



March 10, 2021

Dear Chair Freiberg and members of the House Preventive Health Policy Division,

I am writing on behalf of the Minnesota Oral Health Coalition in support of HF1307, legislation that would make healthier food and drinks the default options on restaurant kids' meal menus while preserving parental choice.

Its widely known that regular consumption of sugary beverages is not good for you, but even the occasional indulgence can have negative effects on your oral health. When you have one of these drinks, the sugar latches on to your teeth. Bacteria that are normally found inside your mouth eat away at the sugar these drinks leave behind. However, as the bacteria consumes the sugar, it begins to produce acid. Eventually, the acid begins to eat away some of the enamel on your teeth. This makes the teeth thinner and weaker. As the enamel weakens, the likelihood of developing cavities becomes greater. **Sugary drinks are known as one of the most common dietary causes of tooth decay.**

*Minnesota has some of the worst oral health inequities in the country:*

5 out of every 10 American Indian children ages 6 to 9 and 13 to 15 in the Bemidji Area Indian Health Service area including Minnesota have untreated tooth decay.

**Untreated or treated tooth decay** (caries experience) among Minnesota third graders enrolled in public schools are:

- 1.6 times more likely in public schools with high free and reduced-price lunch eligibility (lower income households) than with low free and reduced-price lunch eligibility (higher income households).
- 1.3 times more likely in rural than urban public schools.
- 1.4 times more likely among Hispanic third graders than White, non-Hispanic third graders.

American Academy of Pediatric Dentistry and the American Academy of Pediatrics recommend at least one dental visit each year, starting when the first tooth appears or no later than the child's first birthday.

- Minnesota children under 6 years of age are 1.5 times less likely to have dental visits than children ages 6 to 17 years.
- Only 72.9 percent of Minnesota children ages 1 to 17 years living in low-income households (100% of the federal poverty level) had a past year dental visit, compared to 85.8 percent of Minnesota children ages 1 to 17 years living in higher income households (400% of the federal poverty level).

Preventive dental visits include services such as x-rays, oral exam, dental cleaning, and fluoride treatment.

- Children under 6 years of age are 1.5 times less likely to have a preventive dental visit than children ages 6 to 17 years.



Only 68.5 percent of Minnesota children ages 1 to 17 years living in low-income households (100% of the federal poverty level) had a past year preventive dental visit, compared to 71.1 percent of Minnesota children ages 1 to 17 years living in higher income households (400% of the federal poverty level).

We support the HF1307 because Minnesota children deserve the very best opportunity to learn, grow, smile, and thrive.

Sincerely,

A handwritten signature in black ink that reads "Nancy Franke Wilson". The signature is written in a cursive style.

Nancy Franke Wilson, MS  
Executive Director  
Minnesota Oral Health Coalition