

In the last century, numerous advances in biomedical researches and technology in the dentistry field have been responsible for improvements in health and well-being of populations⁽¹⁾. However, despite major achievements in the context of oral health, many problems still remain, such as dental caries, the most common of oral diseases. The prevalence of dental caries showed a downward trend over the last three decades of the XX century and in early twenty-first century, especially in developed countries, however, it is still considered an important worldwide public health issue, affecting 60% to 90% of school children, besides the vast majority of the adults⁽²⁻⁴⁾.

In the *Pesquisa Nacional de Saúde Bucal do Ministério da Saúde - Projeto SB 2010*⁽⁵⁾ (National Survey of Oral Health of the Ministry of Health - SB Project 2010), improvements in the oral health status of Brazilians were observed, however, caries prevalence is still high. Among adolescents aged 15 to 19 years, for example, the average of affected teeth was 4.25 - more than twice the mean number found at the age of 12. Among the elderly aged 65 to 74 years, the number of decayed, missing and filled (DMF) teeth hardly changed, remaining at 27.5 in 2010, while the average was 27.8 in 2003.

In international context, according to the Brazilian Ministry of Health⁽⁵⁾, a study by the World Health Organization (WHO) in 2004 indicated that, on data from 188 countries, the average DMF at age 12 was 1.6, reaching the average of 2.8 in the Americas, while in Europe it was 1.6. In South America, only Venezuela had an average DMF at age 12 similar to the Brazilian (2.1). In other countries, the averages were higher, as in Argentina (3.4), Bolivia (4.7), Colombia (2.3), Paraguay (2.8) and Peru (3.7).

The epidemiological findings on 2010 oral health in Brazil⁽⁵⁾ showed that the country joined the group of those with low prevalence of caries at the age of 12. Although results have been encouraging in this regard, the study showed, as previously described, a prevalence of caries still significant in several age groups assessed, as well as significant regional differences in the prevalence and severity of dental caries. These findings indicate the need for policies aimed at equity in the attention and innovative actions of promotion and prevention, which should also be sensitive to regional differences promotion and prevention.

The promotion of oral health is embedded within a broad concept of health that transcends the mere technical dimension of the dentistry sector, integrating it into other collective health practices. It expresses the construction of healthy public policies directed to all people in the community, as well as policies that create opportunities for access to actions of health promotion and prevention, ensuring the availability of appropriate basic dental care.

The oral health practices, starting from epidemiological references, have been reorganized in order to reduce inequities and give social responses to oral health problems and needs of the population, based on the principles of the *Sistema Único de Saúde - SUS* (Unified Health System), which brings in its very essence a guarantee of qualified access and integration of health services⁽⁶⁾. However, the actions of health assistance, promotion and prevention should be evaluated in

Anya Pimentel Gomes Fernandes
Vieira Meyer⁽¹⁾
Maria Vieira de Lima Saintrain⁽²⁾

(1) Fundação Oswaldo Cruz - FIOCRUZ
(Oswaldo Cruz Foundation) -
Fortaleza (CE) - Brazil

(2) Universidade de Fortaleza -
UNIFOR (University of Fortaleza) -
Fortaleza (CE) - Brazil

order to substantiate their effectiveness, efficiency and effectiveness, and extend them to other regions.

Vieira-da-Silva⁽⁷⁾ reports a relation between evaluation and ‘the process of determining the effort, merit or worth of something, or the value associated with the product of that process’. For the author, the assessment is considered important, firstly because it is associated with the possibility and need for interventions to modify health frameworks and, secondly, for taking into account the difficulties faced by these same practices to alter epidemiological indicators of morbidity and mortality in many other circumstances.

The evaluation of health services can be regarded as a means to promote the continuous improvement in care, providing the user a quality service⁽⁸⁾. In this context, evaluating these actions is an essential factor to determine their performance, efficacy and behavior in oral health services and, based on the references produced, meet the needs for public policies that generate oral health promotion in primary care.

In the current issue of the *Revista Brasileira em Promoção da Saúde - RBPS* (Brazilian Journal in Health Promotion), two papers discuss the evaluation of actions aimed at promotion and prevention in oral health. One of them verifies the habits of oral hygiene and the oral hygiene index in schoolchildren, while the other evaluates the efficacy of oral hygiene instructions, particularly in the control of dental biofilm.

REFERENCES

1. Benjamin RM. Oral health: the silent epidemic. *Public Health Rep.* 2010;125(2):158-9.
2. Narvai PC, Frazão P, Roncalli AG, Antunes JL. Cárie dentária no Brasil: declínio, polarização, iniquidade e exclusão social. *Rev Panam Salud Pública.* 2006;19(6):385-93.
3. World Health Organization, Organização Mundial de Saúde. Oral Health: Media Centre [acesso em 2013 Fev 28]. (Fact sheet n° 318, Abril 2012). Disponível em: <http://www.who.int/mediacentre/factsheets/fs318/en/index.html>.
4. Petersen PE, Bourgeois D, Ogawa H, Estupinan-Day S, Ndiaye C. The global burden of oral diseases and risks to oral health. *Bull World Health Organ.* 2005;83(9):661-9.
5. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Secretaria de Vigilância em Saúde. SBBrazil 2010: Pesquisa Nacional de Saúde Bucal: resultados principais. Brasília; 2011.
6. Valença AMG, Senna MAA, Faria LCM. Paradigmas do Atendimento de Crianças no Contexto da Saúde Pública Brasileira. In: Maia LC, Primo LG. *Odontologia Integrada na Infância*. São Paulo: Santos; 2011. p. 11-22.
7. Vieira-da-Silva LM. Conceitos, abordagens e estratégias para a avaliação em saúde. In: Hartz ZMA, Vieira-da-Silva LM, organizadores. *Avaliação em saúde: dos modelos teóricos à prática na avaliação de Programas e Sistemas de Saúde*. Rio de Janeiro: FIOCRUZ; 2005. p. 15-39.
8. Colussi CF, Calvo MCM. Avaliação da Atenção em Saúde Bucal no Brasil: uma revisão da literatura. *Saúde Transform Social.* 2012;3(1):92-100.