

## Proposed 2020 targets for better oral health in Europe

---

### Better data collection systems

1. Create an EU-funded permanent European oral health surveillance and data collection network, which gathers standardised data from each EU country annually.
2. All EU Member States should establish consistent methodologies and systems for reporting oral health data across Europe and report data every two years on the same years.
3. EU-funding is dedicated to bridging the oral health data gap, especially in areas where there are no data or data are very poor (such as estimating the prevalence of periodontal diseases, community-based research on the social determinants of health).

### Preventive policies

4. All population groups should have access to oral health care based on needs.
5. All EU Member States should have developed a specific national oral health prevention strategy or action plan, based on central EU guidelines. These strategies should reflect the common risk factor approach, take into consideration specific at-risk groups and integrate specific oral health targets in national health and health research programmes.
6. All EU Member States should have addressed the increasing oral health inequalities by developing health promotion programmes focusing on good oral hygiene practices, the use of fluoride, healthy dietary habits, sugar reduction and the promotion of sugar alternatives, as well as on the broader social, behavioural and environmental determinants of health.
7. A permanent mechanism for European coordination between Health Ministries, Chief Dental Officers, Chief Medical Officers and Chief Nurses Officers with the European Commission has been created and meets regularly to assess and improve oral health prevention strategies.
8. Based on an EU health workforce plan, each EU Member State should develop an oral health team (involving dentists, dental hygienists, dental nurses, etc.) with appropriate skills to care for the oral health of the population.
9. Each EU Member State should recognise the role of oral health clinicians in prevention and general health, including tobacco cessation advice, and oral cancer diagnosis responsibilities.
10. Each EU Member State should integrate oral health in national curricula for all healthcare practitioners (doctors, pharmacists, nurses, nutritionists etc.) and in their continuing professional development.
11. Carers for the elderly at home and in institutions for the elderly, as well as those for orphan children and those with special needs, should be trained in and routinely provide daily oral hygiene for those in their care.

### Education and awareness

12. Each EU Member State should have developed national/regional school-based oral health prevention programmes in primary and secondary schools and/or integrated oral health advice in curricula of primary and secondary schools. These programmes may include free dental check-ups and especially aim to teach children and teenagers good oral hygiene practices, the use of fluoride, healthy dietary habits, sugar reduction and the use of sugar alternatives.
13. All universities/dental schools in Europe should have integrated in their curricula the Competence Domain “prevention and health promotion” - encompassing the graduating dentists' competences at promoting and improving the oral health of individuals, families and groups, as described in the Association for Dental Education in Europe (ADEE) published document “Profile and competences for the graduating European dentist”.
14. All EU Member States should have developed a national public health campaign to raise citizen's awareness of oral health and impulse good prevention habits and tobacco cessation behaviours.

## Background

In September 2012, the Platform published a comprehensive report on the [State of Oral Health in Europe](#) that presented the best evidence-base available at the time of writing on the prevalence of oral diseases and related public health costs in Europe. The report highlighted that:

- Despite significant achievements in the prevention of caries, the disease remains a problem for many groups of people in Eastern Europe, and for those from socio-economically deprived groups in all EU Member States;
- Trends in the prevalence of periodontal (gum) diseases and oral cancer across Europe are worrying;
- A significant burden is associated to oral care (an estimated 79 billion euros spent by the EU in 2012);
- The evidence-base available to European policymakers on oral health-related matters is poor.

**The Platform believes that European decision makers could further improve the situation in a cost-effective way by focusing more on the promotion of oral health and the prevention of oral diseases.** Of particular importance is the need to improve the collection of data and to consider oral health as an integral part of general health and address risk factors common to many other chronic conditions, which include diet, smoking and alcohol use. To that aim, the Platform has agreed at its meeting of October

2012 to propose a core set of European targets to improve oral disease prevention by 2020 in Europe across the following areas:

1. **Data collection systems;**
2. **Preventive policies;**
3. **Education and awareness.**

These targets specifically aim to inform the joint-action on chronic diseases which will be launched in 2013 by the European Commission and EU Member States, and with a view to defining top priority areas for oral health improvement. The Platform views these targets as a basis for discussions and aims to launch a European consultation ([www.oralhealthplatform.eu](http://www.oralhealthplatform.eu)) to receive inputs, which will start with the presentation of the proposed targets to EU policymakers and to a representative panel of public health stakeholders and professional associations for discussion at an initial roundtable ahead of World Oral Health Day 2013 (20<sup>th</sup> March) in Brussels.

Furthermore, this paper proposes an indicative core set of indicators that the Platform considers reviewing, in collaboration with EU Institutions and EU Member States, with a view to assessing where EU Member States stand and to measure progress in Europe by 2020.

## Indicative list of indicators<sup>i</sup> to be considered to measure progress over time:

- Reduction in the proportion of middle-aged adults affected by severe periodontitis. It is currently estimated that 50% of the European population may suffer from some form of periodontitis and over 10% with severe disease, with prevalence increasing to 70-85% of the population aged 60-65 years of age.<sup>ii</sup>
- Increase in the number of caries-free 6-year-olds in all EU Member States.
- Increase in the percentage of caries-free 12-year-olds, with special attention to high-risk groups (e.g. socio-economically disadvantaged groups), in all EU Member States. For instance, it is currently estimated that around 70% of 12-year-olds in Germany are caries-free.<sup>iii</sup>
- Increase in the percentage of individuals aged over 65 year-olds with functional dentitions (21 or more natural teeth) in all EU Member States. For instance, it is currently estimated that only 10% of the population aged 65 year-old is edentulous in Sweden.<sup>iv</sup>
- Improvement in the 5-year survival rate for treated cases of oral cancer.
- More patients diagnosed with oral cancers are detected at stage 1 (local) in all EU Member States.
- Higher vaccination rates for the female and male teenage population against *human papilloma virus* (HPV), as an increasing cause of mouth cancer, in all EU Member States.

<sup>i</sup> Indicative list proposed by the World Health Organisation: Hobdell M, Petersen PE, Clarkson J & Johnson N, Global goals for oral health 2020: International Dental Journal (2003) 53, 285-288, [http://www.who.int/oral\\_health/publications/goals2020/en/index.html](http://www.who.int/oral_health/publications/goals2020/en/index.html)

<sup>ii</sup> Patel R., State of Oral Health in Europe report, September 2012

<sup>iii</sup> Pieper K.& Schulte A. (2006) Caries prevalence among 12-year-old German children in 2004. Results from a national survey. Caries Research; 40 : 331.

<sup>iv</sup> Council of European Chief Dental Officers. Database. Accessed at: <http://www.cecdo.org/pages/database%20intro.html> on 11/02/2013