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How it came to pass

Past surveys by the then Medical and Health Department and subsequently by the Department of Health, had focused on primary school children to monitor the preventive (dental) effects of water fluoridation and the School Dental Care Service. Other major albeit sporadic surveys on various age groups were also carried out by the Faculty of Dentistry, University of Hong Kong.

To better coordinate the oral health surveillance activities in Hong Kong, a *Liaison Group on Oral Health Surveillance in Hong Kong* was formed in 1999, comprising of the Department of Health, the Faculty of Dentistry University of Hong Kong, and the Hong Kong Dental Association. Since then, the Department of Health has taken up the responsibility to conduct oral health surveys at regular intervals. This undertaking, which is in keeping with the World Health Organization's advice in advocating epidemiological studies as a major component in the planning and evaluation of oral health care services, is now included as part of the Department's corporate plan. The commitment of doing such surveys at every 10-year interval signaled an important milestone.

Oral Health Survey 2001 and its objectives

Hence, the first population-wide oral health survey for Hong Kong was conducted in 2001. The timing of this survey took into account two events, which were, the last survey carried out by the University of Hong Kong in 1991, and the timing of Hong Kong's major census surveys. Timing it in 2001 meant that we would be able to compare relevant information with that obtained a decade ago, and the relative proximity to the major household surveys provided us with the most up to date household information of the population.

This survey set out to ascertain the oral health status and relevant oral health related behaviour of the community. The information obtained would be useful in planning and evaluating oral health programmes, and for monitoring the oral health status and formulation of oral health goals for the community.

Focus of the Oral Health Survey 2001 report

With the set objectives, it was considered prudent that the first oral health survey report should focus mainly on the two most common, yet much overlooked dental diseases, i.e. tooth decay (*dental caries*) and gum disease (*periodontal disease*), affecting the people of



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Hong Kong. This report provided a descriptive account of the various oral health indicators related to tooth decay and gum disease, and relevant oral health related behaviour. Other data derived from the same survey on less common conditions will provide the basis for supplementary reports.

Although oral health is more than just healthy teeth and gums, its most common problems are considered important public health concerns because almost everyone in our community is affected by either or both of these two diseases. The fact to the matter is that these diseases are preventable. The community usually downplays or ignores these conditions, since these are not life-threatening and its consequences are relatively mild compared to other health problems. However, when one does experience pain, discomfort and/or tooth loss, the affected people will no doubt be left with various degrees of impaired functions, which may have an impact on people's quality of life. From an economic point of view, the affected people stand to lose since it may affect, in some way or the other, on the work productivity (arising from pain and discomfort and lengthy treatment procedures, etc), not to mention the inconvenience and the cost factor to the individual, to meet the curative and rehabilitative treatment so required.

Safe, effective and proven preventive measures are available for both the diseases mentioned. However, these measures demand the adoption of certain behaviour and life style by individuals. The behaviour and life style conducive to healthy teeth and gums are in fact, also the same ones needed to better one's overall oral health and general health.

Selecting index age groups to represent Hong Kong's population

The survey methodology followed the basic principles recommended by the World Health Organization of using index ages and age groups. Considerations had been given to important dental developmental stages as well as the ease for drawing a representative sample from the population. The following were the index ages and age groups surveyed :

- (a) 5-year old - practical age at which to evaluate the status of the primary dentition;
- (b) 12-year old - represents the completion of the change from primary dentition to permanent dentition, when all permanent teeth, except third molars (wisdom teeth), will have erupted, and the age group in most countries at which a reliable sample may be obtained through the school system;
- (c) 35 to 44-year old - the standard monitoring group for health conditions of adults, where the full effect of tooth decay, severe gum conditions and the general effects of care provided can be assessed; and
- (d) 65 to 74-year old - an age group which has become more important with the increasing life-span.

Useful findings

To a certain extent, this survey had identified some of the inadequacies in the population's personal behaviour in the oral health context. The findings should provide the basis with which to modify, strengthen or change oral health promotion strategies. Also with the information at hand, it is hoped that it will arouse attention and interest from individuals towards improving their oral health. The goal is for participatory care to promote self-reliance, minimize or prevent diseases and disabilities, and improve the quality of life and functional capacity. Hopefully, the conditions would be favourable to create an enabling environment in bringing about positive changes towards better oral health and general health for the people of Hong Kong.

Behind the scenes

In hindsight, the most rewarding aspect of this project was the appreciation of the strength of teamwork and team spirit. I considered myself fortunate to be able to call upon the involvement of a team of dental epidemiologists and public health dentists. The team leaders of the Oral Health Survey 2001 Committee, who steered the various working groups, were all experienced specialists in their own right, and had performed various epidemiological tasks for Department of Health and/or the University of Hong Kong. I had conveyed to everyone involved with this project my personal appreciation at every opportunity I got. It's never too much to congratulate all the team members of the Oral Health Survey 2001 for making it possible to produce this report.

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