



NEWSLETTER

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DELIVER



Deliver Project EU



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the DELIVER Project
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Dynamic discussions and powerful insights on how to improve Oral Care Quality across Europe

DELIVER's 4th Annual General Meeting Held in Manchester

The University of Manchester hosted the fourth Annual General Meeting (AGM) of the DELIVER project on 11–12 June 2025, bringing together DELIVER consortium partners from across Europe. The project has now entered a critical phase, shifting from design and early implementation toward system integration and strategic alignment.

Reflecting on the event, DELIVER project lead Professor Stefan Listl described the meeting as "filled with dynamic discussions and powerful insights on how we can improve oral care quality across Europe." He

emphasised the project's alignment with the WHO Oral Health Action Plan and highlighted three core priorities shaping the next phase: improving accessibility to ensure oral healthcare is affordable, inclusive and responsive to people's needs; improving quality through community- and practice-based approaches; and fostering collaboration across citizens, providers, and policymakers. "The energy and passion shared," he noted, "have truly fuelled our commitment to creating positive change in oral health."

(Continued on page 2)



Planning for Impact: Reporting and Integration

Each of the eight work packages presented progress updates, illustrating how various strands of the project are beginning to connect. Workstreams ranged from the technical, such as real-time dashboards and patient-reported outcome tools, to the structural, including governance mapping, new commissioning frameworks, and deliberative community engagement. Several packages are now moving into training and

implementation phases, with a focus on uptake within routine dental care.

A core focus of the meeting was the coordinated reporting from each work package (WP) toward the project's second formal submission to the European Commission: Periodic Report 2 (PR2). **Sessions included:**

- **WP1: Coordination and Management**

Led by Radboudumc, WP1 oversees project governance, risk management, ethics, communication, and EU reporting. Its work was embedded throughout the EU Networking meetings, General Assembly meetings and Executive Board meetings.

- **WP2: Quality Intelligence & Monitoring**

Presented development of a quality framework, a monitoring dashboard (Task 2.6), and multi-level analyses across practice, community, and policy environments.

- **WP3: PROMs/PREMs and Patient-Centred Measurement**

Shared tools and protocols for capturing patient-reported outcomes and experiences in routine dental care, with plans for implementation and training.

- **WP4: Community-Based Interventions**

Highlighted deliberative engagement processes with citizens in the Netherlands and Denmark, with a focus on inclusion and equity for underserved groups.

- **WP5: Quality-Oriented Commissioning**

Introduced commissioning models that link financial mechanisms and professional development to outcomes in quality improvement.

- **WP6: Digital Tools and Infrastructure**

Demonstrated ongoing integration of dashboards and digital enablers to visualise and act on care quality data in real time.

- **WP7: Governance and Regulation**

Presented Deliverable D1.6 (Updated Data Management Plan) and insights from a regulatory mapping of licensing, insurance, and commissioning frameworks across partner countries.

- **WP8: Dissemination and Stakeholder Engagement**

Reviewed the Updated Dissemination and Engagement Plan (Deliverable D8.4) and outlined strategies for stakeholder outreach and public visibility.

A Converging Path Forward

What emerged most clearly from the Annual General Meeting (AGM) is that DELIVER is no longer operating in exploratory mode. With foundational work largely completed, the emphasis is now on connecting the project's outputs into an integrated platform for quality improvement, one that can be tested, scaled, and sustained across different national contexts.

Whether through digital dashboards, community engagement models, or revised commissioning structures, the shared priority is practical implementation. The Manchester meeting laid the groundwork for how this will take shape in the months ahead.

About DELIVER

Funded through the EU's Horizon Europe programme, DELIVER (DELiborative ImproVEment of oRal care quality) is a multi-country initiative working to strengthen quality in oral healthcare through a combination of digital tools, patient-centred metrics, commissioning models, and regulatory research.



<https://deliverproject.eu/content-page/home>
<https://cordis.europa.eu/project/id/101057077>

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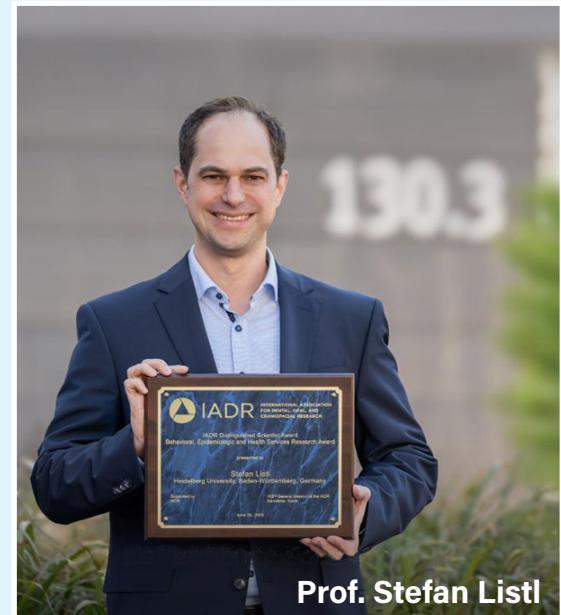
Stefan Listl Wins IADR 2025 Distinguished Scientist Award

Professor Stefan Listl has been awarded the prestigious IADR 2025 Distinguished Scientist Award in Behavioral, Epidemiologic, and Health Services Research—one of the highest honors in dental science. The award, presented at the IADR General Session in Barcelona, recognizes his groundbreaking contributions to oral health systems, health economics, and care quality.

Listl, who holds joint appointments at Heidelberg University and Radboud University, is the Lead Project Coordinator of the DELIVER project (Horizon Europe), a Europe-wide initiative focused on participatory quality improvement in dental care. He also heads innovative care integration projects at Universitätsklinikum Heidelberg, such as DigIn2Perio and Paro-ComPas, which connect dental and chronic disease care.

Beyond academia, Listl plays a key advisory role for the WHO, the Lancet Oral Health Commission, and the European Health Union Commission, helping shape international health policy.

His work continues to influence how oral healthcare is designed, financed, and delivered, earning him recognition not just for scientific excellence, but for his impact on global health.



Prof. Stefan Listl

Keynotes: Evidence and Equity in Global Context

Two keynote addresses offered broader context for the developing work.

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Professor Janet Clarkson (University of Dundee) spoke on the role of clinical guidelines and evidence synthesis in supporting patient safety and driving quality improvement. She highlighted how research-informed standards, when well-implemented, can create continuity between clinical care and system goals.



Prof. Janet Clarkson

Valter R. Fonseca and Maria Stridborg from the World Health Organization presented the WHO Oral Health Action Plan 2023–2030, emphasizing the growing consensus around integrating oral health into universal health coverage. Their message focused on regulation, inclusion, and the use of quality data - not only as a monitoring tool but as a driver of change.



Valter R. Fonseca

From poster to podium: Finalist for the best PhD presentation award

In early August, PhD candidate and ethnologist **Linnea Eisemann de Almeida** had the wonderful opportunity to attend the NorDoc Conference at the University of Oslo, Norway. Nordoc -Nordic Doctoral Training in Health Sciences is a fantastic initiative that brings together and strengthens collaboration among the Nordic doctoral schools and faculties in all areas of health and medical sciences. This year's annual conference focused on the themes of readiness and sustainability in research.

Linnea participated with a poster on her research in WP4 entitled 'Co-Creation in Method and Practice: Community-Driven Approaches to Better Oral Healthcare in Vulnerable Populations'. It received a lot of positive attention at the venue and was proudly selected as one of the top 5 posters out of 93, highlighting its outstanding quality and impact. Being in the top 5, Linnea delivered a 2-minute flash talk on stage. She achieved an outstanding second place in the audience vote - just two votes behind the winner.

The drawings featured on the poster were a real conversation starter. "Are drawings a part of your data?", "Yes, among other materials". Because how do we conduct research and generate data with participants when there is a language barrier? And how do we understand emotions in participants who may have difficulty describing their feelings with words? Here, drawings become a potential tool and a bridge-builder within the qualitative toolbox. A massive thanks to the asylum seekers for their contributions with drawings and as indispensable collaborators in the project AsylSyd).

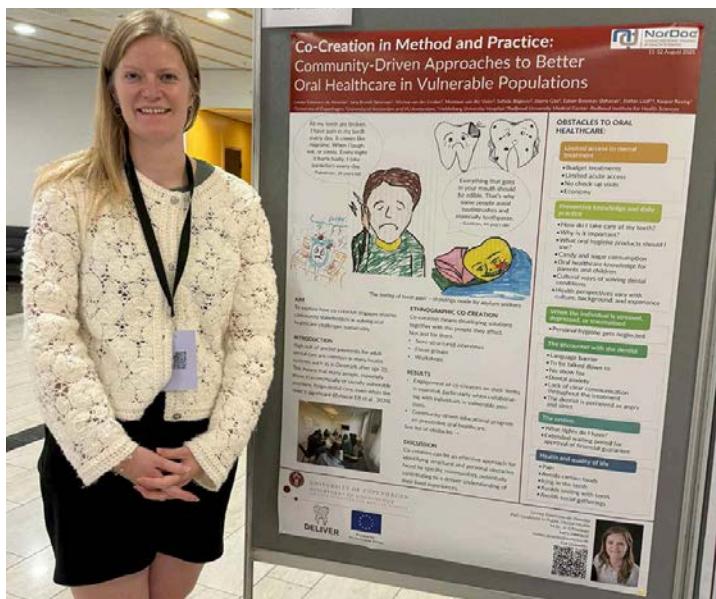
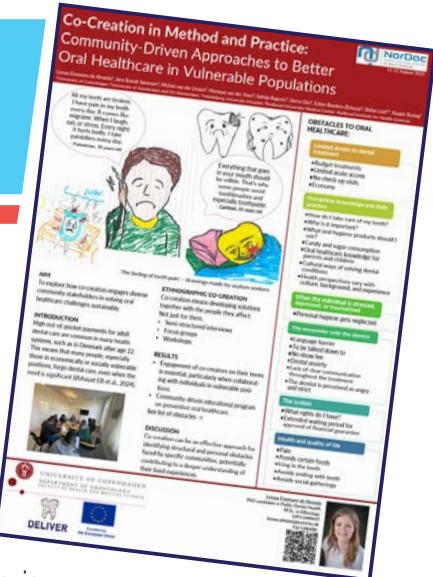
As Linnea presented, it is central in co-creation to engage the participants in the project from the very

beginning to the end. Involving them in co-deciding the method allows for data collection on their premises, which helps prevent drop-out and facilitates a

successful outcome. This is

especially important when conducting research with individuals in vulnerable positions. Beyond providing insights into asylum seekers' feelings and experiences with oral healthcare, the drawings also serve as an excellent tool for creating a poster for a community-driven educational programme centred on preventive oral health as an improvement initiative. For asylum seekers in Denmark, the main challenges they encounter include having limited access to dental treatments and a strong need and desire to learn more about preventive dental care.

Thanks to Faculty of Health and Medical Science, UCPH for granting Linnea a travel grant, which made it possible for her to attend the conference.



Linnea Eisemann de Almeida

Bringing DELIVER Research on Oral Health Economics to the Global Stage

This summer, the DELIVER project contributed to two major international conferences: the International Association for Dental Research (IADR) in Barcelona and the International Health Economics Association (IHEA) congress in Bali. Both gatherings provided an excellent platform for sharing our research and exchanging ideas with leading experts in oral health and health economics.

At IADR, **Ziade Sarroukh** presented two chapters of his PhD within DELIVER. His work examined the political economy of oral health policy and introduced evidence-informed deliberative approaches to prioritising resources. The discussions that followed were rich and thought-provoking, highlighting how health economics can inform practical and policy-relevant solutions in oral health care.

At IHEA, DELIVER built on these themes. Ziade showcased how the project works with policymakers to

understand what drives current investment decisions in oral health, and how multicriteria decision analysis can support transparent dialogue and long-term system improvements. He also co-organised a dedicated session on the economics of dental care, which brought together international experts to explore how economic evidence can strengthen oral health policy.

Across both Barcelona and Bali, the conversations underscored a growing recognition of the importance of systematic, evidence-based approaches in dental policy. This aligns closely with DELIVER's mission: to support governments in making informed, transparent, and impactful decisions that improve population health.

By linking rigorous economic analysis with the realities of policymaking, DELIVER continues to demonstrate how oral health systems can be strengthened to deliver lasting quality improvements worldwide.



Jip Janssen, Ziade Sarroukh and Abdulrahman Ghoneim

Project Partners:

Radboud University Medical Centre (Radboudumc)

Universitätsklinikum Heidelberg (UKHD)

University of Manchester (UMIMAN)

Karolinska Institutet (KI)

Ministry for Health & Active Ageing (MFA)

Stichting Vrije Universiteit (VU-ACTA)

University of Copenhagen (UCPH)

University of Porto (ISPUP)

aQua-Institut GmbH (aQua)

Stichting Lygature (LYG)

Oral Healthcare Educational Programme for Migrants

The DELIVER team held the launch meeting of a new co-created educational programme under Work Package 4 in August. This initiative was developed in collaboration with asylum seekers and a diverse range of professional stakeholders to enhance preventive oral healthcare for migrants and their communities.

To make the programme accessible, special attention was given to the diverse language and literacy needs of the target group. A poster was designed with minimal text, relying instead on symbols created from drawings by asylum seekers themselves. The content was shaped through discussions in community focus groups, ensuring that the messages reflected real needs and experiences.

While health professionals in asylum centres often rely on visual aids to overcome language barriers, such tools have been lacking in the field of oral health so far. This programme directly responds to that gap. The poster is already in use and has been displayed in the health clinic at the asylum centre in Denmark (@asylsyd), where it is serving as a practical and engaging resource for both staff and residents.



The next step will be to train staff at the asylum centres to integrate oral health more systematically into their daily work, using the poster as a reference. This training will be conducted in close collaboration with dental care professionals from the broader community, with a strong focus on the knowledge and needs of asylum seekers themselves.

This co-created approach is a key example of how DELIVER is working at the community level to improve access to safe, effective, and equitable oral healthcare.



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It's time to DELIVER



Building Community Coalitions for Oral Health in Rural Friesland

At the IADR 2025 General Session in Barcelona, **Sterre Gitz**, a dentist and PhD candidate at the Academic Centre for Dentistry Amsterdam (ACTA) from the DELIVER team, shared experiences from participatory action research in rural Friesland, the Netherlands. Using co-creation methods, citizens in vulnerable situations, healthcare professionals, and local stakeholders formed community coalitions to identify and address barriers to oral healthcare. Central to this process was ensuring that the lived experiences of community members guided the discussions, fostering trust, ownership, and a shared commitment to action.

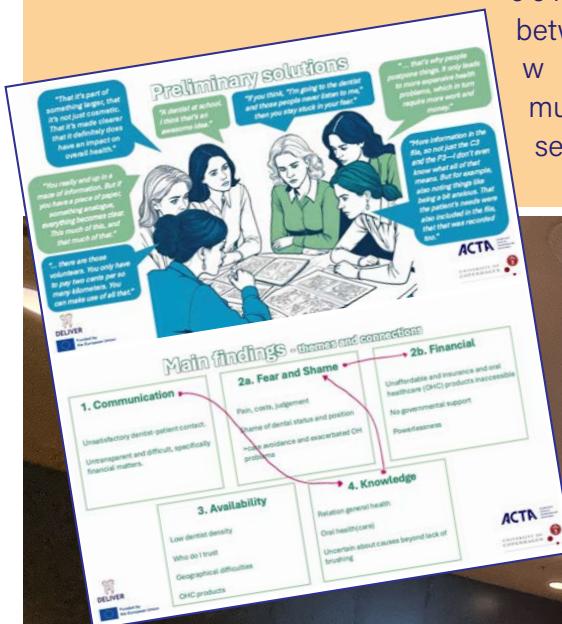
The coalitions highlighted several pressing barriers to oral health. Communication challenges, fear and shame, financial constraints, limited service availability, and low oral health literacy were identified as the most significant obstacles. Participants emphasized the need for oral health information to be made available outside dental offices, with social workers playing a stronger role in guiding citizens with basic oral health knowledge and navigating the system. Strengthening

collaboration between social workers, municipal health services, and

oral health professionals was seen as essential, with dentists encouraged to take a more active place within existing community networks.

The rural setting itself presented additional challenges compared to urban areas. Longer travel distances, fewer providers, and limited choice of dental professionals made access particularly difficult. Suggested solutions included creating incentives for dentists to work in rural areas, promoting closer collaboration with social services, and offering transportation support for low-income groups. Financial barriers were also central to the discussions, with participants calling for simplified navigation of aid schemes, expanded government support, and greater inclusion of people living just above the poverty line.

This work in Friesland demonstrates how participatory approaches can empower communities to address local health challenges and design practical strategies to reduce inequalities in access to care. By building coalitions that combine community perspectives with professional expertise, it becomes possible to create sustainable improvements in oral healthcare that are rooted in the realities of everyday life.



Sterre Gitz

Our PhD Candidates Advance Interventions for Oral Health



steady progress in developing interventions to enhance access to oral healthcare. Each has been collaborating closely with local multi-stakeholder groups to co-create solutions that respond to the needs of citizens in vulnerable situations.

In the Netherlands, the focus has been on testing a new concept: the Network Meeting. This initiative brings together citizens and oral health professionals at a specific time and place to provide practical support, such as assistance with booking dental appointments. Just as importantly, it offers a safe and welcoming environment where people can meet dental staff informally before visiting a clinic.

In Denmark, the WP4 team has been assessing oral health literacy among both staff and temporary residents at an asylum centre. Understanding the current level of knowledge is a crucial step in preparing an educational programme that will support residents in learning the basics of oral self-care.

To align their work and share experiences, the entire WP4 team came together again online on 3 July to plan the next phase of the DELIVER project.



Whose Responsibility Is It?

A Community-Level Situational Analysis of Oral Health Care in Amsterdam

A new study from the DELIVER Project, published in *JDR Clinical & Translational Research*, asks a straightforward question: who is responsible for making sure people in Amsterdam can get oral health care, especially those who struggle to access it? Using a situational analysis, the authors, **Sehida Begović, Michiel W. van der Linden, Kasper Rosing, Linnea Eisemann de Almeida, Michael Lorenz, Stefan Listl, Monique H. van der Veen**, combined desk research with interviews from 10 stakeholders, social and welfare workers, oral health professionals, a public health expert, and a municipal policy maker, to map priorities, everyday realities, and how different actors work together contribute to quality improvement of oral healthcare.

Across interviews, people agreed on one point: at least basic oral health care should be available to everyone. Basic care means being pain-free, able to eat, and free from infection—not full cosmetic work, but essential treatment. Yet many residents still face barriers. Money and insurance gaps matter, but so do complex procedures, fear, and the lack of someone to help navigate appointments. Without social support, whether from professionals, volunteers, family, or

friends, people often skip care altogether.

In practice, informal solutions try to fill the gaps. Emergency funds and volunteer dentists, and community groups help people with urgent needs. These efforts are valuable, but they are not a long-term fix. A core problem remains unclear: it is not obvious who owns the responsibility for access to oral health care. Because of this, social and welfare organizations often step in beyond their usual role, while coordination with health services and local policy can be patchy.

The study's message is simple: oral health is part of public health, and access should not depend on luck or charity. Clearer governance, defined responsibilities, and better collaboration between municipalities, health providers, and social services are needed so that essential care becomes routine rather than exceptional. These insights provide a starting point for DELIVER's next steps in the Netherlands and across Europe, helping partners design practical, fair solutions that bring basic oral health within reach for all.

Read the article:
<https://journals.sagepub.com/doi/10.1177/23800844251332227>

Co-creation for Better Oral Healthcare in Urban Communities

Sehida Begović, dentist and PhD candidate at the Academic Centre for Dentistry Amsterdam (ACTA), presented DELIVER's Work Package 4 results at the International Association for Dental Research (IADR) in Barcelona (June 2025). Her session focused on improving access to quality oral healthcare for underserved urban populations through a participatory action research approach.

In Amsterdam Noord, Amsterdam Zuidoost, and Rotterdam, community networks were co-created, bringing together citizens, oral healthcare professionals, social workers, welfare organisations, and policymakers. The aim was to identify oral healthcare needs, barriers, and solutions in inclusive and trust-building ways.

Key barriers identified included complex insurance systems, competing priorities such as housing or financial debt, shame and fear of judgment, and communication issues combined with low oral health literacy. Citizens described oral healthcare as feeling like a "luxury product," with consultations often leaving no space to discuss financial concerns.

Through dialogue and collaboration, community coalitions set shared priorities for quality improvement:

- Improving communication between citizens, policymakers, social organisations, and oral health professionals
- Neighbourhood-based initiatives and training programs, including social workers, oral health care professionals and students
- Co-developing tools such as fluoride awareness activities, educational posters, and hygiene kit distribution with the municipality
- Creating a citizen panel to inform local and national oral health policy makers through user-experiences

Pilot actions are already underway, including training workshops for social workers, oral health education materials for citizens, and exploring collective health insurance options. These initiatives were supported by creative engagement formats, including visual tools, storytelling, and group workshops, which helped flatten hierarchies and foster trust.

Sehida emphasised that addressing oral health inequalities requires citizen-driven, locally grounded innovation. The DELIVER project demonstrates that when community actors, policymakers, and researchers collaborate, new pathways emerge for more inclusive and sustainable oral healthcare.



DELIVER EU Project and WHO, Athens, Quality of Care and Patient Safety Office Collaborate to Advance Oral Health Quality Care

The **DELIVER EU Project** is strengthening its international collaboration with the World Health Organisation (WHO) country office in Greece to drive forward improvements in oral healthcare quality across Europe.

Dr. Paula Vassallo, Director of Health Promotion and Disease Prevention (HPDPD) Malta, a dentist, and a DELIVER project member, met up with **Joao Breda**, Head of the WHO Athens Quality of Care and Patient Safety Office. Greece and **Marie Stridborg**, Chief Dental Officer. This meeting provided an opportunity to reflect on the project's achievements to date and to explore how DELIVER can support health systems in making oral care more accessible, safe and equitable.

One of the key outcomes of this collaboration is the development of a comprehensive Oral Health Quality Improvement Toolkit. This toolkit is designed to help countries and health systems systematically improve the delivery of oral health services. A central element of the toolkit is a manual of oral care quality indicators, co-developed with WHO.

The manual will act as a practical guide for policymakers, practitioners, and health authorities, enabling them to measure, monitor, and continuously improve the quality of oral health services. By providing clear, evidence-based benchmarks, it will help to embed a culture of accountability and quality improvement across national health systems.

As Dr. Vassallo stated, oral health is increasingly recognised as a vital part of overall health policy, no longer treated as a neglected or isolated area of care. Through DELIVER's research and WHO's expertise, this collaboration ensures that oral health becomes part of the mainstream health agenda.

Together, the DELIVER consortium and WHO are shaping a future where every person in Europe can access high-quality, safe, effective, and fair oral healthcare. This milestone marks not only a step forward for oral health policy but also a significant contribution to patient safety and health system strengthening across the continent.



Marie Stridborg, Joao Breda and Paula Vassallo