

1.1 People with self-reported unmet need for dental care due to geographic (too far for travel or no means of transport) or waiting time reasons (% of respondents, EU-SILC) (A-14)

1.1.1 Documentation sheet

Description	People with self-reported unmet need for dental care due to <ul style="list-style-type: none">- geographic reasons (too far for travel or no means of transport)- waiting time reasons based on EU statistics on income and living conditions (EU-SILC) (HLTH_SILC_09)
Calculation	Numerator: Number of individuals aged 16+ that answer yes to the unmet dental care need question and give as main reason “too far to travel or no means of transport” or “waiting list” Denominator: total number of individuals aged 16 years old and over included in the survey
Rationale	Healthcare systems of European countries are facing increasing demands for healthcare services. Important reasons for growth in care needs include demographic changes (people are getting older), the development of medical technology (which makes it possible to treat more illnesses), increase in chronic care (people who survive acute illness because of new treatments become chronic patients), changes in the prevalence of diseases (increasing prevalence of cancer and infectious diseases) and the medicalisation of society. ¹ At the same time, countries try to organise care in an efficient way, limiting the resources used. This requires choices to be made concerning health service capacity and distribution, which can impact accessibility. Assessing self-reported unmet needs for geographical or waiting time reasons is one way to assess whether health services distribution is adequate.
Data source	Eurostat: EU-SILC: Online data code: HLTH_SILC_09 https://ec.europa.eu/eurostat/web/main/data/database Data navigation tree location: Population and social conditions > Health > Health care > Unmet needs for health care https://ec.europa.eu/eurostat/databrowser/view/hlth_silc_09/default/table?lang=en
Technical definitions	Self-reported unmet needs: Person’s own assessment of whether he or she needed examination or treatment for a specific type of healthcare, but did not have it or did not seek for it. EU-SILC collects data on two types of healthcare services: medical care and dental care. Dental care refers to individual healthcare services provided by or under direct supervision of stomatologists (dentists). Healthcare provided by orthodontists is included. The questions in EU-SILC related to unmet dental care need are formulated as follows:

“Was there any time during the last 12 months when you personally, really needed a dental examination or treatment but you did not receive it?”

► Yes

► No

“What was the main reason for not receiving the dental examination or treatment?”

1. Could not afford to (too expensive)
2. Waiting list
3. Could not take time off work/ from caring for children
4. Too far to travel or no means of transport
5. Fear of doctor/examination/treatment
6. Wanted to wait and see if problem got better on its own
7. Didn't know any good medical doctor
8. Other reason”

Statistical unit: Individuals aged 16 years old and over living in private households.

Statistical population: The EU-SILC target population in each country consists of all persons living in private households. Persons living in collective households and in institutions are generally excluded from the target population.

Reference Period: for the unmet needs variables the past 12 months

https://ec.europa.eu/eurostat/cache/metadata/en/hlth_silc_01_esms.htm

International comparability

EU-SILC data are available for the following countries: EU Member States, Iceland, Norway, Switzerland, Montenegro, the former Yugoslav Republic of Macedonia, Serbia, Turkey.

https://ec.europa.eu/eurostat/cache/metadata/en/hlth_silc_01_esms.htm

Limitations

Dimension

Accessibility – Health services distribution

Related indicators

Reviewers

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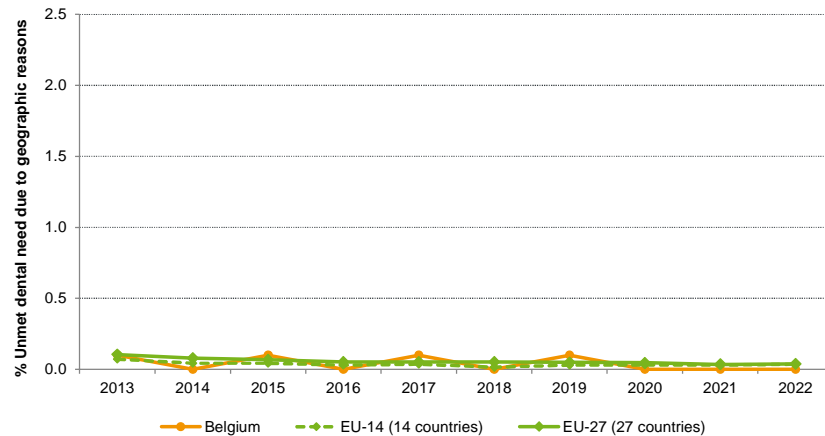
1.1.2 Results

People with unmet dental care need due to geographic reasons (too far for travel or no means of transport) (% of respondents) – Source: EU-SILC

Belgium

Figure 1 shows the percentage of people with unmet dental care need due to geographic reasons over the years 2013-2022. For Belgium, the percentage varies from zero to 0.1%. In the years 2020-2021-2022 it remains 0.0%.

Figure 1: People with unmet dental care need due to geographic reasons (too far for travel or no means of transport) (% of respondents) (2013-2022)



Source: Based on EU-SILC

Regional comparison

No data on the Belgian regions is available for this indicator.

Analysis by demographic characteristics and socio-economic status

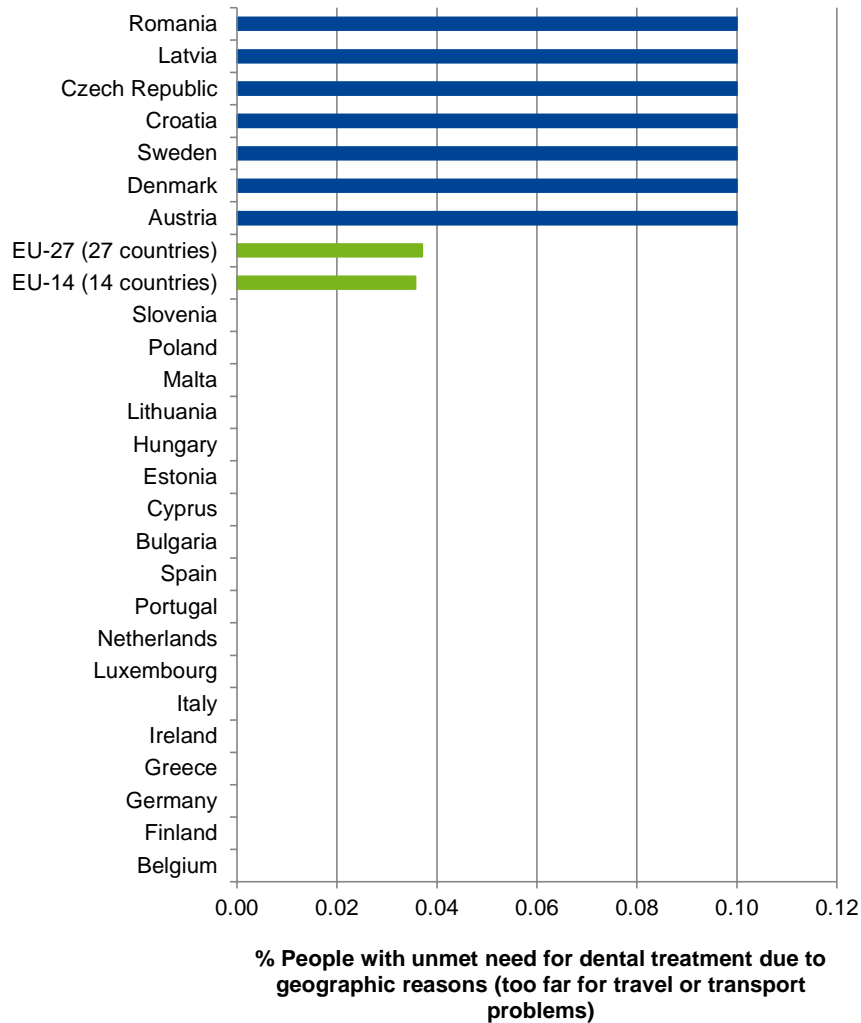
As the value of this indicator was zero in the years 2020-2021-2022, no further analysis is done with regard to demographic (age, gender) and socio-economic (income level) variables.

International comparison

Figure 2 shows the percentage of people with unmet dental care need due to geographic reasons for all countries included in the EU-SILC in 2022. For 18 countries, including Belgium, the percentage is zero. EU-14 and EU-27 average attains 0.04% in 2022.



Figure 2: People with unmet dental care need due to geographic reasons (% of respondents) (2022) – Source: EU-SILC



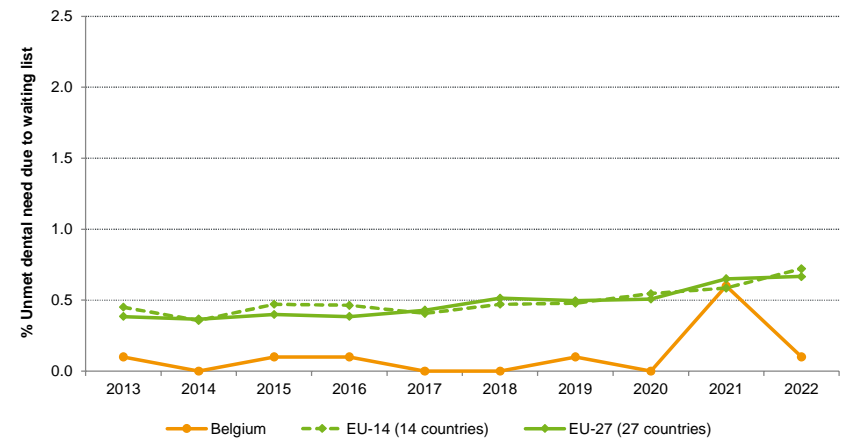
Source: Based on EU-SILC data 2022

People with unmet dental care need due to waiting time (% of respondents) – Source: EU-SILC

Belgium

Figure 3 shows the percentage of people with unmet dental care need due to waiting time for the years 2013-2022. In the period 2013-2020 the percentage for Belgium varies from zero to 0.1%. In 2021 it increased to 0.6%, coming close to but staying below the average of EU-14 and EU-27 countries. The increase in 2021 is presumably linked to the COVID-19 pandemic. In 2022 it dropped to 0.1%.

Figure 3: People with unmet dental care need due to waiting time (% of respondents) (2013-2022)



Source: Based on EU-SILC

Regional comparison

No data on the Belgian regions is available for this indicator.

Analysis by demographic characteristics and socio-economic status

We analysed whether there are differences according to gender, age category or income quintile for the self-reported unmet dental care need due to waiting time reported in 2021. (We analysed this for the year 2021 as in 2022 the percentage is very low.) These data are displayed in Table 1. We see that the people in the age categories 25-34 years and 75+ are the least affected groups (0.2%), compared to the other age groups. We also see that the people in the fifth income quintile are the least affected (0.4%) compared to the other income quintiles (0.6%).

Table 1: People with self-reported unmet dental care need due to waiting list (% of respondents) – analysis by gender, age category and income quintile (2021) – EU-SILC

EU-SILC		% of respondents
Belgium		0.6%
Gender	Males	0.5%
	Females	0.6%
Age category	16-24	0.6%
	25-34	0.2%
	35-44	0.7%
	45-54	0.8%
	55-64	0.8%
	65-74	0.7%
	75 or over	0.2%
Income levels	First quintile	0.6%
	Second quintile	0.6%
	Third quintile	0.6%
	Fourth quintile	0.6%
	Fifth quintile	0.4%

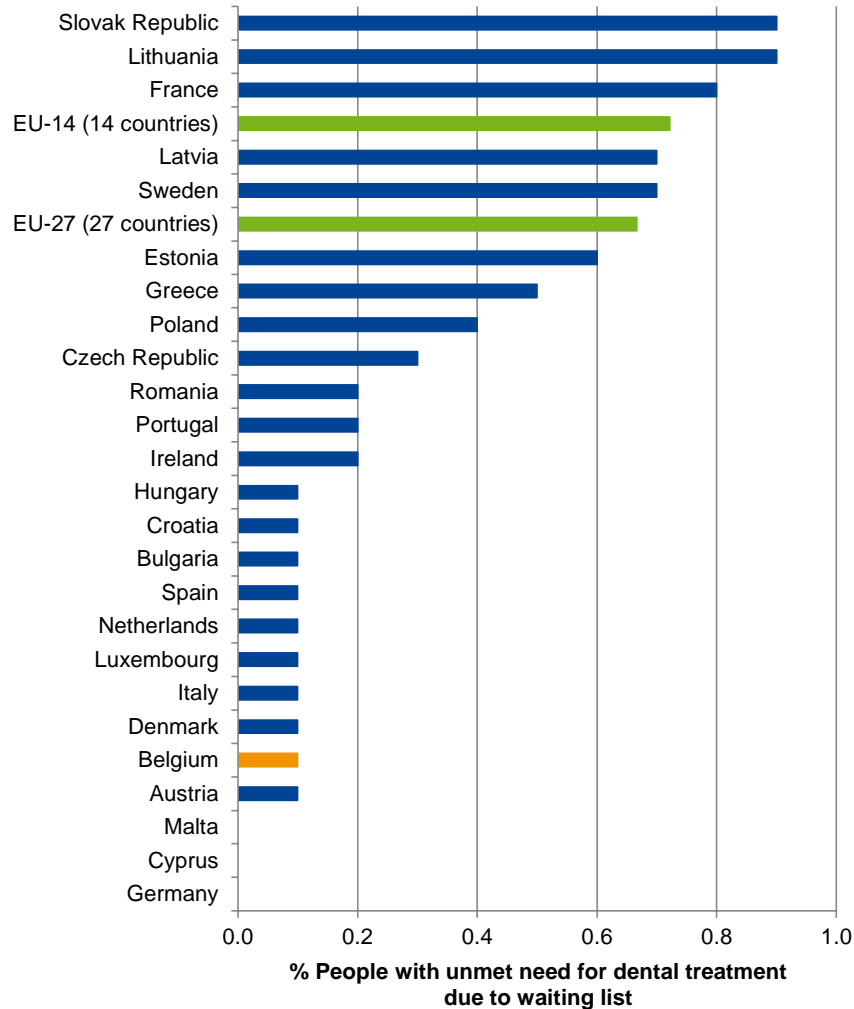
Source: Based on EU-SILC 2021

International comparison

Figure 4 shows the percentage of people with unmet dental need due to waiting time across the countries in the EU-SILC dataset in 2022. With its 0.1% Belgium ranks better than the EU-14 and EU-27 averages of 0.7%.



Figure 4: People with unmet dental care need due to waiting time (% of respondents) (2022) – Source: EU-SILC



Source: Based on EU-SILC data 2022

Impact of COVID-19 pandemic

Figure 3 shows the percentage of people with unmet dental care need due to waiting time for the years 2013-2022. In the period 2013-2020 the percentage for Belgium varies from zero to 0.1%. In 2021 there was an increase to 0.6%. This increase is presumably linked to the COVID-19 pandemic. In 2022 the percentage again drops to 0.1%.

No such impact was seen on the percentage of people with unmet dental care need due to distance or transport problems.

Key points

- The percentage of people with self-reported unmet dental care need due to geographic reasons (too far for travel or no means of transport) stays close to zero in Belgium. Both the EU averages and Belgian percentages are low for the 2013-2022 period (<0.1%).
- The percentage of people with self-reported unmet dental care need due to waiting time reasons increased in 2021 and became close to the EU averages (EU-14 and EU-27) but remained below 1%. This increase is presumably linked to the COVID-19 pandemic. In 2022 the percentage dropped to 0.1% again.

References

1. Council of Europe. Health Policy. Report on Criteria for the management of waiting lists and waiting times in health care [Web page]. Available from: https://www.coe.int/t/dg3/health/waitinglistreport_en.asp