For information
on 16 December 2013

LEGISLATIVE COUNCIL PANEL ON HEALTH SERVICES

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

PURPOSE

This paper sets out the Government's dental care policy and dental care support for the elderly and people with disabilities. It also highlights the major findings of the Oral Health Survey (OHS) 2011 conducted by the Department of Health (DH).

BACKGROUND

2. At the Panel meeting on 17 June 2013, we briefed Members on the major findings of the interim review of the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) (Outreach Pilot Project) vide LC Paper No. CB(2)1315/12-13(05), covering the first two years of the 3-year pilot period, and undertook to conduct a full evaluation of the Pilot Project in mid-2014. The Administration was also requested to provide Members with the Report of the OHS 2011 when available.

DENTAL CARE POLICY

3. Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and oral health and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit (OHEU) of the DH has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels. At present, the OHEU administers a "Brighter Smiles for the New Generation" Programme to help children in kindergartens and nurseries establish good tooth brushing and smart diet habits. As for primary school students, we have introduced similar "Brighter Smiles" Programme to promote oral health on a school-based

and outreaching approach.

4. In addition, primary school students in Hong Kong can join the School Dental Care Service (SDCS) of the DH to receive an annual check-up at a designated school dental clinic, which covers oral examination and basic restorative and preventive treatment, at an annual enrollment fee of $20. It also helps educate the students on the importance of maintaining good oral hygiene and preventive care at the early stage. In the past three years, over 95% of primary school students (more than 300 000 each year) have participated in the SDCS.

5. To sustain the efforts made in primary schools, the OHEU provides a school-based programme for secondary schools, under which senior secondary students are trained to promote and educate lower form school-mates on oral health care and hygiene on a peer-led approach i.e. train-the-trainers.

6. Apart from oral health promotion and prevention, the Government provides emergency dental services treatments for the public and special oral care services for in-patients and persons with special oral health care needs –

(a) free emergency dental treatments (generally referred to as "General Public Sessions") are provided by the DH through 11 government dental clinics. Dental services at General Public Sessions include treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists also give professional advice with regard to the individual needs of patients; and

(b) specialist oral maxillofacial surgery and dental treatment are provided by DH's Oral Maxillofacial Surgery & Dental Units (OMS&DU) in 7 public hospitals for hospital in-patients, patients with special oral health care needs and dental emergency. Such specialist services are provided through referral by the Hospital Authority or private practitioners. OMS&DU will arrange appointments for patients according to the urgency of their conditions. Those with emergency needs, such as cases of dental trauma, will be provided with immediate consultation and treatment.

7. Other than the above, curative dental care services, such as scaling and polishing and fillings, are provided mainly by the private sector and non-governmental organizations (NGOs) in Hong Kong. Around 1 800 registered dentists work in the private sector and dental

clinics operated by the NGOs. The number of new dentists trained locally is about 50 each year.

8. For elderly people with financial difficulties, the Comprehensive Social Security Assistance (CSSA) Scheme provides a dental grant for its recipients who are aged 60 or above, disabled or medically certified to be in ill-health to pay for dental treatments services (including extraction, dentures, crowns, bridges, scaling and polishing, fillings and root canal treatment). Eligible CSSA recipients can approach the 58 dental clinics (including 2 mobile dental clinics) designated by the Social Welfare Department (SWD) for dental examination and cost estimation. They may then choose to obtain the relevant dental treatments from any registered dentists in Hong Kong, including those of the SWD designated dental clinics. The amount of grant payable will be based on the exact fee charged by the clinic, the cost estimated by the designated clinic or the ceiling amount set by the SWD, whichever is the less.

DENTAL CARE SUPPORT FOR THE ELDERLY

9. In recent years, the Government has launched a series of initiatives to provide financial support for the elderly to receive dental care and oral hygiene services.

(a) Elderly Health Care Voucher Scheme

10. In 2009, the Government launched the Elderly Health Care Voucher Pilot Scheme to provide financial subsidies for elders aged 70 or above to use primary care services in the private sector, including dental services. As at end-November 2013, more than 400 dentists had enrolled in the Scheme. Starting from January 2013, the annual voucher amount has been doubled from $500 to $1,000 and the Scheme will be converted from a pilot project into a recurrent support programme in 2014.

(b) Outreach Pilot Project

11. In April 2011, the Government launched the three-year Outreach Pilot Project in collaboration with participating NGOs to provide free outreach dental care and oral healthcare services for elders residing in RCHEs or receiving services in DEs. These elders are generally physically weak with frail conditions, hence making it difficult for them to receive dental care services at dental clinics. Under the Outreach Pilot Project, a total of 24 outreach dental teams from 13 NGOs

have been formed (details at **Annex)** to provide the following free services on-site –

(a) primary dental care services, including dental check-up, scaling and polishing and any other necessary pain relief and emergency dental treatments, to –

(i) elders residing in RCHEs licensed by the SWD (including subvented / contract, private and self-financing care homes);

(ii) both full-time and part-time service users of DEs (including subsidized and self-financing centres);

(b) oral care training to caregivers of RCHEs and DEs to enhance their knowledge and capabilities in providing daily oral care services to the elders concerned; and

(c) oral health education talks to these elders, their family members and caregivers to promote the importance of oral hygiene and oral health education.

12. Where necessary, follow-up treatments will be provided to individual elders at the respective NGOs' dental clinics with transport and escort arranged by the outreach teams. Where individual elders are assessed to require further curative treatments that fall outside the scope of the Outreach Pilot Project (e.g. fillings and extractions), the outreach dental teams arrange for the necessary treatments to be provided with the cost met by the CSSA Dental Grant or the charitable funds available from the respective NGOs.

13. As at end-September 2013, the 24 outreach dental teams have approached all 892 RCHEs and DEs. About 56 000 elders in 719 RCHEs and DEs received various dental care services including oral check-up and basic treatment. The penetration rate has improved to 85% of elder population in RCHEs / DEs[1]. There remains a certain portion of elders who cannot proceed with the recommended treatment due to lack of consent from their family members, despite the efforts by the outreach teams, NGOs and staff of RCHEs. Between April 2011 and September 2013, the outreach teams provided further curative treatments to a total of 2 319 elders.

[1] While these 892 RCHEs and DEs provide about 82 000 places, the actual number of elders in these premises depends on the ingress and egress of eligible elders for various reasons (e.g. health conditions of elders and new in-take). Hence, the number of elders in RCHEs and DEs is not static and the average number is estimated to be around 66 000.

14. During this two-and-a-half year period, the outreach teams conducted 1 167 on-site oral care training sessions for caregivers and oral health education talks for elders and their families.

15. Overall we consider the Outreach Pilot Project has met its objective to address the dental care needs of elders in RCHEs and DEs who may not otherwise be able to receive dental care and treatment. The feedback from the participating NGOs has also been positive. We consider it desirable to continue to provide outreach dental services for elders in similar health conditions and physical environment. We are now working on the long-term arrangements for the outreach dental services beyond the existing Outreach Pilot Project which ends on 31 March 2014, and will consider enhancing the dental outreach services in the following areas vis-à-vis feedback from the outreach teams and NGOs –

(a) Funding Support – we will consider increasing the annual block grant to take account of cost adjustments in the past few years, in particular staff salary. The health situation of the elders in RCHEs / DEs and their general oral conditions as well as the spatial constraints of RCHEs / DEs call for more experience and expertise from the outreach team dentist.

(b) Scope of Curative Treatments – we will consider expanding the scope to cover further curative treatments like extractions, fillings and dentures, which will bring the scope of the outreach programme in line with that of the CSSA Dental Grant.

(c) Transportation and Escort – we will consider providing more flexibility for outreach teams to plan their visits to RCHEs / DEs as well as strengthening the funding and logistical support for escorting elders to visit NGO dental clinics where necessary.

In addition, we will strengthen the publicity, targeting in particular staff of RCHEs / DEs and elders' families to give them a better understanding of the outreach services. It is hoped that this could encourage more RCHEs / DEs to collaborate with the outreach teams as well as elders' family members to grant consent for accepting dental treatments.

(c) Community Care Fund

16. In 2012, the Community Care Fund (CCF) has set aside $100 million for launching an "Elderly Dental Assistance Programme" (the Programme) to provide eligible elders, who are users of the two home care services schemes subvented by the SWD (i.e. those with economic difficulties but not covered by CSSA nor residing in RCHEs) with free dentures and related dental services. The Programme was launched in September 2012 and has appointed the Hong Kong Dental Association (HKDA) as the implementing agent. With the support of the HKDA, about 300 private dentists and NGO dental clinics have joined the Programme. As at end-October 2013, about 870 elders had been referred[2] to participating dentists/dental clinics, of whom around 580 have had their treatments completed.

17. Having regard to the initial response of the Programme, the CCF has introduced the following enhancements:-

(a) Eligibility Criterion – At the commencement of the Programme, beneficiaries must be using the two home care services subvented by the SWD as at 31 December 2011. Subsequently, the CCF extended the cut-off date from 31 December 2011 to 31 December 2012.

(b) Fees to NGOs – Some NGOs have indicated difficulty in arranging referral of eligible elders to participating dentists due to manpower shortage. The CCF has provided additional fees to NGOs since June 2013 for providing escort services ($70 per hour).

(c) Fees to Dentists – To attract more private dentists to join, the CCF has revised the dental fees to align with those of the CSSA Dental Grant.

18. The CCF has been integrated into the work of the Commission on Poverty (CoP). Under the CoP, the CCF Task Force will continue to monitor the progress of the Programme and consider further expanding the pool to benefit more elders who have financial difficulties.

[2] Under the Programme, the NGOs which operate the home care services will approach eligible elders and refer them to receive dental services from participating dentists/dental clinics.

DENTAL CARE FOR PEOPLE WITH DISABILITIES

19. At present, people with disabilities can enjoy all dental services provided by the DH to the public. That is, they can make use of the free emergency dental treatments provided by its General Public Sessions through 11 government dental clinics and, on referral, the specialist oral care services provided by DH's OMS&DU in 7 public hospitals (see paragraph 6 above). In addition, the dental clinic operated by Hong Kong St. John Ambulance also provides free and comprehensive dental services to people with intellectual disability (ID) and other patients with special needs.

20. For primary school students with disabilities studying in special schools, they can participate in the SDCS for an annual check-up and related dental treatments (see paragraph 4 above). Noting that special skills and concerted effort from relevant parties are necessary to help children with ID to take care of their oral hygiene themselves, the OHEU has been conducting since 2005 a special oral health promotion programme named the "Dandelion Oral Care Action" (the Dandelion Programme) for the children with mild to moderate ID in the special schools. The long term goal of the Dandelion Programme is for the children with ID to brush and floss their own teeth competently and independently by the time they leave school. The Dandelion Programme is implemented in a train-the-trainer approach whereby the OHEU trains the school nurse and at least one teacher from each school to be the Oral Health Trainers (OHTs) equipped with certain basic oral care knowledge/techniques. The OHTs, in turn, will train all the teachers in the school and conduct workshops to train the parents to take care of their children at home using the same oral care techniques. The oral care skill has become part of the self-care curriculum of the schools. The parents who participated on a voluntary basis have found their tooth brushing and flossing skills for their children improved. Currently, 28 schools in Hong Kong join the Dandelion Programme.

21. Apart from the Dandelion Programme, the Government has further stepped up the support measures for students with ID and/or physical disabilities (such as cerebral palsy) starting from the 2013-14 school year by allowing these students, who are studying in special schools participating in the SDCS, to continue to enjoy the dental services under the SDCS irrespective of their grades in which they are studying until they reach the age of 18. If necessary, the SDCS would refer these students to the OMS&DU in the 7 public hospitals for further dental treatment under sedation or general anesthesia.

22. As indicated in paragraph 8 above, CSSA recipients who are disabled can apply for Dental Grant under the Scheme. Noting that patients with ID may become very anxious when sitting on a dental chair and fail to cooperate with the dentists during dental treatment, the Food and Health Bureau has provided funding to the HKDA, the Hong Kong Special Care Dentistry Association and the Evangel Hospital to launch a 4-year "Pilot Project on Dental Service for Patients with Intellectual Disability" (Pilot Project (PID)) which provides dental services supplemented with special support measures such as special anesthetic procedures and behavior management to ease the anxiety of patients with moderate ID and improve their willingness to cooperate with the dentists. Starting from August 2013, patients with moderate ID aged 18 or above who are receiving CSSA, on referral by rehabilitation service units of welfare NGOs (such as sheltered workshops), could receive check-up, dental treatment as well as oral health education in the dental clinics participating in this Pilot Project (PID). If necessary, they would be arranged to receive other dental services under intravenous sedation or general anesthesia in a hospital setting with adequate medical support. The Government has set aside $20 million for the Pilot Project (PID), which would benefit about 1 600 patients with moderate ID. Each beneficiary can receive a maximum subsidy of up to $12,000 during the 4-year period of the Pilot Project (PID).

ORAL HEALTH SURVEY 2011

23. It is the task of the DH to assess the health status and needs of the community through collation and interpretation of reliable health information. Therefore, the DH has to regularly obtain such information for planning and evaluation of oral health programmes, and to plan for future oral health care development. Following the first territory-wide survey in 2001, it was decided that another OHS should be conducted in 2011. The OHS 2011 seeks to obtain relevant information on –

(a) the oral health condition of the people of Hong Kong;

(b) the oral health related behaviours of the population; and

(c) the factors that facilitate behaviours conducive to good oral health and barriers which prevent people from adopting positive behaviours.

24. The OHS survey methodology followed the basic principles of the World Health Organisation (WHO) recommendation, and the sample size and sampling method were drawn up in consultation with the

relevant bureaux and departments. Similar to the OHS 2001, the following index age and age groups were selected –

(a) 5-year old children to evaluate the status of primary teeth;

(b) 12-year old students, representing the complete change from primary dentition to permanent dentition stage, to monitor the diseases trends of permanent teeth;

(c) 35 to 44-year old adults to evaluate the oral health conditions of the adult population;

(d) 65 to 74-year old non-institutionalized older persons (NOP) to obtain information on the oral health conditions of this age group which is becoming more important as the Hong Kong population is ageing; and

(e) those aged 65 and above who are users of SWD's long-term care (LTC) services to assess the oral health conditions and needs of functionally dependent older persons receiving LTC services. These LTC users may have difficulties in daily oral hygiene and access to professional care, and they require special attention.

25. The fieldwork surveys under the OHS 2011 were conducted from May 2011 to February 2012. The major findings are set out in the ensuing paragraphs.

(a) Tooth Decay

26. A comparison of the tooth decay levels across the above-mentioned age groups captured by the OHS 2001 and OHS 2011 is as follows -

Age Groups	2001	2011
5	dmft = 2.3 dt = 2.1	dmft = 2.5 dt = 2.3
12	DMFT = 0.8 DT = 0.1	DMFT = 0.4 DT = 0.1
35-44 adults	DMFT = 7.4 DT = 0.7	DMFT = 6.9 DT = 0.7

Age Groups	2001	2011
65-74 NOP	DMFT = 17.6 DT = 1.3	DMFT = 16.2 DT = 1.3
65+ IOP	DMFT = 24.5 DT = 2.6	DMFT = 25.9 DT = 3.0

Notes :

(i) dmft = decay experience in primary teeth
DMFT = decay experience in permanent teeth

(ii) dt / DT = mean number of decayed teeth
mt / MT = mean number of missing teeth
ft / FT = mean number of filled teeth

(iii) Mean dmft = Sum of mean dt, mean mt and mean ft values
Mean DMFT = Sum of mean DT, mean MT and mean FT values

27. Other observations from the OHS 2011 are as follows -

(a) the oral health of the 12-year old children, adults and the 65-74 NOP groups were largely maintained;

(b) regarding the 5-year-old pre-school children, most of the tooth decay in this age group were found untreated. This calls for early dental care for pre-school children, in addition to the existing oral health promotion programmes; and

(c) a higher number of teeth with decay experience was found among the group of IOP aged 65 or above. This can be accounted for by the increased proportion of older persons in this population group in 2011.

On (c), the Government and the CCF have in recent years launched new initiatives to provide dental care for the elderly who have physical or economic difficulties in receiving dental care, see paragraphs 11 to 18 above.

(b) Tooth Loss

28. The findings of the OHS 2011 suggest that the level of oral health in Hong Kong in terms of tooth loss is among the best compared with many developed countries. Yet the majority of the adult and older population had various degrees of tooth loss and decay experience as shown in the following table :-

		Adult		NOP	
		2001	**2011**	**2001**	**2011**
Tooth status	Complete tooth loss	0%	0%	8.6%	5.6%
	Mean no. of teeth left	28.1	28.6	17.0	19.3
	With ≥ 20 teeth left	99.2%	99.8%	49.7%	59.5%
Decay experience	Mean DMFT	7.4	6.9	17.6	16.2
	Mean DT (Decayed)	0.7	0.7	1.3	1.3
	Mean MT (Missing)	3.9	3.4	15.1	12.7
	Mean FT (Filled)	2.8	2.8	1.2	2.2

Note: Mean DMFT value = sum of mean DT, MT and FT values

29. The WHO has put forth the concept of 80/20 (viz. everyone having 20 teeth at the age of 80) as a corner stone to achieve prevention of early tooth loss by preventing dental diseases. However, it is observed that in the current generation of older persons around the world, most of their teeth were lost at a younger age, and hence the goal of 80/20 could hardly be attained at a global level. Nevertheless, the concept of 80/20 has reinforced governments in different countries to review their oral health policy and to put emphasis on the prevention of dental diseases in order to prevent tooth loss. If everyone wants to be minimally affected by oral health-related discomfort and maintain a dentition good enough for physiological and social needs at old age, focus should be put on prevention and promotion of healthy habits. Prevention will bring improvement in oral health to the Hong Kong community and reduce the financial burden from costly complex dental treatment on a population scale.

(c) Other Dental Care Issues

30. The survey also found that the Hong Kong population tended to ignore oral symptoms and delayed the seeking of dental care even for severe problems such as pain that disturbed sleep. The delay would only result in further deterioration leading to more suffering, more complex and costly treatment, or even extraction of teeth. The prevention of tooth loss must start with prevention and early treatment of dental diseases. Regular visit to dentists for check-up is necessary, even if they believe that their oral health status is good.

31. The current adults and NOPs are shouldering great responsibilities in taking care of the younger generation. They are also the main workforce as formal or informal caregivers of functionally dependent persons. Close partnership with dentists to improve oral

self-care can help the existing adults and older population to improve their own oral health. It also helps to improve the oral health of young children and functionally dependent people whom they are taking care of.

32. Although a variety of oral hygiene aids has been used by Hong Kong people, the OHS 2011 found that the current tooth cleaning practice was not effective in removing plaque to prevent tooth decay and gum disease mainly because toothbrushing was not complemented with proper interdental cleaning in majority of the population. Dentists can be partners in prevention of oral diseases by providing individualised advice on daily tooth cleaning, dietary and other oral health-related habits at regular check-up.

33. Like many countries in the world, the older population in Hong Kong will increase dramatically in the coming decades. The 2011 OHS has revealed that some LTC users had perceived needs to visit dentist. Yet regular dental check-up was uncommon and relatively few LTC users had visited a dentist in the previous three years. With difficulties in accessing traditional dental care due to impaired physical mobility, it is necessary to develop outreaching dental care to meet the needs of this population. Active prevention must start early to prevent the development of high levels of dental diseases and treatment needs in future LTC users.

34. The OHS 2011 full report will be published in late 2013.

ADVICE SOUGHT

35. Members are invited to note the content of this paper.

Food and Health Bureau
Department of Health
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Annex

NGOs Participating in the Outreach Pilot Project and Number of Outreach Dental Teams by Administrative Districts of the Social Welfare Department

Service District	Name of NGO	No. of Outreach Dental Team(s)
Central, Western, Southern and Islands	香港聖約翰救護機構 Hong Kong St. John Ambulance	1
	東華三院 Tung Wah Group of Hospitals	2
Eastern and Wan Chai	香港防癆心臟及胸病協會 The Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
Kwun Tong	基督教家庭服務中心 Christian Family Service Centre	1
	基督教聯合那打素社康服務 United Christian Nethersole Community Health Service	1
Wong Tai Sin and Sai Kung	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1
Kowloon City and Yau Tsim Mong	志蓮淨苑 Chi Lin Nunnery	1
	九龍樂善堂 The Lok Sin Tong Benevolent Society, Kowloon	1
	東華三院 Tung Wah Group of Hospitals	1
Sham Shui Po	香港聖公會麥理浩夫人中心 H.K.S.K.H. Lady MacLehose Centre	1

Service District	Name of NGO	No. of Outreach Dental Team(s)
Tsuen Wan and Kwai Tsing	明愛牙科診所 Caritas Dental Clinics	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tuen Mun	仁愛堂 Yan Oi Tong	2
Yuen Long	博愛醫院 Pok Oi Hospital	2
Sha Tin	明愛牙科診所 Caritas Dental Clinics	1
	仁愛堂 Yan Oi Tong	1
Tai Po and North	基督教聯合那打素社康服務 United Christian Nethersole Community Health Service	1
	仁愛堂 Yan Oi Tong	1
	Total:	**24**