

The International Federation of Dental Hygienists

Prevention & Treatment
WHITE PAPER SERIES

**Providing a Global Perspective on the
Multi-Faceted Impact of Dental Hygienists**

Behavioral Change

Behavioral change is a topic that has significant importance in oral healthcare. While clinicians can provide appropriate and effective therapies, patients must follow through on recommendations in order to achieve successful outcomes. Those recommendations include patient-centered professional care as well as self-administered care. This White Paper examines challenges, approaches, and practical strategies to implementing behavioral change. Expanding the role of dental hygienists, dental therapists, oral therapists, and oral health therapists into communities will help advance healthy habits and behaviors, thus improving oral and overall health.



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**Providing a Global Perspective on the
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The IFDH Prevention & Treatment White Paper Series is published over a three-year period to provide evidence-based guidance and information to its over 30 national association country members of Dental Hygienists, Dental Therapists, Oral Health Therapists and Oral Therapists.

The White Papers are valuable resources to use in advocacy efforts and for collaborating with like-minded stakeholders in dentistry, medicine and education.

The series shows the valuable role of the Dental Hygienist, Dental Therapist, Oral Health Therapist and Oral Therapist in advancing the World Health Organization's Global Strategy on Oral Health. The series includes:

- **Oral Health During Pregnancy**
- **Impact of Sustainability**
- **Cost Effectiveness of Prevention**
- **Ageing & Oral Care**
- **Behavioral Change**
- **Oral Health for Medically Challenged Patients**

The series also shows other professions how Dental Hygienists, Dental Therapists, Oral Health Therapists and Oral Therapists are needed members of the healthcare team, and when empowered to practice to the full extent of their abilities, can ultimately improve the overall health of their patients and communities.

IFDH appreciates the support of Haleon in the production of this series.



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Purpose

The White Paper addresses the critical role of behavioral change in oral health care, emphasizing its impact on preventing and managing periodontal disease and related systemic conditions. It advocates for patient-centered strategies and outlines evidence-based approaches to support sustainable oral health behaviors.

Key Insights

Global Burden of Oral Diseases

- Oral diseases affect billions worldwide and share risk factors with chronic conditions like diabetes and cardiovascular disease.
- Prevention and management rely heavily on patient lifestyle behaviors, making behavior change essential.

Challenges in Behavior Change

- Patients face technical, psychological, and practical barriers to adopting oral health behaviors.
- Lack of immediate feedback, misconceptions about disease, and competing health priorities hinder adherence.
- Behavior change is a process, requiring time, reinforcement, and tailored interventions.

Evidence-Based Behavior Change Approaches

- Motivational Interviewing (MI): Enhances patient engagement through collaborative communication, focusing on patient autonomy and self-efficacy.
- COM-B Framework: Addresses Capability, Opportunity, and Motivation as core drivers of behavior.
- Goal Setting, Planning, and Self-Monitoring (GPS): Empowers patients with structured, achievable steps; supported by clinical evidence showing improved periodontal outcomes.

Practical Strategies

- Teaching hands-on skills, providing feedback, and reinforcing behaviors through follow-up.
- Using visual aids, reminders, and habit-forming techniques to sustain change.

Expanding the Role of Dental Hygienists/Therapists beyond one-to-one care to population health approaches, including:

- Early detection of systemic conditions (e.g., diabetes) during dental visits.
- Integration of oral health into broader healthcare frameworks.
- Community-based programs and tele-dentistry to reach underserved populations.

Call to Action

- Dental professionals should embrace roles as educators, advocates, and collaborators.
- Prioritize prevention, early intervention, and systemic health integration to reduce the global burden of oral diseases.
- Adopt a balanced approach combining individual behavior change strategies with public health initiatives.

Significance

By embedding behavior change strategies into clinical practice and public health, dental professionals can significantly improve oral and systemic health outcomes, reduce inequalities, and contribute to sustainable healthcare models.

Introduction

Oral diseases, affecting billions globally, are prevalent and preventable. ⁽¹⁾ Despite advances in dental care, dental caries and periodontal diseases remain widespread, with impact extending beyond the mouth, contributing to a reduced quality of life, impaired function, and an increased burden of chronic diseases such as diabetes and cardiovascular disease (CVD). Periodontitis has been linked to 57 different chronic conditions. ⁽²⁾ Chronic conditions are controlled, not cured with prevention or management largely driven by patient lifestyle behaviors, highlighting the critical role of oral health professionals in promoting behavior change. ⁽³⁾

Chronic diseases, including oral diseases, dominate healthcare, necessitating strategies addressing shared risk factors. ⁽³⁾ Many oral diseases share lifestyle risks with non-communicable diseases (NCDs), such as smoking, diet/nutrition, and physical inactivity. ⁽⁴⁾ Addressing these factors requires a patient-centred approach, therefore empowering individuals to take an active role in their health. Behavior change is pivotal in dentistry, where daily habits like toothbrushing, interdental cleaning, and diet have a direct impact on disease prevention and management. ⁽⁵⁾

The European Federation of Periodontology (EFP) S3 guidelines emphasize the importance of patient engagement in oral care. ⁽⁶⁾ Step 1 prioritizes risk factor control, oral hygiene instruction, and behavior modification before invasive treatments. This approach leads with patient self-care, recognizing the greatest reductions in disease severity occur when patients are actively involved in their care. A key goal is less than 10% of sites with bleeding on probing (BOP), indicative of low periodontal inflammation, driven largely by patient self-performed plaque control and critical for maintaining long term periodontal health. ⁽⁷⁾ Therefore, facilitating patient engagement, therein understanding their own reasons (their motivation) oral health is important to them, ultimately leading to the implementation of effective mechanical plaque control, is integral to periodontal disease prevention and therapy. ⁽⁸⁾

With rising chronic disease and multi-morbidity, defined as the presence of two or more chronic conditions in an individual, healthcare professionals realise the increasing need to develop new approaches. ⁽⁹⁾ The new discipline of lifestyle medicine develops collaborative strategies across healthcare professionals and patients to enhance patient self-care and healthy lifestyle choices. ⁽¹⁰⁾ The WHO Global Strategy and Action Plan on Oral Health 2023–2030 calls for integration of oral health into broader healthcare frameworks, emphasizing prevention, equity, and the role of oral health professionals in tackling shared risk factors like tobacco use, sugar consumption, and harmful alcohol use. Dental hygienists/therapists are uniquely positioned to promote awareness of the oral-systemic link, advocate for lifestyle modifications, and lead efforts in delivering prevention-based, patient-centred care.

This White Paper explores the critical role of behavior change in oral care, beginning with the challenges patients face in adopting health-related behavior. It examines evidence-based techniques for initiating and supporting behavior change (enhancing patient motivation), emphasizing the importance of patient-centred strategies. Finally, it considers dental professionals' wider responsibilities including addressing inequalities, expanding reach, and integrating oral health into public health initiatives. By adopting a proactive, prevention-focused approach, dental professionals can reduce the global burden of oral and other chronic diseases, improving health outcomes for all.

Behavior Change Complexities

Health-related behaviors, including those specific to oral health, are notoriously difficult to change. Patients often struggle to adopt and sustain healthcare provider (HCP) recommendations due to technical, psychological and practical barriers.⁽¹¹⁾ In dentistry, the difficulties are amplified as patients are expected to perform highly specific and technically demanding tasks, often without immediate feedback or tangible results.⁽¹²⁾ Maintaining effective plaque control requires effort and consistency, yet the biofilm itself is invisible to the patient's naked eye unless highlighted with a disclosing agent.⁽¹³⁾ This lack of visible feedback can leave patients unsure about the necessity or effectiveness of their actions, reducing their motivation or drive to continue.⁽¹⁴⁾

The technical demands of dental behaviors also pose unique challenges. For someone who has never used an interdental brush, adopting this new behavior requires learning fine motor skills, identifying the correct technique, and integrating it into their already established oral care routine. This is more complex than modifying an existing behavior, such as brushing twice a day instead of once.⁽¹⁵⁾ New behaviors demand significantly more effort, both cognitively and physically, and take time to become habitual. Even modifying an established habit can be daunting when patients are already juggling other health responsibilities, such as managing diabetes, cardiovascular disease, or obesity. These chronic conditions may require significant effort, with oral health behaviors often taking a back seat to competing health priorities.

Behavior change is a process requiring time, effort, and consistency to progress to a habit, defined as a behavior that becomes automatic, performed without conscious thought.⁽¹⁶⁾ Reaching this point involves an extended period where patients must rely on their inner drive or purpose (motivation) and deliberate action, causing fluctuations over time sometimes resulting in patients reverting to old behaviours due to stress, dwindling enthusiasm or insufficient support.^(15, 16) Such fluctuation highlights the importance of reinforcement and regular feedback from HCPs to help patients establish routines. Behavior change requires patients to visualize how new actions can fit into existing life activities. Without professional guidance and support, many patients will find it difficult to translate intention into action.⁽¹⁷⁾

Breaking unhealthy behaviors, especially those tied to addiction, presents its own set of challenges. For example, quitting smoking requires overcoming both physical dependence and psychological attachment, often demanding multifaceted support that includes behavioral interventions and pharmacological aids. Similarly, patients may struggle with financial constraints, time limitations, or logistical challenges, many associated with the environment within which they live and work. These barriers further complicate adherence to treatment plans.⁽¹⁸⁾

Each patient has unique needs, abilities, motivations (reasons for action), and risk factors making it essential to tailor interventions to the individual.⁽¹⁹⁾ For example, one patient may succeed with goal-setting techniques, while another might need hands-on coaching and consistent reminders. There is no one-size-fits-all solution for behavior change in dentistry. The next section explores techniques to support patients in overcoming behavior change barriers for sustainable improvements in oral health.

Implementation of Behavior Change approaches

Behavior change in dentistry requires a multifaceted approach that integrates psychological constructs and practical strategies to help patients discover their own motives for change, overcome barriers, and sustain adherence. Systematic reviews of behavior change theories or models highlight several evidence-based techniques that can be effectively applied in clinical settings. Among these, motivational interviewing (MI), the COM-B framework, and strategies like goal setting, planning, and self-monitoring (GPS) are particularly well-documented. Behavior change theories and techniques share numerous aspects but perhaps the most important are those of communication and rapport to foster patient engagement and autonomy. An individual's sense of self-control or autonomy, fostered by their active participation in setting a plan to change, underpins patients' movement to action in implementing altered behaviors. Therefore, the most important aspect of any framework to promote health behavior change is skilled communication techniques including clinical environment and appointment organisation that fosters optimal rapport to facilitate patient-clinician collaboration. This includes simple aspects of communication such as active listening, adapting conversations to each patient's level of oral health literacy and interest. If interest is lacking, then techniques should focus on nurturing patient interest and engagement to explore their views or values. The following sections describe well known approaches that can enhance clinical patient conversations underpinned by active engagement of both individuals, finally fueling patient motivation or determination.

Motivational Interviewing (MI)

Motivational Interviewing (MI) is a communication technique designed to help patients make positive changes in their health behaviors by focusing on what motivates them personally, that is, what are their own reasons for change. Instead of simply giving instructions or advice, MI encourages patients to reflect on their current habits and think about how making changes could benefit their health. Developed by Rollnick and Miller based on addictions counselling, adapted to brief interventions applicable in any health setting, MI emphasizes creating a supportive, collaborative environment where patients feel heard and understood. ⁽²⁰⁾

At its core, MI assists patients in exploring their interest and confidence levels to make a particular behavior change, then works to either increase interest or confidence subsequently facilitating change. For example, a patient may know they need to clean interdental areas regularly but feel it's too time-consuming or difficult. Instead of stressing importance and re-instructing again, an MI approach would entail asking the patient "Can you please tell me more about what makes interdental cleaning challenging for you or what they don't like about it?" This open-ended question invites the patient to share their thoughts, allowing the clinician to facilitate the patient suggesting possible solutions through providing tailored options, also allowing patient choices. The approach enhances patient autonomy and self-efficacy engaging patients to identify their own reasons for change, making them more likely to act.

Motivational Interviewing (MI): OARS

O – Open questions

"Could you talk me through what makes interdental cleaning difficult?"

A – Affirm

"You've kept twice-daily brushing going – that's a strong base."

R – Reflect

"Time and awkwardness are the main barriers."

S – Summarize & Ask permission

"Shall we try two sizes and you choose the one that feels easiest?"

Figure 1: Motivational Interviewing Tools – OARS

Typical MI techniques include asking open-ended questions to explore patient thoughts, affirming statements to respect patient autonomy, reflective listening to demonstrate understanding and introduce new ideas, and summarising to facilitate goal setting (*Figure 1*). For instance, if a patient mentions they've started brushing twice a day but haven't yet tried interdental brushes, the clinician might say, "It's great that you've been brushing regularly—that's a big step! What do you think about adding an interdental aid to remove the plaque in those areas that the brush doesn't reach?" (*Figure 2*). This approach makes the patient feel supported and in control of their decisions, increasing the likelihood of lasting behavior change. Communication between individuals moves between the three styles of directing (instruction), guiding (collaborative coaching), or following style (agreeing or empathising), but MI suggests clinician patient interactions should be predominantly guiding or collaborative. ⁽²⁰⁾

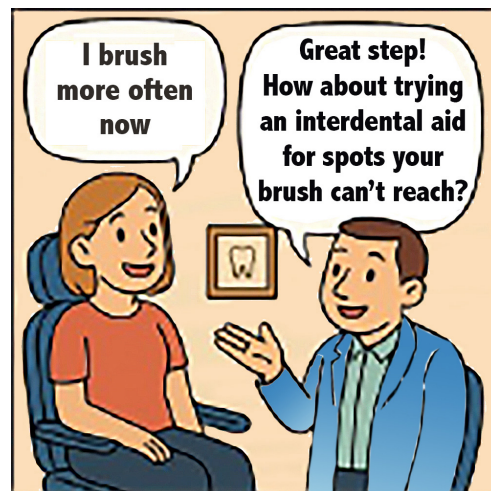


Figure 2: Guiding Style of Communication

Research has shown that MI can be valuable for improving patient engagement and adherence to oral health advice. For example, Woelber and co-workers found that MI interventions improved patients' confidence in managing their oral health, which is critical for maintaining long-term results. ⁽²¹⁾ Similarly, Bray and coworkers highlighted how MI could enhance communication between dental professionals and patients, leading to better understanding and cooperation. ⁽²²⁾

However, the direct impact of MI on clinical outcomes, such as plaque levels or gingival bleeding, has been less consistent. Stenman and colleagues found that a single session of MI did not significantly reduce periodontitis relapse compared to conventional care. ⁽²³⁾ These findings suggest that while MI may not always produce immediate clinical improvements, its true strength lies in fostering clinician-patient rapport, patient engagement to help them develop sustainable habits.

For dental hygienists/therapists or any oral care clinician, MI provides a structured way to approach behavior change conversations during time pressured appointments. ⁽¹²⁾ It does not need to take more time but shifts the speaking from the clinician to the patient, allowing for individualized advice ⁽²⁴⁾ Stephen Rollnick describes MI as "a way to be with the patient" rather than a procedure or intervention. ⁽²⁰⁾

Motivational Interviewing, like many behavior change approaches, fosters a patient-centered approach that empowers individuals to take ownership of their oral health. By focusing on what matters most to the patient and providing guidance in a supportive manner, MI bridges the gap between knowledge and action. ⁽¹²⁾ Delivering knowledge or advice is important but doing so in a manner that respects patient autonomy is essential to maintaining the patient as an active rather than passive participant. Although it may not guarantee immediate clinical results, its ability to enhance patient engagement or self-efficacy and build lasting habits makes it an invaluable strategy for dental hygienists and therapists seeking to improve adherence and health outcomes.

⁽¹³⁾

COM-B Model

The COM-B model (part of the Behavior Change Wheel) is a framework for understanding and influencing behavior by focusing three core components: Capability, Opportunity, and Motivation. (25) Capability refers to a patient’s physical and psychological ability to perform a behavior (Figures 3 & 4). For oral health, this might involve teaching proper brushing or interdental cleaning techniques, ensuring the patient has the motor skills and knowledge needed for effective plaque removal. Opportunity encompasses the environmental and social factors that enable or hinder behavior, for example placing oral hygiene tools in visible locations. Social opportunity, including support from family members or reminders from healthcare providers, further enhances the likelihood of success. (25) Motivation includes both reflective processes, such as understanding the importance of oral health, automatic triggers, such as cues or habits, and identifying personal reasons for change. Reflective motivation can be strengthened by using visual aids, such as disclosing agents, showing patients the presence of plaque and immediate effects of thorough cleaning. Automatic motivation can be reinforced by creating simple reminders or triggers, such as placing interdental brushes next to the toothbrush. With these three components interconnected, addressing all three simultaneously leads to more effective and sustained behavior change. (25)

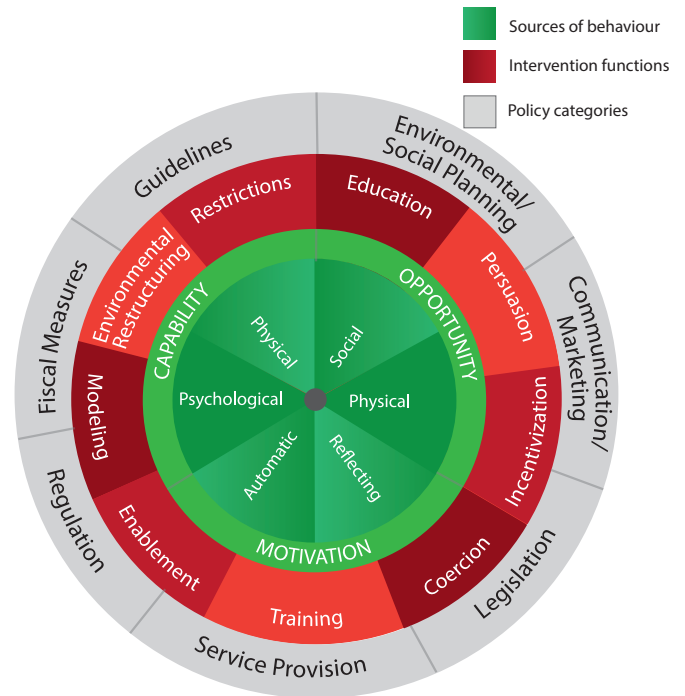


Figure 3: Behavior Change Wheel (Adapted from Michie et al 2011)

Component	Definition	Examples of Actions
Capability	A patient’s physical and psychological ability to carry out a behavior	<ul style="list-style-type: none"> • Teaching proper brushing or interdental cleaning techniques • Ensuring motor skills and knowledge for plaque removal • Hands-on demonstration and supervised practice • Correcting misconceptions (e.g., brushing alone prevents periodontal disease)
Opportunity	Environmental and social factors that enable or hinder behavior	<ul style="list-style-type: none"> • Placing oral hygiene tools in visible, convenient locations • Integrating brushing into routines (e.g., morning coffee) • Support from family members or reminders from healthcare providers • Family-wide commitment to oral health routines
Motivation	Reflective (conscious) and automatic (habitual) processes driving behavior	<ul style="list-style-type: none"> • Understanding the importance of oral health. • Using visual aids (e.g., disclosing agents) to show plaque. • Creating reminders or triggers (e.g., interdental brushes next to toothbrush)

Figure 4: COM-B Framework Overview

Goal Setting, Planning, and Self-Monitoring

Goal setting, planning, and self-monitoring (GPS) is an approach to help patients adopt and sustain new or modified behaviors. Rooted in evidence-based psychological constructs, such as self-efficacy, intention formation, and habit building, GPS makes behavior change manageable and achievable. It empowers patients to take ownership of their oral health by breaking down complex changes into actionable steps.⁽²⁶⁾

Research highlights GPS potential to improve periodontal health outcomes (Figure 5). A randomized controlled trial demonstrated significant improvements in clinical outcomes in the GPS group, including reductions in plaque levels and bleeding on probing (BoP) in periodontitis patients⁽²⁷⁾. Another clinical trial found greater reduction in BoP in the GPS group compared to standard oral hygiene advice in gingivitis patients.⁽²⁸⁾

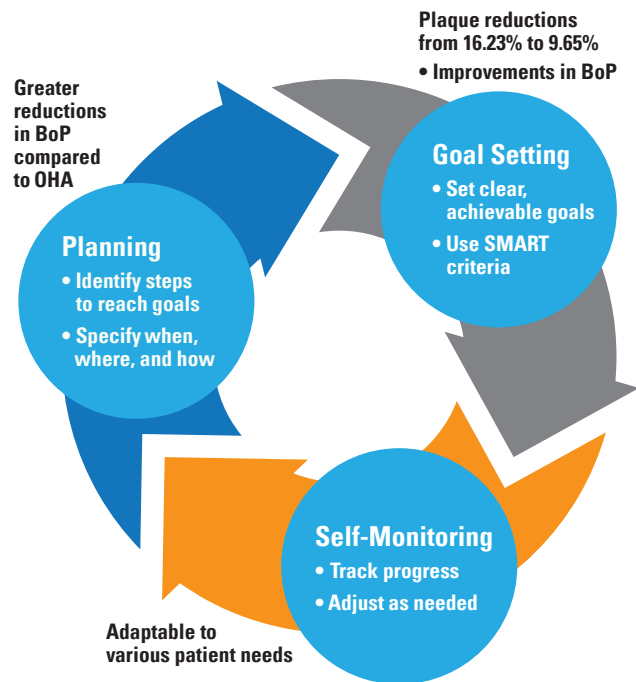


Figure 5: GPS Approach Example

GPS supports behavior change by setting clear and achievable goals. The process should be collaborative, with patients identifying goals that align with their priorities and lifestyle. Goals should be specific, measurable, achievable, relevant, and time-bound (SMART), defining specific steps for action.⁽²⁹⁾ For example, a plan might involve brushing immediately after breakfast, using a timer to ensure the recommended duration.⁽³⁰⁾

Self-monitoring helps maintain progress. By tracking behaviors, patients can compare their performance against their goals and adjust as needed. Tools like mobile apps, journals, provide visual evidence of progress and reinforcing positive behaviors. For example, tracking brushing and interdental cleaning over a month can provide tangible improvements and enhance motivation.⁽³¹⁾

Teaching Practical Skills and Reinforcement

Many oral health behaviors require physical skills that patients may not have mastered. Teaching these skills during appointments ensures patients leave with the competence and confidence to perform them correctly. Hands-on demonstrations and feedback help refine their technique. Before concluding the session, patients should demonstrate the behavior back to ensure they have understood and can replicate it at home. This approach maintains patient engagement, known to increase the likelihood of behavior change. Teaching or advising is important but the delivery style, for example, collaborative guiding vs direct instructing or scolding, can play a role in moving the patient to action.

Behavior change often requires multiple attempts and iterative adjustments. It is important to remember it is a process, not an event, demanding adaptation from the clinician over time. Evidence has shown that change in a single behavior can impact other health behaviors as patients embrace ownership of their health.⁽³²⁾ Follow-up appointments with the same clinician provide opportunities to review progress, address challenges, and fine-tune techniques.⁽³⁰⁾ This ongoing engagement helps reinforce behaviors until they become automatic habits. Habit formation takes time and requires consistent effort from both the patient and the clinician.⁽³³⁾ The clinician's role is to facilitate adaptability, helping patients alter behaviors to fit their oral or general health needs.

Figure 6 provides a visual summary of the clinical context and potential application of behavior change tools in practice. The lines with arrows represent the patient's journey along a continuum of change from being static to engaged and active. The model contains three sets of gears; patient elements (blue gears), clinician elements (gray gears), and potential behavior change tools (orange gears). Without engagement of behavior change tools or techniques, the patient possesses the characteristics to change behavior, and the clinician may possess the knowledge or ability to instruct skills however the patient continuum of change may remain rather static.

In an active model, the clinician approaches (gray gears) connect with the patient via communication techniques and tools (orange gears). As in mechanics, when gears connect, the movement of one gear drives the next which in turn affects movement of the next with often smaller gears being used to move the larger. This diagram symbolises how clinicians can facilitate health behavior change. As the clinician uses the tools to activate aspects intrinsic to the patient, the patient becomes increasingly adaptable or in motion, moving along the process of behavior change. Lifestyle changes require adaptability and movement in response to life factors such as perceptions, knowledge, opportunity, environment, opportunities and abilities.

Motivational interviewing, the COM-B framework, and strategies like goal setting, planning, and self-monitoring offer practical, evidence-based approaches to supporting behavior change in dentistry. By addressing the physical, psychological, and environmental dimensions of behavior, these techniques empower patients to take meaningful steps toward improved oral health. These strategies can also be adapted to broader contexts, such as community outreach and public health initiatives, to address oral health disparities on a larger scale.

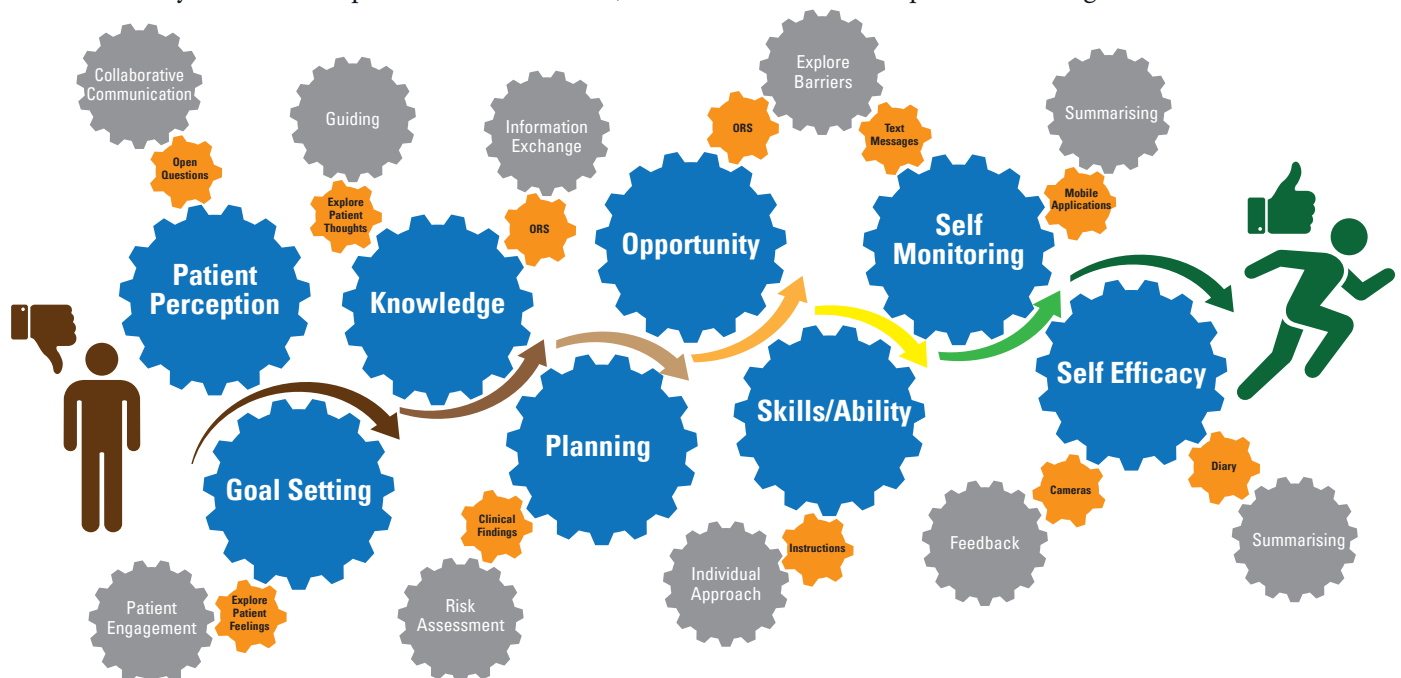


Figure 6: Gear Model of Behavior Change

Expanding the Impact of Dental Hygienists/Therapists: A Population Health Approach

Oral diseases remain a global health challenge, affecting billions, contributing significantly to the burden of chronic diseases worldwide. (34) Despite being preventable, dental caries and periodontal diseases persist across all age groups, with vulnerable populations disproportionately affected. The traditional one-to-one care model in dental settings, is insufficient to address the scale of the problem. (10) Dental hygienists/therapists, are in a unique position to expand their influence beyond the dental practice, by adopting a population health perspective that emphasizes prevention, early intervention, and systemic health integration. They have an opportunity to identify systemic diseases, such as diabetes, during routine care. Their regular interaction with patients who may not engage with medical services positions them as key points of contact for early detection and patient engagement in early change of lifestyle behaviors. An estimated 22 million people in Europe live with undiagnosed diabetes mellitus. (35) In the UK, evidence suggests a disconnect between dental and general healthcare engagement. According to Ireland et al., (20, 12) 12% of individuals who regularly attend dental appointments had not seen their general medical practitioner in over a year. Nearly half of those who visit the dentist biannually reported never having undergone a general health check-up. This gap in holistic health management can delay diagnoses and compromising overall health outcomes. (36)

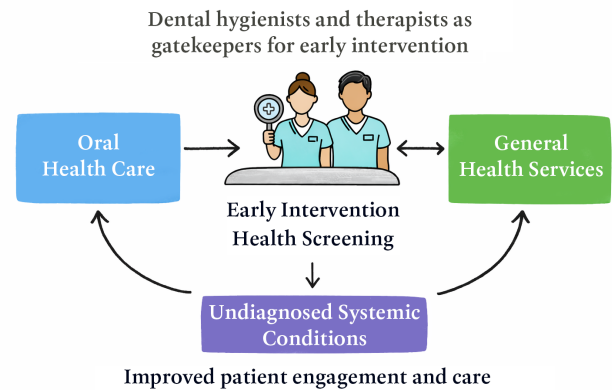


Figure 7: Expanding the Impact of Dental Hygienists and Therapists

Periodontitis is strongly linked to diabetes. Patients with periodontitis are three times more likely to have type 2 diabetes and face higher risks of developing the disease. (37-39) Complications from diabetes are also more severe in patients with periodontitis. (40) These associations highlight the importance of screening for periodontitis and utilizing validated tools to identify those at risk of pre-diabetes and type 2 diabetes and promoting healthy lifestyle behaviors as early as possible. (41) Support for early detection in dental settings is widespread, with patients, medical professionals, and dental teams recognizing its value. (42-44)

By integrating health screening into routine practice, dental hygienists can act as gatekeepers for early intervention, bridging the gap between oral health care and general health services. This approach enhances patient engagement, patient care and reduces the burden of undiagnosed systemic conditions (Figure 7).

Proactive Prevention and Early Intervention

Effective oral health care requires a shift from a reactive, disease-driven model to a proactive, preventive approach led by patient self-care and behavior change. Early intervention is critical for conditions such as early childhood caries and gingivitis. (45) Gingivitis, for instance, is entirely reversible when treated early with improved oral hygiene practices and simple behavioral modifications. Early intervention not only halts disease progression but also reduces healthcare costs, as emphasized by the WONCA-EFP Position Paper and The Economist White Paper (2024): Time to Put Your Money Where Your Mouth Is, which highlight the economic and public health benefits of prioritizing prevention over reactive treatment. (46)

Early intervention also aligns with public health goals of reducing the broader burden of non-communicable diseases (NCDs). Shared risk factors like smoking, poor nutrition, and physical inactivity link oral diseases with conditions such as diabetes and cardiovascular disease (CVD). Addressing these lifestyle risk factors holistically ensures that oral health contributes to overall systemic health. By seeking professional periodontal care and maintaining good oral hygiene at home, 57 million people with periodontal diseases could avoid developing Type 2 Diabetes by managing their condition, potentially boosting global economies by 181 billion USD over ten years through reduced healthcare costs and increased productivity.⁽⁴⁶⁾

Collaboration between Oral and Medical Health Professionals

The integration of oral health into broader healthcare systems is a key step toward addressing the global burden of oral and systemic diseases and the focus of lifestyle medicine. There is strong evidence supporting the bidirectional relationship between oral health and systemic health. For example, periodontitis has been associated with poorer glycaemic control in diabetes patients and an increased risk of adverse cardiovascular events. This interconnectedness highlights the need for collaboration between dental and medical professionals to deliver comprehensive, patient-centred and patient driven self-care.⁽⁴⁷⁾

Community-Based Programs and Public Engagement

Reaching underserved populations requires innovative strategies that extend beyond traditional clinical settings. Proven preventive measures, such as fluoride varnish applications, fissure sealants for newly erupted teeth, and supervised toothbrushing programs, should be scaled to reach larger populations and should incorporate lifestyle and self-care messages. Community-based initiatives targeting schools, nurseries, and care homes can deliver these interventions efficiently. Furthermore incorporating these measures into existing health systems—such as maternal and child health services or chronic disease clinics—provides an opportunity to address behaviors and oral health needs at critical stages of life.

Tele-dentistry offers another avenue to expand access, particularly for rural or underserved populations. Virtual consultations and online education platforms provide patients with guidance and support, reducing geographical and financial barriers to care. Social media campaigns and public health messaging can further raise awareness about the importance of oral health and encourage preventive behaviors. Engaging with communities through culturally sensitive and accessible outreach programs ensures that interventions resonate with diverse populations.

Call to Action: Empowering Patients, the Profession for the Future of Oral Health

Dental hygienists/therapists are uniquely positioned to improve oral health and bridge the gap between oral health and systemic health through health behavior change. By incorporating health behavior change strategies in practice and adopting a population health perspective, they can expand their reach, address inequalities in and prevent chronic diseases. This requires dental professionals to embrace their roles as educators, advocates, and collaborators within the broader healthcare system.

The future of oral health care lies in combining health behavior change approaches as part of individual treatment as well as community-level interventions. From early childhood programs that establish lifelong habits to public health campaigns targeting systemic disease prevention, the potential for impact is immense. By prioritizing prevention, screening, and early intervention, the profession can move toward a model of care that is equitable, sustainable, and effective in reducing the global burden of oral diseases. This is both an opportunity and a responsibility for dental hygienists/therapists, positioning them as leaders in the future of healthcare (Figure 8).

Call to Action

Dental hygienists and therapists must be enabled to lead prevention-focused, behavior-based oral healthcare.

Key Actions:

- **Embed health behavior change** as a core component of routine dental care
- **Expand practice beyond the dental chair** to include population and community-level interventions
- **Integrate oral systemic health screening** to support early detection and prevention of chronic disease
- **Address oral health inequalities** by reaching under-served and vulnerable populations
- **Position dental hygienists and therapists as leaders** with integrated, prevention-focused healthcare systems

This is both an opportunity and a responsibility - and the future of sustainable oral healthcare depends on it

Figure 8: Call to Action

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