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Доступність стоматологічних послуг та чинники, які на неї впливають, за даними опитування населення

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Accessibility of dental services and factors that influence it, according to a survey

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Introduction

The most widespread non-communicable diseases are oral ones [1–3]. Although most of them are preventable, they remain a serious public health challenge and represent a significant burden [4; 5].

Scientists have calculated that, for example, the United States loses about $45 billion annually due to reduced productivity caused by untreated oral diseases [6] and bears unreasonable costs for more than 2 million visits for emergency dental care [7].

The foregoing emphasizes the importance of preventing dental illnesses and ensuring access to basic dental services in the early stages of oral diseases [8–12].

Given the importance of the problem of oral diseases and after a broad public discussion, the World Health Organization approved the Global Strategy and Action Plan on Oral Health [13]. Underlying the global oral health agenda are six guiding principles: a public health approach to oral health; integration of oral health into primary health care; innovative workforce models to respond to population needs for oral health; people-centred oral health care; tailored oral health interventions across the life course, and optimizing digital technologies for oral health.

In Ukraine, the epidemiological situation regarding dental morbidity is quite unsatisfactory and is characterized by a significant prevalence of advanced caries, periodontal disorders, and tooth loss [14; 15]. At the same time, only emergency dental care for adults and dental care for children are covered by the State Medical Guarantee Program [16], which makes this type of care unavailable, first of all, to vulnerable groups [17] and once again emphasizes the importance of preventing oral diseases [18].

This is especially important in the current socio-economic and political circumstances, when the availability of all types of care has significantly decreased as a result of the destructive invasion of the russian federation.

The aim of the study is to analyse the accessibility of dental services for the people and the factors that influence it.

Object, materials and methods

In 2024, according to the original author's program, a cross-sectional medical and sociological survey was conducted of 478 randomly selected people over the age of 18, residents of Ivano-Frankivsk region, who agreed to participate in the research by signing the appropriate informed agreements.

The questionnaire included the following blocks of questions: socioal and demographic characteristics of respondents; their attitudes and use of preventive dental care technologies; lifestyle features; evaluation of access to dental services and factors affecting it.

In order to validate the questionnaire to determine the time for answering and the clarity of the questions, they were first tested and revised on 12 volunteers.

The survey was conducted on the basis of supercluster healthcare facilities in Ivano-Frankivsk.

Among the respondents, 48.3% were male and 51.7% were female, 58.4% were urban residents and 41.6% were rural, which generally corresponds to the demographic characteristics of Ivano-Frankivsk region. The age groups were also fairly equally represented: under 30 – 17.4%, 30–39 – 17.6%, 40–49 – 25.5%, 50–59 – 18.2%, 60 and above – 21.3%.

The design and program of the research were reviewed and approved by the Ethics Committee of Ivano-Frankivsk National Medical University (Protocol No. 129/22 of 20.09.2022).

The study is a part of a comprehensive research work of the Public Health Department of Ivano-Frankivsk National Medical University "Medical and social rationale for improving the management of prevention, medical and rehabilitation care" (state registration number 0124U001983, timeline 2024–2028).

Data processing was carried out on the database created using Microsoft Excel by calculating rates of characteristics per 100 respondents and its standard error (±m). The reliability of the differences in data in the comparison groups (men-women, urban-rural, age groups) was assessed by the chi-square test (χ^2).

The contribution of various factors to the availability of dental care was assessed in two ways: by calculating the rates, as well as by calculating the average assessment of this contribution (0 – not at all, 1 – partially influences, 2 – significantly influences) and its standard error: M±m.

Results

It was found that 39.2% had university degree, 33.7% – college, 24.4% – high school, and 13 people (2.7%) – elementary education. The share of people with university degrees among urban residents was higher than in rural areas: 45.5% vs. 30.3%, respectively ($p<0.01$), and decreased with the age of the respondents ($p<0.001$).

In accordance with their income level, most respondents considered themselves to have average income (60.3%) or above average (9.9%), although almost a third of respondents (29.8%), regardless of age, gender or place of residence ($p>0.05$), evaluated their level of well-being as low.

It was showed (Fig. 1), that only 27.0% of respondents, regardless of age, gender, and place of residence ($p>0.05$), systematically monitor their oral health and visit a dentist for check-ups once (17.6%) or twice (9.3%) a year. Almost the same number of respondents (28.5%) indicated that they go to a dentist for check-ups, but do so irregularly. At the same time, almost half of the respondents (44.6%) admitted that they visit a doctor only when it is urgent.

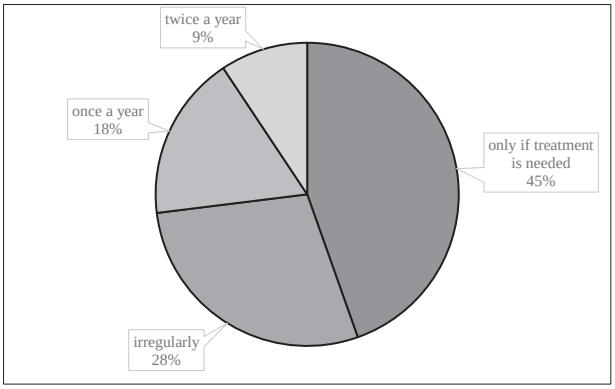

Fig. 1. Distribution of respondents by the number of times they visited a dentist for preventive care

Among those who answered that they visit dentists irregularly or only for emergency treatment, the main reasons for this were: lack of money (65.1±3.3%); lack of need for such visits (41.5±2.4%), which, in our opinion, indicates low awareness of their importance; lack of time (39.2±3.4%) and lack of a trustworthy dentist (12.3±2.3%).

At the same time, studying the consolidated opinion of all respondents on the contribution of various factors to patients' visits to dentists (0 – not at all, 1 – partially influences, 2 – significantly influences) showed (Fig. 2) that the most important ones were: trust in a doctor (61.1±2.4% of respondents considered it very important, or on average 1.54±0.62 points) and doctor's reputation (59.6±2.4%, or 1.52±0.63 points).

The fee for services was also very important for 56.3±2.3% of respondents, but it was only in third place (1.49±0.64 points).

The following ranking places were taken by: staff treatment of patients (49.2±2.4% and 1.40±0.65 points,

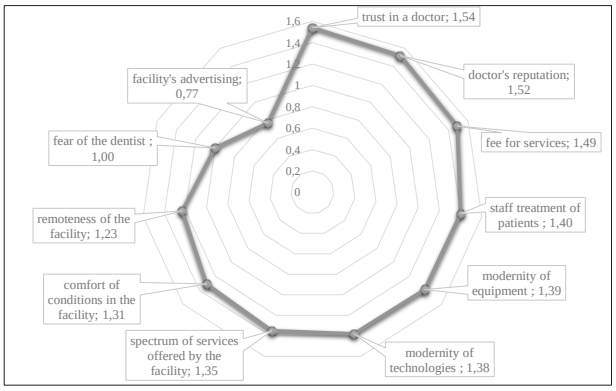

Fig. 2. Factors that, according to respondents, influence the accuracy of visits to the dentist

respectively), as well as modernity of equipment (46.6±2.5% and 1.39±0.62 points), technologies (47.0±2.5%, 1.38± 0.64 points), spectrum of services offered by the dental facility (43.2±2.4%, 1.35±0.64 points), comfort of conditions in the facility (41.5±2.4%, 1.31±0.65 points).

It should be noted that these customer service factors were more important for younger respondents ($p<0.05$): 60.8-66.7% of respondents under the age of 30 mentioned them as very important, vs 23.3-43.9% of those over the age of 60.

For 42.3±2.4% of respondents (1.23±0.75 points), regardless of their place of residence ($p>0.05$), the remoteness of the facility was important. Fear of the dentist was a significant factor for only one third of the respondents (29.3±2.3%, 1.00±0.76 points), somewhat more prominent in older age ($p<0.05$). Only 20.4±2.0% (0.77±0.76 points) of respondents paid attention to the facility's advertising, and this factor was more significant for women ($p<0.01$).

Overall, only one fifth (19.6%) of respondents, regardless of age, gender, and place of residence ($p>0.05$), considered dental care to be fully accessible (Fig. 3), while the majority (64.6%) considered it partially accessible, and 15.8% – completely inaccessible.

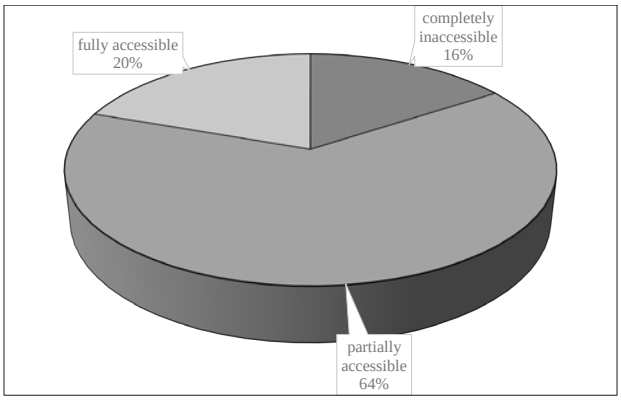

Fig. 3. Respondents' assessment of access to dental care in general

When studying the accessibility of specific services (Fig. 4), it was found that respondents considered the most accessible: emergency dental care (60.6% rated as fully

accessible and only 5.1% as completely inaccessible), tooth extraction (58.7% and 10.4% respectively), X-ray diagnostics (57.0% and 12.3%), caries treatment (52.2% and 7.1%), and preventive check-ups (51.6% and 6.4%). The least accessible, according to respondents, are implants (18.6% and 56.4%), dental briquettes (20.4% and 55.5%), and dental prosthetics (24.2% and 41.4%).

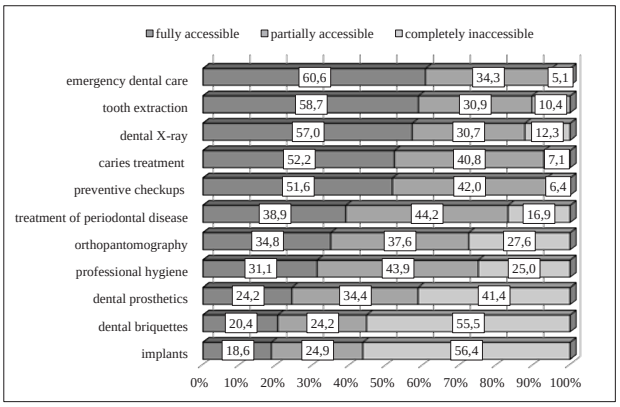

Fig. 4. Respondents' assessment of accessibility of basic dental services for middle-income citizens

Discussion

The study involved a sufficiently large sample (478 people) of residents of one of the western regions of Ukraine, where, despite martial law, access to all types of medical care, including dental care, is maintained [22]. The sample consisted of almost equal proportions of men (48.3%) and women (51.7%) aged 18 and older, with slightly more urban (58.4%) than rural (41.6%) residents.

It was found that the respondents were characterized by a fairly high level of education (39.2% had a university degree and 33.7% had a college degree), as well as income (60.3% had an average and another 9.9% had an above-average income). As we can see, the level of education and well-being, which are well-known determinants of access to dental care [13, 19], allows the majority of respondents to visit dentists for check-ups and treatment. In addition, the majority of respondents believed that such medical check-ups were fully (51.6%) or partially (42.0%) accessible to people with average incomes.

However, the study of this issue showed, що only 27.0% of respondents, regardless of age, gender, and place of residence ($p>0.05$), systematically monitor their oral health and visit a dentist for check-ups once (17.6%) or twice (9.3%) a year, as it is recommended by the current National Institute for Health and Care Excellence (NICE) clinical guidelines [20].

The answers of those who do not regularly visit the dentist for check-ups confirmed the importance of socioeconomic factors in the accessibility of dental care [3; 13; 21]. Indeed, more than 40% of respondents said that lack of money was the main reason for this. In addition, all respondents recognized urgent dental services as the most accessible (58.7–60.6%), i.e. those that are covered by the State Medical Guarantee Program of Ukraine [16]. This is against the background of the fact that for the majority of respondents dental care was partially (64.6%) or completely (15.8%) inaccessible.

At the same time, it has been established that other factors of unequal access to dental care are also important, namely: trust in the doctor (61.1%) and his/her reputation (59.6%), staff treatment of patients (49.2%), modern technologies and equipment (46.6-47.0%) in the healthcare facility, low awareness of the need for regular preventive check-ups (41.5%).

Limitation. Analysing the received data, it should also be taken into account that our research was conducted during the full-scale invasion of the russian federation, which could have an additional negative impact on the availability of medical, including dental, care [22].

Prospects for further research

Prospects for further research will be to develop a set of managerial measures to improve the accessibility of dental services, including preventive ones, at the state, regional, individual, and community levels.

Conclusions

It was found that the majority of citizens either did not visit dentists for preventive examinations at all (44.6%) or did it irregularly (28.5%), mainly due to lack of money (65.1%) and lack of awareness of the such visits importance (41.5%).

It has been established that for all respondents, regardless of whether they visit dentists for preventive purposes or not, the main determinants of using dental services were trust in the doctor (61.1%) and his/her reputation (59.6%), the price of services (56.3%), staff treatment of patients (49.2%), modern technologies and equipment (46.6–47.0%) in the healthcare facility.

It was shown that for the majority of respondents, dental care was partially (64.6%) or completely (15.8%) inaccessible. The most accessible services were emergency dental care, i.e. those included in the State Medical Guarantee Program (58.7–60.6% recognized them as fully accessible), and the least accessible ones were high-tech and expensive services, such as implants (56.4% considered them completely inaccessible), dental briquettes (55.5%), and dental prosthetics (41.4%).

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Purpose: to analyze the accessibility of dental services for the people and the factors that affect it.

Materials and methods. During 2024, according to the original author's program a cross-sectional survey of 478 people over 18 years of age, residents of the Ivano-Frankivsk region, there were conducted in the healthcare facilities of the regional center.

Results. It was found that the majority of citizens either did not visit dentists for preventive examinations at all (44.6%) or did it irregularly (28.5%), mainly due to lack of money (65.1%) and lack of awareness of the such visits importance (41.5%). It has been established that for all respondents, regardless of whether they visit dentists for preventive purposes or not, the main determinants of using dental services were trust in the doctor (61.1%) and his/her reputation (59.6%), the price of services (56.3%), staff treatment of patients (49.2%), modern technologies and equipment (46.6–47.0%) in the healthcare facility. It was shown that for the majority of respondents, dental care was partially (64.6%) or completely (15.8%) inaccessible. The most accessible services were emergency dental care, i.e. those included in the State Medical Guarantee Program (58.7–60.6% recognized them as fully accessible), and the least accessible ones were high-tech and expensive services, such as implants (56.4% considered them completely inaccessible), briquettes (55.5%), and dental prosthetics (41.4%).

Conclusions. It is necessary to develop a set of organizational measures to improve the accessibility of dental services, including preventive ones, at the state, regional, individual and community levels.

Key words: dental services, health care system, accessibility, determinants, dentist, oral health.

Стоматологічні захворювання є найбільш поширеними неінфекційними хворобами. Хоча більшості з них можна запобігти, вони залишаються суттєвим викликом популяційного здоров'я, вагомою проблемою громадського здоров'я та економічного тягаря загалом. В Україні у державну Програму медичних гарантій входить тільки ургентна стоматологічна допомога для дорослих та стоматологічна допомога дітям, що робить стоматологічну допомогу недоступною для більшості громадян.

Мета: проаналізувати доступність стоматологічних послуг для населення та чинники, які на неї впливають.

Матеріали і методи: Впродовж 2024 року за оригінальною авторською програмою провели крос-секційне медико-соціологічне дослідження 478 осіб, старших 18 років, мешканців Івано-Франківської області, які погодились взяти участь у дослідженні, підписавши відповідні поінформовані згоди.

Розроблена анкета включала наступні блоки питань: соціально-демографічні характеристики респондентів; їх ставлення і застосування технологій з профілактики стоматологічних захворювань; характеристика способу життя; оцінка доступності стоматологічних послуг і чинників, що впливають на неї.

Опитування проводилось на базі надкластерних закладів охорони здоров'я обласного центру.

У структурі респондентів 48,3% складали особи чоловічої статі та 51,7% – жіночої; мешканці міст – 58,4%, сіл – 41,6%; віковий розподіл: до 30 років – 17,4%, 30–39 років – 17,6%, 40–49 років – 25,5%, 50–59 років – 18,2%, 60 років і старші – 21,3%.

Статистична обробка результатів дослідження проводилась на основі створеної за допомогою Microsoft Excel бази даних шляхом розрахунку частоти ознак на 100 опитаних та її стандартної похибки (±m), а оцінку достовірності їх відмінностей у різних групах спостереження (чоловіки–жінки, місто–село, вікові періоди) здійснювали за критерієм відповідності хі-квадрат (χ^2).

Використали методи: епідеміологічний, соціологічний, медико-статистичний.

Результати. Встановлено, що опитані громадяни мали досить високий рівень освіти: у 39,2% з них була вища освіта, у 33,7% – передвища (середня спеціальна), у 24,4% – середня загальна і у 13 осіб (2,7%) – початкова. Більшість респондентів (60,3%) оцінювали свій рівень доходів як середній, 29,8% – як низький і 9,9% – як вище середнього.

Виявлено, що тільки 27,0% респондентів систематично слідкують за своїм стоматологічним здоров'ям та відвідують лікаря-стоматолога для огляду і санації ротової порожнини один (17,6%) чи два (9,3%) рази на рік. Натомість більшість опитаних або взагалі не звертаються до лікарів-стоматологів для профілактичних оглядів (44,6%), або роблять це нерегулярно (28,5%), головними чином, внаслідок браку коштів (65,1±3,3%) та необізнаності щодо важливості таких візитів (41,5±2,4%).

З'ясовано, що для всіх респондентів, незалежно чи відвідують вони лікарів-стоматологів з профілактичною метою, чи ні, основними чинниками, які впливають на використання ними стоматологічних послуг є довіра до лікаря (61,1%) та його репутація (59,6%), вартість послуг (56,3%), ставлення персоналу до пацієнтів (49,2%), сучасність технологій та обладнання (46,6–47,0%) у закладі охорони здоров'я.

Показано, що тільки п'ята частина (19,6%) опитаних вважали, що стоматологічна допомога є повністю доступною, а для більшості респондентів вона є частково (64,6%) або повністю (15,8%) недоступною. При цьому, найдоступнішими опитані громадяни вважали: ургентну стоматологічну допомогу (60,6% оцінили як повністю доступну і тільки 5,1% – як зовсім недоступну), видалення зубів (58,7% і 10,4% відповідно), рентген-діагностику (57,0% та 12,3%), лікування карієсу (52,2% і 7,1%) та профілактичні огляди (51,6% та 6,4%). Найменш доступними, на думку респондентів, є ставлення імплантів (18,6% і 56,4%), брекетів (20,4% та 55,5%) і протезування зубів (24,2% та 41,4%).

Слід враховувати, що дослідження проводилось під час повномасштабного вторгнення російської федерації, яке могло створювати додатковий негативний вплив на доступність стоматологічної допомоги.

Висновки. Необхідно розробити комплекс організаційних заходів з поліпшення доступності стоматологічних, зокрема профілактичних, послуг на державному, регіональному, індивідуальному та на рівні громад.

Ключові слова: стоматологічні послуги, система охорони здоров'я, доступність, детермінанти, лікар-стоматолог, стоматологічне здоров'я.

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