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中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

Our Ref: L/M to FHB/H/14/22/18
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Ms Maisie LAM
Clerk to Panel
Legislative Council Panel on Health Services
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong
(Fax: 2185 7845)

Dear Ms LAM,

Legislative Council Panel on Health Services

Dental Care Policy and Services for the Elderly and People with Disabilities

At the meeting of the Legislative Council Panel on Health Services held on 16 December 2013, Members discussed the Government's dental care policy and dental care support for the elderly and people with disabilities as well as the major findings of the Oral Health Survey (OHS) 2011 vide LC Paper No. CB(2)477/13-14(03), and requested the Administration to provide the following supplementary information -

(a) the financial implications for increasing the number of government dental clinics to cover all 18 districts in the territory and expanding the scope of services of the clinics to include oral check-up and other curative treatments (e.g. fillings) for the general public;

(b) a comparison of the amount of public expenditure on dental care services and its percentage share in public health expenditure in Hong Kong and that of other developed countries such as the United States and major European countries;

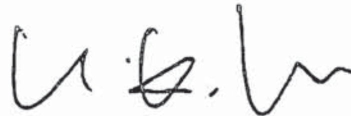
(c) the oral health conditions (in terms of tooth loss and decay experience) of institutionalized older persons aged 65 and above as captured by OHS 2001 and OHS 2011; and

(d) whether non-institutionalized older persons aged 75 and above and people with disabilities were covered by OHS 2011, and if not, the reasons for that.

------- The information relevant to items (a), (c) and (d) above is set out at the **Annex**.

As regards item (b), please note that there are no readily available figures on the amount of public expenditure on dental care services and its percentage share in public health expenditure in other developed countries. Thus, a comparison of such amounts and the percentage share in public health expenditure between Hong Kong and other developed countries is not possible.

Yours sincerely,



(LEE Yau-kwong)
for Secretary for Food and Health

c.c. Director of Health
(Attn: Consultant i/c Dental Service)

**Supplementary Information on
Dental Care Policy and Services for the Elderly and
People with Disabilities**

(a) the financial implications for increasing the number of government dental clinics to cover all 18 districts in the territory and expanding the scope of services of the clinics to include oral check-up and other curative treatments (e.g. fillings) for the general public

The Government's policy on dental care is to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. Therefore, the Government allocates resources primarily to oral health promotion and education to facilitate members of the public to develop and maintain proper oral health habits, which are proved to be effective measures to prevent dental diseases. To enhance the oral health of the public, the Oral Health Education Unit (OHEU) of the Department of Health (DH) has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels.

2. Besides promotion and education, the Government also provides emergency dental services to the public. Free emergency dental treatments are provided by the DH through 11 government dental clinics. In addition, the DH provides specialist oral maxillofacial surgery and dental treatment to patients upon referral by doctors and dentists. It should be noted that it is rather difficult to provide comprehensive public dental services for the public due to the huge resources involved. Indeed, not many countries in the world can fully meet the needs for dental services of the public merely with public resources because a large amount of resources will be needed. Certainly, some countries can basically meet the needs for dental services via private services or private health insurance systems. However, we have to note that under the healthcare systems of these countries, the health insurance costs which everyone has to bear are also relatively high.

3. Nevertheless, the Government notes that some members of the public may have limited knowledge about oral health or are unable to take care of their teeth properly. Hence, the Government also focuses on taking care of persons with special needs in dental care services, such as the elderly and particularly elderly people with financial difficulties. These special dental care services are listed out in the ensuing paragraphs.

4. As part of the efforts to promote oral hygiene, the School Dental Care Service (SDCS) of the DH provides annual dental check-up and basic preventive and restorative dental treatment to all primary school students. In addition,

starting from the 2013-14 school year, the Government has further stepped up the support measures for students with intellectual disability and/or physical disability (such as cerebral palsy) by allowing these students, who attend special schools participating in the SDCS, to continue to enjoy the dental services under the SDCS irrespective of which grades they are in until they reach the age of 18. If necessary, the SDCS would refer these students to the Oral Maxillofacial Surgery & Dental Units for further dental treatment.

5. Apart from the SDCS, in order to promote good oral health for the mild and moderate intellectual disabled children in special schools, the OHEU of the DH is conducting the "Dandelion Oral Care Action" oral health promotion programme. The OHEU collaborates with schools and parents to take care of the oral health of this group of children, and teach them the correct toothbrushing and flossing techniques.

6. Separately, under the Comprehensive Social Security Assistance (CSSA) Scheme, CSSA recipients aged 60 or above, disabled or medically certified to be in ill health are eligible for a dental grant which subsidies them to receive specified items of dental treatment provided by private dentists (including dental clinics operated by non-governmental organisations (NGOs)). These include dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction.

7. Under the Elderly Health Care Voucher Scheme (the Scheme) launched on a pilot basis in 2009, local residents aged 70 or above can make use of the vouchers to access dental services in private and NGO dental clinics. Given the increasing popularity of the Scheme, the Government has converted the Scheme into a recurrent programme in 2014 and proposes to double the annual voucher amount from $1,000 to $2,000 this year.

8. In 2011, the Government launched a three-year pilot project to provide free outreach dental services to elders residing in residential care homes or receiving services in day care centres. Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the pilot project will be converted to a regular programme in 2014 to continue to provide outreach dental services to elders in these homes and centres. Under the regular programme, we will expand the scope of treatments and services to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the DH.

9. In addition, the Community Care Fund (CCF) rolled out the Elderly Dental Assistance Programme (the Programme) in September 2012 to subsidize low-income and needy elders for receiving dentures and related dental services.

The CCF Task Force under the Commission on Poverty has set up a working group to consider expanding the existing eligibility criteria of the Programme progressively with a view to benefiting more elders who have financial difficulties and do not receive CSSA, taking into account the progress of the Programme and the experience gained.

10. Since August 2013, the Government has provided funding to launch a four-year Pilot Project on Dental Service for Patients with Intellectual Disability which aims to provide subsidy for patients with moderate intellectual disability aged 18 or above to receive dental services supplemented with special support measures such as intravenous sedation.

(c) the oral health conditions (in terms of tooth loss and decay experience) of institutionalized older persons (IOP) aged 65 and above as captured by Oral Health Survey (OHS) 2001 and OHS 2011

11. The findings from the OHS 2001 and 2011 regarding tooth loss and tooth decay levels of IOP in the oldest age group (i.e. aged 65 and above) are as follows :

Age Group	OHS 2001	OHS 2011
65+ IOP	DMFT = 24.5 DT = 2.6 Edentate = 27.2%	DMFT = 25.9 DT = 3.0 Edentate = 29.6%

Notes:

(i) DMFT = decay experience in permanent teeth (including decayed teeth, missing teeth and filled teeth)

(ii) DT = mean number of decayed teeth

(iii) Edentate = complete tooth loss

12. It should be noted that there was a higher proportion of older IOP (i.e. those who were aged 85 or above) in the OHS 2011 than in OHS 2001 (46% vs 30%). This may account for the higher percentage of edentate and higher level of DT and DMFT in the findings of OHS 2011. To address the dental care needs of these IOP, we will convert the outreach pilot project mentioned in paragraph 8 above to a regular programme later this year to address the needs of IOP.

(d) whether non-institutionalized older persons aged 75 and above and people with disabilities were covered by OHS 2011, and if not, the reasons for that

13. The methodology of OHS 2011, including the selection of target groups, was mainly based on the recommendations of the World Health Organization (WHO) and previous surveys conducted in Hong Kong. The main consideration for this is to enable comparison with local data for examination of

the trends in oral health status and behaviours (covering both primary and permanent teeth) in children, adults and elders. According to the current methodology, non-IOP aged 75 and above and people with disabilities were not covered by the OHS 2011. Nevertheless, in view of the global trend of the ageing population, we will keep the OHS methodology under review and where appropriate, incorporate updates to the guidelines of the WHO and other dental organizations for assessing the oral health status and needs of a population.