

WG Oral Health & General Health

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Survey on prevention

January – February 2026

20 questions

Responses from 21 countries or dental associations:

Belgium, Croatia, Cyprus, Czech Republic, Dental Chamber of Federation of Bosnia and Herzegovina, Estonia, France, Germany, Greece, Hungary, Ireland, Italy, Kyrgyz Republic, Moldova, Kazakhstan, Slovakia, Slovenia, The Republic of Srpska Chamber of Dentists, Switzerland, Turkey, UK

THANK YOU!

Results

Q1 Does your country have a national oral health strategy?

Yes: 11

No: 9

Unsure: 1

However, a majority of those saying 'no' provided commentary that sometimes strategies are in place, but on a regional or local level rather than a national one; some provided examples.

Question 2 asked for further information on existing national oral health strategies, which we are in the process of listing for a web-based piece of information.

Results

Q3 Does your country have a strategy to improve oral health literacy of the public?

Yes: 12

No: 9

Question 4 asked for further information on existing oral health literacy strategies, which we are in the process of listing for a web-based piece of information. They include public health campaigns and activities, training of dentists, team members and others, information provided in schools, wider promotion of healthy lifestyles; also restrictions on advertising etc.

Results

Q5 +Q6 What prevention initiatives are currently in place in your country?

Q7 +Q8 Are there any preventive measures currently under consideration for implementation?

17 respondents provided further information on a wide-ranging approach to prevention initiatives for children and young adults, pregnant women, older or vulnerable people, at national or regional level, including school screening programmes, free check-ups, oral hygiene education, annual free teeth cleaning, water fluoridation, fissure sealants and fluoride varnish, public health campaigns on risk factors, HPV vaccination, dedicated days or months for prevention activities

Funding mostly came from government or through the insurance system; in some countries the dental association also ran projects and activities.

Results

Q9 +10 Are there any initiatives directed specifically at the care of the ageing population or other vulnerable groups that find access to advice and treatment difficult?

Yes: 15

No: 5

Unsure: 1

Initiatives included additional funding structures for the treatment of some groups; specific initiatives for older adults in nursing homes and for individuals with special needs; teledentistry initiatives with the dentist working remotely and another member of the team being with the patient; mobile units to support difficult-to-reach patients. Some initiatives are planned but not in place, or their availability is patchy.

Dental associations also run or are involved in some projects in some countries.

Results

Q11 +12 Are there any initiatives directed specifically at any other vulnerable groups that find access to advice and treatment difficult?

Yes: 13

No: 6

Unsure: 2

Similar responses received as to the previous question; projects aimed at low-income groups, high-risk groups such as children and young adults in care, people in prison, in hospices, and special needs care homes; older people living at home or in care homes; dementia patients; refugees and homeless people. Also those geographically difficult to reach.

Provided either centrally through government funding or locally through councils or charitable organisations

Results

Q13 +14 Are there any preventive measures currently advocated for by the national dental association but not supported by government/insurance systems etc?

Yes: 12

No: 8

Unsure: 1

Examples here were advocating for better funding of oral health services or more frequent checkups and other prevention methods; increase of age limit for free dental care for children; development of national oral health strategy; expansion of existing programmes to a wider population or including wider funded services; funded public awareness campaigns; WOHD campaigns; check-ups before entering retirement homes; regulation of food and drinks products including those for babies and infants; tighter control of advertising, food labelling and stricter sugar taxes

Results



Q15 – Q18 In your country, apart from dentists, do you have other oral healthcare team members who are actively tasked with promoting oral health, such as dental hygienists, oral health educators or prophylaxis assistants? (Followed by questions on working independently and on regulation)

Yes: 15

No: 6

Dental hygienists existed in most countries that had answered yes to Q15. Others mentioned were dental nurses/assistants and dental technicians. In most countries, all team members worked to the prescription of a dentist only; independent practice was noted for hygienists in six countries, within varying boundaries.

In most countries, oral health professionals were regulated through sets of standards, registration and education, although this varied by country and by profession, also depending on the level of training, clinical work, and independence.

Results

Q19 +20 In your country, is there involvement of other non-dental professional groups in the oral health care and prevention in this regard, such as medical doctors, pharmacists or others?

Yes: 8

No: 11

Unsure: 2

While only a minority answered 'yes' to this question, in some countries it appears that integration is further forward than in others. Notably in Hungary, Kazakhstan and Slovakia a positive involvement of other professions was described. Other countries noted specific professions such as paediatricians, oncologists, diabetes specialists and gynaecologists as having involvement in advice on oral health and risk factors for specific patient groups. In other countries, the involvement was indirect through advice on common risk factors for NCDs rather than oral health specifically.

Summary

You can see that there is a varied picture across the ERO membership on the subject matter of prevention strategies and understanding at government levels of why this should be important.

Our plan is to put the information received into a webpage, using the links provided with a short summary write-up, so that members who are looking for information to help their own advocacy activities can contact others who have already got experience in their own country of similar considerations and results.

Next steps

- Collate results for presentation on the website
- Change of WG leadership
- Decide on future focus / direction of travel

Any questions?



Thank you!