



PRESIDENT'S ADDRESS

The future of oral health and the role of dental hygienists within that future depend on trends and issues that affect wellness and disease. Oral health is an integral part of total health, and signs and symptoms of many potentially life-threatening diseases appear in the mouth first, when they are most treatable. As well, many studies have identified periodontal disease as a risk factor for a number of life-altering and life-threatening diseases, such as heart disease, diabetes, respiratory disease, preterm and/or low birth weight births and even some cancers (1).

Our education has prepared us for the roles we must play in the area of prevention, not just prevention of oral disease but also of all diseases. Being observant of patients' oral symptoms allows us to intervene early if we see signs of oral or systemic illness. By doing so we may, in some cases, save someone's life or at least lessen the morbidity of systemic infirmity. By taking medical and oral health histories, monitoring blood pressure and blood glucose levels, conducting head and neck exams and focusing on extensive oral exams, dental hygienists are considered preventive experts.

As dental hygienists around the world, we focus on prevention and early detection and intervention of periodontal infection and dental decay. Fluorides and sealants are preventive measures with a long list of research supporting their efficacy (2–4).

There are, however, barriers to preventive care around the world. Just as each state in the United States is governed by different laws, rules and regulations, the same is true of varying countries around the world. Restrictive supervision laws for dental hygienists greatly impede access to oral health care around the globe. As the U.S. Department of Health and Human Services has reported, 'Dental Hygiene services are largely confined to private dental offices because of supervision requirements which differ from state to state and hinder dental hygienists' ability to disperse throughout the community and thereby improve access to oral health care'. In the USA and many countries around the world, dental hygienists are required to graduate from an accredited dental hygiene programme to apply for licensure. They receive an average of 2000 h of classroom study in academic subjects emphasizing basic sciences, dental sciences, dental hygiene theory (including pain control, nutrition, oral health education and preventive counselling) and periodontics. These hours include at least 600 h of supervised instruction in preclinical and clinical skills. In some parts of the world, dental hygienists can work under general supervision or prescription allowing them to accomplish preventive services in all communities. Practice settings can be expanded, to include hospitals, schools, nursing homes, prisons and public health settings. Another barrier to care is lack of access to care. Inability to pay for care, lack of insurance or a government subsidy, lack of education and the dwindling number of dentists in certain areas make obtaining oral care very challenging areas.

Another factor that will influence the future role of the dental hygienist is the oral/systemic disease connection, as we obtain more research in this area. As we better understand the complex relationship between chronic infections, such as periodontal disease, and systemic conditions like cardiovascular and heart diseases, we become more vigilant about prevention and early intervention strategies. The key to this connection is most likely the inflammatory response related to periodontal disease. C-reactive protein, a marker of inflammation, is produced in greater numbers in those with periodontal infection. As well, studies have shown that the blood levels are reduced if periodontal infection is treated and abated (1). Other markers of systemic inflammation associated with periodontal infection is the presence of cytokines, such as tumour necrosis factor-alpha and interleukins 1 and 6.1.

One of the 2010-2013 IFDH goals is to support the dissemination of research by dental hygienists around the world. Dental hygienists are becoming more involved with research. In Australia, the association will launch the DHAA Inc. Research Grant at their National Symposium in July 2011. As well, their National Symposium in Darwin, 2 and 3 July 2011, is a research-based programme. A significant association achievement for DHAA in 2010 was to engage the services of expert consultants to develop a research fund. The North American Dental Hygiene Research Conference (NADHRC) will be held 20 October through 22 October 2011 in Bethesda, Maryland, USA. Dental hygienists from around the world will share their original research, and invited speakers will present new research related to oral cancer, smoking cessation interventions, bisphosphonate-induced osteonecrosis and remineralization therapies. Workshops, small group discussions and break-out sessions will be offered to enhance skill development, encourage networking and foster project development. Training programmes will be available for all levels of investigators, from the newcomer to the expert, and with special sessions devoted to clinicians who wish to use best practices to enhance patient care. In Japan, key association activities for 2011 include promotion of post-graduate programmes and scientific research amongst members. In the United Kingdom, one of the goals for 2011 is to develop stronger links and to provide information and opportunities for research for its members. In Italy, they have SISIO, the La Società Italiana di Scienze dell'Igiene Orale, or the Italian Society of Sciences Oral Hygiene. The most recent Congress of SISIO was held in Pisa, and the objectives of SISIO are to accelerate the development of oral hygiene research, create a research infrastructure to service the profession, and build a solid scientific basis about the clinical practice of dental hygiene. In the Netherlands, Dagmar Else Slot MSc. RDH is a researcher at the Department of Periodontology of the Academic Center for Dentistry Amsterdam (ACTA) and an associate editor of the *International Journal of*

Dental Hygiene (IJDH). Dagmar runs a research facility staffed only with dental hygienists.

The above list is not exhaustive. I know there is much research in the Scandinavian countries, Sweden, Norway, Denmark and Finland, as well as in the UK, the USA and other countries around the world. In some countries, dental hygienists are well established in research facilities, such as in universities, corporate venues or private settings. The IFDH hopes to soon have a research section on the new <http://www.ifdh.org> website where dental hygienists from around the world can share their research, offer guidance to those less experienced, with relevant links to research sites of interest.

The World Health Organization (WHO) Global Oral Health Programme (ORH) seeks continuous improvement of oral health in the 21st century. The objectives of this technical programme within the Department of Chronic Diseases and Health Promotion (CHP) have been reoriented according to the new strategy of disease prevention and promotion of health. Greater emphasis is now on developing global policies in oral health promotion and oral disease prevention, coordinated more effectively with other priority programmes of CHP and other clusters and with external partners, and strategies for oral disease prevention and health promotion. WHO's goals are to build healthy populations and communities and to combat ill health. Four strategic directions provide the broad framework for focusing WHO's technical work, which also have implications for the Oral Health Programme: reducing oral disease burden and disability, especially in poor and marginalized populations; promoting healthy lifestyles and reducing risk factors to oral health that arise from environmental, economic, social and behavioural causes; developing oral health systems that equitably improve oral health outcomes, respond to people's legitimate demands, and are financially fair; and framing policies in oral health, based on integration of oral health into national and community health programmes, and promoting oral health as an effective dimension for development policy of society (http://www.who.int/oral_health/strategies/en/).

I am looking forward to visiting the dental hygienists in the Slovak Republic for an official visit. The Association of Dental Hygienists of Slovak Republic (ADHS) will hold a symposium 'Days of Dental Hygiene', from 3 to 5 June 2011 in Nový Smokovec. I will also be a member of a delegation invited to an audience with the Minister of Health of the Slovak Republic in Bratislava. In addition to myself, there will be from the Slovak Republic: Bc. Marta Krizanova d.p.dh, president of ADHS; PhD. Viera Panakova d.p.dh, head representative of DH in Slovakia; and Dr Pavel Kraus, honorary member of ADHS. From the Netherlands: Mrs. Corie Zoet-Jongbloed, President of NVM – NL Association of DH; Mrs Ellen – Maria van den Hill – Bol BHS, the director of NVM – NL Association of DH; and Mrs Annelieke Kromkamp – Papadaki,

the CEO board member of the NVM-NL. The topics we will discuss include the support of the practice and profession of dental hygiene in the Slovak Republic, with emphasis on the preventive role of dental hygienists in oral care for the inhabitants of Slovakia; the involvement of dental hygienists in the government and legislative arena, with the goal to guarantee the quality of the oral prevention system; and the access of qualified professional prevention to all categories of the population, including children, seniors and those in long-term care facilities such as institutes, hospitals, clinics and oncology facilities. The emphasis will be on the declining numbers of stomatologists, the 'preventists' (2-week trained individuals performing dental hygiene functions!), and the increasing use of sugared beverages by children.

I look forward to visiting the Italian Dental Hygienists at the AIDI meeting in September in Milan, at the invitation of AIDI President Marialice Boldi, and the Russian and Kiev dental hygienists in September, at the invitation of Vice-president of Russian Dental Association, Oles Schevchenko.

We will continue to attempt to make the most of on the evolving health care arena to ensure that dental hygienists assume their appropriate role in the global health care delivery system. In this way, access to oral health care can be available for anyone who seeks it. Preventive oral health care is necessary to keep people healthy. Dental hygienists are the professionals best suited to guarantee prevention because they are educated and sometimes licensed, to provide safe, effective quality care to all people. Join us at the International Federation of Dental Hygienists (IFDH) in one of our membership categories as we continue to make significant differences in people's lives.

References

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