PATIENT-CENTERED CARE

Beyond the Cleaning: The Connection Between Oral and Whole Body Health

Inflammation, prevention, and patient communication are reshaping dentistry's role in overall care.

For years, dentistry has wrestled with the persistent but questionable public perception that patients come in for a "cleaning," not healthcare. Yet in operatories and classrooms nationwide, a different conversation is taking place—one grounded in inflammation, biofilm, systemic risk, and prevention as a clinical strategy.

Two voices at the center of that shift are Erin Haley-Hitz, a 31-year practicing dental hygienist at Morning Glory Dental in Lincoln, NE, chair of the American Dental Hygienists' Association (ADHA) Foundation, and immediate past president of the ADHA, and Dr. Kory R. Grahl, interim assistant dean of clinical sciences at the University of Nevada, Las Vegas (UNLV) School of Dental Medicine. From their respective vantage points, they agree on one fundamental point: The mouth isn't separate from the body—it's an integral part of overall health.

MAKING THE CONNECTION

Haley-Hitz explained why the oral-systemic connection matters so much to hygienists. "That's what hygienists do for a living. We're preventive specialists. We're actually oral health promotion specialists," she said. "And it's important to remember that our mouth is connected to the rest of our body. What happens in the mouth begins there and ends somewhere else."

When oral inflammation persists and bacteria enter the bloodstream, patients become more susceptible to systemic disease. "We already know there are cardiac connections," she said. "Connections to diabetes. Connections to brain health. It's vital that our oral health be addressed if we want to see any movement of the needle—both below and above the neck."

Grahl echoes the point. "If you have inflammation in your gums, that is 100% going to drive other inflammatory processes in the body, because your body is actively fighting and treating that as best it can without professional help," he said.

UNLV emphasizes treating periodontal disease before restorative procedures. "It's like building a house," Grahl said. "You can put stakes into dirt, but it's very different from putting stakes into a foundation. If the foundation is incorrect, then everything else will not follow in order."

Students are trained to address active inflammation and disease as a core part of patient care. Medical histories are comprehensive, and patients with diabetes have their blood sugar checked at every visit. If needed, the school requests A1C values to monitor long-term glycemic control. "We see changes in the oral environment before the physician does," Grahl noted.

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Erin Haley-Hitz, RDH, BSDH, MS, FADHA, MAADH

THE BIOFILM FACTOR

One of the biggest shifts hygienists must embrace is reframing the hygiene appointment experience. "It isn't just about cleaning the teeth," Haley-Hitz said. "It's about disrupting the biofilm." She describes biofilm to patients as a "large universe of bacteria" that constantly replicates. "I'll clean their teeth, disrupt the biofilm, and by the time they're leaving the office, it's already repopulating." Calculus removal is important, but as Haley-Hitz noted, "If we're not talking about biofilm, we're missing a vital step in oral health."

Discussing daily interdental cleaning, whether with water flossers, interproximal brushes, or traditional floss, is key.

COACHING, NOT CORRECTING

The barrier isn't knowledge—it's communication. Haley-Hitz avoids blame-driven questions. Instead, she asks, "Tell me how you think you're doing. What do you think you could improve on?" Patients often admit they need to floss more. Haley-Hitz then probes, "Tell me more about why you say that." "When they leave, they don't feel like the hygienist yelled at them," she said.

She looks for teachable moments, connecting oral inflammation to systemic risk in a way that's tailored to the individual. "It's all in the choreography of the conversation," she said. Grahl agreed the wrong wording can make patients tune out. One of his go-to questions is, "Are you more proactive or reactive when it comes to your health?" That answer guides the rest of the conversation.

HYGIENISTS: GATEKEEPERS OF WHOLE HEALTH

Haley-Hitz believes hygienists have a unique opportunity in the healthcare ecosystem. "We see people far more often than most healthcare providers," she said. With expanded scopes of practice, dental settings can include blood pressure checks and vaccinations. "I describe myself as knowing enough to be dangerous," she said. "What I mean is that I know what's not right and when I need to refer you to someone else."

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Haley-Hitz recalled a patient who reported finding a breast lump but hadn't seen a physician. She paused treatment and helped her schedule a medical appointment to get it checked out. "It took time away from what I needed to do," she acknowledged. "But I thought that was more important in the moment."

That kind of advocacy requires courage. "We need to let go of fear," she emphasized. "We're not making diagnoses. We're saying this isn't right. This patient needs intervention."

THE ROAD TO INTEGRATION

Integration between medicine and dentistry is improving, albeit slowly. Grahl cites sleep apnea as one of the most visible links between the two professions. Dentists often identify anatomical indicators first, while physicians diagnose and manage the condition. Dentists also may provide oral appliances as part of collaborative care. "That connection is starting to happen," he said.

Still, adoption is uneven. Some practices are fully built around inflammation management, while others juggle multiple demands, and oral-systemic integration may go overlooked. "It's slowly trickling in," Grahl observed.

Haley-Hitz also pointed to policy and scope-of-practice barriers that limit what hygienists can do in some states. She hopes to see hygienists working in schools, hospitals, memory care settings, and public health settings. "We're already ready," she said. "We're a fully equipped profession."

CHANGING THE NARRATIVE

Grahl and Haley-Hitz agree the profession must redefine its role. "We're not just technicians of the mouth," Grahl said.

If dentistry embraces that identity shift, hygienists are empowered, conversations are reframed, and inflammation is treated as systemic risk, the narrative changes. "It's not just about doing X, Y, or Z," said Grahl. "I can make this person healthier with a few simple things."

Haley-Hitz echoed that sentiment. "Every little thing you do impacts a patient," she said. "It doesn't just have to be about oral health. It can be about mental health. We're treating the entire patient."

For patients, the message is clear: Trust your oral healthcare provider and participate in the conversation. "It should be a two-way street," said Haley-Hitz.

That shared responsibility reshapes the meaning of care. "I'm not just doing a cleaning today," Grahl said. "I'm actively taking care of your infection or your inflammation. That's a whole different degree than just doing a cleaning."