FDI World Dental Federation

Oral Health at Work:

A Roadmap for Prevention, Productivity and Workforce Well-being

Vision 2030

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1. Executive summary

KEY INSIGHTS:

- Workplace settings represent a major and underutilized opportunity for prevention among working-age populations.
- Oral health is a major but often overlooked driver of workforce health and productivity, affecting absenteeism, presenteeism (reduced productivity while at work) and long-term workforce well-being.
- Workplace oral health remains an early-stage and fragmented ecosystem of policy and practice.
- Global policy frameworks increasingly support employer engagement in oral health, including through the World Health Organization (WHO) *Global strategy and action plan on oral health 2023–2030* and some national strategies, creating new opportunities for action.
- Workplace oral health initiatives are emerging through four implementation pathways, spanning regulatory models, occupational health systems, public health outreach and employer or insurer-led prevention models.
- Innovation in workplace oral health delivery is advancing faster than the supporting evidence base and implementation standards, highlighting the need to strengthen mechanisms for evidence generation and translation into practice.
- Employers often lack practical implementation guidance for workplace oral health initiatives.
- Advancing workplace oral health will require coordinated action across policymakers, employers, insurers, professional organizations and workforce representatives.

Priority areas include:

- **Strengthening policy alignment across health, labour and occupational health systems.**
- **Mobilizing employers and insurers as partners in prevention.**
- **Developing practical implementation frameworks for workplace oral health.**
- **Strengthening evidence generation, evaluation and data visibility.**
- **Expanding cross-sector partnerships and advocacy channels.**
- **Piloting, evaluating and scaling workplace oral health initiatives.**

Oral diseases remain among the most prevalent health conditions globally, affecting an estimated 3.7 billion people and contributing significantly to the global burden of noncommunicable diseases (NCDs)[1]. Beyond their direct health consequences, oral conditions can affect individuals' ability to eat, speak and participate fully in daily life and maintain confidence, self-esteem and social well-being, with implications for education, employment and economic participation.

Oral diseases are closely linked with other NCDs, often occurring alongside conditions such as cardiovascular disease, metabolic disorders and type 2 diabetes, reflecting shared social, behavioural and commercial determinants of health. As highlighted in FDI World Dental Federation's *Vision 2030: Delivering optimal oral health for all*, oral health functions both as a contributor to and an indicator of overall health, well-being and quality of life across the life course[2].

Oral diseases remain among the most prevalent health conditions globally, affecting an estimated **3.7 billion people** and contributing significantly to the global burden of noncommunicable diseases (NCDs)

Working age represents a critical phase of life for maintaining health, productivity and economic participation. Work occupies approximately one-third of adult life[3] and nearly 60% of the global working-age population is in employment (based on International Labour Organization modelled estimates of the employment-to-population ratio)[4]. These factors position workplaces as an important, yet often underutilized, setting for health promotion, prevention and early intervention across large segments of the adult population. Investing in oral health during working age can also support healthy ageing, consistent with life-course approaches that emphasize prevention and early management across adulthood[5].

Work occupies approximately one-third of adult life and nearly 60% of the global working-age population is in employment

At the same time, poor oral health imposes substantial economic costs. Oral diseases are estimated to cost the global economy approximately US$710 billion annually, including US$387 billion in direct treatment costs and US$323 billion in productivity losses associated with absenteeism, presenteeism and reduced work capacity[6].

Oral diseases cost the global economy an estimated **US$710 billion annually, including US$387 billion in direct treatment costs and US$323 billion in productivity losses**

There is growing global policy momentum to strengthen oral health, including in workplace and occupational health settings. The WHO *Global strategy and action plan on oral health 2023–2030* highlights the importance of integrating oral health within universal health coverage (UHC) and addressing oral health across the settings where people live, work and learn[7]. In particular, Action 44 calls for healthy workplace policies and programmes that support oral health promotion and prevention among working populations[7]. National oral health strategies increasingly emphasize prevention, integration with wider NCD agendas, as well as the role of workplace and occupational health settings in strengthening oral health promotion.

Within this evolving policy landscape, workplaces represent a promising platform for advancing oral health promotion and prevention. Employers, occupational health systems and employee benefit programmes increasingly play a role in supporting workforce health and well-being. Integrating oral health within these systems could support earlier identification of oral health needs, strengthen prevention and contribute to improved workforce health outcomes.

This report, developed as part of FDI's *Vision 2030* initiative, examines how oral health intersects with workplace health systems, occupational health services and employer-sponsored health benefits. Drawing on literature review, policy analysis and stakeholder interviews, this report identifies emerging models and proposes a framework of four implementation pathways through which oral health initiatives are currently delivered in workplace settings:

1. **Regulatory or hazard-anchored models,** where oral health is addressed through occupational health and safety frameworks or sector-specific risk management approaches.

2. **Occupational health–embedded models,** where oral health services and prevention are integrated within occupational health systems and workforce health programmes.

3. **Public health–anchored outreach models,** where public health initiatives extend prevention, screening and education programmes into workplace settings.

4. **Employer and insurer–enabled prevention and access models,** where employers or insurers support oral health through employee benefit programmes, prevention initiatives and expanded access to care.

Evidence spotlights illustrate how these pathways are being operationalized in practice across different country and organizational contexts.

The policy analysis highlights that while workplace oral health initiatives are expanding, implementation remains uneven and fragmented. Many initiatives operate in isolation, with limited coordination between public health systems, employers, insurers and occupational health services. Employers and occupational health providers often lack practical guidance on how to design and implement effective workplace oral health programmes, while innovation in delivery models is advancing faster than the supporting evidence and implementation standards. Evidence on outcomes and economic value also remains limited, highlighting the need for stronger evaluation frameworks and greater shared learning across sectors.

With stronger collaboration across policymakers, employers, insurers, professional organizations and workforce representatives, workplaces can become an important platform for prevention, early detection and integrated health promotion. **Harnessing this opportunity could improve oral health outcomes while supporting healthier, more productive and more resilient workforces globally.**

2. Introduction and research process

Workplaces represent an important but often underutilized setting for improving population health. Adults spend a substantial proportion of their lives at work, creating opportunities to support prevention, health promotion and early identification of health needs across large segments of the population.

In recent years, governments, employers and health systems have shown growing interest in workplace approaches to improving health outcomes, workforce well-being and productivity[8]. Within this broader agenda, oral health has received relatively limited attention despite its strong links with overall health, NCDs and workforce participation.

FDI World Dental Federation's *Vision 2030* initiative focuses on expanding universal coverage for oral health, integrating oral health into broader health agendas, strengthening the oral health workforce and transforming the design and delivery of oral health education. This report has been developed as part of *Vision 2030* and explores how workplace environments may provide practical opportunities to support prevention, improve access to care and promote oral health across working populations.

The development of the report has been supported by the *Vision 2030* Industry Action Group (IAG), which brings together industry partners committed to advancing oral health globally. The work has also been informed by the *Vision 2030* Implementation and Monitoring Expert Group (IMEG), which provides strategic guidance for the implementation of *Vision 2030* priorities.

Research was conducted between January and April 2026 and combined several complementary methods. A literature and policy review was undertaken to examine existing evidence on the burden of oral diseases, economic impacts, workplace health programmes and global policy developments relevant to occupational oral health.

Stakeholder interviews were conducted with representatives across the public and private sectors, including organizations involved in oral health policy, healthcare delivery and workplace health initiatives. These discussions provided practical insights into how oral health is currently addressed within workplace and employee health systems.

DESK RESEARCH → STAKEHOLDER INTERVIEWS → SYNTHESIS → RECOMMENDATIONS

Insights from the literature review and stakeholder interviews informed the development of implementation pathways for workplace oral health, which provide a structured framework to understand how oral health initiatives are currently delivered across different policy, occupational health and employer-led contexts. Selected case examples and evidence spotlights illustrate how these pathways operate in practice.

Furthermore, the findings from these sources were synthesized to identify emerging trends, cross-cutting enablers and constraints, and strategic opportunities to advance oral health in workplace settings globally.

Stakeholder interviews conducted

FDI *Vision 2030* Industry Action Group (IAG)

- **Ms Mónica Dominguez,** Director, Global Oral Health Programs, Smile Train
- **Mr David Kochman,** Senior Vice President, Chief Corporate Affairs Officer, Henry Schein
- **Dr Maria Ryan,** Executive Vice President and Chief Clinical Officer, Colgate-Palmolive Company
- **Dr George Tysowsky**, Director, Global Professional Services, Senior Vice President Technology and Professional Relations, Ivoclar

Key opinion leaders and external experts

- **Dr Mustaffa Bin Jaapar,** Deputy Director of Health (Oral Health), Ministry of Health, Malaysia
- **Dr Romila Gobin-Beharee,** Oral Health Coordinator, Ministry of Health and Wellness, Mauritius
- **Ms Shida Taheri,** Founder, Dental On Demand
- **Dr Benoît Varenne,** Technical Lead for Oral Health, World Health Organization (WHO)

3. The global burden of oral diseases and implications for the workforce

Oral diseases are chronic, progressive and cumulative conditions whose impacts extend beyond clinical outcomes to include pain, functional limitations, impaired social participation and reduced quality of life. These impacts may affect daily functioning, including eating, speaking and social interaction, and can contribute to discomfort, sleep disruption and reduced overall well-being[9]. These consequences are particularly relevant for working-age adults, for whom oral health can influence day-to-day functioning, work performance and long-term health outcomes.

In many health systems, preventive oral health programmes often prioritize children and older adults. As a result, working-age populations may have fewer structured opportunities for prevention and early intervention, despite experiencing significant oral health needs. Workplace settings therefore offer a unique opportunity to reach this often underserved population and support prevention during a critical period of adult life.

Globally, oral diseases affect an estimated 3.7 billion people, making them among the most prevalent noncommunicable diseases (NCDs) worldwide[1]. Untreated dental caries (tooth decay) in permanent teeth is the most common health condition globally[1]. Dental caries and severe periodontal (gum) disease affect an estimated 2 billion and 1 billion people respectively, with severe periodontitis affecting around 19% of the global adult population[10]. The combined global prevalence of oral diseases exceeds that of the five major NCD categories combined, including cardiovascular disease, diabetes, chronic respiratory disease, cancer and mental disorders[5].

- **3.7 billion people are affected globally by oral diseases**
- **Untreated dental caries in permanent teeth is the most common health condition globally**
- **2 billion people affected by dental caries**
- **1 billion people affected by severe periodontal (gum) disease**
- **Severe periodontitis affects ~19% of the global adult population**
- **The combined prevalence of oral diseases exceeds that of the five major NCD categories combined**

Despite this scale, prevention and treatment for oral health conditions are frequently costly and are often excluded from national universal health coverage (UHC) benefit packages[1]. As a result, access to preventive services and timely treatment remains uneven across populations and countries, underscoring the need for integrated approaches that address shared risk factors and support prevention in everyday settings, including workplaces.

Oral diseases also reflect broader patterns of social inequality. Lower-income populations experience significantly higher prevalence and severity of oral diseases due to barriers such as affordability of care, limited service availability and social determinants including diet and living conditions. These inequities contribute to delayed diagnosis and untreated disease, reinforcing cycles of poor health, reduced well-being and diminished social and economic participation[11].

Much of oral health management relies on daily self-care practices, including good oral hygiene practices, a healthy diet low in sugar and appropriate health-seeking behaviours. However, the effectiveness of self-care depends on access to professional guidance, preventive advice and supportive systems. Self-care should therefore not be seen as a substitute for access to care, but as a complementary component of oral health management that requires appropriate support, enabling environments and broader social and policy conditions.

Links between oral health and noncommunicable diseases

Oral diseases do not occur in isolation. They commonly cluster with other NCDs, including cardiovascular disease, metabolic disorders and type 2 diabetes, reflecting shared social, behavioural and commercial determinants of health. As highlighted in FDI's *Vision 2030: Delivering optimal oral health for all* and subsequent work on the *Role and value of industry,* oral health functions both as a contributor to and an indicator of overall health, well-being and quality of life across the life course[2, 12].

A growing body of evidence demonstrates that poor oral health is associated with increased risk of systemic conditions, while effective management of oral diseases, particularly periodontal disease, is associated with improved management and intermediate outcomes for people living with chronic conditions such as diabetes[6]. These interconnections highlight the importance of integrating oral health within broader strategies for NCD prevention and health system strengthening.

Implications for working-age populations and workplace settings

The consequences of poor oral health extend beyond physical symptoms. Oral diseases can generate significant psychosocial impacts, including pain, discomfort, reduced self-esteem, social withdrawal and anxiety. The World Health Organization (WHO) has highlighted how these repeated physical and psychosocial consequences can negatively affect employment opportunities and productivity[5].

Oral health is also influenced by broader social and occupational determinants, including employment conditions. Evidence from occupational epidemiology suggests that oral health risks are patterned by working conditions. A review of epidemiological studies among Japanese workers found that occupations involving long working hours, night shifts and irregular schedules, including skilled workers, salespersons and drivers, were consistently associated with higher prevalence of dental caries, periodontal disease and tooth loss. These patterns were linked to time constraints, work-related stress, disrupted routines and reduced access to preventive care, highlighting occupation itself as a relevant determinant of oral health[13].

Emerging evidence also suggests that changes in employment status, including unemployment, may increase financial barriers to oral healthcare and reduce access to preventive services, further reinforcing employment as a key determinant of oral health[14].

Oral health should be recognized as a workforce, productivity and social participation issue, not solely a clinical concern. **Employment conditions, occupational patterns and access to preventive care all shape oral health outcomes across working-age populations.**

Oral health, stress and burnout

Stress and anxiety, which are widely recognized as growing challenges in modern workplaces[15], are associated with behaviours and conditions that negatively affect oral health, including bruxism (tooth grinding), neglect of oral hygiene and delayed care-seeking[16, 17]. Chronic work-related stress, emotional exhaustion and sleep disruption may also reduce capacity for self-care and contribute to unhealthy coping behaviours.

These patterns are particularly relevant in high-pressure and shift-based roles, and in environments characterized by long hours, low autonomy and limited recovery time. The relationship is bidirectional: burnout may increase the risk of oral disease and related discomfort, while pain, sleep disturbance, embarrassment and treatment delays can further impair concentration, morale and psychosocial well-being at work[15, 18]. High levels of stress are also associated with unhealthy diet, tobacco use and increased alcohol consumption, which are recognized shared risk factors for oral diseases and other NCDs[1].

Given that adults spend a significant proportion of their lives in employment, workplaces represent an important but often under-recognized setting for oral health promotion and prevention. Workplace health and well-being initiatives can support informed self-care, promote preventive behaviours, encourage healthier lifestyles and facilitate access to guidance and services, particularly for individuals managing chronic conditions.

4. Economic and productivity impacts of oral health

Beyond the clinical and public health burden, oral diseases also generate substantial economic and productivity impacts. Poor oral health is estimated to cost the global economy US$710 billion annually, including US$387 billion in direct treatment costs and US$323 billion in productivity losses[6].

The burden falls disproportionately on disadvantaged and low-income populations, reflecting persistent barriers to access, affordability and timely care[5]. Inequalities in access to prevention and treatment therefore amplify both the health and economic impacts of oral diseases.

Country-level evidence illustrates the scale of these economic consequences. In the United Kingdom, the lifetime economic burden of tooth decay is estimated at £18.9 billion, with £4.4 billion falling on the lowest-income population, highlighting the disproportionate impact of oral disease on disadvantaged communities[19].

Economic modelling further suggests that the long-term costs associated with untreated oral diseases increase substantially when preventive care is delayed. Analysis highlights how inequalities in access to prevention and treatment contribute to higher disease burden and greater long-term costs for both health systems and societies, reinforcing the economic case for earlier intervention and preventive strategies[10].

Poor oral health is estimated to **cost the global economy US$710 billion annually,** including **US$387 billion** in **direct treatment costs** and **US$323 billion** in **productivity losses**

Poor oral health can also affect the ability of individuals to secure employment. Evidence from the United States suggests that more than one in three low-income adults report that the condition of their mouth and teeth affects their ability to interview for a job, illustrating the wider labour-market consequences of untreated oral disease[6]. This is significantly above the rate reported among high-income adults.

Oral diseases also generate wider economic consequences through their links with systemic conditions. For example, periodontal disease has been associated with an increased risk of type 2 diabetes. Economic modelling suggests that effective management of gum disease in the United States could prevent approximately 2.9 million cases of diabetes and generate an estimated US$72 billion in economic benefits over 10 years through avoided healthcare costs and productivity gains[20].

Absenteeism and time lost from work

Oral diseases can affect individuals' ability to work through both acute episodes and ongoing treatment needs. Employees may require time away from work to seek dental care, particularly in cases of emergency treatment or unmanaged oral pain. These disruptions contribute to absenteeism and lost working hours across multiple sectors of the economy.

Country-level evidence further illustrates the scale of productivity losses associated with oral health conditions. In the United States, adults aged 18 and older lose more than 243 million work or school hours annually due to oral health problems. Lost productivity associated with untreated dental disease is estimated to cost the US economy approximately US$45 billion each year[21].

A national study conducted in Canada found that dental-related issues resulted in an average of 3.5 hours of lost working time per person per year, adding to a national 40 million lost work hours[22].

Adults in the United Kingdom miss an estimated 32 million work hours each year due to tooth decay, equivalent to around £605 million in lost productivity annually[19].

Similar patterns have been observed across other countries, where dental pain, untreated infections and urgent dental visits are frequently cited as causes of short-term work absence among working-age populations.

Absenteeism may also extend beyond individuals directly affected. For example, working-age parents and carers may require time away from work to manage children's oral health needs, particularly where untreated dental problems result in emergency care or repeated appointments. Workplace-based prevention and awareness initiatives targeting working-age adults may therefore contribute to broader family-level benefits, while also helping reduce indirect productivity losses.

Presenteeism and reduced work performance

In many cases, the economic impact of oral disease extends beyond absenteeism. A significant proportion of productivity loss arises from presenteeism, where individuals remain at work but experience reduced performance due to pain, discomfort or functional limitations. Workers experiencing oral health problems may face difficulties with speaking, eating or concentrating, as well as reduced confidence in workplace interactions, which can impair communication and overall work performance.

While some employees miss work for emergency dental visits (absenteeism), presenteeism may represent a larger and less visible burden, as workers remain physically present but their performance is affected by chronic pain, difficulty speaking or reduced confidence in workplace interactions[23].

Multiple studies in working adults associate periodontal disease, caries, tooth loss and oral-health-related quality of life with reduced work performance and productivity impacts. Evidence also suggests that untreated oral conditions can significantly affect concentration, technical performance and interpersonal functioning at work. In occupational health research conducted in Brazil, oral diseases have been linked to up to 20% of work absences and declines in productivity, reflecting the impact of dental pain and untreated infection on work performance[24].

Evidence also suggests a bidirectional relationship between occupational stress and oral health, with studies linking work-related stress to increased risk of periodontal disease. This may create a reinforcing cycle in which workplace stress contributes to deteriorating oral health, which in turn further undermines work

Workforce productivity and economic resilience

At a global level, productivity losses associated with oral diseases are estimated at US$323 billion each year, reflecting the cumulative effects of absenteeism, presenteeism and reduced work capacity among working-age populations[6]. On a per capita basis, this equates to an estimated annual productivity loss of approximately US$42 per person globally[6].

Working age represents a critical phase of life for maintaining health, productivity and economic participation. Work occupies approximately one-third of adult life[3] and nearly 60% of the global working-age population is in employment[4]. This positions the world's workforce as a major driver of economic well-being and development, highlighting an important opportunity to support prevention, early intervention and health promotion in workplace settings, including for oral health.

More broadly, economic and development research increasingly recognizes health as a core component of human capital, influencing productivity, employability and economic resilience across working-age populations[27].

The economic case for employer engagement

Evidence from broader NCD prevention demonstrates that preventive care and early intervention can reduce downstream healthcare costs and productivity losses among working-age populations. However, oral health remains an under-recognized and inconsistently integrated component of workforce health strategies.

Global economic analysis reinforces the importance of investing in workforce health. The World Economic Forum and the McKinsey Health Institute estimate that improving workforce health and well-being could unlock up to US$11.7 trillion in global economic value, highlighting the role of employee health as a strategic driver of productivity and sustainable growth[28].

Work is also increasingly recognized as a key determinant of health, with employers able to influence outcomes through modifiable factors including workplace environment, access to preventive services and health promotion programmes. Despite this potential, oral health remains inconsistently integrated within employer-led health and well-being frameworks.

The World Economic Forum and the McKinsey Health Institute estimate that **improving workforce health and well-being could unlock up to US$11.7 trillion in global economic value**

Analysis from the Organisation for Economic Co-operation and Development (OECD) similarly demonstrates that workplace health promotion programmes can reduce healthcare expenditure, decrease sickness absence and enhance productivity. OECD modelling suggests that scaling up workplace programmes addressing sedentary behaviour and promoting physical activity could improve employment and productivity equivalent to adding approximately 37,000 workers per year across 30 OECD countries, with an estimated economic return of approximately US$4 for every US$1 invested. Promoting employee health may also strengthen corporate image, support talent recruitment and retention and improve employee satisfaction and engagement[8].

Integrating oral health within these programmes therefore represents an important opportunity to strengthen workforce well-being while addressing a major but often overlooked contributor to productivity loss.

Together, these findings highlight that oral health is not only a clinical and public health issue but also a significant economic and workforce challenge, reinforcing the importance of integrating oral health within broader strategies to strengthen workforce health, productivity and economic resilience, including within workplace settings.

Provided by the Ministry of Health, Malaysia.

5. Global policy momentum for oral health in workplace settings

Taken together, global policy frameworks increasingly recognize oral health as integral to general health, universal health coverage (UHC) and sustainable development, emphasizing prevention and multisectoral action beyond clinical care. While workplaces are not always named explicitly as delivery settings, a strengthening mandate for employer engagement in oral health has emerged across global health, development and business frameworks.

FDI's *Vision 2030* and multisectoral responsibility

Vision 2030 establishes oral health as a core component of general health, UHC and sustainable development. The framework's emphasis on upstream prevention, equity and collaboration across non-health sectors provides a clear policy mandate for employer engagement[2].

FDI's Advocacy in Action: the Role and Value of Industry further emphasizes that achieving universal coverage for oral health requires coordinated action across sectors, including industry and the private sector. The report highlights the challenge of translating global commitments into practical action beyond traditional clinical environments, reinforcing the need for stronger focus on occupational oral health[12].

Sustainable development and business responsibility

The Sustainable Development Goals (SDGs) provide a clear global mandate for multisectoral action on health and well-being[29]. SDG 3 (good health and well-being) calls for progress on UHC (target 3.8) and the prevention and management of NCDs (target 3.4), while SDG 17 explicitly recognizes partnerships between governments, civil society and the private sector as essential to achieving sustainable development outcomes.

Building on this, the UN Global Compact[30] provides a framework for businesses to embed health within corporate strategy, workforce policies and operational practices. Through its emphasis on employee well-being, occupational health and safety, mental health and prevention, the UN Global Compact positions employers as critical actors in advancing SDG-aligned health outcomes.

Oral health within the global NCD agenda

The Political declaration of the fourth High-Level Meeting of the UN General Assembly on the *prevention and control of noncommunicable diseases and the promotion of mental health and well-being (HLM4)*[31] explicitly recognizes oral diseases as a major, largely preventable contributor to the global NCD burden, affecting 3.7 billion people worldwide. The declaration calls for scaled-up action through health promotion, prevention, early detection and treatment, delivered through multisectoral strategies and integrated into primary healthcare and UHC.

Importantly, the declaration emphasizes the creation of health-promoting environments beyond the health sector, including safe, supportive and decent working conditions, and calls on the private sector to strengthen its contribution to NCD prevention and health promotion.

> **Article 56:** scale up services to address the excessively high rates of oral health conditions through health promotion, prevention, early detection and treatment, applying multisectoral strategies and integrating oral health services into primary health care and universal health coverage.

WHO policy frameworks and explicit recognition of workplaces

The *Bangkok Declaration – No health without oral health*[32] reaffirms oral health as an integral component of NCD prevention, UHC and sustainable development, and calls for accelerated, multisectoral action to address persistent implementation gaps. The declaration highlights that oral health cannot be delivered by health systems alone, highlighting the role of private sector actors in prevention, promotion and access. While workplaces are not consistently named as delivery settings, the emphasis on upstream action, shared responsibility and real-world implementation strengthens the mandate for employer engagement across both private and public-sector workplaces, including through partnerships that reflect national eligibility and coverage contexts.

The WHO *Global strategy and action plan on oral health 2023–2030* positions oral health as an essential component of UHC, calling for the integration of prevention, early detection and treatment within primary healthcare systems. Within this framework, workplaces are formally recognized as a setting for action. Action 44 calls for the implementation of occupational oral health measures through good corporate practices, workplace health and well-being programmes and health insurance coverage for employees, adapted to country context[7].

> **Action 44:** Implement occupational oral health measures: Strengthen the commitment and contribution to oral health by implementing measures at the workplace, including through good corporate practices, workplace health and wellness programmes and health insurance coverage for employees, according to country context.

Action 44 of the WHO *Global strategy and action plan on oral health* operationalizes the World Health Assembly's endorsement[33] of the private sector's role in strengthening oral health responses, explicitly calling for occupational oral health measures through workplace well-being programmes, good corporate practices and health insurance plans, adapted to country context.

Earlier, the World Health Assembly resolution on oral health[34] had already called for a shift from curative approaches towards prevention, including the promotion of oral health within families, schools and workplaces, and highlighting the economic and productivity impacts of poor oral health, including absenteeism and reduced workforce participation.

Provided by the Ministry of Health, Malaysia.

Policy signals from national oral health strategies

In addition to global policy frameworks, several countries have begun to incorporate prevention-focused approaches and multisectoral collaboration within national oral health strategies and action plans. These strategies increasingly emphasize population health, early detection and prevention, alongside stronger integration of oral health within broader health and public health systems.

Many national plans highlight the importance of engaging sectors beyond traditional health services, including community settings and the private sector. This shift reflects growing recognition that improving oral health outcomes requires action across multiple environments where people live, learn and work.

In some cases, national oral health strategies also acknowledge the potential role of workplaces and occupational health systems in expanding access to prevention, screening and health promotion among working-age populations. Although practical guidance for workplace implementation remains limited, these policy signals suggest an emerging opportunity to strengthen alignment between national oral health strategies and workplace health initiatives.

Selected examples of national oral health strategies referenced in this report illustrate how prevention and multisectoral collaboration are being translated into national policy frameworks. These examples highlight policy signals and potential entry points for workplace oral health.

Operational examples of workplace initiatives are explored later in the report through evidence spotlights.

Health system strategies expanding prevention beyond clinical settings

Some national oral health strategies increasingly recognize the importance of reaching adults beyond traditional dental services and embedding prevention across the life course.

IRELAND – life course prevention and workplace settings

Ireland's national oral health policy *Smile agus Sláinte (Smile and Health)*[35] highlights the importance of targeted oral health promotion programmes to address inequalities across the life course. The policy recognizes that oral health promotion should extend beyond traditional clinical settings and be delivered across a range of community environments, including workplaces, schools and residential care settings.

UNITED KINGDOM – future model of dentistry and prevention across the life course

A policy briefing from the National Health Service (NHS) Confederation[36] examining the future model of dentistry across England, Wales and Northern Ireland highlights the importance of maintaining prevention across the life course and reaching adults beyond traditional clinical settings. The briefing identifies workplaces, pharmacies and community venues as potential platforms for engaging adults who have limited access to routine dental care or lower health literacy.

Multisectoral prevention across everyday environments

Other national oral health strategies emphasize prevention through collaboration across multiple settings where people live, learn and work.

AUSTRALIA – multisectoral prevention across everyday settings

Australia's Healthy Mouths, *Healthy Lives: National Oral Health Plan 2015–2024*[37] highlights the importance of addressing oral health through collaboration across non-dental settings. The plan emphasizes embedding oral health standards and policies in environments such as preschools, schools, workplaces and aged care services to strengthen prevention and improve population oral health outcomes.

While this plan covered the period 2015–2024, it continues to represent Australia's most recent completed national oral health strategy. A new national oral health plan 2025–2034[38] is currently being developed, reflecting ongoing policy attention to strengthening prevention and system integration.

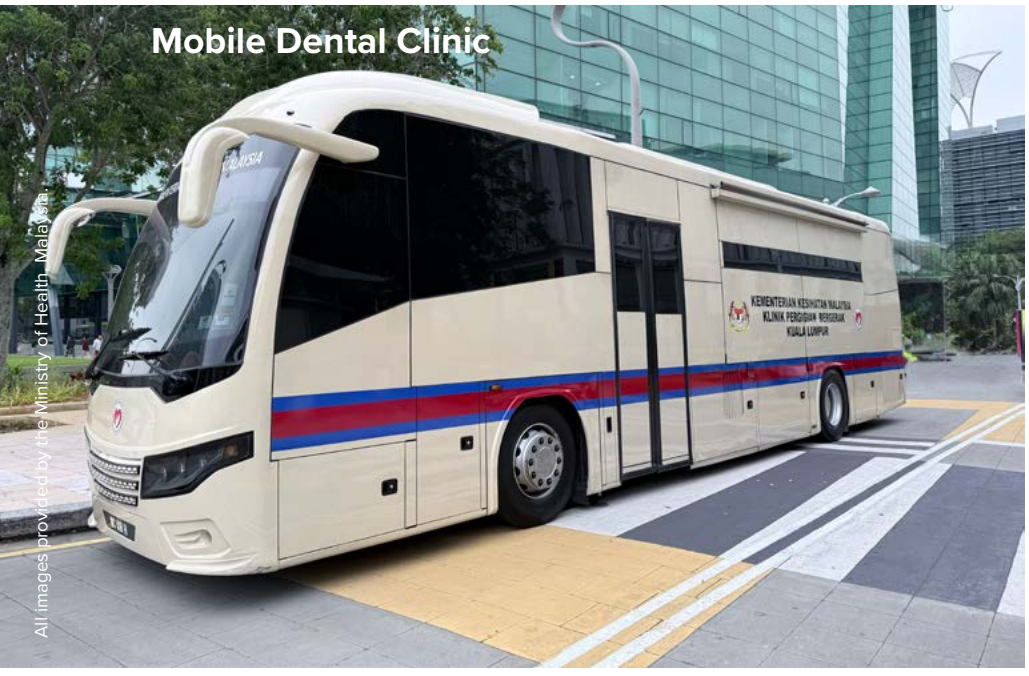
MALAYSIA – integrating oral health within national workplace health promotion frameworks

Malaysia provides an example of how oral health can be embedded within broader national workforce health strategies. The Ministry of Health Malaysia has integrated oral health within the *KOSPEN, Komuniti Sihat Pembina Negara (KOSPEN), translated as "Healthy Communities, Building the Nation" WOW (Wellness of Workers)* initiative[39], which forms part of the country's wider national health promotion and NCD prevention efforts. KOSPEN WOW is a community-based health intervention programme in Malaysia aimed at addressing NCD risk factors. It focuses on prevention, early detection and interventions to help tackle NCDs.

Under this framework, workplace-based health promotion activities are delivered across multiple settings, including government institutions, private sector employers, universities and industrial workplaces. Oral health promotion and screening activities are delivered alongside broader health initiatives, including NCD screening, lifestyle counselling and health education.

This integrated approach reflects a common risk factor strategy, positioning oral health within broader workforce health priorities such as tobacco cessation, nutrition, physical activity and mental well-being. Embedding oral health within national workplace health promotion frameworks supports scalability, sustainability and cross-sector collaboration.

Malaysia is explored further in an evidence spotlight later in this report.



All images provided by the Ministry of Health, Malaysia.

MAURITIUS – integrating oral health promotion across community and workplace settings

Mauritius' *National Action Plan for Oral Health 2022–2027*[40] highlights the role of community-based prevention programmes delivered across multiple settings, including schools, community centres and workplaces. Oral health promotion activities include public education, distribution of information materials, demonstrations of toothbrushing techniques and screening for oral diseases, reflecting a prevention-oriented approach to population oral health.

Mauritius is explored further in an evidence spotlight later in this report.

Workplace and economic policy frameworks enabling prevention

In some countries, broader workforce or economic policy frameworks are creating opportunities for workplace-based health promotion, including oral health.

JAPAN – health and productivity management framework

Japan provides an example of how broader economic and workforce policy can encourage employer investment in health promotion, including oral health. The Ministry of Economy, Trade and Industry (METI) promotes a national "health and productivity management" initiative that encourages companies to integrate employee health into corporate strategy and organizational performance[41].

Under this framework, companies demonstrating strong health promotion practices may receive recognition through the "White 500" certification programme. Preventive health measures encouraged within these programmes include regular employee health screenings, health education initiatives and, in some cases, dental check-ups as part of broader workforce health strategies.

SINGAPORE – workplace outreach wellness programme

Singapore provides an example of how national public health agencies are supporting the delivery of preventive health services in workplace settings. The Health Promotion Board (HPB) has implemented the *Workplace Outreach Wellness (WOW)* programme as part of its broader workplace health strategy[42].

Through this initiative, employers can receive government support to deliver health promotion activities directly within workplace environments. These programmes may include health screenings, preventive education and workplace-based health promotion activities designed to improve employee well-being and reduce avoidable health-related absence.

Workplace health initiatives under the WOW programme have also included oral health education and screenings delivered on-site. More recently, elements of the programme have begun transitioning towards digital delivery models through Singapore's national Healthy 365 platform[43].

This approach illustrates how public health agencies can facilitate employer engagement in prevention by providing structured programmes and co-funding mechanisms that enable workplace health promotion, including oral health initiatives.

SOUTH KOREA – national health insurance and preventive dental care

South Korea provides an example of how national health insurance systems linked to employment can support preventive oral healthcare for working-age populations. The country's National Health Insurance Service (NHIS), originally developed as an employment-based system, now provides universal coverage including preventive services such as dental scaling, with evidence showing higher uptake among individuals participating in national health screening programmes[44].

Under the scheme, adults are eligible for regular preventive dental care, including scaling (professional dental cleaning), as part of national efforts to promote oral health and prevent periodontal disease.

Evidence also suggests that the expansion of coverage alone does not eliminate inequalities in utilization. Despite universal access, differences in uptake persist across socioeconomic groups, indicating that financial access is only one determinant of preventive service use[44].

While the programme is delivered through the national health system rather than through employer-led workplace services, the model illustrates how employment-linked health insurance can support preventive oral healthcare for working-age populations. It also highlights the importance of delivery models that connect coverage with engagement, including approaches that bring prevention closer to individuals, such as workplace-based interventions.

National policy reflections

Together, these examples illustrate how national policy frameworks are increasingly recognizing the importance of prevention, multisectoral collaboration and engagement beyond traditional clinical settings. While the role of workplaces in oral health promotion remains unevenly developed, many national frameworks still stop short of defining clear actions, implementation pathways or accountability mechanisms for employer engagement. In addition, workplace conditions and employment quality are rarely recognized explicitly as social determinants influencing oral health outcomes and access to care. These policy signals suggest growing opportunities to strengthen the integration of oral health within workplace health and occupational health systems.

Persistent implementation gap

Despite growing policy momentum, implementation remains uneven, with limited practical guidance and fragmented delivery across settings. The World Economic Forum has similarly highlighted the private sector's potential role in embedding oral health within corporate practices, workplace well-being programmes and employer-provided health insurance, while noting the lack of practical guidance to support employer action[3].

Engagement with international organizations working on labour and economic policy, including the International Labour Organization (ILO) and the Organisation for Economic Co-operation and Development (OECD), suggests that occupational oral health is not currently within the scope of existing workplace health frameworks. This highlights an opportunity for stronger alignment between global oral health commitments and labour policy frameworks.

Recent research has also highlighted that workplace oral health promotion initiatives are rarely designed or evaluated using structured health promotion frameworks. Limited use of such frameworks has constrained scalability, consistency and the ability to demonstrate value for employers and policymakers[45].

Linking universal health coverage and workforce health

Although oral health is increasingly recognized within UHC frameworks, access to preventive and treatment services remains uneven in many countries, particularly for working-age populations who may fall outside publicly funded programmes or face barriers related to time, cost or service availability.

In this context, workplace settings present a complementary opportunity to expand prevention, early detection and access to care. Integrating oral health within workplace and occupational health systems can therefore support broader UHC objectives while also contributing to workforce well-being, productivity and economic resilience.

Policy implications

Global policy frameworks now provide a clear mandate for employer engagement in oral health through prevention, health promotion and multisectoral collaboration. However, the gap between policy ambition and operational guidance remains substantial. Bridging this gap will require practical frameworks, real-world case studies and implementation tools capable of translating global commitments into action within everyday work environments.

Policy insight: *aligning workplace oral health with universal health coverage principles*

> **If we want to move forward, workplace oral health should align with Universal Health Coverage and ensure that no one is left behind.**
>
> **Dr Benoît Varenne,**
> Technical Lead for Oral Health,
> World Health Organization

Insights from the WHO highlight a growing gap between global policy ambition and real-world implementation of workplace oral health initiatives. While the *WHO Global strategy and action plan on oral health 2023–2030*[7] establishes a clear mandate for action, including Action 44 on occupational oral health, implementation across workplace settings remains at an early stage globally.

From the WHO perspective, workplace oral health should be considered within existing occupational health services, aligned with broader NCD prevention strategies and supported through employment based financial protection mechanisms to help ensure workers' access to prevention and treatment without financial hardship.

Interview source:
Varenne B. Technical Lead for Oral Health, World Health Organization.

Stakeholder interview conducted 26 February 2026.

Provided by the Ministry of Health, Malaysia.

6. Implementation pathways for work-place oral health: evidence spotlights

Workplace oral health is developing through multiple structural routes rather than a single, standardized approach. Across jurisdictions and sectors, implementation is taking shape within regulatory systems, occupational health services, public health outreach programmes and employer or insurer-led prevention models.

However, translating policy ambition into practice remains a key challenge.

Drawing on literature review and stakeholder interviews, this report identifies four distinct implementation pathways, supported by evidence spotlights and real-world operational insights.

This typology provides a structured view of how workplace oral health is being operationalized in practice and where opportunities for scale and alignment may lie.

» Overview of implementation pathways

Cross-cutting workplace health promotion policies, **such as tobacco-free workplace initiatives, healthy food access and wider employee well-being programmes,** may support oral health outcomes and reinforce prevention across multiple pathways.

The pathways are illustrated through selected evidence spotlights drawn from available literature and stakeholder interviews. These examples are intended to be illustrative rather than exhaustive, reflecting the uneven but growing evidence base across workplace-linked implementation approaches.

Regulatory or hazard-anchored models

Definition

Regulatory or hazard-anchored models integrate oral health into workplace systems where specific occupational risks are formally recognized. In these contexts, dental surveillance, screening or preventive measures are mandated or strongly encouraged in response to defined exposure risks such as acid mists, dust, chemical agents and other environmental hazards. These exposures may contribute to dental erosion, mucosal irritation and related conditions, often compounded by heat stress, dehydration and limited access to hygiene facilities. This reinforces the importance of integrating oral health within occupational risk assessment, surveillance and prevention systems.

Driver

Compliance with occupational safety regulations and risk mitigation requirements.

Where it is strongest

Industrial and manufacturing settings where health surveillance systems are already established.

Strength

Institutional legitimacy and structured employer accountability.

Limitation

Typically limited to exposure-linked risks rather than broader preventive oral health for the entire workforce.

SPOTLIGHT

JAPAN –
Occupational oral health within industrial safety regulation
(Hazard-anchored model)

Context

Under Japan's *Industrial Safety and Health Act*, employers with more than 50 employees must provide annual medical check-ups. Dental examinations, however, are not universally required[46].

Intervention

Only workers engaged in acid-producing environments are mandated to receive special dental check-ups every six months for the prevention and early detection of tooth erosion. This requirement links oral health surveillance directly to defined occupational exposure risk[46].

Results

Oral health is formally embedded within occupational health regulation where a specific hazard exists. Dental monitoring is therefore structured, risk-based and employer-accountable, rather than framed as voluntary workplace well-being.

Lessons for implementation

Hazard-anchored regulation provides a pragmatic entry point for integrating oral health into workplace systems. Linking dental surveillance to clearly defined exposure risks offers a focused and scalable pathway for occupational oral health integration.

Occupational health-embedded models

Definition

Occupational health-embedded models integrate oral health into existing workplace medical infrastructure, such as annual health check-ups, occupational clinics or workforce well-being programmes. Oral health activities may include screening, education, referral or limited preventive services delivered within established occupational health systems.

Driver

Operational convenience and alignment with existing workforce health processes.

Where it is strongest

Medium to large employers with structured occupational health services.

Strength

Low-burden integration into existing systems, increasing feasibility and uptake. Evidence also suggests that workplace-based dental screening may reduce disruption to working time. A study of Japanese workers found that employees receiving dental check-ups at the workplace experienced significantly fewer days of absence due to dental visits compared with those receiving check-ups only at external dental clinics[47].

Limitation

Often limited in scope, with variable monitoring and limited formal outcome measurement.

SPOTLIGHT

BRAZIL –
Workplace-based oral health programme in an industrial setting (Bahia) *(Illustrative occupational health–embedded model)*

Context

In 2018, a major oil company in Bahia implemented a preventive oral health programme within its occupational health service, targeting a workforce operating in an industrial setting[48].

Intervention

Over 700 workers received oral examinations using intraoral cameras, assisted toothbrushing sessions and education on plaque control and prevention. The programme was delivered by occupational dentists and oral health technicians and embedded within the company's existing workplace health structure[48].

Results

Oral hygiene assessments indicated that 56% of participants achieved good hygiene standards and 35% achieved regular hygiene standards. A low prevalence of periodontal disease was reported, with 95.9% of workers free from periodontal disease. Periodontal disease was associated with poor oral hygiene, smoking, hypertension and diabetes. The programme was also associated with reduced absenteeism and increased engagement in preventive self-care[48].

Lessons for implementation

Employer-embedded preventive programmes can improve oral health literacy and support management of shared risk factors for systemic disease. When delivered through established occupational health services, such interventions demonstrate potential links to productivity, absenteeism reduction and workforce engagement.

SPOTLIGHT

JAPAN –
Short workplace oral health promotion programme
(Occupational health–embedded model)

Context

Within an educational enterprise in Japan, oral health promotion was integrated into routine annual workplace medical check-ups, using existing occupational health infrastructure as the delivery platform[49].

Intervention

A voluntary, company-wide programme provided brief 3–5-minute screenings for periodontal disease and dental caries, salivary testing and personalized oral hygiene instruction delivered by dental professionals. The intervention was embedded within established workplace health checks, minimizing disruption to workflow[49].

Results

Employees who participated in two or more sessions incurred significantly lower dental, periodontal and overall medical care expenditures compared with non-participants. The programme was also associated with increased preventive dental attendance and improved oral health behaviours[49].

Lessons for implementation

Embedding short, low-burden oral health interventions into existing occupational health systems can generate measurable health and cost benefits. Integration into routine health checks enhances feasibility, employer acceptability and scalability, positioning oral health as a natural component of workforce well-being strategies rather than as a standalone benefit.

Public health–anchored outreach models

Definition

Government-led or publicly anchored workplace outreach models involve public health authorities or publicly supported initiatives delivering oral health promotion, screening or referral within workplace settings as part of broader national or sector-level strategies. In these models, employers primarily serve as access points for reaching working populations rather than as direct service providers or primary financiers.

Driver

Public health mandate to extend preventive services to working-age populations.

Insights from global oral health programmes emphasize that prevention-focused approaches offer the most scalable pathway for improving population oral health outcomes. Stakeholder interviews highlighted the importance of simple behavioural prompts and clear referral pathways that enable non-dental actors to support early identification and prevention, reinforcing the relevance of workplace-based awareness and screening initiatives.

Interview source:
Dominguez M. Director, Global Oral Health Programs, Smile Train.
Stakeholder interview conducted 12 February 2026.

Where it is strongest

Settings with strong public oral health infrastructure and centralized health planning.

Strength

Equity-oriented and aligned with national population health objectives, these models can reach working-age populations who may otherwise face barriers to preventive oral healthcare.

Emerging qualitative evidence also suggests that workplace-based oral health promotion is perceived as beneficial for employees' oral and psychosocial well-being as well as organizational outcomes including productivity, engagement and retention. Stakeholders note that poor oral health can contribute to distraction, reduced concentration and absenteeism, while workplace-based promotion may improve morale and work-force stability. Successful implementation, however, depends on leadership commitment, adequate resources, collaboration and long-term sustainability[50].

Limitation

Often resource-constrained, with limited long-term evaluation or employer co-investment.

SPOTLIGHT

MALAYSIA – Integrated workplace oral health within national workforce health programmes

(Occupational health–embedded model)

Context

Workplace oral health in Malaysia is embedded within the national *KOSPEN WOW (Wellness of Workers)* initiative[39], which forms part of broader national health promotion and prevention strategies led by the Ministry of Health. Unlike standalone workplace dental outreach initiatives, oral health has been progressively integrated within broader workforce health programmes addressing NCD prevention, lifestyle risk factors and employee well-being.

This integrated approach reflects a whole-of-government model aligned with Malaysia's national health promotion strategy and long-term population health goals. Oral health is positioned alongside broader workforce health priorities, including healthy eating, physical activity, smoking cessation, mental health and NCD prevention, supporting a common risk factor approach.

This policy-anchored framework enables oral health to be delivered as part of broader workforce health initiatives rather than as a standalone intervention, supporting scalability and sustainability across sectors.

Intervention

Malaysia adopts a flexible, multi-modal delivery model for workplace oral health. A mobile dental bus/team is deployed to workplace settings to provide oral health screening, scaling and cleaning, basic restorations, simple extractions, oral cancer screening and referral pathways for specialist care. Oral health promotion activities, including oral health promotion exhibitions and education sessions, such as mouth self-examination and prevention campaigns, are delivered alongside clinical services, supporting awareness, literacy and workforce engagement.

The KOSPEN WOW initiative operates across a comprehensive spectrum of environments, including government ministries, banking institutions, universities and private sector industries, utilizing mobile teams to bridge the gap for employees in underserved or high demand settings. This Ministry of Health-led delivery is powered by regional oral health teams, while employers play a pivotal role by providing on-site space and facilitating workforce engagement. By bringing services directly to the workplace, the programme effectively eliminates traditional barriers to care, ensuring oral health is accessible to everyone, from civil servants to industrial workers.

A distinguishing feature of the Malaysia model is the integration of oral health within broader workplace well-being initiatives, operationalizing the principle that there is **'No Health without Oral Health.'** By delivering oral screenings alongside NCD checks, blood pressure monitoring and mental health awareness, this one-stop model supports holistic workforce well-being and reinforces a common risk factor approach.

Additional programme enablers include engagement of nurses and workplace health personnel, use of technology and electronic systems, health literacy initiatives, social media communication, certification approaches to encourage employer participation and government funding to support programme scale and continuity.

Results

Malaysia has demonstrated scalable implementation across multiple workplace sectors, supported by national policy alignment and flexible delivery models. The programme has enabled integration of oral health within broader workplace health initiatives and expanded access to preventive oral health services across diverse workforce populations. This initiative's success is evidenced by the comprehensive participation of nearly 80% of the target ministries around the Ministry of Health Headquarters in Putrajaya, effectively embedding oral health screening into the broader framework of national workplace health initiatives.

Monitoring systems include electronic dental information systems, screening data capture and programme monitoring indicators, supporting ongoing evaluation and programme refinement. These systems enable tracking of service utilization and support continuous improvement of delivery approaches.

Implementation examples include mobile dental teams, education sessions and multisector workplace outreach, demonstrating the programme's flexibility and operational feasibility across diverse workplace settings.

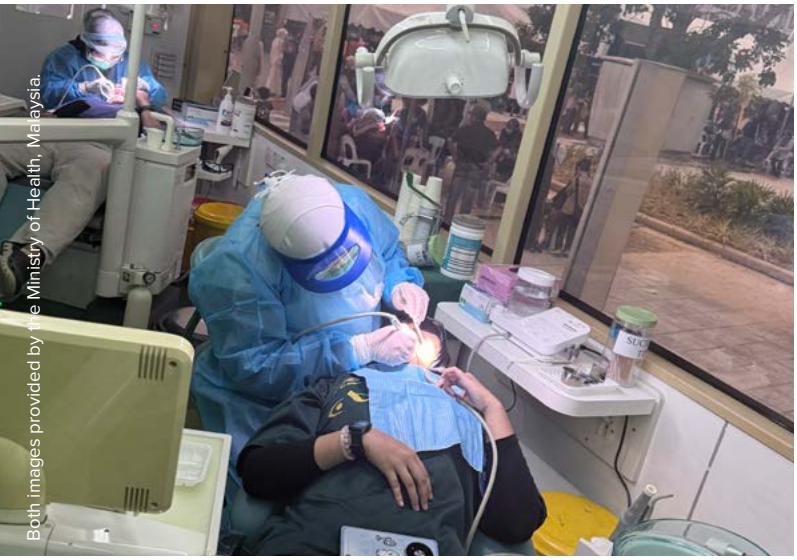
Lessons for implementation

Malaysia demonstrates how oral health can be embedded within broader workforce health strategies through policy alignment, flexible delivery models and multisector collaboration. Integration within national health promotion frameworks supports scalability, while combining prevention, screening and education strengthens long-term impact.

The model also highlights the importance of programme enablers, including workforce engagement, health literacy, digital systems and employer collaboration, in supporting sustainability. Malaysia's approach illustrates how workplace oral health can move beyond standalone outreach to become part of integrated workforce health systems, supporting prevention, early detection and improved population health outcomes.
Long-term strategic objectives towards 2030 include expanding workplace oral health coverage, strengthening prevention and early detection, increasing employer engagement and further integrating oral health within broader NCD prevention strategies. These goals reinforce the sustainability and scalability of integrated workplace oral health programmes.

Interview source:
Bin Jaapar M. Deputy Director of Health (Oral Health), Ministry of Health, Malaysia.
Stakeholder interview conducted 25 March 2026.

Acknowledgements:
- Director General of Health, Malaysia
- Public Health Programme, Ministry of Health, Malaysia



Both images provided by the Ministry of Health, Malaysia.

SPOTLIGHT

MAURITIUS – Ministry-led mobile workplace oral health delivery

(Government-led workplace outreach model)

Context

Workplace settings are explicitly referenced in Mauritius' *National Action Plan for Oral Health (2022–2027)*[40]. Oral health promotion and prevention are led by the Directorate of Dental Services within a UHC framework, where public dental care and medication are provided free of charge.

The workplace initiative forms part of a broader national oral health promotion programme targeting workers alongside other population groups, including school children, vulnerable communities and older adults. This integrated approach reflects Mauritius' focus on prevention, outreach and early intervention across community and workplace settings.

Intervention

A fully equipped mobile dental clinic staffed by public-sector dental teams is deployed to workplaces across government ministries, state-owned enterprises and private sector employers. Services include screening for caries, periodontal disease and oral cancer, scaling and cleaning, basic restorations, simple extractions and referral to regional public hospitals for specialist care.

Workplace outreach is complemented by oral health promotion and prevention activities delivered on-site. These include awareness presentations, toothbrushing demonstrations, preventive counselling and distribution of oral health education materials. Broader health promotion messages, including nutrition, sugar reduction and tobacco cessation, are also integrated into workplace sessions, reflecting a prevention-focused approach.

Initial rollout began within government ministries and public sector workplaces and has since expanded to factories, financial institutions, telecommunications companies, hotels and community organizations. The programme now reaches a wide range of occupational settings, including industrial workplaces and underserved worker populations. Employer demand is increasingly proactive, with repeat annual bookings and calendar capacity filled months in advance.

Results

Approximately 200 outreach events were delivered within a recent 12-month period. Workplace delivery has enabled access for shift workers, factory workers including foreign workers and other underserved populations. While formal monitoring and evaluation data are limited, sustained employer demand indicates perceived value and operational feasibility.

Lessons for implementation

Government-led mobile delivery can provide a scalable pathway for workplace oral health integration, particularly within UHC systems. On-site access reduces time and financial barriers, while employer participation enables reach across diverse workforce populations. The integration of prevention, education and early detection further strengthens the potential impact of workplace-based oral health programmes.

However, long-term sustainability requires investment in workforce capacity, monitoring frameworks and outcome measurement.

Interview source:
Gobin-Beharee R. Oral Health Coordinator, Ministry of Health and Wellness, Mauritius.
Stakeholder interview conducted 26 February 2026.

All images provided by the Ministry of Health and Wellness, Mauritius.

SPOTLIGHT

NEW ZEALAND –
Aged care sector workplace oral health promotion

(Publicly anchored sectoral outreach model)

Context

The aged care sector in New Zealand is predominantly publicly funded, although services are delivered through a mix of public, private and not-for-profit employers. This creates a sector-wide policy framework within which workplace health initiatives can be introduced[51].

Intervention

A qualitative workplace oral health promotion programme was piloted among community-based aged care workers. The intervention combined oral health education, practical guidance and workplace-delivered sessions tailored to fit within existing work schedules[51].

Results

Participants reported improved oral health knowledge, changes in self-care behaviours and perceived benefits for well-being and work performance. Feasibility depended strongly on organizational support, provision of paid time to attend and alignment with working patterns[51].

Lessons for implementation

In publicly anchored sectors, workplace oral health promotion can be legitimized at a policy level while operationalized through diverse employer types. Successful delivery depends less on formal mandates and more on sector alignment, organizational facilitation and integration into workforce support structures.

Employer and insurer–enabled prevention and access models

Definition

Employer and insurer–enabled models integrate oral health into workforce systems through benefit design, financing mechanisms or employer-facilitated service access. These models are initiated and sustained by employer or market incentives, including workforce well-being, cost management and corporate health strategy.

This pathway operates through two related mechanisms:

1. **Benefit and financing integration, where oral health is embedded within insurance design, data systems or chronic disease management frameworks.**
2. **Employer-enabled access models, where employers facilitate or contract services to improve convenience and uptake within the workforce.**

Driver

Workforce well-being, productivity, cost management and strategic benefit design.

Where it is strongest

Large employers, multinational corporations and systems with mature employer-sponsored insurance markets.

Strength

Ability to leverage financing architecture, benefit design and employer engagement to scale preventive access within insured workforces.

Limitation

Access is often contingent on employment status, employer capacity and insurance generosity, creating potential equity gaps and variability across sectors.

SPOTLIGHT

Benefit and financing integration

UNITED STATES – Insurer-led medical–dental integration

(Employer / insurer prevention integration model)

Context

In the United States, employer-sponsored health coverage provides a major platform for benefit design innovation. Large insurers have begun integrating medical and dental data to better align prevention strategies across chronic disease management[52, 53].

Intervention

Medical–dental integration programmes use combined claims and risk data to identify individuals at higher risk of conditions such as diabetes and cardiovascular disease. Targeted preventive dental outreach and care navigation are then deployed through employer-sponsored plans. Employers are engaged through value propositions linked to cost containment, productivity and chronic disease management[52, 53].

Results

These models position oral health as a lever within broader health system performance and cost management strategies. While uptake varies by employer and plan design, integration creates structured pathways for case-finding and preventive engagement beyond standalone dental benefits[52, 53].

Lessons for implementation

Benefit design and data integration represent powerful tools for scaling prevention within insured workforces. However, impact depends on employer adoption, incentive alignment and safeguards to ensure equitable access, particularly for lower-income or precariously employed workers.

SPOTLIGHT

UNITED KINGDOM –
Workplace dental plans within employee benefit design

(Employer / insurer prevention integration model)

Context

In England, access to NHS dental services has become increasingly constrained for working-age adults, reflecting wider challenges in access to care across the UK[54]. In this context, employer-sponsored dental plans have re-emerged as part of broader workforce well-being strategies[55].

Intervention

A Employee benefit providers have introduced workplace dental plans framed around preventive access, routine check-ups and financial protection against rising dental costs[55]. These plans are typically embedded within wider corporate well-being portfolios rather than operating as standalone clinical programmes. Some newer models are also described as digital-first services[55], offering remote advice, helplines and integration with wider workplace well-being platforms.

Results

Employer-sponsored dental benefits signal growing interest in oral health as part of workforce health strategy, particularly among medium and large employers. Uptake varies by sector and employer size, reflecting differences in benefit budgets and workforce composition.

Lessons for implementation

Benefit design can reduce access barriers and normalize preventive care within employed populations. However, reliance on employer-sponsored coverage risks reinforcing inequalities where workers are in precarious employment, part-time roles or small enterprises without structured benefit packages. Equity safeguards and alignment with public systems remain critical considerations.

SPOTLIGHT

COLGATE-PALMOLIVE COMPANY – integrated corporate well-being architecture

(Employer / insurer prevention integration model – illustrative example)

Context

Large multinational employers are increasingly framing employee health through holistic well-being strategies that integrate physical, mental and preventive care. Within this context, oral health is increasingly being embedded rather than positioned as a standalone benefit.

Intervention

Colgate-Palmolive's internal employee health model includes no-cost preventive dental care, comprehensive insurance coverage extending to families and integration of oral health within broader physical and mental well-being programmes. Oral health is not presented as a separate initiative but as a component of an integrated workforce health architecture.

Results

While formal public evaluation data are limited, the model reflects deliberate alignment between prevention, insurance design and workforce well-being. The approach also demonstrates how corporate advocacy can elevate oral health within broader health pledges and industry forums.

This is complemented by broader external engagement, including a multi-year partnership between Colgate-Palmolive and the WHO Foundation to support broader oral health education, policy development and integration into national health systems[56, 57].

Lessons for implementation

Embedding oral health within holistic well-being frameworks may increase employer acceptability and reduce the risk of fragmentation. Corporate leadership and advocacy appear critical in preventing oral health from being omitted from broader health strategies.

However, integration remains constrained in many settings, as dental and general health benefits are often financed and delivered separately, creating structural barriers to alignment.

Expanding access to low- or no-cost preventive services may support earlier adoption of healthy behaviours and improve long-term outcomes for both employees and employers. Implementation remains uneven globally and is influenced by corporate structure, geography and insurance systems.

Interview source:
Ryan M. Executive Vice President and Chief Clinical Officer, Colgate-Palmolive Company.

Stakeholder interview conducted 24 February 2026.

Both images provided by Colgate-Palmolive Company

SPOTLIGHT

Employer-enabled access and service delivery

AUSTRALIA –
Mobile workplace dental delivery
(Emerging employer-enabled model)

Context

In Australia, most adult dental care is privately financed through out-of-pocket payments or voluntary private health insurance. Workplace oral health programmes are not widely institutionalized within occupational health systems, creating opportunities for service innovation led by private providers.

Intervention

Dental On Demand delivers portable dental services directly in workplace settings using mobile clinical equipment. Services include oral examinations, oral cancer screening, scale and polish, fluoride application, X-rays and selected restorative procedures.

Workplace delivery became an active focus approximately six months prior to the interview, following a partnership with a mobile optometry provider already serving schools and workplace settings.

A typical workplace visit involves pre-scheduled appointments arranged with the employer.
Operational characteristics include:

- ***approximately 5–8 employees seen per day***
- ***consultations lasting 40–60 minutes***
- ***services delivered during normal working hours***

The programme currently operates primarily within Sydney and surrounding metropolitan areas, with coverage extending up to approximately 100 kilometres from the city centre. Mobile service delivery is currently equipment-based, with a dedicated mobile trailer unit under development to expand future operational capacity.

Results

Early feedback suggests strong employee appreciation for the convenience of accessing dental care on site, avoiding travel, waiting rooms and time away from work to attend dental appointments. Employers generally frame the service as a convenience-based staff benefit or workplace well-being perk, rather than as a formal health benefit programme.

In most cases, employees currently pay for services individually, with some able to claim reimbursement through private health insurance where available.

Lessons for implementation

Mobile workplace dental delivery demonstrates how employer-enabled access models can reduce practical barriers to preventive oral healthcare. However, scaling such models may depend on employer engagement, financial incentives and effective workplace communication to support participation.

Interview source:
Taheri S. Founder, Dental On Demand (Australia).

Stakeholder interview conducted 4 March 2026.

Strategic observation

Together, these pathways demonstrate that workplace oral health is emerging through multiple structural routes rather than a single, standardized approach. They reflect different actors, incentives and accountability mechanisms within the ecosystem. Understanding these pathways helps policymakers, employers and health systems identify entry points for scaling prevention and improving workforce health.

7. Emerging trends and innovations in workplace oral health

Emerging operational approaches are beginning to shape how oral health is delivered within workplace settings. These innovations reflect broader shifts in workplace health delivery.

Although long-term evaluations remain limited, emerging operational trends suggest growing employer demand for practical solutions that reduce disruption, absenteeism and access barriers.

EMERGING WORKPLACE TRENDS

1.

Virtual-first dental access
(Teledentistry)

Some employers are adopting virtual dental consultation platforms, such as Toothfairy in the United Kingdom, enabling employees to access professional advice remotely during a lunch break or outside standard clinic hours[58]. These services are typically positioned as triage or early-intervention tools, aiming to prevent minor oral health issues from escalating into pain, distraction or emergency appointments that disrupt work.

Signal

Convenience and early case-finding are valued, particularly where time off work is a major barrier to care.

2.

Behavioural incentives and gamified prevention

A small but growing number of benefit models, such as Beam Benefits in the United States[59], incorporate behavioural incentives that reward consistent oral hygiene practices or preventive engagement through reduced deductibles, premium adjustments or well-being "perks". These approaches align oral health with broader workplace well-being strategies.

Signal

Employers and insurers are testing whether prevention-focused incentives can improve engagement and reduce downstream costs, although independent evaluation remains limited.

3.

On-site and mobile dental services
(Emerging delivery model)

Mobile dental clinics (MDCs) are well documented as access-enhancing delivery models in schools, rural areas and underserved communities, where they reduce travel barriers and enable preventive and basic restorative care, as outlined in research in India[60]. The underlying logic of bringing care directly to populations facing time, cost and access constraints is highly relevant to workplace settings.

Applications within workplace environments are beginning to emerge, including government-led outreach programmes and provider-led initiatives delivering screening and preventive services directly at worksites. However, independently evaluated workplace programmes remain limited in the published literature, with most references appearing in programme reports, stakeholder interviews or provider communications rather than formal case studies.

Signal

Mobile and on-site dental services represent a plausible and potentially high-impact approach for workplaces with large, shift-based or time-constrained workforces. Early operational examples suggest growing interest, but the evidence base remains limited, highlighting a clear opportunity for structured pilots, monitoring frameworks and independent evaluation within workplace settings.

Both images provided by the Ministry of Health, Malaysia.

4.

Portable insurance and AI-enabled benefits for gig and platform workers

Emerging insurance models, including examples such as Smirk Health in the United States[61], are beginning to explore portable, digitally managed health benefits designed for gig and platform workers and others in non-traditional employment arrangements. These models aim to enable access to care across different locations through network-based provision.

Early concepts also propose Artificial Intelligence (AI)-enabled platforms that adjust benefits, premiums or preventive incentives based on user behaviour and health engagement. While still at an early stage, these approaches point to new ways of aligning coverage with more flexible and mobile workforce patterns.

SIGNAL

As labour markets shift towards more flexible and platform-based work, traditional employer-sponsored dental benefits may reach fewer workers. Portable and digitally enabled benefit models could provide alternative pathways for extending preventive oral health coverage beyond conventional employment structures.

Implications for policy and practice

These emerging signals suggest that oral health is already interacting with workplace systems in partial and often fragmented ways. In many contexts, integration occurs through regulatory requirements, employer benefit design or operational convenience rather than through coherent occupational health policy frameworks.

At the same time, several national oral health strategies and action plans have begun to reference workplace settings as platforms for prevention and outreach. Examples such as the Ministry-led outreach programme in Mauritius and the integrated *KOSPEN (WOW) Wellness at Workplace* initiative in Malaysia illustrate how workplace environments can support prevention and access to care for working-age populations. However, despite these examples, such initiatives remain relatively limited globally and are rarely embedded within formal occupational health systems.

This presents both opportunity and risk. Existing workplace infrastructures could be leveraged to expand prevention, improve workforce health and reduce productivity losses. At the same time, reliance on fragmented or market-led approaches without shared standards, monitoring frameworks or accountability mechanisms may reinforce inequalities in access and coverage.

These dynamics highlight the need for clearer guidance, structured implementation models and employer-facing frameworks capable of translating global oral health commitments into practical workplace action.

8. Cross-cutting enablers and constraints

The implementation of workplace oral health initiatives is shaped by a range of structural factors that can both enable and constrain action depending on national context, workforce structure and health system organization. These include how oral healthcare is financed, how occupational health systems operate, how labour markets are structured and how responsibilities are distributed between public health systems, employers and insurers.

Understanding these cross-cutting dynamics helps explain why workplace oral health initiatives are advancing in some contexts but remain limited in others.

Policy translation and institutional alignment

Taken together, global policy frameworks increasingly recognize the importance of oral health within broader health and development agendas. The WHO *Global strategy and action plan on oral health 2023–2030* establishes a clear mandate for action, including specific reference to occupational settings through Action 44[7].

However, translating these commitments into operational models for workplace implementation remains challenging. While global frameworks articulate the importance of prevention and integration within UHC and NCD strategies, practical guidance for employers, insurers and occupational health systems remains limited.

Fragmentation of delivery models

Workplace oral health initiatives are already occurring in a variety of settings, but they tend to emerge in fragmented and often unrecognized forms rather than as part of a coordinated strategy. In many contexts, activities are embedded within workplace health services, insurance systems or public health programmes rather than implemented as explicit occupational oral health initiatives.

The International Labour Organization[62] defines occupational safety and health as encompassing the prevention of work-related diseases and the improvement of working conditions, with explicit links to productivity and workforce sustainability. ILO guidance[63] further emphasizes integrating health promotion with occupational safety and health measures, encouraging employers to protect and improve overall worker health. Despite this, oral health is still infrequently addressed explicitly within occupational health implementation and workplace health promotion strategies.

Some national policy initiatives and workplace programmes are beginning to address oral health within occupational or public health frameworks. However, these examples are still relatively limited and often lack formal evaluation or systematic documentation of outcomes.

As a result, workplace oral health activity remains unevenly distributed across sectors, employment types and countries and is rarely recognized as a coherent field of practice within workplace health systems.

Stakeholder interviews suggest that employer-provided dental insurance remains the most common existing workplace mechanism through which oral health is addressed. These insurance models typically focus on preventive maintenance services and limited restorative care rather than comprehensive oral health coverage or workplace oral health promotion strategies.

Interview source:
Tysowsky G. Senior Vice President, Technology and Professional Relations, Ivoclar.
Stakeholder interview conducted 25 February 2026.

However, utilization of preventive services is not consistent across settings, indicating that insurance provision alone does not guarantee sustained engagement with preventive care.

Workforce structure and access barriers

Workplace oral health initiatives are also shaped by labour market structures and employment patterns. Workers with limited schedule flexibility, including shift-based employees, lower-income workers and those in precarious employment, often face the greatest barriers to preventive care and early treatment[5, 6].

Small and medium-sized enterprises may lack the infrastructure, purchasing power or occupational health capacity to offer comprehensive health benefits or preventive programmes. As a result, workplace oral health initiatives may be easier to implement in large organizations with established occupational health systems than in smaller enterprises or informal employment settings.

These structural differences have important implications for equity. Addressing inequalities in access to prevention and care will be critical for ensuring that workplace oral health initiatives benefit diverse workforce groups.

This challenge may be particularly pronounced in low- and middle-income country contexts, where public coverage for adult oral health is often limited. However, similar access, time and eligibility barriers also affect working populations in high-income countries, particularly among lower-income, shift-based and precarious workers.

Occupational health integration and professional roles

Evidence from Latin America highlights how occupational health systems can provide institutional entry points for integrating oral health into workplace health strategies. Evidence from Brazil highlights how dental professionals can contribute to workplace health teams by identifying occupational risks affecting oral health, advising on preventive measures and supporting health promotion programmes within companies[24, 64]. These roles extend beyond clinical care and position dental professionals as contributors to occupational safety and health strategies.

Complementary evidence from Peru highlights the occupational health risks associated with dental practice itself. A review of occupational risk factors in dentistry identifies exposure to biological, chemical, ergonomic and psychological hazards in clinical environments, including musculoskeletal disorders, infectious disease risks and work-related stress. The study emphasizes the importance of preventive cultures, ergonomics and biosafety programmes within healthcare workplaces to reduce occupational health risks[65].

At the policy level, Peru's national occupational safety and health framework provides the legal basis for workplace risk management. The *Law on Safety and Health at Work (Law No. 29783)* establishes employer responsibilities for identifying workplace hazards, implementing preventive measures and promoting a culture of occupational risk prevention across sectors[66]. These frameworks support systematic workplace risk management and create institutional entry points for integrating oral health considerations into broader workplace health programmes.

Financing models and coverage gaps

Financing structures for oral healthcare represent another key factor influencing workplace oral health initiatives. Across many health systems, oral healthcare remains only partially integrated within public health coverage. OECD *Health at a Glance 2025* [67] shows that public coverage for dental care remains significantly more limited than for other health services across OECD countries, with benefits often restricted to children and high levels of cost-sharing for adults.

On average, less than one-third of dental care costs are covered by government schemes or compulsory insurance[67]. These high levels of out-of-pocket expenditure highlight a persistent gap in UHC for essential oral healthcare.

Within this context, employers, insurers and other non-health actors increasingly play a *de facto* role in facilitating access to oral healthcare through employee benefits, insurance design and workplace-based prevention initiatives. However, these roles have often emerged by default rather than through coordinated policy frameworks, resulting in uneven coverage and limited accountability.

In some health systems, particularly in parts of Europe, employer-linked access to oral healthcare is closely connected to public or social insurance models. These arrangements reflect shared responsibility between governments and employers in financing and delivering care, highlighting the importance of coordination across financing and delivery systems.

Importantly, OECD reporting focuses on public and compulsory coverage and does not capture voluntary mechanisms such as employer-provided benefits or private insurance arrangements. As a result, oral healthcare access delivered through workplace systems remains largely invisible within comparative health system datasets[67].

Interviews with industry stakeholders further highlighted the role of incentive structures and financial decision horizons in shaping employer engagement. In many organizations, decisions regarding the allocation of funding for health benefits involve balancing short-term costs with longer-term savings, timelines for benefits to materialize, and compliance mechanisms to support employee adherence to prevention-oriented screening and activities.

These discussions typically involve both human resources and finance leadership and can complicate investment decisions in prevention-oriented approaches. Stakeholder interviews suggested that incentive-based benefit design, including rewards for preventive care utilization, may represent a promising mechanism for aligning employer and employee interests while supporting prevention-oriented health strategies.

Interview source:
Kochman D. Senior Vice President and Chief Corporate Affairs Officer, Henry Schein.
Stakeholder interview conducted 11 February 2026.

These approaches may function as complementary to public health systems and UHC in some contexts, while in others they fill gaps where publicly funded oral health services remain limited.

Provided by the Ministry of Health, Malaysia.

Integration with workforce health strategies and interconnected conditions

Oral diseases share common risk factors with other NCDs, including unhealthy diet, tobacco use, alcohol consumption and stress. However, the relationship extends beyond shared determinants. A growing body of evidence demonstrates biological and clinical links between oral diseases and systemic conditions such as cardiovascular disease and diabetes. These interactions mean that oral health can both influence and reflect the management of broader chronic conditions. Recognizing these interconnections reinforces the importance of integrating oral health within wider prevention, chronic disease management and workforce health strategies, rather than addressing it as a separate clinical issue[5, 6].

Emerging medical–dental integration literature suggests that aligning dental and medical care can improve coordination, close preventive and disease-management gaps and strengthen engagement with the wider health system. While dental interventions are rarely isolated in evaluations of health outcomes, integrated care models increasingly highlight oral health as a potential marker of downstream medical utilization and related workforce risk[53, 68].

Evidence from employer well-being programmes and benefits-provider analyses supports this perspective. Large employers with long-standing integrated well-being strategies have reported medical cost savings associated with prevention-focused approaches that align dental and general health services, particularly in relation to chronic conditions such as diabetes and cardiovascular disease[69]. However, these approaches are not consistently framed or documented as structured workplace oral health programmes.

In addition to potential health system benefits, dental coverage is also valued by employees as part of broader workplace well-being strategies. Survey data from the National Association of Dental Plans in the United States indicate that dental benefits are highly valued by employees, alongside flexible working arrangements and other health-related supports[70].

These findings suggest that integrating oral health within workplace health strategies may offer opportunities to strengthen prevention, support management of interconnected chronic conditions and enhance workforce well-being.

Evidence, research, evaluation and data gaps

Despite growing recognition of the workplace as a setting for oral health promotion and prevention, the evidence base for workplace oral health initiatives remains limited and fragmented. Many activities are embedded within insurance benefits, occupational health systems, public health outreach programmes or employer well-being initiatives and are rarely documented as standalone interventions.

While this report identified examples of workplace oral health initiatives across different sectors and countries, including national programmes, occupational health initiatives and employer-led activities, systematic evaluation of outcomes, scalability and long-term impact remains limited. In particular, employer-facing evidence on productivity benefits, workforce outcomes and return on investment remains scarce.

The absence of consistent evaluation and comparable data continues to constrain decision-making for employers, insurers and policymakers considering workplace oral health initiatives. Strengthening evaluation frameworks, documenting real-world case studies and improving the visibility of workplace oral health activities within health and labour datasets will therefore be important for supporting wider adoption and scaling of workplace oral health programmes.

Incentives, equity and governance considerations

As employers and insurers increasingly influence access to oral healthcare through benefits design and workplace well-being programmes, governance frameworks for prevention quality, equity safeguards and accountability remain underdeveloped.

Without explicit safeguards, workplace-based approaches risk reinforcing existing inequalities in access to care. Workers in precarious employment or lower-income occupations may face the greatest barriers to prevention and treatment, while smaller enterprises may lack the capacity to implement comprehensive programmes.

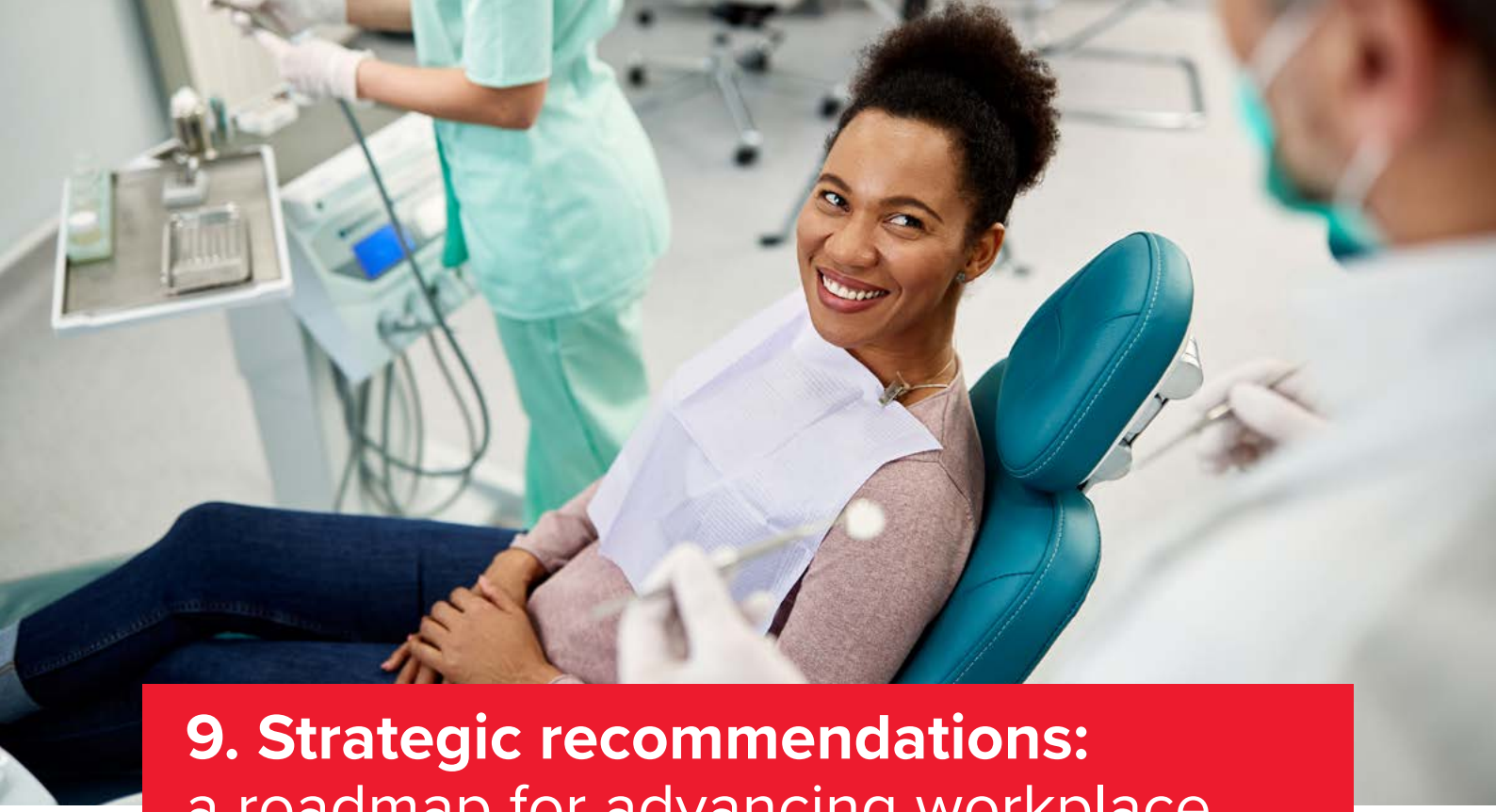
Ensuring that workplace oral health initiatives complement public health systems and support equitable access across workforce groups will therefore be essential for translating emerging models into inclusive and sustainable practice.

Implications for implementation

Taken together, these dynamics highlight that the challenge is not a lack of interest in workplace oral health but the absence of clear frameworks, coordinated guidance and shared learning mechanisms to support implementation across diverse labour market and health system contexts.

Addressing these cross-cutting enablers and constraints will be essential for translating emerging policy commitments and innovative delivery models into practical and scalable workplace oral health initiatives.

The following section sets out priority actions for policymakers, public health leaders, employers, insurers and worker representatives to advance workplace oral health.



9. Strategic recommendations: a roadmap for advancing workplace oral health

This report highlights a clear gap between global policy commitments on oral health and the practical guidance available to employers, insurers and policymakers seeking to implement workplace oral health initiatives, including addressing inequalities in access to prevention and care across working populations.

Global frameworks increasingly emphasize prevention, multisectoral collaboration and the role of non-traditional health settings in addressing NCDs. At the same time, oral health remains inconsistently integrated within occupational health systems, workplace well-being strategies and employee benefit structures.

Workplace oral health initiatives are already emerging across multiple pathways, including occupational health services, public health outreach programmes and employer-led benefit structures. However, these approaches remain fragmented, unevenly distributed and rarely supported by consistent implementation frameworks or evaluation mechanisms.

Closing this implementation gap will require coordinated action across policymakers, employers, insurers, professional bodies, worker representatives and civil society. The following priority actions outline a roadmap for strengthening workplace oral health initiatives globally.

The following priority actions outline a roadmap for strengthening workplace oral health initiatives globally.

1. Strengthen policy alignment across health, labour and occupational systems

2. Mobilize employers and insurers as partners in prevention

3. Develop practical implementation frameworks for workplace oral health

4. Strengthen evidence, evaluation and data visibility

5. Expand partnerships and advocacy channels

6. Pilot, evaluate and scale workplace oral health initiatives

1. Strengthen policy alignment across health, labour and occupational systems

Global oral health strategies increasingly recognize the importance of prevention and multisectoral collaboration. However, oral health remains only partially integrated within labour policies, occupational health systems and workforce well-being strategies.

Policymakers and public health leaders can play an important role in strengthening policy alignment by:

- **integrating oral health into national labour policies and occupational health frameworks;**
- **ensuring oral health is reflected in broader NCD prevention policies;**
- **encouraging collaboration between ministries of health, labour and social protection;**
- **recognizing workplaces as platforms for prevention, early detection and health promotion; *and***
- **prioritizing prevention-focused workplace oral health strategies that emphasize awareness, early identification and access to services.**

Strengthening policy coherence across these domains can help translate global commitments into practical frameworks that support workplace oral health initiatives.

2. Mobilize employers and insurers as partners in prevention

Employers and insurers already influence access to oral healthcare for working-age populations through employee benefits, insurance design and workplace well-being programmes. However, oral health remains inconsistently included within these systems.

Oral health is often not yet systematically integrated within broader workforce health, NCD prevention, occupational health and employee well-being strategies. Strengthening this integration represents a key opportunity for employers and insurers.

This aligns with broader global recommendations, including calls to expand coverage for oral healthcare services within employer-provided health insurance programmes and to position oral health as a core component of workplace health and well-being strategies[6].

Employers and insurers can strengthen workforce health strategies by:

- **including oral health within workplace well-being programmes through awareness and prevention activities, supported by enabling workplace environments that facilitate healthy behaviours and access to preventive services;**
- **incorporating preventive dental services and screening within employee benefit structures;**
- **embedding oral health within occupational health services and workplace health checks;**
- **supporting oral health literacy and prevention initiatives with employees and worker representatives;**
- **integrating oral health within broader workplace health promotion initiatives addressing shared risk factors such as diet, tobacco use, alcohol and mental well-being;**
- **exploring prevention-oriented benefit design and incentive structures that encourage utilization of preventive oral health services while aligning financial incentives for employers and employees; *and***
- **ensuring equitable access to preventive oral health services across different workforce groups, including non-traditional and underserved workers.**

Positioning oral health within broader workforce health strategies can support prevention, improve employee well-being and reduce productivity losses associated with untreated oral diseases. Greater transparency and knowledge-sharing on workplace oral health initiatives will also be important to support learning, scale and wider adoption.

3. Develop practical implementation frameworks for workplace oral health

Many employers, insurers and occupational health providers lack practical guidance on how to integrate oral health into workplace health strategies.

Developing clear implementation frameworks can help translate policy commitments into operational action. Priority areas include:

- **developing employer-facing guidance on workplace oral health programmes;**
- **developing clear protocols and pathways for integrating oral health into workplace and occupational health services;**
- **supporting insurers and benefit providers in incorporating preventive oral healthcare within coverage models;**
- **supporting innovative access models, including teledentistry, remote consultation platforms and mobile or on-site dental services where appropriate;**
- **promoting interprofessional collaboration between oral health professionals, occupational health teams and workplace health practitioners; *and***
- **highlighting potential benefits for workers and their families, including improved prevention, awareness, early detection and access to oral healthcare.**

Practical implementation frameworks can support employers of different sizes and sectors in developing effective workplace oral health initiatives. These could include toolkits, implementation checklists, illustrative examples and ready-to-use materials such as slide decks or awareness resources.

4. Strengthen evidence, evaluation and data visibility

Despite growing recognition of the workplace as a setting for health promotion, workplace oral health initiatives remain poorly documented within health system datasets and are rarely evaluated using consistent frameworks, limiting the ability to identify effective and scalable models.

Strengthening the evidence base will be essential for supporting wider adoption and informing policy development. Priority actions include:

- **improving visibility of employer-delivered oral health initiatives within health and labour datasets;**
- **developing evaluation frameworks to assess workforce health outcomes, productivity impacts and economic returns, including longer-term impacts where feasible;**
- **systematically documenting and evaluating workplace oral health initiatives across sectors and regions; *and***
- **supporting research on the economic and workforce impacts of preventive oral health interventions.**

Improved data visibility and evaluation will help policymakers and employers better understand the value and impact of workplace oral health programmes.

5. Expand partnerships and advocacy channels

Advancing workplace oral health will require collaboration across multiple sectors, including health systems, labour institutions, employer networks, worker organizations and civil society. These efforts can also draw on lessons from more established areas of workplace health, including mental health and well-being programmes, where employer engagement and prevention strategies are more advanced.

Professional associations, employer organizations and public health networks can play an important role in supporting advocacy and implementation efforts by:

- **embedding workplace oral health within professional and employer networks and agendas;**
- **engaging employees, worker representatives and trade unions in awareness, prevention and workplace health promotion initiatives;**
- **facilitating knowledge exchange across countries and sectors;**
- **supporting policy dialogue between health, labour and industry stakeholders; *and***
- **encouraging cross-sector partnerships to advance prevention and workforce health initiatives.**

Strengthening these partnerships can help accelerate the translation of policy commitments into coordinated real-world workplace action.

6. Pilot, evaluate and scale workplace oral health initiatives

This report highlights emerging examples of workplace oral health initiatives across sectors and countries. However, many of these initiatives remain small-scale or insufficiently evaluated.

Pilot programmes and demonstration projects can help generate practical evidence and scalable models. Priority actions include:

- **supporting pilot workplace oral health programmes across different sectors, workforce types, employment models and regions, using evidence-based and theory-informed design;**
- **evaluating implementation models and workforce health outcomes;**
- **translating successful initiatives into transferable and scalable models;**
- **scaling effective models through employer networks, insurers and occupational health systems; *and***
- **prioritizing implementation in underserved sectors and workforce groups to address inequalities in access to oral health services.**

Expanding real-world implementation will be essential for translating policy ambition into measurable and equitable improvements in workforce health.

Looking ahead

Workplace oral health represents a significant and underutilized opportunity to strengthen prevention, improve workforce well-being and reduce the economic burden associated with oral diseases.

However, innovation and emerging activity in workplace oral health are advancing faster than the development of shared standards, policy guidance and evaluation frameworks. Without coordinated action, workplace oral health initiatives risk evolving in fragmented and uneven ways.

With stronger collaboration across policymakers, employers, insurers, professional organizations and workforce representatives, workplaces can become an important platform for prevention, early detection and integrated health promotion, contributing to healthier and more resilient workforces worldwide.

Through its *Vision 2030* strategy and collaboration with industry partners, FDI aims to support the development, implementation and scaling of workplace oral health initiatives globally, contributing to healthier, more resilient and more equitable workforces.

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FDI World Dental Federation
Chemin de Coquelicots 16, 1214 Geneva, Switzerland
T +41 22 560 81 50 • info@fdiworlddental.org

Strategic and editorial review:
Dr Charanjit K. Jagait (Public Health, Advocacy and Communications Director)

Editorial review and support:
Wenqin Zhang (Public Health Policy and Advocacy Coordinator)

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