FDI/IADH DRAFT POLICY STATEMENT

Oral Health and Dental Care of People with Disabilities

Submitted for adoption by the FDI General Assembly:
September, 2016, Poznan, Poland

CONTEXT

Over 1 billion people, about 15% of the world’s population, have some form of disability. Among them, between 110 and 190 million people experience functional difficulties. Disability rates continue to rise globally due to an increased life expectancy amongst children with disabilities, ageing populations and a growth in prevalence and incidence of long-term health conditions.

SCOPE

Global oral health goals to achieve by the year 2020 by FDI/WHO/IADR (2003) emphasized the importance of promoting oral health within groups and populations with the greatest disease burden. This is especially important for people with disabilities as they typically experience greater levels of oral disease, adding burden to their lives. These groups are often under-served and experience high levels of unmet need for dental care, with the oral disease they experience often remaining untreated. Most dental care for people with disabilities is not complex and can be provided in primary care and community settings, by a dental workforce with the relevant attitudes and competencies.

DEFINITIONS

The WHO International Classification of Functioning describes disability as an umbrella term, covering impairments, activity limitations, and participation restrictions. Disability is diverse, including those who have a range of impairments with or without additional needs. However, not everyone who is disabled will have complex needs. The scope is broad, covering people with physical, sensory, intellectual, medical, emotional or social impairments; or more often a combination of these factors. These groups are sometimes referred to as ‘people with special needs’, people with ‘special healthcare needs’, or people requiring ‘special care dentistry’.

PRINCIPLES

All people have a fundamental right to health and access to healthcare services in their communities. People with disabilities should advise on the design and evaluation of healthcare services and healthcare information, to ensure that services are patient-centred and appropriate to their needs. People with disabilities should be recognized for their abilities, not their disabilities, and dental care should be offered to the same standard as for the general population. FDI and the International Association for Disability and Oral Health (IADH) support the United Nations Declaration on the Rights of Disabled Persons, that people with disabilities should have access to medical treatment without discrimination.
POLICY

FDI and IADH support the following guiding principles and associated recommendations:

• Encourage national health policies to consider the needs of people with disabilities.
• Ensure that all oral health services are accessible to people with intellectual, physical, sensory, emotional and social impairments.
• Raise awareness of the importance of oral health as an essential component of general health and quality of life amongst people with disabilities, families, caregivers and non-dental health professionals.
• Advocate for oral health risk assessment and oral health promotion skills training for all healthcare workers within multi-disciplinary care pathways for people with disabilities.
• Acknowledge the specific skills, education and training, and facilities necessary to manage patients requiring complex special care dentistry.
• Encourage training in special care dentistry at the undergraduate, postgraduate, and continuing education levels through all dental disciplines.
• Encourage private and public sponsors of oral health research to consider the needs of people requiring special care dentistry.

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