



Signs of oral cancer  
New ways to spot  
symptoms



TO teeth leaders  
Three GTA-based  
initiatives

**MEDIA  
PLANET**

2nd Edition, April 2011

# ORAL HEALTH



## SMILE BIG FOR A GOOD CAUSE

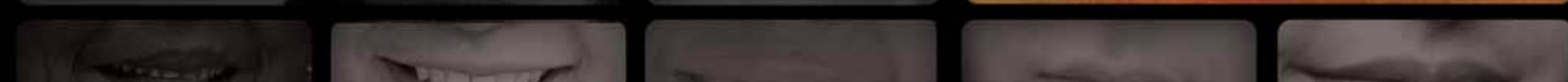
“Dancing With The Stars” host **Brooke Burke** teams up with **Operation Smile** to improve the lives of children worldwide

PHOTO: OPERATION SMILE

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## CHALLENGES

TIP

1

ORAL CANCER  
USUALLY CAN'T  
BE CAUGHT BY  
THE NAKED EYE

## WE RECOMMEND

**Fear not the chair**  
Newly-appointed CDA president Dr. Robert MacGregor puts Canadians' minds at ease.

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**“Due to technological advances there has been an automation of the dental office.”****Brooke Burke smiles big** p. 4  
Operation Smile's mission initiatives provide cleft palate surgeries worldwide.**T.O. teeth leaders** p. 5  
Three GTA-based initiatives for improving oral health for all groups.**THE GIFT OF A SMILE**  
An Operation Smile mission health worker preps a young patient for corrective cleft palate surgery.

PHOTO: OPERATION SMILE

The eyes may be the window to the soul, but the **mouth** truly is the portal to your **body's health**. Oral cancer and other diseases can be devastating if not caught early—the best way of which, is to **visit your dentist** regularly.

# Early detection means effective prevention

**T**here are many medical conditions that affect your mouth and teeth. Only your dentist has the skill, equipment and training to identify these conditions that may go unnoticed by the untrained eye.

April is Oral Health Month in Canada and as President of the Ontario Dental Association I am urging all Ontarians to schedule a dental exam.

The Canadian Cancer Society reported that there were an estimated 1,150 estimated oral cancer deaths in Canada in 2010. This year, an estimated 3,400 new cases of oral cancer will be diagnosed. These are alarming statistics.

**Check it out regularly**

As dentists we know that early detection and diagnosis is the absolute best way to increase survival rates for people facing this serious and

often aggressive disease. Your dentist plays a vital role in the early detection and diagnosis of oral cancer through a regular dental exam.

Oral cancer can be easy to miss unless you know what you are looking for, and dentists are trained to identify and diagnose the disease at its earliest stages.

I can tell you from my own personal experience just how important a visit to the dentist can be in early detection and diagnosis. I have been my father's dentist for years. During a routine dental examination I noticed a small swollen area on his lip that concerned me. I referred my father to an oral surgeon as I would any other patient. A biopsy revealed dysplasia, a precursor to oral cancer.

I see my father often and never noticed the swelling until I had him in the right environment—my dental chair. The early signs of oral cancer can be very easy to miss and it concerns me when people aren't seeing

**Dr. Lynn Tomkins**  
President,  
Ontario Dental Association

## TIPS

**Reasons to visit the dentist**

- A sore on the lip or mouth that does not heal.
- A white patch on the gums, tongue or lining of the mouth.
- A sore throat that does not go away.
- A change in voice or pain in the ear.

Courtesy of Ontario Dental Association  
editorial@mediaplanet.com

their dentist regularly.

**Spreading instability**

Normally, the cells of the mouth are quite resistant to damage. However, repeated injury from smoking, alcohol or even friction may cause sores or painful areas where cancer can start. If left untreated, oral cancer has the potential to spread to the lymph nodes and lungs with devastating results.

Prevention is best, but for those who contract oral cancer, early diagnosis and immediate treatment can dramatically improve a patient's prospect for recovery.

Be sure to schedule a regular dental exam as part of a healthy oral health routine. If you notice a mouth sore or anything out of the ordinary that does not go away or heal after a couple of weeks, consult your dentist immediately.

# Oral cancer is a risk for everyone

**Oral cancer is misunderstood. The disease is often attributed to alcohol and tobacco abuse but according to some dental industry professionals, non-smokers have reasons to be concerned too.**

Although oral cancer is more prevalent in India, Pakistan and Taiwan, and some areas of France, Canada is certainly no stranger to the disease.

In 2009, it is estimated that 1150 Canadians died from oral cancer, according to the Canadian Health Measures Survey 2010.

David Mock, professor and dean at University of Toronto's Faculty of Dentistry says there is a plethora of forms and causes of oral cancer, making it hard to pin down.

“There are a variety of types of cancer that can occur in the oral or perioral region,” says Mock. He notes

**David Mock**  
Professor and Dean,  
University of Toronto, Faculty of Dentistry**“There are a variety of types of cancer that can occur in the oral or perioral region.”**

that “squamous cell carcinomas” which occur as red or white lesions in the mouth, are the most common.

**The causes aren't always apparent**

Denise Laronde, assistant professor at University of British Columbia's Dental Hygiene and Dentistry programs has focused her research on oral cancer.

“75 percent of oral cancers are associated with alcohol and tobacco,” says Laronde. “Together alcohol and tobacco tend to have a synergistic effect.”

According to research she prepared for the Canadian Dental Association, smoking and drinking increases “the risk of oral cancer to more than 30 times that of those who do not smoke or drink.”

But alcohol and tobacco abuse aren't the only factors.

Brian Hill, an oral cancer survivor and executive director of the Oral Cancer Foundation (OCF) in the United States, says he was blindsid-

ed by the disease.

“The idea of being in my forties and getting cancer after never smoking was unbelievable,” says Hill whose cancer was triggered by human papilloma virus (HPV).

According to the OCF, current trends point to spread of HPV16 (which is linked to 90 percent of HPV-associated oral cancer) as the primary causative factor in 63 percent of newly-diagnosed patients in early 2011.

But protecting yourself is easier then you think, says Mock.

Most oral cancers are picked up on clinical examination,” says Mock. “Dentists look in the mouth everyday from morning until night. [The dental office] is the ideal place to pick up any suspect lesions.”

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## FACTS

**Oral health by the numbers**

- 57 percent of six to 11 year olds have or have had a cavity.
- 59 percent of 12 to 19 year olds have or have had a cavity.
- 12 percent of adults have at least one oral lesion in their mouth.
- 41 percent of adults who are edentulous (do not have any teeth) have at least one oral lesion in their mouth.
- 6 percent of adult Canadians no longer have any natural teeth.
- 21 percent of adults with natural teeth have, or have had, a moderate or a severe periodontal (gum) problem.

Courtesy of Canadian Health Measures  
Survey 2007–2009  
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## INSPIRATION

Every **three** minutes, a child is born with a **cleft condition**. **One in 10** will die before their first birthday. Brooke Burke and other **Operation Smile** mission ambassadors travel the world to counter this unnecessary death toll.

TIP

2

A TOOTH BRUSHING SHOULD LAST FOR AT LEAST TWO MINUTES

# Brooke smiles big for a good cause

## LEADER TO LEADER

**Brooke Burke, an Operation Smile ambassador and cohost of television show "Dancing With The Stars", was very upset when she learnt how little it costs to "fix" a child's life and that so many children are still going without the corrective procedure.**

In too many cases, parents can't afford the surgeries that will allow the children to live a normal life.

"As a mother of four children myself, I really understand how important self-esteem is for a young person growing up," she said.

"Every child deserves to be happy with who they are. The defect is so easily correctable. If it's only the money issue that is stopping them, then that is something I am determined to do something about, through my role as Smile Ambassador. I speak up at every opportunity!"

"People are usually surprised that it costs so little to fix a child's face. I am intent on spreading the message. It is my

way of giving back to society," Burke says.

**Empowering local communities**

Celebrity ambassadors like Burke are the public face of a very hardworking and super-organized children's charity. Established in 1982, Operation Smile operates in more than 60 countries. Increasingly, their focus is becoming more strategic. "We concentrate on training local professionals. About two-thirds of the surgeries are done by local doctors," says Ellen Agler, senior vice president of international programs. Operation Smile helps with the fund raising, donating supplies and equipment.

"We are also advocating that cleft lip and cleft palate be a priority for the local government health systems," Agler says.

Their efforts are bearing fruit. Already, there is increasing government interest in correcting the defect in their local populations. Although the prevalence rate of cleft lip and palate is about one in 500 in developing countries (it is one in 1,000 in the developed world), in some countries like Vietnam, China and the Philippines, the incidence rate is higher—about one in 300, says Agler. The reasons for this are unclear.

## PROFILE

**Operation Smile**

■ **What it is:** A worldwide children's charity.

■ **Founded:** In 1982 by Dr. Bill Magee, a craniofacial surgeon, and his wife Kathy, a clinical social worker.

■ **Headquarters:** Norfolk, Virginia.

■ **Mission Statement:** It takes just US\$240 and 45 minutes to change a child's life. 160,000 children have been treated.

**Hard work on the ground**

Post-anaesthetic care nurse Donna Crowe of Ottawa, has been on "just under 20" Operation Smile trips. Her first mission was to China in 2001, and she has been hooked ever since. Each trip lasts 12 days. Volunteers typically put in 14-hour days and use the local hospital facilities. "Some hospitals are better than others. Some have no running water, or toilets that flush, but I feel very honoured to help out in this way," Crowe says. "The local people are so grateful for the help. Many come with all their belongings in a plastic bag, some have no change of clothes apart from what they are wearing. It's humbling."

Elizabeth Fudge, a nurse at the Intensive Care Unit of the Sick Kids Hospital, who has been volunteering for Operation Smile trips since 2004, says she was "ecstatic" when she was selected to go on her first mission, to Kenya. She has since been to Guwahati, in India's Assam province several times. People travel long distances, by bus and train, to see her and the

other volunteers.

"The need in Guwahati is really great. It has been estimated that there are about 34,000 individuals with cleft lip and palate in Assam. We do mega missions here, about 1000 patients each time, but up to 3000 come, hoping to pass the screening. It's painful when people have to be turned away. We always tell them we'll be back," Fudge says.

First priority is given to infants and very young children, but Fudge remembers a 60-year-old woman who was operated on. "They still want to be fixed. They still have hope that their lives will be better."

Patients are given little "Smile Bags" after the surgery, which contains a toothbrush, toothpaste, toy and a hand mirror. "The kids can't stop looking at themselves in the mirror!" both Crowe and Fudge say.

INDRANI NADARAJAH  
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—Jairam Navas

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1



2



3



4

**OPPOSITE**  
 1. Dr. Kalkarni examines a young patient.  
 2. Good oral health is something to smile about!  
 3. Educating a family on good oral health practices.  
 4. Another happy patient with a sparkling smile.  
 5. Activities at Oral Health, Total Health's Sharing Smiles Day.  
 6. Brushamania's "Two Minute Brush Off".

1. Brooke Burke enjoys time with her family.  
 2. A young patient prepares for cleft palate surgery.  
 3. Volunteers check out a child's smile.  
 4. Children line up for their "Smile Bags".  
 PHOTOS: OPERATION SMILE

PHOTOS: 1-4 BRANDON LUCKINO, 5. TARA CAMERON, 6. BRUSHAMANIA



1



2



3



4



5



6

# 3

## GTA DENTAL LEADERS

### Care for newcomers

The mother of a three-year-old toothless child thought he was just delayed in getting his teeth—but it turned out the situation was far more serious. Dr. Gajanan Kulkarni, who examined his mouth, realized he had ectodermal dysplasia. The boy, the child of Sri Lankan immigrants, was referred to the Sick Kids Hospital for specialist care.

"One of the features of this condition is that children do not develop teeth. They also have problems with hair growth and their sweat glands, making them look prematurely old and predisposing them to other medical problems," Kulkarni says.

An associate professor at the Faculty of Dentistry in the University of Toronto, Kulkarni volunteers at the non-profit Hincks-Dellcrest Treatment Centre, which offers free oral health services to downtown families. Most of the families are new immigrants with limited language skills, financial resources and knowledge about Canadian health services. It was there that he had met the Sri Lankan child.

Despite the extensive knowledge about dental health problems, bringing this out to the community remains problematic. "We need a concerted effort from university and community organizations, hopefully facilitated by local and provincial government agencies to tackle the problem," Kulkarni explains.

"All that's needed is political foresight and will."

### Providing oral health ability

People with disabilities in Canada tend not to receive proper oral care. This spurred Alison Sigal, a third-year University of Toronto dentistry student, to found Oral Health, Total Health—a non-profit organization that strives to improve oral health for persons with disabilities. One of their outreach initiatives is "Sharing Smiles Day", which involves the Universities of Toronto and Western Ontario and George Brown College. Held in March, it brings together special needs individuals, their care workers, and dental students.

"I need to be part of the solution. As a dentist, I can do something about this," Sigal says.

### Toothbrush teachings

When Dr. Raffey Chouljian arrived at the Armenian Youth Centre Building in Toronto on April 1, armed with toothbrushes and toothpaste, it was no Fool's Day joke.

Chouljian was there as chairman of Brush-a-mania, a program by dentists and Rotarians to help children develop healthy oral hygiene habits. The program has reached over 400,000 students in 11 years. This year Ontario dentists visited 50 schools. Visits ended with a two-minute mass "Brush-Off".

Chouljian's message is simple: "Two times a day for two minutes."

DAMIEN LYNCH

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## ADVANCEMENTS IN CARE

# Canadians need not fear the chair

**Question:** Do you avoid the dentist due to fear of pain or the unknown?

**Answer:** The dental office has benefited from recent technological advancements meant to put patients' minds at ease.

**It's no secret Canadians don't like the dentist. In some cases, they downright despise the thought of visiting the dental office.**

A survey prepared by University of Toronto Researchers for the Anesthesia Progress publication found that 5.5 percent of 1,100 Canadians surveyed are terrified of the dentist, with half that group admitting to having cancelled or skipped appointments.

As an anaesthetist, Dr. Daniel Haas, professor and associate dean of Anaesthesia at University of Toronto's Department of Clinical Sciences, has seen that fear many times.

"They may put off good treatment and good oral health because they're afraid," says Haas. "People should have the opportunity to receive good oral care—fear shouldn't be a barrier."

Haas notes that "chairside manner" is the best cure for those dental phobia woes—but whenever surgery or cutting tissue is involved, local anaesthetics are used.



"Due to technological advances there has been an automation of the dental office."

**Dr. Robert MacGregor**  
President,  
Canadian Dental Association

Laura Dempster, assistant professor at the Faculty of Dentistry at University of Toronto, says that anxiety can stem from the fear of the unknown—such as an ominous-sounding dental procedure. She suggests that patients communicate this unease with their dentist or hygienist. "They understand that seeking dental treatment can cause anxiety and they can offer suggestions and options to make the appointment more comfortable," she says.

But thanks to advances that make trips to the dentist more efficient, let alone a more automated and tech-savvy approach to dental work, the

armchair isn't as intimidating as it used to be.

#### Giga-bites

Dr. Robert MacGregor, recently appointed president of the Canadian Dental Association (CDA), says technical innovation has improved wait times.

"Due to technological advances there has been an automation of the dental office," says MacGregor. "Electronic versions of records, schedules and charts have resulted in shorter visits to the dentist."

He also notes that x-ray technology has also helped to keep the pa-

tient informed of any necessary work needed outside of regular check-ups.

"With digital x-rays, the patient and the dentist can discuss treatment options together while looking at the patient's digital x-ray on a computer monitor," says MacGregor.

#### More than fear

MacGregor notes that it's more than fear that's keeping Canadians out of the dental office.

"Many seniors, people with low-income, people with special needs, children and Aboriginal peoples do not have access to dental care," says MacGregor.

This lack of access concerns him.

"Many Canadians should see their dentists for a dental exam every six months," he says.

With seven out of 10 Canadians developing gum disease at some point, the need to overcome that fear and get into the armchair is critical.

"What's worrisome is that increasing scientific evidence links gum disease to heart disease, stroke and many other health related problems," says MacGregor. "That's why it is so important to prevent gum disease before it becomes serious."

ANDREW SEALE  
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TIP  
**3**  
TOOTH DECAY IS LINKED TO IMPROPER NUTRITION



#### QUESTIONNAIRE



**Susan L. Rudin RDH, BSc., MSPH**  
Coordinator, Dental Hygiene & Dental Assisting Programs,  
George Brown College

**Q. What is the risk for the public if they are negligent about oral care?**

Oral disease can cause pain, tooth loss and bad breath. Periodontal (gum) diseases are well known as an oral health problem.

Research has identified a link between periodontal disease and systemic diseases such as cardiovascular disease, diabetes, respiratory disease and adverse pregnancy outcomes. Ensuring optimum oral health includes assessment and disease prevention provided by your oral health care practitioner. Not scheduling regular dental hygiene appointments to maintain your oral health can lead to complications of already existing systemic diseases.



**Joanna Asadoorian A.A.S.(D.H.), B.Sc.D.(D.H.), M.Sc.**  
Acting Director and Associate Professor  
School of Dental Hygiene, University of Manitoba

**Q. How can the public maintain optimum oral health?**

The key to oral health is what people do at home—between professional appointments. The bacteria that cause cavities and gum disease accumulate in the mouth constantly and therefore need to be removed regularly. This is focused on "mechanical" cleansing, meaning tooth brushing and inter-dental cleaning. For thorough tooth brushing, a power or manual toothbrush can be used twice a day for about two minutes.

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INSIGHT

HPV is an **emerging risk** factor for oral cancer—and it has the medical and dental community on **high alert**.

# Shedding light on signs of cancer

In Canada, oral cancer is the 13th most common cancer of the 23 reported cancers, according to Health Canada. Contrary to public perception, the rate of new oral cancer cases is actually much higher than some of the cancers we hear about routinely. In fact, the estimated new cases and deaths related to oral cancer are almost three times higher than cervical cancer.

Just a short decade ago, the dental community felt more confident in defining those of their patient population that may be at increased risk for oral cancer.

### The new risk profile

The medical and dental community have now been alerted to a new risk factor for oropharyngeal (mouth and back of throat) cancer that is increasing at an alarming rate. The culprit is a sexually transmitted virus, HPV—the human papillomavirus.

It is now clearly established that the path that brings people to oral cancer contains at least two causes; one through tobacco and alcohol, and another via HPV, according to the Oral Cancer Foundation. The new profile is often a younger person who may not possess the traditional risk factors such as alcohol and tobacco use.

Research continues to define why this type of virally transmitted oral cancer is growing at such a rapid rate. There has been a trend toward a growing acceptance of oral sex clearly be-



**AN ILLUMINATING LOOK**  
Jo-Anne Jones, President of RDH CONNECTION Inc., performs an oral cancer screening.  
PHOTO: PRIVATE

ing perceived as a “safer” sexual activity, particularly by our youth. A study published last year in the International Journal of Epidemiology found that in addition to having a history of six or more sex partners, cancer of the oropharynx was associated with a history of four or more oral sex partners.

Along with increased knowledge comes an opportunity to raise our standards of healthcare practice. The availability of the HPV vaccination is one example of proactively addressing the HPV transmission.

### A few life saving minutes

Dentists and dental hygienists are trained to perform a comprehensive head and neck examination. This has typically been performed using both

visual and palpation methods under white light examination. There have been some new and innovative advances in oral cancer screening devices that assist the traditional examination.

One such device that has received prestigious recognition by the World Health Organization employs a distinctive blue-spectrum light. The technology has a strong history of performance in other areas of the body including the cervix, lungs and colon.

The handheld device shines a safe, blue light into the oral cavity. When viewed by the dental professional through the handpiece's patented filters, abnormal tissue typically appears as an irregular, dark area that stands out against the otherwise normal, green fluorescence pattern of surrounding healthy tissue.

This type of technology provides us with an enhanced screening capability due to the fact that most oral cancers will be initiated below the surface. Abnormalities that might not be apparent to the naked eye may now be seen.

Early discovery is key! The five-year survival rate is around 30 percent. When oral cancer is discovered in earlier stages, the survival rate leaps to 80 to 90 percent, depending on the site.

A trip to your dentist and dental hygienist may just save your life.

JO-ANNE JONES  
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QUESTION AND ANSWER

## Palmer Nelson: Decay is an issue at any age



Palmer Nelson  
President,  
Canadian Dental  
Hygienists  
Association

hygienists in tobacco cessation and oral cancer screening is essential!

### What is the most common dental problem among children? What can be done?

Tooth decay is increasing because of poor nutrition and care, which people may not be able to access. This can be complicated by a weakness in public health screening. We should mobilize dental hygienists in the public health system to work together and offer professional screening and assessment of oral health in wellness centres, or work with physicians using a referral system to public health dentists. Solutions can be found through dental hygiene treatment and education, and the use of preventive sealants.

### What is the most common dental problem among adults? What is there a solution?

The problems are a lack of access to care and an inability to pay. Dental hygienists are the primary oral health care providers. The impact of oral health and chronic disease like diabetes is profound. The connection between the mouth and body is real. As Canadians age, disease prevention and recognition of wellness and sustainable health is key. Dental hygienists are operating independently in providing mobile services to the house bound and long term care facilities. Supportive public policy and funding would extend these services to benefit the disadvantaged and vulnerable. Utilization of dental

### What is the most common dental problem among seniors?

Oral disease is common in seniors, as is root decay and dry mouth due to medication use. There are three contributory factors—insufficient access to affordable care, mobility and dementia. Assessments on residents in long-term care facilities is becoming an important part of dental hygiene practice. Seniors with dementia have a difficult time communicating the pain in their mouth, which can cause problems, including not eating properly and poor oral health which can lead to a higher risk of pneumonia or heart disease. Mobilizing dental hygienists to work with those in long term care and as part of the social services continuum of care would help tremendously. We need better education on fluoride use and dental hygiene services and assessment. Working together with occupational therapists and social workers is important.

### With each of these three groups, what are the golden rules on brushing and flossing?

Brushing, flossing and other dental hygiene services that are required are based on an individual's needs. Having your mouth assessed for disease is critical. We must understand that overall health is connected to good oral health—that has to be the standard of care. The Canadian Dental Hygienists Association is committed to advocacy for all Canadians.

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- ✓ Only persons currently registered with the CDHO may use the title "dental hygienist" or any variety or translation of "**dental hygienist**" including the initials RDH (Registered Dental Hygienist).
- ✓ Every dental hygienist in the province **must** meet the CDHO's entry-to-practice requirements.
- ✓ A list of currently registered dental hygienists is **available** to the public.
- ✓ The College provides Standards of Care and Practice Guidelines to guide dental hygienists and **inform** the public.
- ✓ The continuing competency of your dental hygienist is **monitored** and **supported** by the College throughout her/his professional career.
- ✓ Information about oral health and **access** to dental hygiene care is promoted to the public.
- ✓ A **fair** and **transparent** complaints process is available to help clients who feel they may not have received the care they had the right to expect.
- ✓ The College collaborates with the Ontario Government, other health Colleges and consumer groups to promote access to **safe** and **effective** oral health care.

[www.cdho.org](http://www.cdho.org)