



TO: Chair and Members of the Board of Health

FROM: Graham L. Pollett, MD, FRCPC
Medical Officer of Health

DATE: 2012 September 13

JOINT INITIATIVE ORAL HEALTH MONTH APRIL 2012

Recommendation

It is recommended that Report No. 105-12 re Joint Initiative Oral Health Month April 2012 be received for information.

Background

April was National Oral Health Month. This event is celebrated annually by the health care community to promote good oral hygiene practices and to educate the public on the importance of good oral health as it contributes to overall health and wellbeing. The London & District Dental Society (LDDS), a component society of the Ontario Dental Association, chose a smoking cessation theme for their Oral Health Month activities this year. The purpose of this Report is to inform the Board of the joint initiative of the Health Unit and the LDDS for Oral Health Month 2012.

Smoking may be responsible for almost 75 percent of gum disease among adults and is a known risk factor for oral cancer. Oral cancer is a common cancer in Canada. The 5 year survival rate for oral cancer is 63%. This rate is much poorer than the survival rates for breast and prostate cancer at 88% and 96% respectively. In addition to many other detrimental health effects, smoking is related to delayed healing after oral surgery, fewer options for some kinds of dental care, bad breath, stained teeth and tongue, and a diminished sense of taste and smell.

Health Unit Activities

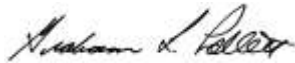
For 2012, the Health Unit's Oral Health team collaborated with the Chronic Disease Prevention and Tobacco Control Team and the LDDS to offer a smoking cessation workshop.

Twenty-one people attended the workshop held on Monday May 7th in the Middlesex Room of the County Building. Ms. Sarah Neil and Ms. Berthe Streef, Public Health Nurses who are trained as Smoking Cessation Specialists, and Ms. Brenda Lavigne-Butcher, a Registered Dental Hygienist, provided education on the effects of smoking on oral health and helpful tips and strategies to support the participants through their quit attempt. The importance of a quit plan, proper use of medications and the availability of smoking cessation support services within the community were profiled. The group session was followed by individual consultations and participants were provided with five weeks of no-cost nicotine replacement therapy medication. The LDDS donated \$1,500 towards the purchase of the medication.

Conclusion

Addiction to tobacco is one of the toughest addictions to overcome. Research evidence is clear that advice and support from a healthcare provider combined with the use of smoking cessation medication increases the likelihood of success. For many members of the community, the cost of smoking cessation medication is prohibitive. Through collaboration and partnership, the Health Unit was able to provide a comprehensive smoking cessation program, including promoting the benefits of cessation for oral health.

This report was prepared by Dr. Maria van Harten, Dental Consultant; Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team; and Mr. Paul Sharma, former Manager, Oral Health Team.



Graham L. Pollett, MD, FRCPC
Medical Officer of Health

This report addresses the following requirement(s) of the Ontario Public Health Standards: Chronic Diseases and Injuries Program Standards, Chronic Disease Prevention, Health Promotion and Policy Development, Requirements:

- 9. The board of health shall ensure the provision of tobacco use cessation programs and services for priority populations.
- 11. The board of health shall increase public awareness regarding comprehensive tobacco control.
- 12. The board of health shall provide advice and information to link people to community programs and services regarding comprehensive tobacco control.