

## FACTS & FIGURES

About **52%**  
of the EU population  
suffer from oral diseases.

**3<sup>rd</sup>**  
In 2019, dental  
diseases were the most  
expensive diseases to  
treat after diabetes  
and cardiovascular diseases and  
before cancer

Out-of-pocket payments for  
dental services represent the  
largest source of funding,  
on average **59%**  
of total dental  
care spending

Oral health expenditure  
accounted for **5.1%**  
of total health  
spending in 2019.



Dental Care is the most frequent  
type of care that people  
**forgo** due to **financial  
reasons.**

Sources are listed in the explanatory note, which can be found [here](#).

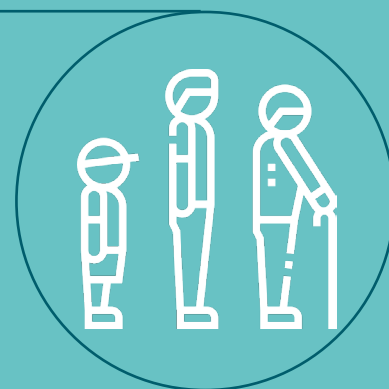
## RECOMMENDATIONS

### Focus on **prevention**

and tackle the risk factors for oral health: include oral health in the EU NCD Agenda and improve levels of literacy



Follow a **life-course** approach to oral health, understanding it as an integral part of health.



Support the **accessibility** to oral healthcare by investing in compulsory and supplementary insurance; and limit profit in oral healthcare.

Tackle the socioeconomic **inequality** in oral health, by effectively targeting vulnerable groups.



Develop indicators for the systematic and standardised collection of oral health **data**.



Sources are listed in the explanatory note, which can be found [here](#).

## BEST PRACTICES - GERMANY - SVLFG



### Preventive benefits for people in need of care

People in need of care and people with disabilities often have an above-average risk of caries, periodontal and oral mucosa diseases due to their living situation. They therefore have a separate entitlement to benefits for the prevention of dental diseases.

In addition to the oral health status survey, these benefits also include the preparation of an **individual oral health plan**, oral health education and the entitlement to tartar removal, which is semi-annual for this group of people.

More information and more best practices can be found [here](#).

## BEST PRACTICES - GERMANY - SVLFG



### Bonus Scheme

Those who do something to keep their teeth healthy and regularly attend dental check-ups are rewarded by the LKK - with a **higher subsidy** for their dentures.

The fixed allowance increases to 70 percent (bonus) if the condition of the teeth indicates regular dental care and evidence of regular dental examinations is provided. Regular examination means once every calendar half-year for people under 18 and once every calendar year for people aged 18 years +.

The fixed allowance increases to 75 per cent if the previously mentioned evidence can be provided for the last ten calendar years prior to treatment. In justified exceptional cases, a single missed preventive check-up for the last 10 years will not have any consequences if evidence is provided of complete preventive check-ups with the dentist in at least the five years prior to the start of treatment.

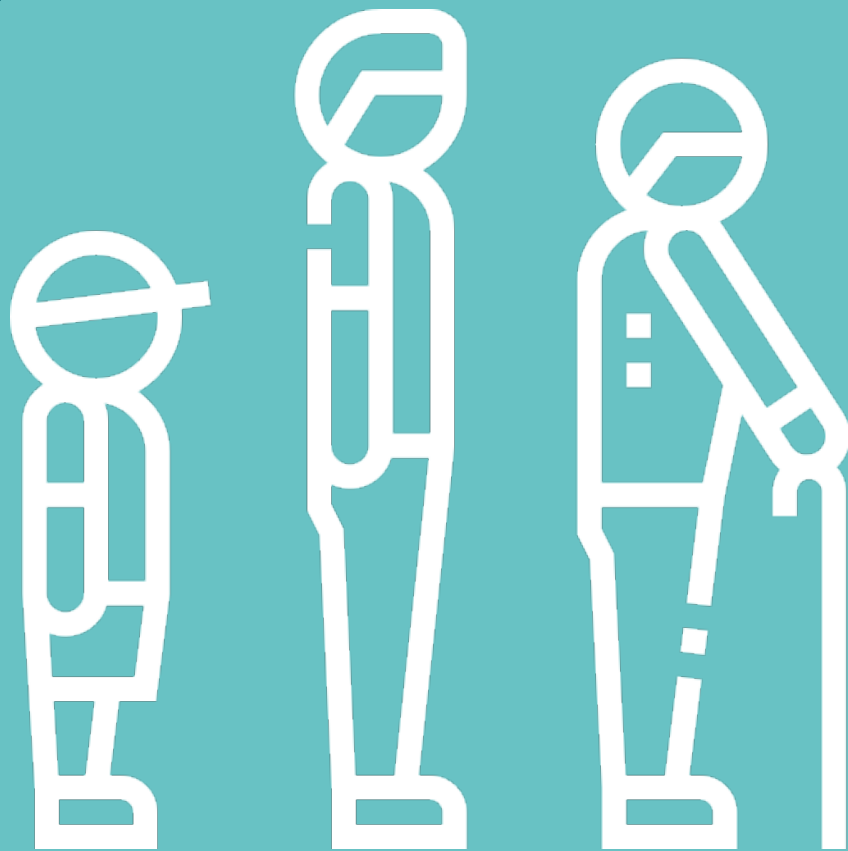
More information and more best practices can be found [here](#).

## BEST PRACTICES - FRANCE - MSA



santé  
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services

### The BBD program for people aged 60



A «Bilan Bucco-Dentaire -BBD», an **oral check-up**, fully paid for by the MSA, has been offered to people aged 60 since 2006.

In 2021, the MSA invited 24,760 60-year-olds to have this oral check-up. Then the MSA sent reminders to 21,509 people reminding them of the importance and necessity of the proposed check-up. A total of 3,735 60-year-olds received an oral check-up, a participation rate of 15.1%.

Between 2006 and 2020, 37,141 people aged 65 received a free oral check-up offered by the MSA.

In addition, MSA promotes prevention through advice, which it provides via flyers and brochures available to people over 60, children, pregnant women and their babies at birth, on the MSA [website](#) and in the MSA offices.

More information and more best practices can be found [here](#).

Find more information on our recommendations, visit our website.

[www.aim-mutual.org](http://www.aim-mutual.org)

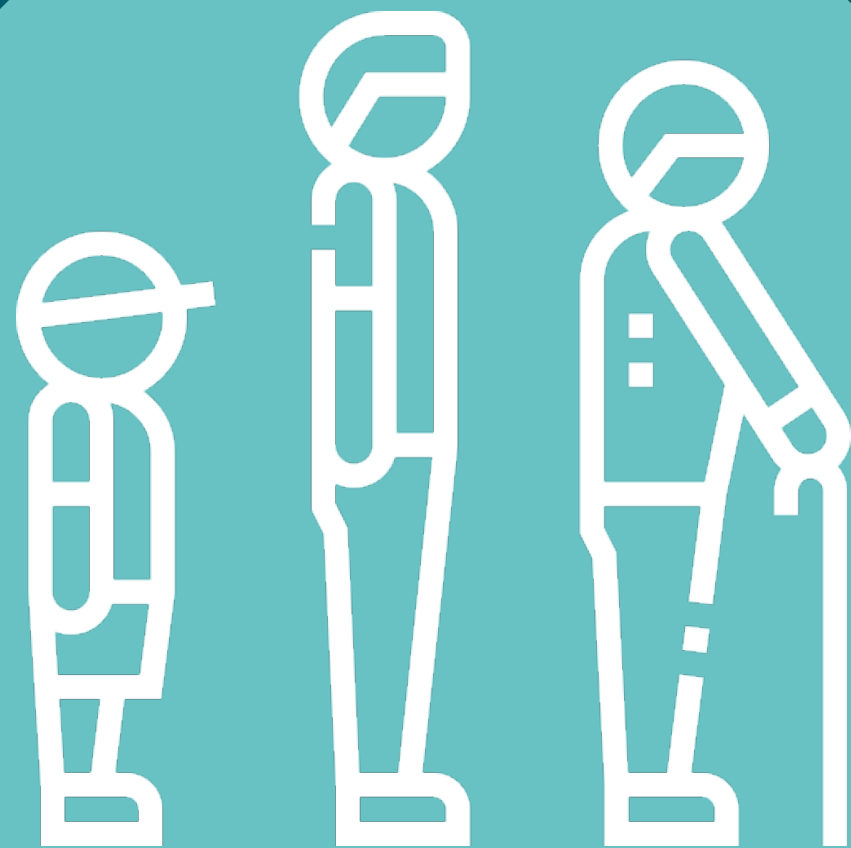


## BEST PRACTICES - FRANCE - MSA



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### “M’T Dents” program for young people



Since 2007, the MSA (French social security for farmers) has been offering its young insured or beneficiaries aged 3 to 24, as part of the «M’T Dents» oral care program, **preventive advice and an oral checkup** fully paid for by the MSA, at the rate of one checkup appointment every three years, i.e. at 3, 6, 9, 12, 15, 18, 21 and 24 years of age.

In 2021, the MSA has invited 221,230 young to have an oral checkup as part of the «M’T Dents» program. The invitation is sent by personal mail including a cover sheet to each child eligible for this program. A total of 65,243 examinations were performed, representing a participation rate of 29.5%, an increase of 4.4 points compared to 2020 (25.1%).

Since 2016, this program has been reinforced by the M’T dents program for young people who do not seek dental care. This is a follow-up reminding action targeting young people aged 4, 7, 10 and 13 already invited to the M’T dents program but did not use it and did not have any oral health care in the year they were 3, 6, 9 and 12 years old. This action also includes a system of reminders sent to the eligible beneficiaries within 4 months of the invitation month. In 2021, 8,891 young people in the agricultural scheme received a fully covered oral examination. The national participation rate is 24.1%.

More information and more best practices can be found [here](#).

## BEST PRACTICES - AUSTRIA - SVS



### Tobacco Interventions in dental outpatient Clinics

The Austrian Health Insurance Fund (ÖGK) is planning to implement a pilot project in ÖGK's own dental outpatient clinics.

This involves **online training** for dental staff (dentists, dental hygienists, dental assistants), with the aim of learning and practicing a minimal counselling procedure (max. 3 minutes) for tobacco cessation.

The online training teaches methods and techniques of smoking counselling and teaches the 3A's method (address smoking behaviour, advise smoking cessation, refer to support services). Austria-wide, evidence-based cessation services of the ÖGK as well as the smoke-free telephone are also presented.

The training is scheduled for 2x 1 hours. The refresher course takes place about 4 weeks after the training. The aim is to discuss the experiences made and to provide instructions that will improve implementation in practice.

More information and more best practices can be found [here](#).

## BEST PRACTICES - AUSTRIA - SVS



### Caries Prevention in Children



In Austria, in addition to publicity-related general measures via the media, **dental health education activities** are carried out in kindergartens and elementary schools. The 2015 caries prophylaxis documentation shows that **comprehensive caries prophylaxis** care for children under six has been successfully established in eight provinces. In Salzburg, Klagenfurt, Carinthia, Upper Austria, Tyrol, Styria, Lower Austria and Vorarlberg, campaigns have been extended to the target groups of pregnant women, mother-parent counselling centers (Tyrol) or parent-child groups. In six provinces, separate projects/programs are implemented for risk groups. Vorarlberg also provides nationwide care for 11- to 14-year-olds with its caries prophylaxis program. As of 2015, the required standard of care for the central target group has been implemented throughout Austria in all provinces with caries prophylaxis programs. Thus, as of 2015, it is possible to speak of a uniform basic level, although the content of the programs varies from province to province. A new provincial dental status survey is planned for 2023, with results expected at the end of 2023.

More information and more best practices can be found [here](#).



## BEST PRACTICES - FRANCE - MSA



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services



### The BBD program for pregnant women

Since 2007, an oral check-up fully covered by the MSA is offered to pregnant women before and after giving birth. Flyers are also made available to them for the oral health of their baby.

In 2021, 16,398 women were invited to have an oral health check-up before giving birth. Of these, 4,915 received a preventive check-up, a 30% participation rate. In 2021, 9,283 women were invited six months after giving birth for an oral health checkup. Of these, 2,383 received an oral check-up, a participation rate of 25.7%.

More information and more best practices can be found [here](#).