A Survey of the Support Given by the Oslo Health Insurance Office for Social Dental Service in the Years 1942—47.

By

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It is natural that the Health Insurance people have always been interested in the fight against dental disease, and the Insurance Office is entitled to give grants for jaw and tooth treatment. When this has not been done to any great extent throughout the country, it is largely due to the form of the Sick Insurance Act. Besides, the economic status of the Insurance Offices has been a check.

Today I am going to tell you a little about the work of the Oslo Insurance Office to secure, prophylactically and therapeutically, the basis laid by the Oslo Municipal Dental Service and the Public Dental Service in the field of dental treatment. Children and young people in Oslo are today systematically treated from the age of 3 up to the age of 18 in the social dental service which comprises the infant dental service, the school dental service and the young peoples dental service.

The treatment itself plays an important part in all fight against caries and other diseases in the supporting tissue, *i. e.* the systematic annual treatment with the duty of submitting to control, *i. e.* examination and probable treatment at least once a year. Only through compulsory, regular annual examination and control will it be possible to reduce the amount of caries in our society today. It must be required that every individual submits to this, whether there is an attack of caries or not. In a way there ought

to be, from a social-medical point of view, certain parallel features, with the duty to submit to examination, to those established in the fight against tuberculosis. Furthermore, it is my definite opinion that the compulsory annual control and treatment of oral disease and the subsequent prophylaxis in its broader sense, cannot be left to the judgement of the individual himself, whether he suffers from dental diseases or not. Nor can it be left to the initiative of the individual to seek treatment, and, last but not least, the treatment of dental disease cannot be left to be paid for by the individual himself. Therefore an individual may claim that dental diseases must be considered by the Public Health Insurance in the same way as any other disease, the more so as the social dental service also is of importance in the fight against rheumatic disease and in the prevention and campaign against cancer. Therefore a member of the Public Health Insurance ought to have the same admission to treatment of his dental disease, proabably towards a certain extra premium for social insurance, as there is opportunity today to receive treatment for other probable diseases from which an individual is suffering. Furthermore, it must be required that the same consideration be given to the peculiar character of diseases as is done, for example in the case of tuberculosis, in other words: prevention (prophylaxis) and treatment must, generally speaking, be closely connected with the peculiar character of the dental diseases.

I think we can all agree today in one thing: merely to teach people the correct hygienic dietic measures and a correct daily dental and oral hygiene, has proved insufficient in the campaign against dental disease.

We are therefore obliged to establish a compulsory regulated dental service for each separate individual, arranged socially so that all layers of our society automatically are included in it so that from their childhood they are, so to speak, forced into it and profit by it, and this must be done so that our society takes over the dental service for everyone from the age of 3 until death, at whatever age this occurs.

In none of the Scandinavian countries, where the social dental service is most advanced, nor in other countries, has this principle been rigorously adopted, and in my opinion it is a great mistake; we cannot really call a dental service a social dental service which is not run on these lines or these conditions as a basis.

With regard to the economic side of the matter, it is, at any

rate, according to my rough estimate and the confirmed experience of the Oslo Insurance Office, that a social dental service systematically arranged, will be a relatively modest expenditure to the society. It is also possible to calculate to the shilling the average expenditure, in other words: It is an excellent object of insurance for Social Insurance. We shall not see here, as was seen during the war in Norway, that the expenditure for ordinary medical service might differ by millions from year to year.

Naturally it may be said that it was an experiment by the Oslo Insurance Office to put into practice this arrangement of dental service for adults in 1942, but the conditions were very favourable in Oslo for such an experiment in the field of dental service.

In Oslo we have had dental service since 1910, and in the course of 1920—30 it developed into a 100 % effective systematic school dental service. In 1938 the Oslo municipality took steps to extend the social dental service to comprise also the public dental service which includes the infant dental service from 3 to 6 years of age, and the young people's dental service for young people having finished school, *i. e.* from the age of 14 up to the age of 18.

Therefore, in 1942 the Oslo Insurance Office was faced with a very important decision. The question was whether to leave these young people who had been treated systematically for years, to themselves and their own economy as regards dental treatment, or to organize a continued service for them. The latter proposition was adopted, as a scheme for social dental service for the whole country was imminent in Norway even before the war.

In 1942, as said before, the treatment of the first age group of patients from the Oslo municipal people's service was effected, and at a conference between the then director of the office, Mr. Ormestad, and myself, as consultative dentist of the Oslo Insurance Office, it was decided that we should use means from the great Sick Benefit Fund of the Oslo Insurance Office for a continued conservatory dental service for these people, *i. e.* we started with those born in 1924 and who accordingly completed their 18th year in 1942.

The Sick Benefit Fund of the Oslo Insurance Office is intended to grant benefits to members in cases of illness (*e. g.* in the form of medicines, insulin etc.) not covered by the Sick Insurance Act. The Fund has certain income, *e. g.* through the lease of the property of the Insurance Office.

The undersigned prepared the professional practical-therapeutic arrangement for the use of the Fund to provide for extended dental service.

Now we could not from social considerations, exclude other young people in Oslo who had their teeth systematically cared for every year up to the age of 18 by a private dentist. Everybody had received dental service in the school. It hardly happens that a child attending an Oslo school neglects to avail itself of the School Dental Service.

Young people who after their 14th year, have not had their teeth cared for by the public dental service, were allowed to be included in the arrangement, but it is required from these that they have received a systematic annual treatment privately and in this way have had their oral conditions put in perfect order. This must be duly certified. If they have not done this every year, they may also, after having received treatment at their private dentist at their own expense and after having been examined by the controlling dentist, be admitted into the arrangement, and this is done by everyone who can.

Today we have 6 age groups in the arrangement, *i. e.* the age groups born in 1924, 25, 26, 27, 28 and 29. The members do not so far pay any additional premium for their dental service. The arrangement follows the principle of refundment as by other illness in Norwegian sick insurance, and free choice of dentist. The refund tariff for service is calculated to cover 75 % of the average *fees* in Oslo.

The Insurance Office sets up the absolute claim that no more than 12 months must elapse between each treatment, and the arrangement is that the practising dentist gives a specified statement of the treatment that must be carried out on the appropriate form. The form is sent in to the Insurance Office, and, after it has been accepted, the treatment is carried out and the bill for the treatment sent to the Oslo Insurance Office. In our estimation this arrangement for treatment of adults is, after all, a relatively reasonable economic arrangement for the Insurance Office. It is true that from 18 to 20 the individual enters gradually upon a favourable period as regards attacks of caries, and conditions should prove favourable with regard to expenditure, at any rate until the individual has completed its 40th year. In about 35 years every individual in Oslo will be included in this arrangement.

The arrangement started from March—April 1942. It was not jointed by so very many at the beginning, a fact due partly to the war and all the complications that followed it, a good many youths gone into hiding etc.

Some figures will be mentioned here:

In 1942	67	were given benefit for conservatory dental treatment.
» 1943	359	
» 1944	925	
» 1945	1,159	
» 1946	1,830.	

The amount spent per year are:

In 1942	7,649.00	kr.
» 1943	17,421.00	»
» 1944	37,758.10	»
» 1945	44,616.00	»
» 1946	64,231.00	»

Average grant per member:

In 1942	50.69	kr.
» 1943	50.05	»
» 1944	40.93	»
» 1945	38.49	»
» 1946	35.10	»

i. e. the expenses have been dropped by about 30 %.

Number of fillings per patient were:

In 1942:	5.01
» 1943:	4.70
» 1944:	4.03
» 1945:	3.56
» 1946:	3.21

i. e. a decrease of about 25 %.

It may also be of interest in this brief survey to mention the number of root fillings seen in relation to the total number of fillings per year.

In 1942	with	328	*inlaid*	fillings	the	number	of	root	fillings	were:	10
» 1943	»	1,608	»	»	»	»	»	»	»	»	: 28
» 1944	»	3,672	»	»	»	»	»	»	»	»	: 35
» 1945	»	4,058	»	»	»	»	»	»	»	»	: 50
» 1946	»	5,776	»	»	»	»	»	»	»	»	: 76.

This shows a number of root fillings and pulpa-amputations of less than 1 %.

This material may still be said to be relatively small stretching over only 6 age groups. But these results are, statistically speaking, very promising, and in my opinion, the result will be still better when the age groups are excluded which are treated from their 3rd year. It should also be clear that a relatively small number of the young people that have now been treated, have moved in from the country. They have become members of the Oslo Insurance Office by changing their working-place. In the country in Norway the school dental service has not by far been practiced so systematically as in Oslo. Generally a little more treatment has had to be carried out on these people from the country, a fact which tends to make the statistics on the whole less favourable.

The result would also have been still better if we had received the clients after they had completed their 20th year as was originally intended. As, however, a great part of our clients grow older, the statistics will certainly grow more favourable.

That we are going the right way in the Oslo Insurance Office is proved by some figures from expenditures for extraction and other surgical treatment in the years 1939—45. Expenditure for extractions and other treatment of dental surgery amounted in 1939 to 262,973.00 kr., and in 1945 to 129,072.00 kr.

In per cent of total expenditure the expenses for extractions and other surgical treatment of the jaw are only 0.67 %. Physician's fees are 29.24 %, sick benefits 25.72 % and hospital treatment 25.85 %.

The decrease in the expenditure for dental service from 1939—1945 is very marked, no less than 52 %. From 1.59 per member in 1939 it dropped to 0.76 per member in 1945, and the number of extracted teeth has fallen from 77,567.00 kr. in 1939 to 45,645.00 in 1944. In per mille of the normal number of teeth the number of extractions has sunk from 13.6 in 1939 to 7.9 in 1944 or in other words with 42 %. Thus there is no doubt as to the best way of using the money for the sake of health where dental disease is concerned.

This is a brief report from the Oslo Municipality which I do not hesitate to characterize as one of the most interesting milieus not only in Norwegian and Scandinavian, but also in European odontology, and as a final conclusion to this brief report I would like to say this:

The principle in every public dental service ought to be that diseases in the teeth and in the supporting apparatus of the teeth,

are looked upon and treated like any other disease. *Dental diseases should not be regarded as of inferior importance in public hygiene.* Every individual ought to have his medical card with compulsory health control every year, and disease in the mouth cavity ought to be treated like any other disease. But to carry out this in the case of oral disease will only be possible on the basis of compulsory systematic annual treatment from the age of 3, and a therapy of the entire population can therefore only be carried out gradually and will require a period of transition. Of this reason it was important to us in the Oslo Insurance Office that the excellent basis laid down by the Oslo municipality in the form of school dental service and young people's dental service, was taken well care of.

The principle adopted for children in the school dental service, *i. e.* compulsory annual examination and control of oral disease, must continue throughout life and not stop at the age of 14. It is by the way, inconsequent and lacks every professional basis today, that the annual compulsory treatment is dropped from the age of 14, *i. e.* the period of strongest development of the individual. If there is any period where a compulsory examination and treatment has its greatest justification, it must be the juvenile years.

We have had the pleasure in the Oslo Insurance Office that the arrangement and the principles which we have laid down as a basis to help keeping up a satisfactory dental health in Oslo, also have been adopted by a number of Insurance Offices elsewhere in Norway. In this connection I must mention municipalities such as: Sannes, Haugesund, Kristiansand, Larvik, Sandefjord, Stavanger, Trondheim, Drammen and Grytten Insurance Offices.

Tönsberg, Andebu and Sem Insurance Offices are deliberating the adoption of a corresponding arrangement. The same is the case with Bergen, Gjerstad, Nedre Eiker. When not more insurance offices have been able to do the same, this is due to difficult economic conditions. Our insurance authorities do not lack interest in the matter. On the contrary, they are unusually interested and wideawake. In this connection may be mentioned that in the Sör-Tröndelag County Insurance Association, an appeal was sent to the Board of the National Association of the Insurance Offices in June 1946 in connection with the proposed amendments in the Health Insurance Act. It was proposed that it ought to be tried to amend the Health Insurance Act so that the insurance office

may, according to the law, grant benefits for ordinary dental service.

As is known, we are very active in Norway to have eliminated the unequal conditions prevailing between the dental service in our major towns and in some separate districts in the province. In line with this there is at issue today a detailed report from a committee appointed to carry through a national scheme for public dental service. — And if, as proposed in the report by the committee, we shall get a proper distribution of dentists, districts dentists and country dentists, a complete annual health control where dental disease is concerned, should be a fact within not too many years.

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