



// PORTUGUESE EU-PRESIDENCY CONFERENCE ON “HEALTH STRATEGIES IN EUROPE” ON 12-13 JULY 2007

RECOMMENDATIONS
OF PARALLEL SESSION

EUROPEAN STRATEGY FOR ORAL HEALTH



// INTRODUCTION

Oral health is an integral part of general health and well-being. Good oral health enables individuals to communicate effectively, to eat a variety of foods, and is important in overall quality of life, self-esteem and social confidence. A range of diseases can be classified as oral diseases including dental caries, periodontal diseases, oral pathology and cancers, dento-facial trauma and dental erosion. These diseases, although largely preventable, affect a significant proportion of the European Union population and exact a heavy burden on individual quality of life and costs to health care systems.

The major risk factors for oral diseases are the same as for major chronic non-communicable diseases such as obesity, heart disease, stroke, cancers, diabetes and mental illness. Rather than attempting to tackle each chronic disease in isolation, a more effective approach is needed with greater emphasis on prevention and health promotion. Directing action at the common-risk factors – e.g. diet, smoking, alcohol, stress Improvements – is an effective and efficient way of reducing the burden of these diseases.

This common-risk approach implies a greater integration of oral health into general health promotion, which is all the more necessary given that oral health itself is a determinant of general health. This implies a broader concept of the role of oral health professionals, including early diagnosis of diseases.

The common-risk approach also needs to take account of the differing needs of different population groups according to their lifestyles, life stages and life conditions. Oral health inequalities are evident both across the EU and within Member States.

Member States have recognized the need for greater emphasis on prevention and health promotion. Over the past decades, they have increasingly formulated priorities and targets for health policies which broaden oral health goals from simply tackling specific diseases to objectives expressed in terms of quality of life, reduction of health inequalities, quality of care and access to care.

An EU health strategy should further empower national policies by facilitating coordinated action to promote oral health as an integral part of chronic disease prevention, amongst other issues through enhanced cooperation with other community actions and programmes. It should build upon synergies in the health sector to further strengthen cooperation between the EU institutions and national and regional government bodies as well as with stakeholders, and to develop alliances with associations of professionals and with academic institutions both at national and European level.

The aim of a European health strategy should be to improve health information, strengthen capacity of action with regard to the evolution of health systems, and to promote health, taking into account health determinant factors, with the ultimate objective of protecting human health and improving public health.

// EUROPEAN STRATEGY FOR ORAL HEALTH: RECOMMENDATIONS

Prevention and oral health promotion

1. A reorientation of oral health care systems is needed to focus more on prevention. This must take into account different population groups according to their differing lifestyles, life stages and life conditions, including children and elderly people.
2. Oral health promotion, based on a common-risk approach, must be an integral part of chronic disease prevention.
3. The public, patients and oral health care professionals must be educated to promote a healthy lifestyle.
4. Member States need to recognise their role in actively and financially supporting measures relating to oral health promotion.

Action on health inequalities

5. Evidence-based population strategies need to be developed and implemented to address underlying determinants of oral health inequalities, giving particular attention to high-risk and disadvantaged individuals or groups.
6. A multi-strategy approach is needed – clinical prevention and health education are not enough to reduce oral health inequalities, so further measures such as legislation, fiscal policy and community development need to be considered.
7. Policies must be encouraged and promoted to ensure access to fluoride for the whole population; this should include the decrease of VAT on fluoride products.

Oral health surveillance

8. Essential oral health indicators must be integrated in health surveillance and knowledge systems.
9. An EU Oral Health Surveillance Institute should be considered.
10. Oral health indicators should be used as markers of health inequalities.
11. Oral epidemiology needs to be regularly monitored across the EU – at national, regional and local levels.

Quality assurance

12. Availability and access to high quality and affordable oral health care needs to be guaranteed.

13. Quality assurance, clinical governance and patient safety initiatives should be supported.
14. Access for patients to accurate oral health and service information needs to be improved.

Capacity building

15. Oral health professionals need to be trained in evidence-based prevention and health promotion at undergraduate level and during continuing professional development (CPD).
16. General medical training should include an oral health component.
17. Better use of resources should be ensured by the evaluation, sharing and dissemination of knowledge and experiences across the European Union – at national, regional and local level.

// REFERENCE DOCUMENTS

Decision N°1786/2002/EC of the European Parliament and of the Council of 23 September 2002, adopting a programme of Community action in the field of public health.

European Commission's discussion document "Health in Europe: A strategic approach" (December 2006).

Council of European Dentists' position paper "Responses to the European Commission's discussion paper for a health strategy" (February 2007).

World Health Organisation Resolution WHA60.17 "Oral health: action plan for promotion and integrated disease prevention", adopted at the 60th World Health Assembly on 23 May 2007.

Council Conclusions on Common values and principles in European Union Health Systems OJ C 146, 22.6.2006, p. 1.