

Oral Health Workshop for the Americas

23 to 25 April, 2009

México, D.F.

A Call for Action for Caries-Free
Communities for Vulnerable Populations

Memoires

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One Meeting, One Objective



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PROLOGUE

The deficient and unequal treatment of health, the changing trend in oral diseases, the increase in costs, and the reduction in investments in oral public health programs are evident signs of the current public health crisis in the Americas.

One of the most formidable challenges that confront countries continues to be reaching the disadvantaged populations with solutions for preventive and corrective treatment, according to the Pan American Health Organization.

There is need for promoting oral health policies, practices, and health-related research, particularly by the solid scientific tests that link oral health to general health. This includes the association between oral infections and the adverse results of pregnancy, and the risk factors that relate oral diseases to chronic diseases such as diabetes, heart diseases, and stroke.

The evidence shows that if all populations had access to preventive measures and to adequate and timely treatment, there would be a reduction in the presence of oral diseases. Avoiding the progression of oral diseases would lead to a decrease in the appearance of severe and debilitating complications and a reduced need for more expensive treatments.

More initiatives and investments in this area are needed to overcome the problem of caries – the most prominent health disorder in the Region – and the Caries Free Communities Initiative is being proposed as one of the principal health investments promoted by all representatives of dentistry.

It is vital to bring together more technical and financial resources to promote this initiative. We are now in an important position to unify the efforts of those concerned with oral health.

Considering the success of previous actions carried out in collaboration with national governments to reduce the prevalence of caries among children, PAHO now invites all stakeholders to join in to define sustainable solutions.

If we take advantage of a mutual effort and the most effective practices, surely we will be able to achieve substantial results with regard to the reduction of caries in the Region.

We hope that by the year 2012, all the countries in the Region will be able to formulate their oral attention plan and will have implemented it in at least one community.

The Caries Free Communities Initiative can truly be one of the most important health interventions undertaken in the Region of the Americas and the public health world is already observing what can be learned from our work.

Pooling resources, strengthening the capacity of countries, and expanding successful projects are all elements that will help establish the best oral health practices.

The call is for all decision-makers and the public and private sectors in dentistry in the Region, with the backing of PAHO/WHO, to move toward the implementation, development, and strengthening of the Caries Free Communities Initiative in the Region of the Americas.

Dr. Mirta Roses Periago
Director
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INTRODUCTION

There is increasing awareness that the preventive approach in health policies should be stressed. This premise is more relevant in the case of oral health, not only because most of the common oral diseases can be prevented, but also because timely treatments can easily control and eliminate the disease and prevent more serious complications from developing.

Participating organizations interested in finding sustainable solutions, accompanied by the Pan American Health Organization, met in Mexico to address the current dynamic challenges in oral health.

The conference of countries in this workshop is the most recent joint initiative to achieve communities free from caries in the most vulnerable populations of the Region, as part of the strategy and 10-year action plan approved in 2006 by the Directing Council of PAHO.

This publication frames the collective work over three days of the `Region of the Americas` countries to propose actions necessary for improving oral health conditions.

The fundamental purpose of this report is to give an account of the activities of the Oral Health of the Americas Workshop, the context of the initiatives, the participation of experts from various countries, and the conclusions and submitted recommendations.

The workshop was held during the last weekend of April 2009 when more than 100 experts met in four working groups to present the current panorama of oral public health, propose sustainable solutions, and prepare intervention strategies.

The participants' work was concentrated on three general objectives: to discuss and share information on intervention strategies; to propose, at the very least, an intervention model on a target population; as well as to discuss the projects to reach a final resolution.

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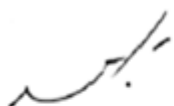
ACKNOWLEDGMENTS

The participants in the Workshop for Oral Health express their gratitude to the Secretariat of Health of Mexico, the Pan American Health Organization, the Mexican Dental Association, and the Mexican Federation of Colleges and Schools of Dentistry, which by organizing the event facilitated the collective work of over 100 experts. This includes the chiefs of oral health, deans of dental schools, representatives of the Federation Odontological Latin American-Organization Regional for Latin America (FOLA-ORAL – Spanish acronym), presidents of dental associations, representatives of the International Dental Federation (FDI), the American Association of Dental Education (ADEA), the International Association of Research in Dentistry (IADR), and the Organization of Schools, Schools and Departments of Dentistry-Union of Latin American Universities` (OFEDO-UDUAL – Spanish acronym).

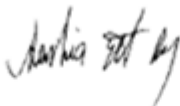
A special appreciation goes to the Ministries of Health, Oral Health Programs, and the private sector of the various countries of the Americas.

Also special recognition goes to the working team and contributions of the Canadian International Development Agency (CIDA) and the Office of Health Matters Global (OGHA) of the United States, in addition to the business enterprises: Colgate Palmolive, Oral B Crest, and Ah-kim Pech of Mexico.

PAHO would like to recognize and thank interns Anna Scharfen, Jason Outlaw, and Yasmin Grewal as well as Judith Martinez, Fernanda del Alcazar, Jenny Sherr and America Valdez for their assistance in producing this report.



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ACRONYMS

| Acronym | Country | Acronym | Country |
|------------|-------------------------|--------------|--|
| ANG | Anguilla | NIC | Nicaragua |
| ANT | Antigua | PAN | Panama |
| ARG | Argentina | PAR | Paraguay |
| BAH | Bahamas | PER | Peru |
| BAR | Barbados | PUR | Puerto Rico |
| BLZ | Belize | DOR | Dominican Republic |
| BER | Bermuda | STK | St Kitts |
| BOL | Bolivia | STL | Saint Lucia |
| BRA | Brazil | SUR | Suriname |
| CAN | Canada | TRT | Trinidad and Tobago |
| CAY | Cayman Islands | URU | Uruguay |
| CHI | Chile | USA | United States of America |
| CFC | Caries Free Communities | VEN | Venezuela |
| COL | Colombia | VRI | Virgin Islands |
| COR | Costa Rica | ADEA | American Dental Education Association |
| CUB | Cuba | WMD | Mexican Dental Association (acronym in Spanish) |
| DOM | Dominica | COSAL | Odontological Coordination of Services of Latin America (acronym in Spanish) |

| | | | |
|------------|-------------|--------------|--|
| ECU | Ecuador | FMFEO | Mexican Federation of Colleges and Dental Schools (acronym in Spanish) |
| ELS | El Salvador | FOLA | Latin American Odontological Federation (acronym in Spanish) |
| GRE | Grenada | IADR | International Association of Dental Research |
| GUT | Guatemala | CFCI | Caries Free Communities Initiative for the Americas |
| GUY | Guyana | IFDEA | International Dental Federation and Educator Association |
| HAI | Haiti | OFEDO | Organization of Faculties, Schools, and Departments of Dentistry |
| HON | Honduras | WHO | World Health Organization |
| JAM | Jamaica | PAHO | Pan American Health Organization |
| MEX | Mexico | SSA | Ministry of Health of Mexico (acronym in Spanish) |
| MON | Monserrat | | |

EXECUTIVE SUMMARY

From April 23rd to 25th, 2009, the Ministry of Health of Mexico, the Pan American Health Organization, the Mexican Dental Association, and the Mexican Federation of Colleges and Schools of Dentistry invited the leading actors in dentistry from the Region of the Americas to the Mexican capital to identify sustainable solutions and recommend actions designed to achieve Caries Free Communities (CFC) in the Region.

More than 100 experts participated in the collaboration, including chiefs of oral health, deans of dental schools, representatives of the Latin American Odontological Federation (FOLA/ORAL), presidents of the dental associations, representatives of the International Dental Federation (FDI), the American Dental Education Association (ADEA), the International Federation of Dental Educators and Associations, the International Association for Dental Research (IADR) and the Organization of Faculties, Schools, and Departments of Dentistry (OFEDO-UDUAL).

The group worked together to expand the application of best practice models, strengthen oral care in every country, and develop successful projects that help improve oral health in the Americas.

The proposals and discussions were made in conjunction with the chiefs of oral health from each country, representatives of colleges and dental schools, and dental associations.

Context for the development of the Initiative

In 2005 PAHO and its member states created a joint Strategy and Plan of Action to promote oral health throughout the Region. The Strategy addresses the subjects of prevention, health promotion, and disease surveillance, in which the principal objectives are to reduce the burden of disease and improve oral health conditions by 2015. The Plan of Action assigns priority to the most vulnerable groups by integrating oral and general health initiatives, in addition to increasing the number of evidence-based, cost-effective interventions by identifying measurable objectives and indicators.

Phases of the Initiative

First

Give priority to the identification of scientific evidence that supports strategies for the Caries Free Communities Initiative, the collaboration between public and private sectors that support sustainable activities, the development of specific strategies for every country, the creation of an educational and outreach campaign to raise funding for the CFCI, and the selection of measures for monitoring and evaluating the effective use of oral health packages in Tier 1 countries (Haiti, Paraguay, Bolivia, Panama and Guyana).

Second

The principal activity of this phase is the implementation of oral health interventions. Oral health packages will be created for Tier 2 countries based on the “lessons learned” and experiences with Tier 1 countries. These interventions will be permanent.

Third

The final phase consists of empowering national and local health authorities, the dental associations, and other organizations interested in improving the oral health through health promotion and educational activities. This includes training oral health professionals and their staff, in addition to continually monitoring their progression towards achieving caries free communities. It is anticipated that by 2012, every country in the region will be capable of creating an oral health plan and implementing it in at least one community that is most vulnerable to caries.

Points from the workshop

Prior to implementation, each country was requested to comprehensively coordinate with its schools and dental associations to prepare a document that summarizes the oral health situation of its population.

Guides were sent to each country and coordinators were assigned to groups of them to supervise their work. The goal of the guides was to identify an area or population that is most vulnerable to caries, in which the CFC project should be implemented or another project should be proposed to achieve CFC.

During the first plenary session, each country presented the requested information via PowerPoint for eight minutes. On the second day of the workshop, country representatives met in four groups to brainstorm and create hypothetical scenarios for the design of the CFC project, which were presented on the third day of the workshop during the second plenary session.

Then the subsequent stages and opportunities to continue to strengthen partnerships and to monitor the progression of the project were presented:

- Meeting in Rio de Janeiro in July 2009, this will be hosted by the FDI and FOLA-ORAL. The objective will be to monitor and

support the progression of the project so that the proposed goals will be achieved.

Other opportunities to meet and assess the developments and to continue to promote the CFCI are :

- World Dental Congress of the FDI will be held in Salvador of Bahia, Brazil in 2010.
- International Women's Leadership Conference organized by the FDI-WDC.
- World Dental Congress of the FDI will convene in Mexico City in 2011.

Statement from Mexico City

Approved by the plenary, this statement endorses the collaboration by the Region of the Americas for the CFCI and agrees to be part of a solid partnership to combat the problem of caries in the most vulnerable communities in the Region.

The statement emphasizes the use of scientific evidence to identify solutions and specific interventions to ensure that they are based on identifying needs, preventing disease, and promoting and protecting health care. Additionally, interventions should involve active commitment from its members and other interested parties in the public and private sectors of the community as well as the identification of economic resources and a mechanism for evaluating sustainable plans.

ORGANIZING COMMITTEES AND WORK TEAMS

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STRATEGIC APPROACH

1. Overview:

Oral health continues to be a critical aspect of general health conditions in the Latin American and Caribbean (LAC) Region because of its weight in the global burden of disease, its associated treatment costs, and the potential for effective prevention. Dental treatment is expensive, and the costs of treating dental caries mount with the progression of the disease.

In countries and areas where fluoridated salt, water, or toothpaste has been made available, the prevalence of dental caries has fallen sharply. In treatment costs alone, the return on investment in salt fluoridation is substantial, even when one does not consider any of the less easily measured benefits such as reduced absence from school or improved health in later life. It is estimated that for each \$1 spent on salt fluoridation in Latin America and the Caribbean, about \$250 will be saved in reducing the need for future dental treatment.

The adoption of cost-effective treatment modalities, like the Atraumatic Restorative Treatment (ART), paves the way for widespread increases in access to oral health services in government health programs that serve low-income and geographically isolated communities. It represents one more step toward improved oral health in the Region of the Americas.

Data from over 43 national oral health surveys in the Region indicate a marked 35-85% decline in the prevalence of dental caries since the early 1990s. These improvements may largely be attributed to national preventive programs including water and salt fluoridation, greater awareness of proper oral hygiene and better oral health care practices.

While this is an impressive decline in dental caries, the burden of oral disease in the Americas is severe and remains high as compared with other regions in the world. Poor and inequitable health care, the changing pattern of oral disease, increased cost and less investment in dental public health programs are prominent signs of the ongoing health crisis in the Americas.

Strong scientific evidence suggests the interrelationship between oral health and general health, particularly the associations between oral infections and adverse pregnancy outcomes. Common risk factors also

exist between oral and chronic diseases, such as diabetes, heart disease and stroke.

In order to overcome the onerous hurdle of dental caries throughout the Americas, it is vital to garner more resources – both technical and financial – for a targeted effort to achieve Caries-Free Communities (CFC) for the most vulnerable groups in the Region of the Americas.

Striving to reach disadvantaged populations with oral health care solutions – both preventive and remedial – remains one of most formidable challenges for governments. Building upon the success of its previous efforts working with national governments to reduce caries prevalence among children, PAHO, jointly with the Secretary of Health of Mexico, Mexican Federation of Dental Schools, and the Mexican Dental Association, now calls on all stakeholders in the oral health community to join together to identify sustainable solutions to achieve Caries-Free Communities in the Americas. This effort will be launched in Mexico City in April 2009, and will be a broad-based effort to tackle the burden of dental caries throughout the Americas by focusing on participating countries and their most vulnerable communities.

By pooling the resources of the entire oral health community, this groundbreaking initiative – Caries-Free Communities – will create space for sustainable solutions to the Region's most prominent oral health problem.

Stakeholders can play a vital role in helping to achieve public sector goals by incorporating the support of public entities, such as Ministries of Health, government agencies, as well as private entities, such as foundations, civil society organizations, industry associations and federations, and other private enterprises with a public health focus. Key oral health leaders from each country will be invited to participate in the three-day workshop to discuss and recommend strategic intervention for the CFC initiative. The aim is to achieve the broadest possible support and contributions to the CFC by sharing successful practices, profiling and scaling up existing programs, thus contributing to the creation and implementation of new programs under this initiative.

Pan American Health Organization's Commitment to Oral Health

An international public health agency with over 100 years of experience in working to improve health and living standards throughout the Region, PAHO has responsibility for spearheading the direction of health policy to its 35 Member States. PAHO guides implementation of best-practice strategies and policies, garners international resources and builds relationships that optimize implementation and outcomes.

The organization's Regional Program on Oral Health brings unique experience in areas such as the development of human and financial resources, clinical studies and technical assistance to countries in developing health policy, and developing and implementing feasible, low-cost health interventions. In addition, the Oral Health Program has a proven track record in the design and implementation of clinical trials and cost-effective alternative treatments to increase access to oral health services.

Examples include the enhancement of salt and water fluoridation systems in the Region, as well as a three-country pilot program to determine the cost-effectiveness of ART, a simple technology that can be used by trained auxiliary personnel to reach disadvantaged populations.

The area of human resources development was increased in countries through development of facilities, introduction of new programs and by developing educational material.

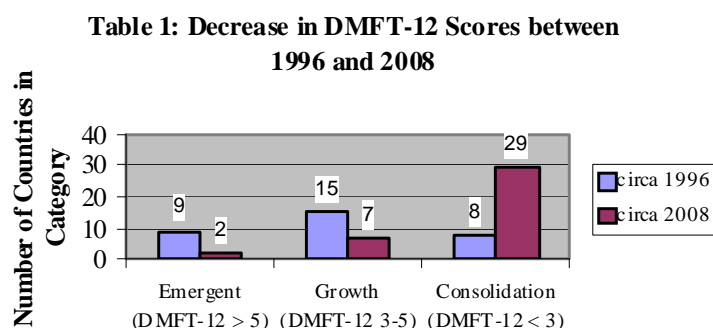
The Science behind the Commitment

Throughout the Americas, poor oral health remains a major impediment to improved overall health conditions. PAHO, as part of the World Health Organization (WHO), is working closely with each Member State to actively reduce dental caries, particularly in children, throughout the Americas Region. In 2000, WHO set the oral health target of achieving a DMFT Index (Decayed, Missing, or Filled Teeth) of less than 3 among 12-year-old children (known as DMFT-12). A PAHO-designed classification system measures the progress of countries along an oral health continuum. DMFT-12 score falls into one of three categories: Emergent (DMFT-12 > 5; no national salt and water fluoridation program); Growth (DMFT-12 between 3 and 5; no national salt and water fluoridation program); and Consolidation (DMFT-12 < 3; national salt and water fluoridation program available).

This classification system led to several developments, including the implementation of a wide-reaching salt and water fluoridation program in the Region. In addition, PAHO's call for country baseline studies has resulted in over 43 national oral health surveys that assess DMFT and exposure to fluoride, cost-benefit analysis, epidemiological surveillance systems for fluoridation, technology transfer, and evaluation and tracking systems to determine effectiveness of national fluoridation programs. The typology allows PAHO to work with national governments to move countries toward more appropriate and effective policies and improved status indicators (lower scores reflect better oral health). The

table below demonstrates the advances made in DMFT-12, in large part due to PAHO's technical assistance.

Table 1: Decrease in DMFT-12 Scores between 1996 and 2008



The results from the DMFT typology provide appropriate data to estimate dental caries in a population, but it is not the only indicator to assess the oral health needs of a country. Those countries with a low DMFT-12 index may have higher readings for specific population subgroups such as adults, children younger than 5 years old, the medically compromised, and those from rural areas or of low socioeconomic status. They may also experience other health problems such as oral cancer or cleft lip. Additional indicators, as well as better observation methods that incorporate all oral health problems, are needed to identify deficiencies and illustrate future progress.

Increased levels of technical cooperation – including between public and private sectors – will enhance PAHO's commitment to achieve Caries-Free Communities throughout the Americas.

PAHO's 10-Year Regional Plan on Oral Health

Since the inception of the Oral Health Program, PAHO has pioneered technical assistance and collaborative participation to focus on *areas of need* for its member countries and to reinforce country participation to improve oral health. In 2005, PAHO developed a new 10-year strategy and plan of action to promote oral health throughout the Region. The strategy is based on the driving principles of public health, which are disease prevention, health promotion, and disease surveillance.

Each element of the strategy is grounded in best practice training and dissemination of best practice models, partnerships, upstream investment, and measurement of progress along time and scale.

In accordance with the United Nations' Development Agenda, the strategy also supports the three health-related Millennium Development Goals (MDGs), developed in the year 2000.

The strategy also facilitates technical cooperation between and among public and private stakeholders, integrating appropriate technologies and scaling-up proven interventions.

PAHO's Strategy and Plan of Action addresses the persistent and dynamic oral health challenges of the new millennium. The ultimate goal of the strategy is to reduce the burden of disease from various oral health conditions by the year 2015. The Plan of Action sets forth three major goals and identifies measurable objectives and indicators that correspond with each of the goals, as follows:

- Completion of the Unfinished Agenda in Oral Health – “To ensure an essential and basic level of access to oral health care for all by addressing gaps in care for the most vulnerable groups”
- The Integration of Oral Health Care into Primary Health Care (PHC) Services
- Scaling Up Proven Cost-Effective Interventions – Multiyear Plan for Fluoridation Programs in the Americas and Expansion of Oral Health Coverage with Simple Technologies

The proposed targets of the plan are to reduce the current DMFT-12 for all countries, improve assessment and treatment of other oral health problems in the Region, and increase access to oral health services for every individual. The strategy is designed to build on best practice models used in the fluoridation programs from the previous decade. Similar cost-effective intervention using simple technologies can be scaled up to improve access to oral health care at a much lower cost. The targets can be accomplished by an integrated health system that combines oral health with general health services. Finally, the strategy recognizes that a common oral health agenda requires strong partnerships between the private and public dental health communities.

2. Workshop Objectives:

- To facilitate collaboration between oral health leaders from the public and private sectors and to identify sustainable solutions to achieve Caries-Free Communities (CFC) in the Region of the Americas.

- To recommend action steps for improving oral health status for the most vulnerable groups in the Americas.

3. Specific objectives:

- Identify vulnerable communities in each country
- Identify sustainable solutions for improving oral health at governmental, professional and academic levels
- Design strategic interventions for the identified vulnerable communities
- Launch the CFC Initiative in the Americas by stakeholders

4. Our Partners:

The Mexico Oral Health Workshop will provide approaches and solutions to current oral health challenges and a forum to strengthen partnerships between governmental health programs, including oral health, dental schools and dental federations of each country.

Over 100 professionals will participate, including dental chief officers, deans of dental schools, the FOLA, presidents of dental associations and representatives of private sector, the World Dental Federation, American Dental Education Association, International Association of Dental Research, and OFEDO.

5. The Nature of the Workshop:

The Oral Health Workshop will play an important role in engaging oral health leaders in the Americas by asking them to consider launching concrete activities to end caries in our communities. In order to fulfill its objectives, the following is expected:

- To join in a network of networks, linking the efforts of dental schools, dental federations and government oral health programs which have an impact in improving oral health in each country
- To be a catalyst for specific actions on oral health for vulnerable populations, and to improve access to good oral health
- To promote participation in joint efforts
- To create formal and informal contact points between partners
- To be a forum for decision-making mechanism and response to specific actions for CFC
- To develop a base for incorporation of additional resources and support.

6. Activities Planned for the Workshop:

The following specific activities will take place:

A. Country-level activities prior to arrival in Mexico (January-April)

Representatives of the Ministry of Health, Dental Association, and Academic Institutions will meet in their respective country and prepare a summary document for their country according to the guidelines in the tables below for prior submission and distribution to the participants. They will also prepare similar information which will identify potential site(s) where they propose to implement a “caries-free” project, and a PowerPoint presentation in accordance with guidelines provided by the workshop organizers. An external coordinator and a country focal point will be assigned to advice on the preparation of documents. Each country will be assigned to one of four groups.

B. Active engagement during the workshop (April):

- Each country will make an 8-minute presentation during the first plenary session according to guidelines
- Country representatives will meet the morning of the second day to finalize strategic intervention for their communities (CFC)
- Countries will meet in the afternoon of the second day by groups to exchange final strategic intervention and select presentation for final plenary session
- Recommendation on next steps and upcoming oral health meetings
- Launch of CFC

C. Implementation of plans following the workshop (April 2009-2011)

7. Basic Information with Regards to Participants and Invitees:

Logistics:

Chief Dental Officers: Invitations will be sent by the Secretary of Health of Mexico. PAHO will assist with travel and hotel expenses.

Deans of Dental Schools: Invitations will be issued by UNAM and attendance will be at their own expense.

Dental Associations: Invitations will be issued by the Mexican Dental Association and attendance should be coordinated directly with MDA.

Others: Selected speakers and other participants will be invited by the Secretary of Health of Mexico and PAHO.

Visas for Mexico will be facilitated through the Secretary of Health of Mexico.

8. Criteria for Grouping Countries:

In considering the best ways to promote understanding, exchange of information, and experience, the criteria below were used to group countries.

A. Fluoride interventions

- Water fluoridation
- Salt fluoridation
- Milk fluoridation
- Other fluoride approaches
- Other

B. Clinical Preventive Actions

- Sealants
- Varnish
- PRAT

C. Human Resources

- Dentists
- Hygienists
- Clinical Dental Nurses/Therapists/Assistants
- Clinical Dental Technicians/Operators

Groups

Countries were assigned to four groups (see agenda).

Coordinator role:

Before the workshop:

- Coordinators will work with assigned countries and country focal point to assure that country summary document and PowerPoint presentations follow guidelines.
- Coordinators will work with assigned group to facilitate exchange and finalize strategic intervention and workshop declaration.
- Facilitate collaboration between the Health Ministries, dental associations and university representatives to reach consensus for the country presentation.

- Work between respective groups must be coordinated during the conference.

Activities:

- During the second day of the conference the coordinator will work with assigned groups to facilitate information exchange and to identify best practice models for serving vulnerable populations.
- The coordinator will use a strategic approach to delineate objectives, strategies and indicators for the short and medium-term stages of CFC, including a timetable for activities for evaluating impact and sustainability.

Country guidelines and presentations:

The coordinator will contact each country invitee and focal point to lead a country group meeting in order to prepare the summary document, which should not be more than 5 pages single-spaced. The PowerPoint presentation should not be more than 8-10 slides (8 minutes).

Background information for summary document:

To facilitate the recognition of the situation and analysis of influencing factors in their country, the representatives should evaluate the following conditions:

1. Data from the last epidemiological oral health survey on the severity of dental caries by specific ages of 5, 12 and 15 years (ex. DMFT Survey).
2. Identification of vulnerable populations that exist in their country, using data from institutions/government or verifiable sources.
 - Availability of health services (number of professionals, type of coverage, age groups, availability of services, transportation, etc.).
 - Access to services (eligibility to service programs, social security, and stratum of poverty socioeconomic factors).
 - Acceptability of services by the population (cultural factors, risk factors, nutritional state).
3. Identification of sustainable and successful interventions.
4. Identification of future challenges that need to be addressed to insure the interventions are sustainable.

For example:

Ministries of Health

- Existence of valid data, categorization of treatment urgency and severity of conditions.
- Identified strengths and weaknesses in the implementation of policies and programs.
- Extent of intersectoral collaboration and support from external resources.

Professional organizations

- Existence of collaboration to improve access to health services to populations living in remote areas, hours, days, voluntary missions.
- The organization supports government policies, program dissemination, community education, and influence on the organization membership, awareness and community stimulus.

Collaboration among dental faculties

- What is the emphasis given to oral health as integral part of general health?
- How is the student prepared for the social aspects of dentistry?
- The importance given in educational programs to the prevention and promotion of health, importance of risk factors, strategies to modify lifestyles, importance of oral health in quality of life of the individual and groups.
- Opportunities for dental students to participate in community service activities, where dental health care is not available.

The following slides/graphs are proposed to guide summary reports for communities identified by country teams. For the purpose of the PowerPoint presentation, please select only information for one community. The presentation should not be more than 8 minutes and 8-10 slides.

Introduction and process: Slide 1

Context/Facts: Slides 2-8

Approaches and intervention proposed by and to be carried out by country group: 9-10

Slide 2**Demographic data on community**

| Age | Female | Male | Year |
|----------|--------|------|------|
| Children | | | |
| Adults | | | |
| Total | | | |

Slide 3**Population according to the most recent oral health survey (DMFT)**

| Age | Female | Male | Year |
|-------------------|--------|------|------|
| Children Ages 6-9 | | | |
| Children Age 12 | | | |
| Children Age 15 | | | |
| Adults | | | |
| Total | | | |

Slide 4**Percentage of areas with fluoridation programs and other interventions**

| Vehicle | % of population covered | Fluoridated Areas | Areas covered by fluoridation | Best Practices |
|------------------------------------|-------------------------|-------------------|-------------------------------|----------------|
| Salt | | | | |
| Water | | | | |
| Milk | | | | |
| Other vehicles: ART/Sealants, etc. | | | | |

Slide 5**Human Resources****Health and oral health resources available in the community**

| Institution | Dentists | | Auxiliary Personnel | | | | |
|-----------------|-----------|-----------|---------------------|-----------|-----------|------------|-------|
| | Full Time | Part Time | Auxiliary | Assistant | Hygienist | Technician | Nurse |
| Social Security | | | | | | | |
| Private | | | | | | | |
| Other | | | | | | | |
| Total | | | | | | | |

Slide 6**Oral health coverage reported up to 2008**

| Year | Coverage (%) | | | | | | Type of Attention | | | | | |
|-------|--------------|----|------|--------|----|------|-------------------|----|----------|-----|----------|------|
| | Estimated | | | Actual | | | Prevention | | Curative | | Surgical | |
| | MOH | SS | Priv | MOH | SS | Priv | MOH | SS | Priv | MOH | SS | Priv |
| 0-5 | | | | | | | | | | | | |
| 6-12 | | | | | | | | | | | | |
| 13-19 | | | | | | | | | | | | |
| 20-35 | | | | | | | | | | | | |
| 36-60 | | | | | | | | | | | | |
| 60+ | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

Slide 7**Infrastructure****Number of dental clinics**

| Institution | Comprehensive Care | Limited Treatments or Incomplete | Availability of Special Treatments (ex. sedation) |
|----------------------|--------------------|----------------------------------|---|
| Ministry | | | |
| Social Service | | | |
| Private | | | |
| University | | | |
| Mobile Clinics | | | |
| School-Based Clinics | | | |
| Other (specify) | | | |
| Total | | | |

Slide 8
Cost of services*

| Institution | Type of Service | | |
|--------------------|------------------------|-----------------|-----------------|
| | Prevention | Curative | Surgical |
| Ministry | | | |
| Social Security | | | |
| Private | | | |
| University | | | |
| Mobile Clinics | | | |
| School Clinics | | | |
| Other (specify) | | | |

*Use the most recent conversion to US dollars.

ANNEX 1

PRESENTATIONS OF THE INAUGURAL SESSIONS

- Message from **Dr. MIRTA ROSES PERIAGO**, Director of the Pan American Health Organization (PAHO), Regional Director for the Americas, World Health Organization (WHO)
- Intervention by **Dr. RAMIRO JESÚS SANDOVAL**, Secretary of Services to the Community (UNAM)
- Inaugural Message of the Workshop by **Dr. MAKI ESTHER ORTIZ DOMINGUEZ**, Deputy Secretary of Innovation and Quality in the Ministry of Health of Mexico
- Presentation "Experiences in Primary Health Care in Dentistry in Gargoyles, Uruguay" by **Dr. MARÍA JULIA MUÑOZ**, Minister of Health of Uruguay

Message from Dr. Mirta Roses Periago, Director of the Pan American Health Organization/World Health Organization (PAHO/WHO)

Good morning.

It is my pleasure to welcome you to the 2009 Oral Health Workshop for the Region of the Americas. Today commemorates the launch of the Partnership for Caries-Free Communities, or CFC, a vital initiative in the history of public health efforts. This meeting marks the first time that all stakeholders in the Region – public and private – in the oral health field have convened to tackle the vast and burdensome problem of dental caries. As you know, PAHO is working alongside governments, dental and medical schools, public health associations, the private sector and other stakeholders throughout the Americas in order to promote better health and standards of living in the Region. PAHO feels strongly about advancing oral health policies, practices and research, particularly given the strong scientific evidence that ties together oral health and general health. This includes the associations between oral infections and adverse pregnancy outcomes, and the risk factors that exist between oral diseases and chronic diseases, like diabetes, heart disease and stroke.

Oral health continues to be a critical aspect of general health conditions in the LAC region because of its weight in the global burden of disease, its associated treatment costs, and the potential for effective prevention. Great progress has been made over the past 20 years. Data from over 45 national oral health surveys in the Region indicates a marked 35-85% decline in the prevalence of dental caries since the early 1990s. These improvements may largely be attributed to national preventive programs including water and salt fluoridation, greater awareness of proper oral hygiene and better oral health care practices.

While this is an impressive decline in dental caries, the burden of oral disease in the Americas is severe and remains high as compared with other regions in the world. Poor and inequitable health care, the changing pattern of oral disease, increased cost and less investment in dental public health programs are prominent signs of the ongoing health crisis in the Americas. Substantially more effort and investment are needed in this area to surmount the problem of dental caries in the Americas, the Region's most prominent health problem.

In order to overcome the onerous hurdle of dental caries throughout the Americas, it is vital to garner more resources – both technical and financial –

for a targeted effort to achieve Caries-Free Communities. We are now in a unique position to join together the efforts of those who care about oral health to support such an initiative.

Striving to reach disadvantaged populations with oral health care solutions – both preventive and remedial – remains one of PAHO's most formidable challenges. Building upon the success of its previous efforts working with national governments to reduce caries prevalence among children, PAHO now calls on all stakeholders in the oral health community to join together to identify sustainable solutions to achieve Caries-Free Communities in the Americas. This multi-year effort, which is being launched today, will be a broad-based effort to tackle the burden of dental caries throughout the Americas by focusing in on priority countries and the most vulnerable communities. By pooling the resources of the entire oral health community, this groundbreaking initiative will create space for sustainable solutions for the Region's most prominent oral health problem.

Because the private sector can play a vital role in helping to achieve public sector goals, PAHO intends to build sustainable partnerships among and between stakeholders to implement health strategies and promote capacity-building that help to achieve this goal. Stakeholders in this partnership may include public entities, such as ministries of health or other government agencies, as well as private entities, such as dental schools, dental associations, foundations, civil society organizations, and other private enterprises with a public health focus. Each of these stakeholders are invited to participate in the initiative to achieve the broadest possible support and to contribute to the CFC by sharing successful practices, profiling and scaling up existing programs and contribute to the creation and implementation of new programs under the initiative.

Now is the time for the oral health community to come together and form a strong coalition that can surmount the problem of dental caries. Your involvement will be a vital element of achieving Caries-Free Communities, and I invite your active participation in the Initiative.

PAHO's Team Leader for Special Programs for Vulnerable Populations and Senior Advisor for Oral Health, Dr. Saskia Estupiñán-Day, will offer you more in-depth information on the details of the CFC Initiative. But I think it's important to first talk about the context for this effort.

As you know, PAHO is an international public health agency with over 100 years of experience in working to improve health and living standards throughout the Region. The Organization has responsibility for spearheading the direction of health policy to its 39 Member and Associate States, guiding implementation of best-practice strategies and policies, garnering international

resources and building relationships that optimize implementation and outcomes.

The Organization's Regional Program on Oral Health brings unique experience in areas such as clinical studies and technical assistance to countries in developing health policy, and developing and implementing feasible, low-cost health interventions. In addition, the Oral Health Program has a proven track record in the design and implementation of clinical trials and cost-effective alternative treatments to increase access to oral health services. Examples include the enhancement of salt and water fluoridation systems in the Region, as well as pilot programs in three Latin American countries to determine the cost-effectiveness of Atraumatic Restorative Treatment, or PRAT, a simple technology that can be used by trained auxiliary personnel to reach disadvantaged populations.

In 2005, PAHO, jointly with the Member States, developed a new 10-year strategy and plan of action to promote oral health throughout the Region. Approved by the Directing Council in 2006, the strategy is based on the driving principles of public health, which are disease prevention, health promotion, and disease surveillance. Each element of the strategy is grounded in best practice training and dissemination of best practice models, partnerships, upstream investment, and measurement of progress along time and scale. In accordance with the United Nations' Development Agenda, the strategy also supports the three health-related Millennium Development Goals, developed in the year 2000. The strategy also facilitates technical cooperation between and among public and private stakeholders, integrating appropriate technologies and scaling-up of proven interventions.

PAHO's Strategy and Plan of Action addresses the persistent and dynamic oral health challenges of the new millennium. The ultimate goal of the strategy is to reduce the burden of disease from various oral health conditions by the year 2015. The Plan of Action sets forth major goals, aimed to reach vulnerable groups, to integrate oral health care into general health care, and to scale-up proven, cost-effective interventions. It also identifies measurable objectives and indicators that correspond with each of the goals.

The proposed targets of the plan are to reduce the current DMFT-12 for all countries, improve assessment and treatment of other oral health problems in the Region, and increase access to oral health services for every individual. The strategy is designed to build on best practice models used in the successes of the fluoridation programs from the previous decade. Similar cost-effective interventions using simple technologies can be scaled up to improve access to oral health care at a much lower cost. The targets can be accomplished by an integrated health system that combines oral health with general health services.

Finally, the strategy recognizes that a common oral health agenda requires strong partnerships between the private and public dental health community. PAHO has a long and successful history of working with a variety of partners – both public and private – to advance its public health objectives. We understand that, unfortunately, the resources available to combat disease, lengthen life and promote public health are quite limited. Now we are facing an unprecedented economic situation throughout the world that has made already scarce resources even more meager. Given the scarcity of resources to implement such large-scale programs, it makes good business sense for organizations to develop sustainable and effective partnerships that maximize such resources. The Caries-Free Communities Initiative is an outstanding opportunity for the oral health community to unite behind a single, results-driven effort that will maximize technical and financial resources. By building on one another's momentum and best practices, I am confident that we can have a great impact on the reduction of dental caries in the region.

PAHO's guiding principles have always been rooted in building partnerships with governmental and non-governmental agencies, international organizations and the private sector in order to assist with the implementation of health strategies and to promote capacity building. An approach that leverages all stakeholders towards a common goal is central to this partnership.

We have been working on a multi-year plan that will support the implementation of the CFC Initiative. A work in progress, PAHO envisions that this Initiative will roll out in three separate but overlapping phases.

The first phase will focus on the vital research necessary for, as well as the development and implementation of, the CFC Initiative. An integral part of this phase will be the development of the public/private partnership that will support the initiative and ensure its sustainability. In addition, this phase will seek out and evaluate opportunities to provide country-specific solutions to oral health care challenges. Activities in this phase also will include a well-developed education campaign to raise the profile of the initiative and pave the way for wider implementation in the subsequent phase. Monitoring and evaluating progress will play an important role throughout each phase of the project.

The focus of the next phase will be on implementation of oral health interventions to achieve Caries-Free Communities. During the first phase, oral care packages are developed for Tier 1 countries; during the second phase, those packages will begin to be implemented in Tier 1 countries. Concurrently, oral care packages will be developed for Tier 2 countries based upon the specific country context and upon "lessons learned" in the development phase for Tier 1 countries. These interventions will continue on a rolling basis.

The final phase will focus on empowering national and local health authorities, academia members and local associations in the development of sustainable oral health promotion and educational activities. Activities in this phase will focus on increased and enhanced training for oral health professionals throughout the Region, continued measurement of progress toward caries-free communities, and the promotion of success stories from both Tier 1 and 2 country interventions. By the year 2012, we hope that all countries in the Region will have been able to develop their oral care plan and implement it in at least one community.

The CFC Initiative may indeed be one of the most important and collaborative health interventions ever undertaken in the Region of the Americas, and I assure you that the global health community is already watching to see what they can learn from our work. PAHO is so pleased to be a part of the CFC Initiative, and we feel confident that this initiative will allow us all to build networks that will advance the progress made to date in oral health throughout the Region. Sharing best practices, pooling resources, building capacity in-country and scaling up successful projects will all contribute to better oral health practices in the Americas. On behalf of PAHO, I wish you every success in this week's meeting and I look forward to the future progress that will result from the CFC Initiative.

* * *

Summary of the Intervention by Dr. Ramiro Jesús Sandoval Secretary of Services to the Community (UNAM)

At the beginning of his presentation, Dr. Sandoval stressed that oral health should be regarded as an essential part of an individual's comprehensive health. Although public health measures such as the salt fluoridation program and other broad-reaching preventive programs have been established, they have not been sufficient. Thus, in addition to strengthening existing measures it is necessary to develop programs that contribute to reducing major inequalities in access to oral health services, one of which is the CFCI.

An essential element to achieving oral health is the contribution that universities and their students make to the health education of the community. The most remote communities can experience an improved quality of life through intern-provided dental care, the attention of Social Services, and participation in social intervention projects.

Through basic clinical and epidemiological research, universities can develop cutting-edge new drugs and dental materials while contributing to a greater understanding of the health-disease process. This knowledge regarding the factors that influence the state of oral health of various populations allows for future improvements in health interventions.

The value of involving universities in these forums is that they can commit themselves to strengthening their graduates and adapting the curricula to the needs of the community.

* * *

Inaugural message of the Workshop by Dr. MAKI ESTHER ORTIZ DOMÍNGUEZ, Deputy Secretary of Innovation and Quality in the Ministry of Health of Mexico

April 23, 2009
City of México, Federal District
Hotel Meliá Reforma

Good Morning,

Doctor Mirta Roses Periago, Director of the Pan American Health Organization, Regional Director of the Americas, World Health Organization.

Doctor José Narro Robles, President of the National Autonomous University of Mexico.

Doctor María Julia Muñoz, Minister of Health of Uruguay.

Doctor Mauricio Hernández Ávila, Undersecretary of `Disease Prevention and Health Promotion` in the Ministry of Health of Mexico.

Distinguished members.

Representatives of oral health from countries associated with the Americas.

Ladies and gentlemen,

Welcome to the Oral Health Workshop for the Americas, which has been organized and sponsored by the Pan American Health Organization, the Ministry of Health of Mexico, the Mexican Association of Dental Schools, and the Mexican Dental Association. It is with great pleasure that I extend a warm welcome to Secretary of Health Doctor José Angel Cordova Villalobos, whose presence highlights the event's purpose: to promote actions that protect public health, particularly among the most vulnerable populations.

I am pleased to receive organizations from the Region that accompany us in our commitment to oral health through our efforts to identify sustainable solutions for achieving caries free communities in the Americas.

Currently there is an increasing awareness about the value of taking a preventive approach in health policies. This premise is particularly important in the case of oral health not only because most common oral diseases are preventable, but also because timely treatments are simpler. Controlling the disease reduces the risk of serious complications and the burden of their associated costly treatment.

The evidence shows us that if everyone had access to preventive measures and to adequate and timely treatments, the presence of oral diseases would be reduced, its progress and the appearance of severe and debilitating complications would be avoided, and expensive treatments would not be required.

In recent years, Mexico has been working with public and private organizations to implement a week of national oral health targeting the prevention and control of caries and periodontal disease through the combined actions of the community, professionals, and the individual.

Additionally, mobile teams of Health Caravans will make oral health services available to marginalized sites that are dispersed and difficult to access. Workers who specialize in dental care are essential to the Program.

We undoubtedly have made progress in the Americas in improving oral health. Compared with the early nineties, more than 43 countries in the region have witnessed a decline between 35 and 83% in the prevalence of dental caries. In the case of Mexico, the reduction was close to 60% according to the index of decayed, missing, and filled teeth for 12 year-old children.

The Pan American Health Organization has helped tremendously in establishing preventive oral health in the region by promoting salt and water fluoridation programs, which have significantly reduced oral morbidity in several countries in the Region.

Fluoridation has been recognized as one of the most important public health measures in history, not only because it has succeeded in significantly diminishing the presence of caries in the population, but because it also has extended its reach to the entire population. Therefore, it is an effective measure to counteract the ties between social inequalities and oral health.

To continue making advancements, it is important to keep up the measures that provide fluoridated water to the poorer and less developed regions. Furthermore, it is necessary to adopt atraumatic restorative treatment as a cost-effective treatment modality that can limit the detrimental effects of caries in these populations.

We are aware of the challenges that persist in the field of oral health on our continent, which have in several cases served as an impediment to improving general health.

It is clear that in order to reduce the burden of oral disease, it will be necessary to rely on preventive measures and cost-effective oral health services designed to eliminate treatment disparities and provide more accessible services.

In principle, this workshop will provide approaches and solutions to the current challenges facing oral health and will serve as an important forum to strengthen the health programs of every member country.

I hope that the representatives of the countries gathered here today will develop or modify the definition of strategic interventions and incorporate the Caries Free Communities Initiative within our respective vulnerable populations through the application of resources and cooperative solutions.

Health systems must pay special attention to the relationship between oral health and living conditions by emphasizing the programs and services of promotion and prevention, supporting measures for basic sanitation, and developing communities that encourage individuals to participate in their health care.

On behalf of the Ministry of Health, I welcome you again and express my best wishes for the success of the Workshop's purpose: "A call for Action in order to achieve caries free communities in the most vulnerable populations of the Region."

Our goal without a doubt is ambitious; however, ambitious targets can be met through the combined best efforts of the academia, dentists, and interest groups in the private and public sectors.

That said, if I may, I will proceed with the formal inauguration of this event.

Today on April 23rd, 2009, I am pleased to formally declare the inauguration of the "Workshop of Oral Health in the Americas."

Much success and thank you very much.

* * *

Summary of the presentation "National Oral Health Program. Experiences in Primary Dental Health Care in Canelones, Uruguay":

Dr. MARIA JULIA MUÑOZ, Minister of Health of Uruguay

Uruguay: Some demographic data

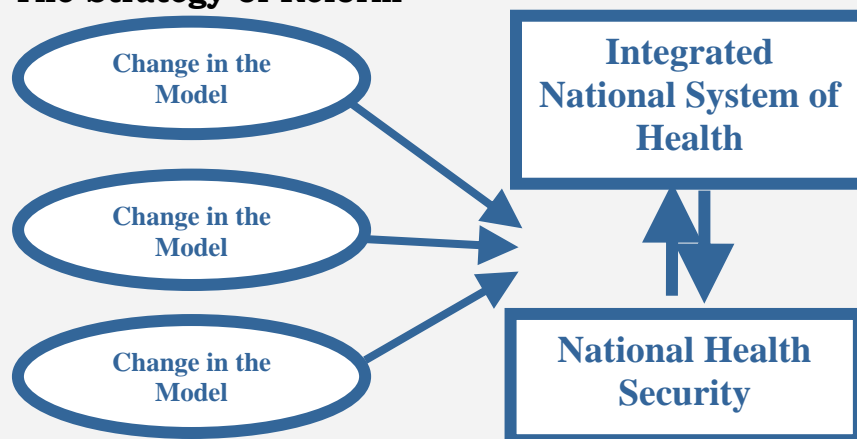
- Surface: 186.926 Km²
- General Population: 3.241.003
 - Men: 1.565.533
 - Women: 1.675.470
 - Montevideo: 1.325.968
 - Interior: 1.915.035

Infant Mortality: 10.66 per thousand live births (2008)

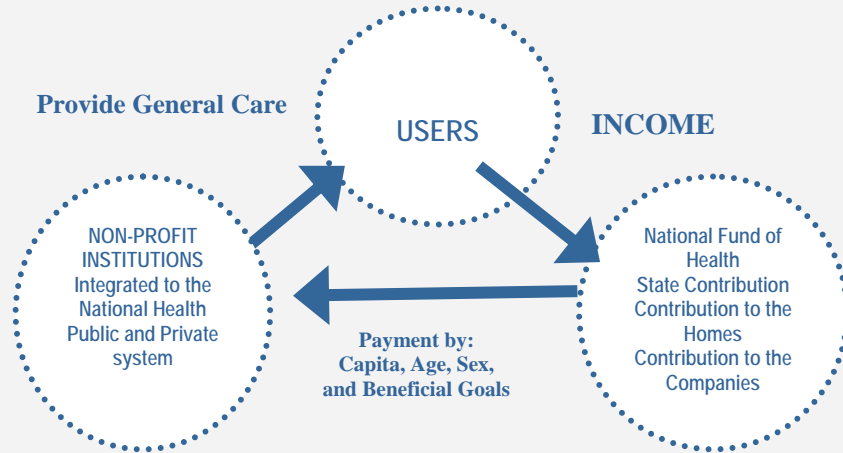
Fundamental Principles of the Integrated National Systems of Health

- Equity.
- Quality.
- Integrity.
- Social Participation.

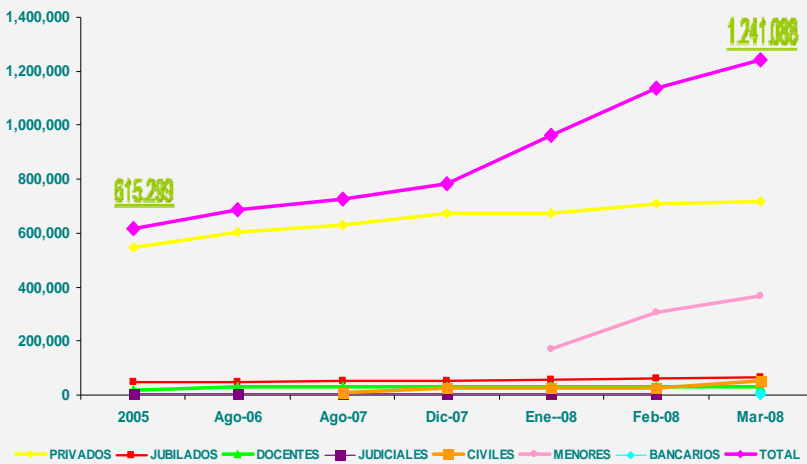
The Strategy of Reform



The Formation of the National Health Insurance (NHI)



Affiliate Health Systems: March 2005 to 2008



Definition of Oral Health (WHO)

- Oral health is a human right that should be included within country agendas as a strategy in health plans.
- From an epidemiological standpoint, dental caries is an infectious chronic disease that has a high prevalence in infants and is the leading cause of dental loss

Preventive Programs

- MPH has designed and given priority to set of Preventive Programs.
- For the Programs to operate on and assess different levels of care, it is important that they adapt to the realities and local needs in the territory.
- They emphasized National Programs for Children, Infants, and Women that address subjects such as nutrition, oral health, mental health, and national cancer programs, which should be developed through the cooperation of communities and schools.

National Program of Oral Health for Children

- MPH delivers a hygiene kit (cup, brush and paste) once a year to children and school personnel.
- In 2008, 119,200 hygiene kits were delivered to more than 25% of the school children in the country.
- The school distributes the hygiene kits and integrates them into the curriculum and daily school activities.
- Screening was performed on 13,954 school children in the first and sixth grades, referring the most prevalent oral diseases to the dental assistants.

Levels of disease found in screening of 6th graders.

- 28% do not have caries
- 14% have cavities.
- 65% have at least one carious cavity in their temporary dentition.
- 13% have at least one carious cavity in their permanent dentition.
- 77% do not have a carious cavity in their permanent dentition.

Our goal for women's care

- Care of pregnant women:
 - Send to the dentist in the second trimester of the pregnancy.
 - Immediately monitor and promote health in the postpartum.
- In 2007 these two controls for the most part did not exist.
- In the last trimester of 2008, most of the institutions had been monitoring between 80 and 100% of pregnant women and mothers.

Our goal for children's care

- Pay most attention to the children from 0 to 36 months
- Integrate pediatric care between 6, 12, 18, 24, 28, and 36 months.
- Recommended as beneficial goals:
 - Clinical exams
 - Health Education
 - Teaching oral hygiene.

Actions in 2005

- Integration of dental unions in the Advisory Health Committee.
- Oral Health is part of the community's comprehensive health.

Presidency of the Republic's Oral Health Program for schools

- Oral Health Promotion
- Prevention
- Assistance of the entire school-age population of rural areas of the country.

2008 Coverage

- 68.026 children under health coverage, promotion, and education.
- 29.816 children seen with mobile equipment.
 - ✓ Human resources
 - ✓ 119 dentists, 23 hygienists.
- All the professionals work 20 hours per week from March to December.
- The program has 92 portable dental equipment units that rotate among 234 schools. There are 4 mobile stations that are equipped with 5 physicians.
- A bus and three pick-up trucks in addition to five vehicles equipped with portable dental stations provide care to rural schools.

2009 Objective

- The National Program of Oral Health will cover and ensure the care and rehabilitation of all children six years of age throughout the country in 2009.

Status of oral health in the department of Canelones

- Canelones it is one of the 19 departments (Municipalities) of Uruguay, with highly complex sociodemographic and economic conditions as seen in the population and the steady increase of vulnerable areas.
 - ✓ It has a population of 485,240 inhabitants.
 - ✓ 14.2% of the population belongs to the group aged between 4 and 12 years. The school-age population is distributed in 270 schools, 83% public and 17% private.
 - ✓ Oral health care and the promotion of hygiene habits were sporadic, as a lack of sanitary awareness in the community and a high prevalence of preventable diseases persisted.

General oral health in Canelones

Year 2005

- Health Department Plan, by the Health Department of Canelones, decentralized unit of the General Health Directorate of the MPH.
- Commitments:
 - ✓ Strengthening primary health care with emphasis on promotion and prevention.
- An agreement was signed with the Commune Canaria (Municipal Government of Canelones)
- Principal Objective:
 - ✓ Implement coordinated efforts that are efficient, effective, and comprehensive to provide broad coverage for the most vulnerable sectors of the population.
 - ✓ Give priority to the First Level of Care, develop a plan to ration existing resources between the two agencies, and commit to prioritizing the objectives of the Department of Planning.
 - ✓ Coordinate with other health agencies, NGOs, neighborhood commissions, and community groups to ensure the maximum participation of all stakeholders.

A Pilot Program for Oral Health Intervention for the Department of Canelones was created.

General Objective

To contribute, to improve and to help protect oral health of the school-age population by reducing inequalities and by strengthening and prioritizing the most vulnerable sectors with equity, quality and warmth.

Specific Objectives

- Diagnose the status of oral health among the schoolchildren in the community.
- Implement and develop a pilot program for oral health for schoolchildren that is efficient, comprehensive, and provides broad coverage to reach the most vulnerable sectors.
- Implement educational programs of promotion and prevention and treating the existing diseases to achieve a healthy community.
- Increase dental care coverage through timely care with the application of the ART/PRAT technique with a dynamic referral system that is effective and efficient.
- Guarantee and maintain the health of the target population through follow-up, monitoring, and evaluation of the dental actions by qualified personnel.

Location of the Program in December 2008

- Diagnosis of the oral health condition among students in the city of Canelones.
 - DMFT

Other supports that strengthen the health care system

- Two Oral Health mobile dental units
 - Place in zones of high vulnerability where they provide dental services to referred patients
 - They would offer appointments and would extract teeth in the community.
 - A oral health mobile unit mainly for APS
 - Another APS with incorporation of dental health team.
- Primary focus is oral health
- Components for technical requirements for the **PRAT/ART** technique
- Agreements between the Ministry of Health and PAHO
- Members of the rotary club
- Agreement with IAMC

- Provide prevention and care between 1st and 6th grade. It is currently carried out in children in 1st, 2nd, 3rd, 4th, and 6th grade.

Benefits:

- **Advance Prevention and Care in Oral Health**
 - Reduce costs by one third.
 - Reach isolated communities.
 - Easy initiation, few instruments.
 - Manual dental instrument that does not require electricity

Lines of Action

- Oral and general health promotion working with a multidisciplinary team.
- Promoting and teaching oral health. Give a brush and tube of toothpaste to every child.
- Give health care using the PRAT/ART technique. Make preventive and health care services accessible.
- Change and make an impact on how children and parents think about oral disease.

SCHOOLS THAT PROVIDED ORAL HEALTH 2007-2008

| | Year 2007 | Year 2008(*) |
|---|--------------|-----------------|
| Total number of schools | 101 | 95 |
| Schools served with PRAT technique | 83 | 75 |
| Schools only with health promotion | 18 | 20 |
| Children with health promotion | 15388 | 22391 |
| Children served with PRAT technique | 5933 | 4127 |
| Sealants | 6987 | 6741 |
| Restorations | 2359 | 1944 |
| Maximum number of children attending school who received oral health services | 2359 | 2547 |
| Referrals | 520 | 1793 |

(*) Children from summer schools are not included

Human Resources

| Dentist | Year 2007 | Year 2008 |
|-------------------|------------------|------------------|
| Canaria Municipal | 12 | 11 |
| ASSE | 4 | 1 |
| INAU | 1 | 1 |
| Fee | - | 1 |
| Private | - | 2 |
| Total | 17 | 16 |

Calibration course to evaluate the technique using scientific criteria

Percentage greater than 95%

USER SATISFACTION SURVEY (Directors and Teachers)

Total people interview: 82

| | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | No data |
|---|----------------|-------|---------|----------|-------------------|---------|
| Do you agree that the dentist should be part of the school working team? | 65 | 15 | 0 | 0 | 0 | 2 |
| | 79% | 18% | 0% | 0% | 0% | 3% |
| Are the dentists organized at work? | 51 | 27 | 1 | 0 | 0 | 3 |
| | 62% | 33% | 1% | 0% | 0% | 4% |
| The children feel comfortable and aren't afraid? | 60 | 21 | 0 | 0 | 0 | 1 |
| | 73% | 26% | 0% | 0% | 0% | 1% |
| The Program provides assistance to the children that need it? | 67 | 12 | 1 | 0 | 0 | 3 |
| | 82% | 15% | 1% | 0% | 0% | 2% |
| The dentist meets the questions of school's teaching staff? | 52 | 26 | 1 | 0 | 0 | 3 |
| | 63% | 32% | 1% | 0% | 0% | 4% |
| Do you consider that the program is important for the children? | 72 | 7 | 1 | 0 | 0 | 2 |
| | 88% | 8% | 1% | 0% | 0% | 3% |
| Did someone respond when you had a question about the program? | 54 | 16 | 7 | 0 | 1 | 4 |
| | 66% | 19% | 8% | 0% | 1% | 6% |
| Would you like to continue the program at your school for another year? | 69 | 8 | 0 | 0 | 1 | 4 |
| | 84% | 10% | 0% | 0% | 1% | 5% |
| Were changes observed in the behavior of children after the program activities? | 35 | 25 | 14 | 3 | 0 | 5 |
| | 43% | 30% | 17% | 4% | 0% | 6% |
| Dental care interferes with the functioning of the school. | 12 | 8 | 10 | 23 | 18 | 11 |
| | 15% | 10% | 12% | 28% | 22% | 13% |

USER SATISFACTION SURVEY (CHILDREN)

Total number of schools: 34

Total number of children interview: **1455**

| | | | | | |
|---|------|------|-------|-------|-------|
| Adult Oral Health Program | 1373 | 59 | 8 | 2 | 13 |
| I was treated well by the dentist | 94 % | 4 % | 0.5 % | 0.1 % | 1,4 % |
| The dentist made me feel good and secure | 1229 | 167 | 36 | 6 | 17 |
| | 84 % | 11 % | 2 % | 0.4 % | 2,6 % |
| When I had a question the dentist responded | 1209 | 186 | 16 | 8 | 36 |
| | 83 % | 13 % | 1 % | 0.5 % | 2,5 % |
| The dentist explained to me what he/she was going to do | 1269 | 112 | 31 | 14 | 29 |
| | 87 % | 8 % | 2 % | 1 % | 2 % |
| I was not afraid when I was at the dentist's office | 1054 | 259 | 63 | 49 | 30 |
| | 72 % | 18 % | 4 % | 3.4 % | 2,6 % |
| I think this program helped me take care of my teeth | 1318 | 73 | 21 | 10 | 33 |
| | 90 % | 5 % | 1.4 % | 0.1 % | 3,5 % |
| I would participate in the program again | 1263 | 93 | 13 | 49 | 37 |
| | 87 % | 6 % | 1 % | 3.4 % | 2,6 % |
| I would recommend to a friend that it is a good program | 1304 | 73 | 22 | 15 | 41 |
| | 89 % | 5 % | 1.5 % | 1 % | 3,5 % |

Health Care 2009

- Education prevention for children through 12 years of age.
- Incorporation of prevention through PRAT sealants to the first permanent molars (6 years)
- Appropriate care of the dental caries disease with the PRAT technique or other technique

Challenge: Achieving Oral Health for children from 0 to 12 years of age.



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