



1.1 Regular contacts with dentist (% pop aged ≥3 years) (P-11)

1.1.1 Documentation sheet

Description	Proportion of the population with a “regular contact with a dentist” (defined as at least two contacts in two different years during the last three years)
Calculation	<p><u>Numerator</u>: number of individuals 3 years old and older who had a contact with a dentist at least twice in two different years during the last three years.</p> <p><u>Denominator</u>: number of individuals aged 3 years and older in a given year and the two years before.</p>
Rationale	<p>Oral health is a condition in which people can eat, speak and socialise 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.</p> <p>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 intra-country) socioeconomic inequalities in access to oral healthcare, oral health and oral health related behaviour (e.g. toothbrushing).²⁻⁷</p> <p>Evidence from several countries suggests that the number of visits to the dentists decreased during the COVID-19 pandemic, because of the restrictive measures, the cessation of oral health programmes in the community or due to the fear of catching COVID-19 when seeking dental care.⁸⁻¹² The declines in dental care services have primarily impacted more socially disadvantaged groups and underserved areas, further widening oral health inequalities.^{8, 10}</p>
Data source	IMA-AIM Atlas data
Technical definitions	<p>Regular contact with a dentist is defined as at least two contacts with a dentist in two different years over a period of three consecutive years. Region, province and district is to the place of residence of the residents.</p> <p>Contact definition: all RIZIV-INAMI billing codes belonging to N group 04 (dental care provided by general dental practitioners, periodontists, orthodontists, or medical specialists in stomatology) or N group 16 (care provided by maxilla-facial surgeons). Hereafter, the term ‘dentist’ is used to cover all these dental care specialists.</p>
International comparability	This is not an international indicator. The definition of “regular contact with a dentist” varies from one country to another; the most frequently used indicator is yearly contact.



Limitation	International comparisons could not be performed for this indicator.
Dimension	Access to dental care
Related indicators	
Reviewer	Roos Leroy (KCE)

1.1.2 Results

Belgium

The proportion of the population who had at least two dental visits in two different years in the last three years increased from 48.5% in 2010 to 53.8% in 2021 (Table 1). The increase between 2010 and 2019 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')^a which was established on 1 July 2016.¹³

The national results based on billing data are in line with the results reported in the 2018 Health Interview Survey, in which 67.7% of the respondents reported that they had consulted a dentist in the preceding year.¹⁴ The data further illustrated an increase in the proportion of people who consulted a dental care specialist between 2013 and 2018.¹⁵

^a 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

Impact of the COVID-19 pandemic

Between 2019 and 2021, the proportion of the Belgian population with regular contacts decreased from 55.7% to 53.8%, which is likely to be due to dental service disruptions during the COVID-19 pandemic. Indeed, between the start of the first lockdown (14 March 2020) and end of strict confinement (4 May 2020) in Belgium, clinical activity dropped dramatically, with most practitioners limiting activity to emergency services or remote advice.¹² The decline observed in 2021 could be ascribed to the sequelae of the COVID-19 pandemic.¹⁶

Analysis by demographic characteristics and socio-economic status

As was also observed in the preceding years, the age groups with the highest 'regular dental contact rate' in 2021, are the 5-14 year olds and 15-17 year olds (66.6% and 70.8% , respectively), which is not surprising since there is full reimbursement for the majority of preventive and restorative procedures up to age 18 years since 2009. In addition, this is the age span

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.



in which many children/adolescents receive orthodontic diagnosis and/or treatment.

The lowest 'regular dental contact rate' is seen in children under 4 years old (15.6%) and in people aged 75 years and older (39.4%).

In the 2018 Health Interview Survey (HIS), the 'dental contact rate'^b varied across age groups, with the highest rate in the 2-14 years old age group (75.4%) and the lowest rate in the seniors (aged ≥ 75 years, 43.0%). The higher attendance rates in the HIS compared to administrative IMA-AIM data are logical as they are based on self-report.¹⁷

The HIS (interactive analysis) further revealed important sociodemographic differences, even after correction for age and gender: only 40.1% of the group with the lowest educational level (primary or no degree) reported having seen a dentist in the preceding year, while the respective proportion is 78.1% in the highest educational level group (superior education).¹⁵ A recent study using the HISlink 2018 reported that the prevalence of having received preventive dental care was significantly higher among individuals with sufficient level of health literacy than those with insufficient/limited level of health literacy (41.4% vs 37.2%).¹⁸ In addition, health literacy served as a pathway by which socioeconomic status affected preventive dental care, suggesting that strategies for improving preventive dental care may benefit from considering individuals' level of health literacy. However, the mediated percentages were quite low (3%), which might suggest a shared decision between physician and patients.¹⁸

Regional comparison

Again, as was also observed in the preceding years, the regular dental attendance rate was higher in Flanders (57.6%) than in Wallonia (48.7%) and Brussels (47.4%) in 2021 (Table 1, Figure 1).

^b In the HIS, the 'dental contact rate' was defined as the proportion of the adult population aged 18 years and over who had least one contact with a dentist in 2018, for preventive care.


Table 1 – Regular contact with a dentists, by year and patient characteristics (2010-2021)

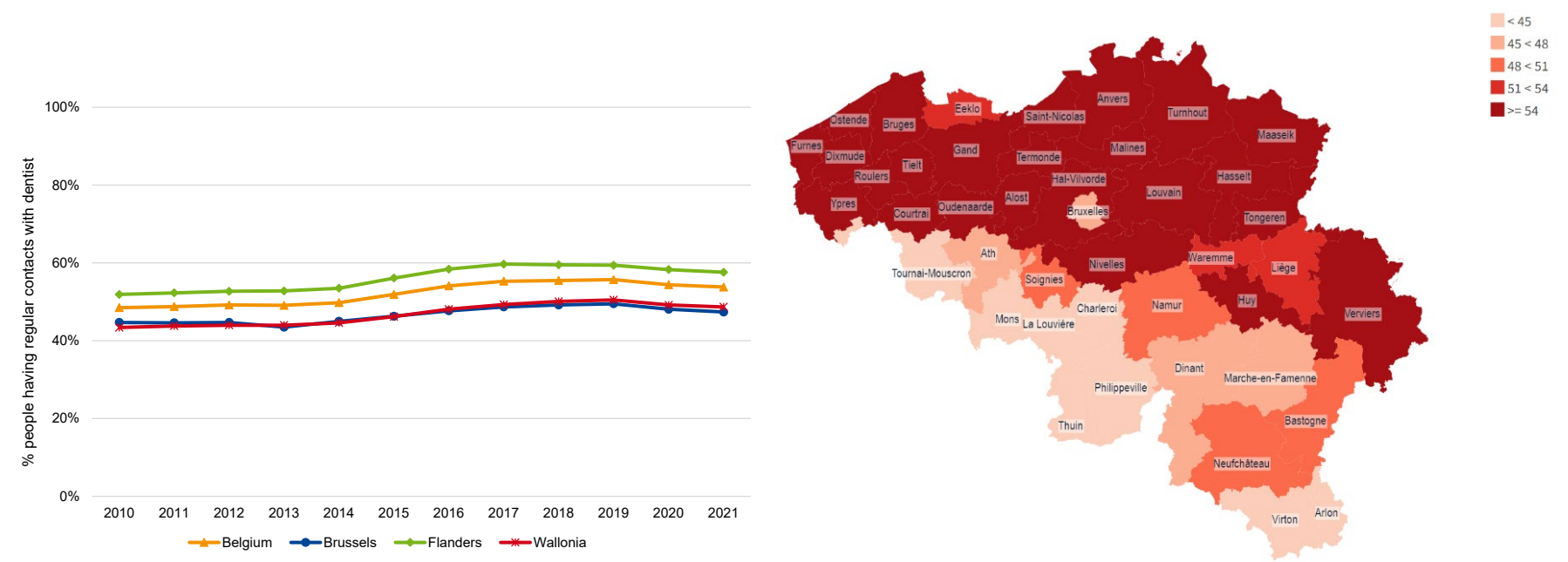
Variable	Category	Proportion of the population who had a regular contact with a dentist (%)
Year	2010	48.5
	2011	48.8
	2012	49.2
	2013	49.1
	2014	49.8
	2015	51.9
	2016	54.1
	2017	55.3
	2018	55.5
	2019	55.7
	2020	54.4
	2021	53.8
Age (2021) (years)	3-4	15.6
	5-14	66.6
	15-17	70.8
	18-24	52.6
	25-44	52.3
	45-64	57.9
	65-74	54.4
	≥75	39.4
BIM status (2021)	Yes	42.0
	No	56.8
Province (2021)	Antwerpen	56.5
	Brabant Wallon	54.7
	Brussels	47.4
	Hainaut	43.6
	Liège	53.5
	Limburg	60.3
	Luxembourg	46.4
	Namur	48.1
	Oost-Vlaanderen	56.9
	Vlaams Brabant	57.8
West-Vlaanderen	58.0	



Region (2021)		
	Brussels	47.4
	Flanders	57.6
	Wallonia	48.7

Source: IMA-AIM Atlas; BIM status: beneficiary of increased reimbursement.

Figure 1 – Regular contact with a dentist (% pop aged 3+), by patient region (left 2010-2021) and district (right, 2021)



Source: IMA-AIM Atlas



International Comparison

Since “regular dental visit” has been defined in the IMA–AIM 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 not possible to compare these results with international reports or publications.

Key points

- **Just a little over half of the Belgian population had a regular dental contact (i.e. at least twice in two different years during the last three years) in the period 2019-2021.**
- **The population having a regular dental contact increased between 2010 and 2019, and decreased slightly after 2019.**
- **The proportion of the population with the highest regular attendance rate is seen in the age groups 5-14 years (67%) and 15-17 years (71%).**
- **As was also observed in the preceding years, the regular dental attendance rate was higher in Flanders (58%) than in Wallonia (49%) and Brussels (47%) in 2021.**
- **It is difficult to benchmark these data with other countries, since the IMA-AIM atlas indicator “regular dental visit” is not a standard indicator in the international literature.**

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