Inform Yourself About This Invisible Enemy

This has everything to do with you and your community.

Since 1980, approximately 3,084 American Indian and Alaska Natives have been diagnosed with AIDS. In 2005, an estimated more than 200 American Indians and Alaska Natives were newly diagnosed with HIV.

When compared by ethnicity, AI/AN men and women had the third-highest HIV/AIDS rate in 2004. Today, there is hardly a Native and non-Native family or individual that has not been affected by HIV/AIDS.

For More Information

The Siletz Community Health Clinic and the Tribal B.E.A.R. (Building Effective AIDS Response) Project will provide a community roundtable dinner to bring awareness of HIV/AIDS in American Indian communities.

Who is invited: All community members, Native and non-Native
When: May 30, 2006
Where: Tribal Community Center – Siletz, Oregon
Time: 5:30 p.m. – 7:30 p.m.

Along with staff from the Siletz Clinic, speakers have been invited from the Coastal AIDS Network LC, Ryan White AIDS Project, Lincoln County Health Department, Project Red Talon, and the Northwest Area Indian Health Board.

The community dinner will be informal and set up so that community members and their families can ask questions, obtain information, and learn about ways to protect and seek help for family members against the threat of HIV/AIDS.

For more information or questions, contact DeAnna Pearl at 541-444-9659 or 1-800-648-0449, ext. 1659, or go online to:

www.npaihb.org/std-aids/prt.html
www.cdcnpin.org
www.nnaapc.org/

Do You Really Have Diabetes?

by Marci Garrett

On more than one occasion, a patient has said to me they think they were misdiagnosed with diabetes.

Is it possible your provider misdiagnosed you with diabetes? No, there is a standard of care providers use to prevent such an error.

How can you have diabetes if your A1c is within normal range and you do not monitor your blood sugar? The standard to diagnose a patient with diabetes requires a patient to have two elevated fasting blood sugars. A few years back the standard was lowered, which may explain why someone diagnosed early may be able to control his or her blood sugar level with little effort.

The standard was lowered to reduce long-term complications. The sooner a patient is diagnosed with diabetes and begins to monitor his or her blood sugar, the better chance to prevent long-term complications. Diabetes' long-term complications include kidney failure, blindness, heart attack/stroke, and amputation.

If you've been diagnosed with diabetes and doubt you really have diabetes, it's important that you further investigate – **it's your health**. Make an appointment with your provider to discuss any doubts or concerns you may have.

Can you have diabetes if you have well-controlled blood sugar without medication or routine medical care? Absolutely. Your current lifestyle (level of activity, diet, and insulin production) may be enough, most of the time, to control your diabetes.

It's important to have regular visits with your provider, however, to monitor changes that may affect your blood sugar, such as increase in insulin resistance.

It's your health and although diabetes is a disease known for serious complications, **you can prevent diabetes complications** by taking control of your health.

Tooth Talk

by Mary Ellen Volansky, RDH, MS

Fluoride ... Ho Hum?

The Oregonian ran an article on fluoride in March and patients have brought this to my attention. I now feel compelled to review this topic because, as *The Oregonian* stated, "The Center for Disease Control and Prevention (CDCP) listed this (fluoride) as one of the last century's top 10 public health **triumphs."**

Did you know that fluoride is naturally present in water? It's naturally found in some rivers and streams, and in the oceans, where it's at the same level everywhere in the world.

Another statement *The Oregonian* made was unclear. The article stated, "The Environmental Protection Agency (EPA) had asked the non-partisan National Research Council (NRC) to review federal standards for safe levels of fluoride in drinking water."

What is unclear about that? The fluoride spoken of is not what is added. It's about what is found naturally in the water we use for drinking.

A community with naturally occurring fluoride in the water supply must either add or subtract fluoride from the water before people can drink it. If the amount of naturally occurring fluoride is high, then that community must subtract fluoride from the water. The NRC's recommendation was to extract down to 2 ppm.

Why is the level of fluoride in the water we drink important? Dr. Frederick McKay, working in Colorado in the early 1900s, noticed that some people had brown spots on their teeth. These teeth were not decayed, but were porous and brittle.

Other teeth were mottled, a mixture of whitish colorations, and did not decay as easily. People living across town did not have either of these changes to their teeth.

He spent most of his dental career researching the nature of this stain. In the mid 1940s, it was discovered that the cause was fluoride. Further research showed that high levels of fluoride were causing dental fluorosis, the mottling and brown stains.

The level of fluoride that the American Dental Association recommends for decreasing the rate of decay in our teeth is "0.7 – 1.2 ppm," or 1 ppm. This level of fluoride in drinking water will not cause dental fluorosis. Since December 1945, fluoride has been added to drinking water in the United States to a level of 1 ppm.

With the knowledge we have about fluoride and dental fluorosis, the dental profession takes steps to educate people about the therapeutic level of fluoride, one what will not discolor or weaken teeth.

We now apply fluoride varnish on patients' teeth, which gives them the best protection with the least amount of fluoride ingested. In the early stages of decay (white spots), fluoride will stop the progress of tooth decay. It will even re-mineralize or re-harden the tooth.

We recommend using a "pea size" amount of fluoride toothpaste each time you brush. If you are under age 3, use half that amount. We recommend that toothpaste not be swallowed. Rather, we request that you spit out the toothpaste/salvia that builds up during brushing.

The CDCP further states, "Data consistently have indicated that water fluoridation is the most cost-effective, practical, and safe means for reducing the occurrence of tooth decay in a community." The cost is "little more than $.50 per person per year, and even less in large communities."

What is the anti-fluoride argument? They don't want fluoride put into public drinking water because they say fluoride can be given to those who want it My immediate response is, what about children?

Public drinking water reaches everyone, most importantly children. This drinking water reaches teeth whether or not you have dental insurance or see a dentist.

Public drinking water will reach a child whether or not that child has someone to hand her or him fluoride tablets at bedtime. This fluoridated public drinking water will even reach a child whose family is homeless or living in a shelter.

The last paragraph of *The Oregonian* article summarized, "If the state leaders don't pass a fluoridation law next year, Oregon cities should follow the lead of Corvallis and a few other communities that have fluoridated their drinking water. With dental insurance drying up and tooth decay on the rise, the anti-fluoride arguments seem more toothless every day."

Other cities in Oregon with fluoride placed in their drinking water include Florence, Newport, and tribal land at Government Hill and Silatchee Park.

Children with tooth pain miss school, just as adults with tooth pain miss work. Children in pain have trouble paying attention, just as adults do.

Children in pain find it difficult to just be kids. Children with obvious decay – brown spots or holes in their teeth – usually are reluctant to smile.

In summary, let the adult exercise his or her freedom to go to the store to purchase bottled drinking water.

Siletz Dental Clinic Web page: There are Web links for the articles mentioned above and more. You also can e-mail questions to Tooth Talk at SiletzOralHealth@yahoo.com.