

**For information  
on 19 April 2017**

**LEGISLATIVE COUNCIL**

**PANEL ON WELFARE SERVICES  
PANEL ON HEALTH SERVICES**

**JOINT SUBCOMMITTEE ON LONG-TERM CARE POLICY**

**Dental Care 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.

**DENTAL CARE POLICY**

2. Proper oral health habits are keys to prevent dental diseases effectively. 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 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. 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, the DH has introduced similar programme to promote oral health on a school-based and outreaching approach.

3. In addition, primary school students in Hong Kong, as well as students with intellectual disabilities (ID) and/or physical disabilities (such as cerebral palsy) and who have yet to reach the age of 18, 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. 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 96% of primary school students (more than 300 000 primary school students studying in ordinary or special schools each year) have participated in the SDCS.

4. To sustain the efforts made in primary schools, the OHEU has provided a school-based programme named “Teens Teeth” for secondary schools since 2005, 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).

5. Apart from oral health promotion and prevention, the Government also 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 designated sessions in 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 provide professional advice with regard to the individual needs of patients; and
- (b) specialist oral maxillofacial surgery and dental treatment are provided by the DH’s Oral Maxillofacial Surgery & Dental Units (OMS&DU) in seven 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 (HA) 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. In addition, the HA also provides dental services in four public hospitals, in which referred in-patients, patients with special oral healthcare needs and patients with dental emergency needs can receive oral maxillofacial surgery and specialist dental treatments by the dentists employed by

the HA.

6. Apart from the above services, 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. Currently, 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.

7. As for the elderly or people with disabilities 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 65 dental clinics (including two 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**

8. In recent years, the Government has launched a series of initiatives to provide low-income elders with special needs to receive dental care support services, including the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Besides, eligible elders may also use Elderly Health Care Vouchers (EHV) for private dental services. Details are outlined in ensuing paragraphs.

### *(a) Outreach Dental Care Programme for the Elderly*

9. In 2011, the Government launched the three-year “Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHes) and Day Care Centres (DEs)” to provide basic dental care (covering oral examination, scaling and polishing and emergency dental treatments) for elders residing in RCHes or receiving services in DEs through subventing outreach dental teams

set up by NGOs. Having regard to the experience gained, the Government converted the pilot project into a regular programme (entitled “Outreach Dental Care Programme for the Elderly” (ODCP)) in October 2014 to continue the provision of outreach dental services for the elders concerned with expanded scope of treatments to cover fillings, extractions and dentures, etc. and expanded pool of beneficiaries to cover those residing in similar facilities.

10. Under the ODCP, a total of 22 outreach dental teams from 11 NGOs have been set up to provide free outreach dental services for elders in RCHes, DEs and similar facilities in 18 districts throughout the territory. Between October 2014 and January 2017, about 66 500 elders (about 109 900 attendances) received service under the programme.

*(b) Community Care Fund Elderly Dental Assistance Programme*

11. The Community Care Fund (CCF) launched the Elderly Dental Assistance Programme in September 2012 to provide free removable dentures and related dental services for low income elders who are users of the home care service or home help service schemes subvented by the SWD. To enable more needy elders to benefit from the programme, the CCF expanded the Programme from September 2015 to cover elders who are Old Age Living Allowance (OALA) recipients, starting with those aged 80 or above in the first phase. The CCF lowered the age requirement of beneficiaries to those aged 75 or above in October 2016. As of February 2017, around 21 000 elders had applied for the services of the programme, out of which around 13 500 elders had completed the necessary dental services (including around 12 500 denture cases). The remaining 7 500 elders are receiving dental treatment services at different stages.

12. The CCF is preparing to lower the age requirement of the beneficiaries to cover OALA recipients aged 70 or above shortly. Having regard to the progress of implementation and the overall manpower situation in the dental profession, the CCF will further lower the age requirement of the beneficiaries.

*(c) EHV Scheme*

13. The Government launched the EHV Pilot Scheme in 2009 to subsidise Hong Kong elders aged 70 or above to use private primary care services, including dental services. In January 2014, the EHV was converted from a pilot project into a recurrent programme. The annual

voucher amount for an eligible elder has been increased to \$2,000. As at end December 2016, 770 dentists had enrolled in the EHV Scheme.

14. In the 2017 Policy Address, the Government has proposed to lower the eligibility age for the EHV Scheme from 70 to 65. It is anticipated that about 400 000 more elders will be benefited.

## **DENTAL CARE FOR PEOPLE WITH DISABILITIES**

15. 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 seven public hospitals or HA's OMS&DU in four public hospitals (see paragraph 5 above). In addition, the dental clinic operated by Hong Kong St. John Ambulance also provides free and comprehensive dental services to people with ID and other patients with special needs.

16. Noting that concerted effort from parents and schools are necessary to facilitate 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) in a train-the-trainer approach whereby the school nurses, teachers and parents of the participating special schools are trained to equip special tooth cleaning skills. 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 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 oral care skill has become part of the self-care curriculum of the schools. The parents who participated on a voluntary basis have found that both the tooth brushing and flossing skills of their children have improved. Currently, 28 schools in Hong Kong have joined the Dandelion Programme.

17. 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 seven public hospitals for further dental treatment under sedation or general anesthesia.

18. As indicated in paragraph 7 above, CSSA recipients who are disabled can apply for dental grant under the CSSA Scheme. Noting that patients with ID may not be able to take care of themselves, coupled with the fact that they may become very anxious when sitting on a dental chair and fail to cooperate with the dentists, it would be difficult for them to receive appropriate dental treatment. In view of this, the Food and Health Bureau has provided \$20 million funding to the Hong Kong Dental Association, 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” (the Pilot Project) (also known as “Loving Smiles Service”) starting from August 2013. Adult patients with ID and with economic difficulties will be subsidized to receive check-up, dental treatment and oral health education in the dental clinic participating in the Pilot Project. The Pilot Project provides dental services supplemented with special support measures such as special anesthetic procedures and behavior management to ease the anxiety of patients with ID and improve their willingness to cooperate with the dentists. If necessary, they would be arranged to receive other dental services under intravenous sedation or general anesthesia in hospital setting with adequate medical support.

19. In the initial stage, the Pilot Project targeted at adult patients with moderate ID who are receiving CSSA and on referral by rehabilitation service units (such as sheltered workshops). After operating for several months, we had reviewed the eligibility criteria of the Pilot Project with the participating organizations. We agreed to expand the Pilot Project’s scope to cover more adult patients with ID. Since 1 May 2014, the Pilot Project has expanded its scope to cover all adult patients with ID who are recipients of CSSA, Disability Allowance or Medical Fee Waiver of the HA.

20. The Government understands oral health problems faced by patients with ID and is concerned about their dental care needs. The Pilot Project aims to explore a cost-effective model to provide appropriate dental services for adult patients with ID and with financial

difficulties. During the some 3 years' time since the launching in August 2013 until now, the Pilot Project has already provided dental services to over 1 800 eligible adult patients with ID. According to the survey conducted by the participating organization, patients who received the service or their carers were satisfied with the service provided.

21. The Government is currently evaluating the operation of the Pilot Project with the participating organizations, and will continue to subsidize the participating organizations to provide the relevant dental service in the coming year in order to meet the service needs of patients with ID who are already on the waiting list. The Government fully recognizes that the dental service concerned should be continued, and is now working out the best way forward to provide appropriate dental care service for patients with ID after completion of the Pilot Project.

## **ADVICE SOUGHT**

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

**Food and Health Bureau  
Department of Health  
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