

GUEST EDITORIAL

The Dental Hygienist's Role in Addressing the Challenge of Global Oral Disease

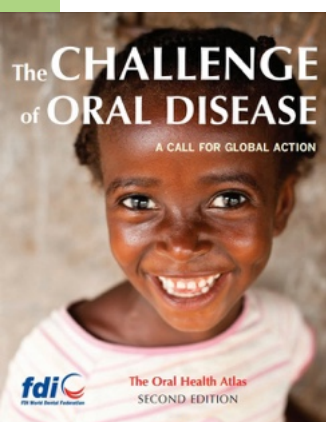
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The inspiration for this issue of the *Journal of the Academy of Distinguished Educators (JADE)* is the FDI's *Oral Health Atlas, Second Edition (2015): The Challenge of Oral Disease — A Call for Global Action*. The Atlas provides an elegant, substantive, and pragmatic review of what it terms the “neglected global oral health issue,” and it does so in a format that makes the sobering and grim details of global oral disease easily accessible. Conceived for use by policymakers and advocates, the Atlas is divided into chapters that build on each other and ultimately present strategies and tactics needed to mitigate the global burden of oral disease.

Chapter two describes the etiology of oral disease and the problems resulting from neglect. Each disease summary is followed by recom-

mendations and strategies designed to arrest or control disease and to regenerate, restore, or maintain health. In all cases, there is a demonstrated need for interprofessional collaboration to get the job done. Notably, recommendations that address the prevention and early detection of oral cancer, nutritional counseling to reduce dietary sugars, access and delivery of fluoride, amelioration of periodontal diseases, tobacco cessation, and disease surveillance are all



within the purview of dental hygienists. Indeed, the Standards for Clinical Dental Hygiene Practice include all of the above assessments and lay the foundation and framework for dental hygiene education across the country.

Dental hygienists are trained to provide extra- and intraoral examinations, and as a direct result of our education in understanding oral tissues and structures, we are keenly aware of the differences between oral health and disease. The Atlas states that “the mouth is the mirror of the body,” and this fact is directly linked to the practice of dental hygiene and the dental hygienist who is also trained to recognize the oral manifestations of unhealthy practices, such as tobacco use and nutritional habits.

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The relationship between systemic disease and the status of periodontal health is known, along with tooth loss, as a manifestation of neglect. In many cultures around the world, tooth loss is an accepted outcome, as no recourse is available. Periodontal diseases that

include gingivitis and periodontitis are largely preventable with effective oral hygiene education and regular preventive oral hygiene care, which includes biofilm and calculus management, both of which fall within the dental hygienist's scope of responsibilities.

FDI policy calls for collaboration between oral health and other healthcare professionals. FDI policy also includes specific language that addresses supervision of allied dental personnel. I would argue that this latter policy perspective is restrictive in that in many states and globally, dental hygienists work collaboratively with other healthcare providers, often without supervision and with direct access. Understandably, the FDI's goal is to ensure optimum quality care. But it is important to note that dental hygienists are legally employed in a variety of settings around the world and that the dental hygienist's education in preventive oral health and maintenance can be relied on to have a significant impact in expanding areas of access and delivery of oral health care across life spans and improving quality of life around the world.

Prevention, recognition, and treatment of oral disease are the focus of a dental hygienist's education and practice. The dental hygienist can be the sole oral health manager, collaborating with other healthcare professionals to coordinate whole person care and ensure follow-up. In this area, our expertise would be most beneficial. Through active oral health education and regular oral hygiene care, the manifestations of oral disease can be mitigated in all nations and populations. ■