

Expanding access to dental treatment for the rural population: a critical-reflexive narrative on the incorporation of Atraumatic Restorative Treatment

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In rural areas of Brazil, the access to conservative clinical dental treatment was strongly poor, as only 8.09% of those evaluated had previously restored primary or permanent teeth. How can the Atraumatic Restorative Treatment improve the access to conservative treatment in oral health?

BACKGROUND

- Centralizing dental health services in traditional dental offices has limited capacity to promote broad access to conservative treatment.

To confront this situation, the students drew up the Participatory Action Plan in Oral Health (PAP-OH) using Atraumatic Restorative Treatment (ART), with the aim of expanding access to conservative dental treatment.

METHODS

The action plan was implemented in four Complementary Stages (CS) aiming for comprehensive dental health actions. The CS of the plan are described in the order of execution:

- CS1 (promotion), focused on health education activities;
- CS2 (prevention), aimed at diagnosis, epidemiological surveying, and caries prevention;
- CS3 (recovery), involving the actual ART procedure; and
- CS4 (follow-up), dedicated to re-evaluating users who received ART and monitoring cases referred to specialized care.

RESULTS

The PAP-OH proved to be a viable alternative for clinical practice in areas without a dental office or with a dental office under maintenance. The epidemiological survey conducted in CS2 revealed the following results: The prevalence of caries in the Lagoa de Pedra territory was 78.3%, while in Xicuru it was 81.8%. An age-specific analysis showed that the 12 to 16-year-old age group had the highest caries prevalence in both territories.

Figure 1. Participatory Action Plan in Oral Health using Atraumatic Restorative Treatment



RESULTS CONTINUED

Figure 2. CS1 Health promotion



Figure 3. CS2 Health prevention; CS3 Health recovery



- CS4 (follow-up), dedicated to re-evaluating users who received ART and monitoring cases referred to specialized care.

CONCLUSIONS

The experience highlighted the importance of implementing the action plan using ART technology to expand access to conservative dental treatment. It is considered a counter-hegemonic experience, as it was committed to critically transforming the analyzed reality and was conducted based on the principle of comprehensiveness, contributing to equitable access to dental health services for users.

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