Hi, this is Sandy Hassink and I’m the medical director for the Institute for Healthy Childhood Weight at the American Academy of Pediatrics. I recently sat down with my friend and colleague, Natalie Muth who is a dual board certified pediatrician, registered dietitian, obesity medicine physician, and the leading author of the policy to reduce sugary drink consumption in children in adolescents. Stay tuned to hear our discussion on how to adjust sugary drink consumption with families.

Sandy: Natalie, I’m so glad we had a chance to talk today and I’m so interested in how you got interested in writing the policy statement on sugary drinks that just came out for the Academy.

Natalie: Thank you for having me! So, one of the roles that I currently have is as a member of the American Academy of Pediatrics section on obesity, executive committee, and a lot of what we do is help optimize care for children affected by obesity in the pediatric primary care setting and specialty setting. In the executive committee we have lots of conversations about what could we be doing or what should we be doing to help kids and their families. We know that obesity is multifactorial and there are many factors that come into play, and the environment and policies around the food environment are highly impactful. The evidence is pretty clear that sugary drink consumption is really detrimental to children’s health and there are a lot of health harms from it. In the clinic, I’m a primary care pediatrician so I see kids all day long and I see some of the effects that come from really high intake of sugary drinks. In having these conversations and kind of with the Academy, and also in conversations with the American Heart Association, it became pretty clear that there needed to be some guidance and some kind of statement from the American Academy of Pediatrics addressing sugary drinks and policies that might help to reduce sugary drink consumption, kinds, and teens. It kind of came out of conversations within a smaller group of the executive committee, the section on obesity, and then really involving a broader group and stakeholders and experts in the area to help us put this thought and idea into an evidence informed statement that the AAP and all of the larger leadership groups amongst the AAP could really get behind and help support.

Sandy: I’m so glad you did this because I spent many years in clinics talking to parents and children about sugary drinks and many times parents didn’t know that sugary drinks were harmful in terms of the sugar content and obesity, and when they did know, many times the kids would kind of pester the parents to get the sugary drinks. We know that there is a lot of marketing that goes on and a lot of advertisements that kids see for these drinks. How do you weave the discussion of sugary drinks into a well visit? Is that something that you find that you touch on every time or how are you working that into your well care?

Natalie: Yes, so conversation about sugary drinks happens in my clinic and in my group at every well child check. Part of that is that it’s built into our patient answered questionnaire that they fill out for every well child check. Does your child drink sugary drinks? We all see that, it pops into our notes after they’ve completed the questionnaire so we’re lucky in that way to be able see it right there and then, that sparks the conversation when they say yes; which is most of the time, to be able to get the messaging out to explore it more. At the minimum doing messaging around 5-2-1-0 with the zero being recommending zero sugary drinks a day. Sometimes it comes up more often especially if there are children that are affected by obesity or there is further conversation around the growth chart. If it turns out that they’ve said yes to drinking lots of sugary drinks and really getting an idea of how much of the sugary drinks, what are they, and then goal setting around that as indicated based on the particular child. But yes, every well child check we ask about sugary drink consumption and then if they say yes, address it.

Sandy: What have you found helpful with your parents now that you’ve looked at all the policies? What are you telling parents now in clinic about what to do about sugary drinks?

Natalie: First to just remark on the marketing that is done to influence kids and especially teenagers to want sugary drinks. It’s just so much money. Billions of dollars are spent every year getting these young people to think that it’s cool, to ask for it, and to want these sugary drinks that are really quite detrimental to their health. So, one of the things that we address in the policy statement really is trying to help increase awareness of these marketing strategies and to try to have systems in place to help reduce some of that marketing. But even still, it’s there, the kids are on social media, they’re on YouTube, and they’re getting exposed to stuff all the time. I think one of the key things that I talk to parents about is really trying to help 1) to minimize exposure to sugary drinks, but then 2) helping their kids to be smart and savvy, consumers of information, especially once kids are about eight or older and especially teenagers. They can start to understand marketing gimmicks and strategies and see that these companies are really just trying to get their money. In fact, there was a study recently that showed that teenagers who were made aware of some of these strategies around sugary drinks were less likely to choose them. Partly to ‘stick it to you company, you can’t trick me.’ So, I think with parents … I think every parent or most parents know that sugary drinks aren’t really that healthy for their kids, but I don’t know if they realize how much sugar is really in the drinks and how unhealthy it may be. So, in clinic, we have these conversations to try to minimize or reduce sugary drinks down to none ideally, but at least one or less per week, but as part of my practice I also run a healthy weight clinic and we actually will do sugary drink demonstrations with the kids and their parents there just showing them how much sugar is in that 20 ounce soda that they are drinking. They see … we’ll take it and start measuring out the teaspoons. We’re getting to 16 teaspoons of sugar ad showing them the sugar in a bag and tell them that when they drink this soda you’re basically drinking all of this sugar. That usually is pretty powerful to help the older kids be like, “Oh yea, I think I’m going to go ahead and minimize my exposure now.”

Sandy: That’s so interesting because I had friends who did that. They actually had a display case in their practice with the bottles of different sugary drinks and the sugar. It was quite an attraction for the parents, the kids, and the way they were who usually did what your parents do, were amazed that that much sugar could be in that little bottle of sugary drinks. So, how are you talking to kids about the sports drinks and the energy drinks that are so common and they seem to so love them when they go out and participate in a sport and it’s break time and they get a sports drink?

Natalie: Great question and I think the sports drinks are another example of a really effective marketing that is being done to kids to have them think that “Oh, if you drink this drink you’re going to be a better athlete and you’re going to be able to excel at your sport even better.” There’s a culture around it too. My kids play sports and as much as I dislike that there’s always snacks after these one hour soccer games with little games and parents are often bringing Gatorade or other sports drinks, it’s like the kids need to refuel or something. I help them to understand that really most of the time the sports drinks not only do nothing for you as far as your athletic performance, but they’re actually harmful because there’s lots of sugar in them. You don’t need the electrolyte replacement that they tell you that you need unless you’re doing really intensive physical activity lasting longer than an hour and you’re really breaking a sweat. There are some situations that they can be beneficial, but most the time they really aren’t. Having these conversations really help the kids to see that there’s a lot of sugar in here and it’s much more than you would think. It’s not so different than having a soda or having a lot of juice. It’s really something that we want to try and minimize as much as we can.

Sandy: I was always also impressed and somewhat amazed at how many sugary drinks our little kids that came into clinic would drink. I remember walking into clinic one day and having a little five year old having a big cup of a soda. She came to my weight management clinic and I said to mom, ‘How did she come to have this soda in her hand?’ Mom said, ‘well, she pestered me for it and wanted it.’ So, I think that sometimes I found myself not only cautioning them about sugary drinks, but having to do a little coaching about what to do when the kids were asking for the sugary drinks and how to try to minimize the drinks in their home environment and how to parent your way though this little child who insists that they want this drink and they have to have it. I think that our parents have to walk a line between an environment that keeps throwing these drinks in their way, advertising to kids, and parenting their way through this. Do you find that the parents are pretty responsive once you talk about sugary drinks and are able to sort of get a hold of that and parent their way through these situations?

Natalie: Yes, I do. I find that much of the time when I’m working with the families where the kids are drinking sugary drinks, it’s a great low hanging fruit to start with because we know that the change, if a kid stops drinking sugary drinks, especially if they’re a regular consumer, the impact they are going to see from going to water or milk, but mostly water, is going to really be significant. Much of the time the families are really pretty receptive to decreasing sugary drinks. I’ll often start with the kid, especially if they are an older kid, I’ll ask them, ‘How much do you really love it?’ Most of the time they will say that most of the time, they don’t really even love it that much and that they don’t really need it. Then it’s from there that we kind of build from there to help come up with a plan of starting to make that adjustment. To your example of the five year old and even from thinking about these younger steps, one of the best steps a parent can take, especially if they have younger children, is to try to never even expose them to it in the first place. Really just having the breast milk and formula until age one, at six months starting water, and then at one it being water and milk and not even offering the juice, not even introducing them to that sweetened beverage, can really make a big difference to make it a lot easier later on to not have a child who is so craving that sweet taste. We know that the drinks are made for us to like them and to want to have more and it’s hard to tell a child that you can’t have more of something you like so much because it’s just not good for your body.

Sandy: That’s so important and there is data that shows that young children who drink sugary drinks have higher rates of obesity. So, if they’re drinking these drinks at age two, at six they will have higher rates of obesity. I think parents also need to know that there are risks now and there are risks later. Often times, I’ve got a lot of mileage out of talking to parents about dental care and sugary drinks. Some parents were very interested in good mental health so that’s another way I think we can approach it and another area that the parents are very interested in.

Natalie: Yes, that’s a great point and I think it really lends to the idea that it’s not just about weight. While we are concerned about childhood obesity and weight, there are things like cavities, pre-diabetes, Type II Diabetes, fatty liver disease, heart disease, these other conditions that are often associated with weight, but it’s not even just a kid who’s got overweight and drinks sugary drinks may have these things, even kids who don’t, and have lots of sugary drinks are at risk as well.

Sandy: It’s interesting because I think the parents get it when you talk about soda and even energy drinks and I know it’s a little harder for parents to think about juice because juice seems like it’s going to be really healthy. I know our new juice statement came out a couple years ago and really talked about no juice under one, four ounces from age one to three, and then four to six for older kids. How do you approach juice because I think parents sometimes put juice in a separate category from sugary drinks in their minds?

Natalie: To be honest, in a lot of the coaching I do with families, I pretty much put juice in the same category as other sugary drinks. I think the recommendation for the limits to juice, a lot of that was done because we want to make sure that kids are getting access to the nutrients from fruit and so there may be some situations where kids can’t get access to fruit. So, maybe a small amount of juice is second best, but most the time there can be access to fruit whether it’s fresh fruit or frozen fruit. So, I really talk to parents about juice saying it’s just basically taking the sugar from fruit. It doesn’t make you feel full, it’s missing the fiber, and it causes the child to really crave that sweet drink. So, we are much better off if we just stick with water and we help the kid to get the fruit from a fruit that also has the fiber that will also help them to feel full and it’s kind of a win, win to have good nutrition, good portion control, and to not develop that taste for that sweet drink.

Sandy: I think that’s so important for parents to hear. Juice that may look so healthy to them really is the sugary extract of the fruit and not the benefit of the fiber and the other nutrition in the fruit. I always used to say that I’d like the child to be able to chew their nutrition when they get it and not drink the nutrition. I’ve heard dentists talk, now this is a little off subject, but now we have toddlers with these pouches and kind of drinking this semi-solid liquid and it’s not exactly a sugary drink, but it’s not chewing your food. I’ve heard dentists say that they want the children to chew because it helps develop their mandibles and their bite. I think there are a lot of things that parents are confronted with that are out there that may be attractive or convenient that we need to kind of help them get a beat on and think about if it’s healthy. It might be attractive, it might be convenient, but is it really healthy for your child. I wanted to ask you because this came up with me for my older kids about non-nutritive sweeteners. I have an adolescent who is drinking a large amount of sugar sweet beverages and water at the first time we would talk about it was not all that appealing to them. So, do you have some thoughts about how we deal with non-nutritive sweeteners?

Natalie: Yes, it’s a great question and lots of discussion and research going on with that and I think we don’t have all the answers that we would like to have as far as the safety and the utility of the non-nutritive sweeteners in children and adolescents. There may be some potential benefit of diet drinks or drinks made with non-nutritional sweeteners rather than caloric sweeteners or sugars for kids who already drink a lot of sugary drinks and we’re trying to wean them off of them potentially. Overall, I really try to encourage parents as often as possible, and the kids and teenagers, to really go with water. Sparkling water can often be a good option for a child who likes soda because you can start to transition them, or non-choleric flavored water, that doesn’t have non-nutritive sweeteners either. Sometimes I think it comes up, sometimes kids may want or parents may want to have some kind of a sweeter drink and it may be potentially an okay beverage sometimes. Again, I think we really don’t know and it’s so confusing to parents in choosing drinks because the marketing of them. It’s even hard to tell what is 100 percent fruit juice versus a fruit drink that has added sugars versus something that is sweetened with an artificial sweetener. Is stevia different than another artificial sweetener? The marketing tries to help parents to think that all these things are really healthy for their kids. You have to be really savvy really, and even then it’s difficult to get to the bottom to get to the bottom of whether or not a drink is a good option for a child or not. I think keeping it really simple like water is a good option; milk is a good option, and everything else you need to be really cautions about it.

Sandy: I think in the situations where the child really is having trouble, I would always refer to these non-nutritive, the non-nutritive sweeteners as transitional beverages. They are not forever but they are for a purpose and the purpose is to move you from where you are to water. Sometimes that can help. Do you have any advise for parents because there is a lot of socializing and a lot of times the kids are going to houses where the family is going to serve a lot of sugary drinks. So, they are at the party or they are at the relatives house, do you have any advise for the parents and kids when they are in that situation?

Natalie: It can be really tricky and I generally advise parents around drinks, but also around food and eating to try to have at home a culture of having healthy options and trying not to have the sugary drinks and the beverages, at home trying to model the way you want your kids to drink. Then when you go outside the home, helping your kids to already have the tools and the knowledge to hopefully be making good choices, but sometimes they are exposed and everyone else is drinking something and they may drink it too. I think if we are too restrictive and we tell them that they can never have anything and when they are at a friends house or at a party and we completely eliminate their options to even try it, I think what happens later on is they do it and they do more of it when we aren’t looking. It’s like a secretive thing. So, generally, I suggest at home trying to follow the recommendations of water and milk, try not to have other things at home, for parents try not to have too many sugary drinks, help the kids to know what is healthy for them and hope that when they are out and about that they are able to kind of moderate it and to not be overly restrictive. I think it backfires a lot of the time if we are.

Sandy: Such an important point Natalie and I also think you’re making the other important point that this is a family affair and that the whole family really needs to pitch in. So, when you’re looking at sugary drinks, a healthy family environment means that all family members are on board. Sometimes you find out who the spoilers are so to speak. It might be the older brother who wants the soda, or the dad. Any advice when you’re talking to families, is there anything that you find helpful to say when you’re sitting there? You know and the mom knows that you really want to do this but there is somebody in the house that might not be so much on board?

Natalie: It’s a great point because family level changes are the most effective ones and what doesn’t help and is quite hurtful that happens a fair amount that we really encourage families not to do is say one child is struggling with increased weight and then they say, ‘This kid can’t have this drink, but the other kid who is an athlete or who doesn’t have increased weight can have the soda and it’s ok.’ That’s really not what we are going for. We really want to try to have all the family members to be in it together. Health matters for everyone. It doesn’t matter about weight or not. When there is someone who is really not on board, it can be very challenging and it’s usually … if it’s a child who is not on board, it’s easier because the parent can just be like ‘Well, I’m not buying the stuff anymore and we’re not having it.’ I encourage that. If it’s another adult, usually they care a lot about their kids and they want their kids to be healthy. Maybe they’d be willing to have a conversation where if they really need the soda maybe they can have it when they’re at work or have it outside the home, or not be so much in view all the time. That may be helpful. I’ve also found that what can help is if families schedule when they’re going to have a food or drink. So, say they really love the sugary drinks and they feel like they can’t get off of it. They want it; they’re not going to change completely. Well, maybe we can have a plan for it then. Maybe it’s Fridays or once a week that there is going to be some occasion that you’re having the drink, or you know you’re going to a party and you know everybody is going to be drinking all these drinks, so why don’t we just build that in for that’s when we will do it. This comes up with desserts a lot. It’s like, let’s plan the desserts twice a week so then we don’t need to be asking for it every day, we just already know. Kids do really well if they know what to expect and there is some structure around it. So, planning for the challenging things can be helpful and helping to troubleshoot when they occur.

Sandy: That’s such a good point and I agree with you. I think kids then know there is a plan in place, they know they’re going to have that drink or that dessert and it takes a lot of pressure off the day-to-day conversations with the parents. So, Natalie, I get the feeling that your whole team is kind of on board with you here. Did you have any trouble getting the team to sort of buy into this approach where this was going to be something you were talking about all the time? How did you get the team on board?

Natalie: Yes, the group that I work with, we are pretty large and we have electronic health record with a patient answered questionnaire that is given to every child of the same age across our whole group and a lot of it is based on just getting it into the questionnaire or kind of getting it into the HER. So, the leadership team and our committees are doing updates to our questionnaires were very on board with this. So, some of the groups that I’ve worked with around some of the obesity issues pushed it, but it wasn’t hard really to have everybody agree because we all are seeing the impacts that come with high sugary drink consumptions and we’re also seeing the community pressures and what parents are getting exposed to and everything else. So, it wasn’t difficult really within my group to get everybody on board to assess sugary drink consumption and then to address it through some of our brief counseling and a well child check.

Sandy: I wanted to bring you back Natalie because the policy on sugary drinks did have a lot of policy suggestions and I wonder if you could start with if there is anything pediatricians could do in their own communities that might be helpful. They’re fighting this battle in the clinic and they really want to help their patients, and they know that there are external forces in the environment working to make that harder. Is there something that pediatricians could do who want to get involved?

Natalie: Great point and thank you for asking that because the biggest take home from the policy statement really there are several different policies that we recommend. The one that has the most evidence behind it and was the initial spark for this policy statement was the recommendation that there should be a X sized tax on sugary drinks. We know that when things cost more people are less likely to buy them, and we know that one of the most critical things that we could do societally to help reduce the negative impact of sugary drink consumption on our kids and our teens is to actually implement a sugary drink tax. It turns out that many different localities, communities, states, and various places are really debating and having these types of bills that come up. Of course, you can imagine there is a lot of pushback from industries in them. One of the most important things that pediatricians can do for this topic and generally is to be an advocate in helping to support big changes that are on the table or are being considered and lend the weight of the pediatricians voice behind them to help some of these measures get through. We can talk to our families one on one all day long, and we do and we make an impact doing that, but if we really want to make a difference in reversing childhood obesity and optimizing kids health, we have to do things on a policy level, on a big scale so that the environments supports them in being healthy and it’s not parents having to always be battling these marketing messages or battling all of this sugary drinks everywhere. So, pediatricians really using their voice to help influence policy can go a long way whether that’s being involved locally or that’s at the state chapter or through the national AAP as well.

Sandy: I know there was a lot of effort in our area with respect to school vending machines and getting water into the school vending machines and getting the sugary drinks out of the school vending machines. That alone took a lot of work because there is actually money to be made from those vending machines and a lot of fear that replacing the sugary drinks with water wouldn’t work, but it actually did work and we were able to, in our area, to get the schools to make some of those changes. So, I also think that if you’re not in a community that is looking at the tax on sugary drinks there are other avenues of change that you might want to engage in. The other thing that happens that I was kind of surprised about is our parks and recreation department had vending machines in the parks and got interested in putting water in those vending machines. Someplace where I wasn’t necessarily thinking about sugary drinks. So, I think there are opportunities in the community that you might not at first think about that you could advocate for, especially if you’re looking to work with your chapter.

Natalie: Definitely agree, completely!

Sandy: What other policies do you think that might on the horizon that might be helpful know that the tax you think is going to be the one that has the biggest effect? What are some other policies that you guys thought that might be influential here?

Natalie: There has also been some bills that have come up and some discussion about putting warning labels on sugary drinks, helping to remind people or to make aware to those who don’t know, that sugary drink consumption is associated with things like dental care, that you mentioned, diabetes, Type II Diabetes, heart disease, so there is no confusion about the healthfulness, or lack there of, of sugary drinks. Also, it’s challenging, but really there needs to be better controls and regulations on the marketing of all of these drinks to young people especially now through social media and YouTube, as I mentioned, and these other devices, games and apps and things kids are doing. They are getting bombarded with lots of messaging for sugary drinks. The regulations or the self-imposed regulations with the beverage industry has kind of put on themselves previously isn’t really adapted to the 21st century and the modern age that it’s not TV that young people are really watching anymore. It’s all this stuff online, so we really advocate that there needs to be better regulation or control or monitoring or change about this marketing of the sugary drinks to young people. Also, this is already in place so we just supported it in our statement, but helping people to be aware through the nutrition label of the sugar content in all drinks, including specifically the added sugar in drinks, which can be especially confusing for certain beverages. They may have milk or whole fruit in them, but there has been additional sugars added to them. So, really helping people to very easily see how much sugar is in a sugary drink that they are consuming.

Sandy: I remember there was a study, I think it was about 2016 where they actually showed parents these warning labels and the parents were impressed by them and felt that that would change their behavior. So, I think there is something to be said for warning labels and actually helping parents to understand what is on the label so they can have that information and it does influence their decision-making. Another thing that I’ve heard about, but not as recently, is menu labeling and the fast food establishments or the restaurants that have the calorie count of the drinks. Have you heard anything more about that or do you think that’s making any impact?

Natalie: Yes, having the labeling of the drink I think is helpful just from the aspect of people being aware and having it in their face a little bit when they’re making that choice. Also, one of the things that we advocated for on behalf of children and children’s meals and beverages is that the default drink to be water or milk rather than the default drink be a soda or juice. Some establishments have taken that upon themselves to make that default, and some cities and locations across the country have made it a requirement. So, we support that as well. So, in addition to having labeling to know what is in there, also to make the healthy choice the easy choice and really the default choice, especially for children’s meals and beverages.

Sandy: I think that’s so important and even if that’s not the case, just to remind the parents that just because it says kids meal doesn’t necessarily mean it’s a healthy meal and so maybe pay attention to what comes with it, what kind of drink is coming with it, and ask for a substitute. Sometimes we just somehow think that the kid’s meal is going to be okay and not necessarily think that we can even replace a component of that meal just by asking for a substitute. So, I think that’s such a good suggestion. Do you think Natalie as you look at the policy and how things are going, do you think we’re headed in the right direction or do you think there’s some movement in the approach to sugary drinks?

Natalie: On the one hand it’s really an uphill battle. To be honest, on a lot of the different policies that we advocate for, the beverage industry is very powerful as opposed to a lot of the recommendations that we’ve made in the statement that would really decrease sales of sugary drinks. On the other hand, there have been decreased sales of sugary drinks. People are paying attention and they’re drinking less of these drinks, which is fantastic, and really the industry response that by coming up with other drinks that people are buying such as sparkling water and different variations of waters now all over the place. So, I think overall we are making progress it just comes in different ways and different forms and it requires us to constantly be on it. As a profession of pediatricians across the country, there are hundreds of thousands of us, and we’re talking to families every day and having the same message and continuing the message, and beating the drum and having our state chapters, districts, and national AAP supporting that as well on a larger level. I think we’re getting there. We’re making progress, but certainly, we can’t let up. It’s still kind of an uphill climb, but we’re getting there.

Sandy: You just said such a beautiful thing because this is really how I think of the pediatricians. Here we are in our offices and day to day we’re going one patient at a time and really trying to help that family get healthier, and we’re also stepping out of our offices into the communities, and we are going to the schools, and we’re working with the chapters and making policy and getting involved with policy writing. I think it just explains what being a pediatrician illustrates and being a pediatrician really means that we’re going to go out of our offices to help our kids in the wider world. I think progress is being made and it’s wonderful to see that happening as a result of efforts of pediatricians like yourself and all of the pediatricians around the country that are trying so hard to move the needle. So, Natalie thank you so much for our conversation today and I look forward to hearing about what’s next from the section on obesity about the next things that you’re going to be tackling, so thank you so much.

Natalie: Thanks so much for having me. It’s really a pleasure.

Thank you for listening to my conversation today with Natalie about sugar sweetened beverages. Please remember to check out some of the relevant resources on the Institute for Healthy Childhood Weights website and The Bright Futures website. Some of the ones that may be most relevant to todays conversation include: The Early Feeding module on healthy beverages and the AAP Policy on Reducing Sugary Drink Consumption in Children and Adolescents. In addition, be sure to check out the consensus on healthy beverage consumption in early childhood and the AAP campaign for dental health. These are just a few of my favorites, but be sure to check out both the Institute and Bright Futures websites for more.