ORAL HEALTH PROBLEMS, HEALTHCARE INSURANCE AND ORAL HEALTH CARE SPENDING AMONG THE ELDERLY PATIENTS IN ROMANIA

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ABSTRACT :

Introduction. According to World Health Organization reports at a global level, the percentage of coverage for oral health services offered by different countries varies between 40% and 80% for adults and there is an inverse correlation between the national income level and the mean oral health care spending through public health insurance Public health insurance is available in Romania, as it is in many other European nations, and is paid for by taxes. All children and young people under the age of eighteen, all employees, and all retirees are required to have health insurance, and this insurance must cover medical care received at any public hospital or clinic, as well as any private hospital or clinic that chooses to work with the National Health Insurance House and submit claims for reimbursement through this agency.

Key words: *oral health, healthcare insurance, health expenditure, elderly*

INTRODUCTION.

Aging populations are a reflection of a society's social, economic, and health successes, and are a phenomena observed by nearly every nation on Earth. The number of people aged 60 or older is anticipated to grow from the current 962 million to 2080 million by the year 2050, as reported by World Population Prospects (2017).

Despite the fact that life expectancy has risen across the board thanks to recent advances in scientific research and medical practice and to the inevitable progression of humanity towards civilisation, we are still confronted with a significant drop in the birth rate in developed countries like Romania, due to falling fertility and persistently high mortality [1,2].

At the European level, we are currently experiencing a period of demographic aging of the population while also dealing with a unique pathology, namely the prevalence of chronic non-communicable illnesses throughout the world's population [3,4].

LITERATURE REVIEW

In the face of disasters, conflicts, and crises, the state of individual health becomes a vital component of human security and a societal catalyst. More than ever before, health is at the forefront of people's minds because of its prominent position on the public agenda.

The health industry is a significant contributor to the economy and a promising area for technological advancement.

- ***The actual status and problems***

Health has become an important factor in debates about national security, international relations, and the economy as a direct result of globalization. presently influencing the lives of people throughout [5,6].

Currently, the health care system is viewed as a fundamental component of national security, a driver of improved health for all residents, and, indirectly, a contributor to the general well-being and development of society.

That's why every nation needs to push for a healthcare system that guarantees its peoples' health, which is crucial to improving people's standard of living, extending their lifespans, and ensuring the future growth and prosperity of the human race [7,8].

Studying the health care system from a national security standpoint must prioritize the well-being of the individual citizen in all aspects of his or her life, not just physical health [9-11].

It is argued that the beginning of the third millennium marks the beginning of a new stage in international politics, in which the competition to confirm and strengthen the position of new actors in the habitat of global power plays the determining role in shaping the entire international environment and establishing a new international order. Large-scale military wars on our continent are fading away, but in their place are emerging new problems and threats that might lead to severe tensions and crises [12].

The National Defense Strategy of the Country, adopted in 2015, characterizes the national interests and objectives after a comprehensive assessment of the security environment, highlights the major threats, risks and vulnerabilities to Romania's interests and marks the most important directions of action to promote Romania's interests and ensure the defense and national security [13,14].

According to the Strategy, the priorities in the field of security should be: education and health, but also the protection of the environment and heritage, the promotion of democracy and freedom and, last but not least, ensuring collective security. The directions of action and the main ways of ensuring national security involve addressing its different dimensions [15,16].

- ***Romanian reality and past experiences***

During the Communist period (1947-1989), the healthcare system was run by the government and all dental professionals were under the umbrella of the government's scheme and policy. Oral healthcare was given a lower priority than general healthcare. The four decades were dominated by the governmental monopoly over health services and primary care was provided at dispensaries for primary healthcare under the Semashko system.

Current threats to Romania's security necessitate a readjustment of the health aspect of public safety, which relates to enhancing the involvement potential of the health care system in the event of the outbreak and spread of epidemics, pandemics, or emergency situations, as well as putting the patient at the center of the health system's design [17,18].

The significance of the health care system stems from the fact that citizens are a state's most valuable resource. A society with high levels of health, civilization, and education is capable of supporting and implementing new features that enhance the quality of life for its members [19-21].

Along with guaranteeing a high level of education, the preservation of people' health becomes a crucial part of security that should be represented in governmental policy [22].To emphasize the preceding statement, we reiterate that the health system must play a key role and hold a pivotal position in all state public programs [23].

Different European health systems have demonstrated that problems in the health sector cannot be resolved without the participation of all relevant parties. The therapeutic medical services use the most

financial resources, but the prevention and preservation of public health, which are regarded as responsibility of the national and local public administration authorities as well as of the entire community, are of equal importance [24,25].

As a whole, European countries place a premium on health education and disease prevention initiatives due to the fact that it is simpler and cheaper to avoid a disease than to cure it after it has already spread. Prevention-focused health policy promotion and health literacy instruction should be cornerstones of any forward-thinking health care system [26].

There are several obstacles to the use of health care by the elderly, including the lack of regulation, the lack of resources, the inefficiency of the public health system, and the dominance of the commercial health sector with significant out-of-pocket expense [28].

As a whole, the elderly are more likely to have health issues including frailty, co-morbidity, disability, and poor health, which increases their need for medical attention and their willingness to pay more out of pocket for such treatment [29].

A person's health depends on a wide range of elements, including his or her own actions, the nature of his or her familial relationships, the quality of available medical care, and the results of any medical procedures. There is a dearth of study and evidences connected to the senior population in Romania, despite the fact that the use of medical services by the elderly has risen substantially in recent years [30].

Since the aged are more likely than other age groups to suffer from a variety of health risks, the government and medical experts have increased their focus on health concerns affecting the elderly [31-33].

Generally, aging is accompanied by physiological bodily deterioration and deteriorating health. Chronic illnesses, musculoskeletal disorders, impairment and functioning and mental illness, comorbidities, accidental injuries as well as multiple oral diseases are some of the health concerns of the aged [34].

To this end, the health system is responsible for monitoring and controlling both communicable and noncommunicable illnesses, as well as the influence of environmental variables on people's health, as well as ensuring that all residents have equal access to health care [24-27].

To achieve its goals of raising residents' quality of life and reducing their need on medical care, the health system must also create methods for disease prevention and improve health and demographic indicators through education on healthy living and the promotion of such an approach [8,10].

The usage of healthcare services has been the subject of several studies [7,17,]. Health care utilization is affected by a wide range of variables throughout the world [18], from national health care systems to patient demographics.

The availability of health care professionals is only one factor; other social, economic, and cultural factors also have a role. Access to health care, whether public or private, is affected by factors beyond just financial resources, such as location, cost, and quality of care. Although the necessity of public health has never been questioned formally, it has always been severely underfunded in Romania.

- ✓ ***Cost of health and oral health***

Currently, health spending accounts for only 5.5%-6% of GDP(gross domestic product). Romania allocates, on average, 1,310 euros per year for health per capita, compared to 3,523 euros, the average of EU countries and here is also included the amount for oral health.

Despite the fact that dental care is essential to the preventive, diagnosis, treatment, rehabilitation, and maintenance goals of any public health program, it is rarely provided [35].

The continuous reduction of social contributions paid to the single health insurance fund has determined the chronic, almost fatal, underfunding of the system. In 1990, Romania had an exclusively public, strongly centralized medical system,

financially supported by the state budget and coordinated by the Ministry of Health and its county health inspectorates .

The services were offered to the population, officially free of charge, but the serious underfunding of the system for a long period of time led to a decrease in the quality of the services offered and the transfer of part of their cost to the population [36].

Decision-makers at the time saw the shift to a health insurance-based model as the best way to address many of the issues plaguing the system. As a result, beginning in 1996, from a legal standpoint, and beginning in 1999, from the standpoint of effective reforms, the principles of organization, funding, and offering to the people of the services of the public health system were transformed. As a result of this payment, the insured has free access to a set of medical and dental procedures that are considered mandatory by law.

Contributory principles, in the form of the monthly charge, provide current Romanians with access to public health care. Health care is provided at no cost to those who qualify, including children, individuals with disabilities, and veterans who are low-income or unemployed.

Before 1990, almost all dentists were State workers with a salary, but today only a small fraction of dentists are State employees with a salary. Universities and the military both use them. When compared to public dentists, all others are considered to be in the private sector. Private dentistry clinics sprung up quickly following the fall of communism in 1990. There were/are two distinct kinds.

The first type of dental office is that which employs a single dentist and sometimes some helpers. Large-scale dental treatment services limited liability corporations have more than two offices and a substantial number of employees.

Universal access to medical and dental care is made possible in part because of guaranteed health insurance, which reduces the financial burden associated with receiving health care.

As has been described, the oral healthcare system in Romania is dominated by the private sector. The number of patients treated annually in the public and private sectors is far from clear as there are no local or national electronic patient databases, nor a system for collating paper records.

CONCLUSIONS

The public policy is what determines the illness burden among the elderly.

Public policy in developing nations must recognize that the vulnerabilities experienced in old age are not the result of aging alone but rather the result of an interwoven system of inequality, with particular emphasis on gender, if it is to successfully address the geriatric health care demands.

There is a considerable financial danger for the elderly, especially those from lower socioeconomic strata, due to high costs and the lack of insurance coverage by the government.

Consequently, for targeted health-financing strategies to ensure equitable healthcare it is crucial to recognize the factors (social, economic, and medical) of health service consumption and health expenditures.

Many obstacles stand in the way of improving oral healthcare in Romania. The quick transition from a communist system that aimed to offer universal healthcare for all but was highly inefficient and bureaucratic to a capitalist free market economy with minimal planning and governmental participation in public health has given birth to these problems.

If things are going to get better, everyone concerned (the dentistry

community, the government, and patients) will have to pull together.

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