



FDI POLICY STATEMENT

Access to Oral Healthcare for Vulnerable and Underserved Populations

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CONTEXT

While many populations are able routinely to access preventive and therapeutic oral healthcare in traditional dental practice settings, a disproportionate number of underserved and vulnerable populations cannot. Unfortunately, the huge technological and scientific advances that have progressed recently to address many dental conditions are not uniformly available to all populations. Underserved and vulnerable populations face persistent and systemic barriers to accessing oral healthcare.¹ These barriers are numerous and complex and include, among others, social, cultural, economic, structural and geographic factors.

This policy statement aligns with FDI strategy for the years 2018 to 2021 which explicitly indicates that “More effort is required to reach underserved and vulnerable populations”².

SCOPE

This policy statement presents a vision for access to adequate oral healthcare of underserved and vulnerable populations throughout the human life cycle. The FDI acknowledges the distinct and varied needs of different countries’ underserved and vulnerable populations and the big differences in their healthcare systems. However, this statement encourages oral health advocates and dental professionals to act on behalf of underserved and vulnerable populations and to take the necessary steps to improve access to oral healthcare, reduce oral health inequity, address oral health illiteracy, promote the concept of Universal Health Coverage **and** improve oral health.

DEFINITIONS

Vulnerable populations: persons who are at a higher risk of disparity in health care due to their general condition or state such as being a member of ethnic, religious or linguistic minorities, children, elderly, socioeconomically disadvantaged, underinsured or those with certain medical conditions. Members of these vulnerable populations often have health conditions that are

35 exacerbated by inadequate healthcare^{1,3,4}.

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37 **Underserved Populations:** communities that receive less than adequate
38 healthcare services due to social ,economic, cultural, and/or linguistic barriers
39 to accessing healthcare services, lack of familiarity with the healthcare delivery
40 system, living in locations where providers are not readily available or physically
41 accessible^{1,3,4}.

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43 **PRINCIPLES:** Two of the United Nations Sustainable Development Goals⁵,
44 “Good Health and Well-being” and “Reduced Inequalities” are addressed in this
45 policy.
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47 **POLICY**

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49 1. FDI encourages governments in collaboration with National Dental Associations
50 (NDAs) to investigate methods of financing, service delivery and regulations that
51 might lead to improvements in dental coverage and access to oral healthcare
52 among underserved and vulnerable populations.
- 53 2. FDI encourages oral health advocates and policy makers to adopt evidence-
54 based strategies and interventions to address barriers to utilize dental care
55 among underserved and vulnerable populations such as oral health illiteracy,
56 lack of awareness about the connection between oral and general health and
57 other factors that may influence utilization of dental care .⁶
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- 59 3. FDI encourages accrediting bodies for undergraduate and graduate-level non-
60 dental healthcare professional education programmes to integrate oral health
61 competencies into their requirements for accreditation.
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- 63 4. FDI encourages countries to amend existing laws about the use of allied dental
64 health personnel in accordance with the FDI’s policy statement on “Supervision
65 of Allied Dental Personnel” ⁷ to:
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 - 67 • increase the valuable participation of the allied dental personnel
68 under evidence-supported supervision levels; ^{7,8,9,10}
 - 69 • ensure that allied dental professionals have the appropriate competence,
70 qualifications, training and skills to perform the tasks delegated to them by
71 the supervising dentist;⁷
 - 72 • ensure the safety, efficiency, effectiveness, and sustainability of different
73 oral health delivery models are supported by evidence from sound
74 research;⁷
 - 75 • allow technology-supported remote collaboration and supervision (tele-
76 dentistry). ^{7,8,9,10}
- 77 5. The FDI encourages dental professional education programmes to increase
78 recruitment and support for enrollment of students from underserved,
79 vulnerable, disadvantaged and under-represented populations.
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- 81 6. FDI encourages dental schools and training programmes to support and expand
82 opportunities for dental postgraduate residency rotations in community-based
83 settings in underserved areas.
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- 85 7. FDI encourages dental schools to provide special training for students on
86 addressing the complex oral health conditions of underserved and vulnerable
87 population by giving them the opportunities to participate in relevant community-
88 based education and to work with interdisciplinary teams in underserved areas.
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- 90 8. FDI encourages governmental, private sectors and grassroots community
91 organizations, in collaboration with the NDAs, to allocate funding to implement
92 projects that provide essential preventive and therapeutic health services and
93 oral health promotion interventions for underserved and vulnerable populations.
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- 95 9. FDI encourages governments, private foundations and NDAs to increase
96 funding for oral health research and evaluation related to underserved and
97 vulnerable populations, including:
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- 99 • new methods and technologies (e.g., nontraditional settings, nondental
100 professionals, and telehealth);
 - 101 • measures of access, quality, and outcomes;
 - 102 • payment and regulatory systems.
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- 104 10. FDI encourages governments to enhance financial incentives to attract and
105 retain more oral healthcare professionals to deliver essential oral health
106 services to underserved and vulnerable populations.
- 107 11. FDI encourages national and international alliances to address the oral health
108 of underserved and vulnerable populations, taking into consideration the social
109 determinants of health.
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112 **KEYWORDS**

113 Underserved, vulnerable, disadvantaged, basic dental care, oral health
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115 **DISCLAIMER**

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