Project funded in 2005 - Strand 1: Health Information

EGOHID II - European Global Oral Health Indicators Development Phase II

Description

Action

Health information

Area of activity

Developing and co-ordinating the health information and knowledge system

Summary

As part of the Health Information and Knowledge System, the oral health project objective is to provide quality, relevant and timely data, information and knowledge in order to support public health decision-making at European, national, sub-national and local level. Choosing the most relevant set of data indicators, an up-to-date information technology, methods and relevant statistical analysis, represent some of the essential steps to assure a functional Health Information System. The argument in favour of developing a second plan linked to oral health indicators within the European Community’s SANCO Monitoring Programme is based on an analysis of the current situation and the need to organize and achieve oral health system monitoring. The scope and purpose of the EGOHID Phase I project for 2003-2004 were to support the exchange of expectations and experiences among experts of oral health statistics and their audience, policy makers in particular. It was also to recommend a list of essential indicators through the conduct a systematic review and to outline a process for identifying a set of core indicators for oral health that will help professionals and decision-makers to promote and improve the global oral health promotion, quality of care and surveillance of people in Europe.

However, a critical analysis of the methodological criteria used in "Materials, Methods, and Results", rubrics of the international scientific literature on cross-section studies published for the oral health period 1986-1996 has underlined that new and complementary trends should be recommended so as to improve the production of higher quality information in oral health epidemiology. Standardized procedures including health interviews surveys, health clinical surveys in relation with core indicators should be developed and used. The expansion of oral epidemiology during the 1970s overcame the obvious shortcomings in terms of knowledge about the oral health status of populations even though developed actions mainly targeted school children. Collected data favoured cross-section studies with no repetitive character since their aim was not to target the cohorts.

Similarly thought should be given to the design and implementation of a "sentinelles" surveillance system, based on oral health primary care which would support national health surveillance systems such as Health National Interview Survey and Health National Clinical Survey.

At this stage of the produced information analysis, research and development perspectives should focus on the setting up of a health monitoring and recording system and furthermore, on respecting the rules of results dissemination that should lie within a benchmark methodological framework. The analysis of the publications showed weaknesses in the evaluation of oral health trends: weaknesses in terms of methodology, quality control, and presentation of results. The interpretation and conclusions in public oral health are therefore limited. New or complementary measures should be taken in order to improve the quality of medical information in oral health epidemiology.

EGOHIDP Phase II is part of the overall process to provide decision-makers with efficient methodological tools, based on proven evidence, to initiate and develop an operational community health surveillance system in close relation to the other surveillance programmes supported by SANCO (ECHI, ISARE, EIKS, EUROHIS). It is also a continuation of EGOHIDP Phase I which objective was to recommend a list of essential oral health indicators. These indicators will facilitate further promotion of oral health and non communicable disease surveillance in Europe to collect information, to monitor changes, to assess the effectiveness of the service and to plan oral health services within the framework of an inter-sectorial preventive policy based on health determinants.

The principal objective of the EGOHIDP Phase II - 2006-2007- is to develop and promote the use of common oral health instrument in Europe in order: (i) to promote of systematic identification and technical specifications of oral health indicators; (ii) to facilitate comparisons of indicator data by promoting standardization of methods; (iii) to improve the capacity of area health services to monitor their oral health improvement activities in a standardized manner in the longer term; (iv) to facilitate, in the longer term, service specifications across area health services with a view to maintaining and improving performance; and (v) to enhance the capacity to analyse the social, economic, behavioural and political determinants with particular reference to poor and disadvantaged populations. The four sub-objectives of the EGOHIDP II should be: (i) To develop recommended common instruments for national health interview surveys (NHIS); (ii) To develop recommended common instruments for national health clinical surveys (NHCS); (iii) To develop a methodology for improved NHIS and NHCS data, routinely collected at the primary oral health care level -NHICS and NHSCS-; (iv) To develop methods to adjust national data to allow cross national comparisons.

The main attempted output of the project is a promotion of systematic identification and technical specifications of oral health indicators through the use of an oral health outcome framework including information on the level
of development of existing indicators and issues where indicators are lacking and require research. In the longer term, EGOHIDP Phase I and II will facilitate service specifications across area health services with a view to maintaining and improving performance and with the enhancement of the capacity to analyze the social, economic, behavioural and political determinants with particular reference to poor and disadvantaged populations.

More info...

Description - Financing - Outcomes - More info

Financing

**Leader organisation**

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Associated beneficiaries

- University Dental Health Services Research - established in the United Kingdom
- the World Health Organization (WHO) - established in Switzerland
- Österreichisches Bundesinstitut für Gesundheitswesen (ÖBIG) - established in Austria
- Klinikum der Friedrich-Schiller-Universität Jena – established in Germany
- Rigas Stradija universitātes Stomatoloģijas institūts – established in Latvia
- Faculdade de Medicina Dentária da Universidade de Lisboa – established in Portugal
- Universidad de Granada – Facultad de Odontología – established in Spain
- Academisch Centrum Tandheelkunde Amsterdam (ACTA) – established in The Netherlands
- Union française pour la Santé Bucco-Dentaire (UFSBD) – established in France
- Tandlaægeskolen – WHO Collaborating Centre for Community Oral Health Programmes and Research – Det Sundhedsidenskabelige Fakultet – Københavns Universitet – established in Denmark
- Fővárosi Önkormányzat Heim Pál Gyermekkórház – Heim Pál Children Hospital – established in Hungary
- Dipartimento di Scienze Odontostomatologiche – Università degli Studi di Roma “La Sapienza” – established in Italy
- UFR Odontologie - Université de Nice – Sophia Antipolis – Faculté de Chirurgie dentaire – established in France
- Sosiaali- ja Terveysalan Tutkimus- ja Kehittämiskeskus – Forknings- och Utvecklingscentralen för Social- och Hälsovården – National Research and Development Centre for Welfare and Health (STAKES) – established in Finland

Starting date and duration of project

- 01/01/2006
- 28 months

Total cost

1.826.699 €

Subsidy from the Commission

1.077.524 €

Outcomes

Results to be achieved

**Work package 1: Coordination of the project**

- To provide a significant contribution to the attainment of the general and specific objectives.
- To give an added-value by improving the technical and administrative performance of the project as a whole.
- To reduce and minimize the risks inherent to the decentralisation of administrative and technical responsibilities within the WP structure.
- To guarantee the conformity of the administrative procedures with the Sanco directive.
- To ensure consistency in the implementation of strategies as described in the specifications.
- To reduce variability in specific administrative competences of AWPs and WCPs, especially in respect of the new Member states.

**Work package 2: Dissemination of the results**

- To promote general public health objectives in Europe.
- To improve health institutions knowledge in the field of oral health surveillance.
- To promote the impact of the project outcomes to international, European and national decision-makers.
- To provide the end product of the knowledge development to the Member states.
- To enhance the decision capability of Member States to improve the health surveillance systems performance.
- To sensitize the scientific community.
- To give value to the commitment and the contribution of associate partners and Member States collaborators.
- To enable the identification by authoritative bodies, of a European expert resource network in the field of oral public health.
Work package 3: Evaluation of the project

- Evaluation of the community added value and contribution to EU policies
- Ensure the coherence of strategies and general and specific objectives.
- To verify the scientifically execution of the proposal
- Relevance of the project in respect of the expected results
- Quality control and adequate resource utilization by reducing risks of dysfunction

Work package 4: Harmonization of the knowledge

- To improve the general EGOHIP Phase II project performance.
- To enable partners of new Member States to promote to promote and improve the global oral health promotion, quality of care and surveillance of people in Europe
- Prepare new states members and new associate members to include the WP II, III and IV of the EGOHIPD Phase II, and to participate at the European consultation of the WP2
- To strengthen the operational potential of the EGOHIP Phase II network
- Strengthen the ability at the local, national, regional levels to measure, compare and determine the effects of oral health services and use of resources

Work package 5: Oral Health Interviews and Clinical Surveys: Overviews

The objectives of the WP consultation were to facilitate the implementation and development of the EU WP5, WP6 and WP7 by:

1. Presenting a review of the current situation in respect regarding oral health indicators recommended in EGOHIP Phase I relating to health instruments problems, risk factors and determinant as well as an initial evaluation of action undertaken.
2. Facilitating the reflexion of various parties involved in the project in the EU region, on the availability instruments (at regional and national levels);
3. Stimulating critical through on the part of associate partners in WP5, WP6 and WP7 on the future role of instruments - (Health Interviews Surveys and Clinical Surveys) - in relation to oral health policy

Work package 6: Oral Health Interviews Surveys: Guidelines

The objective of the WP6 is to facilitate through the WP9 the implementation and development of the first specific objective referred in P.4.3 i.e the development of common instrument guidelines for use of Oral Health Interviews Surveys in Europe by:

- To establish a methodology of collect of data based on oral health interviews surveys (CATI, CAPI) for assessing European global oral health indicators as recommended by the EGOHIP Phase I;
- To establish the recommendation of a full standard questionnaire including at minimum the XX European global oral health indicators as recommended by the EGOHIP Phase I;
- To produce recommendation and guideline to maximize the quality of the comparability of the essential data indicators in the Members States

Work package 7: Epidemiological and Clinical Oral Health Surveys: Guidelines

The objective of the WP7 is to facilitate through the WP10 the implementation and development of the second specific objective referred in P.4.3 i.e the development of common instrument guidelines for use of Oral Health Epidemiological and Clinical Surveys in Europe by:

1. To establish a methodology of collect of data based on oral health epidemiological and clinical surveys for assessing European oral health clinical core indicators as recommended by the EGOHIP Phase I;
2. To establish the recommendation of a full standard questionnaire including at minimum the XX European global oral health indicators as recommended by the EGOHIP Phase I;
3. To produce recommendation and guideline to maximize the quality of the comparability of the essential data indicators in the Members States

Work package 8: Oral Health Providers Interviews: Guidelines

The objective of the WP8 is to facilitate through the WP9 the implementation and development of the second specific objective referred in P.4.3 i.e the development of common instrument guidelines for use of Oral Health Providers Surveys in Europe by:

- To establish a methodology of collect of data based on oral health interview providers surveys for assessing European oral health systems core indicators as recommended by the EGOHIP Phase I;
- To establish the recommendation of a full standard questionnaire including at minimum the XX European global oral health systems indicators as recommended by the EGOHIP Phase I;
- To produce recommendation and guideline to maximize the quality of the comparability of the essential data indicators in the Members States

Work package 9: Pre-test Collaborative Study of Common Instrument

To validate the scientific and technological objectives of the WP6, 7, 8 and initiate the final guidelines validated by the WP6, WP7 and WP8 by covering the development, improvement of methodologies of the production of scientific and technical data needed to define performance and assurance quality requirement for products

More info

Statement of project aim(s) and objectives

General objectives
General objective is to support European Member States in their efforts to reduce the public
The health impact of morbidity and disability related to oral diseases. As part of the Health Information and Knowledge System, the oral health project objective is to provide quality, relevant and timely data, information and knowledge in order to support public health decision-making at European, national, sub-national and local level. Choosing the most relevant set of data indicators, an up-to-date information technology, methods and relevant statistical analysis, represent some of the essential steps to assure a functional Health Information System.

The objectives of the programme are in line with those of the public health Community action programme (2003-2008):

1. To strengthen the health system performance through a better system organization.
2. To improve the quality of the health information while facilitating Member States cooperation.
3. To encourage the development of relevant and action-oriented community health policies with priority focus at reducing health inequalities.

More specifically, this project is embodied in the European public health surveillance policy health. It will contribute to reducing disease morbidity in children and vulnerable populations, it will promote equality of populations in addressing the specific needs of the least advanced countries.

The Programme 2002-2003 European Global Oral Health Indicators (SPC 2002472) has identified and harmonized essential indicators of oral health - problems, determinants and risk factors related to lifestyle of critical oral health care, its quality of care and of essential health resource. The next step –EGOHIDP Phase II - according to existing morbidity projects DG SANCO (ECHI, EUROHIS, ISARE, …) will establish methodological criteria for collection of data to implement and promote oral health indicators in an operational way in order to be able to support and achieve the overall objectives.

Specific objectives
The principal specific objective is to develop and promote the use of common oral health instrument in Europe in order:

1. to promote systematic identification and technical specifications of oral health indicators;
2. to facilitate comparisons of indicator data by promoting standardization of methods;
3. to improve the capacity of area health services to monitor their oral health improvement activities in a standardized manner in the longer term;
4. to facilitate, in the longer term, service specifications across area health services with a view to maintaining and improving performance;
5. to enhance the capacity to analyse the social, economic, behavioural and political determinants with particular reference to poor and disadvantaged populations.

The four sub-objectives of the EGOHIDP II should be:

1. To develop recommended common instruments for national health interview surveys (NHIS).
2. To develop recommended common instruments for national health clinical surveys (NHCS).
3. To develop a methodology for improved NHIS and NHCS data, routinely collected in 25 European countries at the primary oral health care level.
4. To develop methods to adjust national data to allow cross national comparisons.

The next step is to promote the actual implementation of these instruments in the national health interview survey, the national health clinical survey and to evaluate their performance.

Methods
Under the coordination of the main partner and with the identification of a principal investigator and the establishment of a research group, the project should be divided into 6 stages that would reflect the task under each of the four sub objectives in close respect with the three categories of core indicator recommended and described by the EGOHIP Phase I.

Thus the development of recommended common instrument should comprise:

Step 1: Harmonization of knowledge from the EGOHIP Phase I for the new Union states member that will help decision-makers to promote and improve the global oral health promotion, quality of care and surveillance of people in Europe, and to be operational in the EGOHIDP Phase II.

Step 2: Review and analysis of the existing instrument resources for the monitoring and control of oral health in Europe including 2 axes of research and development.

Goal 1. Review and analysis of the global (Health and Oral Health) existing instrument resources (Health Interviews, Clinical Interviews) in the literature for the monitoring and control of health
Goal 2. Review and analysis of the existing Oral Health instrument resources (Health Interviews, Clinical Interviews) used in national surveys for the monitoring and control of oral health in Europe.


Step 4: Development of Pre-test Collaborative Study of common instrumental sub-national level.

Goal 1. EGOHIDP Pre-Test 2007 of common instrument for Oral Health Interviews Surveys
Goal 2. EGOHIDP Pre-Test 2007 of common instrument for Clinical Oral Health Surveys
Goal 3. EGOHIDP Pre-Test 2007 of common instrument for Oral Health Interviews Providers Surveys

Step 6: Communication, diffusion of the information and promotion of the EGOHIP Phase II outcomes.