

BEST PRACTICES IN ORAL HEALTH PROMOTION AND PREVENTION FROM ACROSS EUROPE

AN OVERVIEW PREPARED BY THE PLATFORM
FOR BETTER ORAL HEALTH IN EUROPE

13TH OCTOBER 2015



THE ORAL HEALTH CHALLENGE IN EUROPE

Oral diseases remain a major public health problem both in Europe and worldwide and share common risk factors with many chronic diseases. Oral diseases have considerable negative impacts on the quality of life of populations. The Global Burden of Disease Study (2010) showed that oral conditions collectively affected 3.9 billion people worldwide.

As with general health, oral health inequalities are a major challenge in EU, with an excessive oral health burden compounded on the more deprived groups in society. Furthermore, ensuring access to oral healthcare services remains a major barrier particularly among vulnerable and low income groups. These individuals generally attend services less frequently than the general population. When they do attend they do so for emergency treatment when in pain, rather than for preventive care. In fact, there are rising inequalities both within Member States and across Member States in terms of access to appropriate oral care.

A recent study published on the global economic impact of dental diseases suggests that the economic impact of dental diseases in Europe amounted to 123.56 billion Euros in 2010 with the highest productivity losses found in Western Europe; this includes 81.56 billion Euros in direct costs of treatment and 42.00 billion Euros in indirect costs. Looking only at the 27 EU countries, the direct costs of treatment in 2010 were estimated to be 72.96 billion EUR, while the respective productivity losses approximated 37.56 billion EUR. The World Health Organization (WHO) estimates that diseases of the oral cavity are the fourth most expensive to treat. This figure does not take into account subsequent loss of productivity. Expenditure on dental health is likely to exceed that for cancer, heart disease, stroke or dementia. There is strong evidence that the benefits of preventing tooth decay exceed the costs of treatment, as detailed in some of the examples listed later in this report.

This overview outlines a number of successful initiatives that can help prevent oral diseases, which reduce the social burden and in turn reduce existing inequalities. This is done through a number of measures such as: community-based prevention initiatives, reduction of the socioeconomic and environmental risk factors of chronic diseases, the promotion of routine oral hygiene practices and oral health awareness and the provision of better access to dental care.

The overview is published ahead of the Second European Oral Health Summit, to be held on 13 October 2015 in Brussels, with the kind support of Ms. Karin Kadenbach MEP and Dr. Andrey Kovatchev MEP. The Summit brings together policymakers and specialists in Brussels, to stress the importance of oral health to overall health and well-being and to engage policymakers to commit to developing and funding policies that will improve the prevention of oral diseases, and their treatment.

With the Platform for Better Oral Health in Europe, this overview and the Second European Oral Health Summit, I hope and believe we finally have the adequate tools and procedures in place to work effectively together to improve the oral health of everyone in Europe in the years to come. The European Commission and Member States should establish a Joint-Action on Oral Health which would focus on the formalised sharing of best practices between Member States to maximise the effectiveness of oral health care budgets, reduce negative economic impacts of oral disease and improve the quality of life of all EU citizens.

Dr Paula Vassallo

Chair of the Platform for Better Oral Health in Europe

FINDING SOLUTIONS TO EUROPE'S ORAL HEALTH PROBLEMS

Since its inception in 2010, the Platform for Better Oral Health in Europe has sought to highlight the impact of oral diseases in Europe. This led to the publication of the first **State of Oral Health in Europe Report** in 2012. This report detailed the scale of the problem of poor oral health in Europe, the impact on the lives of EU citizens, the inequalities in oral health and in access to oral health care, which exist between and within Member States, and the economic burden of oral diseases.

Subsequently, the Platform published our **2020 targets for Better Oral Health in Europe**. These were a set of targets aimed at national and European policy-makers, grouped under the following headings:

- Better data collection systems
- Preventive policies
- Health workforce planning

Based on these targets, in 2014 and 2015, the Platform published the **European Oral Health Report Card**. The report card measured the progress of the EU institutions and Member States towards achieving the targets. All of the above mentioned documents can be accessed on our website at www.oralhealthplatform.eu

Our previous work demonstrated that a range of effective population-based preventive initiatives have already been implemented across Europe. The aim of this exercise is therefore to explore and summarise some of the existing programmes, and examine what is necessary to ensure that these are supported by decision makers, sustainably financed, and rolled out between Member States where relevant.

To assemble these examples, a questionnaire was disseminated among our members, associate members and their networks. It contains a snapshot of some of the existing good practice examples. We do acknowledge that more examples are available which have not been included in this overview, but consider this as an initial step in the process of providing a comprehensive and critical account of best practices with the aim to maximise the health gain of the allocated resources and improve the oral health of the EU population.

EXECUTIVE SUMMARY AND KEY FINDINGS

The findings of this exercise demonstrate clearly that **in the case of oral health, investment in simple preventive programmes is cost effective**. 28 examples of good practice are presented from across Europe. These cover all areas of oral health promotion across the life course, and include programmes aimed at pregnant mothers, children and adolescents, the elderly and disadvantaged groups.

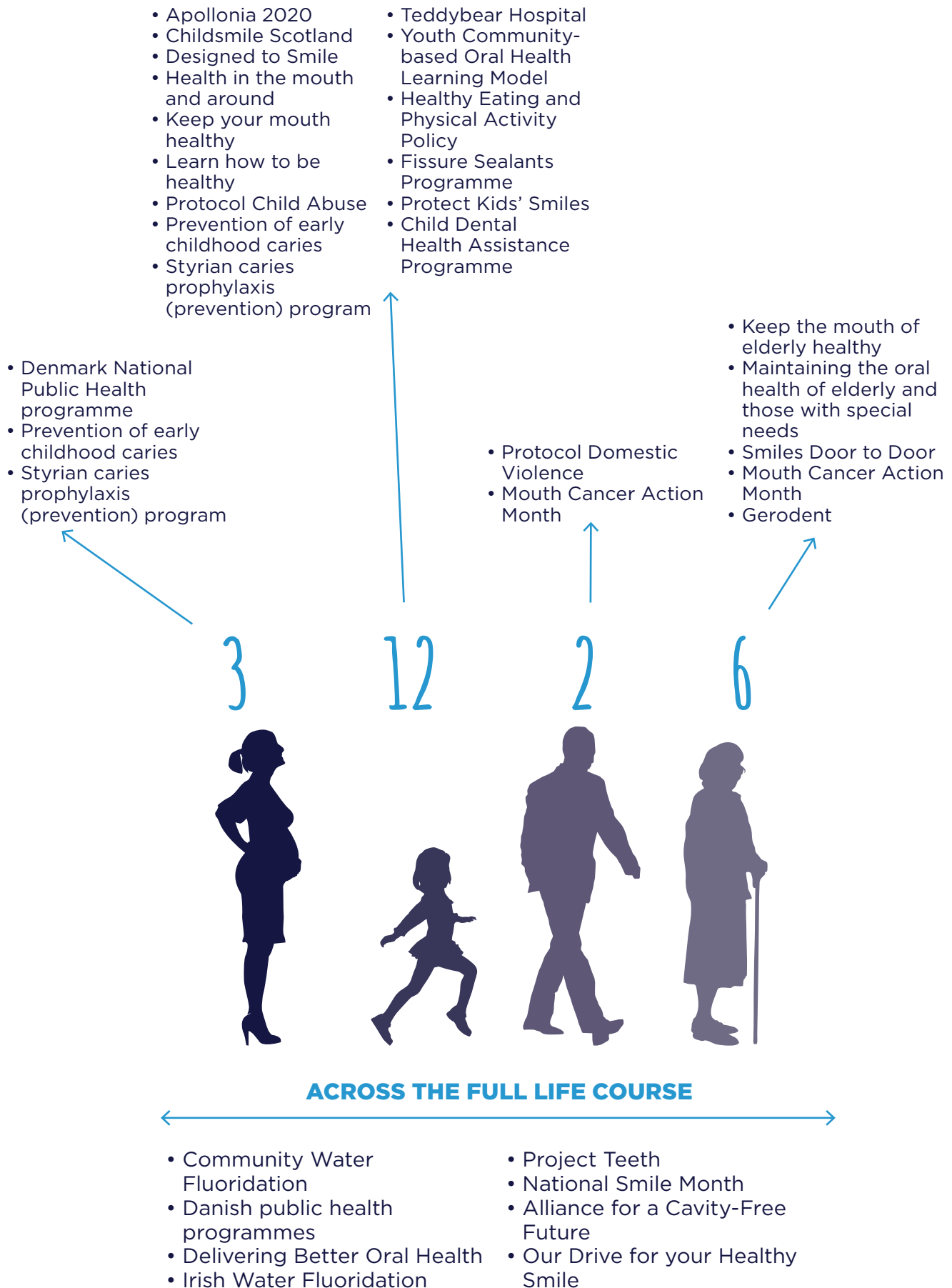
There is a **varying degree of evaluation of the programmes which are already underway**. Many of the programmes are still in the pilot or implementation stage and are thus not yet evaluated. However evaluation for both the process and outcome has been planned for future years. Some of these programmes have already built in evaluation processes. Many of the examples of good practices would benefit from further development and evaluation.

The key finding of the exercise was that simple **programmes for prevention of oral diseases and promotion of good oral health do already exist in Europe**. Solving the problem of poor oral health in Europe does not therefore require an entirely new policy in every case or a reinvention of the wheel, but instead a thorough evaluation of existing successful policies and programmes, identification of evidence-based interventions to cover areas and populations that are neglected by current policies and programmes and a comprehensive strategy to ensure that programmes such as some of those identified in this overview are rolled-out and sustained to the benefit of all European citizens and their quality of life.

OVERVIEW OF BEST PRACTICES

The best practice examples detailed in this report include various target groups and types of interventions. Some interventions target specific age groups or specific categories of the population (e.g. special needs, those living in poverty) while there are others that are relevant across the whole life-course (from preconception to the elderly).

DISTRIBUTION OF EXAMPLES ACROSS THE LIFECOURSE



NATURE OF PROGRAMME

Best practices in oral health promotion and prevention can take various forms, be it education, health promotion, integrating oral health promotion into general health promotion programmes, policy changes which promote better oral health, the provision of care services, or programmes specifically designed at addressing oral health inequalities.

THE EXAMPLES COLLECTED IN THIS REPORT REFLECT THE FOLLOWING BREAKDOWN:



14

Educating professionals (this does not only refer to health professionals but can also include other groups such as school teachers, carers, and social care workers)



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General health education



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Health promotion



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Integrating oral health promotion into broader general health programmes



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Public policy



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Service provision



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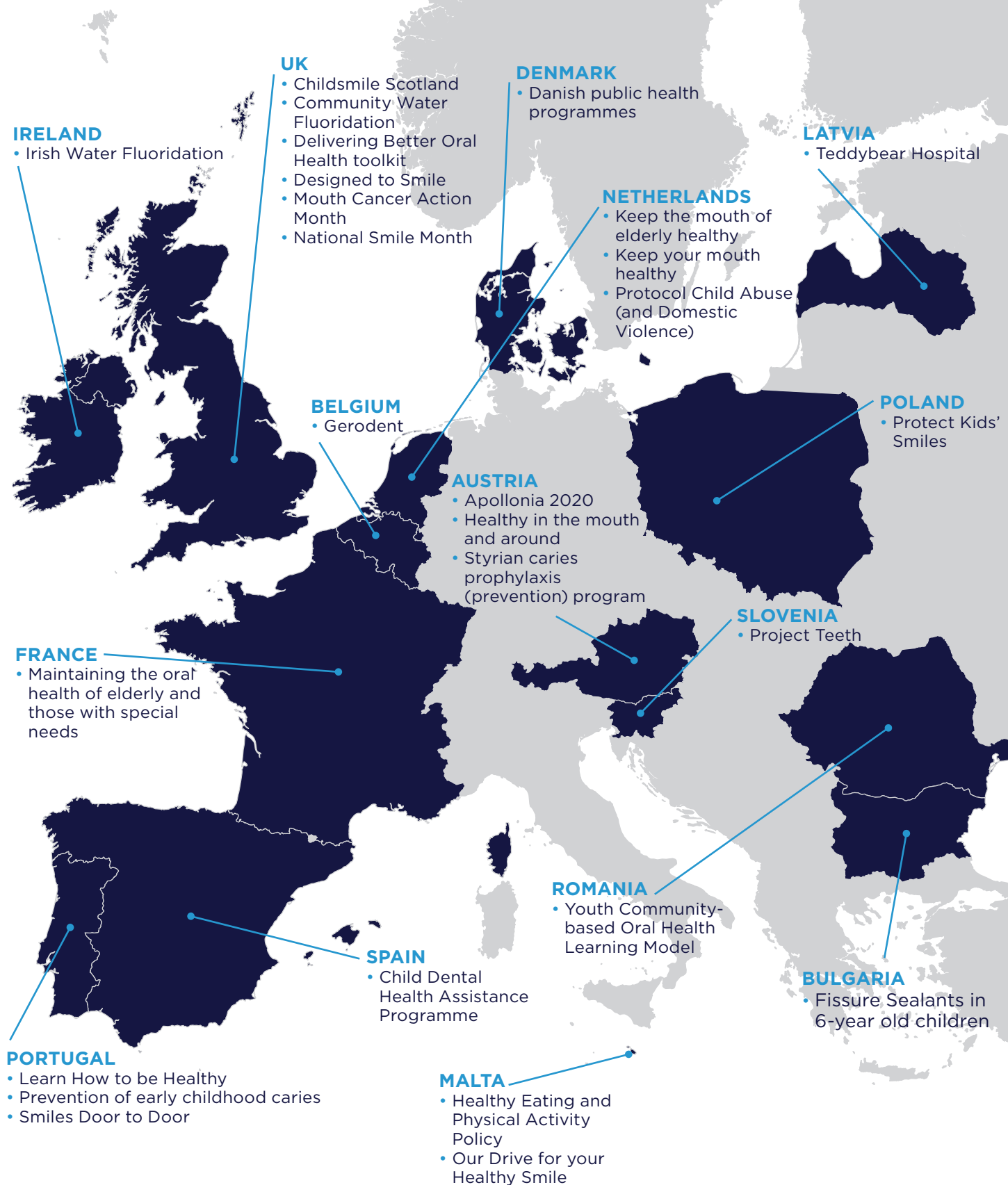
Addressing oral health inequalities

GEOGRAPHIC BREAKDOWN

Examples of good practices exist in all parts of Europe, even those with little or no public funding of dental services and those with minimal public funding dedicated to dental public health. The map below details some of the programmes underway in different parts of Europe. As already mentioned, this is a non-exhaustive list.

PAN EUROPEAN CAMPAIGN

- Alliance for a Cavity-Free Future



BEST PRACTICES IN ORAL HEALTH PROMOTION AND PREVENTION FROM ACROSS EUROPE – EXAMPLES

TARGET AUDIENCE

NATURE OF PROGRAMME

MEMBER STATE

1 APOLLONIA 2020



Apollonia 2020, funded by the Lower Austria health insurance authorities, aims to increase the percentage of caries free children. It is delivered through health education (dental health educators visit kindergarten groups and elementary schools classes 2 -3 times a year). This involves daily brushing in kindergartens, and examinations of kindergarten-children by “patron dentists” in a dentist’s surgery once every two years. The programme also includes examinations of schoolchildren in first and fourth grades of elementary school.

The financial sustainability and cost-effectiveness of the programme is evaluated annually. During its implementation, the percentage of caries-free 6-year-old children has increased from 44% in 2006 to 53% in 2014.

2 CHILD DENTAL HEALTH ASSISTANCE PROGRAMME



“Programa de Asistencia Dental Infantil” is a Spanish programme where all children between 5 and 15 receive a card annually allowing them to choose a dentist (public or private). The dentist is publicly financed by a capitation system and the card covers restorative and preventive treatments in the permanent dentition, pain management in the deciduous dentition, and trauma and orthodontic treatment in some specific cases. Approximately half of all 17 Spanish regions have this type of programme and participation among children varies between 30-75%.

The programme has proven effects in reducing inequalities in oral health over time in the regions where it is in place.

3 CHILDSMILE



Scotland

Childsmile, run by the Scottish government, commenced in 2006 against a background of the poor oral health and extensive oral health inequalities observed in children in Scotland, with the aim of improving the oral health of all children and also with emphasis on the more deprived groups in society. Childsmile consists of three distinct components extending from birth to adolescence:

- A core programme – including universal daily toothbrushing in all nurseries and targeted toothbrushing in primary schools;
- A targeted nursery and school fluoride varnish programme; and
- A universal practice programme aimed at newborn children,

The project is government funded, and has been evaluated. Findings clearly demonstrate that the cost of the programme is significantly lower than the cost savings as a result of the reduction in treatment needs for participating children. A demonstrated reduction in oral health inequalities can be linked to the programme.

4 COMMUNITY WATER FLUORIDATION



The aim of community water fluoridation (a well recognised strategy globally) is to reduce the prevalence of dental caries through the adjustment of naturally occurring fluoride in public water supplies to the optimum level of oral health. Existing schemes in England were introduced progressively between 1964 and 1995. They serve approximately 6 million people living in 26 different local authority areas in various parts of the country. Overall, the annual cost of supplying fluoridated water to 6 million people in England is around £2.1 million (an investment of £0.35 per person per annum).

Evaluation of fluoridation schemes in England has repeatedly demonstrated reductions in average levels of caries per child and increases in the proportion of caries-free children. The findings of individual studies of the effects of introducing water fluoridation, cross-sectional studies comparing children's caries levels in fluoridated and non-fluoridated communities, and the national monitoring report of Public Health England (2014) combine to highlight the benefits of this programme for oral health.

5 DANISH NATIONAL PUBLIC HEALTH PROGRAMME



Denmark has a publicly funded national oral health promotion programme. This makes oral health promotion and disease prevention mandatory within the development of oral health programmes targeting a wide range of groups, including expectant mothers, children of all ages, adults, the elderly, those with special needs and the economically deprived.

Evaluation has clearly demonstrated the improving oral health status of the Danish population due to this programme.

6 DELIVERING BETTER ORAL HEALTH (DBOH) - AN EVIDENCE BASED TOOLKIT FOR PREVENTION



England

The DBOH toolkit was published by Public Health England, as the lead agency, in conjunction with key partners, including the Department of Health, National Health Service (NHS) England and the British Association for the Study of Community Dentistry (BASCD). The toolkit provides clear evidence-based, oral health improvement interventions and updated advice to help dental teams promote oral health and prevent oral disease in their patients. It is intended for use by the whole dental team throughout primary dental care, and other health and social care workers.

Since the first publication of DBOH in 2007 there have been some significant impacts:

- Reformulation of toothpaste by manufacturers
- The advice to spit out after brushing rather than rinsing away the fluoride in toothpaste, has been widely disseminated and is expected to contribute to reduced levels of decay in both adults and children.
- The advice regarding the use of fluoride varnish has led to a number of changes; data shows significantly increased prescribing of high fluoride toothpaste and increased provision of fluoride varnish application within NHS dental practices in England.
- DBOH is now part of the undergraduate curriculum in some dental schools.
- The toolkit has informed commissioners and has allowed the development of contracts that encourage prevention.

7 DESIGNED TO SMILE



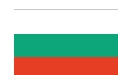
Wales

The Designed to Smile Programme has two elements:

- A preventive programme for Nursery/Primary school children: This involves the delivery of School/Nursery based tooth brushing and fluoride varnish programmes for children aged 3-5 to help establish good habits early on, fissure sealant application and preventive advice for 6-12.
- A preventive programme for children from birth to 3 years: The aim is to give good consistent advice to parents, to provide toothbrushes and toothpaste and encourage visits to the dentist.

The annual monitoring report highlights that the scheme targets children living in deprived areas, and that parent consent and child participation rates are very good. Currently, 1,389 schools are participating in the toothbrushing programme, with a total of 92,948 children brushing daily.

8 FISSURE SEALANTS IN 6 YEAR OLD CHILDREN



The Fissure Sealants programme involves applying sealants to the first permanent molars of all Bulgarian 6-year-old children. It is a national programme for caries prevention which involves an example of public-private co-operation.

It is supported by the government (the government finances the services provided by registered private practitioners and also provides the necessary materials).

9 GERODENT



Gerodent is an oral health care project which has implemented a preventive and curative oral health care program in a network of 40 nursing homes in Belgium (Flanders) since 2010. This program includes:

1. the implementation of the guideline «Oral health care Guideline for Older people in Long-term care Institutions» (OGOLI) and the daily oral health care protocol derived from the guideline;
2. the education of nurses and nursing aides, including hands-on training;
3. the introduction of oral care aides in the different wards of the nursing homes and one oral health coordinator per nursing home;
4. regular visits of a mobile dental team to support the nursing staff and to deliver preventive and curative oral health care.

Evaluation has shown that after five years an increasing attention to oral health care can be observed but permanent efforts are needed to ensure this progression continues. A cost-effectiveness evaluation study of the programme is currently being planned.

10 HEALTHY EATING AND PHYSICAL ACTIVITY POLICY



A Whole School Approach to a healthy lifestyle: Healthy Eating and Physical Activity Policy, involves the integration of oral health with general health, the alignment of common messages and pooling of resources. It entails a whole of government approach to health to ensure a sustainable environment for the prevention of non-communicable diseases including dental caries and dental erosion. The Maltese Dental Public Health unit was one of the main stakeholders in the formulation of the development of the policy, related strategy and implementation plan. Oral health is one of the target areas being addressed in this policy through an integrated lifestyle approach and targeted services.

While this is a new strategy (to be implemented as of October 2015), the implementation plan includes the key stakeholders time frame, indicators and evaluation and monitoring aspects. There is political commitment to guarantee the sustainability of the programme.

This policy includes:

1. A whole school approach to develop, implement and evaluate healthy eating and physical activity actions
2. Enhancing the school environment taking into account the environmental determinants of behaviour
3. Allowing only healthy food and beverage choices within the school environment
4. Implementing health education in the school curriculum
5. Implementing a comprehensive physical activity programme
6. Encouraging partnerships with parents and the community
7. Ensuring the provision of professional development for educators
8. Further developing school health services

11 HEALTHY IN THE MOUTH AND AROUND



The programme “Tipptopp. Gesund im Mund und rundherum” consists of several sub-projects:

- Oral health and lifestyle education for all kindergartens and primary schools in Vienna: twice a year
- Theatre play: Primary school and new secondary school: 100 performances per year
- Information for parents and legal guardians: on request
- Oral health education for special educational institutions
- Consulting service for crèches, kindergartens and primary schools
- Training for midwives, daycare providers and other people who deal with the target groups
- Dental chart screening: 25 public primary schools in Vienna, twice a year
- Pilot project: Application of fluoride varnish: Additional offer for the 25 public schools, which are in the screening-programme.
- Pilot project “Zahnschnuppern”: Offer for kindergartens to visit a dental healthcare centre and get to know the dentists and the surgery. The main goal of this new project is to reduce anxieties.

The programme is being evaluated by the Danube University Krems. Results will be available in Spring 2017.

12 IRISH WATER FLUORIDATION



Irish water fluoridation is a national, government funded programme which involves the addition of fluoride to water supplies at water fluoridation plants to a target of 0.6-0.8ppm. The aim of the programme is to prevent dental caries for the entire population without the need for compliance with any behaviour dependent measures.

Evaluations (surveys on oral health in Ireland) have shown a clear improvement in oral health/caries prevention linked to this initiative. It has also been shown to work across the social divide as it is not behaviour dependent.

13 KEEP THE MOUTH OF ELDERLY HEALTHY



Maintaining the Oral Health of the Elderly is a new national Dutch project to improve the oral health of vulnerable elderly people who are dependent on care in healthcare institutions and nursing homes. Ivoren Kruis recruits dentists, dental hygienists and preventive dental assistants who are prepared to volunteer to give training/clinical courses to caregivers in healthcare institutions and nursing homes. The courses focus on the importance of oral health and an interactive presentation on how to brush teeth and dentures.

After each project meeting a survey is carried out amongst the dental volunteers in the healthcare institutions and nursing homes.

14 KEEP YOUR MOUTH HEALTHY



“Hou je mond gezond!” is a nationwide educational project on oral health. Central to the educational project is a visit, free of charge, by a dentist, dental hygienist, dental or dental prevention assistant to a primary school class or playgroup or an introductory visit by a primary school class to a dental practice. During the lesson on tooth brushing, the volunteer oral healthcare professional tells the pupils about the mouth and teeth, cleaning the teeth, cavities, tooth erosion and the dangers of snacking. More than 19,165 toothbrushing lessons have already been given to approximately 575,000 children in all the provinces of the Netherlands.

Evaluation has shown that three quarters of the oral healthcare professionals and 70% of the teachers expect the pupils to brush their teeth better after a Hou je mond gezond! toothbrushing lesson.

15 LEARN HOW TO BE HEALTHY



The project developed by the Portuguese NGO “Mundo a Sorrir” (Smiling World) is a municipality based project to improve the oral health of children in elementary school. It was initiated in 2010 and operates in 115 elementary schools of 15 municipalities of Portugal, covering 8876 children. It seeks to improve the oral health of 6-10 year-old children through the introduction of supervised daily brushing in schools over a two year period, preventive campaigns of awareness on oral health and healthy lifestyles to children, teachers and parents.

Evaluation has demonstrated that on average 70% of children had reduced levels of dental plaque by almost 50% in the first year of the project. The respective results for the second year of the project were similar though somewhat lower (compared to baseline, approximately 60% of children had 45% lower bacterial plaque deposits in their oral cavity).

16 MAINTAINING THE ORAL HEALTH OF ELDERLY AND THOSE WITH SPECIAL NEEDS IN RESIDENTIAL CARE



This is a multi-faceted programme aimed at promotion better oral health of both the elderly and those with special needs in care homes. It encompasses training of health workers, design and implementation of customized hygiene protocols, establishment of personalised dental records in the medical records, raising awareness of daily oral hygiene, diet and the importance of achieving the necessary care together with raising awareness of families to support the maintenance of oral hygiene. Taking care of oral hygiene is facilitated by caregivers through training that enables them to put the patient at ease.

Analysis of collected quantitative and qualitative data shows an awareness of the importance of oral health in maintaining good health and maintaining the autonomy of the elderly or those with special needs. Furthermore, caregivers who received training on oral health have a higher level of knowledge about oral health and its impact on health in general.

Families, the elderly and people with disabilities themselves who have been made aware to the problem are more aware of the impact of good oral health on quality of life.

17 MOUTH CANCER ACTION MONTH



Mouth Cancer Action Month, run by the British Dental Health Foundation, is a campaign to raise awareness of mouth cancer and its risk factors and the need for early diagnosis to improve survival rates. The campaign is delivered through public relations and media activity and via dental practices, highlighting the risk factors of smoking and alcohol together with the human papilloma virus (HPV) and aims to educate the public on signs and symptoms which should trigger them to visit the dentist under the theme ‘If in Doubt Get Checked Out.’

On-going evaluation takes place throughout and post the campaign to check progress towards achieving objectives. Evaluation of the programme shows increasing impact year-on-year.

18 NATIONAL SMILE MONTH



National Smile Month, run by the British Dental Health Foundation, is a UK national awareness programme which will celebrate its 40th Anniversary in 2016. It is delivered through public relations, dental practices and educational institutions. The campaign promotes three key messages:

- Brush your teeth last thing at night and on at least one other occasion with a fluoride toothpaste.
- Cut down on how often you have sugary foods and drinks.
- Visit your dentist regularly, as often as they recommend.

Participation has been shown to increase year-on-year. An on-going evaluation takes place throughout the campaign to check progress towards achieving objectives, to allow re-focusing of efforts in certain areas, demonstrating activity effectiveness, and ensuring cost efficiency. This is followed by a full evaluation at the end of the campaign.

19 OUR DRIVE FOR A HEALTHY SMILE



Our Drive for a Health Smile involves the use of a mobile dental clinic for a healthy smile. This was set up by the Faculty of Dental Surgery, University of Malta in collaboration with the University of Malta Research Trust. The students attending all the dental courses at the University of Malta are required to participate actively in outreach events using the mobile unit as part of their academic duties, under the supervision of academic staff. This gives the students an opportunity to experience first-hand community needs. Promotion of oral health, and provision of services to the broad spectrum of the population are also carried out in collaboration with the Dental Public Health Unit. The mobile dental clinic helps to provide outreach services and to reduce the inequalities that exist with regards to access to care. The Mobile dental clinic is also set up to be used for the National Dental Survey, a joint collaboration between the Dental Public Health Unit and the Faculty of Dental Surgery.

20 PREVENTION OF EARLY CHILDHOOD CARIES



Prevention of Early Childhood Caries (ECC) consists of oral health educational sessions structured in two phases: during pregnancy and after the baby's birth. At the end of each educational action, samples and Portuguese Dental Association educational brochures about oral health in pregnant women and children were distributed. A poster about prevention of early childhood caries was also posted at all community care units, where the oral educational sessions were carried out. The poster highlights the importance of maintaining healthy deciduous teeth until they are replaced by the permanent dentition and a brochure explains the oral hygiene care and diet required to prevent ECC.

Comparing the results obtained pre- and post-intervention, it was concluded that the educational actions for oral health were effective in acquiring knowledge.

21 PROJECT TEETH



“Project Zobek” is an innovative student based programme involving preventive action to promote oral health in different populations. The project involves the organization of different workshops in kindergartens, schools, dorms, retirement homes, on streets and in different clinics. Workshops are based on individual approaches of teaching how to maintain good oral health (brushing teeth together, flossing, quizzing, teaching, and presenting). The voluntary nature (with materials also being donated by industry) results in very modest costs and facilitates the sustainability of the project.

A full evaluation of the project is yet to be completed.

22 PROTECT KIDS' SMILES



In 2013 and 2014, Wrigley Poland, together with the Polish Dental Society, Polish Children's Dental Society and Polish Red Cross, facilitated free dental check-ups for 14,400 children in primary schools in 10 out of 16 provinces of Poland. Using specially designed child friendly branded dental rooms, educational lessons about good oral healthcare were given to over 138,000 pupils in primary schools. Children received special educational materials tailored for those aged 6-9 and 10-12 which included educational cartoons, quizzes and games. They also received dental toolkits with a toothbrush, toothpaste, sugar-free gum and information for parents about the health of their teeth and where they could seek additional dental care. The third edition of “Protect Kids' Smiles” commenced in September 2015, with plans to help conduct 9,000 dental check-ups in primary schools in the remaining 6 provinces of Poland and help deliver 100,000 educational lessons for children all over Poland.

A report after the dental check-ups under “Protect Kids' Smiles” showed that 76% of Polish children aged 6-12 years have problems with caries – demonstrating that work needs to be done. The campaign has also successfully increased awareness of the problem of poor oral health in the media in Poland.

23 PROTOCOL CHILD ABUSE (AND DOMESTIC VIOLENCE)



The aim of the Protocol is to facilitate professional help for children (or adults) when the dental staff suspect that abuse, neglect or violence may be present through raising awareness amongst dental professionals of child abuse neglect or violence.

The protocol gives directions on how to act, including advice about recording of observations, and contact addresses for professional support. The Netherlands amended its legislation to introduce a protocol with regard to child abuse for health practitioners.

Although no exact results are available yet (evaluation is still on-going), the co-ordinated action to bring the topic of abuse, neglect, or violence to the attention of dental practitioners and auxiliary staff has raised awareness of the problem and given victims a pathway to seeking further professional care or assistance.

24 SMILES DOOR-TO- DOOR



The project relies on a team of dentists that develop activities in institutions directed at the elderly. Such activities include:

- Oral health check-ups;
- Lectures about the importance of oral health directed at the workers/ professionals of the visited institution;
- Enable a proper connection with dental clinics (partners of the project) in order to carry out urgent treatments diagnosed during the check-ups;
- Distribution of informative material in each institution visited.

The main goal of the project is to reach, by the end of 2015, 15000 elders, 3000 institution workers/professionals and 300 institutions in 18 districts of Portugal.

Regular reporting of the impact of the project has demonstrated that it has been possible to introduce proper oral hygiene methods in the elderly as well as continuously raise the awareness of what should be done to prevent major oral problems.

25 STYRIAN CARIES PROPHYLAXIS (PREVENTION) PROGRAM



The Styrian caries prevention program, which is funded by the Styrian health insurance funds and the province of Styria, is since 1986 a programme focusing on practicing the correct brushing technique, regular check-ups and the age-appropriate information about oral health in children in Kindergartens and Primary schools. It also involves the education of parents and pregnant mothers, and specifically targets economically disadvantaged children. Parents receive valuable assistance and tips on dental health needs of their children.

The evaluation of the programme is carried out as part of the Austria-wide dental status surveys, coordinated by the Association of Austrian Social Security Institutions.

26 TEDDY BEAR HOSPITAL



Teddy Bear Hospital is a Latvian programme for kindergarten and school children delivered by dental students. Students are sent to local schools and kindergartens during school hours, they use teddy bears to teach students the importance of good doctor patient relations, as well as the importance of public health in all aspects, including dentistry.

At the moment the initiative is a small one, but one which could be expanded nationally. The project is completely run by the student organisations, with funding secure for the foreseeable future.

27 YOUTH COMMUNITY BASED ORAL HEALTH LEARNING MODEL



“Com 4You”, a youth community based oral health learning model, is an

EU funded project aimed at enhancing the oral health literacy of the young population and to prove how the implementation of the model can improve oral health of youth with special needs. It is aimed at promoting oral-hygiene education among socio-economically deprived groups and by this, to contribute to radically improving their oral health.

The project is on-going, with evaluation built in. The main focus is in providing cost-effective solutions.

28 ALLIANCE FOR A CAVITY FREE FUTURE



The Pan-European Chapter of the Alliance for a Cavity-Free Future (ACFF) is working towards the stretch goal that every child born across Europe in 2026 and thereafter should stay cavity-free during their lifetime. ACFF has brought together leading experts from across the academic and public health landscape of Europe who have committed to work in collaboration.

One goal of the Pan-European Chapter is ensuring that appropriate caries prevention and management can be implemented across Europe. The Collaborative Council of the Pan-European Chapter has overseen the setup and execution of varying projects since 2013, from Europe-wide surveys to TV Advertisement campaigns, education system reform to symposia held jointly between organisations on the epidemiology of caries across Europe.

RECOMMENDATIONS BASED ON THE EXERCISE AND FINDINGS

Based on the economic and social impact of oral diseases the Platform for Better Oral Health in Europe believes that “Investing in oral health” is the only way to avoid the increasing burden of oral diseases on the EU, its Member States and its citizens.

Cost-effective disease prevention and health promotion measures can pay big dividends – reducing long-term costs and improving the oral health, general health and quality of life of all EU citizens. Improving people’s health generates positive economic and social outcomes.

It is both never too early to invest in health promotion and disease prevention and it is never too late in peoples’ lives to improve health and well-being.

We therefore call on the EU institutions, EU Member States and all stakeholders to work towards achieving better oral health in Europe through the mainstreaming of oral health in all policies, including education, social affairs, nutrition, research, employment and health.

Because oral and other chronic diseases have determinants in common, more emphasis should be on the common risk factor approach. The key concept underlying future oral health strategies is integration with this approach, a major benefit being the focus on improving health conditions in general for the whole population and also targeting groups at high risk, thereby reducing social inequalities in health and oral health.

There is no ‘one size fits all solution’ and each Member State needs to develop its own Oral Health Strategy adapted to its national situation and system.

THE PLATFORM SUPPORTS THE FOLLOWING ACTIONS AND INITIATIVES TO HELP ACHIEVE THIS GOAL:

1. The European Commission and Member States should establish a Joint-Action on Oral Health focusing on the detailed and critical appraisal of existing oral health promotion initiatives, identification of gaps and formulation of specific effective public health interventions and on the formalised sharing of best practices between Member States
2. Appropriate funding through the EU Health Programme should be allocated to oral health concerns
3. An EU framework for common risk factor management needs to be set up, with oral health being a key component
4. Oral health concerns should be included in the Commission’s country-specific recommendations and the European Semester (with a focus on the economic aspect, and looking at the need to invest in oral health promotion to ensure sustainability of healthcare systems)
5. Member States should subsequently adapt their healthcare systems to ensure adequate focus is given to promotion of and preventive programmes in oral health
6. A pan-European oral health communications plan should be built up in order to raise awareness of the importance of good oral hygiene, fluoride use, the reduction of sugar consumption and adoption of a healthy diet across the life-course among all EU citizens, healthcare professionals and policy-makers

ABOUT THE PLATFORM

The Platform for Better Oral Health in Europe is a joint initiative of the Association for Dental Education in Europe (ADEE), the Council of European Chief Dental Officers (CECDO), the European Association of Dental Public Health (EADPH) and the European Dental Health Foundation (EDHF). Its work is supported by the Wrigley Oral Healthcare Program and GlaxoSmithKline. The Platform also has 14 associate members, representing national oral health promotion groups, and European associations of dental professionals (including orthodontists, periodontologists, dental hygienists etc.).

The Platform was created to respond to the Call to Action for Better Oral Health in Europe handed over to then Health Commissioner John Dalli by several Members of the European Parliament in 2010. The mission of the Platform is to promote the benefits of good oral health and the cost-effective prevention of oral diseases in Europe.

The Platform seeks a common European approach towards education, prevention and access to better oral health in Europe. The Platform is a collaborating partner to the Joint Action on Workforce Planning and the Joint Action on Chronic Diseases of the European Commission.

The Platform has recently launched a new website where you can find resources and policy documents on oral health policy in Europe
www.oralhealthplatform.eu