

The evaluation of the oral public health programs, a pending task.

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In Chile, oral public health policy “*is oriented to the prevention and promotion of the health of the population, with an emphasis on the most vulnerable. It also considers recovery activities in the prioritized groups through cost-effective actions based on the most available evidence*” (Available at <http://www.minsal.cl/salud-bucal/>).

The Chilean public health system provides dental coverage through family health centers, urban and rural clinics among others. Public health services do not have the resources to cope with the dental needs of the entire population. The demand for care is very high because Severe dental health problems of the population and the shortage of dentists in the public health system. Thus, the State has become in need of prioritizing specific age groups, to achieve a health impact in the long term.¹

The oral public health programs in Chile are based on a biomedical-behavioral approach, considering individual risk factors. This model alone is no longer a viable option because it has failed to reduce the equity gaps in oral health. This has led to a change of focus, turning to the Social Determinants of Health (SDH). Evidence has demonstrated the influence of social determinants on health inequalities; the conditions in which people live and work have a profound impact on their health and well-being. This is why oral public health programs should not only focus on individual factors, but must address, guide and formulate health policy from a social perspective, taking into account the social environments in which people live.

Quality in health programs must be maintained over time and evaluated to meet the requirements of users. The World Health Organization and the Pan American Health Organization define quality “*as the integral result linked to certain processes of work, within the framework of the production of social services*” Quality is related to a greater satisfaction of the people who need the services, it is a result of all the processes. Quality assurance is a different concept, “*it is the process of evaluating the quality of care and then taking the necessary steps to protect, maintain and improve the level of quality provided*”.²

Why is it important to measure quality in health services?²

Ethics: because good technical and human attention is the consequence of the ethics of the profession

Safety: because life and health depends on the clinical diagnosis and correct treatment.

Efficiency: because the most optimal effect must be obtained at the

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lowest possible cost.

Sociopolitical: because the mission of health systems is to contribute to the well-being of the population.

Economic: because it reduces costs, improves productivity and profitability.

The evaluation of the quality of the health services considers: Performance (number of activities carried out in a period of time), Effectiveness (result of a practice in real conditions according to a preset expectation), Satisfaction (fulfilling the expectations of the user and the provider), and Participation (the user or service provider actively participates in the decisions).²

In Chile, the quality of oral public health programs is measured in relation to the DMFT index and the coverage

achieved by the Ministry of Health programs. This is clearly an incomplete assessment of the oral health services.

The lack of a continuous evaluation procedure of oral public health programs, which incorporates all dimensions of quality, limits the possibilities for the transformation of this health policy. The improvement of the quality of oral public health programs requires the incorporation of a management model that articulate the dental care needs of the population, the performance of the health team, the availability of the service and a continuous evaluation.²

It is of utmost importance to evaluate not only the upcoming results, but also to evaluate the long-term results so as to generate lasting and meaningful interventions in the population.³

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