Epidemiology in oral health has experienced significant growth in Brazil in recent years, especially due to its use as a planning and evaluation tool by health services. It is true that we still have a long way to go before achieving oral health care models with Epidemiology as part of their basic structure. Yet there has been undeniable progress, especially since the implementation of the National Oral Health Policy, commonly known as “Smiling Brazil”, in the last six years.

The working premises of the National Policy adopt the principles of the Unified National Health System (SUS), including: (a) “the use of Epidemiology and territorial data to support planning” and (b) “concentrating action on health surveillance, incorporating continuous practices in evaluation and follow-up of harm, risks, and determinants of the health-disease process”. The goal is thus to implement these principles through various strategies, including nationwide epidemiological surveys.

Previous nationwide oral health surveys in 1986, 1996, and 2003 produced an important body of technical and methodological experience. However, although these studies were highly relevant for defining the epidemiological profile of the Brazilian population’s oral health, they bear little or no relationship to the country’s prevailing oral health policy, from the perspective of serving as a strategic element in a health surveillance model.

The SB Brasil 2010 Project, or National Oral Health Survey, is thus intended as the principal oral health surveillance strategy in the National Oral Health Policy, in terms of producing primary oral disease data. The project is designed as the underlying element for orienting policy on the population’s main oral health disorders (dental caries, periodontal disease, occlusal disorders, fluorosis, and edentulism), supporting the development of collective and individual preventive measures and rehabilitation.

In terms of methodological and operational characteristics, SB Brasil 2010 is a sample survey conducted in 26 State capitals and the Federal District and in 150 other municipalities (30 in each macro-region) with different population sizes. Household interviews will be held with approximately 50 thousand individuals from five age groups (5 years, 12 years, 15 to 19 years, 35 to 44 years, and 65 to 74 years). The diseases described above will be evaluated, and socioeconomic data will be collected (details on the project are available at http://www.sbbrasil2010.org).

The Technical Advisory Committee on Oral Health Surveillance, under the Ministry of Health, began designing the project in April 2009. A public consultation was held in June 2009, with significant participation by various sectors. Since then a Management Group was organized with eight Collaborating Centers in various regions of the country, developing the project through workshops and training of field teams.

The survey should be concluded by this July and will provide valuable backing for National Oral Health Policy guidelines in the coming years, besides serving as a permanent strategy for data production on oral diseases, thus allowing measures based on a health surveillance model.

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