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From: cinar@mappi.helsinki.fi [<mailto:cinar@mappi.helsinki.fi>] On Behalf Of Ayse Basak Cinar

Sent: Thursday, September 30, 2004 4:27 PM

To: SANCO REFLECTION HEALTH STRATEGY

Subject: comments and inquiry on preventive health

Dear Mr. David BRYNE,

Even though I am not a EU Commission member, as an international researcher at medical sciences, I would like to propose my ideas relevant to your paper: "Enabling Good Health For All". My research is closely related with statements on your report:

"How the prevention be enforced more effectively?"

"What other actions could EU take on nutrition, obesity?"

"If the EU is to help citizens achieve good health, it must address behavioural, social and environmental factors that determine health."

My research titled as "Understanding Health Behaviors at Preadolescence for Effective Prevention of Oral Diseases and Negative Dietary Habits" is designed to provide a holistic new health behavior framework for preadolescents. Provision of better quality of life at lower costs with long-term success can be achieved by effective preventive measures if correctly and timely targeted during the developmental process in preadolescence (transition period between childhood and adolescence) because health behaviours formed during childhood and preadolescence are unlikely to change beyond adolescence whereas it is complicated and difficult to maintain or modify positive health behaviors during adolescence.

It is a cross-cultural study between Finland and Turkey so then it may be one of the model works for EU to assess the factors relevant to oral health behaviours and dietary habits under a common holistic framework whereas advantage of research at a developing country with comparison to an EU country may provide further information what the strengths, weakness, opportunities and threats (S.W.O.T) are for maintenance, improvement of health behaviours at EU. It is known that S.W.O.T analysis are quite expensive research tool and on the other hand comparison between EU countries may not provide very detailed information because besides having socio-cultural differences, EU countries have organized health care systems and a balanced distribution of income and standard of living compared to developing countries. With unorganized health care systems, higher rate of unemployment and illiteracy, developing countries' health scheme among children may be a good indicator to see which factors relevant to health are common and which are dependent on national variables. Both analysing preventive health behaviours (oral health care, dietary habits, general hygiene, physical inactivity) with their outcomes (DMFT, def, BMI) among preadolescents under a common framework with behavioral, maternal and environmental factors, and a international comparison on factors will provide new insights to preventive measures in terms of cost-effectiveness and increased quality of lives.

If EU Health policy should be based on solid grounds (facts, data, scientific evidence) and health sector is driven by scientific and technological progress data as you suggested, I think that there should be a way to support the researches at this field. I as a international PhD student found out quite promising results at my pilot study relevant to dietary habits and oral health behaviors (L'OREAL-UNESCO Women in Science 2004 Turkey Award Winner). These are quite new finding at literature because behavioral cognitive and affective aspects are also taken into consideration for analysis.

Unfortunately, main study is in difficulty in terms of financial support. Since it is an individual dissertation project and I am a female researcher from a developing country, Turkey, I have serious problems at finding out grants/fellowships and loans. Finland provides very limited grants to foreigners whereas it is almost none at Turkey. I may even work on an international project to support my project because I believe that I am well-qualified as a researcher with background as MS degree at Behavioral Sciences and certificate at health care management.

As it was suggested at your relevant paper that new steps should be taken to increase training, recruitment and retention of health professionals, I just have thought that you may help me at finding out financial support for my study. I believe that new steps based on scientific researches should be taken for provision of a better quality of life for everyone. I attach a short description of the research project with its aims, vitality from the perspective of EU policies for further interest.

I thank for your attention.

Best Regards,
A.Basak CINAR
PhD Student
Oral Public Health Care, Institute of Dentistry
University of Helsinki
Finland

**PREVENTIVE PUBLIC HEALTH PROJECT COMPATIBLE WITH EUROPEAN
UNION ENVIRONMENTAL COMMISSION**

Name of the project holder:	A.BASAK CINAR
Academic degree and position	PhD Student, Oral Public Health Care Department, Institute of Dentistry, Helsinki University, Helsinki, Finland (2001-...) MS Behavioural Sciences, Istanbul University, Istanbul/Turkey (1998-2001)
Address	Erdođdu Sk. Bulut Apt. 12/9 Feneryolu/İstanbul
Telephone & e-mail	009(0216) 346 52 65, 00358408200 443 basak.cinar@helsinki.fi

PROJECT TITLE

“Understanding Health Behavior at Preadolescence for Effective Prevention of Oral Diseases and Negative Dietary Habits”

PROJECT SUMMARY

AIM: The general aim is to investigate how behavioral, affective, maternal and socio-economic factors influence the development and modification of preadolescent’s oral health behavior and dietary habits. The specific objectives are:

1. To assess the relation of preadolescent’s oral health status with oral health behavior and self-esteem, self-efficacy, motivation and dental anxiety
2. To assess the interrelation between oral health behavior with affective factors and dietary behaviors among preadolescents.
3. To analyze cross-nationally the effect of maternal oral health behavior and supervision over preadolescents’ oral health behavior, oral health and dietary habits.
4. To analyze cross-nationally the interrelation between socioeconomic factors, and dental anxiety, oral health and dietary behavior of mothers, and its influence on preadolescent’s oral health, oral health and dietary behavior.
5. To create theoretical model for holistic understanding of oral health behavior among preadolescents.

SIGNIFICANCE: Maladaptation of oral health behavior with its consequences on general health increases treatment costs, and poorly executed oral health promotion practices are only known to result in short-term success at later stages of life, mostly because of not being able to provide permanent modification and improvement of positive health behaviors. Generally, these kinds of practices with short-term success are meant to be cost effectiveness, waste of human resources and time.

World Health Organization (W.H.O.) and well-known research institutes (e.g. FDI, IADR) suggest mainly three basic common approaches at design of preventive health care practices:

- (1) “Common risk approach”: Setting up and coordinate a health promotion program with a common infrastructure for non-communicable diseases that are mostly due to maladapted health behaviors such as negative dietary patterns, oral health habits, smoking under.
- (2) A theoretical framework: The health promotion programs should concern theoretical framework or be based on health behavior models in addition to their practical set up.
- (3) Children and adolescents as primary target groups: Preventive health care/promotion programs targeting child and adolescent health should be taken as priority and these programs should be continuous.

My research project based on these three approaches may provide a valuable framework for adoption and maintenance of positive oral health and dietary behaviors among preadolescents. Provision of better quality of life at lower costs with long-term success can be achieved by effective preventive measures if correctly and timely targeted during the developmental process in preadolescence (transition period between childhood and adolescence) because health behaviours formed during childhood and preadolescence are unlikely to change beyond adolescence whereas it is complicated and difficult to maintain or modify positive health behaviors during adolescence. Understanding behavioral, maternal and socio-economic factors related to oral diseases and negative dietary behaviors in preadolescence under a newly constructed health behavior model could

facilitate proper use of preventive potential of the measures.

VITALIY:

(A) VITALITY OF THE SUBJECT

(1) The incidence of obesity among children and adolescents with its requisite morbidity and health care costs, has been continuing to escalate even though there has been a wide range of health promotion programs and research on preventive measures. There might be many aspects of the problem but the interrelation between dietary health behaviours with obesity and oral health behaviours with cognitive and affective factors has not been clarified yet.

(2) Maladapted health behaviors are among the primary reasons of noncommunicable diseases such as obesity, oral diseases, cancer, cardiovascular diseases and these diseases are mostly due to lifestyles and share common risk factors. It has been suggested that preventive measures should be taken on these as soon as possible, and the researches and programs targeting implementation and modification of positive health behaviours under a common framework should be supported¹. Integration of oral health promotion and care with other sectors that influence health, using common risk approach is among the “Global oral health goals for 2020”².

(3) Especially for developing countries there is need for research on preventive oral health care, dietary habits and healthy lifestyles compatible with national norms and European standards. As a developing country, Turkey is lacking of preventive health care education and research programs, most of which are inadequately supported or unsupported in financial terms.

(B) VITALITY OF RESEARCH PROJECT, ITS COMPATIBILITY WITH EURODIET: CORE REPORT (2001), W.H.O. ORAL HEALTH REPORT (2003), SCHOOL HEALTH: SKILLS FOR HEALTH (W.H.O, 2000)

(1) There is scarce information available on holistic influence of individual, maternal and socio-economic factors on oral health behavior with dietary patterns during preadolescence. My research proposes a new holistic health behaviour framework (3-D conceptual framework) for preadolescents for better assessment of behavioral, socio-economic, maternal factors related oral health behaviours and dietary patterns with their outcomes (DMFT, CPI, BMI).

(2) It is a cross-cultural study between Finland and Turkey. Comparison of Finnish children with good oral health status and free access to organized and preventive-oriented dental care with Turkish counterparts with high caries levels without such a dental care delivery system yet will further bring new insight to the issue.

(3) The research does not only concern about preadolescents, but also their mothers with maternal dietary patterns, attitudes towards their own and children’s oral health. Besides, effects of these maternal factors and socio-economic variables on children’s oral health, dietary behaviour with the outcomes and on general health (general hygiene practices, physical inactivity, etc.) are also to be analysed.

From these perspectives, it may be stated that my research is compatible with the ideas and goals that are suggested by Eurodiet: Core Report (2001), W.H.O. Oral Health Report (2003), School for Health: Skills for Health (W.H.O,2000) as follows:

(1) Several diseases such as some kind of cancers, cardiovascular diseases, obesity are linked to dietary factors which are also interrelated with dental caries. Both dietary and oral health behaviors are related to lifestyle patterns. “The Eurodiet project was commissioned in recognition that the considerable body of scientific evidence on healthy nutrition and lifestyles needs to inform health policy, and to define practical guidelines for diet-related disease prevention/health promotion strategies”³

(2) It has been suggested that remarkable improvements in public health was achieved by sustained national strategies by countries such as Finland, Norway³.

(3) National preventive public health strategies should be based on scientific cooperative taking studies on an existing public into the consideration their problem own socio-economic and cultural factors. International cooperation on health research should be strengthened to fill the knowledge gap. Common projects especially targeting child health issues, should be designed whereas training of professionals should be promoted^{2, 3}.

¹ The World Oral Health Report 2003, WHO.

² Global Goals for Oral Health 2020, International Dental Journal (2003) 53; 285-288.

³ Eurodiet: Nutrition & Diet for Healthy Life Styles in Europe (2001), EU Health & Consumer Protection.

(4) The new health behavior model proposed at my research is compatible with conceptual models and schemes by ECHI and WHO ^{2,4}.

Oral health behaviors are closely related to other diseases that are linked to lifestyles, and the reasons of all should be analyzed under the common risk approach. All these including maladapted oral health behaviors affect a wide range of life issues extending from school performance to the quality of life, and result in high cost treatment expenditures and decreased life expectancies if preventive measures at earlier ages have not been implemented. So then research capacity and partnerships should be settled up, improved and discussed at international platforms ^{3,5}.

If equipping the young people with knowledge, skills, and attitudes through education is analogous to providing a vaccination against health treats⁵, then the other effective vaccination is providing opportunities for young scientists especially from developing countries studying at preventive health care issues. Because prediction, analysis and assessment of factors related to diseases, and taking preventive actions before the burden of diseases increases, are possible by scientific research. The treatment costs of diseases linked to maladapted oral health and dietary behaviors such as periodontal problems, caries, and obesity, cancer, respectively, are among the most expensive and life-threatening ones. Oral health diseases are closely related with many disorders such as cranio-facial developmental anomalies, negative dietary habits, oral cancers, and some systemic diseases whereas the diagnosis of outcomes related to negative oral health behaviour requires shorter period of time and less expensive equipment compared to the requirements for monitorization of other diseases' outcomes. This might be an advantage at prediction and taking preventive measures earlier for the diseases/disorders that area interrelated with oral health diseases.

Hereby my research is at the stage of analyzing the data gathered by distributing 600 maternal, child questionnaires and oral health records of Turkish sample and 220 of Finnish ones. Detailed analysis of the data, introduction of research with outcomes at scientific arena will provide better assessment of environmental, maternal and socio-economic factors related to oral health and dietary behaviors with their outcomes. All these processes besides high living expenditures at Finland require financial support. The grants/fellowship opportunities for international medical research is very scarce, almost none whereas to have grant from Finland as a foreigner researcher is very difficult and limited.

The required amount is not so high when compared to the new insights that may be provided to preventive health measures on oral health and dietary behavior related diseases. That is 10.000-15-000 Euros totally for two years. This might be a grant/fellowship, loan or another kind of opportunity that will financially support my studies.

I hope that you can guide me at finding out grant/fellowship or loan opportunities to proceed on my research. I believe that my research will introduce new aspects on preventive health measures for children and I hope that your guidance will help me at stepping forward.

Kind Regards,

A.Basak CINAR
PhD Student
Oral Health Care Department
Institute of Dentistry
University of Helsinki
Finland

⁴ ECHI and conceptual schemes/models of health, ECHI-2-32

⁵ Skills for Health, W.H.O. Information series on school health, Document 9, 2000.

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