



10.5. Regular contacts with a dentist (P-11)

10.5.1. Documentation sheet

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|------------------------------------|--|
| Description | Proportion of the population with a “regular contact with a dentist” (defined as at least 2 contacts in 2 different years during the last three years) |
| Calculation | Numerator: number of individuals 3 years old and older who had a contact with a dentist at least twice in 2 different years during the last three years. Denominator: number of individuals aged 3 years and older in a given year and the two years before. |
| Rationale | Oral health is a condition in which people can eat, speak and socialize without (oral) disease, discomfort or embarrassment. ¹ While having good levels of oral health is important in itself, it has also been linked to general health. ² Fortunately, some oral disorders (like dental caries and dental erosion) can be prevented. Regular dental visits not only enable the diagnosis and treatment of any dental problem in an early stage, they also help to prevent such problems through dietary and oral hygiene advice and the delivery of professional prophylaxis (i.e. the removal of dental plaque and calculus, the application of fluoride and sealants). Several studies demonstrated (inter- and intracountry) socioeconomic inequalities in access to oral healthcare, oral health and oral health related behaviour (e.g. toothbrushing). ²⁻⁷ |
| Primary data source | IMA – AIM data |
| Indicator source | IMA – AIM Atlas |
| Technical definitions | Contact definition: all INAMI-RIZIV nomenclature codes belonging to N group 04 (dentist care) or 16 (stomatology). |
| International comparability | This is not an international indicator. The definition of regularity varies from one country to another; the most frequently used indicator is yearly contact. |
| Dimension | Access to dental care |



10.5.2. Results

10.5.2.1. Belgium

The proportion of the population who had at least two dental visits in two different years in the last three years, increased from 47% in 2008 to 54% in 2016 (Table 103). The increase in the last years may (in part) be attributed to the information campaigns of the health insurance funds and the dental professional associations on the upcoming dental care program ('Mondzorgtraject' – 'Trajet de soins bucco-dentaires')⁹⁹⁹ which was finally installed on 1 July 2016.⁸ RIZIV – INAMI observed a nearly 10% increase in the (yearly) dental attendance rates between 2014 and 2015.⁸

The proportion of the population with a regular dental contact in 2016, is the highest in children and adolescents (66% and 71% for the age groups 5-14 years and 15-17 years for 2016, respectively), which is not surprising since this is the age span in which many children receive orthodontic diagnosis and/or treatment. The lowest proportion is seen in very young children (3-4 years old, 14%), and in the elderly (75 years and older, 36%).

These results, which are based on billing data, are in line with the results reported in the 2013 Health Interview Survey, in which 62% of the respondents reported that they had consulted a dentist in the preceding year. Likewise, variation across age groups was observed with the highest rate in the 2-14 years old age group (71%) and the lowest in the seniors (aged 75 or older, 34%). The higher attendance rates in the Health Interview Survey are logical as they are based on self-report.⁹

⁹⁹⁹ The concept of the dental care program ('Mondzorgtraject' – 'Trajet de soins bucco-dentaires') is that citizens of 18 years and older who have a dental appointment (during which a reimbursed procedure is performed) every calendar year receive a higher reimbursement (i.e. have a smaller personal share) for curative care (e.g. dental restorations, extractions, prostheses) than those who do not attend

The Health Interview Survey further revealed important sociodemographic differences, even after correction for age and gender: only 36% of the group with a lower educational level reported having seen the dentist in the preceding year and this proportion increases up to 72% in the group who had taken higher education. Similar sociodemographic gradients were reported in the survey performed in 2012-2014 by a team of several Belgian Universities at the request of the RIZIV-INAMI. In the lowest educational group (highest degree primary school or no degree) 72% had a registered contact (IMA data) with a dentist in the preceding 5 years, while in the highest group (higher education) this was 85%. For regular dental visits (defined in the RIZIV – INAMI study as at least three dental contacts in three different years in a time span of 5 consecutive years), the differences between the respective groups were more pronounced: 35% and 65%, respectively.¹⁰

The regular dental attendance rate was in 2016, as in previous years, much higher in Flanders (58%) than in Wallonia (48%) and Brussels (48%) (Figure 153). Comparable regional differences were observed in the above-mentioned data-registration project (2012-14): 61% of the respondents of the Flemish region had a regular registered contact with a dentist in the preceding 5 years, while the respective proportions for Wallonia and Brussels were 46% and 42%.¹⁰ Likewise, regional peculiarities were reported in the Belgian Health Interview Survey 2013: 7% of respondents in Brussels, 5% in the Walloon region and 3% in Flanders answered that they had never been to a dentist.⁹

a dentist regularly. The following procedures are not included in the dental care program: consultations, preventive care, orthodontics, periodontics and dental radiographs. The dental care program should not be confused with the 'continuity rule', which stipulates (for a long time already) that the reimbursement for a professional dental debridement is halved for citizens who had no reimbursed dental care during the previous year.


Table 103 – Regular contact with a dentist, by year and patient characteristics (2008-2016)

| Variable | Category | Proportion ^{hhh} |
|--------------------|-----------------|---------------------------|
| Year | 2008 | 47.4% |
| | 2009 | 47.9% |
| | 2010 | 48.5% |
| | 2011 | 48.8% |
| | 2012 | 49.2% |
| | 2013 | 49.1% |
| | 2014 | 49.8% |
| | 2015 | 51.9% |
| | 2016 | 54.1% |
| Age (2016) (years) | 03-04 | 14.0% |
| | 05-14 | 66.2% |
| | 15-17 | 71.0% |
| | 18-24 | 53.0% |
| | 25-44 | 53.3% |
| | 45-64 | 58.1% |
| | 65-74 | 52.4% |
| Province (2016) | 75+ | 35.5% |
| | Antwerpen | 57.3% |
| | Brabant Wallon | 54.6% |
| | Brussels | 47.7% |
| | Hainaut | 43.2% |
| | Liège | 52.8% |
| | Limburg | 60.8% |
| | Luxembourg | 45.9% |
| | Namur | 47.0% |
| | Oost-Vlaanderen | 57.5% |
| Vlaams Brabant | 59.3% | |
| Region (2016) | West-Vlaanderen | 58.9% |
| | Brussels region | 47.7% |
| | Flemish region | 58.4% |
| | Walloon region | 48.1% |

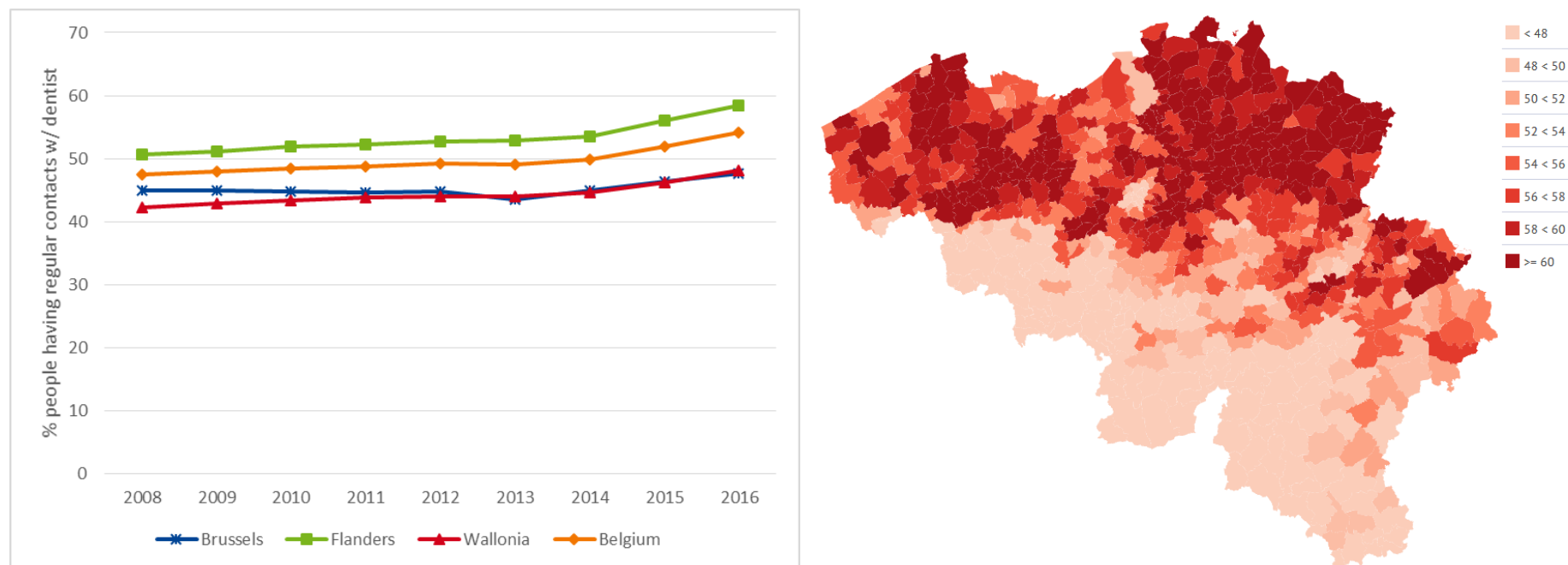
Source: IMA Atlas

Note: contact is defined as two contacts in two different years in the last three years

^{hhh} Proportion of the population who had at least two dental visits in 2 different years in the time span 2006-2008; similarly for the other percentages



Figure 153 – Regular contact with a dentist, by patient region (left, 2008-2016) and municipality (right, 2016)



Source: IMA Atlas

Note: regular contact is defined as two contacts in two different years in the last three years.

10.5.2.2. International Comparison

Since “regular dental visit” has been defined in the IMA atlas (the information source for this indicator) as at least two contacts with a dentist in a time span of three consecutive years and since this is not a standard indicator, it is hard to compare these results with international reports and publications.



Key points

- **Just a little over half of the Belgian population had a dental contact at least twice in two different years in the period 2014-2016.**
- **The population seeing a dentist on a regular basis is increasing**
- **The proportion of the population with the highest regular attendance rate is seen in the age groups 5-14 years (66%) and 15-17 years (71%). The regular dental attendance rate was higher in Flanders (58%) than in Wallonia (48%) and Brussels (48%).**
- **It is difficult to benchmark these data with other countries, since “regular dental visit” has been defined in the IMA atlas (the information source for this indicator) as at least two contacts with a dentist in a time span of three consecutive years, which is not a standard indicator.**

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