

**LETTER TO THE EDITOR**

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How much do oral and dental diseases affect our population? Very much. They affect the overall quality of life of people, hindering their basic nutrition and communication functions, damaging their self-esteem, affecting social and labor relationships, limiting public performance and reducing the possibilities of personal success<sup>1</sup>. In Chile, public policy in oral health is aimed at prevention and health promotion among the population, with emphasis on the most vulnerable people. It also considers the implementation of compensatory actions in priority groups through cost-effective programs based on the best evidence available as declared on the website of the Chilean Ministry of Health<sup>2</sup>.

After the implementation of the Chilean health system reform in 2005, significant advances have been made in dental programs throughout the life cycle of the Chilean population. From the dental Explicit Health Guarantees program (GES, for its acronym in Spanish) that treats newborns affected by cleft lip and palate, through the well-child visits to the dentist at ages 2 and 4, the program "Sembrando sonrisas" (Seeding smiles) created by President Bachelet<sup>3</sup> and the dental benefits for preschool children, "Salud integral para niños y niñas de 6 años (Comprehensive oral health for 6 year-old children), dental care for 12-year-olds, the Payment System Associated to Dental Diagnosis (PAD, for its acronym in Spanish) for children and young people between 12 and 18 years, and to the presidential program "Salud oral integral para alumnos de cuartos medios" (Comprehensive oral health for high school senior students). All of them are a clear example of the importance the Chilean government gives to the oral health of the population under 20 years of age.

The National Health Fund (FONASA, for its acronym in Spanish) is the public body responsible for providing care coverage for people spending 7% of their monthly income on FONASA, as for those who, for lack of own resources, are covered completely free by the State through a direct tax contribution system<sup>4</sup>. The dental PAD program is a health

**Evidence-based practice and public oral health policy in Chile, a broken link.**

plan that is not included in the GES. It provides dental coverage under the plan "Fonasa Libre Elección" (Fonasa Free Choice) offering a group of dental treatments including mostly restorations and root canal therapy<sup>1,5</sup>. This is evidently a palliative solution lacking a comprehensive approach to rehabilitation and prevention. For example, in the case of a root canal therapy, subsequent rehabilitation is not covered by the plan, which can lead to treatment failure. In the long run, this is a waste of resources for FONASA and for the patient.

Unfortunately, when people advance in the life course, the outlook begins to look less promising. For Chileans over 20 years of age, who eagerly and desperately expect to receive comprehensive dental care as reported by the situational diagnosis of oral health in Chile<sup>6</sup>, it is increasingly difficult to have access to dental programs besides the plan "urgencias odológicas" (dental emergencies) included in the GES.

Only pregnant women over 20 are covered under the plan "Salud Oral Integral para Embarazadas" (Comprehensive oral health plan for pregnant women). This is a GES guarantee that aims to give the patient a comprehensive treatment, hopefully for the duration of the gestation period. Focused on the most vulnerable women in Chile, the government implemented the program "Más Sonrisas para Chile" (More smiles for Chile), which mainly benefits women from the program Chile Solidario, who are also beneficiaries of the National Women's Service (SERNAM, for its acronym in Spanish) or those working in preschool education.

But for men over 20 years of age, there is no comprehensive coverage (except for emergencies) until the age of 60. The GES program "Salud Oral Integral para Adultos de 60 años" (Comprehensive oral health for 60-year-old adults) was implemented to close the cycle of oral care through the course of life and is the last chance for old people under GES to "smile again".

This brief summary, that in no way intends to give a thoroughly account of all the efforts made by the State to



maintain and restore the oral health of Chileans, presents only the most relevant programs. It also aims to open a space for reflection on public policies in oral health care in Chile. Thus we wonder: Who is the most vulnerable group in Chile from the epidemiological diagnosis and from the perception of the community? Moreover, if emphasis must be given on vulnerable groups: What about oral health of older adults in one of the fastest aging populations in the region and with the highest levels of economic insecurity? At the same time, how cost effective is to deliver comprehensive dental treatments that have no follow-up or checkups in the short and medium term?

Although efforts have been made to treat the population under 20 years, compliance rates are unknown and so is the impact of the associated programs. We also noted that programs do not work coordinately with the patient's families in the context where they are implemented. Many preventive actions can be taught to a five-year-old child, such as brushing techniques, renewing toothbrushes and giving away toothpaste permanently, but what good will it do if we do not educate the adults who are in charge of these children? Will they be able to replicate and maintain lifelong good dental hygiene? Do we, as dentists, have the right methodological tools to work with them (children)?

The WHO says that the monitoring of oral pathologies should focus on the following ages: 5-6 years, 12 years, 15 years, 35-44 years and 65-74 years<sup>6</sup>. If we look at these age ranges, most are included in a prevention or dental oral

rehabilitation program, except for the 35-44 year-old range, who only have access to GES dental emergencies.

If we continue reflecting on this matter we might ask ourselves why not include men over 20 as beneficiaries in the programs that the State provides for oral health? Or what is the public perception regarding oral health policies? Foreign studies show that the general population is not well informed about public policies and many of them lose the benefits just for lack of information<sup>7</sup>. At the same time, there are not many studies that take into account the situation of oral health of the adult population in Chile, and there even fewer studies on these public policies. Apparently, the State has not put enough emphasis on showing the effectiveness of these programs and their impact on the population. By generating relevant research we could determine whether the approach taken is correct or if there are difficulties of political agenda, design, implementation or evaluation.

We invite the scientific community to conduct research on this subject to generate "the best evidence" and support the governmental decisions with sociocultural relevance, adapted to our local reality and with the participation of all the community.

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## REFERENCES.

1. Contreras I, Contreras E, Aranda P, Solís B. Oral health status in 12 to 17-year-old school children from Valle Nonguén, Concepción, 2013. *J Oral Res.* 2013;2(3):109-13.
2. Ministerio de Salud (MINSAL). MINSAL Programas de Salud Bucal-División de Prevención Salud Bucal. Cited July 30, 2016. Available from:<http://diprece.minsal.cl/programas-de-salud/salud-bucal>.
3. Gobierno de Chile, Bachelet M. Cuentas Púlicas 2014; Valparaíso, Chile. Cited July 30, 2016. Available from:[http://historiapolitica.bcn.cl/mensajes\\_presidenciales](http://historiapolitica.bcn.cl/mensajes_presidenciales).
4. Gobierno de Chile. Información Institucional. ¿Qué es FONASA?. Cited July 30, 2016. Available from:<https://www.fonasa.cl/sites/fonasa/beneficiarios>.
5. Gobierno de Chile. PAD Fonasa: Conoce cuánto pagar por tu procedimiento médico. Cited July 30, 2016. Available from:<http://www.gob.cl/2015/01/05/pad-fonasa>.
6. Ministerio de Salud (MINSAL). Diagnóstico de situación de salud bucal. Cited July 30, 2016. Available from:<http://web.minsal.cl/portal/url/item/7dc33df0bb34ec58e04001011e011c36.pdf>.
7. Sánchez G, Laza C, Estupiñán C, Estupiñán L. Barreras de acceso a los servicios de salud: narrativas de mujeres con cáncer de mama en Colombia. *Rev Fac Nac Salud Pública.* 2014;32(3):305-13.