

IFDH GLOBAL REPORT



The Current State of
PREVENTION
in Oral Healthcare **2026**

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PREVENTION
in Oral Healthcare **2026**



We thank Colgate-Palmolive for their support of this valuable resource.



From the IFDH President

The International Federation of Dental Hygienists (IFDH) is pleased to present its first Global Report, “The Current State of Prevention in Oral Healthcare.” This comprehensive document is composed of information & data gleaned from a 2026 survey sent to representatives of 31 IFDH member countries. It is the most complete overview of global preventive practices of its kind, with respondents consisting of dental hygienists and dental therapists from around the world.

What makes this Global Report unique is not only the depth of its information, but that there was 100% participation from all countries that are IFDH members. Their input was significant to developing a snapshot of what prevention in oral healthcare means throughout the world.

As you review the Report, you will see similarities, differences, areas of concern, areas of surprise, and even ways to promote success. Meant as a resource for discussion and planning, it is our wish that all who read it will be informed, challenged and inspired.

The Report is divided into 10 oral health prevention topics, each with its own heading. There are 35 questions in total, with accompanying bar charts to provide a quick overview of the results. Fluoride and its delivery models, oral cancer screening practices, cultural & social practices, prevention across the lifespan, sustainability, and more, are addressed.

The IFDH expresses its sincere gratitude to Colgate for their educational grant to support the development of this Global Report. We also truly appreciate the time and effort of our member countries who diligently responded to each

question with careful consideration. The efforts of the IFDH Board were extremely valuable in developing and reviewing the survey.

And finally, this Report would not have been possible without the painstaking expertise of Catherine Waldron, RDH, MSc, MA, PhD. Her diligence and attention to detail were crucial to ensuring an accurate rendering of the results.

We hope this Global Report sparks important dialogue among fellow oral healthcare colleagues, policy makers, educators, and like-minded stakeholders who promote the importance of prevention. “There is no health without oral health,” stated WHO Director-General, Dr. Tedros Adhanom Ghebreyesus. Let’s use the results of this Global Report to ensure that prevention is at the forefront of oral and overall health!



Jill Rethman,
RDH, BA, FADHA
IFDH President

*“Science is the search for truth,
that is the effort to understand the
world; it involves the rejection of
bias, of dogma, of revelation, but
not the rejection of morality.”*

Linus Pauling

Introduction & Contents

The IFDH national association representatives completed a survey for the 2026 IFDH Global Report, which aimed to review the preventive practices of the dental hygiene and dental therapy professions worldwide. Thirty-one countries provided responses to all 35 questions. The survey was completed between February and March 2026.

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NOTE: The IFDH is not responsible for the accuracy of the information gathered in this survey. Each country representative responded to the best of their knowledge, understanding, and awareness of the current conditions in their country.



2026: The Current State of Prevention in Oral Healthcare

The 2026 IFDH Global Report reviews the preventive practices in the dental hygiene and dental therapy professions worldwide, based on a survey of 31 IFDH national association member countries, including:

Australia	<i>Oral Health Association of Australia Ltd.</i>
Austria	<i>Austrian Dental Hygienists Association</i>
Belgium	<i>Belgian Professional Association of Oral Hygiene</i>
Canada	<i>Canadian Dental Hygienists Association</i>
Czech Republic	<i>Asociace Dentalních Hygienistek CR</i>
Denmark	<i>The Danish Association of Dental Hygienists</i>
Estonia	<i>Estonian Dental Hygienists Association</i>
Finland	<i>Finnish Association of Dental Hygienists</i>
Germany	<i>German Dental Hygienists Association</i>
Ireland	<i>The Irish Dental Hygienist Association</i>
Israel	<i>Israeli Dental Hygiene Association</i>
Italy	<i>Associazione Igienisti Dentali Italiani</i>
Japan	<i>Japan Dental Hygienist Association</i>
Korea	<i>Korean Dental Hygienists Association</i>
Latvia	<i>Latvian Dental Hygienists Association</i>
Lithuania	<i>Lithuanian Dental Hygienists Association</i>
Malta	<i>Malta Association of Dental Hygienists</i>
Nepal	<i>Dental Science Hygienist Association of Nepal</i>
Netherlands	<i>Dutch Dental Hygienist Association</i>
Norway	<i>Norwegian Dental Hygienists Association</i>
Portugal	<i>Portuguese Dental Hygienist Association</i>
Russia	<i>Professional Society of Russian Dental Hygienists</i>
Singapore	<i>Association for Oral Health Therapists (Singapore)</i>
Slovak Republic	<i>Association of Dental Hygienists of Slovak Republic</i>
South Africa	<i>Oral Hygienists' Association of South Africa</i>
Spain	<i>Spanish Association of Oral Hygienists</i>
Sweden	<i>Swedish Dental Hygienist Association</i>
Switzerland	<i>Swiss Dental Hygienists</i>
United Arab Emirates	<i>Emirates Dental Hygienists Club</i>
United Kingdom	<i>British Society of Dental Hygiene and Therapy</i>
United States of America	<i>American Dental Hygienists' Association</i>

Executive Summary

The 2026 IFDH Global Report on the Current State of Prevention in Oral Healthcare aimed to review the preventive practices of the dental hygiene and dental therapy professions worldwide. The national association representatives of the thirty-one member countries of the IFDH provided responses to a survey between February and March 2026. The survey was developed by the IFDH Board of Directors and other prevention-oriented stakeholders. All respondents are dental hygienists or dental therapists who are members of the IFDH House of Delegates. Therefore, the responses reflect the views of those professionals.

A. Fluoride Availability

Most countries reported that fluoride was routinely available (77.42%) or partially available (6.45%) and used in national preventive oral health programs in their country. Only four countries (Estonia, Italy, Japan and Nepal) reported that it was not available.

The Most Common Form of Fluoride Used

- a) In public health - community-based preventive programs** the most commonly used form of fluoride used was water fluoridation (38.71%), followed by salt fluoridation (12.90%). The remaining 38.71% of countries reported use of other sources of fluoride in public health - community-based preventive programs. The other sources of fluoride identified were fluoride varnish, fluoride toothpastes, fluoride mouthwashes, or unspecified topical fluorides/ professionally applied fluorides.
- b) In early childhood educational settings and/or schools** more than half of the countries reported that professionally applied fluoride was delivered. However, only three countries (9.68%) reported that this was a national program - Israel, Portugal, Spain. Fifteen countries reported that professionally applied fluoride was delivered to specific risk groups (48.39%). The remaining 14 countries did not deliver fluoride in these settings (45.16%) or used the "Other" answer option to provide some clarifications (9.68%).

- c) In clinical settings** fluoride varnish was used in 30 countries (96.77%). Twenty-three countries used fluoride gels or foams (74.19%), and five countries used high-concentration professional or supervised fluoride rinses (16.13%).

- d) At home** patients most commonly used over the counter (OTC) regular fluoride toothpaste (93.55%), OTC regular fluoride mouth rinse (74.19%) and prescribed high-concentration fluoride toothpaste (58.06%). Less commonly used forms reported were prescribed high-concentration fluoride mouth rinse (29.03%) and prescription-based fluoride supplements (22.58%).

The Best Delivery Methods

When asked to pick what represents the best primary or most commonly used fluoride delivery mechanism available in their country, almost half chose OTC fluoride products for home use as the most commonly used method (48.39%). A "combination of several methods" and "professionally applied fluoride in dental clinics" were the two next most commonly chosen methods, with 19.35% of countries choosing each of these.

Fluoride preventive measures in public or private settings

Sixteen countries reported that fluoride preventive measures were equally commonly used in public health settings and in private practice (51.61%). Eight countries reported that fluoride preventive measures are more commonly used in mainly private practices (25.81%) and five countries reported that they are more commonly used in mainly public health settings (16.13%).



Catherine G. Waldron,
RDH, MSc, MA, PhD
Data Analyst

*Executive Summary continued***B. Additional Preventive Measures****a) Dental Sealants**

The majority of countries reported that dental sealants were used as a preventive measure in children and adolescents (93.55%).

b) Efforts to lower sugar intake

Twenty-one countries reported that there were national efforts to lower sugar intake for preventing cavities (67.74%) and five countries reported that national efforts were in development to lower sugar intake for preventing cavities (16.13%).

c) Gum health risks

Twenty-two countries reported that patients were routinely taught about gum health risks such as smoking, diabetes and stress (70.97%). The remaining countries reported that patients were sometimes taught (19.35%) or rarely taught (6.45%).

C. Oral Cancer & Other Diseases**a) Oral cancer screening**

Twenty-two countries reported that oral cancer screening was part of routine dental visits (74.19%) and the remaining ten countries reported that it was an optional element of routine dental visits (25.8%).

b) Training to identify oral manifestations of systemic diseases

Almost half of the countries reported that oral health professionals had basic training to identify oral manifestations of systemic diseases (48.39%), while thirteen countries reported that they were well trained to identify oral manifestations of systemic diseases (41.94%). The remaining three countries reported that they had limited training to identify oral manifestations of systemic diseases (9.68%).

c) The connection between oral and general health

Almost all countries reported that patients either routinely learned (51.61%) or sometimes learned (41.93%) about the connection between oral and general health.

D. Access to Care

Twenty-one countries reported that there was easy access for the general population to preventive services (67.74%), seven countries reported difficulty with accessible (22.58%) and three countries reported that there was limited access (9.68%).

Average ranking of the factors that limit the general population's access to preventive oral health services

1. Cost or insurance coverage (7/10)
2. Geographic distance or transportation (5.3/10)
3. Extended waiting time for treatment availability (5.1/10)
4. Health literacy (4.8 /10)
5. Lack of awareness of services (4.7/10)
6. Shortage of oral health professionals (4.6/10)

Integration of oral health services

- a) Sixteen countries reported that oral health services were integrated into **maternal and child health** programs (51.61%)
- b) Twenty -two countries reported that oral health services were integrated into **school health** programs (70.97%)
- c) Nine countries reported that oral health services were integrated into **primary care** (29.03%).
- d) Four countries reported that **oral health services** were not integrated into any of the listed programs (12.90%).
- e) Six countries added comments in relation to other programs in which oral health services were integrated (19.35%). The **other programs** identified targeted people living in poverty, people in long term care, older adults and people with significant needs including disabilities.

Groups with least access to preventive oral health services

- a) Twenty-one countries identified persons with **physical and/or mental disabilities** as having least access to preventive oral health services (67.74%).
- b) Sixteen countries identified **refugees or displaced populations** as having least access to preventive oral health services (51.61%).
- c) Fifteen countries identified **rural populations** as having least access to preventive oral health services (48.39%).
- d) Fourteen countries identified **the elderly** as having least access to preventive oral health services (45.16%).
- e) Seven countries identified **children** as having least access to preventive oral health services (22.58%).
- f) Six countries specified **other populations** as having least access to preventive oral health services (19.35%). The other populations identified were adults, indigenous populations, older or frail community-dwelling people receiving home care and/or home nursing, poor and socially disadvantaged people.

Executive Summary continued

Programs targeting underserved or vulnerable populations

a) Extent

Seventeen countries reported that they had national or local programs targeting underserved or vulnerable populations (54.84%). Four countries reported that there were no national or local programs (12.90%) and eight countries reported that there limited local initiatives (25.81%).

b) Impact

Nineteen countries reported that they considered programs targeting underserved or vulnerable populations impactful and/or beneficial to the community (70.37%). Three countries reported that they did not think these programs would be impactful and/or beneficial to the community (11.11%) and five countries reported that they did not know.

c) Frequency of initiatives

Five countries reported that targeted initiatives relating to oral health prevention for underserved populations take place frequently (16.13%). Twelve countries reported that they take place occasionally (38.71%). Eleven countries reported that they rarely take place (35.48%).

Programs supporting aging populations

Nine countries reported that there were specific programs supporting aging populations to maintain oral function, oral health, and quality of life (29.03%). Eight countries reported that there were no specific programs (25.81%) and fourteen countries reported that there were a limited number of specific programs (45.16%).

How are preventive services covered

- a) Twenty-six countries reported that the **public health system** covered preventive services (83.87%)
- b) Twenty-one countries reported that **private insurance** covered preventive services (67.74%)
- c) Twenty-five countries reported that preventive services were fully or partially covered by **out-of-pocket expenses** (80.65%)

E. Digital Health & Technology

a) Digital Tools

Twelve countries reported that **digital tools** were used in their country **to promote or monitor preventive oral care** (38.71%), and ten countries reported that there was emerging use of digital tools (32.26%).

b) Digital reminders

Fourteen countries reported that that patients were **routinely encouraged** through **digital reminders** to attend preventive visits (45.16%). Sixteen countries reported that patients were **sometimes encouraged** through digital reminders (51.61%) and one country, Nepal, reported that patients were **rarely encouraged** (3.23%).

c) Tele-dentistry

Four countries reported that **tele-dentistry** was being **used** in their country for preventive counselling (12.90%) and seven countries reported that tele-dentistry was being used in a **pilot phase** for preventive counselling (22.58%). Ten countries reported that tele-dentistry **was not being used** (32.26%) and ten countries reported that they were **not sure** if tele-dentistry was being used (32.26%).

F. Sustainability & Environment

a) National guidelines or campaigns promoting eco-friendly oral care products and practices

Only three countries reported that they have national guidelines or campaigns (9.68%). Sixteen countries reported that they had **limited private campaigns** promoting eco-friendly oral care products and practices (51.61%). Twelve countries reported that they **did not have national guidelines** or campaigns promoting eco-friendly oral care products and practices (38.71%).

b) Recycling or sustainability messages

Only one country, reported that **recycling or sustainability messages** were **routinely included** in oral health prevention campaigns or in practice (3.23%). Thirteen countries reported that recycling or sustainability messages were **sometimes included** in oral health prevention campaigns or in practice (41.94%) and another thirteen countries reported that they were **rarely included** (41.94%). Four countries reported that they had **no recycling or sustainability messages** included in oral health prevention campaigns or in practice (12.90%).

*Executive Summary continued***G. Mental Health & Stress****a) Impact of stress or mental health on oral conditions**

Nine countries reported that the impact of stress or mental health on oral conditions is **addressed** during preventive visits (29.03%) and another thirteen countries reported that it is **sometimes addressed** during preventive visits (41.94%). Six countries reported that it is addressed during preventive visits **if the patient raises it** (19.35%) and three countries reported that it is **not addressed** during preventive visits (9.68%).

b) Identify and manage stress-related oral conditions

Ten countries reported that oral health professionals in their country are **well trained** to identify and manage stress-related oral conditions (32.26%). Thirteen countries reported that oral health professionals have **basic training** to identify and manage stress-related oral conditions (41.94%) and eight countries reported that oral health professionals have **limited training** (25.81%).

H. Cultural & Social Practices**a) Traditional or cultural oral practices**

Two countries reported that traditional or cultural oral practices are **commonly used** in their country (6.45%) and eight countries reported that they are commonly used **in specific regions** in their country (25.81%). Twenty-one countries reported that traditional or cultural oral practices are **not commonly used** in their country (67.74%).

b) Integration

No country reported that these traditional/cultural practices are integrated into preventive oral health education campaigns. Fourteen countries reported that these traditional/cultural practices are **sometimes integrated** into preventive oral health education campaigns (45.16%) and seventeen countries reported that these practices are ignored (54.84%).

I. Innovative Access Models**a) Autonomous preventive services**

Eleven countries reported that dental hygienists, dental therapists, oral therapists or oral health therapists **do provide** preventive services autonomously to underserved populations in their country (35.48%) and twelve countries reported **limited** autonomous preventive services (38.71%). Eight countries reported that they **do not provide** preventive services autonomously to underserved populations (25.81%).

b) Use of non-dental professionals

Three countries reported that non-dental professionals are **routinely involved** in oral health prevention initiatives in their country (9.68%). Fifteen countries reported that they are **sometimes involved** in oral health prevention initiatives (48.39%) and twelve countries reported that they are **rarely involved** (38.71%). One country reported that non-dental professionals are **not involved** in oral health prevention initiatives in their country (3.23%).

c) Access to oral health data

Four countries reported that patients have **easy access** to their own oral health data (12.90%) and twenty-one countries reported that patients have access **upon request** to their own oral health data (67.74%). Six countries reported that patients **do not have access** to their own oral health data (19.35%).

d) Access to training, resources, and support

Eighteen countries reported that there is **adequate access** to training, resources, and support to implement oral health education and literacy programs in their country (58.06%). Nine countries reported that there is **not adequate access** to training, resources, and support (29.03%).

Executive Summary continued

J. Health & Lifestyle Integration

a) National screenings

Eight countries reported that **oral health prevention questions** are **included** in national health screenings in their country (25.81%) and eleven countries reported that they are **sometimes included** (35.48%). Eight countries reported that oral health prevention questions are **not included** in national health screenings (25.81%), and four countries were not sure (12.90%).

b) Lifestyle factors

Eighteen countries reported that lifestyle factors such as diet, vaping, alcohol, or sleep habits are **routinely addressed** in preventive dental visits in their country (58.06%) and eight countries reported that they are **sometimes addressed** (25.8%). Five countries reported that lifestyle factors are **rarely addressed** in preventive dental visits (16.13%).

CONCLUSION

This survey on the current state of prevention in oral healthcare shows some similarities and some diversity in relation to the preventive oral health practices used worldwide.

Most countries reported that fluoride was routinely or partially available and used in national preventive oral health programs. The most commonly used fluoride in community-based, and early childhood educational settings preventive programs differed from country to country. The level of access to care and support for

specific population groups also differed. In clinical dental settings and in the patient's home, the type of fluoride used was more consistent, with fluoride varnish and OTC regular toothpaste respectively being the norm.

Most countries used dental sealants as an additional preventive method, and most patients were routinely taught about gum health risks such as smoking, diabetes and stress. Slightly fewer countries were involved in efforts to lower sugar intake. Oral cancer screening and training to identify oral manifestations of systemic diseases was routinely present in most countries, as was training in managing stress-related oral conditions.

Integration of oral health services into various primary care settings, and the extent, impact and frequency of programs targeting underserved or vulnerable populations varied from country to country. The use of digital tools, digital reminders and tele-dentistry is emerging, but less than 50% of the countries were using technology frequently. There was even less engagement in environmental and sustainability issues.

The autonomous use of dental hygienists, dental therapists, oral therapists or oral health therapists for underserved populations was predominant, with only eight of the thirty-one countries not using them autonomously to some degree. The use of non-dental professionals in oral health care initiative was less common. The level of access to training, resources, and support to implement oral health education and literacy programs varied from country to country.

A. Fluoride Availability and Delivery Models

This section explores the availability and modes of fluoride delivery across clinical, home-based, institutional, and community settings. There were six questions – Questions 1 – 6, question 2 had two parts.

1. Is fluoride routinely available and used in your national preventive oral health programs?

☐ **Yes**

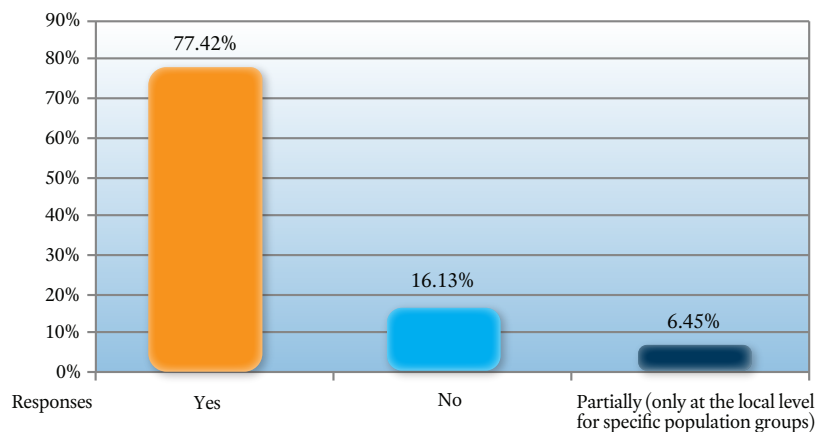
Twenty-five countries reported that fluoride was routinely available and used in their national oral health programs (77.42%): Australia, Austria, Belgium, Canada, the Czech Republic, Denmark, Finland, Germany, Ireland, Israel, Latvia, Malta, Norway, Portugal, Singapore, Slovakia, South Africa, Spain, Sweden, Switzerland, The Netherlands, the United Arab Emirates, the United Kingdom and the United States of America.

☐ **No**

Four countries reported that it was not available (16.13%): Estonia, Italy, Japan and Nepal.

☐ **Partially (only at the local level or for specific population groups)**

Two countries reported that it was available only at local levels or for specific populations (6.45%): Russia and Korea.



2. Community-Based Fluoride

2A. If fluoride is available, which forms are used in public health - community-based preventive programs?

More than one answer option could be chosen. The answer options and responses to this question were as follows:

☐ **Water fluoridation**

Water fluoridation was available in 12 countries (38.71%): Australia, Canada, Finland, Germany, Ireland, Nepal, Norway, Singapore, Spain, the United Arab Emirates, the United Kingdom, and the United States of America. The United Kingdom clarified that water fluoridation was available in only a small number of regions, with hopes to expand its availability.

☐ **Salt fluoridation**

Salt fluoridation was available in four countries (12.90%): Austria, Slovakia, Switzerland and Russia.

☐ **Milk fluoridation**

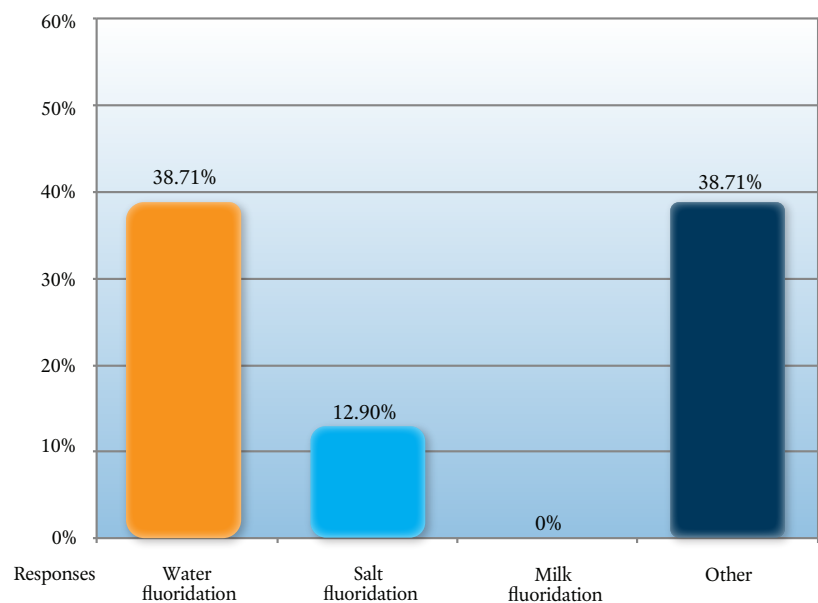
Milk fluoridation was not reported in any country.

☐ **Other**

Twelve countries reported use of other sources of fluoride in public health - community-based preventive (38.71%): Belgium, the Czech Republic, Estonia, Israel, Japan, Korea, Malta, Nepal, Portugal, South Africa, Sweden, and The Netherlands.

The other sources of fluoride identified were fluoride varnish (Israel, Malta, Portugal, and Sweden), fluoride toothpastes (Belgium, the Czech Republic, Estonia, Japan, Nepal, Sweden and The Netherlands), fluoride mouthwashes (Belgium, the Czech Republic, Japan and Portugal), or unspecified topical fluorides/professionally applied fluorides (the Czech Republic, Korea and South Africa).

Although Nepal had reported that fluoride was not available and used routinely as a national preventive oral health program in question 1, they reported in question 2 that water fluoridation and toothpaste was used in public health or community-based programs.



Education-Based Fluoride Application

2B. Is professionally applied fluoride (such as fluoride varnish) delivered through early childhood education settings and/or schools as part of your country's oral disease prevention strategy?

☐ **Yes, as a national program**

Three countries reported that professionally applied fluoride was delivered as a national program through early childhood education settings and/or schools as part of their country's oral disease prevention strategy (9.86%): Israel, Portugal and Spain.

☐ **Yes, but only for specific risk groups**

Fifteen countries reported that professionally applied fluoride was delivered to specific risk groups (48.39%): Australia, Canada, Denmark, Finland, Germany, Italy, Japan, Korea, Norway, Singapore, South Africa, Sweden, Switzerland, the United Arab Emirates and the United States of America.

☐ **No**

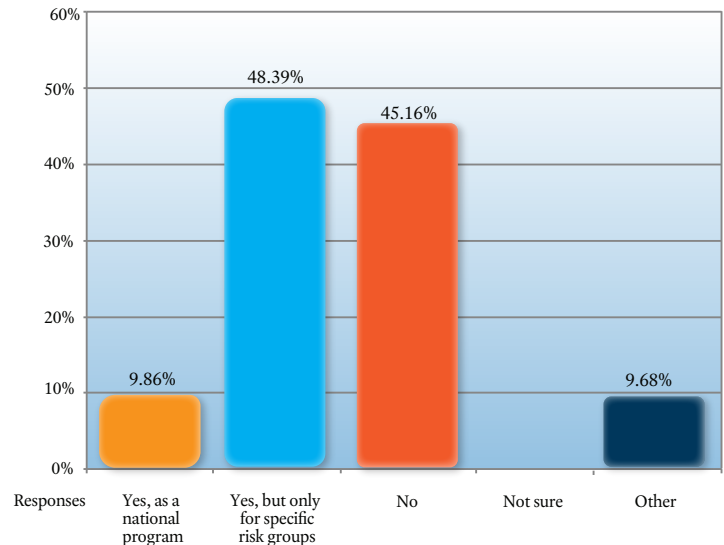
Ten countries reported that they did not deliver professionally applied fluoride through early childhood educational settings and/or schools (32.26%): Austria, Belgium, the Czech Republic, Estonia, Ireland, Latvia, Lithuania, Malta, Nepal and The Netherlands.

☐ **Not sure**

No country used the "not sure" answer option.

☐ **Other**

Three countries used the "Other" answer option (9.68%). The United Kingdom explained that two of the four nations that make up the United Kingdom deliver professionally applied fluoride to specific risk groups, the other two nations do not deliver it. Russia reported that it provides fluoride toothpastes to early childhood educational settings and/or schools. Slovakia reported that there were private projects in place.



3. Professionally Applied Fluoride in Clinical Settings

When fluoride is applied by oral health professionals in dental clinics, which forms are most commonly used?

More than one answer option could be chosen. The answer options and responses were:

☐ **Fluoride varnishes**

Thirty countries reported that they used fluoride varnish (96.77%): Australia, Austria, Belgium, Canada, the Czech Republic, Denmark, Estonia, Finland, Germany, Ireland, Israel, Italy, Korea, Latvia, Lithuania, Malta, Nepal, Norway, Portugal, Russia, Singapore, Slovakia, South Africa, Spain, Sweden, Switzerland, The Netherlands, the United Arab Emirates, the United Kingdom and the United States of America.

☐ **Fluoride gels or foams**

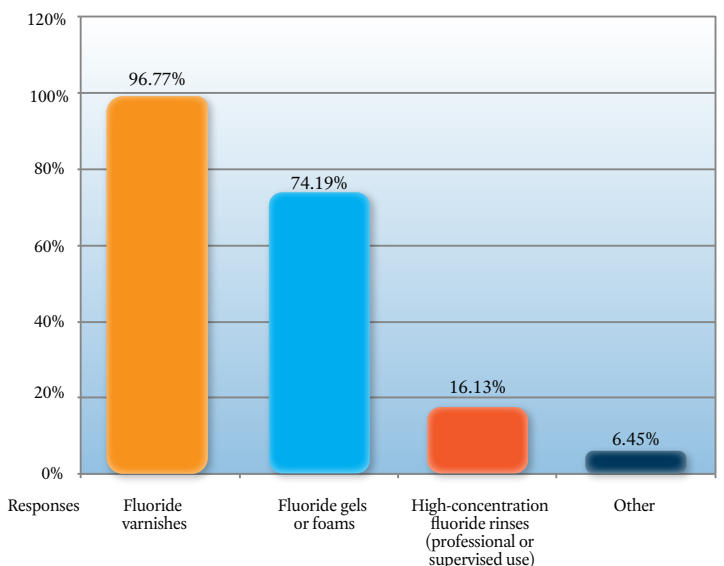
Twenty-three countries used fluoride gels or foams (74.19%): Australia, Austria, Belgium, Canada, the Czech Republic, Denmark, Estonia, Germany, Israel, Italy, Japan, Korea, Latvia, Nepal, Portugal, Russia, Singapore, Slovakia, South Africa, Switzerland, The Netherlands, the United Arab Emirates and the United States of America.

☐ **High-concentration fluoride rinses (professional or supervised use)**

Five countries used high-concentration professional or supervised fluoride rinses (16.13%): Canada, Portugal, Slovakia, The Netherlands and the United States of America.

☐ **Other**

Two countries used the "other" answer option (6.45%), The Netherlands reported that prescription toothpastes with a high fluoride content are also prescribed in some cases. The United States clarified that non-prescription fluoride rinses were recommended for home use.



4. Patient Self-Administered Fluoride Use at Home

For patient self-administered fluoride use at home, which forms are most commonly used?

More than one answer option could be chosen. The answer options and responses were:

☐ **Regular fluoride toothpaste (Over-the-counter products)**

The respondents indicated that the most commonly used patient self-administered fluoride used at home was regular fluoride toothpaste, which was reported by 29 countries (93.55%). Australia, Austria, Belgium, Canada, the Czech Republic, Estonia, Finland, Germany, Ireland, Italy, Japan, Korea, Latvia, Lithuania, Malta, Nepal, Norway, Portugal, Russia, Singapore, Slovakia, South Africa, Spain, Sweden, Switzerland, The Netherlands, the United Arab Emirates, the United Kingdom and the United States of America. Israel and Denmark did not indicate that this form was commonly used.

☐ **Regular fluoride mouth rinse (Over-the-counter products)**

The next most commonly used form indicated was regular fluoride mouth rinse which was reported by 23 countries (74.19%): Australia, Austria, Belgium, Canada, the Czech Republic, Estonia, Israel, Italy, Korea, Latvia, Malta, Nepal, Norway, Portugal, Russia, Slovakia, South Africa, Spain, Sweden, Switzerland, The Netherlands, the United Kingdom and the United States of America.

☐ **High-concentration prescribed fluoride toothpaste (Prescription products)**

Eighteen countries reported that prescribed high-concentration fluoride toothpaste was commonly used (58.06%): Australia, Belgium, Canada, the Czech Republic, Germany, Ireland, Israel, Italy, Korea, Latvia, Malta, Norway, Portugal, Russia, Sweden, Switzerland, the United Kingdom and the United States of America.

☐ **High-concentration prescribed fluoride mouth rinse (Prescription products)**

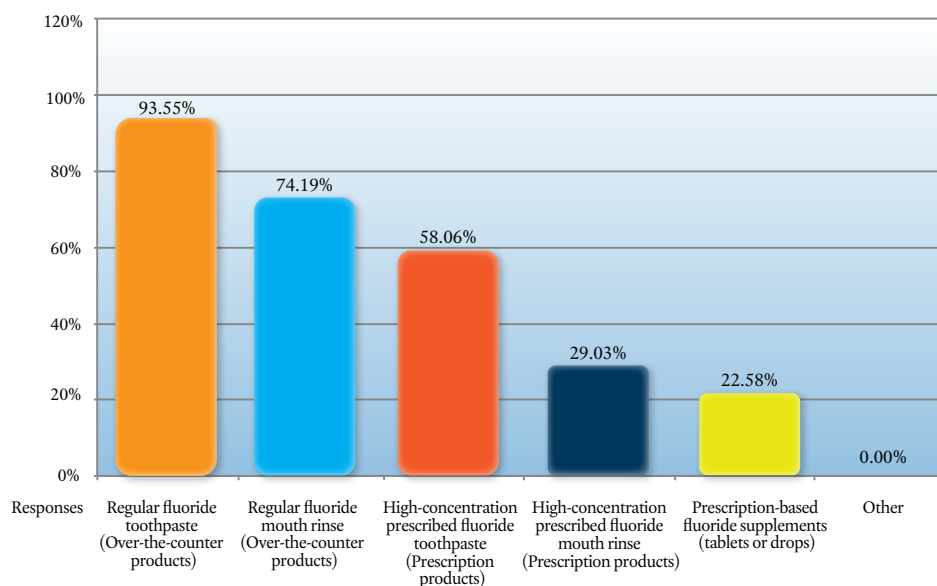
Nine countries reported that prescribed high-concentration fluoride mouth rinse was commonly used (29.03%): Australia, Belgium, the Czech Republic, Finland, Italy, Malta, Portugal, Russia and the United Arab Emirates.

☐ **Prescription-based fluoride supplements (tablets or drops)**

Seven countries reported that prescription-based fluoride supplements (tablets or drops) were commonly used (22.58%): Canada, the Czech Republic, Finland, Norway, South Africa, Sweden and Switzerland.

☐ **Other**

No country reported use of another patient self-administered fluoride at home.



5. Primary Fluoride Delivery Mechanism

Considering all fluoride delivery mechanisms available in your country, which option best represents the primary or most commonly used method overall?

Only one answer could be chosen, the answer options and responses were:

☐ **Community-based fluoridation (water, salt, or milk)**

Three countries reported that community-based fluoridation was the primary or most commonly used method (9.68%): Ireland, Nepal and the United States of America.

☐ **Professionally applied fluoride in dental clinics (varnish, gels, supervised rinses)**

Six countries reported that professionally applied fluoride in dental clinics was the primary or most commonly used method (19.35%): Canada, Denmark, Korea, Latvia, Spain and the United Arab Emirates.

☐ **Prescription-based fluoride products for home use**

No country chose prescription-based fluoride products for home use.

☐ **Over-the-counter fluoride products for home use**

Fifteen countries reported that over-the-counter fluoride products for home use was the primary or most commonly used method (48.39%): Austria, Belgium, the Czech Republic, Estonia, Finland, Israel, Japan, Lithuania, Norway, Russia, Slovakia, South Africa, Switzerland, The Netherlands and the United Kingdom.

☐ **A combination of several methods, with no single dominant approach**

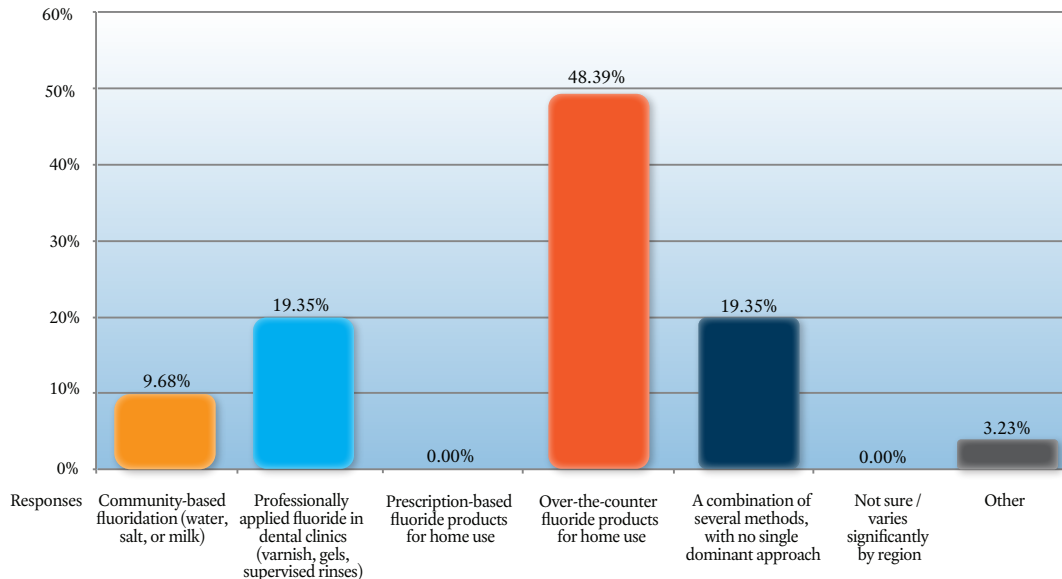
Six countries reported that they believed that a combination of several methods, with no single dominant approach, was most commonly used (19.35%): Germany, Italy, Malta, Portugal, Singapore and Sweden.

☐ **Not sure / varies significantly by region**

No country reported that they were unsure or that the methods varied significantly by region.

☐ **Other**

One country (3.23%), Australia, chose the “Other” answer option to list community-based fluoridation, over the counter products for home use as their primary or most commonly used method.



6. Are fluoride preventive measures more commonly used in public health settings or in private practice?

Only one answer could be chosen, the answer options and responses were:

☐ Mainly public health

Five countries reported that fluoride preventive measures are more commonly used in mainly public health settings (16.13%): Denmark, Finland, Ireland, Malta and Spain.

☐ Mainly private practice

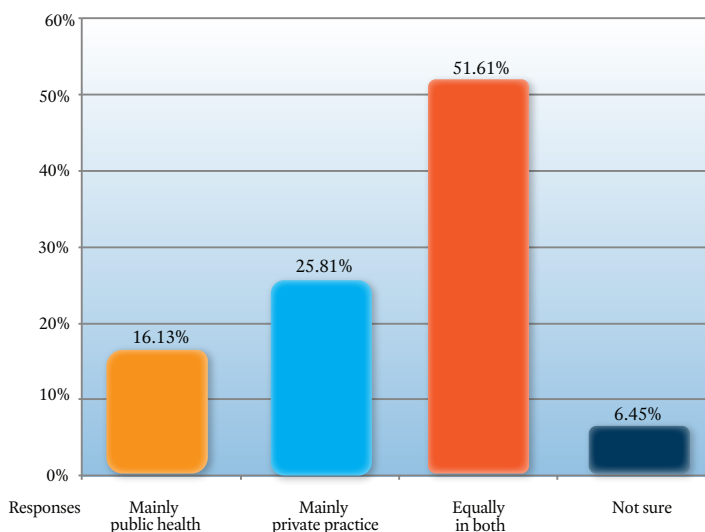
Eight countries reported that fluoride preventive measures are more commonly used in mainly private practices (25.81%): Belgium, the Czech Republic, Estonia, Germany, Israel, Italy, Japan and Slovakia.

☐ Equally in both

Sixteen countries reported that fluoride preventive measures were equally commonly used in public health settings and in private practice (51.61%): Australia, Austria, Canada, Korea, Latvia, Nepal, Norway, Portugal, Russia, Singapore, South Africa, Sweden, Switzerland, The Netherlands, the United Kingdom and the United States of America.

☐ Not sure

Lithuania and the United Arab Emirates reported that they were unsure where fluoride preventive measures were more commonly used (6.45%).



B. Additional Preventive Measures and Access to Care

This section relates to additional preventive measures and access to care. There were four questions in this section – Questions 7 - 10. Only one answer option could be chosen for each question.

7. Are dental sealants used as a preventive measure in children and adolescents?

The answer options and responses were:

☐ Yes

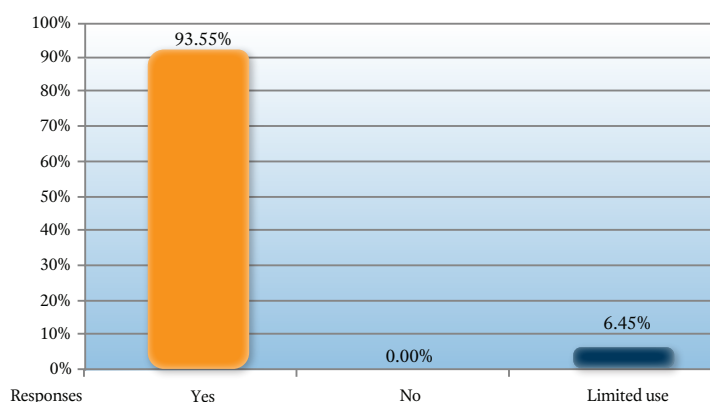
Twenty-nine countries reported that dental sealants were used as a preventive measure in children and adolescents (93.55%): Australia, Austria, Belgium, Canada, the Czech Republic, Denmark, Finland, Germany, Ireland, Israel, Italy, Japan, Korea, Latvia, Lithuania, Malta, Norway, Portugal, Russia, Singapore, Slovakia, South Africa, Spain, Sweden, Switzerland, The Netherlands, the United Arab Emirates, the United Kingdom and the United States of America.

☐ No

No country reported that dental sealants were not used.

☐ Limited use

Two countries reported limited use of dental sealants as a preventive measure in children and adolescents (6.45%): Estonia and Nepal.



8. Are there national efforts to lower sugar intake for preventing cavities?

The answer options and responses were:

☐ **Yes**

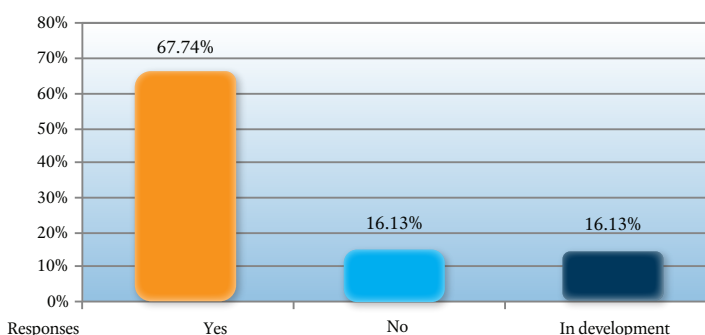
Twenty-one countries reported that there were national efforts to lower sugar intake for preventing cavities (67.74%): Australia, Belgium, Canada, Finland, Germany, Ireland, Israel, Korea, Lithuania, Malta, Norway, Portugal, Russia, Singapore, Slovakia, South Africa, Sweden, Switzerland, the United Arab Emirates, and the United Kingdom and the United States of America.

☐ **No**

Five countries reported that there were no national efforts to lower sugar intake for preventing cavities (16.13%): the Czech Republic, Denmark, Italy, Japan and The Netherlands

☐ **In development**

Five countries reported that national efforts were in development to lower sugar intake for preventing cavities (16.13%): Austria, Estonia, Latvia, Nepal and Spain.



9. How accessible are preventive services like routine prophylaxis (teeth cleaning visits) for the general population?

The answer options and responses were:

☐ **Easily accessible**

Twenty-two countries reported that preventive services for the general population were easily accessible (70.97%): Austria, Canada, the Czech Republic, Denmark, Estonia, Finland, Germany, Israel, Japan, Korea, Latvia, Lithuania, Malta, Nepal, Norway, Singapore, Slovakia, Spain, Sweden, Switzerland, The Netherlands and the United Arab Emirates.

☐ **Accessible with difficulty**

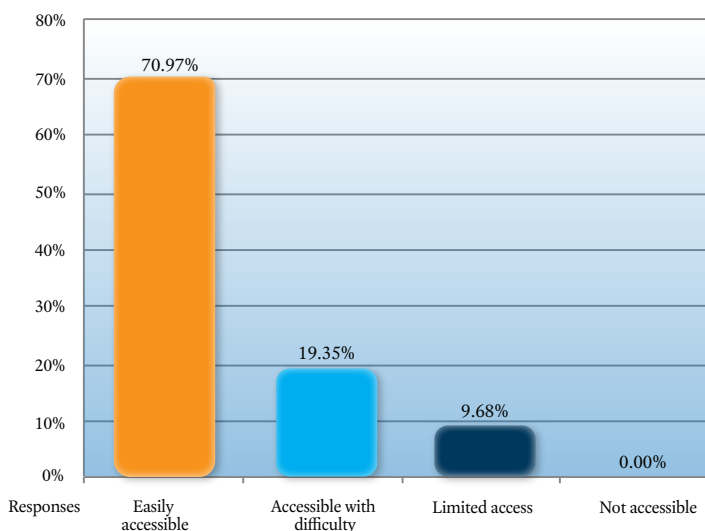
Six countries reported that preventive services for the general population were accessible with difficulty (19.35%): Australia, Belgium, Portugal, South Africa, the United Kingdom and the United States of America.

☐ **Limited access**

Three countries reported that there was limited access to preventive services for the general population (9.68%): Ireland, Italy and Russia.

☐ **Not accessible**

No country reported that preventive services for the general population were not accessible.



10. Are patients taught about gum health risks like smoking, diabetes and stress?

The answer options and responses were:

☐ **Routinely**

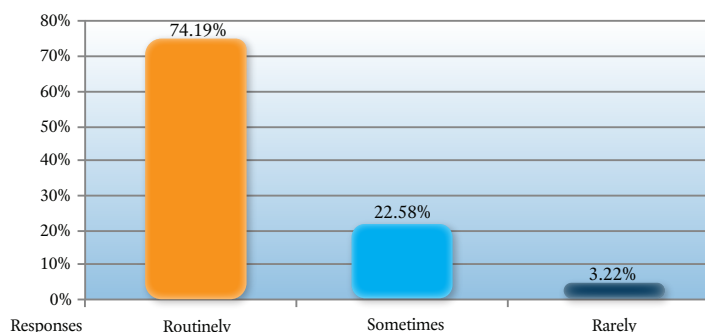
Twenty-three countries reported that patients were routinely taught about gum health risks (74.19%): Australia, Belgium, Canada, the Czech Republic, Denmark, Finland, Germany, Israel, Italy, Japan, Korea, Latvia, Malta, Norway, Portugal, Singapore, Slovakia, South Africa, Sweden, Switzerland, The Netherlands, the United Arab Emirates and the United Kingdom.

☐ **Sometimes**

Seven countries reported that patients were sometimes taught about gum health risks (22.58%): Estonia, Ireland, Lithuania, Nepal, Russia, Spain and the United States of America.

☐ **Rarely**

Austria (3.22%) reported that patients are rarely taught about gum health risks.



C. Oral Cancer & Other Diseases

This section relates to oral cancer, oral manifestations of systemic diseases and the connection between oral and general health. There were three questions in this section – Questions 11 -13. Only one answer option could be chosen for each question.

11. Is oral cancer screening part of routine dental visits?

The answer options and responses were:

☐ **Yes**

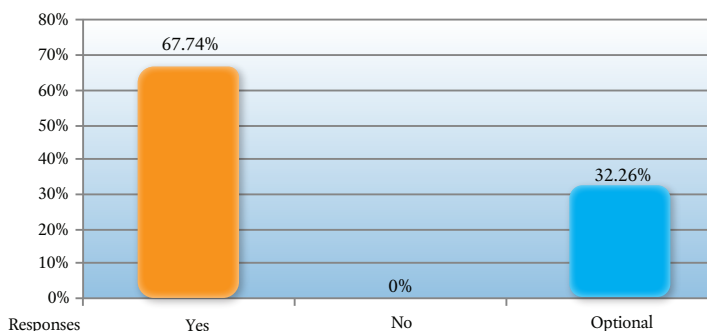
Twenty-one countries reported that oral cancer screening was part of routine dental visits (67.74%): Australia, Canada, the Czech Republic, Denmark, Germany, Israel, Italy, Latvia, Lithuania, Norway, Portugal, Russia, Singapore, South Africa, Spain, Sweden, Switzerland, The Netherlands, the United Arab Emirates, the United Kingdom and the United States of America.

☐ **No**

No country reported that oral cancer screening was not part of routine dental visits.

☐ **Optional**

Ten countries reported that oral cancer screening was an optional element of routine dental visits (32.26%): Austria, Belgium, Estonia, Finland, Ireland, Japan, Korea, Malta, Nepal and Slovakia.



12. Level of training of oral health professionals to identify oral manifestations of systemic diseases

The answer options and responses were:

☐ **Well-trained**

Thirteen countries reported that oral health professionals were well trained to identify oral manifestations of systemic diseases (41.94%): Austria, Belgium, Canada, Ireland, Italy, Korea, Portugal, Singapore, South Africa, Switzerland, The Netherlands, the United Arab Emirates and the United Kingdom.

☐ **Basic training**

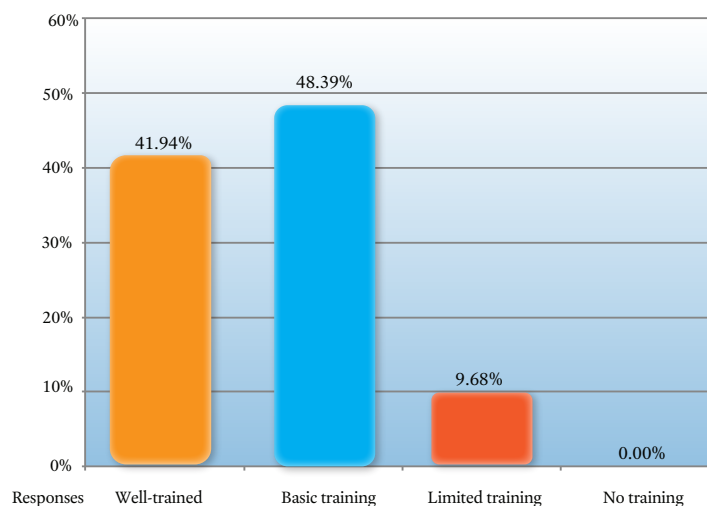
Fifteen countries reported that oral health professionals had basic training to identify oral manifestations of systemic diseases (48.39%): Australia, the Czech Republic, Denmark, Finland, Germany, Israel, Japan, Latvia, Lithuania, Malta, Norway, Slovakia, Spain, Sweden and the United States of America.

☐ **Limited training**

Three countries reported that oral health professionals had limited training to identify oral manifestations of systemic diseases (9.68%): Estonia, Nepal and Russia.

☐ **No training**

No country reported that their oral health professionals had no training to identify oral manifestations of systemic diseases.



13. How often do patients learn about the connection between oral and general health?

The answer options and responses were:

☐ **Routinely**

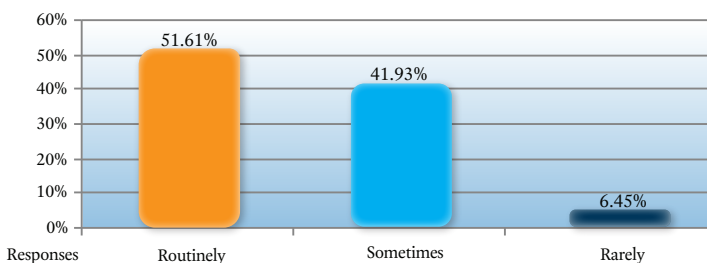
Sixteen countries reported that patients routinely learnt about the connection between oral and general health (51.61%): Australia, Belgium, Canada, the Czech Republic, Finland, Germany, Israel, Latvia, Malta, Norway, Portugal, South Africa, Sweden, Switzerland, The Netherlands and the United Kingdom.

☐ **Sometimes**

Thirteen countries reported that patients sometimes learnt about the connection between oral and general health (41.93%): Denmark, Ireland, Israel, Italy, Japan, Korea, Lithuania, Nepal, Russia, Singapore, Slovakia, Spain, the United Arab Emirates and the United States of America

☐ **Rarely**

Austria and Estonia reported that patients rarely learnt about the connection between oral and general health (6.45%).



D. Prevention Across the Lifespan, Equity, Access

This section is about equity and access to preventive oral health services for different population groups. There were seven questions in this section – Questions 14 -20, question 19 has two parts. For questions 15, 19, 19a and 20 only one answer option could be chosen, more than one answer option could be chosen for questions 14, 16, 17 and 18.

14. Which groups in your country have the least access to preventive oral health services?

More than one answer option could be chosen. The answer options and responses were:

☐ Children

Seven countries identified children as having least access to preventive oral health services (22.58%): Austria, Latvia, Nepal, the United Arab Emirates, the United Kingdom and the United States of America.

☐ Elderly

Fourteen countries identified the elderly as having least access to preventive oral health services (45.16%): Austria, Belgium, Canada, the Czech Republic, Germany, Ireland, Israel, Japan, Malta, Nepal, Portugal, Slovakia, the United Kingdom and the United States of America.

☐ Rural populations

Fifteen countries identified rural populations as having least access to preventive oral health services (48.39%): Australia, Austria, Canada, Estonia, Ireland, Israel, Japan, Latvia, Lithuania, Nepal, Russia, South Africa, Spain, the United Kingdom and the United States of America.

☐ Refugees/Displaced populations

Sixteen countries identified refugees or displaced populations as having least access to preventive oral health services (51.61%): Australia, Austria, Belgium, Canada, the Czech Republic, Denmark, Germany, Ireland, Italy, Korea, Nepal, Portugal, Switzerland, The Netherlands, the United Kingdom and the United States of America.

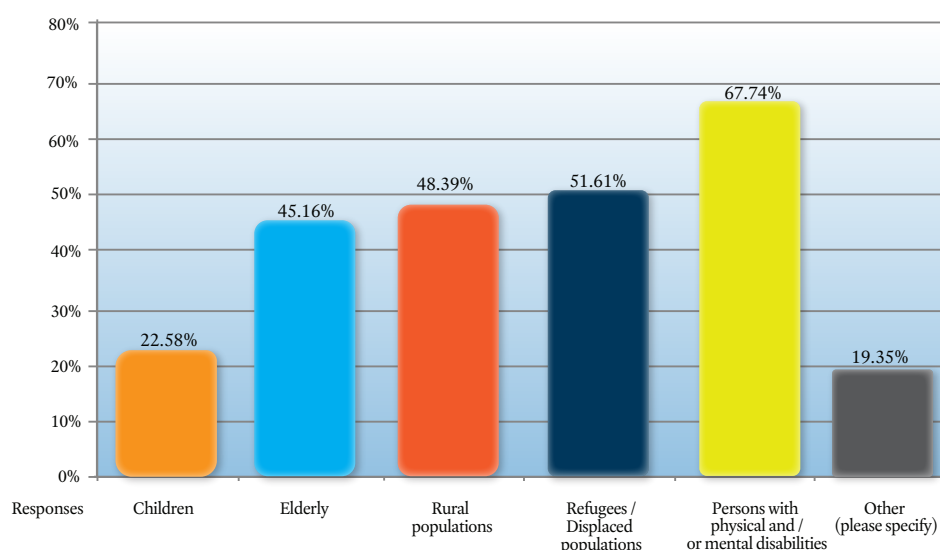
☐ Persons with physical and/or mental disabilities

Twenty-one countries identified persons with physical and/or mental disabilities as having least access to preventive oral health services (67.74%): Australia, Austria, Belgium, Canada, the Czech Republic, Denmark, Estonia, Finland, Germany, Ireland, Italy, Japan, Korea, Lithuania, Malta, Nepal, Portugal, Singapore, Slovakia, the United Kingdom and the United States of America.

☐ Other

Six countries specified other populations as having least access to preventive oral health services (19.35%): Australia, Belgium, Italy, Norway, Sweden and the United Kingdom. The other populations identified were adults, indigenous populations, older or frail community-dwelling people receiving home care and/or home nursing, poor and socially disadvantaged people.

The United Kingdom added that access to preventive oral health services is challenging for different reasons. Under their publicly funded system access is challenging due to the low numbers of oral healthcare professionals willing to work in the public sector. In the private sector, the groups listed might find access difficult due to cost and access to care.



15. Are there specific programs supporting aging populations to maintain oral function, oral health, and quality of life?

The answer options and responses were:

☐ Yes

Nine countries reported that there were specific programs supporting aging populations to maintain oral function, oral health, and quality of life (29.03%): Belgium, Finland, Japan, Norway, Portugal, Singapore, Sweden, Switzerland and The Netherlands.

☐ No

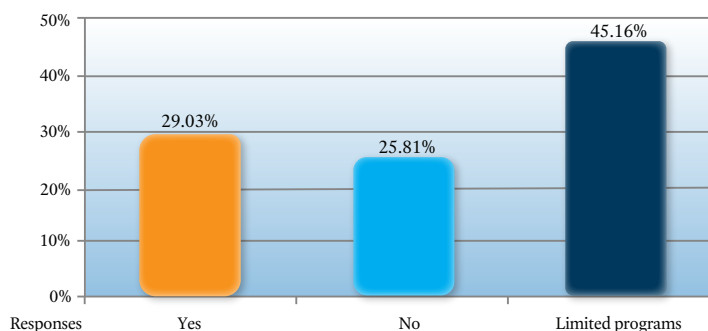
Eight countries reported that there were no specific programs supporting aging populations to maintain oral function, oral health, and quality of life (25.81%): Austria, the Czech Republic, Estonia, Ireland, Latvia, Lithuania, Nepal and Russia.

☐ Limited programs

Fourteen countries reported that there were a limited number of specific programs supporting aging populations to maintain oral function, oral health, and quality of life (45.16%): Australia, Canada, Denmark, Germany, Israel, Italy, Korea, Malta, Slovakia, South Africa, Spain, the United Arab Emirates, the United Kingdom and the United States of America.

☐ I don't know

This answer option was not used by any country.



16. Are oral health services integrated into any of the following programs?

More than one answer option could be chosen. The answer options and responses were:

☐ Maternal and Child Health Programs

Sixteen countries reported that oral health services were integrated into maternal and child health programs (51.61%): Canada, Finland, Germany, Israel, Italy, Japan, Korea, Lithuania, Malta, Norway, Russia, South Africa, Sweden, The Netherlands, the United Kingdom and the United States of America.

☐ School Health Programs

Twenty-two countries reported that oral health services were integrated into school health programs (70.97%): Canada, Estonia, Finland, Germany, Ireland, Israel, Italy, Japan, Korea, Latvia, Lithuania, Malta, Nepal, Portugal, Singapore, South Africa, Spain, Sweden, Switzerland, the United Arab Emirates, the United Kingdom and the United States of America.

☐ Primary Care (i.e. Family Medicine or Pediatrics)

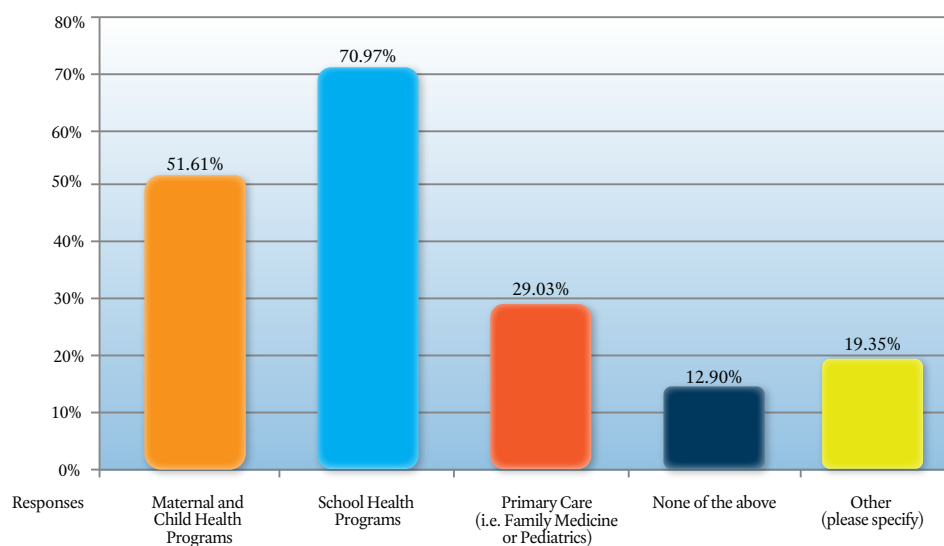
Nine countries reported that oral health services were integrated into primary care (29.03%): Germany, Israel, Italy, Korea, Lithuania, Portugal, South Africa, The Netherlands and the United States of America.

☐ None of the above

Four countries reported that oral health services were not integrated into any of the listed programs (12.90%): Austria, Belgium, the Czech Republic and Slovakia.

☐ Other

Six countries added comments in relation to other programs in which oral health services were integrated (19.35%). Three countries identified specific programs: Canada, Sweden and The Netherlands. The programs targeted people living in poverty (The Netherlands), people in long term care (Canada and Sweden) and older adults and people with significant needs including disabilities (Sweden). Italy reported that there were volunteer schemes, and Denmark reported that there was free public oral health care for children aged 0-22 years. Australia reported that there was limited integration between oral health services and programs targeting specific groups, and these varied between states.



17. Rank the following factors based on how much they limit the general population's access to preventive oral health services (Check one for each: 1 being LOW - 10 being HIGH limitation):

The answer options and the average ranking given by the respondents on a scale of 1 -10 were:

☐ **Cost/Insurance coverage**

Cost or insurance coverage was given the average highest ranking (7/10) in relation to how much it limits the general population's access to preventive oral health services. Seven countries ranked this factor 10/10 indicating that it was the greatest limiting factor in relation to accessing preventive oral health services: Australia, Canada, Estonia, Nepal, Norway, Russia and Slovakia. Four countries ranked it below 5, indicating that cost or insurance coverage was less limiting in these countries in relation to accessing preventive oral health services: the Czech Republic, Finland, Ireland and Japan.

☐ **Geographic distance/Transportation**

Geographic distance or transportation on average ranked 2nd (5.3/10) in relation to how much it limits the general population's access to preventive oral health services. Two countries, Korea and the United States of America, ranked this factor 10/10 indicating that it was the greatest limiting factor in relation to accessing preventive oral health services. Ten countries ranked this below 5 indicating that geographic distance or transportation was less limiting in relation to accessing preventive oral health services: Belgium, the Czech Republic, Estonia, Ireland, Israel, Malta, Portugal, Singapore, Switzerland and the United Arab Emirates.

☐ **Extended waiting time for treatment availability**

Extended waiting time for treatment availability on average ranked 3rd (5.1/10) in relation to how much it limits the general population's access to preventive oral health services. Italy ranked this factor 10/10 indicating that it was the greatest limiting factor in relation to accessing preventive oral health services. Fourteen countries ranked this below 5, indicating that extended waiting time for treatment was less limiting in relation to accessing preventive oral health services: Canada, the Czech Republic, Denmark, Estonia, Japan, Korea, Lithuania, Malta, Norway, Portugal, Singapore, Sweden, the United Arab Emirates and the United States of America.

☐ **Health literacy**

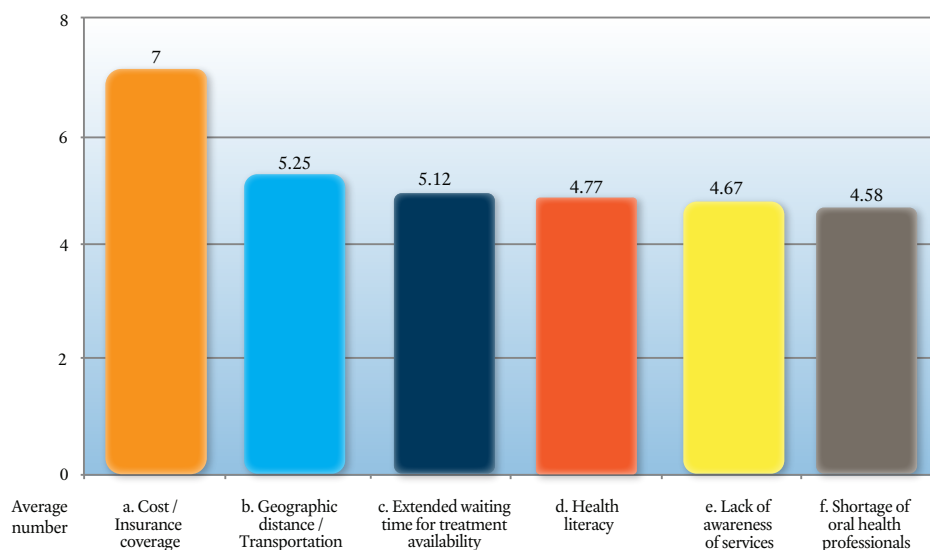
Health literacy on average ranked 4th (4.8 /10) in relation to how much it limits the general population's access to preventive oral health services. Nepal ranked this factor 10/10 indicating that it was one of the greatest limiting factors in relation to accessing preventive oral health services. Thirteen countries ranked this below 5, indicating that health literacy was less limiting in relation to accessing preventive oral health services: Canada, Finland, Ireland, Japan, Korea, Malta, Singapore, South Africa, Sweden, Switzerland, The Netherlands, the United Arab Emirates and the United Kingdom.

☐ **Lack of awareness of services**

Lack of awareness of services on average ranked 5th (4.7/10) in relation to how much it limits the general population's access to preventive oral health services. Nepal also ranked this factor 10/10 indicating that it was one of the greatest limiting factors in relation to accessing preventive oral health services. Fourteen countries ranked this below 5, indicating that lack of awareness of services was less limiting in relation to accessing preventive oral health services: Canada, Denmark, Ireland, Japan, Latvia, Malta, Norway, Portugal, Singapore, South Africa, Sweden, Switzerland, the United Kingdom and the United States of America.

☐ **Shortage of oral health professionals**

Shortage of oral health professionals on average ranked 6th (4.6/10) in relation to how much it limits the general population's access to preventive oral health services. Belgium ranked this factor 10/10 indicating that it was one the greatest limiting factor in relation to accessing preventive oral health services. Fourteen countries ranked this below 5, indicating that a shortage of oral health professionals was less limiting in relation to accessing preventive oral health services: Canada, Finland, Italy, Japan, Korea, Latvia, Lithuania, Nepal, Portugal, Singapore, Sweden, Switzerland, the United Arab Emirates and the United States of America.



18. How are preventive services covered?

More than one answer option could be chosen. The answer options and responses were:

☐ Public health systems

Twenty-five countries reported that the public health system covered preventive services (80.65%): Australia, Belgium, Canada, the Czech Republic, Denmark, Estonia, Finland, Germany, Ireland, Israel, Italy, Japan, Korea, Latvia, Lithuania, Malta, Norway, Portugal, Russia, South Africa, Spain, Sweden, the United Arab Emirates, the United Kingdom and the United States of America.

☐ Private insurance

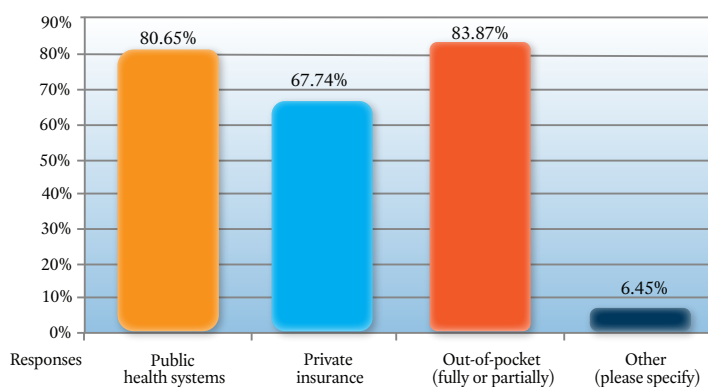
Twenty-one countries reported that private insurance covered preventive services (67.74%): Australia, Austria, Belgium, Canada, Denmark, Estonia, Finland, Germany, Israel, Italy, Korea, Latvia, Lithuania, Norway, Portugal, South Africa, Switzerland, The Netherlands, the United Arab Emirates, the United Kingdom and the United States of America.

☐ Out-of-pocket (fully or partially)

Twenty-six countries reported that preventive services were fully or partially covered by out-of-pocket expenses (83.87%): Australia, Austria, Belgium, Canada, the Czech Republic, Estonia, Germany, Ireland, Israel, Italy, Korea, Lithuania, Malta, Nepal, Norway, Portugal, Russia, Singapore, Slovakia, South Africa, Sweden, Switzerland, The Netherlands, the United Arab Emirates, the United Kingdom and the United States of America.

☐ Other

Two countries provided additional information (6.45%). The Netherlands reported that children are covered under the public health system. Adults may take out insurance, but it is not mandatory, fewer adults are taking out insurance due the cost. Finland reported that in addition to public and private cover, preventive services are covered by tax.



19. Are there national or local programs targeting underserved or vulnerable populations?

The answer options and responses were:

☐ Yes

Seventeen countries reported that they had national or local programs targeting underserved or vulnerable populations (54.84%): Australia, Belgium, Canada, Denmark, Germany, Israel, Italy, Korea, Latvia, Norway, Portugal, South Africa, Spain, Sweden, Switzerland, The Netherlands and the United States of America.

☐ No

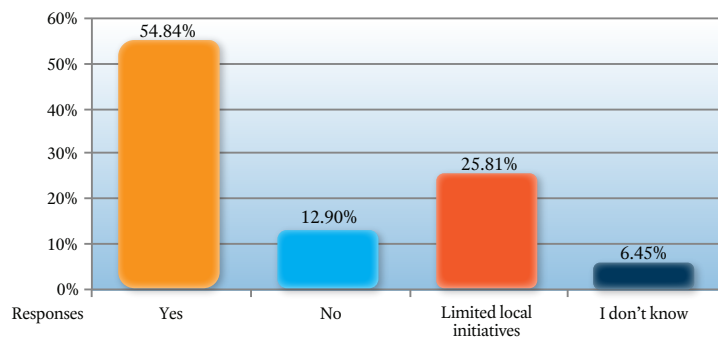
Four countries reported that there were no national or local programs targeting underserved or vulnerable populations (12.90%): the Czech Republic, Finland, Japan and Russia.

☐ Limited local initiatives

Eight countries reported that underserved or vulnerable populations were served by limited local initiatives (25.81%): Austria, Ireland, Lithuania, Malta, Nepal, Singapore, the United Arab Emirates and the United Kingdom.

☐ I don't know

Estonia and Slovakia reported that they did not know the answer to this question (6.45%).



19a. If yes, would you consider these programs impactful and/or beneficial to the community?

The answer options and responses were:

☐ **Yes**

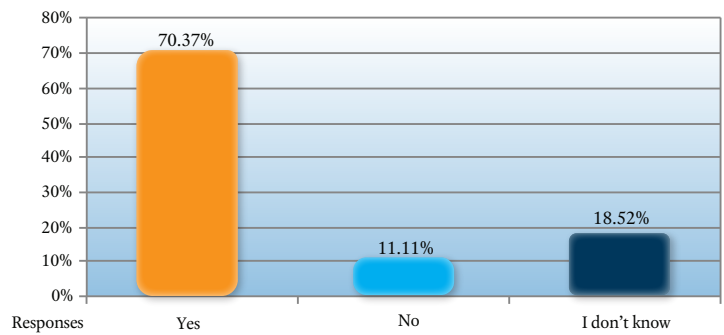
Nineteen countries reported that they considered these programs impactful and/or beneficial to the community (70.37%): Australia, Belgium, Canada, Denmark, Germany, Korea, Latvia, Malta, Nepal, Norway, Portugal, Singapore, South Africa, Spain, Sweden, Switzerland, The Netherlands, the United Arab Emirates and the United Kingdom.

☐ **No**

Three countries reported that they did not think these programs had been impactful and/or beneficial to the community (11.11%): Italy, Russia and the United States of America.

☐ **I don't know**

Five countries reported that they did not know if these programs would be impactful and/or beneficial to the community (18.52%): Austria, Estonia, Israel, Lithuania and Slovakia.



20. How frequently do targeted initiatives (social impact/corporate responsibility programs) for underserved populations relate to oral health prevention take place?

The answer options and responses were:

☐ **Frequently**

Five countries reported that targeted initiatives relating to oral health prevention for underserved populations take place frequently (16.13%): Belgium, Israel, Malta, Norway and Sweden.

☐ **Occasionally**

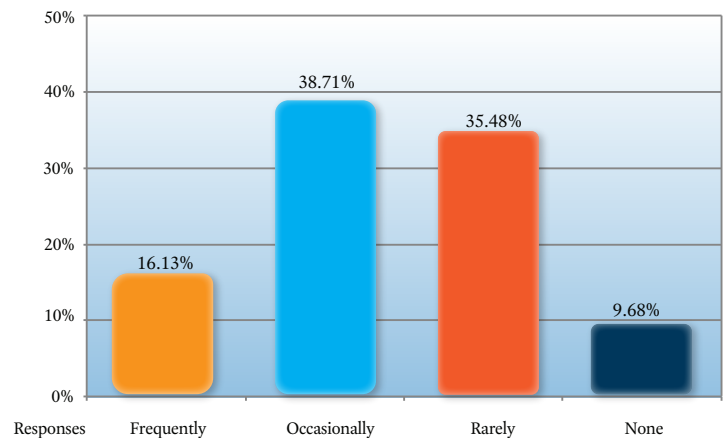
Twelve countries reported that targeted initiatives relating to oral health prevention for underserved populations take place occasionally (38.71%): Australia, the Czech Republic, Denmark, Germany, Italy, Korea, Latvia, Portugal, Singapore, South Africa, the United Arab Emirates and the United States of America.

☐ **Rarely**

Eleven countries reported that targeted initiatives relating to oral health prevention for underserved populations rarely take place (35.48%): Austria, Canada, Estonia, Ireland, Lithuania, Nepal, Slovakia, Spain, Switzerland, The Netherlands and the United Kingdom.

☐ **None**

Three countries reported that there were no targeted initiatives relating to oral health prevention for underserved populations taking place in their country (9.68%): Finland, Japan and Russia.



E. Digital Health & Technology

This section relates to the use of technology to promote, monitor, remind or provide preventive counselling. There were three questions in this section – Questions 21 – 23. Only one answer option could be chosen for each question.

21. Are digital tools (apps, AI, brushing sensors) used in your country to promote or monitor preventive oral care?

The answer options and responses were:

☐ **Yes**

Twelve countries reported that digital tools were used in their country to promote or monitor preventive oral care (38.71%): Canada, Finland, Germany, Italy, Latvia, Slovakia, South Africa, Spain, Switzerland, The Netherlands, the United Kingdom and the United States of America.

☐ **No**

Two countries reported that digital tools were not used in their country to promote or monitor preventive oral care (6.45%): Denmark and Russia.

☐ **Emerging use**

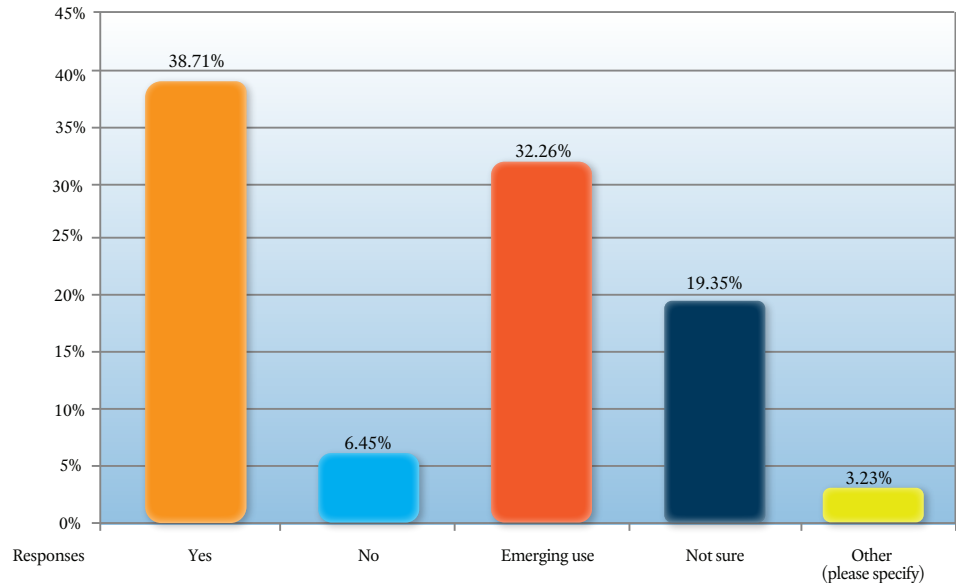
Ten countries reported that there was emerging use of digital tools in their country to promote or monitor preventive oral care (32.26%): Australia, Belgium, Ireland, Korea, Malta, Nepal, Portugal, Singapore, Sweden and the United Arab Emirates.

☐ **Not sure**

Six countries reported that they were unsure about the use of digital tools in their country (19.35%): Austria, Estonia, Israel, Japan, Lithuania and Norway.

☐ **Other**

One country, the Czech Republic, reported that the use of digital tools was starting to appear, but their use is not yet widespread (3.23%).



22. Are patients encouraged through digital reminders (SMS, WhatsApp, email) to attend preventive visits?

The answer options and responses were:

☐ **Routinely**

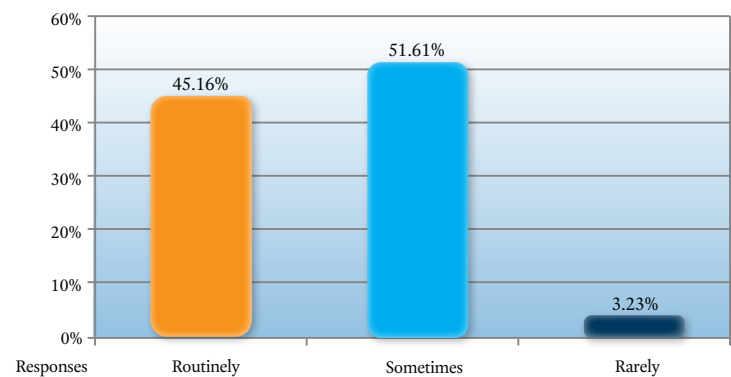
Fourteen countries reported that that patients were routinely encouraged through digital reminders to attend preventive visits (45.16%): Australia, Denmark, Germany, Israel, Italy, Latvia, Norway, Portugal, Singapore, Sweden, Switzerland, The Netherlands, the United Arab Emirates and the United Kingdom.

☐ **Sometimes**

Sixteen countries reported that patients were sometimes encouraged through digital reminders to attend preventive visits (51.61%): Austria, Belgium, Canada, the Czech Republic, Estonia, Finland, Ireland, Japan, Korea, Lithuania, Malta, Russia, Slovakia, South Africa, Spain and the United States of America.

☐ **Rarely**

One country, Nepal, reported that patients were rarely encouraged through digital reminders to attend preventive visits (3.23%).



23. Is tele-dentistry being used in your country for preventive counselling?

The answer options and responses were:

☐ **Yes**

Four countries reported that tele-dentistry was being used in their country for preventive counselling (12.90%): Australia, Russia, South Africa and the United States of America.

☐ **No**

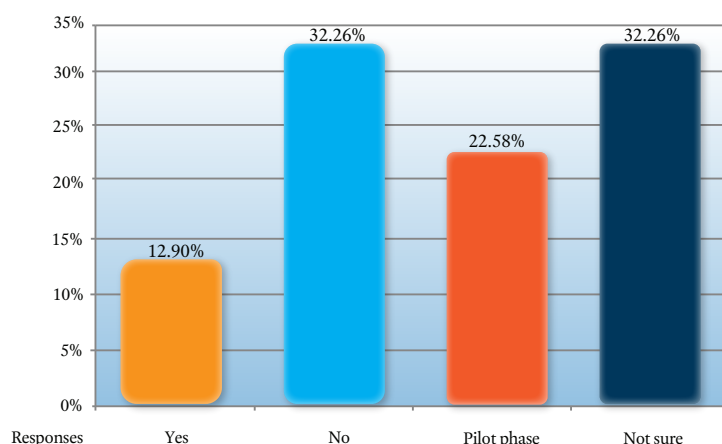
Ten countries reported that tele-dentistry was not being used in their country for preventive counselling (32.26%): Canada, Denmark, Estonia, Finland, Germany, Ireland, Israel, Latvia, Nepal and Switzerland.

☐ **Pilot Phase**

Seven countries reported that tele-dentistry was being used in a pilot phase in their country for preventive counselling (22.58%): the Czech Republic, Italy, Korea, Portugal, Singapore, Spain and Sweden.

☐ **Not sure**

Ten countries reported that they were not sure if tele-dentistry was being used in their country for preventive counselling (32.26%): Austria, Belgium, Japan, Lithuania, Malta, Norway, Slovakia, The Netherlands the United Arab Emirates and the United Kingdom.



F. Sustainability & Environment

This section relates to sustainability and recycling. There are two questions in this section – Questions 24 and 25, each with only one answer option.

24. Does your country have national guidelines or campaigns promoting eco-friendly oral care products and practices?

The answer options and responses were:

☐ **Yes**

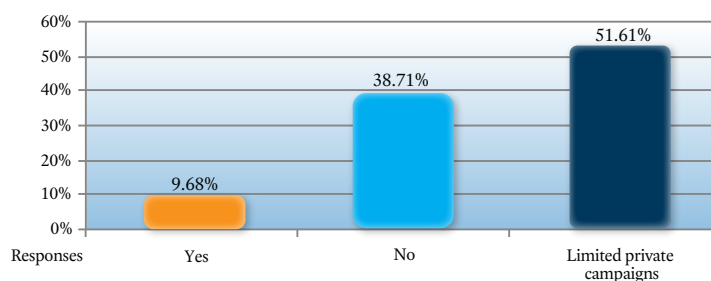
Three countries reported that they have national guidelines or campaigns promoting eco-friendly oral care products and practices (9.68%): Australia, Germany and the United States of America.

☐ **No**

Twelve countries reported that they did not have national guidelines or campaigns promoting eco-friendly oral care products and practices (38.71%): Belgium, Denmark, Estonia, Finland, Ireland, Japan, Latvia, Norway, Russia, Slovakia, Spain and the United Kingdom.

☐ **Limited private campaigns**

Sixteen countries reported that they had limited private campaigns promoting eco-friendly oral care products and practices (51.61%): Austria, Canada, the Czech Republic, Israel, Italy, Korea, Lithuania, Malta, Nepal, Portugal, Singapore, South Africa, Sweden, Switzerland, The Netherlands and the United Arab Emirates.



25. Are recycling or sustainability messages included in oral health prevention campaigns or in practice?

☐ Routinely

One country, Germany, reported that recycling or sustainability messages were routinely included in oral health prevention campaigns or in practice (3.23%).

☐ Sometimes

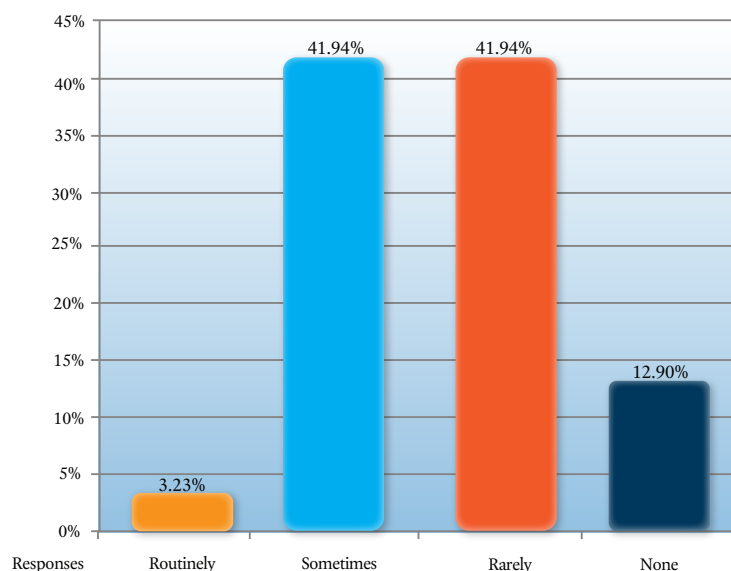
Thirteen countries reported that recycling or sustainability messages were sometimes included in oral health prevention campaigns or in practice (41.94%): Australia, Canada, Israel, Italy, Korea, Norway, Singapore, Slovakia, South Africa, Sweden, The Netherlands, the United Arab Emirates and the United States of America.

☐ Rarely

Thirteen countries reported that recycling or sustainability messages were rarely included in oral health prevention campaigns or in practice (41.94%): Austria, Belgium, the Czech Republic, Denmark, Finland, Latvia, Lithuania, Malta, Nepal, Portugal, Spain, Switzerland and the United Kingdom.

☐ None

Four countries reported that they had no recycling or sustainability messages included in oral health prevention campaigns or in practice (12.90%): Estonia, Ireland, Japan and Russia.



G. Mental Health & Stress

This section relates to stress-related oral conditions and covers the impact on patients and the level of training provided to oral health professionals. There are two questions – Questions 26 and 27, each with only one answer option.

26. Is the impact of stress or mental health on oral conditions addressed during preventive visits?

The answer options and responses were:

☐ Yes

Nine countries reported that the impact of stress or mental health on oral conditions is addressed during preventive visits (29.03%): Germany, Israel, Italy, Latvia, Nepal, Norway, South Africa, Switzerland and The Netherlands.

☐ No

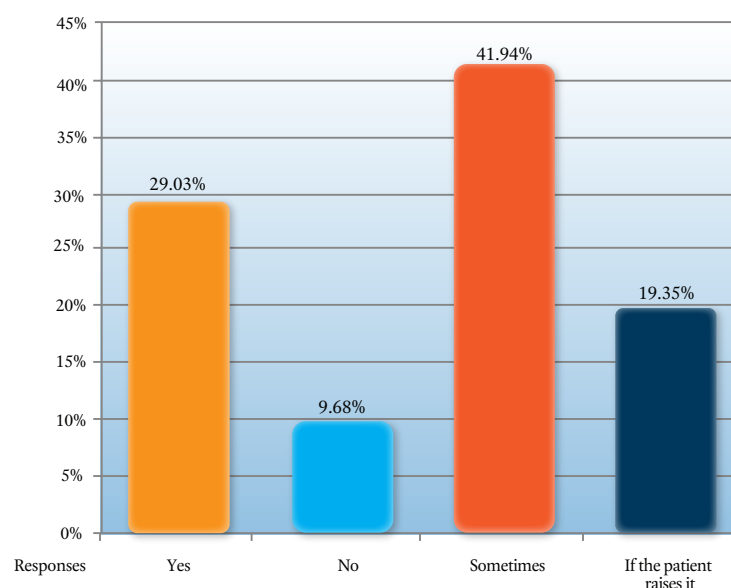
Three countries reported that the impact of stress or mental health on oral conditions is not addressed during preventive visits (9.68%): Denmark, Ireland and Russia.

☐ Sometimes

Thirteen countries reported that the impact of stress or mental health on oral conditions is sometimes addressed during preventive visits (41.94%): Australia, Canada, Japan, Korea, Malta, Portugal, Singapore, Slovakia, Spain, Sweden, the United Arab Emirates, the United Kingdom and the United States of America.

☐ If the patient raises it

Six countries reported that the impact of stress or mental health on oral conditions is addressed during preventive visits if the patient raises it (19.35%): Austria, Belgium, the Czech Republic, Estonia, Finland and Lithuania.



27. Are oral health professionals trained to identify and manage stress-related oral conditions (bruxism, xerostomia, ulcers)?

The answer options and responses were:

☐ Well-trained

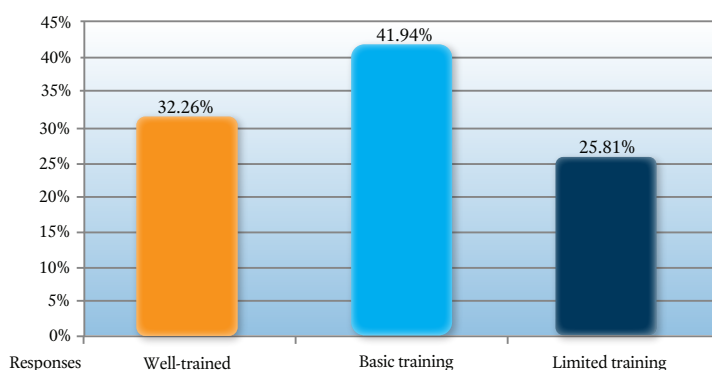
Ten countries reported that oral health professionals in their country are well trained to identify and manage stress-related oral conditions (32.26%): Korea, Latvia, Malta, Norway, Portugal, Singapore, South Africa, Switzerland, The Netherlands and the United Kingdom.

☐ Basic training

Thirteen countries reported that oral health professionals in their country have basic training to identify and manage stress-related oral conditions (41.94%): Australia, Austria, Belgium, Canada, the Czech Republic, Germany, Israel, Italy, Slovakia, Spain, Sweden, the United Arab Emirates and the United States of America.

☐ Limited training

Eight countries reported that oral health professionals in their country have limited training to identify and manage stress-related oral conditions (25.81%): Denmark, Estonia, Finland, Ireland, Japan, Lithuania, Nepal and Russia.



H. Cultural & Social Practices

This section relates to the use of traditional or cultural oral practices and if they are integrated into preventive oral health education campaigns. There are two questions – Questions 28 and 29, each with only one answer option.

28. Are traditional or cultural oral practices (e.g., chewing certain herbal vegetation) commonly used in your country?

The answer options and responses were:

☐ Yes

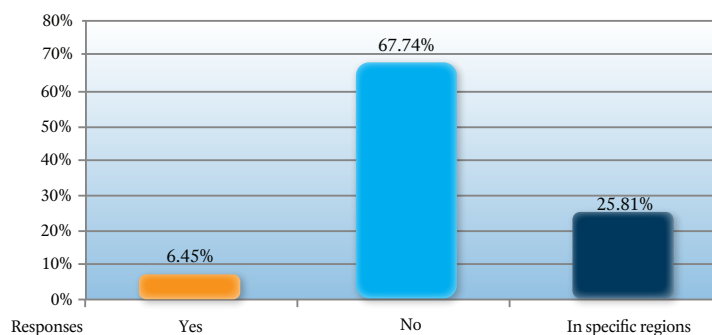
Two countries reported that traditional or cultural oral practices are commonly used in their country (6.45%): Slovakia and the United Kingdom.

☐ No

Twenty-one countries reported that traditional or cultural oral practices are not commonly used in their country (67.74%): Austria, Belgium, the Czech Republic, Denmark, Estonia, Finland, Ireland, Italy, Japan, Korea, Latvia, Lithuania, Malta, Norway, Portugal, Russia, Singapore, Spain, Sweden, Switzerland and The Netherlands.

☐ In specific regions

Eight countries reported that traditional or cultural oral practices are commonly used in specific regions in their country (25.81%): Australia, Canada, Germany, Israel, Nepal, South Africa, the United Arab Emirates and the United States of America.



29. Are these traditional/cultural practices integrated into preventive oral health education campaigns?

The answer options and responses were:

☐ Integrated

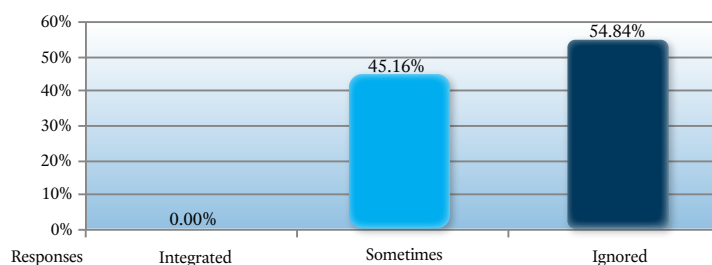
No country reported that these traditional/cultural practices are integrated into preventive oral health education campaigns.

☐ Sometimes

Fourteen countries reported that these traditional/cultural practices are sometimes integrated into preventive oral health education campaigns (45.16%): Australia, Belgium, Germany, Israel, Latvia, Nepal, Norway, Singapore, Slovakia, South Africa, Spain, Switzerland, the United Arab Emirates and the United States of America.

☐ Ignored

Seventeen countries reported that these traditional/cultural practices are ignored in preventive oral health education campaigns (54.84%): Austria, Canada, the Czech Republic, Denmark, Estonia, Finland, Ireland, Italy, Japan, Korea, Lithuania, Malta, Portugal, Russia, Sweden, The Netherlands and the United Kingdom.



I. Innovative Access Models

This section relates to access models, use of non-dental professionals in preventive oral health initiatives, patient's access to their own oral health data, and access to training, resources, and support to implement oral health education and literacy programs. There are four questions – Questions 30 – 33, each with only one answer option.

30. Do dental hygienists, dental therapists, oral therapists, or oral health therapists provide preventive services autonomously to underserved populations, such as rural areas, homebound, institutionalized, or hospitalized patients?

The answer options and responses were:

☐ **Yes**

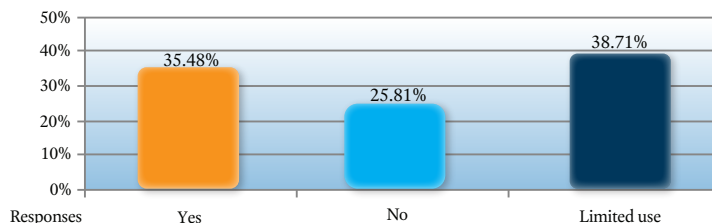
Eleven countries reported that dental hygienists, dental therapists, oral therapists or oral health therapists do provide preventive services autonomously to underserved populations in their country (35.48%): Australia, Canada, Finland, Germany, Japan, Malta, Norway, Portugal, Sweden, Switzerland and The Netherlands.

☐ **No**

Eight countries reported that dental hygienists, dental therapists, oral therapists or oral health therapists do not provide preventive services autonomously to underserved populations in their country (25.81%): Austria, Belgium, Estonia, Ireland, Italy, Russia, Slovakia, and Spain.

☐ **Limited use**

Twelve countries reported that there is limited use of dental hygienists, dental therapists, oral therapists or oral health therapists to provide preventive services autonomously to underserved populations (38.71%): the Czech Republic, Denmark, Israel, Korea, Latvia, Lithuania, Nepal, Singapore, South Africa the United Arab Emirates, the United Kingdom and the United States of America.



31. Are non-dental professionals (teachers, nurses, pharmacists) involved in oral health prevention initiatives?

The answer options and responses were:

☐ **Routinely**

Three countries reported that non-dental professionals are routinely involved in oral health prevention initiatives in their country (9.68%): Belgium, Finland and South Africa.

☐ **Sometimes involved**

Fifteen countries reported that non-dental professionals are sometimes involved in oral health prevention initiatives in their country (48.39%): Australia, the Czech Republic, Denmark, Estonia, Germany, Japan, Korea, Malta, Norway, Portugal, Singapore, Sweden, The Netherlands, the United Arab Emirates and the United States of America.

☐ **Rarely involved**

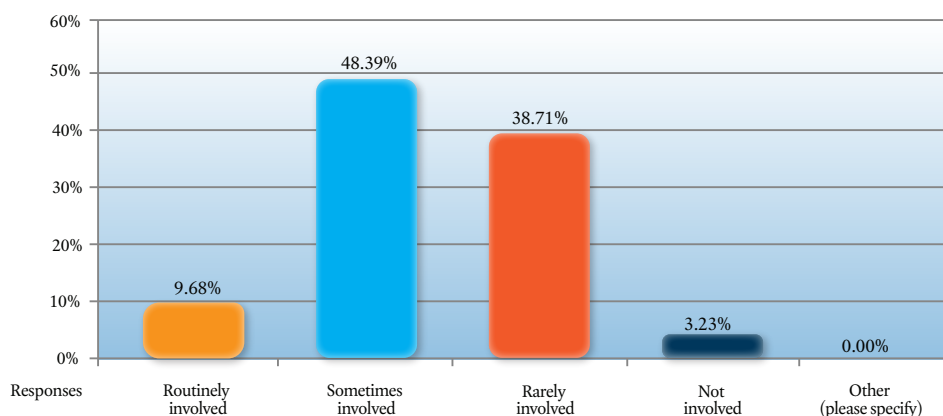
Twelve countries reported that non-dental professionals are rarely involved in oral health prevention initiatives in their country (38.71%): Austria, Canada, Ireland, Israel, Italy, Latvia, Lithuania, Nepal, Slovakia, Spain, Switzerland and the United Kingdom.

☐ **Not involved**

One country, Russia, reported that non-dental professionals are not involved in oral health prevention initiatives in their country (3.23%).

☐ **Other**

No country used this answer option.



32. Do patients have access to their own oral health data (plaque scores, charts, records)?

The answer options and responses were:

☐ **Yes, easily**

Four countries reported that patients have easy access to their own oral health data (12.90%): Finland, Lithuania, the United Arab Emirates and the United States of America.

☐ **Yes, upon request**

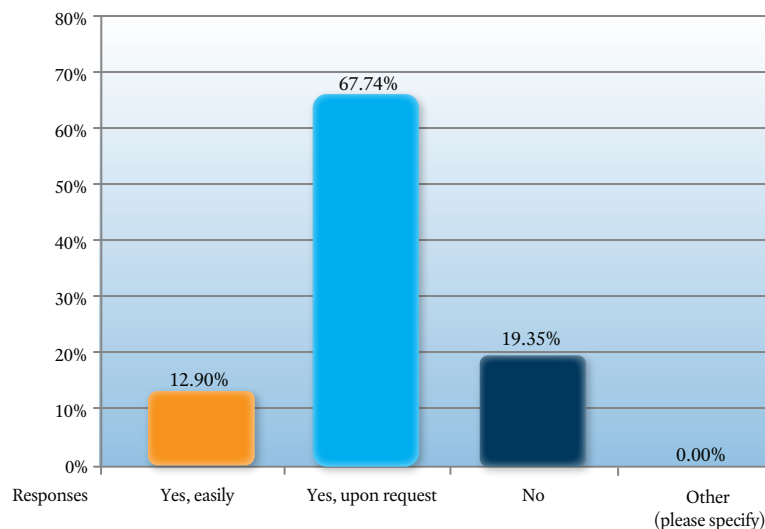
Twenty-one countries reported that patients have access upon request to their own oral health data (67.74%): Australia, Belgium, Canada, Czech Republic, Denmark, Estonia, Germany, Ireland, Italy, Korea, Latvia, Malta, Norway, Portugal, Singapore, Slovakia, South Africa, Sweden, Switzerland, The Netherlands and the United Kingdom.

☐ **No**

Six countries reported that patients do not have access to their own oral health data (19.35%): Austria, Israel, Japan, Nepal, Russia and Spain.

☐ **Other**

No country used this answer option.



33. Is there adequate access to training, resources, and support to implement oral health education and literacy programs in your country?

The answer options and responses were:

☐ **Yes**

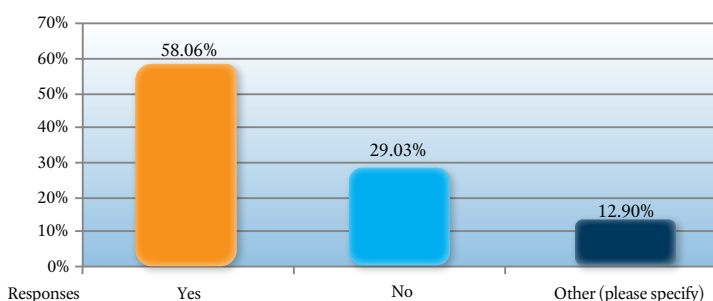
Eighteen countries reported that there is adequate access to training, resources, and support to implement oral health education and literacy programs in their country (58.06%): Australia, Canada, Estonia, Finland, Germany, Israel, Japan, Korea, Latvia, Lithuania, Malta, Norway, Singapore, South Africa, Switzerland, The Netherlands, the United Arab Emirates and the United Kingdom.

☐ **No**

Nine countries reported that there is not adequate access to training, resources, and support to implement oral health education and literacy programs in their country (29.03%): Austria, the Czech Republic, Denmark, Ireland, Nepal, Russia, Slovakia, Spain and the United States of America.

☐ **Other**

Four countries provided another answer (12.90%): Belgium clarified that prevention is a regional responsibility and differs strongly between regions. Italy stated that more could be done. Portugal clarified that training is available but lacks resources to implement. Sweden clarified that knowledge and support are available, but a lack of personnel resources limits this work.



J. Health & Lifestyle Integration

The section relates to the integration of oral health in general health and visa versa. There are two questions – Questions 34 and 35, each with only one answer option.

34. Are oral health prevention questions included in national health screenings (as in diabetes, hypertension, vaccination campaigns)?

The answer options and responses were:

☐ **Yes**

Eight countries reported that oral health prevention questions are included in national health screenings in their country (25.81%): Finland, Germany, Korea, Norway, Portugal, South Africa, Sweden and the United Arab Emirates.

☐ **No**

Eight countries reported that oral health prevention questions are not included in national health screenings in their country (25.81%): the Czech Republic, Estonia, Italy, Russia, Spain, Switzerland, the United Kingdom and the United States of America.

☐ **In pilot programs**

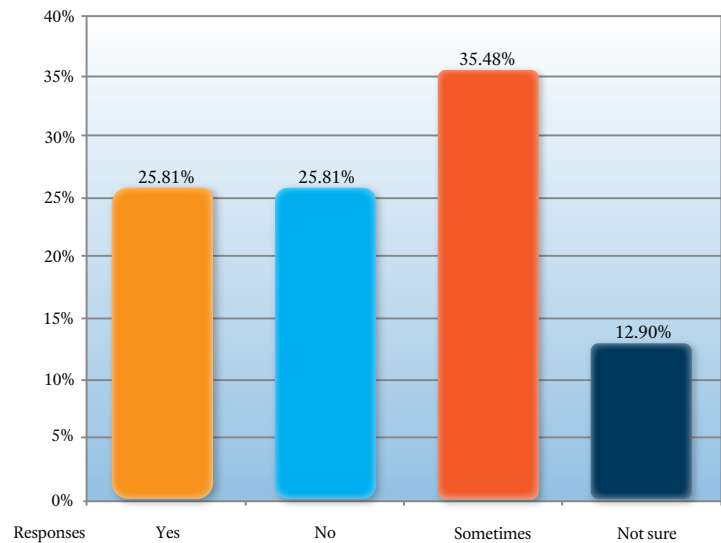
No country reported that oral health prevention questions are included in pilot program health screenings in their country.

☐ **Sometimes**

Eleven countries reported that oral health prevention questions are sometimes included in national health screenings in their country (35.48%): Australia, Austria, Belgium, Canada, Denmark, Ireland, Malta, Nepal, Singapore, Slovakia and The Netherlands.

☐ **Not sure**

Four countries were not sure if oral health prevention questions are included in national health screenings in their country (12.90%): Israel, Japan, Latvia and Lithuania.



35. Are lifestyle factors such as diet, vaping, alcohol, or sleep habits routinely addressed in preventive dental visits?

The answer options and responses were:

☐ **Routinely**

Eighteen countries reported that lifestyle factors are routinely addressed in preventive dental visits in their country (58.06%): Australia, Belgium, Canada, Denmark, Finland, Germany, Israel, Korea, Latvia, Norway, Portugal, Singapore, South Africa, Sweden, Switzerland, The Netherlands, the United Arab Emirates and the United Kingdom.

☐ **Sometimes**

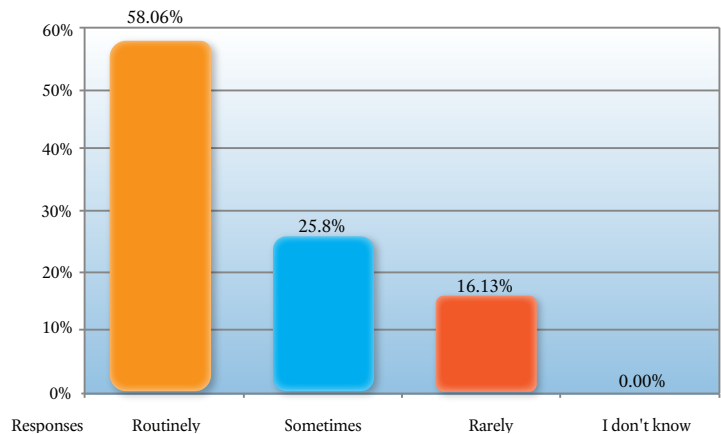
Eight countries reported that lifestyle factors are sometimes addressed in preventive dental visits in their country (25.8%): the Czech Republic, Estonia, Ireland, Italy, Japan, Malta, Slovakia and the United States of America.

☐ **Rarely**

Five countries reported that lifestyle factors are rarely addressed in preventive dental visits in their country (16.13%): Austria, Lithuania, Nepal, Russia and Spain.

☐ **I don't know**

No country used this answer option.



Data Analyst Biography

Dr. Catherine Waldron is a dental hygienist with a Master's by Research, a Master's in Health Promotion, and a PhD in Special Care Dentistry. She has been the lead reviewer in various types of systematic reviews in the fields of oral health, general health and pharmacy, including Scoping, Cochrane and Realist reviews.

She has undertaken qualitative and quantitative research and data analysis to inform policy in the health and social care research landscape.

Catherine has been active in IFDH since 2004, when she was the first representative for Ireland. She is a past Vice President, past Chair of the Research Committee, and is currently the Chair of the Research Grant Program Committee. IFDH has bestowed upon Catherine Honorary Lifetime Membership due to her distinguished commitment to IFDH.



Catherine G. Waldron,
RDH, MSc, MA, PhD
Dublin, Ireland



Mission

The International Federation of Dental Hygienists is an international non-profit association uniting national organizations of Dental Hygienists, Dental Therapists, Oral Therapists, and Oral Health Therapists. By fostering leadership and collaboration, IFDH is the principal advocate for the oral hygiene profession globally and promotes excellence in oral health, education, research and practice.

Vision

IFDH is dedicated to enhancing the recognition of the Dental Hygienist, Dental Therapist, Oral Therapist, and Oral Health Therapist as being the key provider of preventive oral health care worldwide and ensuring that oral health is integrated as a key aspect of our patients' overall health.



100 South Washington Street,
Rockville MD 20850, USA

Phone: 240-778-6790

Fax: 240-778-6112

Website: www.IFDH.org