



**MAY 2011**

**// CED RESOLUTION**

**FOR BETTER ORAL HEALTH OF ALL  
EU CITIZENS:  
MUTUAL INTEGRATION OF ORAL  
AND GENERAL HEALTH!**

---



## // INTRODUCTION

The Council of European Dentists (CED) is the representative organisation for the dental profession in the EU, representing over 320,000 practising dentists through 32 national dental associations. Established in 1961 to advise the European Commission on matters relating to the dental profession, the CED promotes high standards of oral healthcare and effective patient-safety centred and evidenced-based professional practice across Europe.

## // ORAL HEALTH IS AN INTEGRAL PART OF GENERAL HEALTH

The EU health strategy 2008-13 lists as strategic objectives fostering good health in an ageing Europe and protecting people from health threats, including major and chronic diseases. However, there are no policy initiatives at EU level focusing on oral health.

Oral health is an integral part of general health and well-being. Good oral health is essential for 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 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. In addition, the presence of an untreated oral disease in a patient also increases the risk of the patient developing one or more of other major chronic diseases.

Rather than attempting to tackle each chronic disease, either oral or general, in isolation, a more effective approach is needed, based on sharing of knowledge and cooperation between the patients and all healthcare professionals involved in primary care. Directing prevention and promotion activities at the common-risk factors – e.g. diet, smoking, alcohol, stress – is an effective and efficient way of reducing the burden of chronic 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.

EU Member States who have the main responsibility for health policy and provision of healthcare to European citizens 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.

## // THE CED NOTES:

### **Prevention and oral health promotion**

1. Oral health promotion, based on a common-risk approach, must be an integral part of general health promotion and chronic disease prevention.
2. Healthcare professionals should be encouraged to share knowledge about common risk factors and work together at all levels. Dentists and other oral health professionals need to be trained in risk factors for major non-communicable chronic diseases at undergraduate level and during continuing professional development (CPD). Education and training of all health care professionals, particularly of doctors, nurses, midwives and pharmacists, needs to include an oral health component.
3. Patients should have access to clear, non-conflicting and understandable information about general and oral health from healthcare professionals and from public sources. Access for patients to evidence-based oral health education and information about the availability of treatment needs to be improved.

### **Health inequalities**

4. Health promotion and disease prevention activities must take into account different population groups according to their differing lifestyles, life stages and life conditions. Actions should be tailored to children and the ageing, and to groups with limited access to healthcare such as medically compromised persons, institutionalized persons and the homeless.
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 removal of VAT on fluoride products.

### **Oral health surveillance**

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

### **Patient safety and quality assurance**

11. Patient safety, quality assurance and clinical governance in dental care should be supported.
12. Availability and access to high quality and affordable oral healthcare should be guaranteed.

**EU oral health policy**

13. A permanent orientation of EU health care systems is needed to focus continuously on oral health prevention and promotion, not only to improve oral health of the population but also to reduce risks for other major non-communicable diseases. Member States need to recognise their role in actively and financially supporting measures relating to oral health promotion.
14. The EU should promote a comprehensive approach to fostering good health and tackling major chronic diseases through improving information on risk factors, facilitating cooperation between stakeholders and between Member States and supporting general and oral health promotion and prevention campaigns at EU level.
15. 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.

**\*\*\***

**Adopted unanimously by the CED General Meeting on 27 May 2011**