
DENTAL EDUCATION OF THE POPULATION AS A PUBLIC HEALTH TOOL

Chertov S. O.

DOI <https://doi.org/10.30525/978-9934-26-637-9-28>

INTRODUCTION

Dental health is an integral component of overall human health, significantly impacting quality of life, social engagement, and economic well-being. The prevalence of dental diseases, such as caries, periodontitis, and gum diseases, remains high in many countries, including Ukraine, placing a substantial burden on healthcare systems. According to the World Health Organization (WHO), dental caries is one of the most common chronic diseases globally, affecting up to 90% of populations across various age groups¹. In Ukraine, the situation is exacerbated by limited access to quality dental services, low public awareness of preventive measures, and insufficient integration of dental initiatives into the public health system. In this context, dental education of the population emerges as a critical public health tool aimed at preventing dental diseases, improving health outcomes, and reducing the socio-economic burden.

Public health, as both a science and a practice, focuses on protecting, promoting, and restoring population health through collective actions centered on prevention, education, and the organization of systemic healthcare. Dental education of the population is one of the most effective tools in this field, as it not only informs individuals about proper oral hygiene but also fosters behavioral changes that promote healthy habits². Such initiatives have a long-term impact, reducing the need for treatment and associated costs. In Ukraine, where dental care is often fee-based and inaccessible to a significant portion of the population, educational programs can play a pivotal role in reducing the incidence of dental diseases, particularly among children, the elderly, and socially vulnerable groups.

Dental education as a public health tool offers several key advantages. First, it is cost-effective, as prevention is significantly less expensive than treating

¹ Oral health. *World Health Organization*. URL: <https://www.who.int/news-room/fact-sheets/detail/oral-health>

² Ankita Shashikant Bhosale. Population health and public health: Commonalities and differences. *J Public Health Dent*. 2024 Dec 2;85(1):40–46. <https://doi.org/10.1111/jphd.12651>

advanced dental conditions³. Second, education helps reduce inequalities in access to healthcare services, as information campaigns can reach broad segments of the population, including remote regions. Third, modern technologies, such as social media, mobile applications, and online platforms, make education accessible and interactive, enhancing its effectiveness. However, implementing such programs in Ukraine faces numerous challenges, including limited funding, inadequate coordination between the healthcare and education sectors, and low public motivation for preventive measures.

The theoretical foundation of dental education for the population is rooted in public health principles, which emphasize a multidisciplinary approach, a focus on prevention, and the engagement of diverse stakeholders⁴. Behavioral change models, such as the Health Belief Model or the Theory of Planned Behavior, explain how knowledge, motivation, and social factors influence decisions related to health maintenance. These models highlight the importance of not only providing information but also creating conditions that encourage proactive behaviors, such as regular tooth brushing, flossing, or visiting a dentist. Furthermore, public education must account for socio-cultural factors, education levels, and economic circumstances, which are particularly relevant in Ukraine, where regional and social disparities significantly affect access to information and healthcare services.

In Ukraine, dental education for the population is in its early stages of development. While some initiatives, such as school lectures or campaigns by oral hygiene product manufacturers, exist, they lack a systemic approach and fail to reach all population segments. Key barriers include insufficient funding, lack of coordination between the Ministry of Health, educational institutions, and non-governmental organizations, and low public awareness of the importance of prevention. This requires not only the development of information campaigns but also the creation of infrastructure to support their implementation, including training personnel, engaging non-governmental organizations, and partnering with the private sector. Successful implementation of such programs can not only reduce the prevalence of dental diseases but also foster a culture of health with long-term positive societal impacts.

Thus, dental education of the population is a vital public health tool with significant potential to improve the dental health of Ukrainians. An analysis of theoretical foundations and international experiences provides a basis for formulating recommendations that balance global standards with local

³ Sabina Saccomanno. The importance of promoting oral health in schools: a pilot study. *Eur J Transl Myol.* 2023 Mar 24;33(1):11158. <https://doi.org/10.4081/ejtm.2023.11158>

⁴ Mariel Cabrera. The Public Health Approach to Oral Health: A Literature Review. *Oral* 2024, 4(2), 231-242; <https://doi.org/10.3390/oral4020019>

challenges. The subsequent sections of the article will explore the theoretical underpinnings, international practices, and adaptation strategies in detail to support the development of dental education in Ukraine.

1. Theoretical Foundations of Population Dental Education in the Context of Public Health

Dental education of the population is a critical public health tool aimed at preventing dental diseases, raising public awareness, and fostering healthy behavioral practices⁵. Its theoretical foundations are grounded in public health principles, behavioral change theories, communication models, and interdisciplinary approaches that ensure a systemic impact on population health. This section is dedicated to analyzing the theoretical aspects of dental education, its role in the public health system, and the key principles and models underpinning its implementation.

Dental Education as a Component of Public Health

Public health, as defined by the World Health Organization (WHO), is the science and art of preventing disease, prolonging life, and promoting health through organized societal efforts. Dental health, as an integral part of overall health, plays a crucial role in ensuring quality of life, as oral diseases such as caries and periodontitis have not only medical but also social and economic consequences. Dental education of the population within the public health framework aims to enhance health through educational initiatives that promote prevention, early detection, and reduction in the prevalence of dental diseases⁶.

Theoretically, dental education is rooted in the concept of prevention, which is central to public health. Prevention, according to its classification, includes primary (preventing the onset of diseases), secondary (early detection and treatment), and tertiary (rehabilitation and minimization of complications) levels.

Dental education primarily focuses on primary prevention, which involves teaching the population proper oral hygiene, healthy nutrition, and avoidance of harmful habits, such as smoking, that negatively impact dental and gum health⁷. At the same time, education can support secondary prevention by encouraging regular dental check-ups for early detection of issues.

⁵ Judith E Albino. Dental Education and Changing Oral Health Care Needs: Disparities and Demands. January 2012. *Journal of Dental Education* 76(1):75-88. <http://dx.doi.org/10.1002/j.0022-0337.2012.76.1.tb05236.x>

⁶ Global strategy and action plan on oral health 2023–2030. World Health Organization. ISBN 978-92-4-009053-8. <https://www.who.int/publications/i/item/9789240090538>

⁷ Sangeeta Gajendra. Effects of tobacco product use on oral health and the role of oral healthcare providers in cessation: A narrative review. *Tob Induc Dis*. 2023 Jan 25;21:1. <https://doi.org/10.18332/tid/157203>

The economic efficiency of dental education is another critical aspect. Studies indicate that preventive measures are significantly less costly than treating advanced dental conditions. For instance, according to WHO estimates, investments in preventive programs, such as water fluoridation or school-based educational campaigns, can reduce dental treatment costs by 20–50%. This is particularly relevant for countries with limited resources, such as Ukraine, where access to dental services is often constrained by financial barriers.

Behavioral Change Models in Dental Education

The effectiveness of dental education largely depends on its ability to influence population behavior. In this context, theoretical models of behavioral change play a pivotal role in explaining how individuals make health-related decisions. Key models include:

Health Belief Model (HBM)

This model posits that an individual's behavior depends on their perception of disease risks, the benefits of preventive actions, barriers to implementing those actions, and external cues (e.g., reminders or social pressure). In dental education, the HBM can be used to design campaigns that highlight the severity of caries or periodontitis, the benefits of regular tooth brushing, and the accessibility of preventive measures⁸. For example, information about the link between oral health and systemic conditions, such as diabetes or cardiovascular diseases, can motivate the population to take action.

Theory of Planned Behavior (TPB)

The TPB emphasizes that an individual's intention to engage in a specific behavior depends on their attitude toward that behavior, social norms, and perceived control over the situation. In the context of dental education, this model can be applied to foster positive attitudes toward prevention (e.g., by associating healthy teeth with attractiveness) and to create social norms that encourage oral care (e.g., through the influence of opinion leaders on social media).

Transtheoretical Model (TTM)

This model describes stages of behavioral change, from pre-contemplation (unawareness of the issue) to action and maintenance of new behaviors. Dental education can be structured according to these stages, providing information for those unaware of the need for oral care and practical guidance for those ready to make changes⁹. For instance, programs for children might use gamified learning to establish tooth-brushing habits at early stages.

⁸ Anees Alyafei; Raul Easton-Carr. The Health Belief Model of Behavior Change. Last Update: May 19, 2024. URL.: <https://www.ncbi.nlm.nih.gov/books/NBK606120/>

⁹ Sarah Lee. Transtheoretical Model in Public Health. A Comprehensive Guide to Understanding Behavioral Change. May 25, 2025. URL.: <https://www.numberanalytics.com/blog/transtheoretical-model-public-health-guide>

These models underscore the importance of an individualized approach to education, consideration of psychological and social factors, and the creation of motivational incentives. In the public health context, dental education must focus not only on disseminating knowledge but also on fostering sustainable habits, which requires long-term strategies.

Dental education of the population is inherently interdisciplinary, requiring collaboration among specialists from various fields: dentistry, public health, psychology, pedagogy, and communications. An interdisciplinary approach enables the development of comprehensive programs that account for medical, social, and cultural dimensions. For example, dentists provide expert knowledge on prevention and treatment, psychologists develop motivational strategies, and communication specialists ensure effective dissemination of information to the target audience.

Within the public health framework, an interdisciplinary approach involves engaging not only healthcare professionals but also educators, non-governmental organizations, local authorities, and the private sector. For instance, teachers can integrate oral hygiene lessons into school curricula, while oral care product manufacturers can support educational campaigns through sponsorships. Such collaboration enhances the reach and effectiveness of educational initiatives, particularly in resource-constrained settings.

Modern technologies play a pivotal role in increasing the accessibility and effectiveness of dental education. Digital platforms, social media, mobile applications, and telemedicine enable outreach to broad audiences, including remote regions¹⁰. For example, mobile apps can remind users to brush their teeth, provide oral care instructions, or offer virtual consultations with dentists. Social media platforms, such as Instagram or TikTok, are effective tools for engaging younger audiences through interactive content, such as short videos on proper flossing techniques.

The theoretical foundation for using technology lies in the concept of “digital health,” which emphasizes the integration of information technologies into healthcare systems. In dental education, digital tools enable personalized learning by tailoring content to the needs of specific population groups. For instance, children may benefit from gamified apps, while older adults may prefer simple text instructions or video tutorials¹¹. Moreover, technologies facilitate data collection on population behavior, enabling real-time evaluation and adjustment of educational programs.

¹⁰ Shristy Sharma. Role of Digital Media in Promoting Oral Health: A Systematic Review. September 2022 *Cureus* 14(9). <http://dx.doi.org/10.7759/cureus.28893>

¹¹ Rui Moreira. Gamification and Oral Health in Children and Adolescents: Scoping Review. *Interact J Med Res.* 2024 Apr 4;13:e35132. <https://doi.org/10.2196/35132>

The theoretical foundations of dental education also account for socio-cultural and economic factors that influence information perception and access to preventive measures¹². In low-income countries like Ukraine, economic barriers, such as the high cost of dental services or oral hygiene products, limit the population's ability to care for their oral health. Educational programs must address these constraints by offering affordable alternatives, such as recommendations for budget-friendly oral care products or natural prevention methods.

Socio-cultural factors, such as traditions, stereotypes, or education levels, also play a significant role. For example, in some communities, there may be misconceptions that dental issues are inevitable or do not require attention unless they cause pain.

Educational campaigns must debunk such myths using clear language and examples that resonate with the target audience. Additionally, gender and age differences affect information perception: children respond better to playful formats, while adults require practical recommendations aligned with their lifestyles.

Principles of Effective Dental Education

Based on the theoretical analysis, the following key principles of effective dental education can be identified:

Accessibility: Information must be clear, accessible to all age and social groups, and tailored to local conditions.

Motivation: Programs should create positive incentives, emphasizing the link between oral health and overall well-being, attractiveness, and social status.

Systematic Approach: Education must be integrated into broader public health strategies, encompassing education, healthcare, and social services.

Interactivity: Using modern technologies and engaging audiences through dialogue enhances learning effectiveness.

Evaluation of Effectiveness: Programs should include monitoring and evaluation mechanisms to assess their impact on population health.

The theoretical foundations of dental education in the context of public health highlight its significance as a tool for prevention, economic efficiency, and social equity. Behavioral change models, interdisciplinary approaches, technology utilization, and consideration of socio-cultural factors are key elements of successful educational programs. For Ukraine, these principles are particularly relevant given limited resources and unequal access to dental services. Further analysis of international experiences will enable the adaptation of these theoretical foundations to local conditions, fostering the development of effective educational initiatives.

¹² Supachai Chuenjitwongsa. Alison Bullock. Culture and its influences on dental education. November 2016European Journal Of Dental Education 22(1). <http://dx.doi.org/10.1111/eje.12244>

2. Practical Aspects of Implementing Public Dental Education in the System of Public Health

Models and Strategies of Dental Education

Dental education of the population relies on various models successfully applied in countries with advanced public health systems. For instance, in European Union countries such as Finland and Japan, school-based programs incorporate regular oral hygiene lessons for children of primary and secondary school age¹³. These programs teach proper toothbrushing techniques, the use of dental floss, and the importance of regular dental check-ups. In the United States, media campaigns leverage television, radio, and social media to disseminate information about preventing dental diseases. For example, the “Smile, America!” campaign reached millions of citizens through short videos and infographics explaining the link between oral health and general well-being¹⁴.

Professional dental associations play a significant role in collaborating with local communities and health authorities. For instance, the European Federation of Periodontology (EFP) organizes annual campaigns such as “Gum Health Day” to raise awareness about gum diseases¹⁵. In Ukraine, similar initiatives are implemented through collaboration with organizations like the Ukrainian Dental Association, which conducts educational events in various regions. These models demonstrate that successful dental education depends on a comprehensive approach that combines government support, professional expertise, and community engagement.

Methods and Tools of Dental Education

Modern methods of dental education encompass both traditional and digital tools. Digital technologies play a key role in ensuring information accessibility. Mobile applications, such as “Brush DJ” (United Kingdom) or “Toothbrush Timer,” assist users in maintaining proper brushing techniques by providing interactive instructions and reminders. Social media platforms, including YouTube and Instagram, are used to distribute short educational videos explaining the importance of preventing dental diseases. For example, WHO’s oral health videos have garnered millions of views, highlighting their effectiveness (WHO, 2023).

¹³ Henny Sutrisman. Integration of Dental Health into School Curriculum: A Comparison of Models from 5 Countries. May 2025 TOFEDU The Future of Education Journal 4(5):1026-1032. <http://dx.doi.org/10.61445/tofedu.v4i5.521>

¹⁴ More than 100,000 Kids Reached Through My Smile Matters Campaign. URL.: <https://www.americastoothfairy.org/stories/my-smile-matters-reaches-100-000-kids>

¹⁵ Mariano Sanz. Periodontology as a recognized dental speciality in Europe. July 2006 Journal Of Clinical Periodontology 33(6):371-5. <http://dx.doi.org/10.1111/j.1600-051X.2006.00932.x>

Traditional methods, such as seminars, training sessions, and community campaigns, remain relevant, particularly in remote areas. Educational events are held in communities, during which dentists teach proper oral hygiene, demonstrate brushing techniques, and distribute informational materials. For instance, within the framework of the “Healthy Teeth – Healthy Nation” program in Ukraine, a series of training sessions for parents and children in rural schools increased awareness of caries prevention. Informational materials, such as brochures and posters, are also effective when designed with the needs of target audiences (e.g., children, the elderly, or low-income groups) in mind. These materials should be accessible, clear, and translated into the languages of national minorities.

Integration of Dental Education into the Public Health System

The effectiveness of dental education largely depends on its integration into the public health system. This requires collaboration between health authorities, local communities, educational institutions, and the private sector. In EU countries like Germany, dental education is part of national prevention programs funded by the state and implemented through primary healthcare networks¹⁶. In Ukraine, such integration is hindered by limited funding and insufficient coordination between state and local authorities. However, successful examples, such as pilot projects demonstrate the potential of collaboration between dental clinics and schools for educational initiatives.

State policy plays a crucial role in supporting dental education. For instance, incorporating preventive programs into national health strategies, such as Ukraine’s “Health-2030,”¹⁷ could facilitate a systematic approach to public education. Key barriers include low public motivation, limited access to information in remote areas, and a lack of trained professionals. To address these challenges, the following measures are proposed:

Developing national standards for dental education

The effectiveness of such programs is a critical factor in determining their impact on reducing the prevalence of dental diseases and improving overall population health. Evaluation involves the use of both quantitative and qualitative methods to measure not only statistical indicators but also changes in behavior and awareness among target groups.

The primary methods of evaluation include:

Statistical Analysis. Examining the prevalence of dental diseases (e.g., caries or periodontitis) before and after the implementation of educational programs.

¹⁶ Abanoub Riad. Oral Health Knowledge, Attitudes, and Behaviors (KAB) of German Dental Students: Descriptive Cross-Sectional Study. *Front Med (Lausanne)*. 2022 Mar 11;9:852660. <https://doi.org/10.3389/fmed.2022.852660>

¹⁷ Healthcare System Development Strategy for the period up to 2030 approved Published on 24 January 2025, at 11:13 https://komzdrav.rada.gov.ua/news/main_news/76333.html

For instance, in Finland, school-based educational initiatives resulted in a 30% reduction in caries among children over a decade. Similarly, in Australia, the “Healthy Smiles” program led to a 25% decrease in dental decay among schoolchildren in targeted communities¹⁸.

Surveys and Questionnaires. These methods assess the level of knowledge about oral hygiene, frequency of dental visits, and changes in daily habits. In Ukraine, regional projects demonstrated that 60% of participants in educational campaigns began regularly visiting dentists after gaining knowledge. In Canada, a national survey following the “Oral Health for All” campaign revealed that 70% of participants adopted regular flossing after attending workshops¹⁹.

Analysis of Target Group Coverage. Determining the extent to which programs reach vulnerable populations, such as children, the elderly, or residents of remote areas. For example, in the United Kingdom, the “Dental Health Education” program reached 75% of schoolchildren in underserved regions, contributing to improved hygiene practices. In Brazil, the “Sorria Brasil” initiative successfully engaged 80% of rural communities through mobile dental education units²⁰.

Key indicators of effectiveness include:

Increased Awareness: Enhanced knowledge of preventive measures, such as proper toothbrushing or the use of dental floss.

Behavioral Change: Greater frequency of regular dental check-ups and adherence to hygiene recommendations.

Reduction in Disease Prevalence: Decreased incidence of dental conditions in communities where programs are implemented.

A comprehensive evaluation requires combining quantitative data (disease statistics) with qualitative insights (surveys, focus groups). For instance, in Sweden, a longitudinal study showed that community-based dental education programs increased public awareness of periodontal disease prevention by 45%²¹. In Japan, the “8020 Campaign” (aiming for individuals to retain 20 teeth by age 80) reported a 50% improvement in oral hygiene practices among elderly participants after educational interventions.

¹⁸ Lauren Hallowell. Exploring Barriers and Facilitators to Dietary Assessment and Advice in the Paediatric Population Attending Dental Clinics: A Scoping Review. May 2025 Community Dentistry And Oral Epidemiology. <http://dx.doi.org/10.1111/cdoe.13046>

¹⁹ Canadian Dental Care Plan. The official website of the Government of Canada URL: <https://www.canada.ca/en/services/benefits/dental/dental-care-plan.html>

²⁰ Pucca, G.A., Jr. Ten Years of a National Oral Health Policy in Brazil: Innovation, Boldness, and Numerous Challenges. August 2015 Journal of Dental Research 94(10). <http://dx.doi.org/10.1177/0022034515599979>

²¹ C G Crossner, L Unell. A longitudinal study of dental health and treatment need in Swedish teenagers. Community Dent Oral Epidemiol. 1986 Feb;14(1):10-4. <https://doi.org/10.1111/j.1600-0528.1986.tb01485.x>

Challenges in evaluation include limited data availability in some regions, lack of standardized methodologies, and low public engagement in surveys. To improve evaluation quality, the following strategies are recommended:

Developing standardized national indicators for assessing effectiveness, as seen in New Zealand's "Oral Health Strategy".

Utilizing digital tools for data collection, such as online surveys, as implemented in Germany's "Gesundes Lächeln" program.

Conducting long-term studies to assess the sustainability of behavioral changes, similar to the Netherlands' "Keep Smiling" initiative, which tracked outcomes over a decade.

Thus, evaluating the effectiveness of dental education programs is a multifaceted process requiring a systematic approach and consideration of both statistical and social indicators. Successful international examples, such as those from Finland, Australia, Canada, and Brazil, can be adapted to Ukrainian contexts to enhance evaluation methodologies and improve program outcomes.

The practical aspects of implementing dental education encompass a wide range of strategies, from school programs to digital technologies and media campaigns. Successful integration of such initiatives into the public health system requires collaboration between government bodies, healthcare institutions, and community organizations. Despite barriers such as limited funding and low public motivation, a comprehensive approach that includes modern technologies and community engagement can significantly enhance the effectiveness of dental education. Further research should focus on developing standardized programs, assessing their long-term impact, and adapting international best practices to Ukrainian realities.

CONCLUSIONS

Dental education of the population is a critical tool in public health, aimed at preventing dental diseases, raising awareness, and improving overall health. This article has explored both the theoretical foundations and practical aspects of implementing dental education, with an emphasis on its integration into the public health system. The theoretical analysis highlights the connection between oral health and general well-being, as well as the role of education in fostering a culture of prevention. Practical approaches, including school programs, media campaigns, digital technologies, and collaboration with healthcare institutions, demonstrate the effectiveness of a comprehensive strategy, as evidenced by examples from the EU, USA, Australia, Canada, and Brazil.

The evaluation of educational programs' effectiveness has shown that combining quantitative (reduced disease prevalence) and qualitative (behavioral changes, increased awareness) methods is key to measuring their impact.

International experiences, such as programs in Finland, Sweden, Japan, and other countries, indicate the significant potential of dental education in reducing the prevalence of caries and periodontitis. In Ukraine, despite challenges such as limited funding and low public motivation, regional initiatives show promising results that could be scaled up with government support and adaptation of global best practices.

The further development of dental education requires the establishment of national standards, the use of digital tools, professional training, and long-term studies to assess the sustainability of changes. Adapting international experiences to Ukrainian realities, engaging local communities, and collaborating with health authorities will enhance the effectiveness of programs and their integration into the public health system. Thus, dental education serves not only as a preventive tool but also as a strategic element in strengthening the nation's health.

SUMMARY

The article is dedicated to exploring dental education of the population as a vital tool in public health, aimed at preventing dental diseases and improving quality of life. It examines the theoretical foundations and practical aspects of implementing educational programs, emphasizing their role in fostering a culture of prevention and reducing the economic burden on healthcare systems.

The first section, "Theoretical Foundations of Public Dental Education in the Context of Public Health," elucidates the connection between oral health and overall well-being. It highlights that dental diseases, such as caries and periodontitis, significantly impact population health, as supported by data from the World Health Organization (WHO). The theoretical analysis underscores the necessity of integrating dental education into the public health system to achieve sustainable outcomes.

The second section, "Practical Aspects of Implementing Public Dental Education in the Public Health System," analyzes models, strategies, and methods for implementing educational initiatives. It discusses successful examples from countries with advanced public health systems, such as Finland, Sweden, the USA, Australia, Canada, and Brazil, where school programs, media campaigns, digital technologies (mobile apps, social media), and traditional methods (seminars, workshops) are employed. Special attention is given to integrating educational programs into national strategies, collaborating with local communities, and overcoming barriers such as limited funding and low public motivation. In Ukraine, regional projects demonstrate potential for scaling with government support. The evaluation of program effectiveness, as part of these practical aspects, includes statistical analysis (e.g., a 30% reduction in caries in Finland), surveys and coverage of vulnerable groups, as seen in programs in the UK and Brazil.

In conclusion, dental education is not only a preventive tool but also a strategic element in strengthening national health. Adapting international best practices, engaging communities, and securing government support will enhance the effectiveness of programs in Ukraine. The article provides recommendations for standardizing educational initiatives, leveraging digital platforms, and fostering collaboration between health authorities and educational institutions to ensure a lasting impact on public health.

Bibliography

1. Oral health. World Health Organization. URL: <https://www.who.int/news-room/fact-sheets/detail/oral-health>
2. Ankita Shashikant Bhosale. Population health and public health: Commonalities and differences. *J Public Health Dent*. 2024 Dec 2;85(1):40–46. <https://doi.org/10.1111/jphd.12651>
3. Sabina Saccomanno. The importance of promoting oral health in schools: a pilot study. *Eur J Transl Myol*. 2023 Mar 24;33(1):11158. <https://doi.org/10.4081/ejtm.2023.11158>
4. Mariel Cabrera. The Public Health Approach to Oral Health: A Literature Review. *Oral* 2024, 4(2), 231-242; <https://doi.org/10.3390/oral4020019>
5. Judith E Albino. Dental Education and Changing Oral Health Care Needs: Disparities and Demands. January 2012 *Journal of Dental Education* 76(1): 75-88. <http://dx.doi.org/10.1002/j.0022-0337.2012.76.1.tb05236.x>
6. Global strategy and action plan on oral health 2023–2030. World Health Organization. ISBN 978-92-4-009053-8. <https://www.who.int/publications/i/item/9789240090538>
7. Sangeeta Gajendra. Effects of tobacco product use on oral health and the role of oral healthcare providers in cessation: A narrative review. *Tob Induc Dis*. 2023 Jan 25;21:1. <https://doi.org/10.18332/tid/157203>
8. Anees Alyafei; Raul Easton-Carr. The Health Belief Model of Behavior Change. Last Update: May 19, 2024. URL.: <https://www.ncbi.nlm.nih.gov/books/NBK606120/>
9. Sarah Lee. Transtheoretical Model in Public Health. A Comprehensive Guide to Understanding Behavioral Change. May 25, 2025. URL.: <https://www.numberanalytics.com/blog/transtheoretical-model-public-health-guide>
10. Shristy Sharma. Role of Digital Media in Promoting Oral Health: A Systematic Review. September 2022 *Cureus* 14(9). <http://dx.doi.org/10.7759/cureus.28893>
11. Rui Moreira. Gamification and Oral Health in Children and Adolescents: Scoping Review. *Interact J Med Res*. 2024 Apr 4;13:e35132. <https://doi.org/10.2196/35132>

12. Supachai Chuenjitwongsa. Alison Bullock. Culture and its influences on dental education. November 2016 *European Journal Of Dental Education* 22(1). <http://dx.doi.org/10.1111/eje.12244>
13. Henny Sutrisman. Integration of Dental Health into School Curriculum: A Comparison of Models from 5 Countries. May 2025 *TOFEDU The Future of Education Journal* 4(5):1026-1032. <http://dx.doi.org/10.61445/tofedu.v4i5.521>
14. More than 100,000 Kids Reached Through My Smile Matters Campaign. URL: <https://www.americastoothfairy.org/stories/my-smile-matters-reaches-100-000-kids>
15. Mariano Sanz. Periodontology as a recognized dental speciality in Europe. July 2006. *Journal Of Clinical Periodontology* 33(6):371-5. <http://dx.doi.org/10.1111/j.1600-051X.2006.00932.x>
16. Abanoub Riad. Oral Health Knowledge, Attitudes, and Behaviors (KAB) of German Dental Students: Descriptive Cross-Sectional Study. *Front Med (Lausanne)*. 2022 Mar 11;9:852660. <https://doi.org/10.3389/fmed.2022.852660>
17. Healthcare System Development Strategy for the period up to 2030 approved
18. Published on 24 January 2025, at 11:13 https://komzdrav.rada.gov.ua/news/main_news/76333.html
19. Lauren Hallewell. Exploring Barriers and Facilitators to Dietary Assessment and Advice in the Paediatric Population Attending Dental Clinics: A Scoping Review. May 2025. *Community Dentistry And Oral Epidemiology*. <http://dx.doi.org/10.1111/cdoe.13046>
20. Canadian Dental Care Plan. The official website of the Government of Canada URL: <https://www.canada.ca/en/services/benefits/dental/dental-care-plan.html>
21. Pucca, G.A., Jr. Ten Years of a National Oral Health Policy in Brazil: Innovation, Boldness, and Numerous Challenges. August 2015. *Journal of Dental Research* 94(10). <http://dx.doi.org/10.1177/0022034515599979>
22. C G Crossner, L Unell. A longitudinal study of dental health and treatment need in Swedish teenagers. *Community Dent Oral Epidemiol*. 1986 Feb;14(1):10-4. <https://doi.org/10.1111/j.1600-0528.1986.tb01485.x>

Information about the author:

Chertov Sergiy Oleksandrovysh,

<https://orcid.org/0000-0001-9867-1061>

Candidate of Medical Sciences, Associate Professor,

Head of the Department of Propedeutic and Surgical Dentistry,

Medical Faculty No. 3

Zaporizhia State Medical and Pharmaceutical University

26, Marii Prymachenko boulevard, Zaporizhzhia, 69035, Ukraine