

# Oral Health and the Use of Dental Services by Older Adults Age 65+ in Israel

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The study was funded with the assistance of the Medical Research  
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Jerusalem | October 2020

## Related Myers–JDC–Brookdale Institute Publications

Ashkenazi, Y., Yankelovich, A., Zusman, S. & Natapov, L. (2016). *Patterns of utilization and experiences of children in dental care following the reform of dental care in Israel*. RR-710-16 (Hebrew).\*

Berg, A., Zusman, S. & Horev, T. (2001). *Social and economic aspects of dental care in Israel in the era of National Health Insurance*. RR-359-01 (Hebrew).

Berg, A., Rosen, B., Sgan-Cohen, H. & Horev, T. (1996). *Household expenditures on dental health*. RR-255-96 (Hebrew).

\*Report RR-710-16 and an English summary can be downloaded free of charge from the Institute website: [brookdale.jdc.org.il](http://brookdale.jdc.org.il)

# Abstract

Oral health has a considerable effect on the quality of life and nutrition of older adults, since healthy natural teeth affect a person's ability to chew, swallow, and speak. The aging process includes physiological changes, some of which have a negative effect on the person's teeth and gums and their chewing ability, which are detrimental to physical health, social involvement, and the self-image of the older person.

International comparative studies show an inferior standing in the oral health of older adults in Israel compared to older adults in many other developed countries. This can be partially explained by the existence of barriers that make it hard for older adults in Israel to use dental services.

In 2019, a reform in dental services for the elderly was introduced, with the goal of improving access to the services and reducing some of the barriers. The reform, implemented in February 2019, made people aged 75+ eligible for preventive and preservative dental care through the basket of services under the National Health Insurance Law and from October 2019, prosthetic dental treatments would be included for those aged 80+.

The Myers-JDC-Brookdale Institute (MJB) and the Dental Health Department of the Ministry of Health jointly initiated the current study, since there is a lack of up-to-date epidemiologic information in Israel regarding the dental health of people aged 65+. The study will help policymakers to better tailor the provision of dental services to this population following the reform and make it possible to explore socioeconomic and geographical inequalities in the use of dental health services. Twenty years ago, MJB conducted a similar nationwide study,<sup>1</sup> which examined social and economic aspects of dental care in Israel among the whole population. The study findings served as an important basis for the changes that have taken place over the past two decades in aspects examined in the current study.

## Study Goals

To learn about the oral health of individuals aged 65+ in Israel, to assess the extent of use of dental services, to examine the level of satisfaction with the services, and to identify the main barriers to their use.

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<sup>1</sup> Berg, A., Zusman, S. & Horev, T. (2001). *Social and economic aspects of dental care in Israel in the era of National Health Insurance*. RR-359-01 (Hebrew).

## Study Method

Telephone interviews with a representative sample of 512 people aged 65+ conducted from February to April 2020.

## Main Findings

- About two-thirds of people aged 65+ perceive their oral health to be good or very good.
- 24% of people aged 65+ do not have any natural teeth. The remainder have on average 19 teeth. Ten percent have not lost any teeth. This is an improvement compared to the situation 20 years ago, when 52% of people aged 65+ had no teeth and the remainder had on average 10 teeth, while only 3% had lost none.
- In the current study, in the 65-74-year age group, 19% have no teeth at all and the remainder have an average of 20 teeth. In contrast, among individuals aged 85+, 38% have no teeth at all and the remainder have an average of 13.
- 39% of people who have difficulty covering their monthly expenses have no teeth – twice as many as those who manage to cover their monthly expenses (19%).
- 39% of people aged 65+ have implants – 43% of those aged 65-74 and 26% of those aged 85+.
- 44% of people aged 65+ have dentures – 37% among those aged 65-74 and 66% among those aged 85+.
- Approximately 40% of those aged 65+ go to the dentist for preventive check-ups. The remainder do not, mainly due to lack of awareness of the importance of doing so. The aforementioned study conducted twenty years ago found that 21% of people aged 65+ went to the dentist for a preventive check-up. Twenty-eight percent of those who find it hard to cover their monthly expenses go for preventive check-ups compared with 51% who do not have difficulty.
- Approximately half of the people aged 65+ went to the dentist in the previous year (three visits on average) and 20% reported that they have never been to the dentist. Thirty-five percent saw the hygienist in the previous year. The rates of use of dental services are lower in the periphery and among non-Jews and those who have difficulty covering their monthly expenses.
- Approximately a quarter of the respondents who went to the dentist did so for urgent treatment. Almost a third reported that it was for prosthetic treatment and a third went for preventive treatment. The remainder went for other reasons.

- The cost of dental treatment currently constitutes a barrier to service use, especially for those with difficulty covering their monthly expenses. Among all respondents, 38% of those who did not complete treatment noted this was due to cost, while 67% of respondents with difficulty covering monthly expenses reported this reason.
- 75% of those aged 65+ go to private clinics and only 18% go to their health-plan clinic. The waiting time for an appointment is shorter in the private clinics and the percentage of respondents reporting that they are given explanations is higher, as is the overall rate of satisfaction with the clinic.
- 95% of individuals aged 65+ are satisfied with their dentist. The relatively high rate of satisfaction was attributed to the orderliness and cleanliness in the clinic.
- Fewer than half of those aged 65+ (43%) knew that dental care for older adults had been added to the basket of services provided by the health plans. In the 75-84-year-old age group, approximately half of them were aware, compared with 28% of those aged 85+.

## **Conclusions and Recommendations**

- The self-reported oral health of individuals aged 65+ is better today than it was 20 years ago.
- Despite this improvement in the state of oral health and preventive health behaviors, there are still barriers to the use of the services. Lack of awareness regarding health behavior and the cost of treatment are the main barriers for people whose financial situation is inferior.
- This study can inform policymakers regarding the provision of dental services at the national level and their geographic distribution. It can also assist them in setting goals for the coming years at the national level as well as for accessibility to dental health services for vulnerable population groups.
- The finding that fewer than half of the people aged 75+ were aware of the reform in dental services requires a reconsideration of how to raise awareness of the changes it includes, particularly among those with lower economic status.

# Executive Summary

Oral health has a considerable effect on the quality of life and nutrition of older adults, since healthy natural teeth affect a person's ability to chew, swallow, and speak. The aging process includes physiological changes, some of which have a negative effect on the person's teeth, gums and chewing ability, which affects the consumption of proteins, dietary fiber and vegetables, and is detrimental to physical health. Oral health also affects the extent of social involvement and the self-image of the older person.

International comparative studies show that the oral health of older adults in Israel is inferior to that of older adults in many other developed countries. This can be partially explained by the existence of barriers for older adults in Israel to the use of dental services. Studies conducted in Israel in the past have underlined the economic barriers to the use of dental services and the importance of including preventive care and prosthetic dental treatments in the basket of services under the National Health Insurance Law.

In 2019, a reform in dental services for the elderly was implemented, with the goal of improving access to the services and reducing some of the barriers to their use. The reform, introduced in February 2019, made people aged 75+ eligible for preventive and preservative dental care through the basket of services under the National Health Insurance Law and from October 2019, prosthetic dental treatments would be included for those aged 80+.

The Myers-JDC-Brookdale Institute (MJB) and the Dental Health Department of the Ministry of Health (MoH) jointly initiated the current study, since there is a lack of up-to-date epidemiologic information in Israel regarding the dental health of people aged 65+. The study will help policymakers to better tailor the provision of dental services to this population following the reform and make it possible to explore socioeconomic and geographic inequalities in the use of dental health services. Twenty years ago, MJB conducted a similar nationwide study,<sup>2</sup> which examined social and economic aspects of dental care in Israel among the whole population. The study findings served as an important basis for the changes that have taken place over the past two decades in aspects examined in the current study.

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<sup>2</sup> Berg, A., Zusman, S. & Horev, T. (2001). *Social and economic aspects of dental care in Israel in the era of National Health Insurance*. RR-359-01 (Hebrew).



## Study Goals

To learn about the oral health of individuals aged 65+ in Israel, to assess the extent of use of dental services, to examine the level of satisfaction with the services, and to identify the main barriers to their use.

## Study Design and Study Method

- **The study population** included all community-dwelling people aged 65+ in Israel – approximately one million people.
- **The sample:** A random sample extracted from a list of computerized telephone numbers of those aged 65+ in Israel
- **Data collection:** From a random sample of 1,250 people aged 65+, 754 were found to be in the study population. Of these, 512 were interviewed by telephone (67.9% response rate); 168 refused to be interviewed; and 74 could not be interviewed for other reasons (e.g., language, problems of communication, or the ending of the study period). In 34 cases where older adults could not be interviewed for health or cognitive reasons, a close family member was interviewed on their behalf. The interviews were conducted from February to April 2020.
- **Study tools:** The questionnaire was developed according to questions taken from an international comparative survey – the ICS-I and ICS-II (International Collaborative Study) of the World Health Organization (WHO)<sup>3</sup> and the World Dental Federation in the USA and Europe. The questionnaire addressed the following: perceived oral health, use of dental services and satisfaction with them, barriers to the use of dental services, knowledge about oral health behavior, and attitudes towards the importance of healthy teeth. The questionnaire was translated into Arabic and Russian to include the main non-Hebrew speaking populations.

## Ethics

The study received the approval of the MoH Helsinki Committee and the MJB Ethics Committee.

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<sup>3</sup> Chen, M. S., Andersen, R. M., Barmes, D. E., Leclercq, M. H., & Lyttle, C. S. (1997). *Comparing oral health care systems: A second international collaborative study*. (No. WHO/ORH/ICSII/97.1). World Health Organization.

## Main Findings

- About two-thirds of people aged 65+ perceive their oral health to be good or very good.
- According to additional accepted measures for assessing oral health, 24% of people aged 65+ do not have any natural teeth. The remainder have on average 19 teeth. Ten percent have not lost any teeth. This is an improvement compared with the situation 20 years ago, when 52% of people aged 65+ had no teeth and the remainder had on average 10 teeth, while only 3% had lost none.
- In the current study, in the 65-74-year age group, 19% have no teeth at all and the remainder have an average of 20 teeth. In contrast, among individuals aged 85+, 38% have no teeth at all and the remainder have an average of 13.
- 39% of people who have difficulty covering their monthly expenses have no teeth – twice as many as those who manage to cover their monthly expenses (19%).
- The percentage of people who have no teeth in the Arab population is more than twice that in the Jewish population (52% vs. 22%, respectively).
- 39% of people aged 65+ have implants – 43% of those aged 65-74 and 26% of those aged 85+ – and 44% have dentures – 37% among those aged 65-74 and 66% among those aged 85+.
- Approximately 40% of those aged 65+ go to the dentist for preventive check-ups. The remainder do not, mainly due to lack of awareness of the importance of doing so. Twenty years ago, 21% of people aged 65+ went to the dentist for a preventive check-up. Twenty-eight percent of those who find it hard to cover their monthly expenses go for preventive check-ups compared with 51% who do not have difficulty.
- Health behaviors such as periodic visits to the dentist for preventive check-ups and brushing teeth, are among the factors that have a beneficial effect on the number of teeth and the oral health of those aged 65+.
- Approximately half of the people aged 65+ went to the dentist in the previous year (three visits on average) while 20% reported that they have never been to the dentist. The tendency to visit the dentist is higher among those under 85, among Jews, and among those whose economic status is good.
- 35% of people aged 65+ saw the hygienist in the previous year. The percentage is higher (55%) among Jews than among non-Jews (37%). Similarly, the percentage of visits to the hygienist is higher in the center of the country (40%) than in the periphery (19%).

- Approximately a quarter of the respondents aged 65+ last visited their dentist for urgent treatment. Almost a third reported that they went for prosthetic treatment and a third went for preventive treatment. The remainder went for other reasons.
- 77% of the respondents aged 65+ have a regular dentist. The aforementioned national study, conducted 20 years ago, found that 70% of people aged 65+ had a regular dentist.
- The cost of dental treatment constitutes a barrier to service use, especially for those with difficulty covering their monthly expenses. Among all respondents, 38% of those who did not complete treatment noted this was due to cost, while 67% of respondents with difficulty covering monthly expenses reported this reason.
- 95% of individuals aged 65+ are satisfied with their dentist. There is a relatively high rate of satisfaction with the orderliness and cleanliness in the clinic.
- 85% of those aged 65+ noted that their dentist explains their medical problems and treatment to them.
- The most influential factors on choosing a dentist are their professional level, their attitude towards patients, and orderliness and cleanliness in the clinic.
- 75% of those aged 65+ go to private clinics and only 18% go to their health-plan clinic. The waiting time for an appointment is shorter in the private clinics and the percentage of respondents reporting that they are given explanations is higher, as is the overall rate of satisfaction with the clinic.
- Fewer than half of those aged 65+ (43%) knew that dental care for older adults had been added to the basket of services provided by the health plans. In the 75-84-year-old age group, approximately half of them were aware, compared with 28% of those aged 85+.

## **Conclusions and Recommendations**

- The self-reported oral health of individuals aged 65+ in Israel is better today than it was 20 years ago.
- Despite this improvement in the state of oral health and health behaviors among the 65+ population, there are still barriers to the use of services. Lack of awareness about health behavior and the cost of treatment are the main barriers for people whose financial situation is inferior.
- This study can inform policymakers regarding the provision of dental services at the national level and their geographic distribution. It can also assist in setting goals for the coming years at the national level as well as for accessibility of dental health services for vulnerable population groups.

- The barriers to the use of dental services – particularly those due to economic reasons and lack of awareness of the services – require that steps be taken to make the services accessible, with an emphasis on vulnerable populations (individuals aged 65+ with lower economic status and non-Jews); an example of such a step would be to operate mobile clinics to supply dental services to residents of the periphery, the Arab population, and social service recipients. In addition, a public information campaign on the importance of oral health among those aged 65+ should be conducted.
- The finding that fewer than half of the people aged 75+ were aware of the reform in dental services requires reconsideration of how to raise awareness of the changes it includes, particularly among those with lower economic status.