

# ITALIAN EXCELLENCES



COUNTRY  
**Italy**

Population

**60.5  
million**

GDP per capita

**USD  
31,952**

Health expenditure as

**% of GDP  
9.6%**

Registered  
dentists  
**60,600**

Dental  
technicians  
**26,000**

Dental  
Dealers  
**326**

• The country is made up of **20 regions**,  
which are extremely varied, differing in size, population and levels of  
economic development



• Italy has one of the lowest total fertility rates in the world:

**1.4 births per woman**,  
far below the replacement level of 2.1.

• The **population growth rate is very low**  
(0.3%), one of the lowest in the EU, and immigration  
is the source of most of such growth

• Marked regional differences for both men and women  
in almost all demographic and health indicators, reflecting

**economic and social imbalance**  
**between the north and south** of the country



# Italy

Italy is the sixth largest country in Europe and has the second highest average life expectancy of 82.8 years.

The country is made up of 20 regions, which are extremely varied, differing in size, population and levels of economic development. Since the early 1990s, considerable powers, particularly in health-care financing and delivery, have been devolved to this level of government. The regions are subdivided into provinces, which are made up of municipalities (*comuni*). Italy has about 8,100 municipalities, which range in size from small villages to large cities such as Rome.

**Its healthcare system is a regionally based National Health Service (Servizio Sanitario Nazionale, SSN) that provides universal coverage largely free of charge at the point of delivery. The main source of financing is national and regional taxes, supplemented by co-payments for most pharmaceuticals and outpatient care (specialist visits and diagnostic services, with various exemptions for medical conditions and income levels).** At national level, the Ministry of Health (supported by several specialized agencies) sets the fundamental principles and goals of the health system, determines the core benefit package of health services guaranteed across the country and allocates national funds to the regions. The regions are responsible for organizing and delivering primary, secondary and tertiary healthcare services as well as preventive and health promotion services. At

local level, geographically based local health authorities (*Aziende Sanitarie Locali*) deliver public health, community health services and primary care directly, and secondary and specialist care directly or through public hospitals or accredited private providers. **Faced with the current economic constraints of having to contain or even reduce health expenditure, the largest challenge facing the health system is to achieve budgetary goals without reducing the provision of health services to patients.** This is related to the other key challenge of ensuring equity across regions, where gaps in service provision and health system performance persist. In almost all demographic and health indicators, there are marked regional differences for both men and women, reflecting the economic and social imbalance between the north and south of the country. For example, there is a

**Theoretically, everyone is eligible to receive this service, but in practice it is mostly used by the lower or middle class, who cannot afford private care.**

<b>% GDP spent on health, average</b>	<b>9.6%</b>
<b>% of this spent by government</b>	<b>78.2%</b>
<b>% GDP spent on oral health, average</b>	<b>0.82%</b>
<b>% of Oral Health expenditure private</b>	<b>95%</b>



- Predominantly private provision of oral healthcare without Government involvement
- Very limited number of public clinics
- Limited number of insurance schemes
- Limited provision of free treatment for under 18-year-olds
- Some team dentistry

gap of 2.8 years in life expectancy between the longest and shortest-lived regions, for both genders. Total health expenditure account, on average, for 9.6% of GDP, slightly below the EU average, of which around 78.2% are from public sources.

**Oral Healthcare**

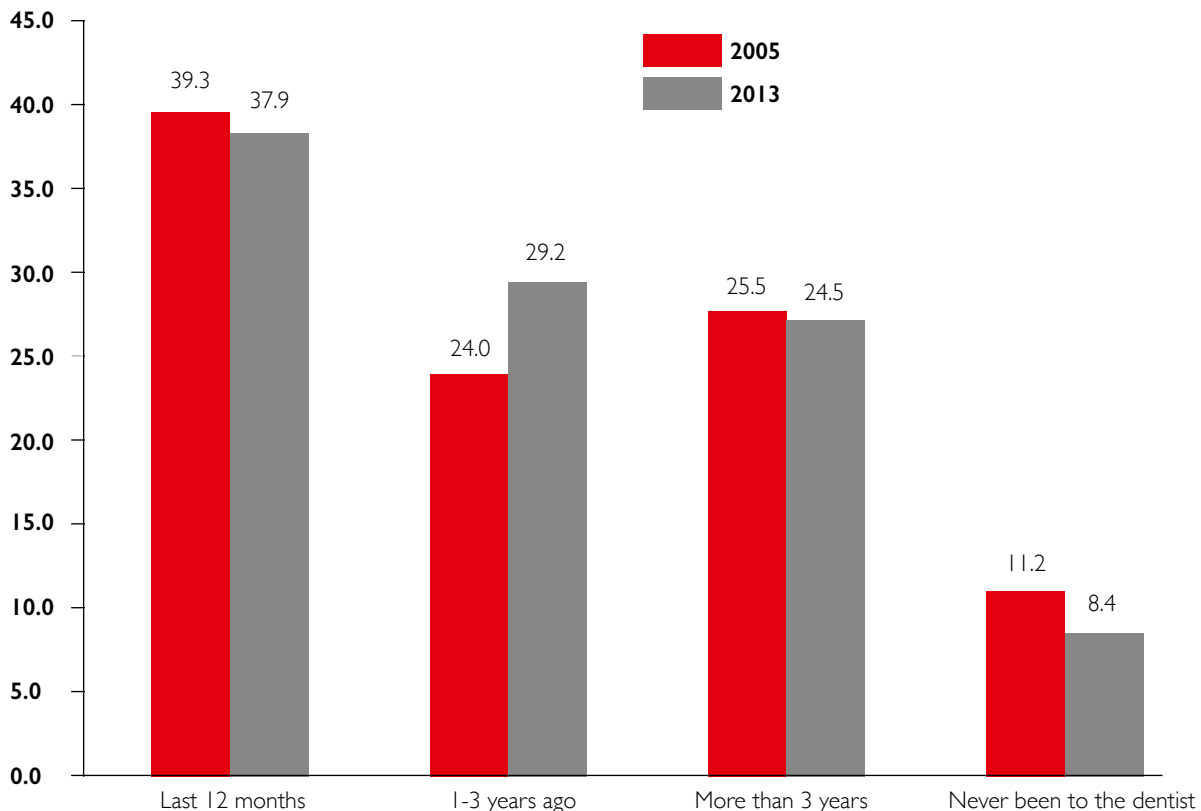
Each Italian region determines the size and type of public dental services provided included in the so-called LEA (“Livelli Essenziali di Assistenza”, basic assistance

levels). The Public Dental Service exists to a varying extent in most regions as an alternative to private practice. It thus provides the only government funded primary care: restorative treatment and only occasionally prosthetics and implants, with co-payment by the patient. **As such, dentistry should be considered as private sector treatment as only 5-7% of dental care is provided within the National Health Service (NHS) in public or semi-public facilities com-**

pletely free of charge, with the remainder through co-payments and mainly out-of-pocket. Oral healthcare, on NHS charge, is guaranteed to some protection groups. Patients do not have problems of access to private dentists but they do have access problems in the public sector, with under-provision (even if the treatment is guaranteed to be available) or waiting lists. Theoretically, everyone is eligible to receive this service, but in practice it is mostly used by the lower or middle class, who cannot afford private care. In a few regions, school screening programs have been introduced, together with some prevention and oral health promotion. In general, these activities are exceptional and not standard.

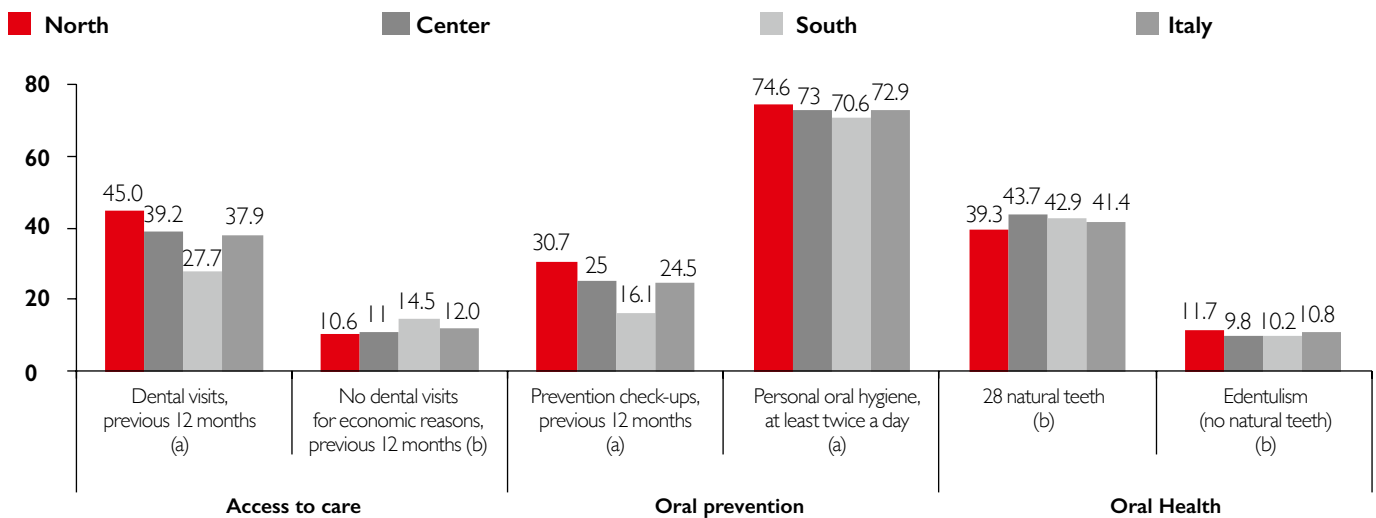
**Intensity of treatment, that is the number of dental visits per person per year, is estimated to be low compared to international standards.** According to the Italian National Institute of Statistics (ISTAT), visits to the dentist within the last 12 months fell to 37.9%

**POPULATION 3 YEARS AND OLDER FOR FREQUENCY OF VISITS TO A DENTIST OR ORTHODONTIST**  
Years 2005 and 2013, standardized rates per 100 people



Source: Istat, July 2015

**MAIN INDICATORS FOR ACCESS TO DENTAL CARE, PREVENTION AND ORAL HEALTH  
GEOGRAPHICAL BREAKDOWN. Year 2013, standardized rates per 100 people**



Source: Istat, July 2015

(latest statistics, 2013). On the contrary, the number of patients deferring visits has increased to 29.2% (from 24%) in just eight years, with economic reasons accounting for 85.2% on the total of those who have deferred the number of dental visits. Nonetheless, the number of people who never visited the dentist has decreased from 11.2 in 2015 to 8.4% in 2013. Only about 27% of children between 3 and 5 years have access to completely free dental care and even less in the 6 to 10 years group (12%) and between 11 and 13 years (10%). The structure of practice within Italy is slowly changing. Increasing numbers of

dentists share offices and establish multi-professional clinics. Many young dentists are forced by economic factors to become salaried other than self-employed dentists. 91% of dentists work in general (private) practice. The large majority are self-employed and work mostly in small or medium sized practices. They charge fees almost exclusively as 'items of service', the levels of which are controlled by market forces. **In spite of the deterioration of employment witnessed within the last few years, the majority of Italian dentists are reacting by investing in their profession and in particular by modernizing their practices with high-tech**

**equipment.** The private health sector is further increasing in importance and number of structures, due to the faster service and higher quality offered, as well as consequence of the possibility to be treated under co-payment schemes, allowing patients to receive care in private structures contracted by the National Health System. **According to a study, made by the Bocconi University (Milan-Italy), on the operating mode of Italian dentistry, 75% of dental practices are made up of individual-independent professionals, with 77.7% of dentists over 45 years-old; 69% of which have been working as dentists for over 20 years.**

Number of Registered dentists (2015)	60,600 (Percentage female 34%)
Active dentists	Between 39,075-45,896
Active dental offices (est.)	41,000
Population to (active) dentist ratio	1,003
Members of Dental Associations (ANDI and AIO)	52%
Technicians	26,000
Dental labs (dentists' & commercial labs)	9,600-12,800
No. of Dental Dealers	326

**The majority of Italian dentists are reacting by investing in their profession and in particular by modernizing their practices with high-tech equipment.**

\*All figures are approximate, varying year by year, taken and/or compared from different sources.

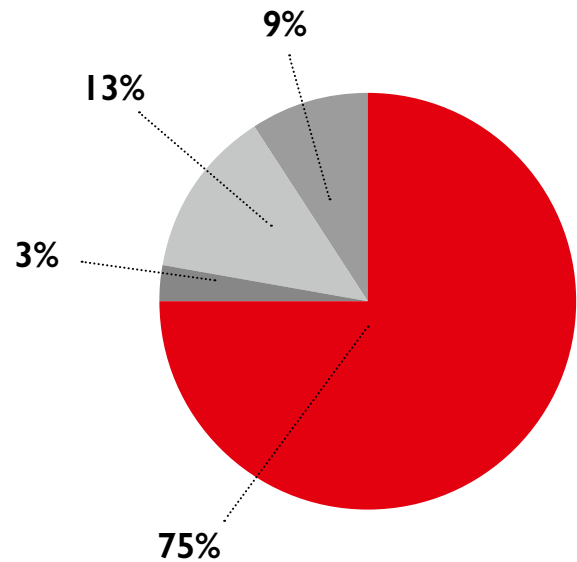


**OPERATING MODE**

With reference to your main dental practice, what kind of practice is it?

- Independent solo practice
- Corporation
- In association with other professionals
- Dental practice shared with other dentists

Sample: 3,101 respondents  
Source: Bocconi Univ.



The use of dental specialists is limited to orthodontics, oral surgery and oral maxilla-facial surgery. Most specialists work in private practice and see patients on referral from private practitioners. The ratio of specialists to other dentists is estimated to be very low (up to 5%). The development of clinical dental auxiliaries is limited to hygienists. Just like in general health, a major concern is the diversification of the country be-

tween regions, with northern Italy being completely different from the South in terms of oral health. In the South of Italy (Istat data) only 27.7% of the population aged 3 and over resort to dental treatment compared to the national average of 37.9%. Also, as far as number of visits for prevention, the percentage of people that make them in the South is almost half (16.1%) of that of the North (30.7%).

The number of those who have never been to a dentist is double: 12.1% against 6.2%. A further paradox is the increasing trend in the use of public or subsidized dental facilities within the country except for southern Italy, which has gone down from 4.4% in 2005 to 4.1% in 2013. **But despite all, the oral health of the total population has improved; in 2005, 37.8% of Italians had 28 natural teeth,**



rising to 41.4% in 2013. While in 2005, 12% were edentulous patients, falling to 10.8% in 2013.

One last major issue is the fast aging of Italian population with a consequent increase in oral healthcare needs and a welfare state not enough supporting it. With a total population of around 60.5 million, people over 65 now represent 22.6% of the population, against an average of 18.9% in Europe, the highest figure in Europe. The age group 0-14 years is decreasing (11.7%), as is the fertility rate (1.35 child per woman - European average is 1.58) with an average age of the population at 44.7 years. According to studies, in spite of an increase in oral care needs among the elderly, the percentage of visits to the dentists decreases with increasing age, with 36.1% of over 65 years old visiting a dentist while only 29.2% over 75 do. The Italian National Institute of Statistics (ISTAT), in 2015, placed the

dentist in the first place in the basket of needs for the Italian population. According to an ISTAT report in October 2017, 11.7% of patients 15 years and older used the public service, 86.9% turned to the private sector but over 80% of expenses are out-of-pocket. **A better focus on prevention is a must within Italian dentistry as ISTAT calculates that on the one hand the percentage of those who take care of their teeth decreases, today there are about 37 Italians every 100 (i.e. 63 Italians give up dental care) and on the other side there are those who still go to the dentist but less frequently.**

**Main Source:**

-Ferré F, de Belvis AG, Valerio L, Longhi S, Lazzari A, Fattore G, Ricciardi W, Maresso A. Italy: Health System Review. *Health Systems in Transition*, 2014, 16(4):1-168.

-Extracts from the "EU Manual of Dental Practice". For full and detailed report: <http://www.cedentists.eu/library/eu-manual.html>  
<http://www.cedentists.eu/>

- ADDE 2016

-Formazione ODG "La salute orale – Il ruolo dei media per una cultura della prevenzione". Tra i relatori: Dr. Michele Cassetta, giornalista odontoiatra, Docente A.C. Comunicazione Medico-Paziente Università di Bologna, Dr.ssa Antonella Polimeni, Prof. Ordinario alla Sapienza, Dr. Enrico Gherlone, Prof. Ordinario San Raffaele di Milano, Presidente Collegio Docenti di Odontoiatria Seminar organized by the National Journalist Association, titled "Oral Health – The Role of the Media for a Culture of Prevention". Among the speakers, Dr. Michele Cassetta, dental journalist and A.C. Professor Doctor-Patient Communication, University of Bologna, Dr. Antonella Polimeni, Professor University of Rome "La Sapienza", Dr. Enrico Gherlone, Prof. San Raffaele of Milan, President of the Association of Teachers in Dentistry.

