



HALDIMAND-NORFOLK HEALTH UNIT

PEARLY WRITES

A dental public health newsletter for Haldimand and Norfolk Dental Offices.

Quitting is Hard but You can Help Your Client Make it Happen

As oral healthcare professionals working in private practice, you see the impact of tobacco use on periodontal disease and delayed tissue healing. You know that tobacco use can cause oral cancer and other diseases of the mouth, lips and tongue. You also know that tobacco use is a risk factor for developing other cancers, cardio-vascular disease and chronic obstructive pulmonary disease (COPD).

But did you know that the majority of people who smoke want to quit?

You as oral healthcare professionals are in a unique position to help your clients quit. Research indicates that success rates increase significantly when there is even brief clinical intervention. In less than three minutes, you can make a difference in your client's health.

Follow the 5 A's:

- Ask you client if he/she uses tobacco.
- Advise your client to quit.
- Assess your client's readiness to quit smoking.
- Assist your client to quit smoking.
- Arrange a follow up.

It's important to remind your client that not only does tobacco contribute to persistent bad breath and discoloured teeth; it can also lead to increased calculus build-up, periodontal disease, and decay. As a health care professional, you have access to free materials for your clients, as well as services that you can refer for free counselling.



To learn more about proven strategies and techniques that Smokers' Helpline can offer people to help them quit, call 1-877-513-5333 or visit www.smokershelpline.ca

You also have access to training opportunities and a network of tobacco cessation champions who are assisting their clients to quit smoking and making a difference every day. For more information visit www.YouCanMakeItHappen.ca or contact the Haldimand-Norfolk Health Unit.



Kim Casier
Dental Hygienist
Health & Social Services
519.426.6170 Ext. 3249
kim.casier@hnhu.org

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Family Health Night brings care to kids and families that need it

Oxford, Elgin and Haldimand-Norfolk public health units collaborate on outreach to southwestern Ontario's Mennonites



oral health and healthy eating with this population.

A total of 127 children received oral health screening from one of the team members at the Family Health Night. Children needing urgent or essential dental treatment were referred to CINOT (Children in Need of Treatment), the Government of Ontario-funded program that provides emergency dental care and out-of-hospital anesthetic coverage for low-income children aged 17 and under.

About southwestern Ontario's Low-German speaking Mennonites

While there are several groups of Mennonites in Canada, the group of Mennonites in southwestern Ontario is relatively small at about 20,000. Early Mennonite settlers arrived in Canada from Mexico in the 1920s in search of a place to live where they could maintain their traditional way of life, language and religion, living as a separate group from the surrounding culture.

Southwestern Ontario's early Mennonites lived in close-knit colonies, farming the land and in a simple lifestyle. Over the years, Mennonites have continued to come to Canada in increasing numbers to work on farms over the summer months, returning to Mexico in the winter. Because of their strong work ethic, local farmers invite many of them back year after year, and some do decide to stay in Canada permanently. With the land shortage in Mexico and lack of adequate schools, like many immigrants regardless of where they are from, Mennonites seek in Canada a better lifestyle and greater educational opportunities. Like other immigrants, they also find they must adjust to Canadian lifestyle and culture, particularly in emigrating from a slower-paced lifestyle.

This group of Mennonites speaks a German dialect called low-German; hence, they are often referred to as "low-German speaking Mennonites." Their dress style still hails from the 1920s, as any change would be seen as rebelling against the church. The family structure is patriarchal and women wear only dresses and keep their head covered with a scarf after marriage. In Mexico, children start school at age seven, with girls finishing at age 12 or 13 and boys finishing at age 14. Mennonite children learn practical skills at home. Girls learn to cook, sew, milk cows, raise chickens and care for babies. Boys learn how to farm, fix machinery and manage a family farm or business.

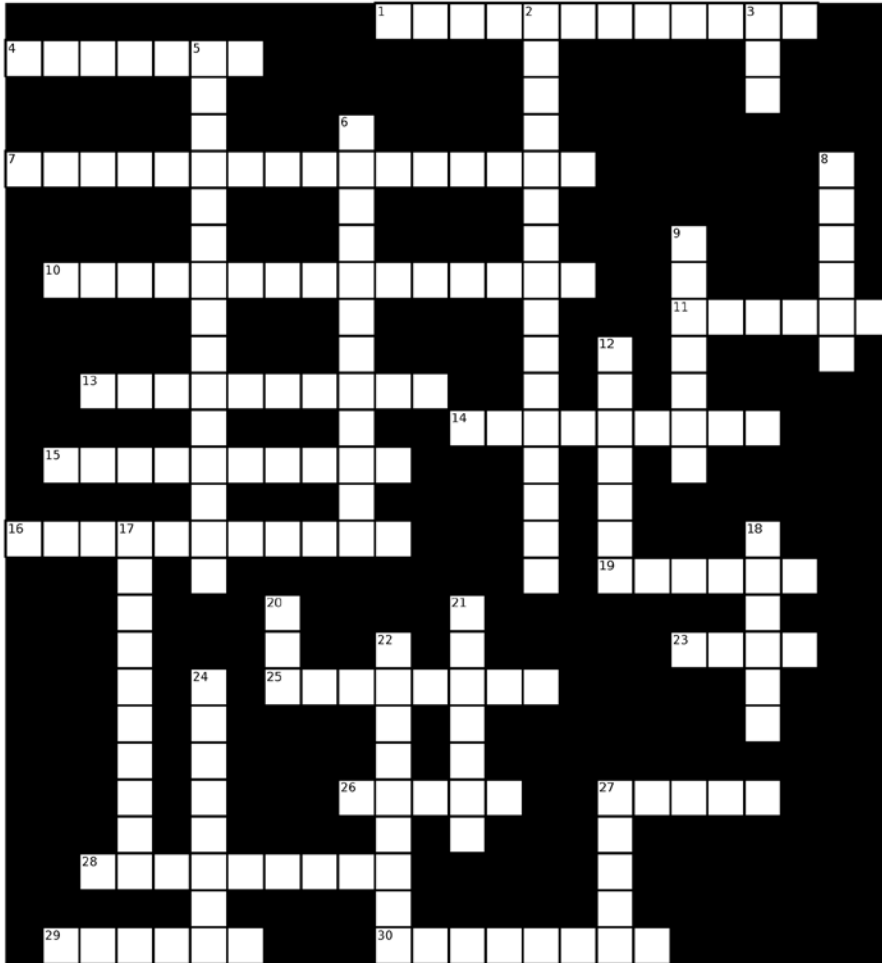
Low-German speaking Mennonites continue to maintain their ties with Mexico through family and friends and travel between the two countries visiting each other. At the same time, many Mennonite women and men are adjusting to the Canadian lifestyle and now enroll in ESL classes. With nearly a century of history in this area, the Mennonite lifestyle is now also a part of Canadian legacy and tradition.

Dental staff from the Oxford, Elgin and Haldimand-Norfolk health units participated in a Mennonite Family Health Night in Frogmore, Ontario, in April to offer free dental screening to a group of Mennonite families originating from Mexico.

Through the course of their work with Mennonite families, dental staff members in all three municipalities were aware that members of this group can face financial hardships that might prevent them from seeking dental care. Dental staff had also identified a need for more education about

HNHU Oral Health Program

crossword puzzle



Across

1. Should be changed every 3 months
4. Habitual grinding
7. There are 36 in Ontario
10. A quick visual inspection of the teeth
11. Canada's Chief Dental Officer of Health
13. This should be worn during some sports
14. Adult teeth
15. Inflammation of the gingiva
16. World Health Organization's Headquarters
19. Instrument used for dental screening
23. Created in 2004 by Canadian government to protect the health of Canadians
25. "C" in CINOT
26. You need to do this after breakfast and before bedtime
27. Another word for "cap"
28. Also known as "baby" teeth
29. Vinyl or latex
30. Helps prevent decay on molars

Down

2. The name of our health unit
3. Acronym for early childhood caries
5. Recommended when a baby molar is extracted prematurely
6. Addition fluoride to community water systems
8. Another word for cavities
9. "D" in dmft
12. Silver filling
17. A "pea-sized" amount is recommended
18. Teeth used for crushing and grinding food
20. Infants sleeping with a bottle can develop this
21. Fluoride painted on teeth to reduce tooth decay
22. Condition from consuming excess fluoride
24. Found in toothpaste
27. Urgent dental program for children 0-17

CANADIAN HEALTH MEASURES SURVEY

ORAL HEALTH COMPONENT

2007-2009

In 2003, Health Canada and the Public Health Agency of Canada supported Statistics Canada in obtaining funding to conduct a "direct measures" health survey among the Canadian population. Statistics Canada collected data for the Canadian Health Measures Survey (CHMS) from about 6,000 people in 15 communities randomly selected across Canada between March 2007 and February 2009. Before Statistics Canada began collecting data for the Canadian Health Measures Survey (CHMS), there was no current, nation-wide, clinical information on the oral health of Canadians. The information drawn from the Canadian Health Measures Survey describes the extent and severity of dental diseases among Canadians.

One of the reasons oral health was included as a component of the CHMS was to enable future evaluation of the association of oral health with major health concerns such as diabetes, respiratory and cardiovascular diseases. It will also enable the investigation of the relationships between oral health and known risk factors such as poor nutrition and smoking, as well as the effect of socioeconomic factors such as low income and education.

Highlights

- 62% of Canadians have private dental insurance
- 6% have public insurance
- 32% have no dental insurance
- 12% of Canadians report that they had ongoing pain in their

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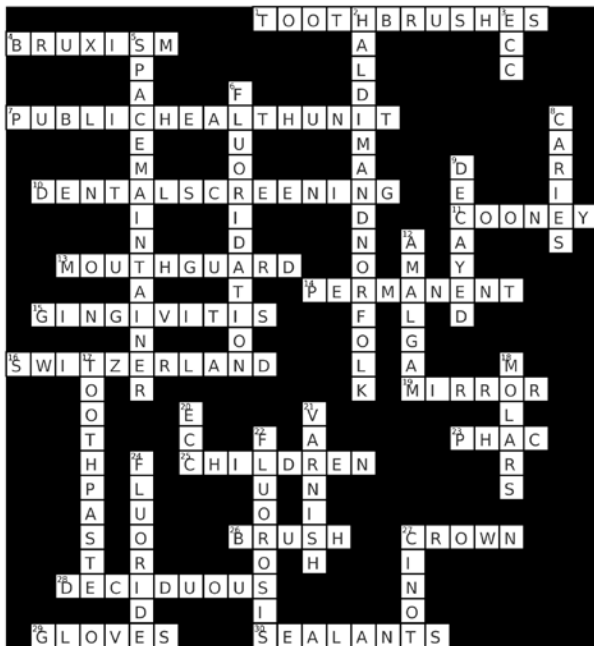
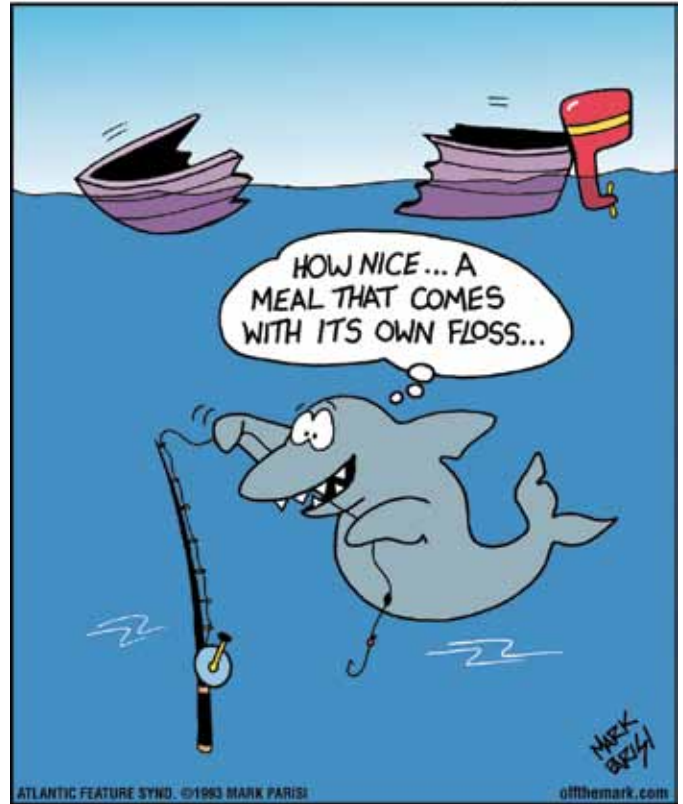
Canadian Health Measures Survey *(Continued from page 3)*

mouth in the past year.

- 74% of Canadians have seen a dental professional in the last year.
- 17% of Canadians avoided going to a dental professional in the last year because of the cost.
- An estimated 2.26 million school-days and 4.15 million working-days are lost annually due to dental visits or dental sick-days.
- 57% of 6-11 year olds have or have had a cavity.
- 59% of 12-19 year olds have or have had a cavity.
- Although cavities are largely preventable, 96% of adults have a history of cavities.
- 6% of adult Canadians no longer have any natural teeth.
- 21% of adults with teeth have, or have had, a moderate or a severe periodontal (gum) problem.
- 73% of Canadians brush twice a day.
- 28% floss at least 5 times a week.

For more information on all of the results, you are encouraged to review the Report on the findings of the Oral Health Component of the Canadian Health Measures Survey 2007-2009 at the following link: www.fptdwg.ca/assets/PDF/CHMS/CHMS-E-tech.pdf.

off the mark.com by Mark Parisi



Answers to Dental Crossword



Simcoe:
P.O. Box 247, 12 Gilbertson Drive
Simcoe, ON N3Y 4L1
519.426.6170 or 905.318.6623

Caledonia:
282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367

HealthUnit
Haldimand-Norfolk
www.hnhu.org ■ info@hnhu.org