

Improving Access to Oral Healthcare: Adopted by the FDI General Assembly: 27-29 September 2021, Sydney, Australia.

Title: Improving Access to Oral Healthcare: Adopted by the FDI General Assembly: 27-29 September 2021, Sydney, Australia.

Publication year: 2022

Journal: International dental journal

Society: American College of Cardiology

Origin country: United States

Target countries: United States

DOI: 10.1016/j.identj.2021.11.003

PMID: 35074203

Source: <https://pubmed.ncbi.nlm.nih.gov/35074203/>

pmc Int Dent J Int Dent J 4261 intdentj 0374714 International Dental Journal 0020-6539 1875-595X Elsevier PMC9275211 PMC9275211.1 9275211 9275211 35074203 10.1016/j.identj.2021.11.003 S0020-6539(21)00253-7 1 Policy Statement Improving Access to Oral Healthcare Adopted by the FDI General Assembly: 27–29 September 2021, Sydney, Australia 2 2022 21 1 2022 72 1 412288 2 3 21 01 2022 02 08 2022 09 08 2025 © 2021 Published by Elsevier Inc. on behalf of FDI World Dental Federation. 2021 <https://creativecommons.org/licenses/by-nc-nd/4.0/> This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

KEYWORDS Access to oral healthcare utilization of oral healthcare universal health coverage dental home prevention pmc-status-qastatus 0 pmc-status-live yes pmc-status-embargo no pmc-status-released yes pmc-prop-open-access yes pmc-prop-olf no pmc-prop-manuscript no pmc-prop-legally-suppressed no pmc-prop-has-pdf yes pmc-prop-has-supplement no pmc-prop-pdf-only no pmc-prop-suppress-copyright no pmc-prop-is-real-version no pmc-prop-is-scanned-article no pmc-prop-preprint no pmc-prop-in-epmc yes pmc-license-ref CC BY-NC-ND **CONTEXT** Despite being largely preventable, oral diseases are highly prevalent conditions, affecting more than 3.5 billion people around the world. 1 Oral diseases have substantial effects and consequences, causing pain and sepsis, reduced quality of life, lost school and work days, family disruption and decreased work productivity. The costs of dental treatment can be considerable for both the individual and the wider healthcare system. 2 Many factors influence oral health and the prevalence and severity of oral diseases. Access to adequate, quality and affordable oral health services, however, remains a major obstacle in achieving optimal oral health.

The major barriers to accessing and utilizing oral healthcare include oral health literacy and cost, uneven distribution of the oral health workforce, low prioritization of oral health, cultural values and beliefs that do not promote healthy lifestyles, the episodic availability of preventive and routine care, a lack of health or dental insurance, a lack of political will to include oral health in the essential health services and other socio-economic factors. 3 , 4

Thus, this revised Policy Statement affirms FDI's position that supports the goal of equal access to oral health services for all populations, addresses barriers to access to oral healthcare and promotes the belief that universal health coverage (UHC) provides an opportunity for oral health services to become more integrated into the wider healthcare system and to be more accessible and responsive to the oral healthcare needs of the population. 5

This Policy Statement addresses barriers to accessing and utilizing oral health services at personal, community, organization, institution and system levels. It suggests strategies that are evidence-based and community-based, and which integrate oral health into general health and involve all oral health team members and other non-dental personnel. FDI believes that the key test

of access is equity. This Policy Statement consequently complements other FDI Policy Statements that are devoted to the subset of populations at risk of unequal access to oral healthcare, such as displaced persons 6 , the underserved and vulnerable 7 , persons with disabilities 8 and ageing populations. 9

1. Access: Freedom or ability to obtain or make use of 10

Accessibility: The ease with which healthcare can be reached in the face of financial, organizational, cultural, geographical and emotional barriers 11

Utilization: To make the actual use of a service

Universal health coverage : “Ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user to financial hardship. 12

Target 3.8 of the 2030 United Nations Sustainable Development Goal 3 (the health goal) aims to “achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.” 13

1. FDI states that: • oral health is inseparable from general health;

oral diseases share common risk factors with other non-communicable diseases (NCDs), such as tobacco use, physical inactivity, obesity, unhealthy diet, excess sugar consumption, harmful alcohol consumption and HPV infection;

poor oral health is linked with many NCDs, mostly bi-directional, such as diabetes, cardiovascular disease, cancer and adverse birth outcomes.

FDI supports: • the integration of oral health care into UHC to improve oral health outcomes and reduce inequalities in access to care;

that any efforts to increase access to healthcare through reforms to insurance programmes should include oral health benefits.

FDI recommends: • empowering patients to utilize oral healthcare by raising awareness, using culturally competent and plain language materials of health literacy for oral health education, coordinating oral healthcare services and eliminating individual and structural barriers to oral healthcare;

integration of oral health promotion and educational activities with disease prevention and control related to other NCDs to improve population health and reduce health disparities;

integration of oral health into health promotion services and activities in all types of settings such as schools, nursing homes and end-of-life care facilities;

integration of oral health education, screening, prevention and promotion into primary healthcare to assure the equitable and holistic provision of oral health throughout life;

integration of oral health into general health and vice versa in professional education, training and research;

integration of oral health into the advocacy for legislative action on general public health including the legislation on tobacco control, harmful alcohol use, added sugar intake and obesity prevention;

effective and appropriate use of all members of the dental team, as defined by their scope of practice in each country/region for better serving the public;

improving patient access to specialist care, when needed, either in the dental clinic or hospital setting; collection of data through effective surveillance to support, inform and evaluate health policies to improve oral health;

expanding the reach of the oral health workforce by innovative methods such as teledentistry and mobile dentistry;

adoption of the “dental home” concept, namely the ongoing dentist-patient relationship with the inclusion of all aspects of oral healthcare being delivered continuously in a patient-centred way. 14

FDI states that all healthcare professionals (other than members of the dental team) have roles to play in oral health. Improved oral health can be achieved by non-oral health professionals via patient referral for oral healthcare after initial screening, application of topical fluorides, educating patients on tobacco cessation, healthy eating, reduction in sugar intake and harmful alcohol consumption, and effective oral hygiene care.

FDI encourages governments to incentivize dentists and other members of the dental team who provide services in underserved areas.

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.