



International Association
for Disability & Oral Health

iADH Global Goals Statement

"Oral health inequality experienced by people with disability is unnecessary, unjust and unfair. The iADH strongly advocates that oral health goals are developed and supported by an integrated public policy to address this inequity. Such goals must include the training and continued support of a competent dental work force and mechanisms to ensure that oral health care is recognised as essential and fully integrated into local health, education, environment and social care policies."

Rationale

The WHO/ International Classification of Functioning (ICF) describes disability as an umbrella term, covering impairments, activity limitations, and participation restrictions. Disability is not an illness but a description of the individual's human experience of functioning within his/her own personal context and circumstances. Disability is diverse; including those who have a range of impairments with or without additional needs, although not everyone who is disabled will have complex needs. The scope is broad, covering people with physical, sensory, intellectual, medical, emotional or social impairment or disabilities; 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'.

Over a billion people, about 15% of the world's population, have some form of disability, with between 110 million and 190 million people experiencing functional difficulties. Globally the rates of disability are increasing due to the increased life expectancy amongst children with disabilities, population ageing and an increase in the prevalence and incidence of long-term health conditions.

A restatement of the global oral health goals for achievement for the year 2020, by FDI /WHO /IADR (2003) emphasised the importance of promoting oral health in populations and groups with the greatest burden of diseases and impact. This is especially important for people with disabilities who typically experience greater levels of oral disease and impacts, placing additional burden on their lives, compared to the general population. These groups are often underserved and experience high levels of unmet need for dental care. Most often the oral diseases they experience remains 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 skills and competencies.

Given the extent of oral health inequity experienced by people with disabilities and the application of the UN Convention on the Rights of Persons with Disabilities, it is imperative that governments and regulatory bodies act now to develop local oral health goals in the context of their own communities. These goals must focus on prevention, inform and direct planning of oral health care services for people with disabilities, and evaluate outcomes from services and activities.

Evidence

- 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, hostility and stigmatisation and limit their access to care.
- Oral disease and oral problems among people with disabilities for the most part remains untreated.
- Poor oral health has a significant impact on general health and the quality of life of people with disabilities.
- A minority of people with complex healthcare needs require specialised or adapted oral healthcare.
- There is no clear transition of care from child to adult dental services resulting in poor follow up of people with disabilities into their adult life.
- Where access to dental care is available, reduced access to appropriate care for people with disabilities has been attributed to:
 - (a) lack of regard for oral health in national policies: oral health issues are overlooked in health and social care planning because of lack of awareness or knowledge amongst care planning teams of the potential impact of oral health on general health and well-being.
 - (b) problems with local health care organisation; a lack of skill sets among the dental workforce and a failure to fund appropriate oral health care including essential adaptive measures and adjuncts such as conscious sedation and general anaesthesia for those with more complex needs.
 - (c) underlying social and behavioural factors, in addition to other life competing priorities.

Principles

The iADH explicitly recognises and supports the following guiding principles and associated recommendations:

- All people have an equal right to health.
- All people have an equal right to dignity and autonomy with the freedom to make their own choices and preserve their identity.
- All people have an equal right to health education, prevention and promotion at a community level.
- All people have an equal right to access mainstream health care services in their communities.
- Prevention and health promotion activities should consider the common risk factor approach.
- People with disabilities have a right to equitable oral health outcomes.
- The population requiring special care dentistry will vary in different settings, regions and countries depending upon the local culture and attitudes to disability and excluded groups, local service provision and the capacity and competences of local oral health care teams to provide care for people with special needs.
- There needs to be sufficient primary and specialised oral healthcare providers to provide quality oral care for all those people, in the context of ICF, requiring special care dentistry.
- New graduates in all dental disciplines must qualify with the appropriate skills, behaviours and attitudes to serve all members of the wider community.
- People with disabilities and other impairments should be involved as advisors in the design and evaluation of healthcare services and healthcare information, to ensure that services are appropriate to their needs and are patient centred.

Goals to reduce oral health inequity:

- All national and local initiatives to improve the social determinants of oral health should explicitly consider the needs of people with disabilities.
- All national and local health policies and oral health promotion programmes should explicitly consider the needs of people with disabilities.
- Raise awareness of the importance of oral health as an essential component of general health amongst people with disabilities, families, caregivers and non-dental health professionals.
- Implement legislation to ensure that all oral health services are accessible and acceptable to those with intellectual, physical, sensory, emotional and social impairments.
- Utilisation of private and public mechanisms for funding dental care to cover essential adjuncts such as sedation and general anaesthesia.
- Advocate oral health risk assessment and oral health promotion skills training for all doctors, nurses, occupational therapists, speech therapists, physical therapists and other health care workers within multi-disciplinary care pathways for people with disabilities.
- Obligation for long-term health care facilities to develop individualised oral health care plans and hygiene protocols for residents.
- Recognition by the dental profession of special care dentistry as a clinical discipline and acknowledgement of the specific skills necessary to treat patients requiring complex special care dentistry.
- Establish dedicated posts or positions within public and private systems to provide care for people with more complex special care dentistry needs.
- Recognition of special care dentistry as an academic discipline in order to provide necessary education and training at an undergraduate, postgraduate and continued professional development level.

Goals continued.

- Mandatory training in special care dentistry at the undergraduate level and Inclusion of diverse groups of people within the clinical case mix of students in all dental disciplines including dental nursing, hygiene and therapy.
- Accredited training courses for post-graduate education in special care dentistry.
- Recommend training in special care dentistry as a core element in continued professional development.
- Evaluate the impact of educational interventions in special care dentistry.
- Undertake research into issues relating to disability and oral health.
- Establish international networks for targeted research with translation of findings into practice through policies and clinical guidelines.
- Encourage private and public sponsors of oral health research to explicitly consider the needs of people requiring special care dentistry.
- Ensure that professional dental organisations across all disciplines place issues relating to disability explicitly onto their policy agendas.

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