

**For discussion  
14 May 2001**

**LegCo Panel on Health Services  
Oral Health Services for the Elderly**

**INTRODUCTION**

This paper sets out Government's oral health and dental care policy, and reports on the existing dental care services for elders.

**ORAL HEALTH AND DENTAL CARE POLICY**

2. Our policy on oral health and dental care is to improve the oral health of the population by promoting oral hygiene and oral health awareness in the community and facilitating the proper use of oral care services. As pointed out in the Consultation Document on Health Care Reform, given the constraint on public revenue, public funds should be used in where the funds can achieve the best health outcome. In the case of oral health, we consider that the public funds available should be primarily channeled to educational and preventive efforts. Curative care, in general, should be provided by private dental practitioners and non-governmental organizations (NGO).

**DENTAL CARE SERVICES IN HONG KONG**

3. Dental services for members of the public are currently provided mainly by the private sector. The government provides emergency dental services at 11 designated clinics and through its monthly helicopter services to remote areas, as well as services to hospital in-patients and special needs patients (such as patients with haemophilia, HIV infection, severe physical or mental handicap).

4. In addition, dental grants are payable to Comprehensive Social Security Assistance (CSSA) recipients who are either aged 60 or above, disabled or medically certified to be in ill-health. Such grants can be used for treatments such as dentures, crowns, bridges, fillings, scaling and root canal treatment. To apply for a dental grant, the applicant should approach one of the designated dental clinics run by NGOs for an assessment of the treatment required and an estimate of cost for the treatment. The applicant can choose to receive treatment from the designated clinic or from a registered private dentist for the same service. The Social Welfare Department will pay the applicant a

special grant to meet the cost charged by the designated clinic or the private dentist, whichever is the less.

5. As at December 2000, there were 1 033 000 persons aged 60 or above in Hong Kong, of whom 153 000 were Comprehensive Social Security Assistance (CSSA) recipients. The dental grants mentioned in paragraph 4 above should have addressed the needs of this group of elders. Moreover, some 111 000 elders are civil servant pensioners and their dependents who are eligible for governmental dental service as part of Government's contractual obligation to its employees.

## **STUDIES ON ORAL HEALTH STATUS OF THE ELDERLY IN HONG KONG**

6. About eight documented epidemiological surveys based on clinical indicators had been carried out on the elderly group in HK since 1985. According to these studies, the percentage of edentulous (without teeth) elders were found to be in the range of 3% to 33.7%.

7. To assess the community's oral health status and needs, the Department of Health has embarked on a territory-wide oral health survey in 2001 (OHS2001). OHS 2001 aims to examine the oral health status, level of oral health awareness, mode and utilization of oral health care services of index age groups, including the elders. The field work of OHS 2001, which includes collecting epidemiological data of both the institutionalized and non-institutionalized elders (target representative sample of 800 each), is expected to be completed by the end of 2001. The survey methodology, which includes clinical examination and questionnaire component, is based on World Health Organization standards.

## **SUGGESTIONS BY HON LAW CHI-KWONG**

8. The Hon Law Chi-kwong has submitted to the Panel a paper setting out some suggestions for discussion at the meeting on 14 May 2001. We have the following preliminary comments on his suggestions –

*(a) Setting oral health goals for elders*

As mentioned in paragraph 7 above, OHS 2001 is already in progress. We will set goals for the elders in due course. DH will conduct regular territory-wide OHS every 10 years in line with international practice.

(b) *Reviewing oral health and dental care policy*

We will review the policy regularly to take into account new developments. At this stage, our policy remains that as described in paragraph 2 above.

(c) *Setting up dental clinics in Elderly Health Centres*

The Elderly Health Centres currently provide preventive and curative medical services to elders. As regards dental services, the elders can make use of the Government dental services as well as dental clinics run by NGOs. As stated in the Consultation Document on Health Care Reform, we propose that Government should take active steps to encourage more NGOs to provide affordable dental care services to the public on a self-financing basis. We shall identify and discuss with those NGOs which are capable of providing dental care services.

(d) *Providing outreaching dental services for institutionalized elders*

We suggest to explore with NGOs on how to enhance the provision of dental services for institutionalized elders.

(e) *Setting up a fund for dental grants*

The dental grants currently provided to CSSA recipients should help those elders who are in financial difficulties to obtain dental treatment. Moreover, the NGOs are providing generally affordable dental care services to the public. For example, the median prices for full dentures at CSSA designated dental clinics are about \$4,800. We therefore do not intend to set up a special fund for dental grants.

## **WAY FORWARD**

9. We shall review and formulate long term oral health strategies and goals for the community when appropriate information is available from OHS 2001.

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Health and Welfare Bureau  
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