Join for Science. Stay for Friendship.

How the AVOLA Associate Board is becoming more than a board.

Authors — members of The AVOLA Associate Board

In June 2025, we came together for the first time in Stockholm.

Six people. Six trained dentists with six distinct professional paths and six different stories. At that point, most of us were still strangers. We were connected by AVOLA, by a shared interest in prevention, and by the belief that oral health plays a larger role in systemic health than healthcare systems often recognise.

But we did not yet know one another. We did not know how we would think together, disagree together, laugh together or support one another. Or, whether such an Associate Board could grow into more than a formal structure.

A year later, in June 2026, we met again in Madrid. This time, something had changed.

The conversations were deeper. The laughter came faster. The questions were more honest, and our sense of purpose was stronger. We were no longer simply individuals representing different interests, practices and countries. We felt like a team.

We had joined AVOLA because we believed in the science of prevention. Along the way, we found people who shared the same impatience with fragmented healthcare, the same curiosity about the future, and the same desire to build bridges where systems still create silos.

The AVOLA Associate Board brings together professionals working across dentistry, dental public health, public health, microbiome science, nutrition, communication, health economics, and innovation. Each of us contributes a different perspective. Together, we are learning that prevention is an interconnected way of seeing health.

Six strangers, one shared question

When we first met, none of us was looking for another committee. We already had more than enough meetings, projects, deadlines, patients, students, research responsibilities and personal commitments.

What brought us together was not simply the opportunity to sit on a board. It was a question: What would healthcare look like if prevention were truly at its centre?

Prevention: Not as a slogan, or a paragraph in a policy document, or as advice offered too late, when disease is already visible. But prevention as a genuine principle for public health, healthcare, education, communication, economics and daily life. Each Associate Board member approaches this question through their own professional and personal experience.

Giselle builds bridges between dentistry, oral-systemic health, the gut microbiome and prevention strategy.



Her perspective is shaped by the belief that the mouth is not separate from the body, and that future healthcare must connect the mind and the body, awareness, science and daily life before symptoms appear.

Aleksandar brings the perspective of periodontal prevention, health economics and digital innovation. He asks what it would mean if we measured not only the cost of treating disease, but also the value of preventing it. His work reminds us that gingivitis and periodontitis are not merely clinical conditions; they are fundamental public-health and economic challenges.

Céline supports the importance of communication, dissemination, and public voice. Prevention will not change systems if it remains confined to professional circles. It needs language that people understand, stories that travel, and messages that feel human rather than institutional.

Marta navigates the world of the oral microbiome, biofilm and lifestyle medicine. She reminds us that daily oral hygiene is not simply about removing biofilm, but about shaping an ecosystem. Her message is beautifully simple and scientifically powerful: there is no magic pill, only daily biofilm control, repeated over time.

> Prevention begins with science, but it becomes a movement when knowledge connects people, disciplines, and purpose.

Selma works at the intersection of nutrition, oral health, and prevention. Her voice is crucial because prevention does not take place only in the dental chair or during a medical consultation. It also happens through what people eat, how they understand their habits, and how professionals translate scientific evidence into realistic daily choices.

Raman holds conversations together, encourages questions, makes space for reflection and creates structure. She believes that "prevention is an attitude." It requires leadership that listens carefully, observes what is present, values each perspective and empowers others to transform ideas into shared direction and action.

None of these perspectives is sufficient on its own. That is exactly the point.

The strength of the Associate Board lies in the fact that we do not think alike. We challenge one another because we approach the same problem from different entry points. We speak different professional languages, alongside each of our own native languages, cultures, and contexts. Together, we are learning to collate and synergise our ideas and perspectives into a shared language: prevention.

What prevention means to us

For us, prevention means acting before disease becomes inevitable. It means recognising early signals. It also means understanding risk before symptoms dominate, supporting people before they become patients in the traditional sense, and moving from reaction to anticipation.

We also understand prevention as something deeply personal. Each of us has seen, in different ways, what happens when prevention comes too late. We have seen oral inflammation dismissed until it becomes periodontal destruction; chronic diseases to be managed for years while earlier opportunities were missed. How difficult it is for people to change their habits when systems offer too little time, support or continuity!

However, we have also seen the power of small interventions.

A patient who finally understands why bleeding gums matter.

A child whose early habits shape lifelong health.

A conversation that connects nutrition, inflammation and oral health.

A professional who begins to see beyond their own discipline.

A network that helps an idea become visible.

Therefore, prevention is not only about avoiding disease. It is about boosting behaviour, and about preserving the possibility that oral cavity matters. The mouth provides an important accessible window into the body. It reflects behaviour, microbiology, inflammation, nutrition, stress, hormones, systemic disease and daily care. Gingivitis, biofilm, saliva and the oral microbiota are not minor details. They are part of a wider picture of health and resilience.

When we speak about prevention, we are speaking about this larger picture. We are speaking about the relationship between oral health and diabetes. Between periodontal inflammation and cardiovascular risk, oral microbiota and the gut, daily hygiene and lifelong health, and individual habits and public-health systems. And the gap between what science knows and what people are realistically able to do.

We recognise that prevention remains underfunded because many existing incentives reward treatment more readily than the avoidance of disease. Hence, prevention, for us, is not moralising. It is about building conversations, relationships, environments and systems that make healthier choices possible.

Why personal voices matter

It became particularly clear to us in Madrid: AVOLA cannot speak only through institutional language. We debated that scientific accuracy, evidence and professional credibility are essential. But prevention is also about trust, and trust is built and nurtured through people.

Communication may be correct and polished, yet still fail to move anyone if it feels distant or generic. Prevention needs messages that feel alive. It needs relatable voices that are willing to explain why this work matters to them personally.

This is why the question “What does prevention mean for you?” is so powerful.

It does not ask for a title.

It does not ask for a publication list.

It does not ask for a professional achievement.

It asks for meaning. A meaning to what begins to transform a network into a movement.

People do not join movements because of information alone. They join because they recognise something of themselves in the story. They stay because they find people who make the work feel possible. This is what we are beginning to experience within the Associate Board. We joined for the science. But we remain because the friendships make the science more courageous and more impactful.

Friendship may sound like a soft word within a scientific organisation. But perhaps it is not soft at all. Perhaps friendship is what allows honest disagreement. It gives people the courage to bring forward unfinished ideas. It is what turns a meeting into a community and allows an Associate Board, working alongside the Senior Board, to develop a genuine voice within an international network.

Together, we are here because prevention cannot be achieved alone.

From a board to a movement

We see the Associate Board as a place where professional identity and personal conviction meet. It is a place where we can ask:

What kind of healthcare do we want to help create?

What responsibility do we have to translate knowledge into action?

For each of us, the answer may be slightly different. But the direction is shared.

We are here to strengthen prevention awareness, to connect disciplines, to bring professional and individual voices into the conversation, to learn from the Senior Board and contribute our own perspectives. Within the AVOLA Associate Board, we are still learning how to work together, how to communicate and how to contribute meaningfully to the future. But something is already becoming clear: our contribution must be driven by energy.

The energy to ask better questions and bring oral health into systemic prevention, to make microbiome science understandable while discussing health economics without losing sight of the patient, to use technology without losing humanity, and to make prevention not only scientifically valid but also emotionally compelling and to foster self-awareness, recognising early signals and understanding how daily choices shape our health.

AVOLA’s strength lies in bringing together people who might not otherwise meet: senior experts and younger professionals, clinicians and researchers, oral health and medicine, science and communication, vision and implementation.

The Associate Board is one expression of that strength. We do not have all the answers, but we are curious and believe that all kinds of questions matter, and that prevention deserves a collective voice. We are creating conversations about a future of healthcare in which incentives are better aligned with prevention, and multidisciplinary and multisectoral action is not merely encouraged, but mobilised.

The important question is no longer whether the world can afford to invest in preventive health. It is whether the world can afford not to. That is what a movement needs.

The AVOLA Associate Board



Raman Kaur Preet
Chair

Raman is a public-health practitioner and researcher specialising in dental public health, global health research leadership, coordination and communication. She is committed to advancing the integration of oral health within health systems by translating evidence into action.



Aleksandar Milosavljevic
Vice Chair

Aleksandar Milosavljevic, DDS, PhD, is a specialist periodontist, Assistant Professor and Head of Periodontology at the Faculty of Odontology, Malmö University. His work bridges clinical expertise, academic teaching and innovative research, with a focus on digital transformation and prevention in periodontal care.



Céline Lehnherr

Céline brings an important voice in communication, dissemination and community-building. She reminds us that prevention must be understandable, relatable and visible beyond scientific and professional circles.



Giselle Richterich

Giselle Richterich, DDS, EMBA, focuses on driving health and education outcomes through strategy, science and market impact. She connects dentistry, oral-systemic health and the gut microbiome with health awareness and prevention strategy. Her work centres on building bridges between clinical practice, business intelligence, risk stratification and human-centred care.



Marta Mazur

Marta is a dentist, orthodontic specialist, researcher and Assistant Professor at Sapienza University of Rome. Her work focuses on the oral microbiota, biofilm, lifestyle and the daily practices that shape long-term oral and systemic health.



Selma Dervisbegovic

Selma brings the perspective of a periodontist, university educator and prevention advocate. She connects periodontal health with nutrition, oral hygiene and everyday behaviours, combining a scientific interest in prevention research with a strong focus on translating evidence into meaningful daily patient care.