



Summer 2006

ORAL HEALTH MATTERS

The Connecticut Department of Public Health, Office of Oral Public Health

From the Office of Oral Public Health

By Ardell A. Wilson, DDS, MPH

Every Smile Counts! This fall the Department of Public Health will be conducting an oral health survey of children in Head Start, kindergarten and third grades. The goal of the *Every Smile Counts* survey is to find out the oral health status of children so that effective planning and interventions can be developed to improve oral health in Connecticut.

Some schools and Head Start Programs currently collect information on the oral health status of children. This information is important and worthwhile. However, each site has its own methodology for collecting information so the data cannot be aggregated to give a valid oral health profile of Connecticut's children that can be used for

planning and interventions.

The *Every Smile Counts* survey is based on the nationally standardized *Basic Screening Survey* developed by the Center for Disease Control. The *Every Smile Counts* survey will use standardized measures that will be consistently applied to all children surveyed. The survey will consist of basic screening for cavities, sealants and need for urgent care.

Each school and Head Start Program will be selected based on a sampling strategy to ensure all Head Start, kindergarten and third grade children are represented statewide. Therefore, it is extremely important that the schools and Head Start Programs selected agree to

participate. Approximately 78 schools and 20 Head Start Programs will be selected.

Licensed and registered dental hygienists and data recorders are currently being recruited by the Department to participate in conducting the survey. Participants will be trained and provided a stipend.

As always, a strong and diversified partnership with the community is essential for the success of this initiative. To find out more about our community partnerships and information about how you can participate in the *Every Smile Counts* survey, please contact Linda Ferraro at 860-509-8203 or Linda.Ferraro@po.state.ct.us



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What's in Your Sports Bag? Mouth Guard: Required Athletic Equipment

By Robin E. Ball, Office of Dr. John Britz

Protect your winning smile, the motto of Dr. John C. Britz, D.D.S., P.C. of Stratford, can be found on posters, banners and postcards being handed out at health fairs, sporting events, schools and athletic arenas in and around Stratford, Connecticut.

A family dentist for the past 30 years in the Academy Hill Section of Stratford, Dr. Britz has always advocated the importance of oral health care while stressing the need for mouth guards. Since 1991, Dr. Britz has worked with athletic organizations including Sterling House soccer,

basketball and baseball teams, Stratford Pony League baseball, Greater Bridgeport Youth Hockey and Bunnell High School Girl's Basketball teams to name a few. He has provided over 3,100 mouth guards to athletic organizations at a nominal fee covering the costs of materials only.

His goal is to reach out and educate as many athletic teams, schools and organizations as possible so that a mouth guard will be a required piece of equipment found in every athlete's sports bag and in every player's mouth once on the field.

- See *Sports Bag*, page 2

What's in Your Sports Bag? -cont.

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Hoping to expand the public's awareness, Dr. Britz's furthered his quest by manning a booth at the first annual Bridgeport SportsFest last March, reminding thousands of sports fans that a mouth guard is the one piece of equipment that should always be used.

A giant toothbrush invited the crowds to investigate the booth and a sports bag filled with equipment underneath a sign reading, "What's in your sports bag?" caught the attention of onlookers, but graphic details of accidental tooth loss is what kept the crowd's attention.

Most of the audience was either actively involved in sports or had a child or grandchild who played sports. Parents concerned about the safety of their

children took pamphlets and flyers to educate their coaches and athletic directors. As one parent put it, "The cost of a mouth guard is nothing compared to the value of my child's perfect smile."

Unfortunately, accidental injuries that result in tooth loss do occur every day. In some cases, the accident is as simple as a child tripping and falling on the playground. In these instances, a tooth can be saved if action is taken immediately.

If the crown and root of the tooth are intact, the tooth should be rinsed in water, never soap or disinfectant, remembering to handle the tooth only by the crown portion, never the root, as this would damage valuable living

cells. If possible, the tooth should be placed back in the tooth socket and the child should be taken to a dentist.

Other methods to transport the tooth to the dentist include: (1) keeping the tooth inside the person's mouth, close to the cheek or (2) placing the tooth in a container of milk. While these methods do not guarantee that the tooth will remain in place, they can be successful in some instances.



In order to keep his message alive, Dr. Britz will man a booth at events such as the Bridgeport Annual SportsFest and is working to collaborate with pediatricians' offices, schools, preschool programs and daycare providers to get the message out to the public that we only have one set of permanent teeth and those teeth are worth protecting.

- Robin E. Ball is Director of Community Relations in the Office of Dr. John C. Britz

Alternative Dental Practice Settings: Another Option By Linda Ferraro, RDH

Pprivate dental practices, whether group or solo, are the traditional practice settings in which most perspective dentists and dental hygienists envision practicing. While this is a realization for most, it is not the only option.

I had pictured myself in a traditional practice setting building my clinical skills and earning a good living. As a student, I was very intrigued by my experiences in various public health settings, but never thought I would actually practice in one. I settled into private practice after graduation, but realized after a few years that this was not for me. I ventured into the realm of alternative dental practice settings and have not looked back since!

Alternative practice settings are diverse. They may be in environments such as schools, community health centers, not-for-profit clinics, health departments or nursing homes, in academic settings with options in teaching and research, or in private industry. Dentistry provides varied career options, and for some, choosing a career path in an alternative setting offers both challenging situations and many personal and professional rewards.

The Challenge

Pursuing a career in an alternative practice setting is not always looked upon as a positive career pursuit. Some believe the financial rewards are not as substantial as the private dental practice and while this is true in some settings, this is not

always the case, especially in private industry and for new graduates who may find very competitive salaries in many public health alternative practice settings.

While challenges exist in many alternative practice settings, such as frail and medically compromised patients and fewer resources, some say one of the most frustrating challenges involves the perception of others within the dental community who question why they would want to practice in a public health setting, almost as though they question the individuals skills or abilities.

Dr. Motyka states, "I know I am a good dentist and I never want anyone to question my work just because I practice in a school. We have a very high standard of care and never compromise on the quality of care we give."

The Reward

For some, practicing in an alternative practice setting happens not as part of a master plan but by chance. Dr. Jaime Motyka, a graduate of the University of Connecticut who works in Hartford Public Schools, had no previous knowledge that dental clinics existed in the Hartford schools when she met a physician who worked in the schools while horseback riding and was told about the school dental clinics. This sounded interesting to her, so she pursued her present position and has been there for seven years.

- See *Alternative Dental Practice*, page 4

Cancer of the oral cavity and pharynx include cancers that develop in any part of the oral cavity including the lip, tongue, salivary glands, floor of the mouth, nasopharynx and hypopharynx. In 2002, there were 375 residents in Connecticut who were diagnosed with cancer of the oral cavity and pharynx and 88 deaths from these cancers. For cancers reported in 2002, the tongue was the most frequent site of oral cancers for Connecticut residents.

Connecticut has a similar incidence of oral and pharyngeal cancer when compared to the United States. Table 1 contains the incidence in CT compared to the incidence in the United States as a whole. The data on the United States includes data from 44 state cancer registries, the District of Columbia, and 6 metropolitan areas, covering 93% of the U.S. population.

Mortality and Age Adjusted Incidence* of Cancer of the Oral Cavity and Pharynx by Gender, Race, CT and the US, 2002

* Rates are per 100,000 persons/year and are age-adjusted to the

	MORBIDITY		MORTALITY	
	CT	U.S.	CT	U.S.
Male				
All Races	4.1	4.1	15.0	15.5
White	4.0	3.9	14.8	15.3
Black	-	6.3	18.2	17.5
Female				
All Races	0.9	1.5	5.9	6.0
White	0.9	1.5	5.7	6.0
Black	-	1.7	9.5	5.5

2000 U.S. standard population

This table demonstrates that overall the incidence rate is higher for males than females and higher for blacks than whites. Both the incidence and mortality from cancer of the oral cavity and pharynx have decreased over time while the survival rate has remained basically unchanged for the past 30 years.

Prevention and early detection are the keys to decreasing the incidence of oral pharyngeal cancer and prolonging survival. Tobacco use accounts for between 80-90% of oral cancers and all forms of tobacco have been implicated including cigarette, cigar, pipe tobacco as well as chewing tobacco. While pipe smokers are prone to cancer of the lip, those who

chew smokeless tobacco have a four-fold increased risk for oral cancers.

Use of both tobacco and alcohol is a much greater risk for oral cancer than either substance by itself. While one pack of cigarettes a day increases the risk for oral cancer 4.5 times, 6-9 alcohol drinks a day increases the risk 15 times, tobacco and alcohol combined increases the risk for oral cancer up to 100 times. Cancer of the lip is associated with sun exposure and can be prevented by avoiding unprotected sun exposure as well as pipe and cigar smoking. While there are other agents that have been linked to cancer of the oral cavity and pharynx, avoiding smoking, smokeless tobacco, and alcohol can prevent most oral cancers and quitting tobacco and limiting alcohol intake will decrease the risk of developing these cancers, even after many years of use.

Early diagnosis depends upon an astute clinician or patient who may identify a suspicious lesion or symptom while it is still in an early stage. The American Cancer Society recommends a cancer-related check-up annually for all individuals aged 40 and older, and every three years for those between the ages of 20 and 39, which should include health counseling and, depending on a person's age, include examinations for cancers of the oral cavity.

Both the National Cancer Institute and the National Institute of Dental Research support efforts to promote the early detection of oral cancers during routine dental examinations. Dentists and primary care doctors have the opportunity to see abnormal tissue changes and to detect cancer at an early curable stage. Individuals, especially those at high risk should take an active role in the early detection of these cancers by doing monthly self-examination.

Health care practitioners, however, are not always screening for these conditions, even in high-risk patients (smokers) nor are individuals aware of the signs and symptoms of oral and pharyngeal cancers. In 1998, participants in the National Health Interview Survey (NHIS) were asked if they ever had had an exam for oral cancer. Only 16 % of respondents reported that they ever had such an exam with 18% of whites reporting having had an oral exam and only 10 % of African Americans. Similar results were found in a Florida survey in 2002 where 23% of white and only 9.9% of black participants reported having been examined for oral cancer in the past 12 months.

Likewise individuals are unaware of the risk factors and the signs associated with oral cancer. Findings from the 1990 National Health Interview Survey indicated that forty-four percent of adults did not know any signs of oral cancer while

- See *Cancer*, page 5

Alternative Dental Practice Settings, cont.

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Dr. Margaret Drozdowski, another University of Connecticut graduate, began her dental career as an associate in two private dental practices for 3 years.

As Dr. Drozdowski says, she really “fell into” her position at the Community Health Center, Inc. She started there, as a full-time staff dentist, enrolled in the National Health Service Corps Loan Repayment program and after four years, is now the Dental Director of their entire dental department.

Still others are drawn to alternative practice settings for the opportunity to expand their horizons and increase their career options, as with Meg Zayan, RDH, MPH, EdD, Director of Fones School of Dental Hygiene at the University of Bridgeport. As Dr. Zayan states, “public health interested me and allowed me to broaden my knowledge base and gave

me additional career options”.

Additionally, many of the benefits outside of salary, such as health insurance, paid vacation and sick leave are offered in many alternative practice settings.

Another aspect that attracts some dentists to an alternative practice setting is that many positions do not require the responsibilities of running a dental practice, with all of the challenges and tasks that are inherent to running a business. Many alternative practice positions do not require practitioners to be available after normal business hours or weekends, which is very attractive. Some settings, such as schools, accommodate the typical school schedule and afford a balance between time spent at work and time spent with the family.

Most dental providers who find themselves in positions in alternative

practice settings express a great deal of personal and professional satisfaction in their career choices. When asked about what rewards she has experienced, Dr. Drozdowski at CHC, Inc. stated, “I feel lucky to practice the type of dentistry I want to, especially for patients who have few options.”

Dr. Motyka said, “the hugs,” even when I’ve just given a needle to a child and pulled out a tooth - when they get up and give me a hug or ask when they are coming back to the dentist, there is nothing better than that!”

While traditional private dental practice is a viable option, there are alternatives out there. Do some research, visit some sites, ask questions and most importantly, know that the dental profession offers a variety of career opportunities.

- Linda Ferraro, RDH, is Oral Health Program Associate for the Department of Public Health

CONNECTICUT ORAL HEALTH NEWS

Carol J. Dingeldey, MPA joined the Connecticut State Dental Association (CSDA) as Executive Director on May 1, 2006. Carol comes to Connecticut following 13 years in various association management roles in Chicago. Prior to joining the CSDA, Carol was a staff member for nearly ten years at the American Academy of Periodontology (AAP), an organization of dental professionals specializing in the prevention, diagnosis and treatment of diseases affecting the gums and supporting structures of the teeth and in the placement and maintenance of dental implants.

Carol’s most recent AAP position was Education and Liaison Director, responsible for overseeing graduate periodontal education standards, enhancement of the state-level network of periodontal societies, and interfacing with the American Dental Association. Carol’s other roles at AAP included Director of Scientific, Clinical and Educational Affairs, Practice Affairs Director, and Senior Practice Affairs Manager.

Carol is a graduate of Michigan State University, where she obtained a Bachelor’s degree in Microbiology and Public Health, and a Master’s degree in Public Administration.

Please note CSDA offices have moved. Their new location is: 835 West Queen Street, Southington, CT 06489 (860) 378-1800.



Mary Moran Boudreau, RDH, MBA, has been appointed Executive Director of the Connecticut Dental Hygienists’ Association (CDHA). This is a new position which reflects the development of CDHA through the years. “Dental hygiene is evolving and CDHA will greatly benefit from stability of leadership from year to year,” according to CDHA President Leslie Andrews, RDH, MBA. The Executive Director will work closely with the president and board of trustees to fulfill CDHA’s strategic plans.

Mary has been extremely active in CDHA, most recently holding the positions of Interim Central Office Administrator, Legislative Committee Chair, Council of Regulations and Practice member, HYLIGHT newsletter editor and Corporate Sponsor Administrator. She was CDHA President in 1998, and has served in numerous positions on the national and component level, including American Dental Hygienists’ Association delegate.

Oral Health and the Elderly: A Constellation of Complex Issues

By Ruth S. Goldblatt DMD, FAGD

Oral health care for older populations is going to be a growing issue for decades to come.

- Who will treat take care of all these older patients?
- Will dentists need more training? And what are the special issues surrounding treating older patients that dental providers need to be made aware of?
- What resources are available to help providers and patients learn more about oral health in older populations?

According to the American Dental Association, by the year 2030, the number of people over age 65 is estimated to be around 71 million. We will need more dentists trained and comfortable in the nuances dental treatment and options in this population.

Treating the elderly is complex and involves much more than the dentistry, which in and of itself can be a daunting task. Oral disease patterns in the older populations are changing.

In the past the majority of older adults were often edentulous and the main treatment of choice was dentures. Many never sought out treatment once their natural teeth had been removed.

Today with the advances in chronic disease treatments people are living longer and keeping their teeth longer. With teeth come more oral diseases such as root caries and periodontal disease in the presence of dry mouth.

But, people may have more expendable income and are willing to pay to have a bright smile and keep their natural teeth.

Briefly, some of the issues that dentist's and their staff need to be aware of include:

- Access to transportation to the dental office
- Time of day of appointments
- Patients who travel to warmer climates in the winter and split their care between providers

They also need to be aware of the current medical condition and the medications a patient is taking both prescribed and over the counter. One last issue is actually making patients aware of the need for continued dental care as they age and the effects of chronic disease and medications on their oral and overall general health and quality of life.

Over the past five years, the geriatric curriculum at the University Of

Connecticut School Of Dental Medicine has expanded to include a rotation in a local nursing home and a more clinically based curriculum than in the past. This enables the students to start to put into practice the concepts of treating very medically compromised patients in a hospital and long term care setting.

Students get hands-on experience with frail populations. The students also have older patients as part of their day to day patient pool both in the school clinics and at the Community Health Centers where they have clinical rotations.

Recently, the American Dental Association acknowledged that the need for dentists trained in geriatrics will grow. One way the state of Connecticut is working toward this goal is by requiring dentists in the state to have mandatory continuing education in special care dentistry. This is a step in the right direction to get currently licensed dentists more comfortable in treating the elderly and others with special needs.

More information can be attained by accessing Special Care Dentistry at <http://www.SCDonline.org> or the DPH Office of Oral Public Health website at www.dph.state.ct.us/bch/oralhealth.

Cancer of the Oral Cavity, cont.

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another 25% correctly identified only one. In the Florida survey, respondents were asked if the following clinical signs were possible indicators of oral cancer: white or red patches in the mouth, non-healing sores or lesions in the mouth or bleeding in the mouth. One-half of the respondents knew that red or white patches in the mouth could be signs of oral cancer, while a little over half knew that bleeding in the mouth could be a sign of oral cancer.

Knowledge about the risk factors

associated with oral and pharyngeal cancer is also deficient. In the NHIS only 13% knew that regular alcohol drinking increases the risk of oral cancer while two-thirds identified tobacco use as a risk factor for oral cancer. Results from the Florida survey were more encouraging with 95 % of the respondents aware that tobacco use was associated with oral cancer, but only 44% aware that alcohol was a risk factor.

Any impact on the burden of disease from oral and pharyngeal cancer will necessitate education of both the public and health care practitioners. Health care

practitioners need to consul patients on the risks of alcohol and tobacco use and screen for these cancers especially in high-risk patients.

The public needs to be better educated on the risk factors for these conditions and the signs associated with oral and pharyngeal cancers so that early treatment can be instituted.

For additional information on oral cancer risks, visit the Connecticut DPH Office of Oral Public Health website at www.dph.state.ct.us/bch/oralhealth.

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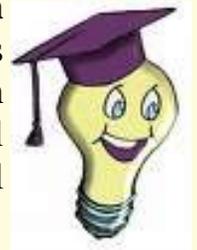
Oral Health Continuing Education Updates

Continuing education requirements are mandated by the State Department of Public Health to maintain licensure for all dentists and dental hygienists in Connecticut. You can find out information regarding these requirements by visiting our website at:

<http://www.dph.state.ct.us/bch/oralhealth>

Click on “**Statutes and Regulations**” and follow the links to the dentist’s and dental hygienists’ practice acts.

Also on our website, see “**Oral Health Links**” for updates on the various continuing education courses offered on the Connecticut State Dental Association and Connecticut Dental Hygienists’ Association websites.



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