



Georgia Smiles

Spring/Summer 2012 - Volume 5, Issue 1 - GOHPP Unofficial Newsletter - Jennie M. Fleming, RDH, MEd, Editor

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It's hard to believe the GOHPP Unofficial Newsletter is going on the 5th year of publication. So many changes have taken place in Public Health, in our Prevention Programs, and within our "ranks". Looking back on the first "unofficial newsletter", Dr. Lense had just come on board writing a grant to provide funding for Prevention Program activities including school-based sealant programs, water fluoridation, surveillance, and building capacity in the state office. Georgia's award was \$270,000/yr for 5 years which was \$20,000 more a year than the average award for eligible states.

That year, Dr. Michele Junger began her Summer internship which continued on into December. In 2009, Carol Smith became our new Oral Health Prevention Program director, with Dr. Jorge Bernal and Dixianne Parker, RDH, MEd completing the state team shortly thereafter. We've welcomed many a new face and said "farewell" to some as well.

We've seen the "revival" of the Georgia Oral Health Coalition, the 3rd grade and Head Start surveys, cuts to funding, and the Georgia Board of Dentistry clarification regarding supervision of PH RDHs. August will celebrate our 2nd Oral Health Summit!

It is with thankfulness that the newsletter has been apart of it all. The newsletter was created to help bring us all together as a family of providers and friends with the same vision and goals, as an instrument for sharing our success stories, and as a source for learning. I pray you will continue to enjoy it and contribute to the newsletter. It really is all about you. Thank you for participating!

Penny Madderra, RDH, is Retiring!



On June 15, the GOHPP will say, "Farewell and God bless!" to our longest running dental public health team member, Penny Madderra, RDH. Penny was here at the beginning of our program and was instrumental in helping Dr. Alderman design it. When looking back over the years, Penny said, "I guess the biggest change I have seen since starting to work in 1989 is the fact that we now charge for our services and see medicaid. When I first started we did not see any medicaid patients. Public Health has changed so much that at times I don't even feel that we are Public Health any more. I was not the first hygienist in Cobb County but maybe the one that stayed the longest. I guess I didn't know when to quit, LOL."

Penny started out in Public Health in 1971, at the Health Department in Birmingham, Alabama, working with Dr. Mobley and where Dr. Alderman was doing his internship. After moving to Marietta, Ga in 1988, she contacted Dr. Mobley and "as luck would have it his Hygienist was moving to the state level". After taking the GA Boards, she came to work here and never left, except to go to the Gulf War for 9 months with her guard unit, 109th Evac Hospital. She says, she has "had a wonderful career in Cobb County but it is definitely time to go home."

After retirement, Penny will be moving part time to Pensacola, Florida to help her brother in law with her sister who has Early Onset Alzheimer's disease. Penny, we are indebted to you for your service to this County, the state, and for your many kindnesses! Thank you!

Infectious Mouthguards?

Proper mouthguard "maintenance" is very important. Mouthguards, like toothbrushes, harbor large numbers of bacteria, yeasts and molds that can possibly lead to life and health-threatening infectious / inflammatory diseases, according to a study that appears in the September/October 2007 issue of *General Dentistry*. "Everything that a microorganism needs to survive, including food and water, can be found in a mouthguard," says Thomas Glass, DDS, PhD, the study lead author. "While mouthguards appear solid, they are very porous, like a sponge, and with use, microorganisms invade these porosities." Warning signs that can alert athletes that he or she may be suffering from a contaminated mouthguard, include "difficulty breathing, wheezing, diarrhea and nausea to the point of vomiting," he says.

"These concerns are similar to using an infected toothbrush repeatedly or using silverware that has not been cleaned properly," says Academy of General Dentistry spokesperson Bruce Burton, DMD, MAGD, ABGD. "Although a mouthguard is recommended to prevent permanent damage to the mouth and teeth, we know it also has the potential to be a reservoir for bacteria that can cause gum infections or the bacteria that help promote tooth decay."

Poor mouthguard habits were noticed by Dr. Burton as a high school football coach for 25 years. "Chewing on the mouthguard until it no longer serves the purpose of protecting the dentition is one poor habit," says Dr. Burton. "In addition, some athletes throw the mouthguard in with dirty, sweaty gear and never clean it."

Mouthguard Maintenance Includes:

- Brush teeth before wearing a mouthguard and clean it before storing
- Never share a mouthguard with teammates
- During sporting events, have a backup mouthguard
- Purchase disposable mouthguards

<http://www.agd.org/public/oralhealth/Default.asp?IssID=313&Topic=M&ArtID=3075#body>

Mouthguards Can Reduce the Incidence of Concussions?

A mouthguard can prevent serious injuries such as broken teeth, jaw fractures, cerebral hemorrhage and neck injuries by helping to avoid situations where the lower jaw gets jammed into the upper jaw. Mouthguards are effective in moving soft tissue in the oral cavity away from the teeth, preventing laceration and bruising of the lips and cheeks, especially for those who wear orthodontic appliances. They may also reduce the severity and incidence of concussions. ~Academy of General Dentistry
<http://www.agd.org/public/oralhealth/Default.asp?IssID=313&Topic=M&ArtID=1269#body>



The most common orofacial injury from sports is dental-related. **Mouth guards help prevent an estimate of over 200,000 injuries a year.** Tooth loss and avulsions where the teeth have not been preserved properly or replanted may result in a lifetime of dental problems, possibly costing \$10,000 to \$15,000 a tooth. Periodontal disease may result.

Sports Parents: Safety Checklist



- ☐ My child has been taken to his/her doctor for a pre-participation physical evaluation (PPE) this year.



- ☐ My child's coaches have his/her emergency information (contact numbers, doctor info., and allergy info.)

- ☐ I know the signs and symptoms of concussion, and make sure that my athlete and his/her coach know them as well.

- ☐ I make sure my child and the coach understands the value of rest during games and practices.



- ☐ I send my child to practice and games with a water bottle or sport drink. My child knows the importance of drinking plenty of water before practices and games.

- ☐ My child's coach has mandatory water breaks in place so that the kids are drinking plenty of fluids during practices and games.



- ☐ I've reviewed the signs and symptoms of dehydration with my athlete; I know and look for the signs and symptoms, and I've ensured the coach knows them too.

- ☐ My child has properly fitted equipment for his/her sport. I have also talked to the coach about making sure my child is wearing it for both practices and games.



- ☐ My athlete takes at least 10 weeks off from any one sport during the year; playing different sports throughout the year is okay. And, I encourage her/him to get a good amount of rest and sleep during the week.



- ☐ I know to go to www.safekids.org/sports for more tips and resources on how to keep my young athlete healthy and injury free.

ASTHMA in the NEWS

Asthma Remains Largely Uncontrolled in the United States, Lara C. Pullen, PhD, Medscape—February 28, 2012. US national asthma management targets find that asthma control falls far short according to a new survey. This study takes into account both asthma control and asthma severity, using methods from the Expert Panel Report III (EPR 3). The results were published by Gene L. Colice, MD, from Washington Hospital Center and the George Washington University School of Medicine in Washington, DC, and his colleagues. The Comprehensive Survey of Healthcare Professionals and Asthma Patients Offering Insight on Current Treatment Gaps and Emerging Device Options (CHOICE) is featured in the *March issue* of the *Annals of Allergy, Asthma and Immunology*. The purpose was to assess asthma severity before the use of long-term controllers using the CHOICE survey incorporating the EPR 3 recommendations.

The survey revealed that although a respondent often described their disease as either completely or well-controlled, they might also indicate a high burden of disease via the answers to survey questions. This may possibly been the reason that many surveyed (49%) were not using controller medication, even in the presence of persistent disease. "According to survey results, 79 percent of these patients had persistent asthma and should have been on controllers," said Dr. Colice in a news release. "Of the 51 percent on controllers, 86 percent were inadequately treated as their asthma was not well or very poorly controlled." This was a telephone survey of 1000 patients diagnosed with asthma and was vulnerable to the limitations of responder bias and inaccurate recall.

Asthma is a common illness, affecting 7 million children (10% of children in the United States) and 17.5 million adults (8% of adults in the United States). <http://www.medscape.com/viewarticle/759344> print

NOTE: Asthmatics with poor oral health have higher risks of **aspirating bacteria from their teeth**, which may lead to respiratory problems including pneumonia.

Wheezy? Brush Up and Bring Your Inhaler –ACD

Approximately 20 million Americans have asthma. Today, dentists see more asthmatic patients taking medication, leading to increased cavities, bad breath and gum problems, and many forgetting to bring their inhalers to dental visits, causing more in-office asthma attacks, reports the Academy of General Dentistry (AGD), an organization of general dentists dedicated to continuing dental education.

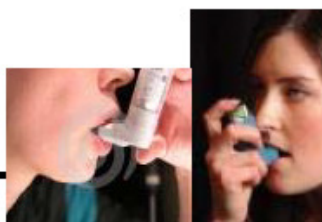
Asthmatic adults and children have a tendency to be mouth breathers, which when combined with asthma medications, such as corticosteroids, causes a decreased saliva flow, known as dry mouth. Without saliva's cleansing effects, asthma patients have a higher risk for increased cavities and bad breath. In those that aren't vigilant about brushing and flossing, gums can become inflamed, oftentimes leading to gum disease.

Also, asthma inhalers may irritate the back roof of the mouth, causing a reddish lesion, which creates an infection that if ignored, can spread and affect the throat and rest of the mouth, explains John M. Coke, DDS, lead author of this study that appears in the November/December 2002 issue of *General Dentistry*, the Academy's clinical, peer-reviewed publication.

"Patients who have a history of asthma and experience dental anxiety need to tell their dentist about their disease," advises AGD spokesperson Eric Z. Shapira, DDS, MAGD. "Doing so can help prevent an asthmatic attack during dental procedures." Updated: October 2008

<http://www.agd.org/public/oralhealth/Default.asp?IssID=320&Topic=O&ArtID=1290#body>

ASTHMA and ORAL HEALTH FACT SHEET



Many medications used to treat asthma have effects on the mouth, teeth and throat. Common ones include:

- Adrenergic agonists - can cause dry mouth
- Corticosteroids - can cause dry mouth, increased oral fungal infections and slow healing.
- Cromolyn - can cause nausea, cough, a bad taste in the mouth, increased saliva production, swollen saliva glands and a burning sensation in the mouth and throat.

Common Oral Problems due to Asthma Medications:

- **Candidiasis**—or thrush, is an infection in the mouth caused by a yeast known as *Candida albicans*. It usually appears as white patches in the mouth with a red rash underneath that is usually painful. It can be treated with different medications. People who use steroids, especially inhalants are at risk of developing Candidiasis.
- **Dry Mouth**—is a condition of not having enough saliva to keep the mouth wet. It can cause problems in tasting, chewing, swallowing, and speaking and can increase the chance of developing dental decay and other infections in the mouth.



Using a Spacer

To lessen the chances of oral problems sometimes a spacer is recommended.

- A spacer is placed at the end of the inhaler and allows for the medication to be delivered more slowly from the pressurized inhaler.
- Spacers make it easier for the medication to reach the lungs and also means there is less medication that gets deposited in the mouth and throat where it can lead to irritation and infection.
- Only use a spacer with a pressurized inhaler not with a dry powder inhaler. Only spray one puff into it at a time.



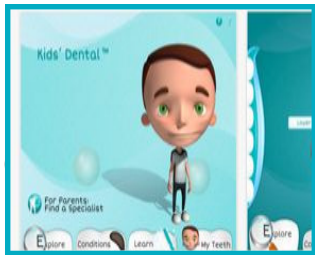
At The Dental Office

- Take your inhaler to your dentist appointments.
- Give your dentist information about your latest attack, the factors that trigger your attacks and the severity of your condition.
- Tell your dentist what medications you are taking, some medications for asthma treatment have interactions with medications your dentist might prescribe.
- Increase frequency of dental visits with your dentist or hygienist to prevent gum disease and cavities.
- Visit your dental professional early in the day to reduce stress and ask for nitrous oxide to help reduce anxiety to keep from having an attack.

IN The NEWS, continued

FREE Dental App for Kids - DentistryIQ, March 6, 2012 - Orca Health announced on March 6, 2012, that its KidsDental App for iPad is now available on the App Store. The KidsDental App is divided into four sections designed to teach young users about basic tooth care:

- **Explore** -- takes advantage of Orca's 3D engine to enable 360-degree zoom exam, of the jaw and teeth.
- **Conditions** -- uses animation and interactivity to teach users about cavities, early tooth loss, abscessed teeth, broken teeth, late loss of teeth, and gum disease.
- **Learn** -- the touch interface of the iPad is used to learn to floss, understand the impact of healthy foods on dental health, practice good habits, learn to brush, and finally practice brushing. The rich animation makes this app entertaining and educational.
- **My Teeth** -- a customizable "My Teeth" section that allows children and their parents to input data about their teeth and significant events, such as losing their first tooth, into a calendar. They can also use emoticons to select "How they feel" about a given event. Additionally, users can take and share pictures via email.



"We are excited to launch our eleventh app on the App Store, providing children and their parents with an entertaining and educational dental app," said Matt Berry, founder and CEO of Orca Health. "Dental health and oral hygiene are important components of a child's development. Pamphlets and dentists' lectures are clearly not getting the job done; we believe KidsDental, with its beautiful animations, will do a better job of teaching children to take care of their teeth." http://www.dentistryiq.com/index/display/article-display/3625017812/articles/dentistryiq/hygiene-department/2012/march/orca_ipad_kids.html

The KidsDental App is available for **FREE** from the App Store on iPad or at <http://www.itunes.com/appstore/>.

Parents Have Limited Awareness of Recommended Pediatric Dental Care - Dentistry IQ, February 6 - Many parents may be overly optimistic as 97% having dental insurance would rate their child's oral health (ages 5 and younger) as excellent or good. A new MetLife study reveals that many parents are not following recommended guidelines for optimal pediatric oral health for their child's brushing, flossing, and other habits. Twenty-three percent (23%) of the parents surveyed have been told by a dentist or hygienist that their child was at risk for tooth decay.

Approximately half may not be making the connection between their child's oral health and overall health and had not spoken to their pediatrician about their child's teeth. "Parents should be speaking to their pediatricians to learn more about how their child's oral health can affect their overall health," says Dr. David Guarrera, vice president of MetLife Dental Products. "With the help of their dentist, parents can take a few simple steps to introduce healthy oral hygiene habits at an early age and to make sure their children's teeth are protected." http://www.dentistryiq.com/index/display/article-display/6548211503/articles/dentistryiq/hygiene-department/2012/february/metlife-study_pediatrics.html

DATES to REMEMBER

June 1, 2012 - 9:00 to 11:30AM - Georgia Oral Health Coalition Meeting, Loudermilk Center, Atlanta

August 13, 2012 - 9:00 to 4:30PM - Oral Health Summit, Macon (Location to be announced)

IN The NEWS, continued

Blast of Gas That Could Replace Dentist's Drill and Make Fillings Stronger, Daily Mail, January 23 - A pain-free 'gas-firing' device may offer a new alternative to the dentist's drill and could make fillings even more hard-wearing. The device cleans out cavities in rotten teeth in only 30 seconds and resembles an electric toothbrush. High-energy gas and liquid particles are generated to kill bacteria and blast out the decayed pulp of the tooth. Researchers at the University of Missouri who developed the device say it does not affect the highly sensitive nerves in the teeth which means less discomfort for patients. If clinical trials go well, researchers believe the plasma brush could be available to dentists by the end of next year. <http://www.dailymail.co.uk/health/article-2090764/Blast-gas-replace-dentists-drill-make-fillings-stronger.html?ito=feeds-newsxml>

Patient Texting Study to Promote Oral Health, DrBicuspid.com, January 18 - CellTrust is working with A.T. Still University Arizona School of Dentistry & Oral Health to launch a text messaging study. The pilot study, **Text2Floss** series of text message programs, is intended to improve patient compliance with oral health. It will be designed to reach and educate current patients and the underserved by promoting preventive and ongoing health and wellness initiatives. They believe that by directly providing a secure SMS solution with required patient information, physicians and clinicians will be able to make informed decisions and will improve the quality of health care with decreased response times and accurate decision making. This will allow for quicker interventions and improved patient outcomes. <http://www.drbcuspid.com/index.aspx?d=1&sec=sup&sub=pmt&pag=dis&ItemID=309591>

Unmet Dental Need: 7% of US Children, ADA.org, January 18 - Seven percent (7%) of American children 17 years old and younger had unmet dental need in 2010 because their families could not afford dental care. According to a National Center for Health Statistics report, this includes an estimate of about 4.3 million children ages 2-17 years and is representative of the civilian noninstitutionalized population in the US. Children in single-mother families were more likely to have had unmet dental need (9%) than in two-parent families (6%). Uninsured children were more than 4 times as likely as children with Medicaid or other public coverage and more than 6 times as likely to have unmet dental need as children with private health insurance. The report is one in a set from the 2010 National Health Interview Survey, conducted annually for the CDC's National Center for Health Statistics. <http://www.ada.org/news/6700.aspx>

Infants and Toddlers Should See Dentist, United Press International, December 29 - According to Paul Casamassimo, chief of dentistry at Nationwide Children's Hospital in Columbus, OH, "Infant oral health is the foundation for preventing future tooth decay. ... If a child experiences tooth decay at an early age, it is a very difficult process to stop. The purpose of this initial visit is not only to introduce these toddlers to visiting the dentist, but also to provide preventative information to prevent tooth decay." The American Academy of Pediatric Dentistry's revised guidelines on infant oral health recommend infants 6 to 12 months old should be seen by a dentist. http://www.upi.com/Health_News/2011/12/29/Infants-and-toddlers-should-see-dentist/UPI-99051325213102/

The revised guidelines on infant oral health may be viewed at: http://www.aapd.org/media/policies_guidelines/g_infantoralthcare.pdf

IN The NEWS, continued

Effect of a third application of toothpastes (1450 and 5000 ppm F), including a 'massage' method on fluoride retention and pH drop in plaque.

Nordström A, Birkhed D., Department of Cariology, Institute of Odontology, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden. February 19, 2012. <http://www.ncbi.nlm.nih.gov/pubmed/22320714>

The aim of this study was to investigate fluoride (F) retention in plaque, saliva and pH drop in plaque using high-F toothpaste (5000ppm F) or standard toothpaste (1450 ppm F) twice a day or 3-times a day. Also evaluated, was a method of massaging the buccal surfaces of the teeth with the fingertip using the toothpaste as a 'lotion'. Findings showed that brushing with 5000 and 1450ppm toothpastes twice a day plus the 'massage' once a day resulted in the same F concentration in saliva and plaque as brushing 3-times a day with the same paste. The study concluded that a third application of toothpaste is increased the F retention and massaging the buccal surfaces with the fingertip using toothpaste as a 'lotion' may be a simple and inexpensive way of delivering F a third time during the day.

Most comprehensive review of dental therapists worldwide shows they provide effective dental care to millions of children suggests greater role for mid-level dental providers in the United States.

April 10, 2012, BATTLE CREEK, Mich. – Dental therapists offer safe, effective dental care to children according to an extensive review of the literature documenting care they provided and clinical outcomes worldwide. W.K. Kellogg Foundation released the study which reviews more than 1,100 reports regarding dental therapists and their work in various countries. Their report found, with evidence, that dental therapists can effectively expand access to dental care, especially for children. They conclude the care provided by the dental therapists “is technically competent, safe and effective”. Their review also showed there is strong patient and parental support for their work and that the public values the role of dental therapists. To find the 460 page review: <http://www.wkcf.org/news/Articles/2012/04/Nash-report-is-evidence-that-dental-therapists-expand-access.aspx>

American Academy of Pediatric Dentistry Launches New Site for Parents and Caregivers: MyChildrensTeeth.org

Chicago (May 2, 2012) - The American Academy of Pediatric Dentistry (AAPD), has announced the launch of its new consumer-based website for parents and caregivers, <http://www.mychildrensteeth.org>. It is a comprehensive resource with all of the AAPD's articles and information for the general public in one convenient place. Some of the most frequently asked questions of pediatric dentists are answered on the site, such as:

- When should I take my child to the dentist for the first check-up?
- What should I use to clean my baby's teeth?
- Are baby teeth really that important to my child?
- Sealants and X-rays?

The new site was launched to meet the growing need for high quality, evidence-based dental information that gives the most up-to-date information on children's oral health. AAPD CEO Dr. John S. Rutkauskas said, "One of the primary challenges in dentistry is keeping parents fully informed on good oral health practices, so they can lay down a foundation of oral health that their children can follow all their lives. "This new site will inform parents and caregivers and empower them to start making informed choices for their children as soon as possible, all driven by the best dental science and practices available."

NEWS from the "CREW"

Cumi G. Fillion, RDH, BAS, South Health District Celebrates: Toothbrush Day for Children's Dental Health Month, February 2012



Cumi G. Fillion, RDH, BAS (South Health District) celebrates, "Toothbrush Day" at Berrien Elementary School in Nashville Georgia. After lunch, every Child in the school gets to stop by the table and choose their favorite color toothbrush and dental floss. Cumi says, "As the Children walk through, I'm educating on the importance of oral hygiene, stressing flossing and brushing. The Children love Toothbrush Day! This is so very rewarding because some Children do not own a toothbrush and they are so happy to get their own brand new toothbrush in their favorite color, and dental floss." Cumi G. Fillion, RDH BAS, South Health District



DeKalb Board of Health's Annual Dental Quiz Bowl



Quiz Bowl winner Sydney Assefa from Indian Creek Elementary School (second from left) is joined by DeKalb County Commissioner Larry Johnson (left) and Dental Health Services Director Dwayne Turner, D.D.S. (right). The finalists are (from left to right): Caitlyn Liu, Chestnut Charter Elementary School; Mandale Mitchell, Avondale Elementary School; Eric Kiazolu, Stone Mill Elementary School; and Taylor Williams, Murphey Candler Elementary School.

Sydney Assefa, originally from Ethiopia and a student at Indian Creek Elementary School, is the 2012 Winner of the annual DeKalb County Board of Health Dental Quiz Bowl. Sydney not only moved here just two years ago, but also taught herself English using the Internet, good listening skills, and diligently studying dental terms.

The competition begins in January with over 500 students from twelve schools participating during the initial rounds. Other finalists include first runner-up Caitlyn Liu from Chestnut Charter, second runner-up Mandale Mitchell from Avondale, third runner-up Eric Kiazolu from Stone Mill and fourth runner-up Taylor Williams from Murphey Candler.

Presenting the awards was DeKalb County Commissioner Larry Johnson who reminded the students, "A healthy smile is important now and in the future," and commended the parents for their support of their children and encouraging them to learn.

From PHWEEK: PH Nurses and Teamwork Save Choking Man's Life



The Buford Health Center's Public Health nurses saves choking man's life. Pictured are Marsha Moore, LPN on left; Jeannine Craddock, Dental Assistant, center; and Janice Puckett, RN, right. Not pictured are Kimberly Sims, LPN; Jimmy Shuman, kitchen assistant, and Tim Morris, operations coordinator at the Buford Senior Center

Public Health nurses and Dental Assistant, Jeannine Craddock of District 3/4, saved a choking man's life on May 2, 2012, at the Buford Senior Center housed in the Buford Human Services Center. Bob Adams, 70, began to choke while eating lunch. Mr. Adams went into the restroom where kitchen assistant Jim Shuman, seeing his distress, called for help. Jeannine ran to get PH team Marsha Moore, LPH, Kimberly Sims, LPN, and Janice Puckett, RN.

It took two people working together to dislodge the piece of food caught in Mr. Adams' throat. Janice Puckett stood behind Tim Morris, operations coordinator at the Buford Senior Center, with her hands over his to push hard enough to dislodge the object. While waiting for the rescuers to arrive, the team brought the defibrillator, assembled the emergency kit, and placed the oxygen on Mr. Adams.

After being released from the hospital that afternoon, Mr. Adams returned to the Senior Center the next day to play a game of pool.

<http://www.health.state.ga.us/phweek/051412/HeimlichManeuver.asp>

Congratulations to the Dental Health Poster Winners!

Gwinnett, Newton, and Rockdale County Health Department, District 3/4



Nathan G. Grade 2, Honey Creek Elementary School

Creativity



Stella W., Grade 2 Honey Creek Elementary School

Design

"... always remember: You're braver than you believe, and stronger than you seem, and smarter than you think. Christopher Robin to Pooh" ~ A.A. Milne