

**LegCo Panel on Health Services
Report on the Oral Health Survey 2001**

Purpose

This paper provides an overview and highlights the key findings of the territory-wide oral health survey carried out by the Department of Health (DH) in 2001.

Background

2. The survey aims at assessing the oral health status and oral health related behaviour of the Hong Kong population. The information derived from the survey would enable the monitoring of the oral health status and oral health related behaviour of the community, and facilitate the planning and evaluation of oral health programmes. Such surveys will be carried out at 10-year intervals.

3. Based on the criteria and recommendations of the World Health Organization, the survey included five key index age groups, i.e. 5, 12, 35-44 (adults), over 65/non-institutionalized (65^{+N}) and over 65/institutionalized (65^{+I}), to represent Hong Kong's population. Nearly 6,000 people were evaluated through clinical examinations and specially designed questionnaires. The survey report covers the two most common dental diseases, i.e. tooth decay and gum disease, as well as relevant oral health related behaviour.

Key findings

4. The oral health of the Hong Kong population showed improvement over the years. There was a general downward trend in the level of tooth decay among the 5 and 12-year olds, while that for the adults and older persons groups remained relatively stable.

5. From a global perspective, the oral health of the Hong Kong population was found to be in the same ranking as, if not better than, most developed countries. The level of tooth decay among the 12-year olds¹ was actually among the world's lowest, while that of Hong Kong's adults had the same ranking as, if not better than, the counterparts from most developed countries. None of the adults surveyed was found to have total tooth loss. Generally speaking, the oral health condition of Hong Kong's over 65/non-institutionalized were not worse off than the counterparts from USA, UK, Australia or Singapore.

6. The introduction of water fluoridation in 1961, coupled with the wide availability and use of fluoride containing toothpastes, have contributed to the decline in the prevalence of tooth decay. Other significant milestones over the years include the establishment of the Faculty of Dentistry at the University of Hong Kong in 1980, the launch of the School Dental Care Service in 1980 and the establishment of the Oral Health Education Unit in DH in 1989.

7. While the oral health of Hong Kong's population showed improvement over the years, there is evidence that both tooth decay and gum disease are still matters for concern, as demonstrated by the following findings :

- a. the level of tooth decay of permanent teeth and gum disease continued to increase with age;
- b. the risk in the development of gum disease was already noticeable at age 12²;
- c. there was an emerging presence of root surface decay among adults and older persons³; and
- d. calculus⁴ and gum pockets⁵ were commonly found.

8. There were also inadequacies in the reported oral health related behaviour as compared to the appropriate lifestyle recommended by the dental

¹ Hong Kong's 12-year olds had an average of less than one tooth (0.8) with signs of decay (i.e. decayed, missing due to decay, or filled due to decay).

² 60% of 12-year olds had calculus.

³ 3.4% of adults, 21.5% of 65⁺ N, and 22.7% of 65⁺ I, had untreated root surface decay.

⁴ 49.9% of adults, 43% of 65⁺ N, and 49.8% of 65⁺ I, had calculus.

⁵ 46% of adults, 55.3% of 65⁺ N, and 49.9% of 65⁺ I, had gum pockets.

profession world-wide. While daily toothbrushing was generally a common habit, daily interdental cleaning (flossing) was not common at all (24% for 12-year olds, 11% for adults, 2% for over 65/non-institutionalized, and 0% for over 65/institutionalized). The habit of seeking regular dental checkup was also not common (28% for 5-year olds, 21% for 12-year olds, 26% for adults, 9% for over 65/non-institutionalized, and 3% for over 65/institutionalized), and people tended to ignore or manage any perceived oral health problems by themselves. Snacking habit was common especially among the 5 and 12-year olds, and 17% of adults and 21% of over 65/non-institutionalized were found to be smokers. There were also inadequacies in oral health knowledge and common misconceptions prevailed.

Way forward

9. In line with the proposals in the Health Care Reform Consultation Document published in 2000, and to fulfill Government's policy on oral health care, DH will intensify its educational and promotional efforts to the community, and primarily channel public funds available along these directions.

10. As both tooth decay and gum disease are preventable conditions which require conscious efforts at the individual level, the emphasis will be on participatory care to promote self-reliance to minimize or prevent disease. In this regard, DH will continue its work with the dental profession and relevant stakeholders to promote the importance of oral health to the community.

11. In December 2002, DH launched a year-long "Healthy Gums Strong Teeth Campaign" aimed at promoting self-reliance to improve one's oral health. There will be three publicity bursts starting in December 2002, May 2003 and October 2003. Different target segments of the community will be reached through various advertising approaches and community programmes.

12. A working group comprising public health dentists from DH, the Faculty of Dentistry of the University of Hong Kong, and the Hong Kong Dental Association, will be convened in the first half of 2003, to formulate the oral health goals for Hong Kong based on the epidemiological data obtained from the Oral Health Survey 2001 and the recently revised framework established by the International Dental Federation.

Advice sought

13. Members are invited to note and comment on the Report of the Oral Health Survey 2001.

**Department of Health
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