonstrate that this 4-minute video may be useful tool in disseminating information about the harmful effects of sugar sweetened beverages and juice to caregivers of ASA I and II pediatric patients with a history of high BMI and dental caries.
- A significant strength of the study is that all survey participants found the video useful and identified the individuals with whom caregivers wanted to share the video. This highlights the how informational pamphlets can be used a pediatric dental setting and be made available for distribution to others that are directly or indirectly involved with they patient's beverage intake.
- This study also identified common barriers to implementing the recommendations of the video, with "the inability to prevent other caregivers from providing these beverages" and "I, or other family members, drink these types of drinks and therefore, I need to keep buying them" as the most reported. This is consistent with previous research that identifies the parent or caregiver as the food gatekeeper of he house.
- Helping caregivers inform other individuals involved in their child's care about the harmful effects of SSBs an juice may help with decreasing not only the child's caries risk but also risk for metabolic conditions such as obesity and diabetes. In the dental context, this is significant in the management of pediatric patients that require sedation to complete their treatment.
- A significant limitation of this study is a low sample size, which is associated with: (1) caregivers uninterested in completing a survey during their child's dental appointment, (2) the difficulty of conducting a survey without the use of supportive clinic staff and (3) a change in the dental clinic's EMR that influenced daily operations. A larger sample size with equal distribution of types of caregivers may allow for more conclusive trends.
- Another limitation is that the survey provides only a snapshot of what caregivers choose to report as their thoughts and intentions, which may not always be accurate. Further, without the ability to follow up after the caregivers watch the video (ex. 3, 6, 12 months) the long-term success of implementing behavioral change cannot be identified. Future studies that incorporate multiple questionnaires about beverage intake and follow up for longer periods of time can provide more information on the video's

REFERENCES

ACKNOWLEDGEMENT

University of San Francisco (UCSF) Latino Center of Excellence
San Ysidro Health, San Diego, CA

POST FELLOWSHIP TRANSITIONS

Obesity: The Role Dentists Play in Reducing the Prevalence of Obesity in Children, Adolescents, and Adults

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ABSTRACT

Background: Obesity rates, in both children and adults, continue to rise both in California and nationally. Obesity continues to be a large cause of chronic diseases including hypertension, diabetes, and obstructive sleep apnea. Sugar-sweetened beverages (SSBs) are one of largest contributors to obesity.

Types of Studies Reviewed: Article reviewed studies and recommendations that focused on childhood, adolescent, and adult obesity prevalence, outcomes, and prevention. Focus was on nutrition, specifically, on SSBs.

Results: The purpose of this review paper is to engage dentists and provide them with the knowledge, tools, and resources they can share with patients to decrease their risk of obesity related health diseases. Second, to discuss shared messaging that both medical and dental providers can use when discussing nutritional guidelines around SSBs.

Practical Implications: This article gives oral health practitioners the knowledge and tools to incorporate ways to address the detrimental effects of SSBs into their clinical practices and to counsel patients who are at risk of or experiencing obesity.

ARTICLE HISTORY
Received 1 November 2024
Revised 7 January 2025
Accepted 27 February 2025

KEYWORDS
Sugar-sweetened beverages; obesity; medical-dental integration; nutrition; overweight; children; adults

KEEP THE CONVERSATION GOING

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Thank you

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