

Research Brief

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Dental care services for elderly in Hong Kong

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Elders are the most financially vulnerable group in Hong Kong, with one in three living in poor households in 2015. Poor elders lack the ability to meet many of their basic needs, including the dental care services that are largely provided by non-governmental organizations and the more expensive private sector.

The Government focuses its efforts on providing emergency dental services covering tooth extraction and medications through 11 government dental clinics with fixed service hours and quotas. These clinics provide a total of 13.5 half-day sessions per week and each distributes less than 100 consultation discs per session. Some patients might have to travel cross-district to seek public dental services or consult private dentists.

The Government has put in place the Elderly Dental Assistance Programme and the Elderly Health Care Voucher Scheme to provide financial support for the elderly to receive private dental care services. The amount of subsidies payable under these two schemes might not be enough to cover the high private dental fees.

Successful ageing could be considered as synonymous with healthy and active living. From a dental perspective, it involves the provision of adequate, appropriate and accessible oral health care for people to keep their teeth well into old age. As a commitment to the above, some developed economies have acknowledged the need to identify the elderly as a priority group with specific measures to address their oral health needs.

The subject of dental care services for the elderly falls within the policy area of the Panel on Health Services.



Research Office
Legislative Council Secretariat

1. Background

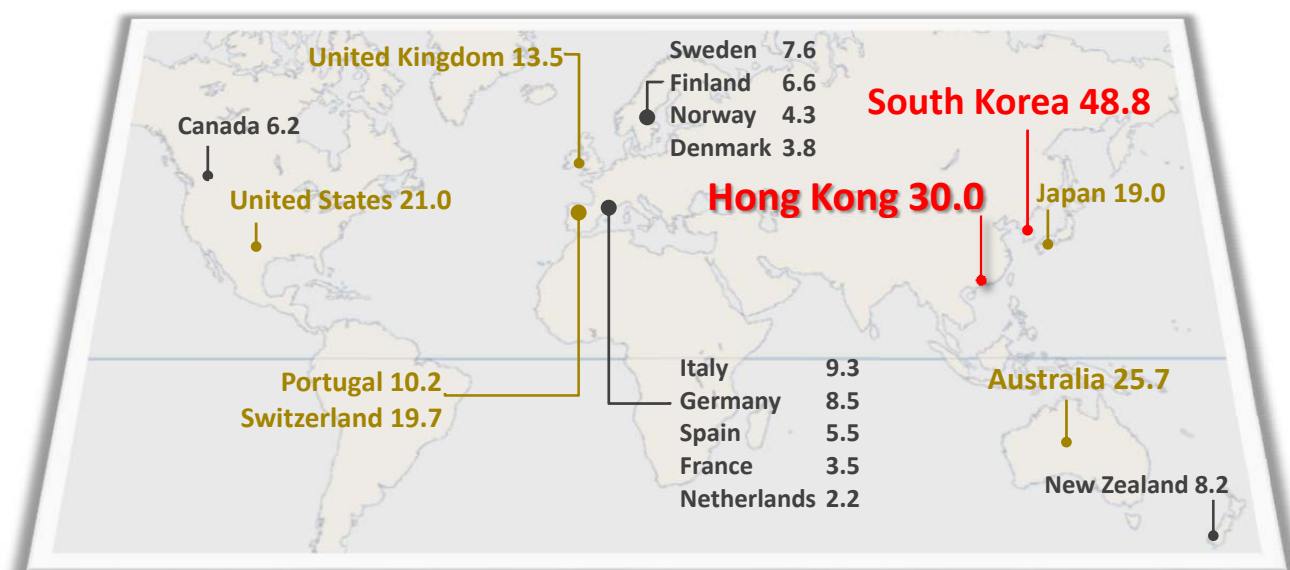
1.1 Hong Kong is facing an ageing population. There are currently about 1.17 million people aged 65 or above in the territory, or one in six persons is an elderly person. With medical advancement and better nutrition, the present generation of the elderly can expect to live longer. Among the elderly now aged 65, 60% are envisaged to live to the age of 85 or above and 40% to over 90.¹

1.2 An ageing population with long life expectancy poses many challenges to the society. Elders are now the most financially vulnerable group in the society, and there were 308 500 poor elders in 2015 with a poverty rate of 30.1%. This poverty rate was higher than that of other age groups, as well as more than doubled the overall poverty rate of 14.3%.² Hong Kong's elderly poverty rate is also among the highest in the developed economies; in 2014, it was higher than that of all 35 member countries of the Organisation for Economic Co-operation and Development ("OECD") except South Korea (**Figure 1**).

¹ See Commission on Poverty (2015).

² According to the Government of the Hong Kong Special Administrative Region (2016), the poverty rates for children aged below 18 and persons aged 18-64 were 18.0% and 10.1% respectively in 2015.

Figure 1 – Elderly poverty rate in selected OECD economies, 2014 or nearest year



Data sources: Government of the Hong Kong Special Administrative Region and Organisation for Economic Co-operation and Development.

1.3 Poor elders lack the ability to meet many of their basic needs, including health care services. In Hong Kong, the public health care system provides a comprehensive range of medical services at very low fees, while dental care services available to the general public are largely offered by the private sector and non-governmental organizations ("NGOs"³). It is observed that while advancing age has put many elders at a higher risk of oral health problems, they had the lowest utilization rate of dental care services among all the age groups surveyed by the Census and Statistics Department ("C&SD") in 2014. This Research Brief studies the dental care services for the elderly in Hong Kong and the measures introduced by selected developed economies for addressing the oral health needs among their ageing population.

2. Oral health status of elderly in Hong Kong

2.1 Good oral health is essential to one's general health and quality of life. Healthy teeth aid digestion which, combined with a balanced diet, contributes to good nutrition. Yet tooth loss might limit an individual's ability in biting and chewing and constrain his or her food choice. Healthy teeth are also essential for speech. Severe tooth loss will cause difficulties in articulation and pronunciation, which in turn impairs a person's communication abilities. Reflecting the importance of functional dentition, the World Health Organization has set a goal for oral health as retention of at least 20 natural teeth throughout adult life.⁴

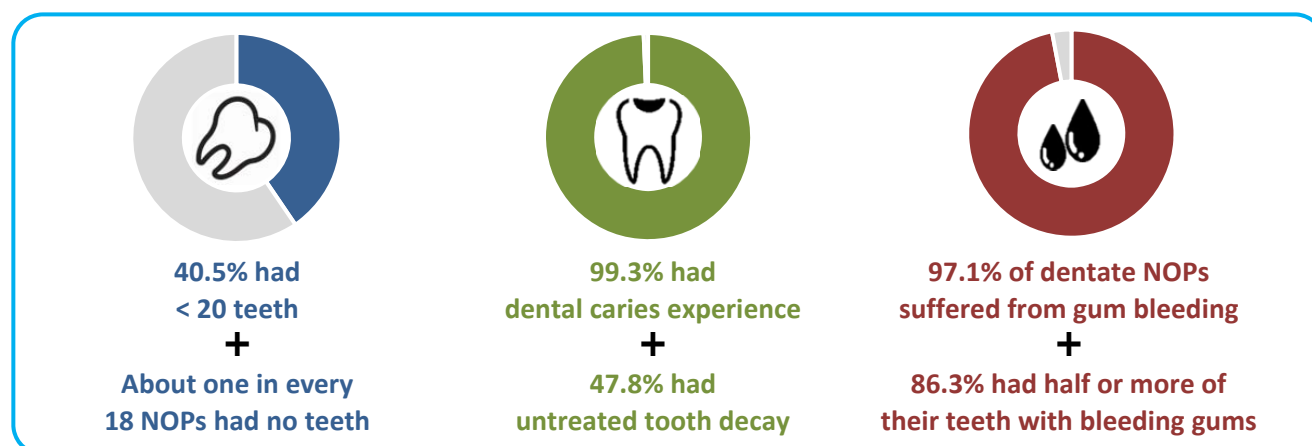
³ These NGOs are usually social service agencies, welfare organizations, religious groups and labour unions. They receive virtually no subsidy from the Government and are responsible for recovering their own running cost. See Chu, et al. (2013).

⁴ Adults can have up to 32 teeth, including four wisdom teeth.

2.2 Oral diseases are usually progressive and cumulative. The process of ageing may directly or indirectly increase the risk of oral diseases,⁵ and poor oral health has been particularly evident among the elderly in terms of tooth loss, dental caries experience and periodontal disease. In 2011, the Department of Health conducted the second territory-wide Oral Health Survey ("OHS"), 10 years after the first survey in 2001, to monitor the oral health status of specific groups and assess their oral health behaviours and habits.⁶ Community-living elders aged 65-74 (termed "non-institutionalized older persons" or "NOPs" in OHS) continued to suffer from the principal dental problems of tooth loss, dental caries experience and periodontal disease, as compared with 10 years ago.⁷

2.3 According to the 2011 OHS, the proportion of NOPs who had lost their teeth to the extent of having less than 20 teeth was at a high of 40.5% (**Figure 2**). About one in every 18 NOPs had no tooth at all. In addition, nearly all NOPs had dental caries experience (99.3%) and about one-half (47.8%) had untreated tooth decay. As to the gum condition, 97.1% of dentate NOPs (those with remaining teeth) suffered from gum bleeding and 86.3% had half or more of their teeth with bleeding gums. The prevalence of dental diseases among NOPs was due to, among other things, their lack of regular dental check-up habits and neglect in seeking professional dental care when having oral symptoms.

Figure 2 – Oral health status of NOPs, 2011



Data source: Department of Health.

⁵ For example, elders are prone to the risk of dry mouth which happens when the salivary glands fail to produce enough saliva to keep the mouth moist. Saliva provides important protection to the teeth and gums due to its cleansing, lubricating and antibacterial properties.

⁶ OHS comprises a series of fieldwork surveys on 5-year old children, 12-year old students, 35 to 44-year old adults, 65 to 74-year old non-institutionalized elders, and the aged 65 or above users of the Social Welfare Department's long term care services.

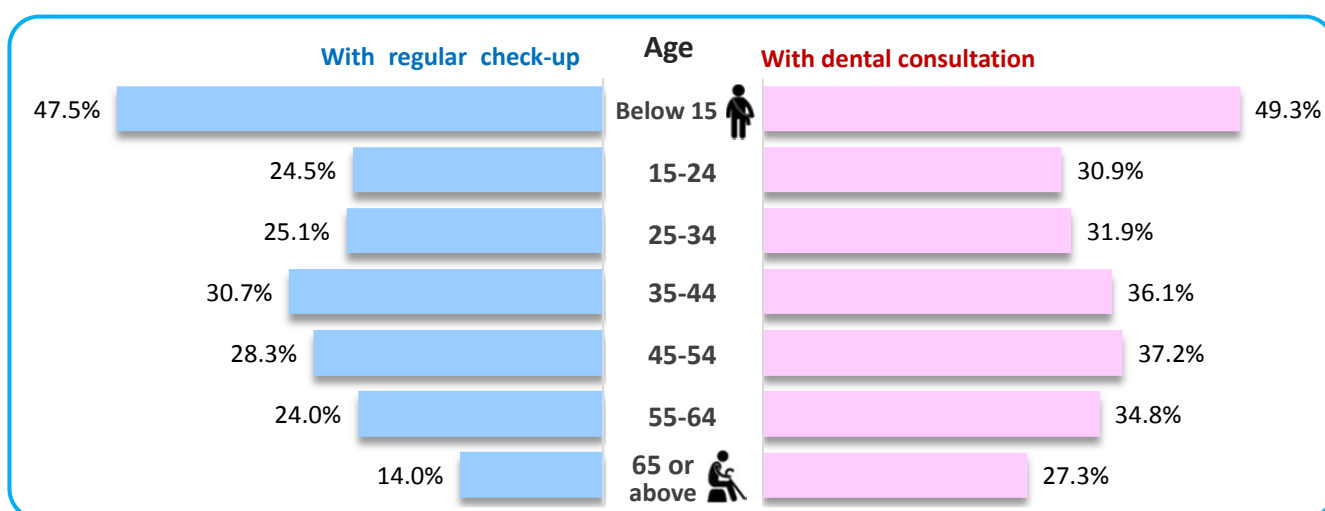
⁷ This Research Brief focuses on the study of community-living elders who might have financial difficulties in accessing the dental care services. It does not cover those who are living in residential care homes for the elderly ("RCHEs"), which provided accommodation for some 61 160 or 5.0% of the elderly population at end-September 2016. The RCHE elders are entitled to free outreach dental services provided under the Outreach Dental Care Programme for the Elderly administered by the Department of Health. The services provided include dental check-up, fluoride, X-ray, scaling and polishing, as well as other curative treatments (such as filling, extractions and dentures).

2.4 As advised by the Department of Health,⁸ elders should be encouraged to attend dental check-up on a regular basis to maintain good oral health. This is to facilitate the implementation of preventive and curative treatments in an earlier stage of the developing diseases, thereby arresting the teeth from being deteriorated to the extent that more costly and complex dental treatments are required. According to the 2011 OHS, only 22% of NOPs had regular dental check-up habits. The major barrier for NOPs to seeking earlier dental attention was due to high and unpredictable treatment costs as perceived by them.

2.5 Likewise, less than half of the NOPs surveyed by the 2011 OHS sought professional dental care when experiencing oral symptoms. Even with severe toothache that disturbed sleep, only about 40% visited a dentist. For those NOPs who had milder discomfort such as bad breath and gum bleeding, the proportions who sought professional dental care were as low as 0.8% and 4.3% respectively. A large proportion of the affected NOPs mentioned that they were aware of the need to visit a dentist but encountered some barriers. The main reported barriers were unaffordable charge and reluctance to spend money on dental care.

2.6 The problem of low utilization of dental care services by the elderly continues. According to a thematic household survey conducted by C&SD in 2014, the rate of persons having their teeth regularly checked up was the lowest for persons aged 65 or above, at 14.0%, among all age groups surveyed (**Figure 3**).⁹ This age group also had the lowest dental consultation rate of 27.3% in 2014.

Figure 3 – Rate of persons having regular check-up and dental consultation by age group, 2014



Data source: Census and Statistics Department.

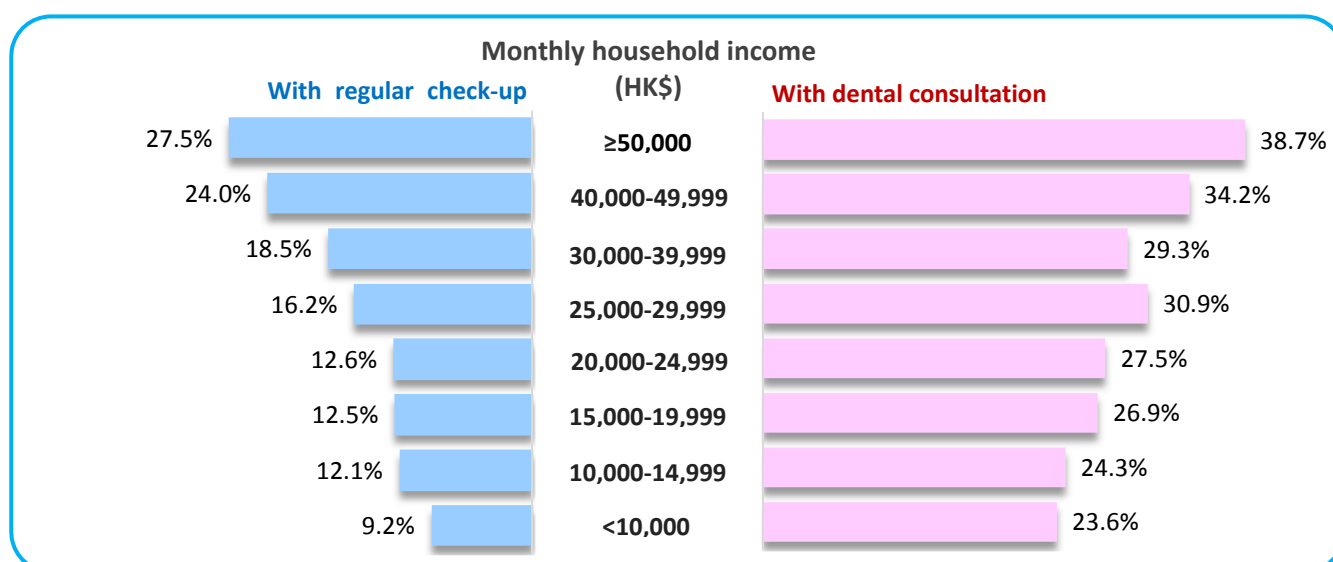
⁸ See Department of Health (2015).

⁹ Apart from dental care services, the survey also collected information on the health status of Hong Kong residents, their patterns with respect to doctor consultation and hospitalization, and provision of medical benefits by employers/companies and coverage of medical insurance purchased by individuals.

3. Dental care system in Hong Kong

3.1 Against the above, elders in Hong Kong generally have low tendency to seek dental care services, notwithstanding the prevalence of age-related oral changes that make them more vulnerable to dental diseases. This should be particularly the case for the elderly living in poor households, as C&SD's 2014 survey also found that lower income was associated with lesser usage of dental care services (**Figure 4**). Such a trend can probably be attributable to the current situation where the dental care services available to the general public are generally provided by NGOs and the more expensive private sector.

Figure 4 – Rate of elders aged 65 or above with regular check-up and dental consultation by monthly household income, 2014



Data source: Census and Statistics Department.

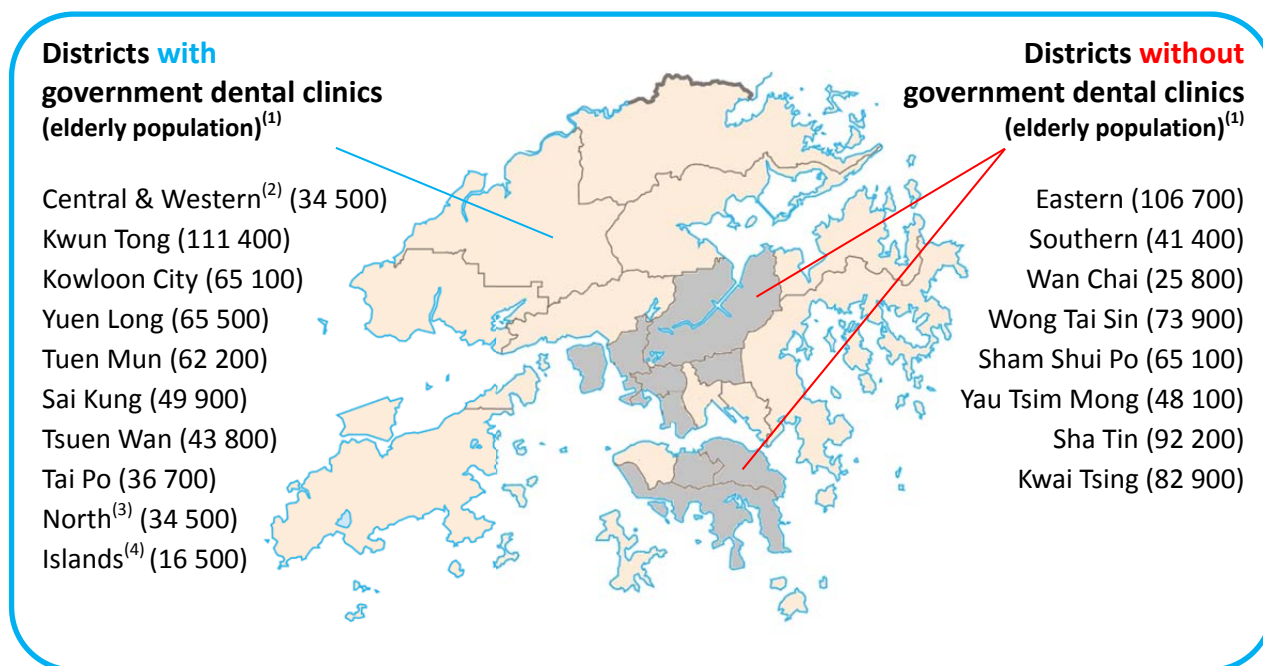
3.2 According to the Government, its policy on dental care is to seek to raise public awareness of oral hygiene and oral health and encourage proper oral health habits through allocating resources primarily to promotion, education and preventive services.¹⁰ As to the preventive services, the Government has made available basic and preventive dental treatment only to primary school students through the School Dental Care Service programme. Added to this, the Government focuses its efforts on providing emergency dental services for the public.

¹⁰ See Legislative Council Secretariat (2014b).

3.3 For people with acute dental problems, the Government provides free emergency dental services through designated sessions in selected government dental clinics of the Department of Health (generally referred to as General Public Sessions ("GP Sessions")).¹¹ The services only cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction (one tooth per visit).¹² After the emergency treatment, the patients need to seek follow-up treatments from private dentists.

3.4 Currently, the Government provides the above limited out-patient emergency dental services in 11 government dental clinics, comprising just one on Hong Kong Island, two in Kowloon and eight serving the New Territories (**Figure 5**). Many densely populated districts are excluded, including Sha Tin, Eastern, Wong Tai Sin, Kwai Tsing and Sham Shui Po. As a result, some patients might have to travel cross-district for the emergency dental services.

Figure 5 – Elderly population served by the government dental clinics with General Public Sessions, 2015



Notes: (1) Figures refer to the land-based non-institutionalized elderly population of Hong Kong.
 (2) The dental clinic with GP Sessions for Central and Western District is located at Kennedy Town.
 (3) The dental clinic with GP Sessions for North District is located at Fanling.
 (4) The dental clinics with GP Sessions for Islands District are located at Tai O and Cheung Chau respectively.
 Data sources: Census and Statistics Department and Department of Health.

¹¹ At present, there are 39 government dental clinics across the territory which are mainly tasked to provide dental services to civil servants/retired civil servants and their eligible dependants in fulfilment of the Government's contractual obligations laid down in their terms of employment. Such dental benefits are similar to medical benefits provided by other employers to their employees. However, to meet public demand for emergency dental treatment, the Government provides free emergency dental services to the public through designated dental clinics.

¹² Specialist oral maxillofacial surgery and dental treatment are also provided by the Department of Health in seven public hospitals for the referred in-patients, patients with special oral health care needs and patients with dental emergency.

3.5 The uneven distribution of 11 government dental clinics across the territory probably reflects the lack of any planning standards and guidelines for dental services/facilities under the Hong Kong Planning Standards and Guidelines ("HKPSG"). At present, HKPSG only stipulates the standards of provision for medical and health facilities. For example, it stipulates the aim of providing 5.5 beds (including all types of hospital beds both in public and private sectors) per 1 000 persons for long-term planning purposes. In addition, there should be a specialist clinic/polyclinic whenever a hospital is built to offer the necessary support.

3.6 The service hours of 11 government dental clinics vary, but most of them only provide one to two half-day GP Sessions each week (Figure 6). Five of them provide one half-day GP Session per week and four offer two half-day GP Sessions per week. For the government dental clinics at Tai O and Cheung Chau, they each offer one half-day GP Session per month. As to the services capacity, the maximum quota for each of 11 government dental clinics with GP Sessions has remained unchanged over the last decade at less than 100 discs per session.

Figure 6 – Weekly service hours and maximum quota for each General Public Session, 2016⁽¹⁾

Service hours	Hong Kong Island				Kowloon					New Territories									
	Central and Western	Eastern	Southern	Wan Chai	Kowloon City	Kwun Tong	Sham Shui Po	Wong Tai Sin	Yau Tsim Mong	North	Sai Kung	Tai Po	Tsuen Wan	Tuen Mun	Yuen Long	Kwai Tsing	Sha Tin	Islands	
Sun am																			
Sun pm																			
Mon am	84				84														
Mon pm																			
Tue am										50			84		42				
Tue pm																			
Wed am						84								42					
Wed pm																			
Thur am					42													32 ⁽¹⁾	
Thur pm										42		42							
Fri am	84												84		42			32 ⁽¹⁾	
Fri pm																			
Sat am																			
Sat pm																			

Note: (1) Unlike other government dental clinics with GP Sessions, the Tai O clinic is open on the second Thursday of each month with 32 quotas and the one in Cheung Chau runs on the first Friday of each month with 32 quotas.

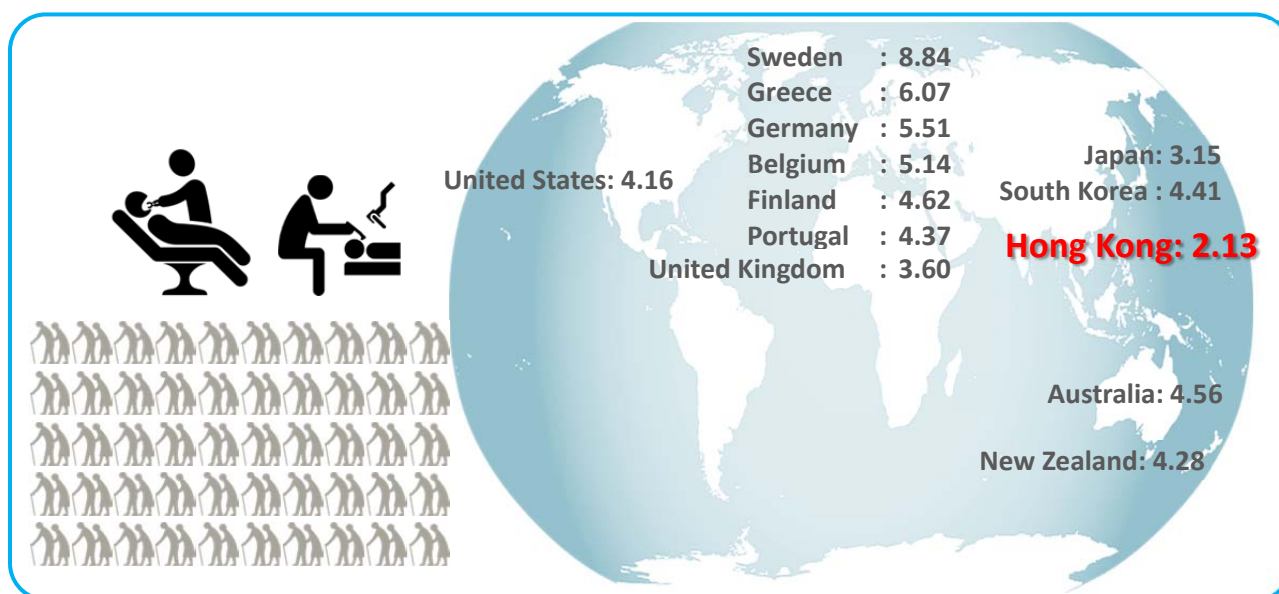
Data source: Department of Health.

3.7 As a result of fixed service hours and quotas, only 35 200 people used the public dental services in 2014-2015 and half of them were people aged 61 or

above.¹³ There have been calls for the Government to expand the existing scope of public dental care services to meet the oral health needs of the elderly. According to the Government,¹⁴ manpower is an issue of concern when determining the scope of dental services to be provided for the public. Indeed, the number of registered dentists increased by a mere 20.5% from 1 976 in 2006 to 2 382 in 2015, which was lower than the 32.9% growth in elderly population from 865 000 to 1.15 million over the period.

3.8 With any type of health care services, having a sufficient number of providers is crucial in ensuring the population can access the care they need. An OECD study shows that a higher number of dentists per capita tends to associate with a higher number of dental consultations.¹⁵ However, Hong Kong had a low of 2.13 dentists per 1 000 persons aged 65 or above in 2014, a ratio lagging behind that in many other OECD economies (**Figure 7**).

Figure 7 – Number of dentists per 1 000 elderly in selected OECD economies, 2014



Data sources: Census and Statistics Department and Organisation for Economic Co-operation and Development.

3.9 The shortage of dentists reflects the small number of new entrants to the dentist workforce every year. There were only some 50 local dentist graduates per year over the last decade, and the number of overseas graduates who had passed the licentiate examination each year was less than 10 throughout most of the period (**Figure 8**). It was not until recently that the Government has increased the annual publicly funded degree places in dentistry by 20 to 73 for each of the 2016-2017 to

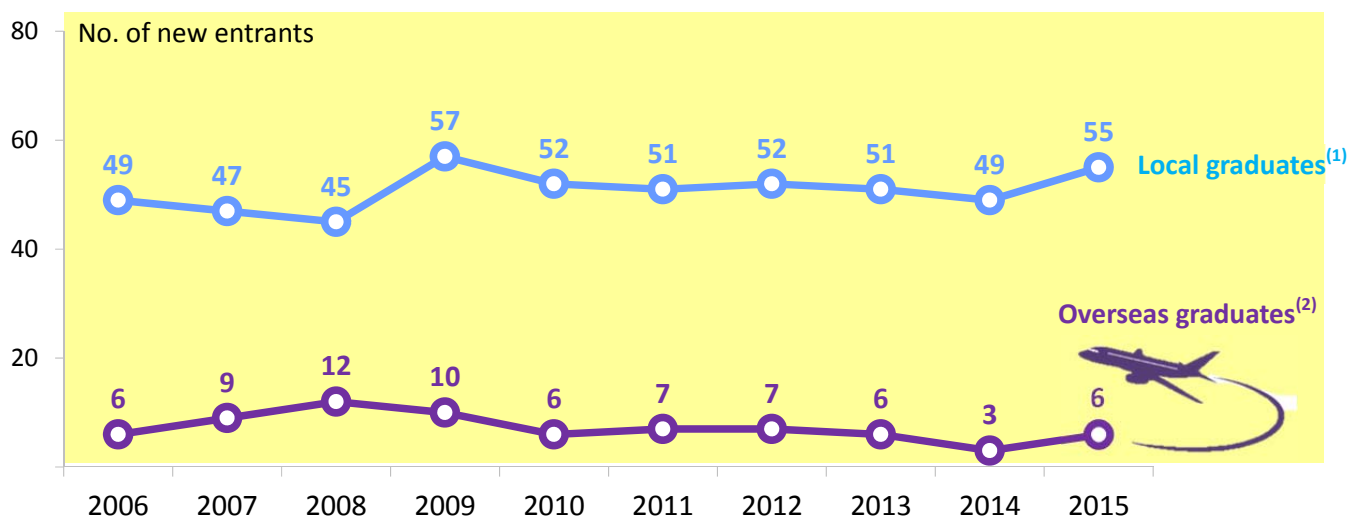
¹³ Based on the latest figure available from the Department of Health.

¹⁴ See Legislative Council Secretariat (2014a).

¹⁵ See Organisation for Economic Co-operation and Development (2009).

2018-2019 funding cycle for universities.¹⁶ However, it takes six years to train a dentist, and Hong Kong has to wait until 2022-2023 for the first cohort of dental students under the newly expanded dentistry programme to complete their studies.

Figure 8 – New entrants joining the dentist workforce, 2006-2015



Notes: (1) Figures refer to the number of graduates of bachelor's degree in dentistry awarded by the University of Hong Kong.

(2) Figures refer to the number of holders with a dental degree or a dental qualification acceptable to the Dental Council of Hong Kong and having passed the licensing examination conducted by the Council.

Data sources: University of Hong Kong and Hong Kong Yearbook.

4. Government's financial support for the elderly

4.1 As the Government only provides the public with emergency dental services, elders requiring curative and other dental care treatments will have to consult private dentists and/or dental clinics run by NGOs. For the elderly with financial difficulties, the Comprehensive Social Security Assistance ("CSSA") Scheme provides a dental grant for its recipients who are aged 60 or above to cover the actual expenses or the ceiling amount of the dental treatment items set by the Social Welfare Department, whichever is the less. In 2015-2016, a total of 8 617 claims were approved, and the average claimed amount was HK\$6,222.

4.2 In recent years, the Community Care Fund has launched the Elderly Dental Assistance Programme to cover elders who are Old Age Living Allowance ("OALA")¹⁷ recipients aged 75 or above. Each beneficiary is entitled to a lifetime maximum subsidy of HK\$14,390 to receive dentures and other dental treatments from private and NGO clinics.


¹⁶ In addition to the increase in annual intake of dental students starting from 2016-2017, the licensing examination for overseas-trained dentists has also been increased to two sittings a year instead of one.

¹⁷ OALA is specifically designed for persons aged 65 or above who have financial needs but are not able or willing to apply CSSA.

4.3 The Government has also launched the Elderly Health Care Voucher Scheme to subsidize all elders aged 70 or above to use private primary care services, including dental services. Eligible elders who are receiving CSSA or OALA are also entitled to the voucher scheme.¹⁸ The annual voucher amount for each eligible elder is HK\$2,000, and the unspent vouchers can be carried forward and accumulated by an eligible elder, subject to a ceiling of HK\$4,000.¹⁹

4.4 Dental treatments by a private dentist can be quite costly in Hong Kong. For example, examination/consultation fee paid by a private fee paying patient in the Prince Philip Dental Hospital ranges from HK\$600 to HK\$2,500 (**Figure 9**).²⁰ Other types of services such as root canal treatment, implant and dentures may cost thousands or even tens of thousands of dollars. In this connection, the amount of subsidies received by the elderly under the Elderly Dental Assistance Programme and the Elderly Health Care Voucher Scheme might not be enough to cover the high private dental fees. For the Elderly Health Care Voucher Scheme, some elders also need to save the vouchers for seeking medical services as well.

Figure 9 – Dental treatment fees for a private fee paying patient in Prince Philip Dental Hospital, 2016

Selected treatment items 	Price range (HK\$)
Review	350 - 2,000
Examination/consultation	600 - 2,500
Simple extraction	700 - 2,000
Restoration	900 - 3,000
Non-surgical periodontal therapy (per quadrant)	3,000 - 8,000
Periodontal surgery	5,200 - 10,000
Root canal therapy (per tooth)	6,600 - 25,000
Root canal retreatment	8,000 - 30,000
Removable partial denture	8,000 - 30,000
Removable complete denture	15,000 - 30,000
Surgical placement of dental implant (per fixture)	17,600 - 35,000

Data source: Prince Philip Dental Hospital.

¹⁸ In other words, CSSA recipients aged 70 or above are entitled to both the dental grant under CSSA Scheme and the Elderly Health Care Voucher Scheme. For OALA recipients aged 75 or above, they benefit from both the Elderly Dental Assistance Programme and the Elderly Health Care Voucher Scheme.

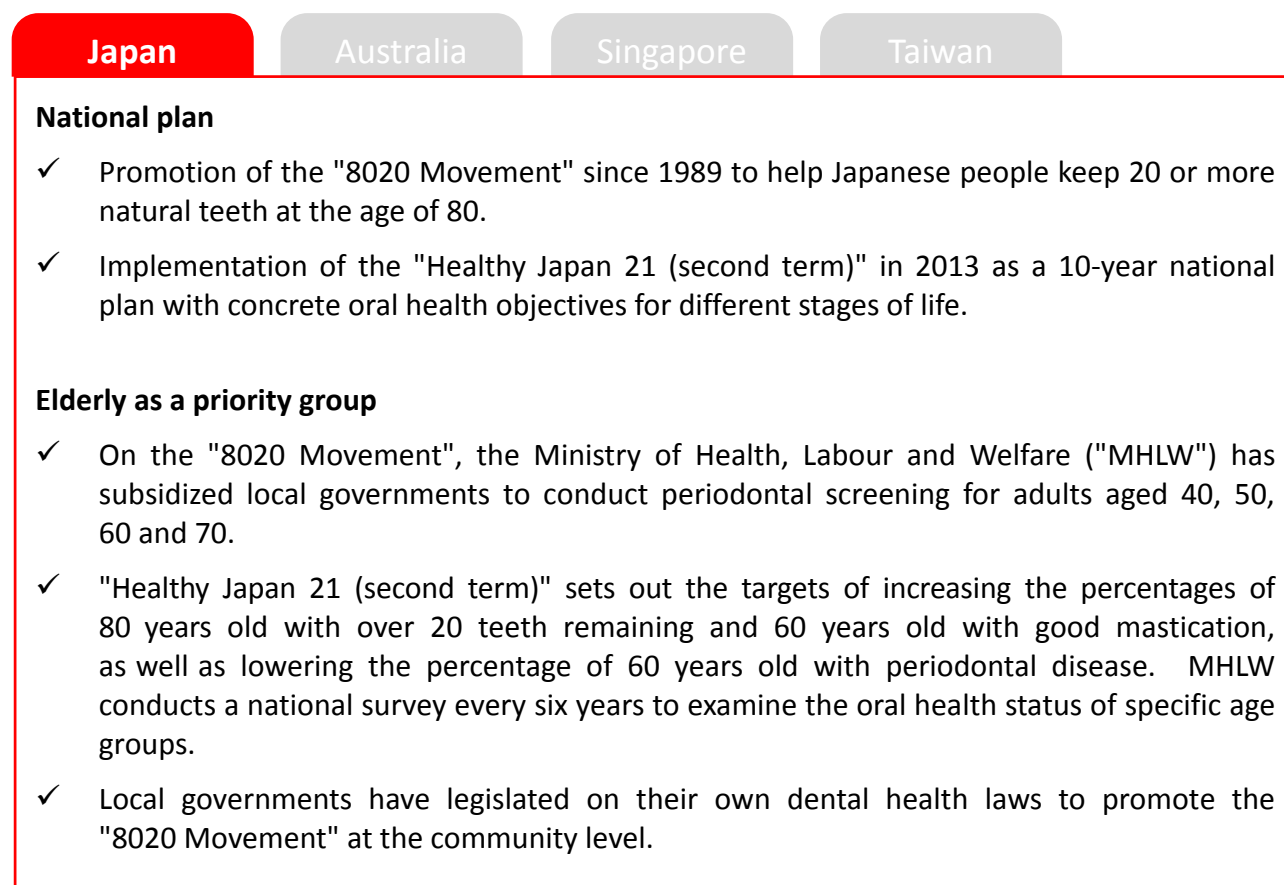
¹⁹ In 2014, the Government raised the voucher amount from HK\$1,000 to HK\$2,000, as well as allowing the unspent vouchers to be carried forward and accumulated by an eligible elder, subject to a ceiling of HK\$4,000. This is to allow elders greater room and flexibility in using private primary care services.

²⁰ There is no publicly available information on the average fees charged by a private dentist. As such, the fees paid by a private fee paying patient ("PFPP") in the Prince Philip Dental Hospital are used as a rough indication of the high private dental costs in Hong Kong. The hospital currently serves two types of patients: teaching patients and PFPPs. The latter are recommended by registered doctors/dentists for specialized treatment at the hospital, and they pay fees at market rates.

5. Dental health policy in selected economies

5.1 Successful ageing could be considered as synonymous with healthy and active living. While dental care is only one facet of health care for the elderly, it can have a significant impact on their general health and quality of life. From a dental perspective, successful ageing thus involves the provision of adequate, appropriate and accessible oral health care for people to keep their teeth well into old age.²¹ As a commitment to the above, some developed economies have acknowledged the need to identify the elderly as a priority group with specific measures to address their oral health needs. These specific measures are highlighted as follows:

Figure 10 – Dental care services for elderly in selected developed economies



²¹ See British Dental Association (2003).

Figure 10 – Dental care service for elderly in selected developed economies (cont'd)

Japan **Australia** Singapore Taiwan

National plan

- ✓ Implementation of the National Oral Health Plan 2015-2024 as a national framework to guide action on the promotion of oral health in the country. Specifically, the plan addresses the dental health needs of the elderly and recognizes them as a priority population.

Elderly as a priority group

- ✓ The National Oral Health Plan 2015-2024 aims to increase the number of the elderly who are retaining their natural teeth and by 2021 only 3% of the population will have complete tooth loss.
- ✓ The plan also sets out guidelines on the access of the elderly to dental services, such as making provision for them to receive an oral health check-up and preventively-focused oral health care at least every two years.

Japan Australia **Singapore** Taiwan

Elderly as priority group

- ✓ Opening of the first government dental clinic specifically catering to the elderly and patients with special needs in June 2016. The second one is expected to come on stream in 2018. These two dental clinics are designed with age-friendly design features, including a wheelchair tilting system which allows the dentists to treat the patients in their wheelchairs.
- ✓ Introduction of the Community Health Assist Scheme to provide all Pioneer Generation Card holders (i.e. Singapore citizens aged 65 or above in 2014) with selected subsidized dental treatments, ranging from polishing and scaling (up to two polishing and scaling per calendar year) to dentures (up to one upper and one lower denture per three calendar years). The amount of subsidy varies from S\$30.5 (HK\$172) per simple dental service to S\$266.5 (HK\$1,503) per complex procedure.
- ✓ Provision of Medisave top-ups (S\$200 (HK\$1,128)–S\$800 (HK\$4,512)) to all Pioneer Generation Card holders annually for life. Medisave is a national health care savings schemes and the savings can be used in dental institutions approved by the Ministry of Health.

Figure 10 – Dental care services for elderly in selected developed economies (cont'd)

Japan	Australia	Singapore	Taiwan
			<p>Oral health promotion law</p> <ul style="list-style-type: none">✓ Promulgation of the Oral Health Act in 2003 for the promotion of oral health in Taiwan. Article 8 specifically requires municipality, county, and city governments to strengthen the measures catering to the oral health of the elderly. <p>Elderly as a priority group</p> <ul style="list-style-type: none">✓ People in Tainan, Kaohsiung, Taoyuan and Taichung aged 65 or above receive a non-means-tested denture subsidy of up to NT\$40,000 (HK\$10,040).

6. Observations

6.1 The following observations are made based on the findings above:

- (a) elders are the most financially vulnerable group in Hong Kong with one in three living in poor households in 2015. Poor elders lack the ability to meet many of their basic needs, including dental care services;
- (b) the 2011 OHS reflects the prevalence of dental caries experience, periodontal diseases and tooth loss among NOPs. This was attributable to, among other things, their lack of regular dental check-up habits and neglect in seeking dental care services when having oral symptoms. This trend still continues as evidenced by C&SD's 2014 survey showing that the rate of persons having their teeth regularly checked up was the lowest for persons aged 65 or above. This age group also had the lowest dental consultation rate among all age groups surveyed;
- (c) the above problem can be due to the current situation where the dental care services available to the general public are generally provided by NGOs and the more expensive private sector. The Government's dental care policy mainly stresses promotion, education and preventive services, with the latter being available only to primary school students through the School Dental Care Service programme.

The Government also focuses its efforts on providing emergency dental services for the public through 11 government dental clinics across the territory, including just one on Hong Kong Island and two serving the whole of Kowloon. This uneven distribution of 11 government dental clinics across the territory probably reflects the lack of any planning standards and guidelines for dental services/facilities under HKPSG;

- (d) government dental clinics provide limited out-patient emergency dental services including tooth extraction (one tooth per visit) and medication. Most of them also work for one to two half-day sessions per week. In total, 11 government dental clinics provide 13.5 half-day sessions per week. As to the services capacity, the maximum quota for each of 11 government dental clinics has remained unchanged over the last decade at less than 100 discs per session;
- (e) an OECD study shows that a higher number of dentists per capita tends to associate with a higher number of dental consultations. However, Hong Kong had a low of 2.13 dentists per 1 000 persons aged 65 or above in 2014, a ratio lagging behind that in many other OECD economies.

The shortage of dentists reflects the small number of new entrants to the dentist workforce every year. There were only some 50 local dentist graduates per year over the last decade, and the number of overseas graduates who had passed the licentiate examination per year was less than 10 throughout most of the period. As a result, the number of registered dentists increased by a mere 20.5% from 1 976 in 2006 to 2 382 in 2015, which hardly matched the 32.9% growth in elderly population from 865 000 to 1.15 million over the same period;

- (f) the Government has launched the Elderly Dental Assistance Programme and the Elderly Health Care Voucher Scheme to enhance the financial support for the elderly to receive private dental care services. However, dental treatments by a private dentist can be quite costly in Hong Kong. The amount of subsidy payable under the Elderly Dental Assistance Programme and the Elderly Health Care Voucher Scheme might not be enough to cover the high private dental fees; and

- (g) successful ageing could be considered as synonymous with healthy and active living. From a dental perspective, it involves the provision of adequate, appropriate and accessible oral health care for people to keep their teeth well into old age. As a commitment to the above, some developed economies have acknowledged the need to identify the elderly as a priority group with specific measures to cater to their oral health needs.

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