



FDI POLICY STATEMENT

Oral Health and Special Care Dentistry

**To be adopted by the FDI General Assembly: September 2024,
Istanbul, Türkiye**

CONTEXT

The WHO International Classification of Functioning (ICF) describes disability as an umbrella term, covering impairments, activity limitations and participation restrictions which have a substantial, negative and long-term effect on a person's ability to carry out normal daily activities. Disability is not an illness but a description of the individual's human experience of functioning within their own personal context and circumstances. It is greatly influenced by the cultural and societal environment in which the person lives. Disability is diverse affecting those who have a range of impairments with or without additional needs. Nevertheless, not everyone who is disabled will have complex needs.

Over a billion people worldwide have some form of disability. Between 110 million and 190 million people experience functional difficulties. Globally the rates of disability are increasing due to the increased life expectancy amongst children with disabilities, population ageing, increased awareness and diagnosis, and an increase in the prevalence and incidence of long-term health conditions.

Social determinants of oral health create significant inequities for people with disabilities. The way in which a society or culture perceives disability and people with disabilities may exert additional effects such as discrimination, inequitable allocation of resources, hostility and stigmatisation, and may limit their access to care. This is referred to as structural ableism.

Poor oral health has a significant impact on general health and the quality of life of people with disabilities. Oral disease and dysfunction is also often inefficiently prevented and treated among people with disabilities, and insufficient physical access to dental care for people with disabilities is a barrier for optimal oral care. There is often no clear transition of care from child to adult dental services resulting in poor follow up of people with disabilities into their adult life.

Oral care for people with disabilities is, often, not complex and can be provided in primary care and community settings by a dental workforce with the relevant skills, competencies and clinical interdisciplinary networks.

Where access to general dental care is available, reduced access to appropriate care for people with disabilities has been attributed to:

- lack of education on dental care for people with disabilities worldwide;
- absence of standardization of dentistry for people with disabilities in dental

- universities worldwide;
- lack of attention to oral health in national policies because of lack of awareness or knowledge in care planning teams of the potential impact of oral health on general health and well-being;
 - problems within health care organisations; lack of skills and confidence, inappropriate facilities and equipment suited for people with disabilities, insufficient administrative support and understanding of clinical challenges, failures in funding including for essential adaptive measures and adjuncts such as conscious sedation and general anaesthesia services;
 - underlying social and behavioural factors, in addition to other life competing priorities;
 - people with special needs and their caregivers lacking awareness of the importance of oral health.

SCOPE

The scope of this Policy Statement is broad, covering the oral health care of people with physical, sensory, intellectual, medical, emotional or social impairment or disabilities. More often, a combination of these factors is involved. These groups are sometimes referred to as 'people with special needs', people with 'special healthcare needs' or people requiring 'Special Care Dentistry'.

POLICY

The FDI emphasises the importance of promoting oral health in populations and groups with the greatest burden of disease. This is especially important for people with disabilities who typically experience greater levels of oral disease, placing additional burden on their lives compared to the general population. These groups are often underserved and experience high levels of unmet need for oral care. FDI calls for the strict implementation of Article 25 (Health) of the "Convention of the United Nations on the Rights of Persons with Disabilities" and recognises and supports the following guiding principles and associated recommendations:

- All people have an equal right to
 - health, including oral health;
 - dignity and autonomy with the freedom to make their own choices and preserve their identity;
 - health education, prevention and promotion at a community level;
 - access mainstream health care services in their communities;
- Prevention and health promotion activities should consider common risk factors, yet also allow for an individualised preventive approach;
- People with disabilities have a right to equitable oral health outcomes;
- National oral health policies should incorporate considerations of the needs of people with disabilities, placing special emphasis on removing access barriers;
- Sufficient primary and specialised oral healthcare is essential to provide high quality oral care for all people requiring special care dentistry;
- To provide high quality oral care for people with disabilities:
 - facilities and necessary equipment must be made available to allow providers to serve the individual patient according to clinical best practice;
 - intraprofessional collaboration between oral health professionals as well as interprofessional collaboration with other health professionals is crucial;

- appropriate systems for referral and consultation with other dental or medical specialists are important to ensure correct care;
- Caregivers and other healthcare professionals should be engaged through education and training interventions that provide oral health knowledge and skills to enhance their capacity to promote oral health in people with disabilities;
- Close collaboration should exist between health care administrators and clinicians to allow for personalised care for people with disabilities, including people with rare diagnoses;
- Continuing dental education should be available to and encouraged for all clinicians to enable them to provide better care to people with special needs;
- The undergraduate curriculum should provide a basis of skills, behaviours and attitudes which new graduates can develop in the course of their professional career to serve all members of the wider community;
- People with disabilities should be involved as partners in the design and evaluation of healthcare services and healthcare information, to ensure that services are appropriate to their needs and are person-centred;
- Children with special care needs should have an established Dental Home by 12 months of age.

KEYWORDS

oral health, special care needs, disability

DISCLAIMER

The information in this Policy Statement was based on the best scientific evidence available at the time. It may be interpreted to reflect prevailing cultural sensitivities and socio-economic constraints.

REFERENCES

1. International Association for Disability and Oral Health. iADH Global Goals Statement. Available at: <https://www.iadh.org/wp-content/uploads/2022/09/iADH-global-goals.pdf>
2. National Commission on Recognition of Dental Specialties and Certifying Boards. Specialty definitions: Pediatric dentistry. May, 2018. Available at: <https://www.ada.org/en/ncrdscb/dental-specialties/specialty-definitions>. Accessed September 23, 2021.
3. American Academy of Pediatric Dentistry. Management of dental patients with special health care needs. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2023:337-44.
4. Oral Health Foundation. Dental care for people with special needs. <https://www.dentalhealth.org/dental-care-for-people-with-special-needs>
5. Convention of the United Nations on the Rights of Persons with Disabilities (2017). Available at: <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>
6. Structural ableism in public health and healthcare: a definition and conceptual framework, Lundberg, Dielle J. et al. The Lancet Regional Health - Americas, Volume 30, 100650