



European Oral Health Report Card

Preliminary Findings 1st edition

18 March 2014

Preliminary Findings from Data for REPORT CARD

Gathered by a Questionnaire Based on Platform for Better Oral Health in Europe's 2020 Targets

In 2013, the Platform for Better Oral Health in Europe (the Platform) developed and launched its 2020 Targets (Annex A) in order to highlight **three key areas, where oral health policy improvement is needed urgently. These are data collection systems, preventive policies and education and awareness.**

It appeared to the Platform that currently there are very few data available on the **status of oral disease prevention in the Member States of the European Union.** In order to assess the situation in more detail, during the last quarter of 2013, the Platform for Better Oral Health in Europe sent a **questionnaire** (Annex B) on some of the indicators to leading dentists from the 28 Member States of the European Union (EU). In particular, it went to selected members of the Association of Dental Education in Europe (ADEE) and of the European Association of Dental Public Health (EADPH) plus Chief Dental Officers.

To date respondents from 25 EU Member States have completed the questionnaire, including the new Member State - Croatia. So far there have been no responses from, Luxembourg, Sweden, and Slovenia. Because their systems for the provision of oral health vary, the four home countries within the United Kingdom England, Scotland, Wales and Northern Ireland have all responded separately to the survey. In addition to the 25 Member States, Belarus, Israel, Norway and Turkey also completed the questionnaire. However, their responses are not reported in this summary.

The responses to the questionnaire have been analysed and consolidated to form the first edition of the **European Oral Health Report Card.** Subject to confirmation of the data that has been reported, it highlights the Platform's **preliminary findings on the status quo of those oral health indicators** that gauge some of the its **most important 2020 Targets.**

It should be noted that the questionnaire did not include questions on indicators for six of the 14 targets. This was because three of the targets (1, 3, and 7) will require work at European level and it was concluded that because of the length of the questionnaire Targets 4,6,11 would not be included in this initial Report Card. They will be addressed in the next questionnaire. It is the intention of the Platform to repeat this exercise at regular intervals to generate up-to-date progress reports (Report Cards) on the Targets. The data presented in this summary for indicators 8 and 9 are not from the questionnaire but from recent studies carried out by the Council of European Chief Dental Officers (CECDO).

I. Governance of Prevention Practices of Oral Disease measuring 2020 Targets 2, 5

- **Indicator 1: An oral health monitoring system which collects data regularly exists (data collection systems – Target 2) Questions 1 and 2**

Five countries (France, Ireland, Romania, Croatia, and Czech Republic) out of 25 Member States reported that they had no national oral health monitoring system in place at all. Only four Member States (Germany, Italy, Latvia, and Spain) plus Scotland and Wales reported that they had regional oral health monitoring systems in place. Only two Member States reported that they had local monitoring systems in place. Nevertheless, 19 Member States reported that they had a national monitoring system in place. However, not all respondents could cite a reference for, or name, the organisation that operated the monitoring system. Furthermore, not all of the national monitoring systems (invariably epidemiological surveys) appeared to be truly representative of the population, in some Member States it appeared that smaller pathfinder studies, which only covered selected cities and parts of the Member States concerned, provided the data.

Respondents from 15 Member States reported that national data collection was completed regularly. Four reported regular regional data collection and two regular local reporting. The respondents from all other Member States reported that **regularity of data collection was not guaranteed**, and that surveys were ad hoc, at national, regional or local levels.

- **Indicator 2: percentage of individuals aged over 65 year-olds with functional dentitions (21 or more natural teeth) (data collection systems – Target 2) Question 3**

Respondents from the majority of Member States were unable to report data for this indicator. Nevertheless, ten were able to report some data, mostly on 65 to 74 year-olds. The reported percentages varied and **did not always arise from the same definition**. For example, for Austria it was reported that 9% of this age group still possessed (all) their natural teeth, this was a self-reported figure. On the other hand, in the United Kingdom, the latest national survey indicated that 61% of 65-74 year-olds still had functional dentitions.

Conversely, other Member States only reported data on edentulism (toothlessness) in over 65 year-olds. For example 50% of over 75-years-olds were reported as toothless in Estonia and total edentulism was reported as 22.6% for 65-74 year-olds in Germany.

- **Indicator 3: National Health Promotion Strategy/Action Plan exists (Preventive policies – Target 5) Question 4**

At least 20 out of the 25 Member States reported that they had a general National Health Promotion Strategy or an Action Plan in place. Some of them only identified regional plans. Romania, Croatia and England reported that they did not have a general National Health Promotion Plan, but as far as England was concerned National Health Promotion strategies were reported to exist for specific diseases and conditions.

- **Indicator 4: National Health Promotion Strategy/Action Plan includes oral health or a dedicated Oral Disease Prevention Plan exists (Preventive policies – Target 5) Question 5**

16 Member States reported that their national Health Promotion Strategy included Oral Health. However, only three (Belgium, Cyprus, Germany) plus Wales reported that they had a dedicated Oral Health Promotion Plan.

- **Indicator 5: A national health/research programme exists. Health (Research programmes provide funding for research in certain areas – such as the UK [Public Health Research Programme](#)). (Preventive policies – Target 5) Question 6**

15 Member States reported that a national health/research programmes existed. Some of the respondents could not specify if the research was genuinely supported by a national research programme.

- **Indicator 6: Oral Health is included in the National Health/Research Programmes includes oral health. (Preventive policies – Target 5) Question 7**

Only eight Member States reported that Oral Health was included in their National Health/Research Programmes. Only Bulgaria, Finland and Scotland reported that they had a dedicated Oral Health Research Programme in place.

II. Role of Oral Health professions in Prevention of Oral Disease measuring 2020 Targets 8-10, 13

- **Indicator 7: A national Oral Health Workforce Plan exists (this plan at best quantifies the ratio of the oral health care workforce to population and its planned distribution across the territory). (Preventive policies – Target 8) Question 8**

Only ten Member States reported that they had a national Oral Health Workforce Plan in place and only four countries were reported as having regional national workforce plans in place.

- **Indicator 8: Oral Healthcare workforce planning aims at making the workforce's composition and competences meet future population needs – also in terms of standards and special attention to underserved areas/deprived groups. (Not part of the questionnaire. Data are from the Council of European Chief Dental Officers (CECDO) Workforce Planning Survey 2013) (Preventive policies – Target 8)**

The CECDO Workforce planning Survey 2013 reported that 6 out of 25 Member States did not control the number of education/training places in dental schools for dentists.*

- **Indicator 9: The profession of dental hygienist is formally recognised. Not part of questionnaire, information from [CECDO \(2013\)](#) (Preventive policies – Target 10)**

The profession of dental hygienists is formally recognised in 13 of the 24 Member States by training and dental hygienists are licensed. In some other Member States, dental nurses are sometimes trained for extended duties, which include giving oral hygiene and preventive advice and simple tooth cleaning. In seven Member States: Austria, Belgium, Cyprus, Estonia, France, Greece and Luxembourg, dental hygienists are not trained nor licensed.**

- **Indicator 10: National health authorities have issued scientific guidelines for oral disease prevention targeting primary care professionals and the public. (Preventive policies – Target 10) Question 9**

Eleven Member States reported that they had no scientific guidelines for oral disease prevention in place, 14 reported that they had.

- **Indicator 11: The number/percentage of dental schools that have integrated the Competence Domain «Prevention & Health Promotion» - encompassing the competences aimed at promoting and improving the oral health of individuals in their curricula (cf. [“Profile and Competences for the Graduating European Dentist”](#) (Association for Dental Education in Europe (2009) (ADEE) **(Education and Awareness - Target 13)** **Question 10****

Respondents from only 14 Member States, plus Northern Ireland and Wales were able to give an answer to this question, 12 of whom stated that 100% of their dental schools integrated the ADEE Competence Domain «Prevention & Health Promotion» into their undergraduate curricula.

- **Indicator 12: Oral health clinicians have oral cancer diagnosis responsibilities *(Preventive policies - Target 9)* **Question 11****

With some minor variations, all Member States reported that dentists in their countries are taught to diagnose oral cancer during their undergraduate training, postgraduate/specialist training and professional development/continuing education. The respondent from Belgium answered that it only takes place in undergraduate courses and during continuing education. In the Czech Republic, Hungary and Romania it was reported as taking place during under- and postgraduate training. Two Member States, Denmark and Portugal teach oral cancer diagnosis during undergraduate courses and Cyprus only provides this training through continuing education, because there is no dental school (hence no undergraduate or postgraduate education) in Cyprus.

III. Education and Awareness of Preventive Practices or Oral Disease measuring 2020 targets 11, 12, 14

- **Indicator 13: Oral health prevention information is delivered to children aged 6-12 years in schools (Education and awareness – Target 12) Question 12**

Eleven Member States and England reported that there was no national school based oral health promotion programme; others reported that it was only delivered occasionally, some only at the level of Kindergarten (e.g. in Belgium).

- **Indicator 14: Reporting on prevalence of dental caries in 12 year-olds exist. For instance, it is currently estimated that around 68% of 12-year-olds in Denmark are caries-free. (Preventive policies - Target 12) Information from [CECDO](#).**

Only ten countries of all EU Member States reported to have 50% or more of caries-free 12 year olds.**

- **Indicator 15: One or more national associations are dedicated to promoting oral disease prevention practices to the public (Education and Awareness – Target 14) Questions 13 and 14**

A majority of Member States reported that they had national oral health promotion campaigns targeted at citizens in place. These ranged from one campaign during the last two years to four biannually. Seven Member States reported that they had regional campaigns in place, but most (12) focused on local campaigns. The majority of these campaigns were organized by a dental professional organization (18), followed by health authorities (13) and commercial enterprises (11). Otherwise they are organized by national associations, such as the national dental associations (9) and others with the help of universities, as in Belgium or NGOs, such as the Children's Oral Health Foundation in Hungary.

Some of the respondents to the questionnaire also made comments, among which were:

There exists a limited interest of dentists toward health promotion issues. (Bulgaria)

Prevention measures should be harmonized throughout the EU. (Greece)

A call upon the Platform to advance the level of Preventive and Community Dentistry in Europe, aiming at tangible and beneficial results for all European citizens. (Greece)

Conclusions

These preliminary results from responses to the questionnaire need to be confirmed by the respondents. However, overall they reinforce the results published in *The State of Oral Health in Europe (2012)*. The accuracy of some of the answers to the questionnaire might be criticised as it is in part the opinion of leading dentists in different EU Member States. However, the resulting Report Card should be the basis of increased efforts in the Member States and in particular at EU level. The reported preliminary findings on the status quo of the oral health indicators defined by the Platform show great variability in quality of data and the methodology applied. Given the great variety in quality of **Governance of Preventive Practices or Oral Disease, the Role Oral Health Professions play and the Education and Awareness which is focused on the necessity of Oral Disease Prevention Practices, the effectiveness of the current oral healthcare systems in many EU Member States for oral health promotion is questionable.**

Annex A – Platform for Better Oral Health in Europe 2020 Targets

Annex B - Questionnaire used in Platform for Better Oral Health Survey in 2013

*In 2003, the CECDO carried out an oral health workforce survey. The survey was repeated in 2013 using the same questions. In 2013 the survey has to date collected 25 answers from Member States.

** Information retrieved from The Council of Chief Dental Officers ([CEDCO](http://www.cecdco.org)) website www.cecdco.org at 21 February 2014.