

Dental insurance coverage and dental care utilisation. A comparison of two representative population based surveys in Germany and Switzerland

Objectives

The association between socio-demographic and –economic factors and the health insurance coverage for dental care has been assessed in several studies from the U.S. and Canada. But so far, this association has never been investigated in European health care systems, which differ substantially from the U.S. Therefore the aim of our study was to assess these interactions in Switzerland and Germany.

Methods

A cross-sectional study design was used to collect data from two representative population based samples of 17 734 Swiss and 5 197 German individuals aged 18 to 79 years. For each country bivariate test statistics were used to assess the relationship between dental care utilisation and socio-demographic and –economic variables. Within the whole sample a two-part model were used to (1) predict the probability of using dental care and (2) analyse the frequency of the dental care utilisation among users controlled for all sex, age, martial status, employment status, educational and income level.

Results

76% of the Swiss and 80% of the German participants reported a dental visit within the previous year. Women and higher educated participants visited the dentist significantly, more often than men ($p \leq 0.010$) and lower educated persons ($p \leq 0.010$), respectively. This result could be detected regardless the health care insurance system in both countries, Germany and Switzerland. The probability of receiving dental care increases significantly with dental insurance coverage, female gender, educational level and household income. Among those using at least one dental care service, dental insurance coverage and gender remained as significant determinants of the frequency of visits.

Conclusions

Our study results indicate that dental care utilisation is a complex function of socio-demographic and –economic variables as well as health system related variables such as insurance coverage. In conclusion our results suggest that the barrier to dental care for people with a low socioeconomic status might be higher as assumed. A lack of dental insurance may be an important factor for avoiding or delaying needed dental care. Policy makers and public health planners might consider this finding in particular for programmes aiming at increasing equitable access to dental care.