**D18. Report and Minutes**

**Final Conference – 26th September 2008, Stockholm, Sweden**

**EGOHID II European Global Oral Health Indicators Development Phase II**  
Agreement 2005113

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**Meeting identification**

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**Partners involved**

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<td>WP leader</td>
<td>University of Lyon</td>
<td>Pr Denis Bourgeois</td>
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<td>Contributors involved in the reported work (from same organisation or others)</td>
<td>University of Lyon</td>
<td>Ms McCarthy-Baron</td>
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List of documents distributed during the meeting:

- Final Conference programme
- List of participants
- EGOHID USB Key containing

1. ‘Health Surveillance in Europe’ EGOHID I Catalogue
2. ‘Health Surveillance in Europe’ WP5 Catalogue
3. ‘Acceptability survey of oral care proposed indicators in 8 European countries’ Short Version report
4. ‘Acceptability survey of oral care proposed indicators in 8 European countries’ Short Version report
5. ‘EGOHID Evaluation Assessment of Clinical Survey Form’ report
6. ‘Oral Health Interview Survey for populations in Europe, European harmonization of methods and instruments’ WP6 EGOHID II report
7. ‘EGOHID Full Standard Clinical Assessment Form’ WP7 EGOHID II Abridged report
8. ‘Oral Health Interview Survey for providers in Europe, European harmonization of methods and instruments’ WP8. EGOHID II report

Appendices

- Invited partners
- List of participants
Agenda

Friday 26th September

9.00 am  Opening address
Dr Conrod Burton, FDI President

9.15 am  From the genesis to the final conference: Outcome of 6 years of European Collaboration
Pr Denis Bourgeois, University Lyon, France, Project Leader

9.30 am  Implementation and development of common instrument guidelines for use of Oral Health Surveys in Europe
Dr Lisa Boge Christensen, University of Copenhagen, Denmark, Group Leader Oral Health Interviews Populations
Pr Juan Carlos Llodra, University of Granada, Spain, Group Leader Oral Health Interviews Providers
Pr Nigel Pitts, University of Dundee, Group Leader, Epidemiological and Clinical Surveys

10.30 am  Options for the future: How to organize ideally the interface between recommendations and the deliverance
Pr Denis Bourgeois, University Lyon, France, Project Leader

10.40 am  What are the perception, expectations and the place of the Oral Health European Organisations in this future?
Dr Simona Dianiskova, President of the European Council of Chief Dental Officers
Dr Patrick Hescot, President of the European Regional Organisation, FDI
Dr Orlando Monteiro Da Silva, President of the Council of European Dentists

11.40 am  Point of view of the European Commission
Mr Nick Fahy, Head, Unit Health Information, Health and Consumers General-Directorate, European Commission

12 – 13.30 pm  Lunch Break

13.30 pm  Round Table: Oral Health Surveillance: Experiences and technical evolutions retained
Participants
Pr Annerose Borutta, University of Jena, Germany
Pr Martin Hobdell, University College of London, UK
Pr Neda Markowska, University Pavol Jozef Safarik, Slovak Republic
Pr Livia Ottolenghi, University Sapienza, Rome, Italy
Pr Nigel Pitts, University of Dundee, UK
Dr Judit Szoke, Heim Pal Hospital, Hungary
Dr Gail Topping, University of Dundee, UK
Dr Piret Väli, Estonian Dental Association, Estonia

16.00 pm  Perspectives and conclusion
Opening address

Dr Conrod Burton, President of the FDI, welcomed Dr Denis Bourgeois, esteemed colleagues and experts and stated that it is his honour to open today’s final conference on the European Oral Health Indicators Project Phase II here in beautiful Stockholm. He began by thanking sincerely all the participants for their hard work and dedication to this important project, and declared that it is certain that the results of the work that has been done will move forward the FDI mission to promote optimal oral health for all. Dr Burton talked about the importance of having meaningful epidemiological data in order to ensure effective political decision-making that cannot be overstated and that developing effective solutions to health deficiencies requires first that one must understand the problem. In order to demonstrate the burden of oral disease in the world today one needs good data and solid indicators which means that the data must be both understandable and relevant to our needs. Also it means that the data must be easy to compare and that data collection methods must be easily standardized. Dr Burton understood that this is the direction in which the EGOHID members were working on and that is why FDI is so interested in that work; organizations such as the FDI can use this type of data to advocate for improvements in health on a local, national, regional and global basis. One must be able to make decision makers aware of the burden of oral disease and quantify its impact on society. One also needs the ability to compare costs and effectiveness of different preventive strategies. Because resources for oral health care are always limited, our role is to ensure that these resources are applied in the most effective manner in order to bring about the required improvements in global health. Dr Burton added that the work which EGOHID members have carried out in the EGOHID project is important in Europe but also because it shows leadership for less developed and low income countries. All regions will need to collect standardized data to advocate for the best strategies, and the hope is that the work of EGOHID will act as a catalyst to health improvements in other regions. This has already happened in Brazzaville, Republic of Congo in May 2005, where a Regional workshop was held highlighting the WHO STEP wise approach focusing on indicators for common risk factors shared by most chronic diseases. Dr Burton believes that the work of this group was an important inspiration to the work done in the African Region. He was very pleased to note that a great number of dental associations from Europe were involved in the process of this project right from the start. And then added that this is important to ensure a broad consensus with regards to the choice of indicators and allows for a vital exchange between a more academic epidemiological approach and those with daily clinical experience. The FDI will continue to advocate for a full integration of data collection systems in all oral health policies because it is of greatest importance that data collection and decision making are not seen as separate entities but are closely interlinked in an integrated management system. Such a mutual support will be to the benefit of better functioning health systems, better adapted to the needs of the population and better equipped to face the changing challenges of the future! Also, at the FDI we realize demonstrating burden of disease is absolutely critical if national governments are to recognize the negative and take appropriate action. In order to demonstrate the realities of the costs of oral diseases, we must have better data and indicators. He said that he is very pleased that all participants could be part of our Annual World Dental Congress with the theme of “Pioneering Prevention”. He assured the participants that the FDI is taking positive steps at this
meeting to reinforce its public health role and realize its vision of “Leading the world to optimal oral health.” And added that the FDI is eager to learn from the results of the work that has been done and use it to strengthen its health advocacy activities. Then Dr Burton wished all a very fruitful meeting and looked forward to learning from the results of the EGOHID work and thanked the participants present.

From the genesis to the final conference: Outcome of 6 years of European Collaboration

**Pr Denis Bourgeois**, EGOHID project leader, University of Lyon, France, welcomed and thanked the participants for attending the final conference, and also thanked Dr Burton for his opening address. Pr Denis Bourgeois then gave a summary and the scope of EGOHID Phase I and reminded the work that has been done by different workgroups all over Europe.

**Implementation and development of common instrument guidelines for use of Oral Health Surveys in Europe**

**Dr Lisa Boge Christensen** from the University of Copenhagen in Denmark gave an explanation of the sampling concerning the pre-test study according to the WP6 EGOHID II report, called ‘Oral Health Interview Survey for populations in Europe, European harmonization of methods and instruments’ which was shown to the participants, and then explained how the pre-test questionnaires for adults and also for children and adolescents were made. She commented the background information and explained the discussions that had been made about the gender, the educational level, the professional occupation, the urbanization and the geographic areas. An example of a section in a questionnaire was shown. Dr Christensen also commented the ‘Acceptability survey of oral care proposed indicators in 8 European countries’ report, describing the task, giving explanations about the evaluation of the questions, about the evaluation of the length and the meaning of the questionnaire and about the linguistic validation in order to make a final report for validation. She talked about the different countries who participated and that the time for the interview was of 8 minutes. Also that a high feasibility was noted for the linguistic validation and that there had been a high validity and a good reproducibility of the questionnaires. A list of tables concerning adults and children from 1 to 31 in the WP6 EGOHID report was explained and an example of table which corresponds to an indicator number was shown, with an explanation of its content. In conclusion, Dr Christensen declared that an instrument tool which allows the collection of data has been produced and that this tool has been validated and tested in 8 countries.

**Pr Nigel Pitts**, WP7 Group Leader, from the University of Dundee in Scotland, welcomed all participants at this close of the EGOHID phase II project and thanked all the EGOHID members for their work in their different tasks. Pr Pitts gave an explanation of the WP7 role in the different European countries and then talked about the format of the Full Clinical Assessment Form. A brief summary of EGOHID I was done and the objectives of
the WP7 report was made. He explained what the sentinel dentists were and commented the European Union graphic (map) which was shown to all the participants and then stated that 20 countries of the EU had been surveyed on current epidemiological practice. The colour codes on the map were also commented. Pr Pitts talked about the task of WP7 which was to produce a full clinical form and then started commenting the ‘EGOHID Full Standard Clinical Assessment Form’ WP7 EGOHID II report, which was shown to all the participants. The questionnaires had been translated in different languages, that an e-learning package had been used for the guidance and training and showed the Full Standard clinical Survey Form. He remarked the feasibility of this approach and if it could work, and then explained the tables shown concerning the material for training which was used in different ways: paper version and/or e-learning version. General comments were given about the WP7 evaluation results and the time taken to complete the form showing table concerned. Pr Pitts talked about the evaluation giving the main alterations summarized in the following points: supporting guidance, the full standard clinical assessment form showing the charts concerned. He made other observations and recommendations and, the B12 chart was shown. In conclusion, a comprehensive instrument is at disposal and additional documents can be found on http/egohidsmile. Pr Pitts remarked if it was feasible and responded that yes, it is, but added that the difficulty in applying the ICDAS coding had to be taken into account.

**Pr Juan Carlos Llodra** from the University of Granada in Spain explained the objectives of WP8 and gave an explanation of each module, showing the ‘Oral Health Interview Survey for providers in Europe, European harmonization of methods and instruments’ WP8 EGOHID II report. Pr Llodra stated that the questionnaires had been translated in different languages, showed the statistics concerning the results obtained and commented the questionnaire validation. An explanation of CATI was given and of the way one had to work: on global perspectives, which implies to develop and work on communication, awareness and education of the dentists, to work on the identification and the loyalty of a sentinel dentist group, to use continuing education programs to convey the goals and interests of such studies and to rely on professional representative associations (dentists committee, trade unions, national dental associations) that have to be involved in the process and serve as a link with their members. Pr Llodra added that it also implies to analyze in each country the dentist’s working hours habits and to identify the best suitable time for contacting them, to create for each country a dentists database, to consider in sending beforehand a letter of contact and/or of information and to consider some kind of financing in order to compensate the approximate 10 minutes' time for the interview with may be a possible telephone appointment. So, what do we gain, asked Pr Llodra, and concluded that we gain policies of health personnel based on data quality, Indicators of products, methods and validated questionnaires, strategic turnkey for professional demographics, validated tools for the development of a uniform and quality database in the system of the oral health field in European Union countries estimated costs and reasonable in terms of feasibility. Public administration gains a very useful tool for health planning, negotiations with health personnel and assessment of the degree of satisfaction of the personnel. The national dental associations gain very useful information for evaluating the comparative professional profiles in different EU countries, assessing the degree of satisfaction among dentists and negotiations with the government based on reliable data.
Options for the future: How to organize ideally the interface between recommendations and the deliverance

Pr Bourgeois thanked Dr Christensen, Pr Pitts and Pr Llodra for their intervention. Pr Bourgeois declared that a tool is available, although for certain issues some work and changes are still needed; also that we can concretely say that we are in an operational phase: the products are available and are not restricted and this tool is available to everyone. There will not be in this context continuation of EGOHID under an EGOHID 3 form, the objectives which were set 8 years ago have been reached to 98%. The most logical perspective, but that does not belong to the project, is that the results given are located in an extension as part of DG SANCO, Eurostat and other European structures of surveillance of chronic diseases and/or transmitted in order to continue the integrated and transverse approach that has guided the work of EGOHID and which is within the Union, the only one possible.

However, if this option is the priority, it should not obscure the possibility of involving network partners and institutions that have contributed to the development of EGOHID and thus benefit from their experiences in public health. The question would be: “Why not initiate in a major pole of excellence a European Oral Health Observatory.” And build a center of excellence that does not exist today and which would gather together regional professional representative institutions, political institutions, industry and universities. What would the public health gain? A tool, a better knowledge and a direct impact on the financing policy. Also, an impact on professional demography, a better quality of professional practice, a better consumers’ protection, a better health protection and availability of these results for the decision-makers. Pr Bourgeois also added, use and dissemination of the results must be made and develop prospective health monitoring, a network of dentists sentinel.

It also stresses that this work in hand, if it were to get moving, is no longer the domain of EGOHID, but the initiative of decision makers in the dental field, under the aegis of European institutions and that this achievement should be regarded as fully consistent with the advanced and/or retained options by the Commission.

Point of view of the European Commission, by Mr Nick FAHY, Head, Unit Health Information, Health and Consumers General-Directorate, European Commission.

Mr Nick FAHY started his speech by saying how he perused the results after 8 years of hard work. Then he asked the following questions “Why do we want to generate data?”, “What are our perspectives concerning the results of the EGOHID project?”, “What about the future and where will it lead to?” and finally, “What is the point of this project?”. Mr FAHY remarked that when one thinks of Cancer Survival Rates and how it is dealt with when producing data in Cancer at a European level. He then gave an example of a Member State he knows well, as it is England, where no legislation has been passed, and that, several years later, recommendations passed, in order to have a scientific point of view in cancer screening. Mr FAHY declared that the information that has been given within the phase I and II of the EGOHID project can be very useful. There are four major issues here:

Firstly, the question is “Why is it worth providing data?” and the answer is because it is very powerful data and it provides a mechanism which enables actors to take major
decisions in Health. Comparable information is essential to support Member States who will be the primary actors in the Health domain.

Secondly, the objectives in Health are not always cared about. Mr FAHY then referred to Wall Street and Governments who are willing to spend an enormous amount of money for finance. One had to use monitory language and had to explain that health and investment is important, and as a result, it would make economy better. Mr FAHY talked about demographic aging which was aimed in 2007 and explained that the investment in preventive health is critical and essential to economize money. So, the issue is “Why should we spend money on Oral Health for prevention?”. It is the reason why we need results and comparatively data to make an argument with this support which has been defined in this project.

Thirdly, Mr FAHY thanked on behalf of the European Commission all the EGOHID members for the excellent work that has been done and which can’t be done by the European Commission, but only by professionals; Mr FAHY stated that, as one can see, the results are impressive by the quality of the work that has been done. It will thus help to argument in order to make investment for this project. Mr FAHY thanked again EGOHID and its members as it gives him a mandate and EGOHID succeeded in doing so.

Fourthly, Mr FAHY questioned “What about the future? What about a European Observatory?” He stated that projects do not provide a substantial for finance and that from an administrative point of view, it takes too much time. Mr FAHY then talked about the importance of the professional involvement that all the EGOHID members had and the time it needed which was of 8 to 10 years. Indeed, a project has to be structured to be pertinent, he added, which is the case here. He talked also about other projects and what was the key message and remarked that he takes the point and that it is essential to finance in a sustained basis. The needs one has to focus on is what do we focus on and what finance do we need. He also said that professionals who are real experts will have to work on that in order to have a solid basis to promote the project.

Finally, Mr FAHY questioned “What do we gain out of this data?”. He answered that we would gain ability to have recognition of these data and of these results. The European Commission can’t do it alone and can only do it with the involvement of professionals, and, to take data which has been developed by the EGOHID project, is a solid basis because of its great involvement.

What are the perception, expectations and the place of the Oral Health European organisations in the future?

Dr Simona Dianiskova, President of the European Council of Chief Dental Officers, Slovakia, explained the role and aims of the CECDO and its role in dental care by organising, amongst others, two meetings per year. Dr Dianiskova talked about CECDO’s involvement in EGOHID I and in EGOHID II. The future plans as declared would be a highly recommended international collaboration and remarked the output of EGOHID. She thanked for the opportunity given.
Pr Bourgeois thanked Dr Dianiskova for her involvement and introduced Dr Patrick Hescot, President of the European Regional Organisation (UFSBD), France, who declared that the major impact in this profession is funding in dental care.

**Dr Patrick Hescot** said that the project shown has woven into a society project and that UFSBD involves itself and finds funding; also, UFSBD will do anything in its power to do so and make this project viable. He stated that Pr Bourgeois managed to assemble people and to involve them in this project, and that’s why, for that reason, one can’t stop here. It is important to work now around the table, to meet up, to see how we can go forward in order to make sure that next year we have to set up this observatory without waiting for politicians. So, Dr Hescot exclaimed “Let’s lead on and get there before the politicians’ decision!”.

Pr Bourgeois thanked Dr Hescot for these excellent and rewarding words, and reminded that it is essential to work with the UFSBD, and, then introduced Dr Orlando Monteiro Da Silva, President of the Council of European Dentists, Portugal.

**Dr Orlando Monteiro Da Silva** reminded that the European oral health indicators had been validated under the EGOHID I and II projects which must be integrated in health surveillance and knowledge systems. They must be used as markers of health inequalities, and oral epidemiology should be regularly monitored across the EU, at national, regional and local level. He declared that against this background, we should consider the establishment of an EU Oral Health Surveillance Institute. Also, that we need accurate and reliable data for the public, health professionals and policy makers that will allow us develop correct strategies at all levels to strengthen oral health. It is especially important in view of changing needs of the European population, resulting from recent demographic developments and shifting oral disease patterns. Dr Monteiro Da Silva remarked that an European Oral Health Surveillance Institute cannot, of course, be considered in a vacuum. For instance, we need to ensure that it fits in with the most recent EU health initiatives such as the White Paper for an EU health strategy published last year and the proposed Directive on the application of patients’ rights in cross-border healthcare adopted in July 2008. The White Paper and the proposed Directive aim to establish a framework for European cooperation on data collection. Dr Monteiro Da Silva added that we must ensure that this and other overlapping data initiatives do not result in duplication of work but rather complement one another. He concluded that an EU Oral Health Institute would be a centre of excellence, pooling resources from the Member States so as to help decision-makers prepare sustainable policy strategies. He could envisage the CED and the institute cooperating in data collection, to promote oral health in the EU, and develop a broader technical and political partnership. It would be more than happy to present such a proposal for partnership for approval by the CED membership at large at their General Meeting in November in Brussels.

Pr Bourgeois thanked Dr Monteiro Da Silva for these excellent words and talked about the different presentations which reached its objectives. Then added that we can do our own expertise, we are now about to reach concrete results and we can be happy about that. It is important to create a joint venture and to base our future work on this joint venture. Also,
the private sector has a role to play, it has an added value and it can create access to high quality data. Pr Bourgeois stated that concerning the morning session, there has not been a debate and that there will be a round table in the afternoon. A suggestion to come at 1.30 pm was made in order to participate in the debate and ask questions. Pr Bourgeois thanked warmly all partners, friends and also those who joined the project since, and invited the participants to lunch.

Round Table ‘Oral Health Surveillance : Experiences and technical evolutions retained’ with Pr Denis Bourgeois, Pr Annerose Borutta, Pr Martin Hobdell, Pr Neda Markowska, Pr Livia Ottolenghi, Pr Nigel Pitts, Dr Judith Szoke, Dr Gail Topping and Dr Piret Väli.

Pr Bourgeois started by talking about the technical aspects in introduction and how to organise a sentinel dentist network, in order to gain experience and asked the round table to share their experiences. Pr Pitts also intervened on education and surveillance in hygiene. Pr Martin Hobdell, University College of London, UK, provided an external view and asked for a major testimonial; Pr Hobdell explained that he worked on synergy with WHO in Africa, and is interested to have views.

Pr Neda Markowska, University of Pavol Jozef Safarik, Slovak Republic, explained how EGOHID II was dealt in Slovak Republic and thanked EGOHID for letting Slovak Republic taking part in the project. Pr Markowska declared that the project in Slovak Republic started mid December 2007 and that two months preparation was needed for the project. Firstly, general dental practitioners were chosen and dentists in different regions of the countries were found: agricultural parts, mountain parts, etc... (a map of the country with different dentists in different regions was shown). Seventeen general practitioners, dentists who have between three to thirty-seven years’ practice were chosen. A working group was created and the different preparing steps were explained: translation of the survey and the documents in Slovak, organisation of seminars, explanation to the dentists of the selected age groups. Dentists used PC and paper form, older dentists used paper form and the younger ones used PC. Dentists were informed about the importance of filling all the boxes/columns completely. The problems that were noticed are concerning daily intake which contains sugar, the time since the last dental examination, dental fluorosis in Slovak Republic (as not a lot of fluoride is taken there), difficulty in recognizing the grades and the William’s probe. Dentists recommended that LOA must be examined by a specialist in periodontology. Also, there was a lack of patients present as the survey took part in January/February 2008 and thus the time that was needed was shorter. Pr Markowska concluded that all these notices and recommendations are essential for Europe in spite of these difficulties.

Pr Bourgeois asked if there were any questions required from Pr Markowska and questioned that it seems to imply what methodology must be used in dental practice? And then declared that DMF is evaluated, the assessment form is unique in Slovak Republic and it would be a good start to use it in everyday practice. Pr Denis Bourgeois asked how long it took in Slovakia for a dentist to do an examination after being familiar with it? Pr
Markowska answered that it took 20 to 25 minutes approximately for the whole examination but with the measurements, it took 30 to 35 minutes. Pr Bourgeois remarked that the organization of a training done at a central level, then adapted to regional training with a regional structure is interesting to note. Two groups could be organized: one for the hard tissues and another for the soft tissues. Slovak Republic came up with the best results: everything was submitted in an electronic format which is much cheaper. Pr Bourgeois added that it is up to a central level that calibration must be done; three dentists from the group are teaching at university, so it is quicker and easier, and which underscores to have a national manager to manage the teams of dentists. Has the data entry program been produced in Slovak Republic? No, Pr Markowska answered, it has been translated in Slovak from the EGOHID project, so it is evident that practitioners will key in the survey and loose time using the paper version. It was remarked that in the UK, it has already been done, with payment data and it would be essential to have health data (which is expected for 2010). Pr Pitts commented that for some countries, it will be easy, but for some others it will be difficult as it will start from a different base; also, where is the benefit for dentist or for the patients? There may be a problem of incomparability of the data. It is essential to do the data point the same year, for example every five years, so it would be more comparable across the nation. Pr Hobdell remarked that the value of the practice itself to gather data when in practice is important and joined Pr Pitts’s point of view. Pr Pitts mentioned that representative data on a regular basis is not to collect only epidemiology data but it is essential to have a nationally representative sample.

Pr Bourgeois proposed to Pr Livia Ottolenghi, University Sapienza, Italy, to give her opinion too.

**Pr Ottolenghi** started by thanking the WP5 team for their work and talked about the sentinel system which was interesting. The Italian experience was then explained, in Italy there are no data collection system and no periodical data collection at a national level. There are a lot of differences between the regions, so the dental providers (private, public and university) did not feel connected. For the clinical assessment form, there had been an agreement between the partners, a strong group of private, university and national health providers with different explanations and point of views. So, there was a strong commitment with different components to a key success. Pr Hobdell stated that he was still confused on who should be collected. So, was remarked that the standardization would probably be beneficial if dental schools could be trained to this data collection. Dr Gabriel Sax, Austrian Health Institute, Austria, asked what was the dental connection and added that dentists in Austria are already treating well and that dentists are already selected for a sentinel system. Pr Ottolenghi mentioned that the best way of having a good monitoring is to train the sentinel dentists. Everyone can perform in each country with certified sentinel dentists. Dr Joana Carvalho, Catholic University in Belgium, suggested that there could be a possibility of training dentists in the last year of school, and Pr Ottolenghi answered that it could be another strategy. Pr Bourgeois remarked how will it be in 20 years at a European level and that in any case, the sentinel system may be a major source for data collection, but not the only source. If the authorities continue in this way, it is positive. Estonia and Latvia have similar findings and Dr Piret Väli, Estonian Dental Association, Estonia, was asked to come to give her opinion.
Dr Piret Väli started by saying that it was an honour to be here and that Estonia did not have any indicators. The survey was thus a big success. Firstly, Pr Bourgeois was invited to Estonia for the kick off meeting and the training meeting. Dr Väli explained how the survey was conducted in Estonia. At the second training meeting, dentists were selected with credit points as a motivation and the guidance/documentation was translated into Estonian. The results were talked about, where each dentist reserved twenty patients, the opinions of the dentists were given and it would be essential to have the system implemented in Estonia, even if it is time consuming. As there are only private dentists in Estonia, there are not limited in time for the first consultation. Dr Väli concluded that it is needed to harmonize information for all the countries and that to have the same boxes in all countries is a good thing. It would also be important to have an observatory and to involve professional organisations which would be a step forward to join up together. Pr Hobdell remarked that in poorer countries they do not evolve as an universal system in years but that in Africa for example it will have to be more simpler. The system would thus be convenient for Europe. Methodology has to be carefully done in Estonia but it will be different in Africa for example, one will have to work on that. Pr Bourgeois remarked how will it be possible to tap information in order to produce catalogues?

Dr Anne Norblad, Ministry of Health, Finland wondered about the program operators, which exist also in Europe and also stated that Finland works with the UK: is there any connection to a program in health care in Europe, was asked. The work that has been done in this project could be also used in ten or twenty years which would be very good if it was connected to an electronic record for patients. Pr Pitts stated that the comments of Dr Norblad were timely, because the process can be slow, although data capture software are sold across Europe, those software which can collect data automatically are very powerful. Pr Pitts agreed with Pr Hobdell about Africa and added that we shall start with Europe first. Pr Bourgeois asked if there were more information on IT providers, or some sources or documentation. Dr Norblad answered that in Finland, there will be big companies who have good ideas in order to negotiate with IT firms and also, Finland has not yet been able to get indicators in the system, it is coded in general. Pr Bourgeois suggested to Dr Norblad to send some information to all the members of the group, who accepted to do so.

Pr Llodra remarked two points: firstly, the relevance of extrapolation of a surveillance system is crucial and it is important to continue epidemiological assessment in general too. Secondly, it has to do with the EGOHID strategy to spur sentinel dentists and to keep them motivated. For example, in Spain, the Dental Association reduces the fee of the membership for the dentists who continue the assessment, and, to work behind data is essential. Pr Bourgeois proposed to share the German experience with the participants, and added that he was quite worried at first because of the dentists system in Germany which worked out quite well in the end.

Pr Annerose Borutta started by thanking Pr Bourgeois for managing the EGOHID project, and all partners. She added that it has been a great personal experience, not only from a scientific point of view as to harmonize perspectives of a group. In Germany, the meetings were organized with the support of German Dental Organization. Although, there is a lot of information coming through the association regarding oral health, it isn’t
enough, so there is a need to have a database developed as in EGOHID. Pr Borutta explained that a two day meeting was organized with the dentists, representatives in each Federal State where the dentists were asked to take part in the project. A powerpoint presentation of EGOHID was done to the dentists and as they were all well educated, there were no difficulties to inform them (for example, they knew about ICDAS codes). The collection of data was done in four weeks and it was well done by the dentists, so I thanked them greatly. Pr Borutta concluded that she hoped that the information system will be adopted. Pr Bourgeois added that what Pr Borutta hasn’t said is that there has been a good communication strategy through excellent articles published in dental newspapers. Dr Sax asked were did the dentists and the dental association come from? And the answer was that the dentists were all engaged in the dental association.

Pr Bourgeois asked if there were no more questions and questioned what didn’t work in France. He then explained that the relay between dental association and the dentists themselves, the follow up, had been lacking in order to manage the survey, which explains the poor quality results. When the management worked well in some countries, the results turned out to be excellent, so it is important to consider this. Pr Bourgeois suggested as a conclusion, that Dr Gail Topping, University of Dundee, UK, could talk about e-learning.

Dr Gail Topping reminded that within WP7 there had been two training formats, as Pr Pitts stated in the morning. She explained that e-learning can go through after for anyone who would be interested, as it’s too long, and also at the end of each session, a picture training is given. The advantages of an e-learning package would be that the course takes 90 minutes, there is an audio program in images and a carton explaining of how to do things. Dr Topping added that it was engaging as it is interactive and the e-learning is a program one can come back to in different stages. The unexpected advantages of e-learning package is that there are possible changes in line with the findings of WP7 evaluation and for the future comments. She remarked how about e-learning to train dental surgeons and nurses? Pr Hobdell mentioned that he found e-learning interesting and that it would be good to use it as prior to the course, but his interest is not on the detailed examination, but on the WP6 experience. It would probably be better to simplify e-learning for other countries (like for example Africa). Dr Väli remarked that oral mucosa should be diagnosed by the dentists and not by other practitioners. Dr Topping responded that it couldn’t be possible in most countries to diagnose oral mucosa other than by dentists. Pr Bourgeois declared that he wished to raise three important points, which is, firstly, important to know that there are lots of e-learning softwares that are coming onto the market and that it is urgent to have a software developed on the EGOHID model, as it requires a strong communication upstream. Secondly, it is possible to add on modules for continuous training, which could also come into the courses for students, and this would add value to the e-learning course. Thirdly, what would be interesting would be to have an interactive module for e-learning. Dr Topping suggested to have an e-learning platform website.

Pr Bourgeois thanked Dr Topping for her intervention and asked Pr Pitts to come and talk about the educational approach.
Pr Nigel Pitts said that the comments were fascinating and thanked the WP7 team for the efforts that had been put in and for all who worked on the project. Pr Pitts explained that it was difficult to harmonize for all European countries and explained why the survey in the UK had not been successful, as it followed the protocol. It is essential to have a common harmonized core, a kind of standardization, but for the educational part, it should be specific to all countries. Pr Pitts talked about the conclusions of WP7 training and that there should be specific needs for education. Also that the impact in different countries will be different and one must measure how much additional training a country needs: there are needs of analyses of educational requirements. Pr Hobdell added that the whole suggestion would be to implement and to promote everywhere. Pr Bourgeois remarked that for ICDAS, four or five years ago, one wouldn’t think it wasn’t useful, and added that today it is essential and potential. Pr Hobdell stated that it will be possible to get something working in Europe as it is possible to gather data and that there are no restrictions. Pr Hobdell congratulated all the members for this.

Pr Bourgeois concluded that he had announced that EGOHID was finished, that there was no interest in continuing. EGOHID is finished but there are two things that remain to be done: firstly, to change some points in the questionnaire after evaluation; WP6 modified it in a structural way so nothing needs to be added or to evaluate the linguistics aspects. The master in English is finished but the final versions in different languages have to be published. The WP6, WP7 and WP8 reports will be finished mid October and they will be published in one final catalogue; also, there will be a new USB Key. Secondly, the production is done at 95% but it would be wiser if we could have a ‘reading committee’ in order to validate the final report which will be of a hundred pages approximately. A possible one day meeting around the 23rd/24th October was suggested.

Pr Denis Bourgeois thanked Pr Hobdell for coming, the interpreters for their excellent work, Mrs Sandrine Montigny for her assistance and all the members who took part in EGOHID, a project which heads for its conviviality, to weave a fabric that we will continue and that the political sides will be put forward.
Appendices

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Friday 26th September 2008
Stockholm, Sweden

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