Environmental Tobacco Smoke

by Danelle Zosel-Sandreson

What is Environmental Tobacco Smoke (ETS)? Environmental Tobacco Smoke contains over 4,000 compounds, over 50 of which are known to cause cancer. ETS consists of two different kinds of smoke: sidestream smoke, the smoke from a burning cigarette, cigar, or a pipe between puffs; and mainstream smoke, the remainder exhaled by the smoker.

ETS Exposure in Infants and Children

- ETS exposure due to parental smoking cases annually of lower respiratory tract infection (pneumonia, bronchitis, and other infections) in infants and children under 18 months of age. Some cases require hospitalization.
- ETS exposure is associated with increased respiratory irritation (cough, phlegm production and wheezing) and middle ear infections in addition to upper respiratory tract symptoms (sore throats and colds) in infants and children.
- ETS exposure increases the number of episodes of asthma in children who already have the disease. ETS exposure increases the number of new cases of asthma in children who have not previously had symptoms of asthma.
- It is estimated that more than 35 percent of all Sudden Infant Death Syndrome is due to maternal tobacco use.
- Kids whose parents smoke are more likely to smoke.
- Parents who smoke only 10 cigarettes a day cause their children under age 5 to have a positive blood test for nicotine and cancer-causing compounds, according to a study lead by Dr. Federica Perera of the Columbia University School of Public Health.

It takes more than three hours to remove only 95 percent of the smoke from one cigarette from the room once the smoking has stopped. It is hard to measure the nonsmokers to ETS. Smoking in small confined areas can greatly increase Environmental Tobacco Smoke.

Are you ready to quit smoking? Help is available for those of you who are serious about quitting. The clinic now has Fresh Start Classes available to any one who wants to attend. If you or some one you know is interested or would like more information , please feel free to call either Katherine Dick or Danelle Zosel-Sanderson at (541) 444-1030 or (800) 648-0449.

Siletz Community Health Clinic
444-1030

Tooth Talk

by Linda Kreutzer, RDH

Dental X-Rays

X-rays are a very necessary and important part of the dental examination. Your dentists determines how many radiographs (x-rays) are needed. Modern dental X-ray equipment is designed for safety. Minimal amounts of radiation are emitted due to special filters and the use of ultra-fast film.

1. Tooth Decay. It's best that decay be discovered early, before it begins to hurt. X-rays show decay not visible by the naked eye.
2. Toothache. X-rays help the dentist understand why a tooth (or gum) is hurting. A dentist can recognize an infected (abscessed) tooth in an X-ray.
3. Gum Disease. It's amazing that gum disease doesn't hurt. Most people don't realize that they have periodontisis (pyorrhea). X-rays tell the dentist if you have it or not.
4. Eruption Process. This is a dental term that means the process of losing baby teeth, as they are replaced by permanent teeth. Your dentist needs to check your child's teeth to see if they are coming in correctly.
5. Cancer Detection. X-rays show the dentist if any cysts or bone abnormalities are present that may (or may not) be cancerous.
6. Wisdom Teeth. Where are you? X-rays show the dentist if the wisdom teeth are there, although hiding under the gums. Position of the wisdom teeth is shown in an X-ray. (Look for them about age 17 to 21.)

X-rays were discovered in 1895 and revolutionized both medical and dental care forever. Physicians and dentists could finally "see" into the body with a wonderful new way of vision. The benefits resulting from the intelligent use of X-rays far outweigh any possible negative effects.

NPAIHB News & Notes

by Verne' Boerner

Breast cancer is the most commonly diagnosed cancer among women nationally and it is the second leading cause of cancer death for women overall. The risk of breast cancer increases with age. This is true for you if you are a woman; this is true for your mother, grandmothers, sisters, daughters and friends. The risk factors that predispose women to breast cancer include: aging, not having children before the age of thirty or never having children, chronic alcohol and/or tobacco use, and family history. However, the most dangerous risk factor is quit simply aging. (It is important to note that men can develop breast cancer as well, although the risk is small. However, due to the low risk of breast cancer in men, they are less likely to discover the cancer in an earlier state and therefore are more likely to die from breast cancer.)

This article presents the experiences of Celeste Whitewolf. Celeste discovered that she had breast cancer in September of 1998, and is still undergoing treatment for it. The NPAIHB and the Women's Health Promotion Program thank Celeste for her candor and willingness to share with you about her fight with breast cancer. Celeste asked that emphasis be placed on early detection and access to treatment as the most important factors in increasing the survival rates of breast cancer victims.

Celeste is a Nez Perce, Cayuse, Puyallup, Pitt River Karok, and Hawaiian woman. Both her parents are deceased; her mother died just five years ago from lung cancer. She is the eldest of nine children, with five brothers and three sisters.

Five years ago, Celeste's mother was diagnosed with terminal lung cancer. At that time, Celeste and her sisters became acutely aware of their own health and all had gone to have a full physical, including screening for breast and cervical cancer. Celeste went to the Warm Springs clinic. The mammogram, clinical breast exam and pap test showed no signs of cancer.

Unfortunately, there was not a mechanism in place that would ensure routine annual check ups. Celeste did not return for screening for four years. Then last fall, she discovered a lump in her breast. By the time of her discovery, the tumor was the size of a walnut and four of 12 lymph nodes were cancerous. The disease had already progressed to stage three (stage four is the final stage of cancer spreading and growth prior to death) . Celeste had to endure several grueling months of treatment, including a mastectomy and six months of chemotherapy , and she is currently undergoing six weeks of radiation. Her treatment will be followed up with a five-year prescription of tamoxifen.

Had she known that she was at increased risk for breast cancer and a that a mechanism was in place to ensure yearly screenings, it is likely that her cancer would have been caught in an earlier stage. This would have greatly reduced her suffering as well as prevented the high costs of her treatment.

The Women's Health Program is available to provide more information regarding breast and cervical cancer early detection and screening. If you have any questions regarding breast and cervical cancer issues, please contact Verne' Boerner at the Northwest Portland Area Indian Health Board.

Women's Health Promotion Program Representaties in Siletz are Kathryn Dick, Rayona Zosel, Connie Delieso, Star Parrish and Sandra Hahn.