

Oral health promotion – not just lip service

There have been many conversations about oral health promotion in recent years. Sometimes it seems it's just talk; action should follow more consistently. Dentistry has gone through tremendous changes and innovations during the last few decades. New materials are introduced regularly, new techniques are proposed and the dental office is unrecognisable compared to what it was 20 or 30 years ago. We can now replace teeth with dental implants, laminate them with ceramics, place high-quality tooth-colored restorations and perform complicated jaw and bone surgery.

Some things, however, have not changed dramatically enough over the last decades: most importantly oral health and the prevention of oral diseases. We have known for decades now that bacterial plaque is the main cause of caries lesions and periodontal diseases. We have known for years how to effectively remove this plaque from tooth surfaces. Most of us successfully raise our own children to be caries free and periodontally healthy. So why can't we do the same in the general population? Why are we failing to achieve that with our own patients? Why are we so focused on fixing things rather than curing, preventing and caring?

It's time to be more active in this area! It's not enough to talk about oral health promotion – it's time to actually promote oral health. This should be done at all the optional levels.

The first level is the immediate patient-dental professional interaction. If we know that most of the conditions we are treating (i.e. caries and periodontal diseases) are plaque related, it is only logical that we will invest most of our time fighting plaque. Instead, we barely mention plaque control during most of our appointments. Habit changes such as adequate plaque control are achievable but require recurrent re-enforcements as well as careful guidance and instruction. We should demonstrate effective plaque removal, check performance and improve our

patients' home care in each visit. This way we will really make a difference – more than by drilling, filling and replacing.

The second level should be our communities. Being involved with our communities through our patients, their families and the local authorities, we can make a major change in their oral health behaviour and knowledge. Using local and social media to actively promote oral health and prevention could make a difference and contribute to our community. It will also result in better engagement and improved attitude towards the dental profession.

The third level of action should be public health, where we as a profession, including our organisations, should be more actively involved in policy making related to oral health. This includes raising our voice when issues like fluoridation and flossing are being discussed and making sure that the available knowledge and science are well delivered and heard by all levels of stakeholders and policy makers. We should fight for the public's oral health – fight like we would fight for our own children's wellbeing.

Together, we can really make a difference in global oral health, but this requires more action, active participation and engagement from all of us.



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