



Egita Senakola

Summary and evaluation of EGOHID Phase I

Health Surveillance in Europe

European Global Oral Health Indicators Project

Phase I 2003-2005

Health and Consumer Protection Directorate-General
Community Action Programme on Health Monitoring

European Commission

Project 2002472

EGOHID Phase I

Justification of the Project

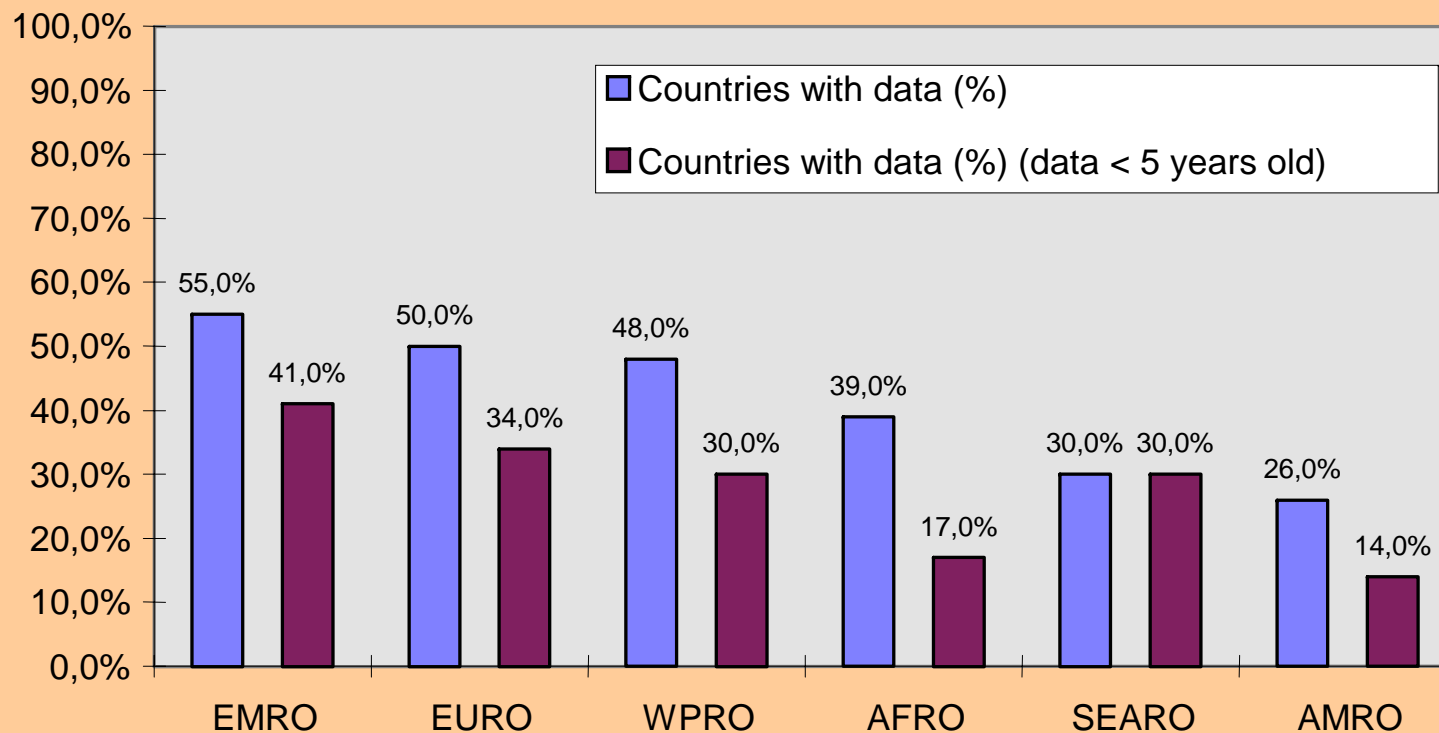
- Minorities and deprived groups in many European countries have a high level of untreated diseases
- Increasing costs which represents 7% of the total expenses in health
- Profession in transition
- Decline of quality of care

« Despite the great achievements of oral health in European countries in the last 20 yrs, unsolved and ongoing problems still remains »

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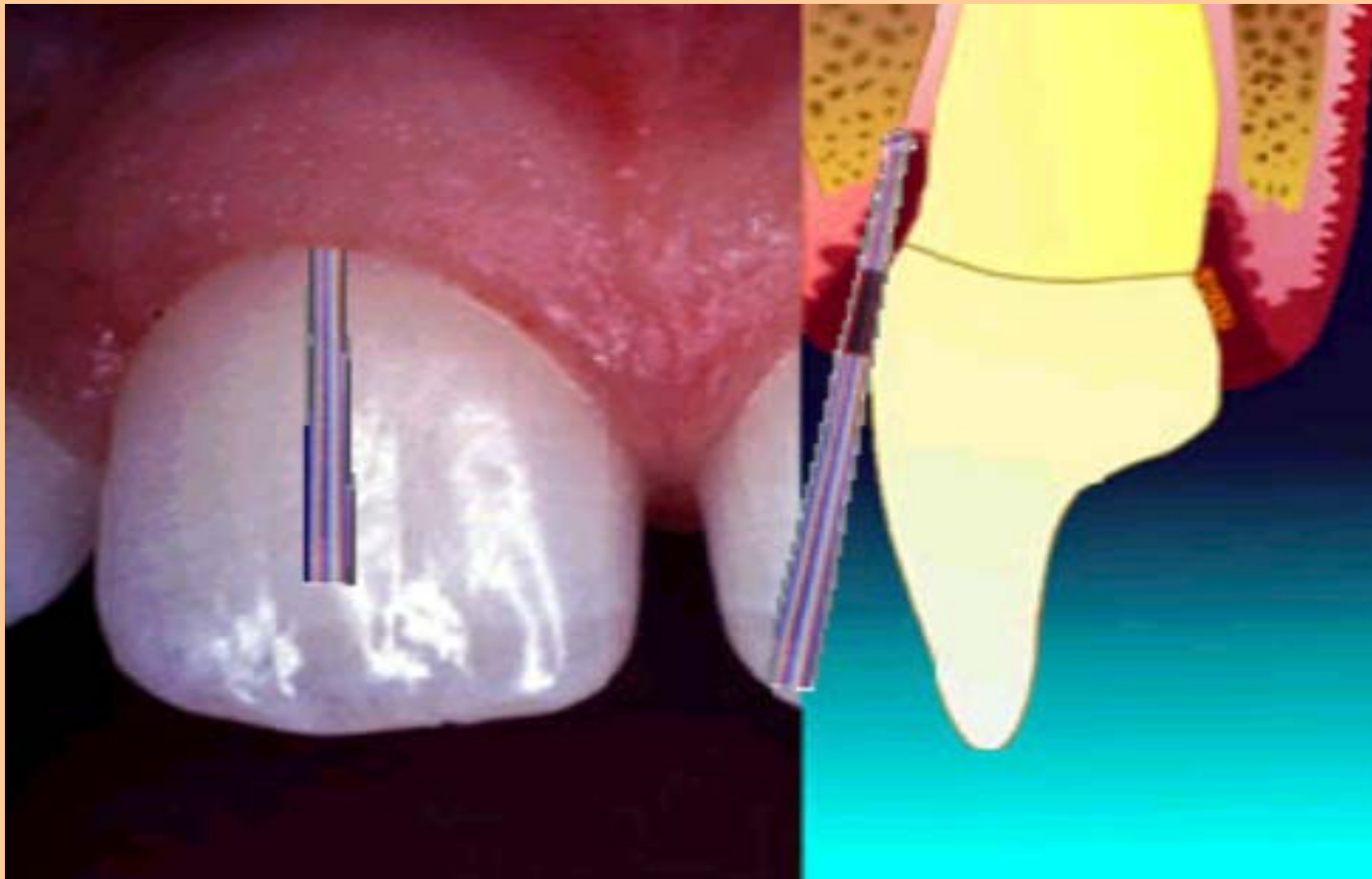
Rationale for Surveillance

« Quality of the information in oral health is affected by the insufficient use of available data for planning, implementation, service management and evaluation and the inadequate quality of data produced »

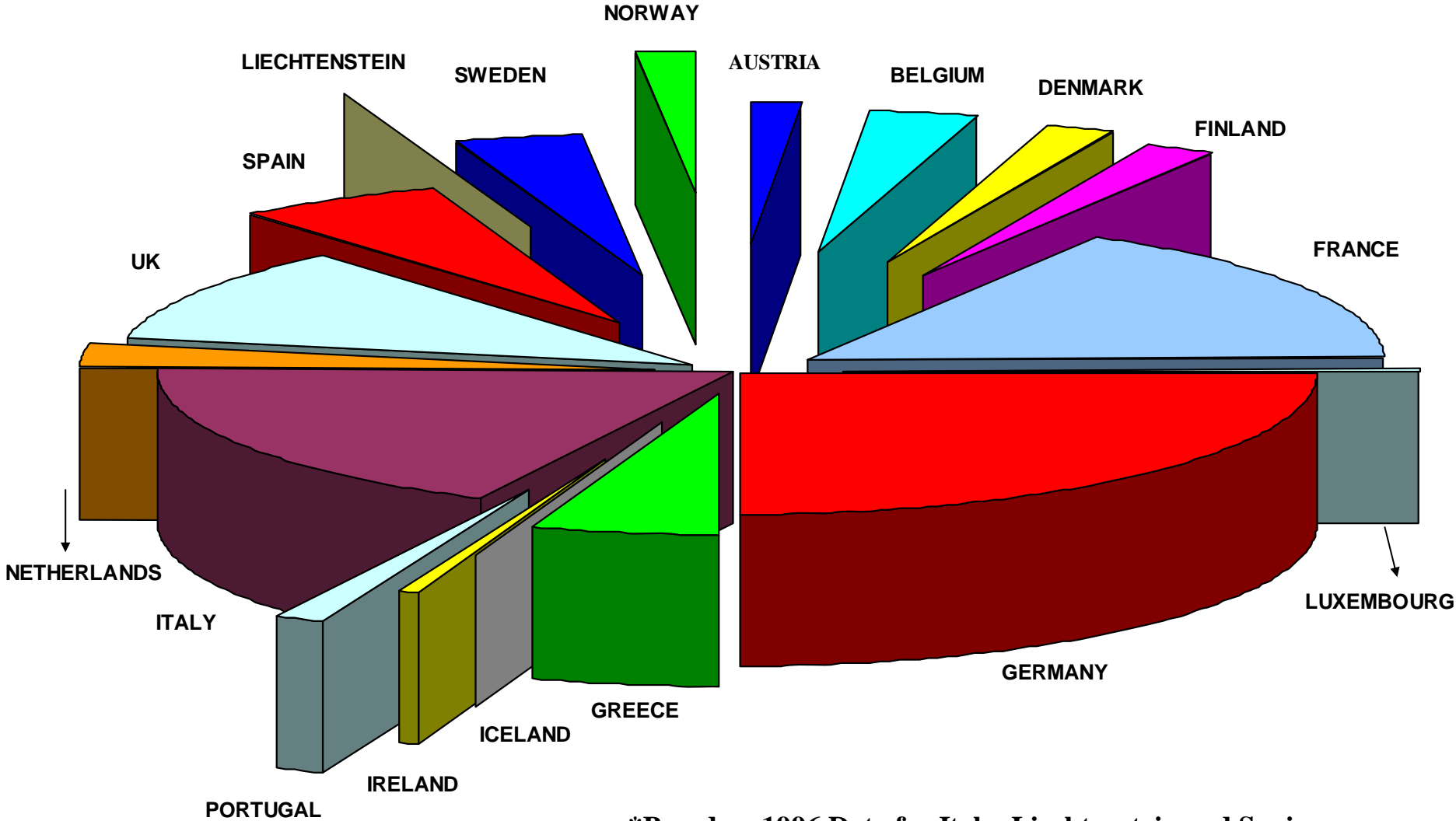


Quality of the information in oral health

« Profusion of internationally indicators
complicate the national selection of indicators and may lead to costly and
unnecessary monitoring efforts »



Distribution of Active Dentists in the EEA in 1998*



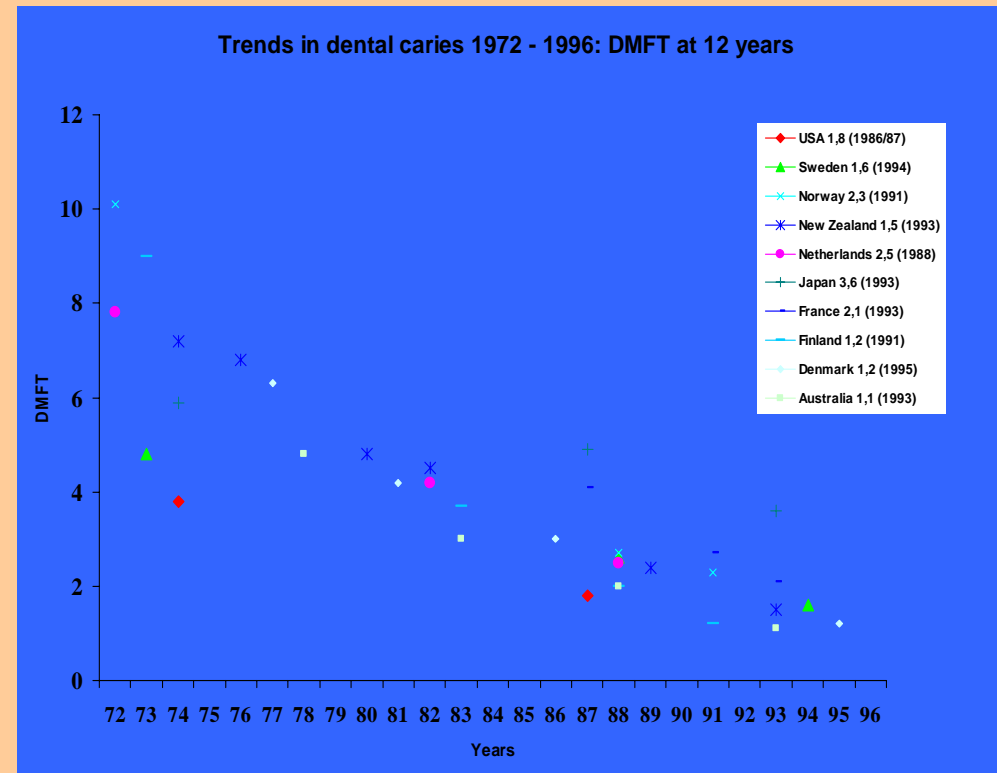
*Based on 1996 Data for Italy, Liechtenstein and Spain

Total : 245,169

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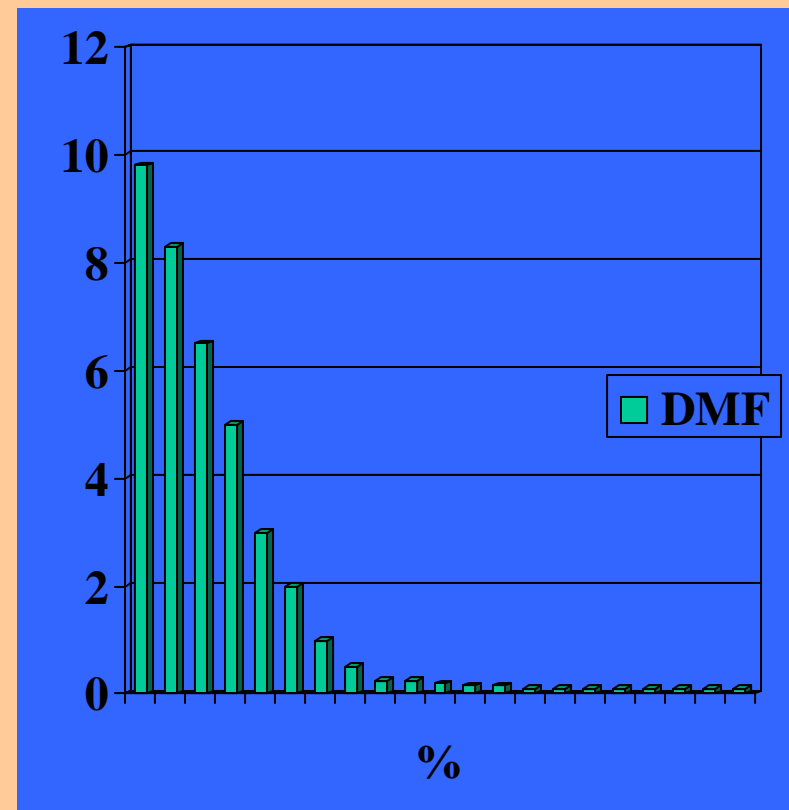
« A new type of indicators will facilitate further promotion of oral health and NCD surveillance in Europe »

- Rational for Surveillance
 - To collect information
 - To monitor changes
 - To assess the effectiveness of the service
 - To plan oral health services



Challenge in European Oral Health Policies

- To reduce the burden of the high risk morbidity diseases
- To promote a preventive strategy to limit the risks
- To input the performance of health systems
- Amelioration of quality of Life
- Promotion and prevention focused on specific groups
- Amelioration of Quality of Care and Access



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- Objectives

- An updating of the priority oral health problems of the countries
- To provide technical support and appropriate guidelines to UE states in assessing their needs, developing effective oral health promotion programs, adapting their oral health care systems
- To ensure that the leadership is based on the best available evidence and thus to facilitate capacity building and establishment of a global network information system

EGOHID Phase I

- Objectives

- To support European Member States **to reduce the toll of morbidity, disability** related to oral health diseases
- To identify indicators **of oral health** (health vs. disease, determinant, risk factors), of **critical oral health care, its quality of care**
- To identify the types of **data generation and management problems**

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- Objectives, but:
 - Not to reinvent existing work
 - To be in the Centre of Oral Health and in European Health Monitoring Programme

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- The project is an integration and further development of a large number of ongoing oral health projects in different fields. In particular in Europe, it will use :
 - Development of set of specific and generic cost and health indicators : oral health (DG XIII, 1993/95), oral health (DG XIII 1997/98), Biomed (DG XII 1994/1998)
 - Oratel. Telematic Systems for Quality Insurance in Oral Health Care (CEC Project A 2029), WHO Regional Office for Europe (1992)
 - Quality of Care Development Programme in Oral Health, WHO Regional Office for Europe (1999)

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Approach to Oral Health Indicators Development

WHAT DO WE NEED?

To provide timely,
scientifically sound,
understandable
information

Communication
(Policy relevant)



WHAT DO WE HAVE?

Databases,
statistics,
measurement/monitoring ...

**Quality /
validity /
feasibility**

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Approach to Oral Health Indicators Development

- **WHAT DO WE HAVE?** Colation of routinely collected data in the UE members states
- **WHAT DO WE NEED?** Recommendation of :
 - A manageable number of indicators
 - Standard methods for the collection of the chosen indicators
 - Indicators which need to be routinely monitored in the future

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Expected Outcomes

3 groups of Oral Health Indicators

- 1) Ready and recommended for implementation
- 2) Ready, but not feasible for immediate implementation
- 3) Desirable although requiring further development work

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Overarching Aims

- Develop a **theoretical framework** for the selection and prioritization for monitoring ORH
- Identify indicators relevant to **monitoring ORH**
- Examine the **integrated ORH aspects** and proposal in other monitoring projects
- Consider **other novel proposal** for monitoring ORH
- Integrated these into a **definitive list** of indicators for ORH

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- **Dimension**

- Introduction of standardized, specific and generic, common and comparable indicators for selected oral health areas, which are relevant as tools for proactive (needs assessment) and retrospective (outcomes and cost assessment) methodologies, adaptable to any set of geographical settings and condition throughout the EU.

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- **Add value**

- An updating of the priority health problems of the countries
- To provide technical support and appropriate guidelines to UE states in assessing their needs, developing effective oral health promotion programs, adapting their oral health care systems
- To ensure that the leadership is based on the best available evidence and thus to facilitate capacity building and establishment of a global network information system

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PARTICIPANTS

GUEST MEMBERS

WHO

European Commission

Candidate Countries

European Organization

- European Association of Dental Public Health
- European Federation of Periodontology
- Council of European Chief Dental Officers

TOPIC-SPECIFIC PARTNERS

- Ministry of Health
- Administrations
- Universities
- Manufactory

OFFICIAL NATIONAL PARTNERS

AUSTRIA: University of Graz

BELGIUM: University of Louvain

DENMARK: University of Copenhagen

FINLAND: Ministry of Health

FRANCE: University of Lyon

GERMANY: University of Dresden

GREECE: Technology Institute

IRELAND: University of Cork

ITALY: University of Milan

NORWAY: University of Bergen

THE NETHERLANDS: University of Amsterdam

PORTUGAL: University of Lisbon

SPAIN: University of Grenade

SWEDEN: Ministry of Health

UNITED KINGDOM: University of Glasgow

OTHERS

Temporary advisers

EGOHID Secretariat

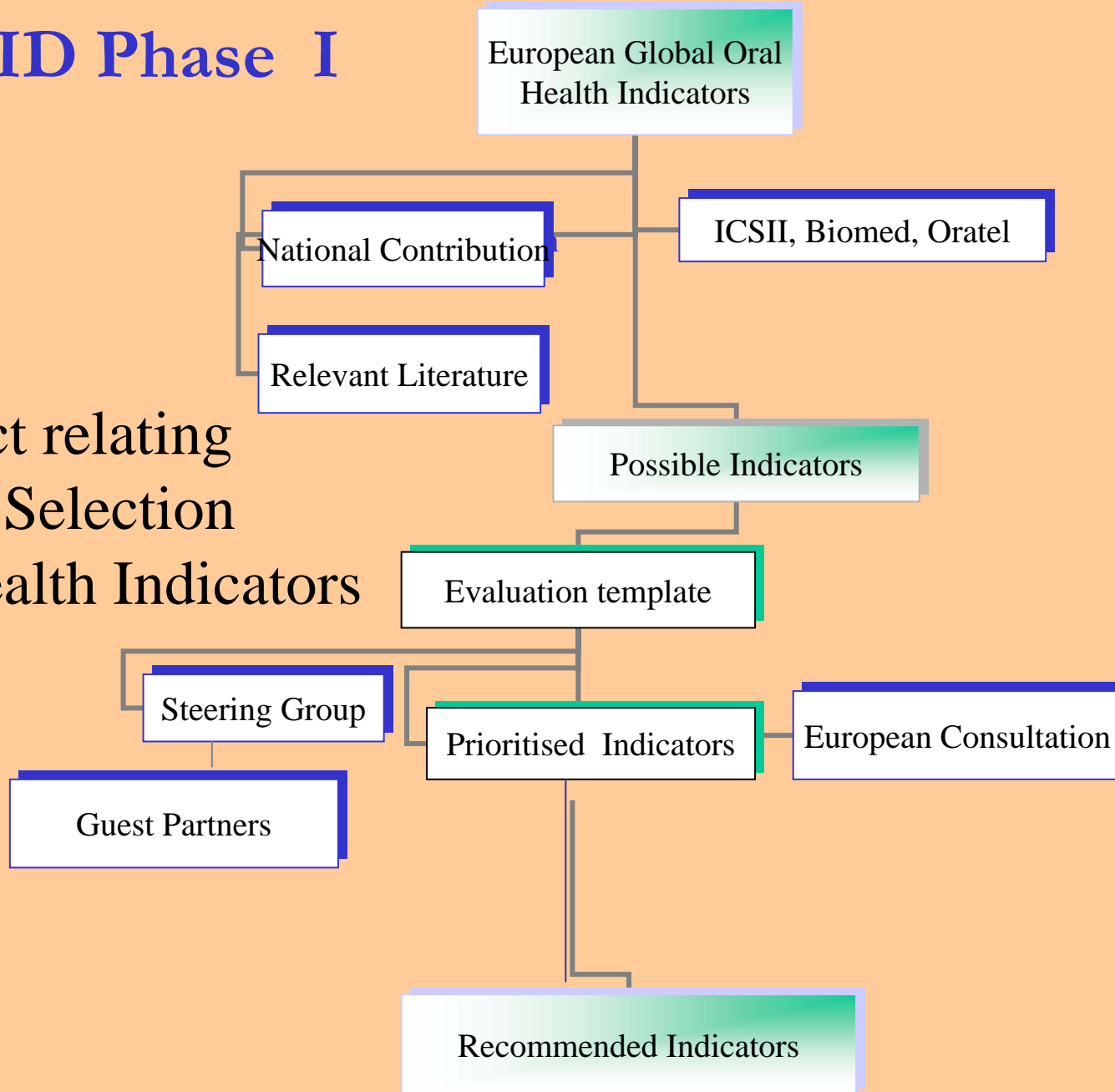
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Steering Group

- **Austria:** Dr G. Wimmer, Universitätsklinik für Zahn-, Mund- und Kieferheilkunde, Auenbruggerplatz Graz
- **Belgium:** Pr. JP Vannieuwenhuysen, Catholic University of Louvain, Brussels.
- **Denmark :** Pr. PE Petersen, WHOCC Community Oral Health Programme and Research, Copenhagen.
- **Finland:** Dr A.Nordblad Ministry of Health
- **Germany :** Pr. T Hoffmann, Dept of Periodontology, Medical Faculty, University of technology of Dresden,
- **Greece:** Y. Koumpouros, Innovative Applications ATAC, Preisteri
- **Ireland:** Pr. D. O'Mullane, Oral Health Services Research Centre, University Dental School, Wilton, Cork
- **Italy :** Pr L. Stromengher, University of Milan, Dept of Medicine, Surgery and Dentistry, Milano
- **Netherlands:** Dr JSJ Veerkamp, Dpt Pediatric Dentistry, ACTA, Amsterdam
- **Norway:** Dr E Skaret, Faculty of Odontology, University of Bergen
- **Portugal:** Pr C.Mexia de Almeida, Faculdade de Medicina Dentaria, Cidade Universitaria, Lisboa
- **Spain:** Pr. JC Llodra Calvo, Facultad Odontologica Universisadas Granada
- **Sweden:** Dr C. Källestal, National Institute of Public Health, Stockholm
- **UK:** Pr D. Kinane University of Glasgow Dental School Glasgow

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Project relating to the Selection of Oral Health Indicators



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Methods

1. **EU Steering Committee Meeting on Oral Health Statistics**

Goal: To conduct a systematic review and to outline a process for identifying a set of core indicators for oral health that will help professionals to promote and improve the global oral health promotion, quality of care and surveillance of people in Europe

The objectives of the meeting were achieved by:

- Identification of the health information system problems relevant to the use of oral health indicators
- Identification of the principles for guiding the selection and use of oral health indicators
- Identification of the recent oral health indicator selection efforts

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2. European Consultation Peer review (Step 2, 4)

The document was sent to an expert panel in Europe for peer review. The terms of reference were :

- To comment on the process proposed
- To list major deficiencies and inaccuracies in the document
- To comment on the content and format
- To comment on future directions

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3. Consensus Workshop for Selecting Essential Oral Health Indicators **Objective: Process of selecting essential specific and generic oral health at several levels (Regional, Central, Local)**

The objective of the meeting were achieved by :

- A list of priority oral health problems, populations and high risk group
- A table of essential indicators in categories : indicators of priority oral health problem, indicators of service delivery, quality of care and indicators of critical health resources
- A list of data sources for each indicator
 - To identify indicators of oral health, of critical health care, its quality of care and of essential resources
- For each indicators in the individual topic areas, to identify primary data sources
 - To identify the types of data generation and management problems needing attention within the health information system

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4. Validation

5. Final Consensus Workshop for Guidelines in Oral Health Information Support

Objective: To support the Oral Health Indicators developmental work with additional products.

The objectives of the meeting were achieved by :

- Establishing standard cases definitions
- Guidelines on annual oral health reports
- Guidelines for rapid assessment of health information system
- An identification of the services types and levels which must provide the data for essential monitoring

6. Final list of Indicators, Guidelines and Dissemination

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Oral Health Process

1. What are key topics?
2. In each - What are the issues?
3. What is measurable?
4. Medium List refined on validity
5. Draft Short List created
6. National consultation until tomorrow

2003 – 2004 Oral Health Plan

By end September 2003

- Intra-project and external liaison
- Initial “long list” of indicators

By end June 2004

- First draft report, with refined list
- Initial short list of indicators

By end September 2004

- Final establishing standard cases definitions

By end December 2004

- Final report