



**DENTAL CARE**  
**in**  
**LATVIA**



**year**book 2004



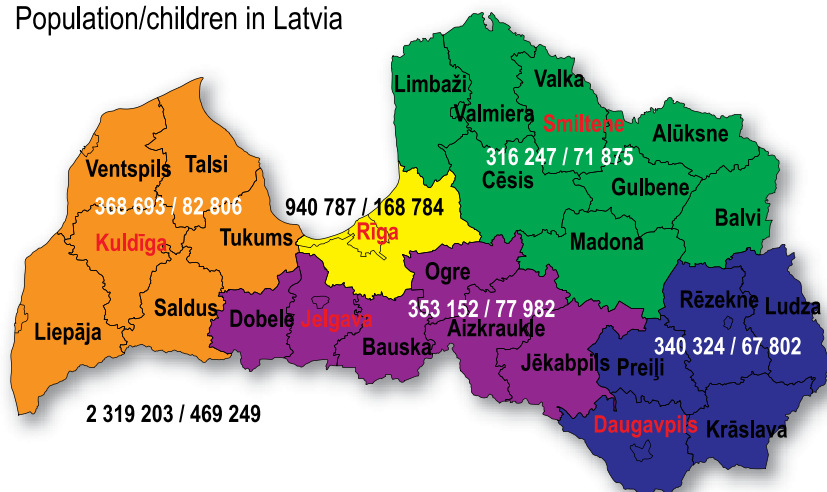


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# 1. General information

## Population/children in Latvia



The Republic of Latvia lies in the Northeast Europe on the shores of the Baltic Sea and shares its borders with two other European countries - Estonia and Lithuania, as well as Russia and Byelorussia.

The territory of Latvia is 64 689 km<sup>2</sup> with land border of 1 862 km and sea border of 494 km.

The capital of Latvia is Riga that houses approximately one third of the entire population of the Republic. Total population of Latvia is 2 317 454 as per Population Register data on January 1, 2004. 70% of the population are city and town dwellers, while those living in the country-side comprise the rest 30% of the total.

Administrative territorial division of Latvia: 4 main regions – Kurzeme, Zemgale, Vidzeme and Latgale, 26 unitary areas (496 rural municipalities) and 7 cities (Rīga, Daugavpils, Liepāja, Jelgava, Jūrmala, Ventspils, Rēzekne). In total, Latvia embraces 77 towns, 23 of which have population exceeding 10 000.

Three major ports in Latvia are Ventspils, Rīga and Liepāja.

### Official language:

**Latvian – the language that belongs to the Baltic family of the Indo-European languages.**

**National currency:**

1 Latvian Lat (LVL) = 100 Santims; Average USD/LVL rates: 0,606

**Ethnic map:**

Basic nationalities: Latvians 58,6%; Livs ~0,008%;

Other nationalities: Russians 28,8%; Byelorussians 3,9%, Ukrainians 2,6%, Poles 2,5%, Lithuanians 1,4%, others 2,2%

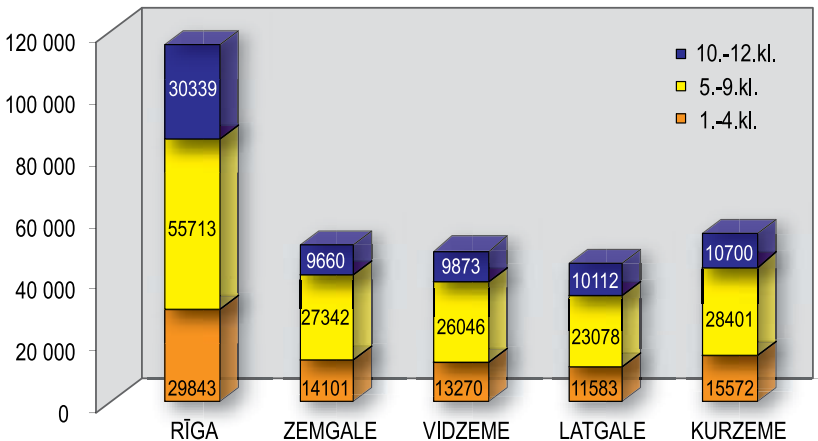
Economically active citizens: 62%, 10,6% of which are unemployed

**Religions:** Lutheranism, Orthodoxy, Catholicism

**International symbol of the country:** LV

The Republic of Latvia is an independent democratic republic that has been proclaimed on November 18, 1918. On June 17, 1940 Latvia was occupied by the Red (Soviet) army. On August 5, 1940 it was integrated into the Soviet Union. On August 21, 1991 battles for independence have been crowned with the redemption of national independence.

Number of Children in Educational Institutions



Distribution per age groups and regions / Year 2004

## 2. Dentistry in Latvia: Current Analysis

The dental care provision in Latvia has radically changed recently. The current dental care is provided, using evidence based treatment methods. Medical technologies in cariesology, oral health promotion, periodontics, endodontics, and oral and maxillofacial surgery have been worked out by RSU Faculty of Stomatology and Health Statistics and Medical Technologies State Agency, and approved by Ministry of Health.

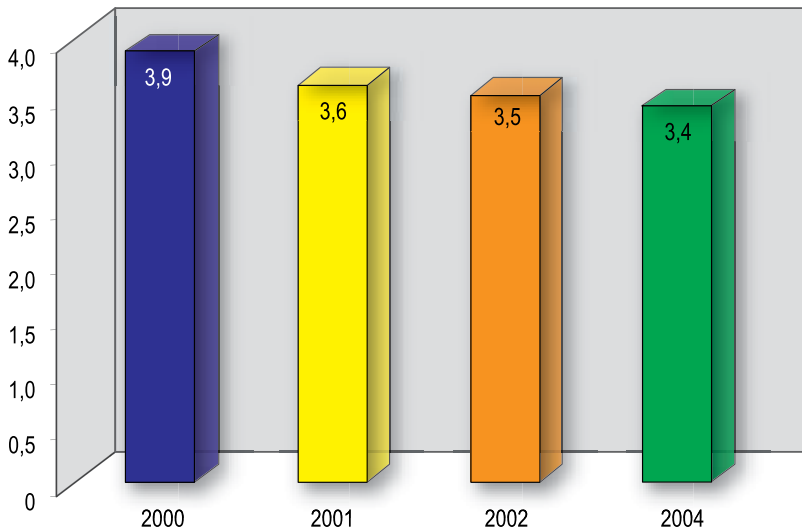
Dental offices are assessed to comply with the regulations issued by the Cabinet of Ministers and are entitled to claim Government Order contracts.

Government Order remuneration is guaranteed by the Regulations on Health Care Funding in 2005, that for the first time assigned 11% of the primary health care financing for dental care.

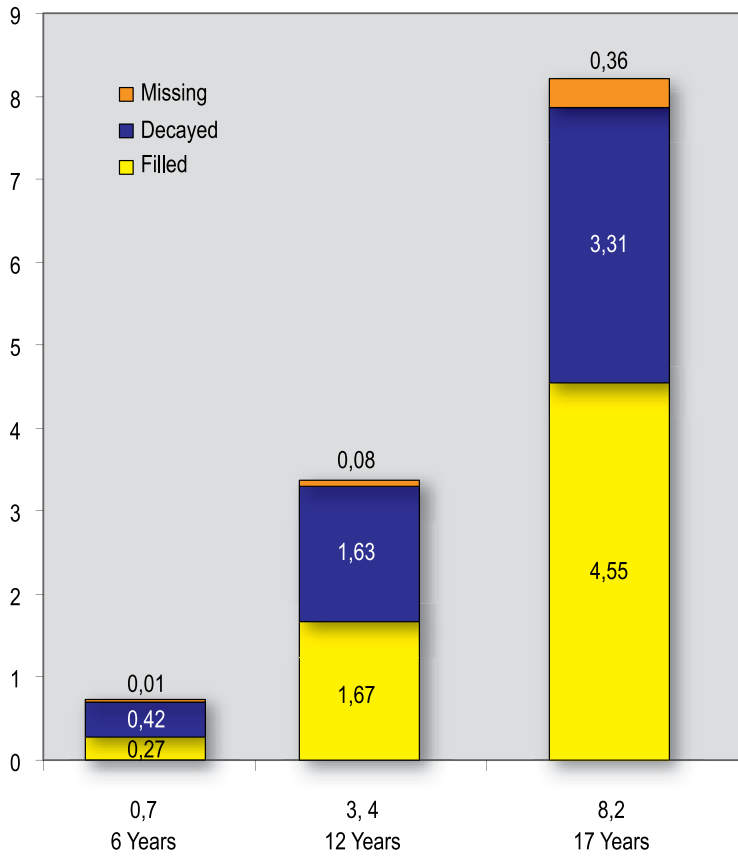
Morbidity is being defined on the basis of statistical data about children seeking for dental care services:

- **Epidemiological ratio – Index of DMFt**  
(decayed + filled + missing teeth, as calculated per 1 child).  
According to statistics, this ratio for 12-year-olds is 3,4.

Index of DMFt for permanent teeth of 12 - year - olds

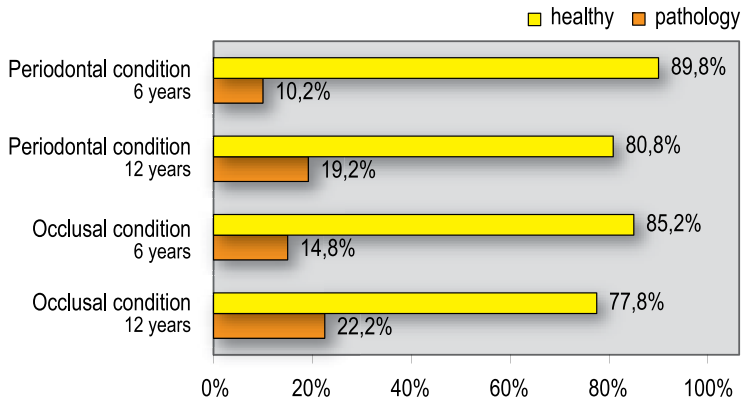


### Index of DMFf (according to medical statistics)



Year 2004

## Epidemiological ratio – Periodontal index (CPITN) and occlusal anomalies



Year 2004

In order to comprehend the real situation in regard of oral health in the country, Oral Health Centres in cooperation with the State Dentistry and Facial Surgery Centre, municipal school boards and the company Colgate Latvia have commenced a series of epidemiological checkups.

The staff is calibrated, used tools compared and the inspected cohort defined – about 40% of randomly selected persons from all age groups. Checkups will be carried out in all regions, and the results obtained will be sent to the State Dentistry and Facial Surgery Centre for standard processing.



### 3. Oral Health Objectives in Latvia for Year 2010

#### 1. Global and national primary objectives

Age group	Index: Decayed- D Missing- M Filled- F	DMFt Year 1987	DMFt Year 1993. ICS-II	DMFt Year 2000	DMFt Global objectives in Latvia and WHO for Year 2010
12-year-olds	DMFt/ No caries	7,7	5,8/ 5%	3.8	No more than 2
12-year-olds	CPITN (children with healthy parodont)	-	15%	77.9	

#### 2. Secondary objectives – to change rate between decayed (D), missing (M) and filled (F) teeth:

Age group	D	F	M	DMFt	Year
12-year-olds	3,5	2,1	0,2	5,8	1993
	0,4	1,6	0	2.0	2010

- \* An objective for year 2010- to scale down the rate of decayed and secondary decayed (D) permanent teeth among 12-year-olds: from 3,5 down to 0,4.

#### 3. Tertiary Goals

To make acute and preserving dental care available for 70% of children and young people within the age group from birth to 17.

N.B. The Data Bank comprises epidemiological ratios of the following age groups : 6-year-olds and 12-year-olds.

The objectives set for these age groups conform with the goal "Health for All in 2010" of the Resolution adopted by the World Health Assembly.

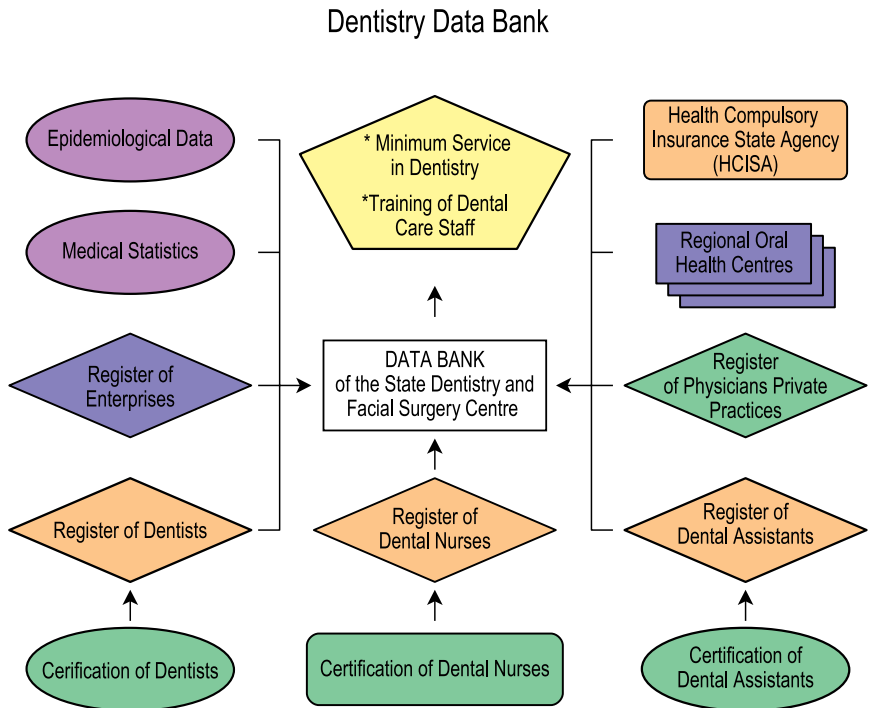
## 4. Dental Care Organization

State Dentistry and Facial Surgery Centre is a capital company acting under supervision of the Ministry of Health. It is responsible for **planning and coordination of dental care in Latvia**, as well as works out draft laws and regulations.

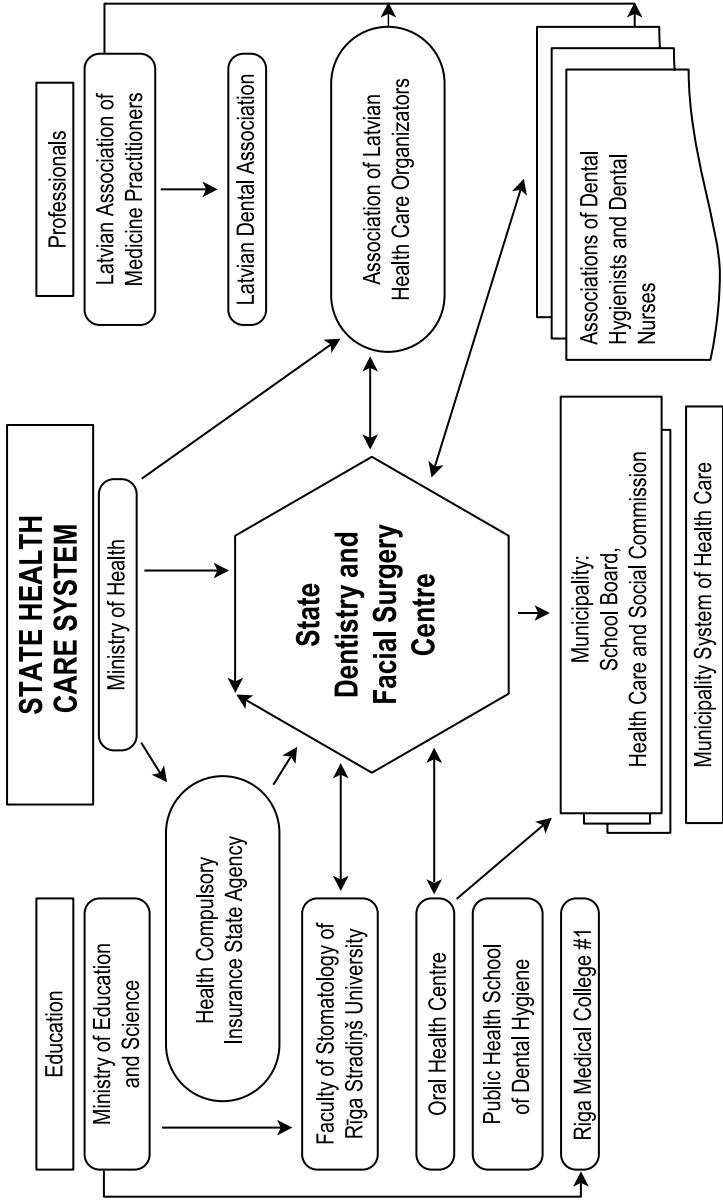
There are a number of dental care professionals and specialists in related disciplines, such as health care, economics and legislation, working on the coordination of all efforts in dental care.

State Dentistry and Facial Surgery Centre maintains records of the practitioners in dentistry in Latvia.

According to the dental care strategy, the Dentistry Data Bank has been developed and is being constantly updated and analysed to provide for estimation of future needs for professional resources in the field, as well as management of dental offices and private dental practices activities.



Working out of draft laws and regulations relevant to Dental Care is carried out in collaboration with professionals in the system of education as well as municipalities, thus ensuring grounds for effective development of the whole service system



**Education:**

Faculty of Stomatology of Rīga Stradiņš University;  
Public Health School of Dental Hygiene of Rīga Stradiņš University;  
Rīga Medical College #1

**Professionals:**

Latvian Association of Medicine Practitioners;  
Latvian Dental Association;  
Association of Dental Hygienists; Association of Dental Nurses;  
Association of Dental Technicians;  
Association of Health Care Specialists

**Municipalities:**

Regional branch offices of Health Compulsory Insurance State Agency.

**Municipal institutions:**

School Board, Health Care and Social Commissions etc.

The following strategies are worked out and approved:

**Dental Care Strategy 1994**

**National Dental Health Prevention Programme 1995** that has been worked out in RSU Oral Health Centre under the guidance of Dr.Senakola and Dr.Brinkmane. The Programme has been examined by Dr. Sundberg and Dr. Gahnberg (Sweden).

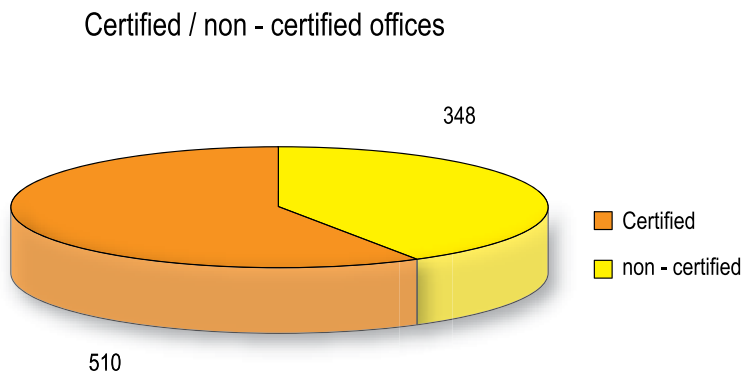
Dental Care Strategy within the framework of Latvian Health Care Strategy, adopted and approved by the Government's resolution on September 24, 1996.

**Dental care priorities are oral health promotion and dental care for children: these are included in the Government Order.** Regional branch offices of Health Compulsory Insurance State Agency place their orders in dental practices and companies that have been selected on a competitive basis. The National "Regulations on Health Care Funding" stipulate free dental care for the following categories of cases:

- **For children up to 18 years and persons 18 – 27 years old that are called up for military service:**
  - # Occupational oral hygiene;
  - # Dentistry: therapy (filling), endodontics, periodontics and oral surgery;

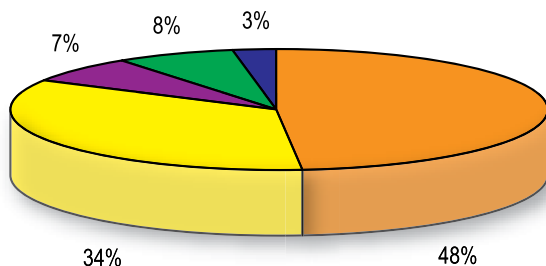
- # Diagnostics and consulting in orthodontics;  
Orthodontic treatment and prosthetics for children and grown-ups are provided for pay.
- **For persons, who suffered in the course of liquidation of the Chernobyl power plant accident consequences**
  - # Professional oral hygiene;
  - # Dentistry 50 %: therapy (filling), endodontics, periodontics and oral surgery;
  - # Prosthodontics with removable plastic dentures.

In all national regions, including cities and towns, **dental care treatment** is provided by state and municipal authorities, charter capital ventures that are registered in the Register of Enterprises, as well as private medical practices that are registered in the Latvian Association of Medicine Practitioners. Each dental office should comply with the minimum requirements in regard of equipment and technologies used in accordance with the Cabinet of Ministers Regulations „On Obligatory Requirements For Medical Institutions”, at least.



January 1, 2005

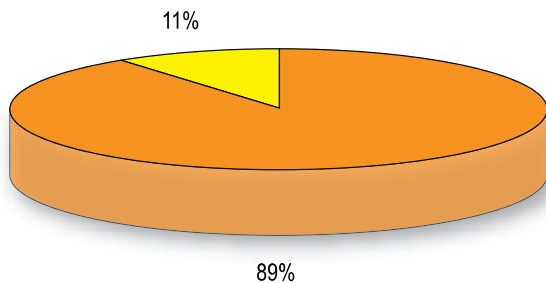
### Legal Status of the Dental Offices



January 1, 2005

- Dental practises
- Ltd
- other Commercial Company
- Municipal enterprise
- State Enterprises

### Legal Status of the Dental Offices



- Private institutions
- State and municipal institutions

January 1, 2005

HCISA branch offices and insurance companies are legally accounted for signing contracts only with officially accredited dental practices, the number of which in our country, unfortunately, is only 59.4% .

### **Dental care preserving or preventive treatment**

is planned to be provided through the network of Oral Health Centres.

#### **OHC classification:**

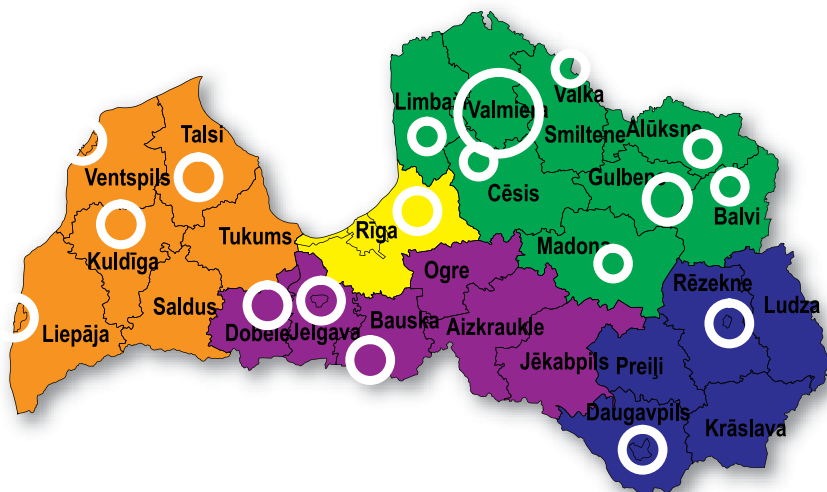
- Local (regional) OHCs;
- District OHCs (RĪGA, KURZEME, ZEMGALE, LATGALE, VIDZEME);
- National OHCs

#### **The main tasks of an Oral Health Centre are to:**

- summarize, collect (data bank) and analyse epidemiological and statistical data, preparing suggestions in regard of adjustment of dental care services order in the regions;
- plan measures to preserve and promote oral health among the population of the regions;
- gather information / provide motivation for: to involve dental auxiliaries in organizing the preventive measures and in building up motivation and educating of the local population;
- choice of F Programs (F pills, F salt, F milk), as well as the assessment of preservation and treatment measures efficiency;
- analyse dental care services execution, especially dental rehabilitation for children in educational institutions;
- participate in working out of the Data Bank on national level in collaboration with State Dentistry and Facial Surgery Centre and RSU Oral Health Centre;
- depending on availability of adequate staff and material and technical basis, may also provide dental care and professional dental hygiene services.

## Current location of OHCs in Latvia

Year 2005



**Government Order supervision is ensured by** the Health Compulsory Insurance State Agency that settles all payments with dental offices involved in the Contract within the framework of the National Programme. The State Agency has its branch offices in all the provinces. The branches are the ones to contract entities for dental care services and they are also responsible for the quality medical service provision.

There are several private medical insurance companies active in this country. They offer dental help to both legal and physical entities.



## 5. Dental Care Specialists

As soon as the economic situation changes in this country, there is also an increasing demand for the quality dental care. There are first traces of competition present in bigger towns between dental offices. The National Insurance System is planning to present higher demands in regard of technology security and team work in certain areas in the coming years.

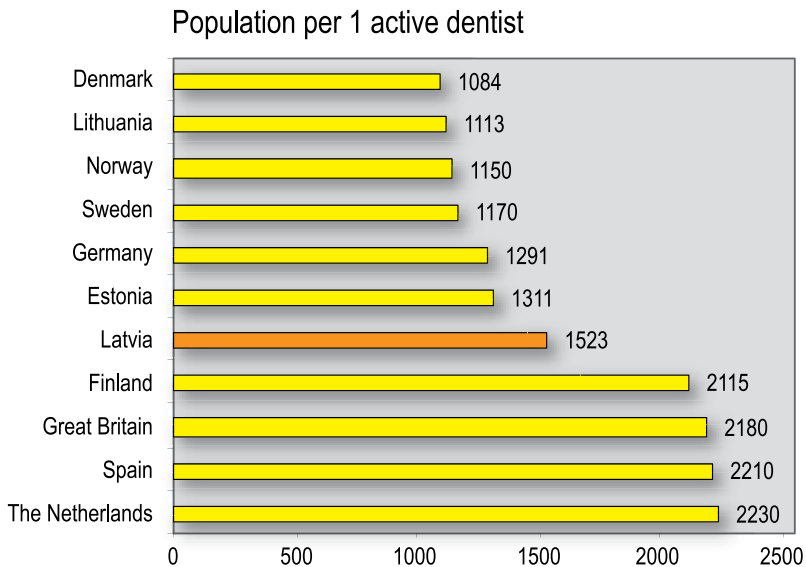
Dentists in Latvia: **1873**

Active practicing dentists: **1522**

Certified dentists - 1476  
inc. Dental therapists - 46

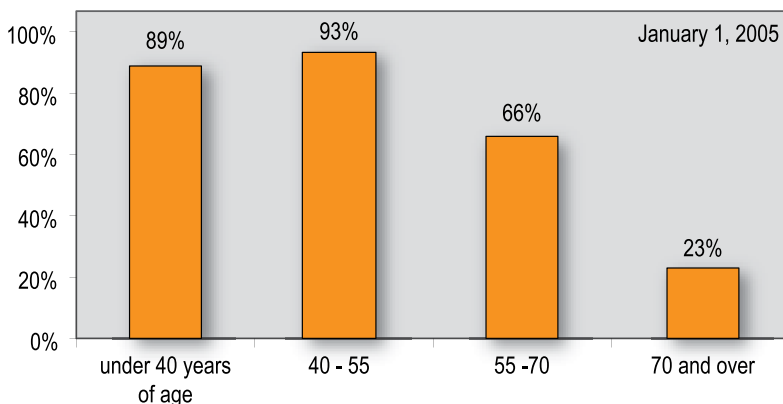
**1 dentist per 1523 citizens**

January 1, 2005

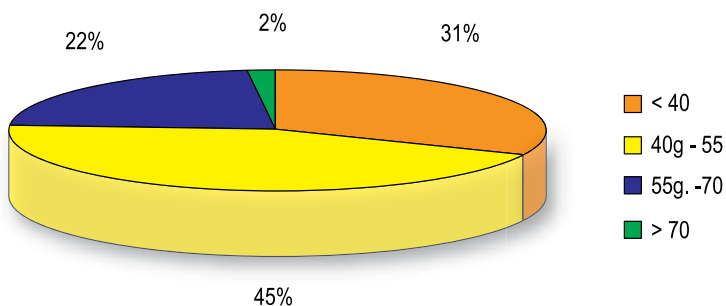


According to the current situation, in order to meet the current demand for dental care, the following resources are necessary. The standard of 1 dentist per 1500 citizens recommended by the Council of European Chief Dental Officers (CECDO) is being observed. Latvia features 1 active or certified dentist per 1523 citizens, which is quite a satisfactory result, but one should take into account the increasing morbidity among 12 years olds – DMFt 3.4.

### Percentage of certified and non-certified dentists per age groups



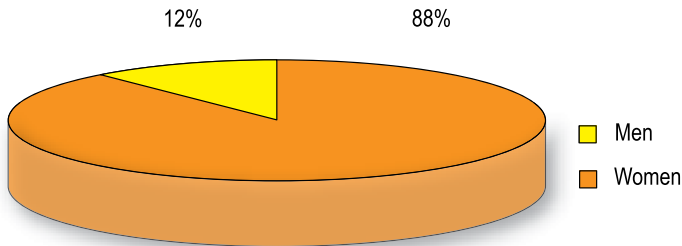
### Cerified dentists by age



January 1, 2005

The difference between those registered and certified is significant, it is about 20 %, still, this doesn't apply to the age group of up to 55 years, which is the main service provider. In order to be able to plan the necessary number of professionals in the coming years, the present status of different age groups among dental practitioners has been analysed. One can come to a conclusion that the professional staff resources are evenly distributed over the available age groups of dental practitioners. It allows us to assume that the Government Order for new dentists should amount to 30 annual graduates. If we make a deeper analysis within the age group of 40 years old dental practitioners, we can say that there is no need to be troubled about specialists drain to the EU countries at present, but we should constantly keep our attention on that issue!

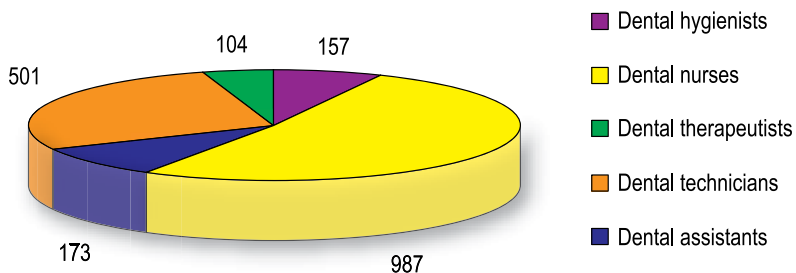
### Dentists by gender



January 1, 2005

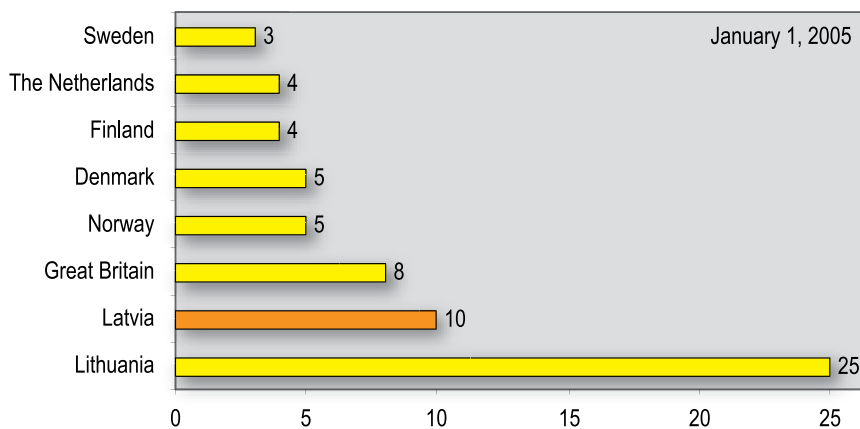
The increase of a specific weight of men-dentists is a normal phenomenon in the "old" EU countries and should not be taken as purposeful extrusion of women-dentists out of the labour market.

## Structure of Dental Auxiliary Staff

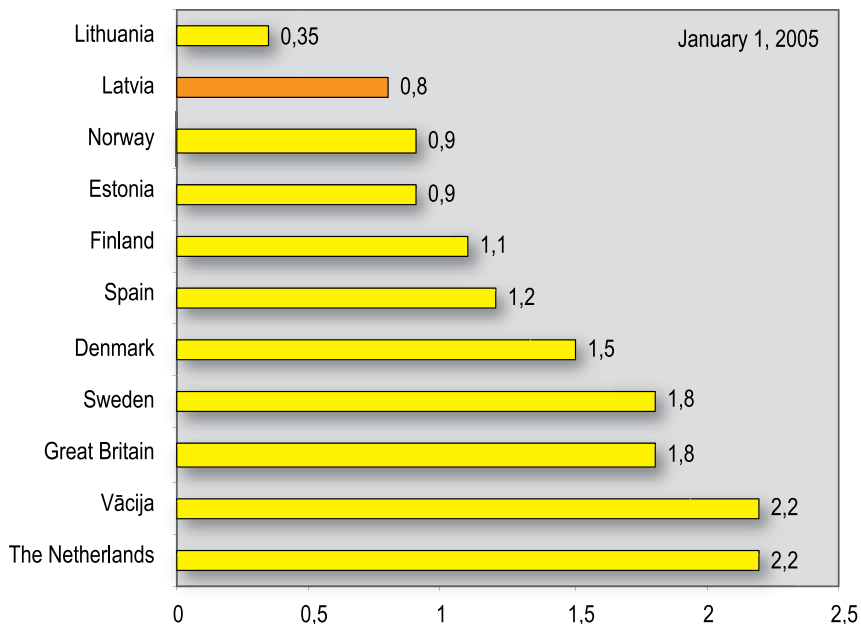


January 1, 2005

## Number of dental hygienists per 1 dentist



## Proportion of dentists and dental assistants



The Strategy of Dental Health Care has been confirmed on September 24, 1996 by the Regulations of the Cabinet of Ministers, the conclusive part of which defines the main problem as following: "Dentists are short of qualified auxiliary staff for treatment and preventive care purposes." Since that time dental auxiliary staff has been planned and trained accordingly: dental hygienists, dental nurses and dental assistants; this did not essentially increase the overall number of dentists.

Dental assistants are trained in accordance with the accredited educational programmes at Rīga Stradiņš University and Rīga Medical College # 1.

During the years of independence dentists have changed their attitude towards dental hygienists; it is more positive now. We plan to reach the proportion of 5:1 by 2010, while dentists and dental auxiliary staff (dental nurses + assistants) proportion, in its turn, should be 1:1; this makes it obvious that we should continue in training these specialists in proportion of 30 students for dental nurses and 30 students for dental assistants.

Team work in dentistry means perfectly organised tasks for each team member.

## 6. Education in Dental Care

Dentists are trained at the Faculty of Stomatology of Rīga Stradiņš University, which is the only Faculty for Dentistry in Latvia. The founder of dentistry science and practice in Latvia was Prof. Kārlis Barons, who in 1919 established the Department of Dentistry at the Faculty of Medicine of University of Latvia. On the basis of the Department of Dentistry of the Faculty of Medicine (University of Latvia), the Faculty of Stomatology was established in 1950, which laid foundation for the Riga Medical Institute. The Faculty continued its work at the Latvian Medical Academy (1990- 2002) and since 2002 – Rīga Stradiņš University (RSU).

The Curriculum is scheduled for 5 years or 162 weeks and each year about 30 to 40 new dentists graduate the University:

46 new students have been enrolled at the RSU Faculty of Stomatology for Session 2003/2004, 7 of which were paying for their studies and 39 were included in the budget group. Only 37 new dentists graduated, one of which was from the paid education group and 36 were budget students.

For Session 2002/2003 30 students were enrolled for the 5th course:  
1 student - in paid education and 29 students in the State budgeted group.

Remarkable changes are taking place at the Faculty. In connection to the mutual recognition of professional qualifications acquired throughout the EU, the dentistry curriculum has been adjusted and harmonized to fully comply with the EU sectional directives on dental training and qualification requirements.

RSU Faculty of Stomatology is also a member of ADEE (Association for Dental Education in Europe) that enables the Faculty to participate in member related events. The Faculty is also involved in the EU funded projects on further improvement of dental education and possible convergence in Europe - DentEd and DentEdEvolves.

The goal of the Faculty Curriculum is to train qualified dentists, whose theoretical and practical knowledge of the trade would enable them to start their practices in general dentistry, that is, treat patients with mouth cavity and teeth problems, as well as perform practical things to educate the society about preventing certain diseases. The content and volume of the Curriculum also complies with the requirements for Residency Applicants in periodontics, paediatric dentistry, endodontics, orthodontics, as well as for Dental Certificate Test.

The Curriculum complies with the EU Directive 78/687/EEC. It stipulates the level of clinical proficiency of a new dentist in accordance with the requirements of the relative documentation issued within the European Union (Advisory committee on the training of dental practitioners XV/E/8316/8/93-EN Orig. version modified on 10.11.98).

Starting with Session 2003/2004 the proportion of intramural lecturing or guidance on Curriculum Subjects has been reconsidered and a relevant number of credit points, as well as certain categories of subjects, defined, namely: categories A, B, and C. In accordance with the effective Latvian legislation one credit point (CP) should comprise 50% of intramural studies and 50% of students' self-preparation for their studies. One (1) CP corresponds to 40 hours or 1600 hours per year. One should accumulate 40 CP per Session ( $40 \times 1,5 = 60$  European CP). The current dentistry related content area builds up 60%.

The content and volume of the Curriculum complies with the requirements both for Residency Applicants in the above mentioned specialities and for Dental Certificate Test Applicants.

The Curriculum is classical and comprises lectures, seminars, laboratory activities and practice, clinical practice, patient records management, clinical case presentation, literature reviews presentations, research project planning, layout and in-class presentation. The study process is supported by computers, multimedia and internet facilities. The Curriculum includes elements of clinical case analysis and problem solutions. Recently, a closer attention has been drawn to place emphasis on investigation results and evidence based dentistry and medical treatment methods instead of learning authority opinion based experiences.

The Faculty training facilities are provided by the RSU Institute of Stomatology, which in its main trends of activities cooperates with several European Universities to provide for quality dental education in this country to comply with the European standards (Tempus Phare Joint European Project):

- Preclinical and clinical education promotion;
- Professional management system development;
- Introduction to dentistry materials and equipment supply and maintenance system;
- Postgraduate education system development and planning;

Training of the academic, managerial and auxiliary staff. The WHO Centre has been established at the RSU Institute of Stomatology for further education for dentists. The Faculty supported 9 international research projects that have been carried out in Latvia.

The Residency and Doctoral Programme is organized in concordance with the national funding resources and available posts for residents for the below specified subspecialties:

- Paediatric dentist, 3 years curriculum
- Periodontist, 3 years curriculum
- Orthodontist, 3 years curriculum
- Oral and Maxillofacial Surgeon, 5 years curriculum  
(since 2000 the second education is necessary after graduating the Faculty of Medicine)

Postgraduate education is provided under the supervision of Latvian Dental Association, too.

Since 1995 dental hygienists are being trained at the Public Health School of Dental Hygiene. 18 to 24 dental hygienists are registered annually. The Dental Hygienists Curriculum is planned for 1 year on the basis of a 2 years Dental Nurse training acquired. This is, the so-called, "step-by-step", that is, gradual education model to enhance cooperation between members of Oral Health Promotion teams.

Latvian Association of Dental Hygienists was founded in 1997, and in 1998 it became the member of the International Association of Dental Hygienists. In order to acquire the Certificate, much work has to be devoted to the Regional Health Care. *Dental Hygienists are allowed to practice solely under the supervision of a dentist.*

Session 2004/2005 was marked by the activities to change the legal status of the School and its conversion into a College.

**Dental Assistants, Dental Nurses and Dental Technicians** professional training programmes have been accredited at Riga Medical College # 1. This is the oldest Medical School in Latvia that has been founded in 1902. The training of dental staff was commenced in 1961, when the School of Dental Technicians merged with the Riga Medical School # 1.



## **Dentistry Professional Training Programmes:**

### **Dental Technician:**

2 years and 6 months curriculum with 25 students being enrolled annually.

### **Dental Nurse:**

2 years curriculum with 30 students being enrolled annually.

### **Dental Assistant:**

9 months curriculum with 30 students being enrolled annually.

In order to improve the content of the Dentistry Professional Training curricula, the lecturers of Riga Medical College # 1 closely cooperate with their partners in dental laboratories and dental offices in Latvia, as well as with the performers of affined educational programmes in Denmark, Finland and Germany.

For Session 2004/2005 a Continuing Education Department has been initiated; it offers programmes for further professional training in dentistry, as well as professional training seminars for dental nurses, dental assistants and dental technicians.

## 7. Funding of Dental Care

Categories of population and dental care services financed by the State in 2004 through HCISA branch offices and regional sickness funds:

- Children up to 18 years, excl. Orthodontic treatment and silants;
- Persons called up for military service;
- Persons, who suffered in the course of liquidation of the Chernobyl power plant accident consequences – dentistry services in the amount of 50% as well as 100% for particular services in prosthetics.

The amount of financial resources allocated by the State for Dental Care has gradually increased, although the increment rates have decreased in the course of the previous year (see Table enclosed).

The critical problem we faced at the end of the year 2004 was the transition to the use of Management Information System (ZPAN) for payments for the dental services provided. As a result of this transition, there is no clear certainty about the level of precision of the statistics, since some of the data were obtained from the old system while the rest- from the new system.

Regulations No. 1036 (dated 21.12.2004) "**On Organization and Funding of Health Care**" of the Cabinet of Ministers of the Republic of Latvia stipulate a precise definition of the services that are not financed by the State:

"14. The following health care services shall not be financed from the State budget:

14.1. orthodontic treatment (excl. the first consultation for children up to 18 years of age, as well as cases of congenital maxillofacial anomaly for persons up to 22 years of age), use of silants, dental treatment for persons over 18 years of age, and prosthetics. Expenses for dental services are covered in the amount of 50% and in full for prosthetics (removable plastic dentures) for persons as laid down by Section 14 of the Social Protection Law on Persons, who participated in the course of liquidation of the Chernobyl power plant accident consequences and persons, who suffered from the Chernobyl power plant accident.

Besides, we may conclude with much satisfaction that for the first time the amount of funding for dental care has been clearly defined by the “Principles of Allocation of Funds in Primary Health Care” (Appendix 8) of the Regulations on Funding, providing that

“1. at least 11% of the funding allocated for the Primary Health Care within a calendar year is envisaged to be allocated for dental services for children up to 18 years of age, and up to 89% for the rest Primary Health Care services, as laid down by Subparagraph 5.1.1. of the Regulations No. 1036 (dated 21.12.2004) “On Organization and Funding of Health Care” of the Cabinet of Ministers of the Republic of Latvia.

These conditions may provide framework for a more precise and effective budget planning in dental care.

### Funds allocated for Dentistry for Years 2001-2004

<b>Gads</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
<b>Riga office</b>	724 869.36	875 384.00	1 294 777.22	1 298 359.07
<b>Riga suburbs office</b>	254 017.50	238 649.00	209 685.00	256 136.27
<b>Zemgale office</b>	236 375.00	231 777.00	258 148.00	360 365.00
<b>Vidzeme office</b>	424 451.00	430 015.00	510 572.00	588 431.00
<b>Kurzeme office</b>	394 162.00	381 340.00	494 047.00	690 020.00
<b>Latgale office</b>	367 254.00	354 575.00	438 994.00	549 063.00
<b>Zemgales Daugavas office</b>	203 041.00	215 495.00	232 984.75	275 738.95
<b>Total:</b>	<b>2 604 169.86</b>	<b>2 727 235.00</b>	<b>3 439 207.97</b>	<b>4 018 113.29</b>



**VALSTS  
ZOBĀRSTNIECĪBAS UN  
SEJAS ĶIRURĢIJAS CENTRS**