Third-Hand Smoke Still Dangerous

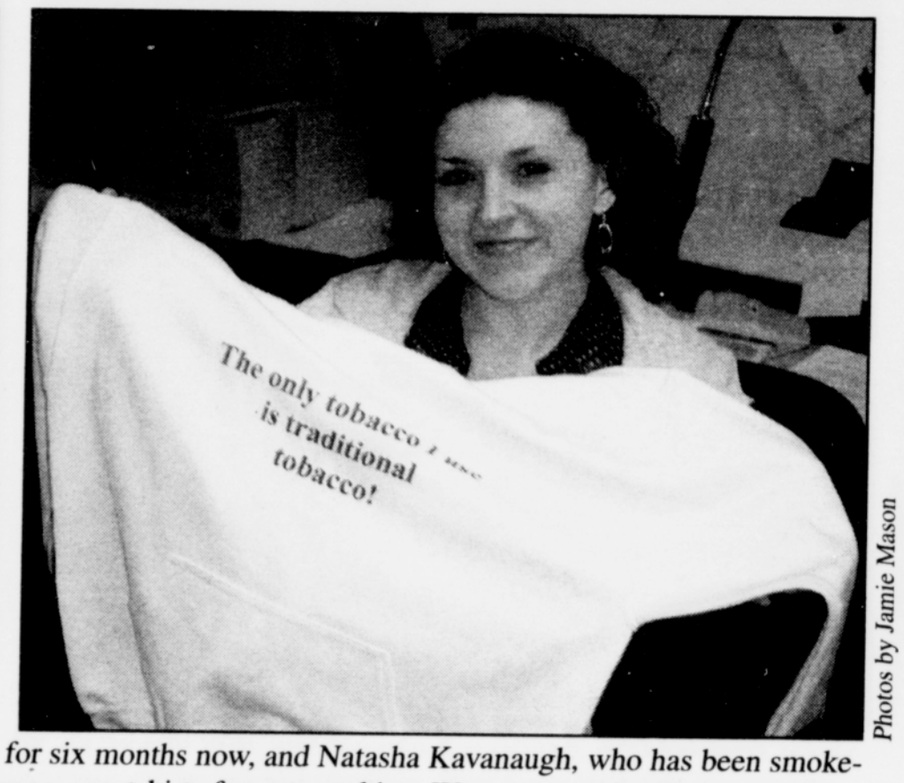
Many people nowadays are aware of secondhand smoke. They no longer smoke in their homes or cars. They will open up a window for air for their child when smoking and will wash their hands afterward.

But what they don't know is that they are still harming their kids. According to doctors from MassGeneral Hospital for Children in Boston, a new study shows not only is there secondhand smoke, but there is third-hand smoke as well. The study was published in the January issue of the journal *Pediatrics*.

Third-hand smoke is invisible but very toxic and can cling to a smoker's hair and clothing, not to mention the cushions and carpeting of a smoker's home or places like bars and restaurants.

This smoke remains long after the secondhand smoke has cleared out of the room. The residue includes heavy metals, carcinogens and even radioactive materials that young children can get on their hands and ingest, especially if they are playing or crawling on the floor.

Even if you don't smoke, your kids can still be in danger from third-hand smoke. Doctors, babysitters, store attendants, dentists, coaches and teachers who smoke can have third-hand smoke on their clothes, hair or skin and can pass it on to your child.



Photos by Jamie Mason

Congratulations to Selina Rilatos, who has been smoke-free for six months now, and Natasha Kavanaugh, who has been smoke-free since last August. They received these traditional tobacco sweatshirts for not smoking. Way to go, girls! If anyone else wants to quit smoking and earn a sweatshirt, please call Jamie Mason at 541-444-9659 or 800-648-0449, ext. 1659.

These people might not even realize they are passing third-hand smoke around, but now that you have read this you will be more aware and can teach others about third-hand smoke.

Sealant Clinic Sees More Than 100

Sealant Day was a success. We saw 108 kids – 47 non-Tribal, 61 Tribal – and placed 507 sealants.

Special thanks to Siletz Valley School, Lourdes Jackson and the Siletz Community Health Clinic.

Photo by Natasha Kavanaugh

The Screamin' Eagle Racing Team presents a $350 donation to the Tillicum Cancer Support Group in memory of Bobby Bayya on March 17. The donation represents 50 percent of the proceeds from a yard sale, chili feed and a raffle for a cord of wood (won by Debbie Williams), plus all of the proceeds from a Party Lite fund-raiser, all held in early March. In February, the team held a spaghetti feed and raised $700. The proceeds were split between the Roeser family, to help supplement funeral costs, and the Edwards family, who lost their home to a fire. The Edwards family chose to donate their gift to the Roesers during their time of loss.

Tooth Talk

by Mary Ellen Volansky, RDH, MS

Updates on Oral Health

More and more research is coming along that supports a connection between diabetes and oral health.

A recent article showed a financial connection between diabetes, which is a systemic disease, and oral health – those who take good care of their diabetes and have regular dental care end up needing less-costly medical care.[1]

This is not new information to Tooth Talk. Reported here in the past year was a similar study done by a Northwest health care management company with the same results.

The second is that "researchers are beginning to question which comes first: periodontal disease or diabetes."[2] Both studies support a trend to be looked at more closely.

Whether diabetes or oral disease comes first is not so much the point. Proving the connection supports what the dental profession has suspected for a long time – good systemic health and oral health go hand in hand.

If you would like to learn more about the above articles, visit www.dent.umich.edu or www.EndocrineToday.com.

Oral Health and the Elderly

The University of Texas reviewed research on oral health and the elderly and showed that, "Most changes in oral health experienced by the elderly are NOT (my emphasis) the result of age itself, but are the consequences of systemic disease, pharmacotherapy, functional disabilities and cognitive impairment."[3]

Dry mouth is most often caused by the medications prescribed for elders for such things as high blood pressure, heart disease, etc. Twelve of the 20 most commonly prescribed medications cause dry mouth.[4]

Diabetes is associated with a decreased resistance to infection, including gum infections that can lead to lost teeth. It also is associated with dry mouth symptoms.

Functional disabilities like arthritis can make brushing and flossing difficult and/or painful. The awkwardness and pain can lead to a decrease or complete loss of effective brushing and flossing. This decrease in effective home care can lead to cavities, gum soreness and tooth loss.

Mental impairments can cloud one's perception of the need for home care. It can especially interfere with a person's ability to remember to do his or her home care or whether he or she believes that the homecare already was done.

Remember that our teeth and gums are not supposed to hurt us. If you have any changes in the functioning of your teeth, gums or jaw, please schedule an appointment with your dentist. Also, have your teeth cleaned regularly.

People without teeth, those wearing dentures, can benefit from regular dental care too. Appliances (dentures and removable partials) that fit well give comfort and increase their ease for use in talking and eating.

Giving elders more hope is the Wisconsin Dental Association, which on its website publishes the following myths about aging and oral health: 1) Salivary flow decreases with aging; 2) Tooth loss is inevitable as one gets older; and 3) The ability to taste declines with age."[5]

None of these are true.

1 *ADA News*, Jan. 19, 2009, p. 10,
2 Diabetes Care. 2008:31:1373-1379
3 *Journal of Great Houston Dental Society*, 1994 Sep:66:12-5; quiz 16, p 2.
4 Access, *Journal ADHA, Dec. 2007, p. 24*
5 WDA Wisconsin Dental Association, 2009, at www.wda.org.