

for documenting outcome. In statistical applications, ICF-CY codes can serve as indicators in (a) population surveys; (b) disability registers; (c) health informatics as well as (d) standardization of variables in research. In terms of policy, the ICF-CY component framework can bring an integrated view of human functioning to the design of standards, laws and policy documents. As new policy and practice initiatives are being implemented around the world, evidence is emerging on the utility of the ICF-CY and ways in which it can contribute to enhanced participation and quality of life of children, youth and adults with disabilities.

SY7-02

Application of ICF in Disability Assessment

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Objectives:

1. Introduction current disability assessment system in Taiwan
2. Review the International classification of impairments, disabilities, and handicaps
3. Discuss the application of ICF in disability assessment

Discussion: Taiwan is not one of WHO members, therefore, ICF system is not adopted in Taiwan and only few scholars utilize ICF system for research or teaching purpose. Taiwan Legislative Yuan passed Amendment of Physically and Mentally Disabled Rights Safeguard Law in 2007, and also announced that the evaluation system of disables will follow the spirit of ICF starting from 2012. Currently, international classification of diseases 9th revision, Clinical Modification, ICD-9 CM, is adopted in Taiwan. ICF system is coordinated with International Statistical Classification of Disease and Related Health Problem, Tenth Revision, ICD-10. Therefore, the Bureau of Health Insurance is currently in the process of implementing ICD-10, and modifying missing disease coding in ICD-9. ICD-9 and ICD-10 will be both practiced starting 2012. In ICD system, physicians provide disease categories by diagnosis; in ICF system, physicians, medical workers, social workers and special education teachers form a evaluation team to provide function and disability categories. Therefore, ICD is for disease and diagnosis, and ICF is for health condition categories. The definition according to the fifth article of Amendment of Physically and Mentally Disabled Rights Safeguard Law in 2007 improves the disadvantages of old medical model, that only one or more physicians certify the level of disability. The spirit of ICF is to utilize daily living and future development as subjective evaluation for medical team.

SY7-03

From Assessment to Service Delivery for the Disabled under the ICF System

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This lecture covered three main themes: 1) the historical development of legislation of the Welfare Law for the Disabled in Taiwan since 1980s, 2) how to effectively link need assessment and service delivery for the disabled by the International Classification of Functioning, Disability and Health (ICF) system, and 3) how to respond those challenges faced by the ICF system that will be implemented in 2011.

First of all, the speaker provided a historical perspective of reauthorization issues of the Welfare Law for the Disabled in Taiwan. Secondly, the core values and key concepts of the Protection Act for Rights and Interests of (Physically and Mentally) Disabled Citizens 2007 were introduced. Thirdly, to foster a better understanding of the wide variety of people with disabilities, changing characteristics of the population of Taiwan citizens with disabilities had been highlighted. Fourthly, the speaker well discussed how to redefine the needs of the disabled and scheme a new service delivery system based on the new ICF system. Finally, suggestions for further evaluation and improvement were given to legislators, policymakers and social advocates.

Symposium 8- Oral Health

SY8-01

Global Trends in Oral Health Policy & Prevention Strategies: A Taiwan's Perspective

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Oral health is an integral part of total health. Dental diseases are important public health problems. The reasons for their importance are their high prevalence, the impact on individuals and society in terms of pain, discomfort, social and functional limitation, the effect on the quality of life. Recently, research findings have pointed to the associations between chronic oral infections and diabetes, heart and lung diseases, stroke, and low-birth-weight, premature births. Some industrialized countries have reduced their mean DMFT caries scores over the past four decades below the very low levels. Yet, oral health disparities still remain in some countries. Most of the developing countries enjoy low to very low prevalence of dental caries, but there remains wide range of experience, some show hardly any perceptible increase, some have moderately elevated DMFT scores in urban communities, others

have large differences between the low rural and high urban scores and some have experienced caries at levels as high as any that have ever been reported. Mostly, oral health services and numbers of personnel are inadequate to deal with the prevailing problem. This stems from a variety of factors bearing on economics, culture, customs, habits and life styles and affecting in different ways of oral health care. The oral health problems of periodontal disease, oral cancer, tobacco use and demographic trends will intensify the needs in the 21st century.

Worldwide, oral health care delivery systems vary greatly. How each system function depends on the particular political, socioeconomic, and culture factors. From the results of the International Collaborative Study of Dental Manpower System in Relation to Oral Health Status Part I. (ICSI) and the International Collaborative Study Part II (ICSII), most countries would benefit by program in (1) nutrition education to lower caries activity (2) water, salt, or milk fluoridation, school-based fluoride programs and home use of fluoride toothpaste (3) education of children and adults to increase and maintain effective oral hygiene practices, along with education about the proper use of dental services, (4) school dental program providing education and treatment (5) expanded-duty auxiliary programs. Experience of the international comparison to date also shows the ICS overturn some generally accepted ideas: (1) oral health status does not seem to depend on the type of personnel or an access to care, (2) care provided in school setting is very effective in the treatment of childhood oral disease but does not appear to improve the oral health of adults in the long term, except when backed up by the instruction of both patients and oral health personnel in prevention technique (3) the most decisive factors for oral health are linked to ability of oral health personnel and governments to promote prevention activities, in other words, facilitating access to care and increasing the number of dentists are not necessarily the best responses in the oral health field.

Facing the coming of 21st century, there new national oral health policies are set up by many countries around the world such as: Healthy People 2010 of U.S.A.; Healthy Japan 21 of Japan; Multi-year Oral Health Plan of PAHO; Australian's 2004-2013 Oral Health Plan etc. In this report I will try to overview some principles and strategies that implicated in these national oral health plans as well as focus on the Taiwan's perspective.

SY8-02

Comprehensive Cancer Control in the US Associated Pacific: Oral Cancer

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Oral cancer is increasing in US Associated Micronesia. Many parts of Micronesia are resource (health finance and workforce) limited, geographically isolated.

Micronesia has significant risk factors for oral cancer which include betel nut and tobacco use.

Systematically preventing oral cancer in thee areas has not been done and is essential.

Objective: Create and implement a community based, comprehensive cancer prevention and treatment plan which addresses oral cancer through participatory development.

Methods: Engage the Micronesian communities from the US Pacific to develop and implement a comprehensive cancer prevention and treatment plan to include oral cancer. The methodology includes performing a needs assessment to understand cancer burden in each Micronesian jurisdiction, and to develop a local cancer coalition in each community. The community coalition will be provided training regarding cancer prevention, cancer screening, cancer risk reduction, and treatment options. The capacity of the coalition will be built and resourced to develop a comprehensive cancer plan that includes oral cancer.

Results: Local community based, comprehensive cancer prevention and treatment plans have been developed in each of the Micronesian jurisdictions that address oral cancer. These plan are currently under implementation. The plans are resource appropriate and culturally appropriate. A regional Pacific comprehensive cancer plan has also been developed and is currently being implemented.

Conclusion: Oral cancer prevention may be best approached through a community based participatory manner to insure a systematic, culturally appropriate, resource appropriate, sustainable strategy of prevention and treatment. This strategy insures participation of all stakeholders and is likely sustainable.

SY8-03

Studying the Molecular Mechanism(s) of Oral Cancer Metastasis

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Oral squamous cell carcinoma (OSCC) constitutes the most common (>90%) cancer in oral cavity and head & neck regions, and has recently become the fastest arising malignant tumors and hence ranked the 4th amongst the top-10 most-deadly cancers in Taiwan since 2006 where betel quit (BQ) is a known natural carcinogen for OSCC.