



Paths to think about differentiated oral health: Building an evaluative matrix for indigenous oral health

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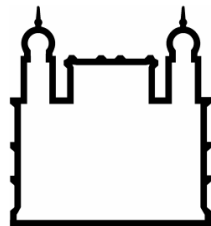
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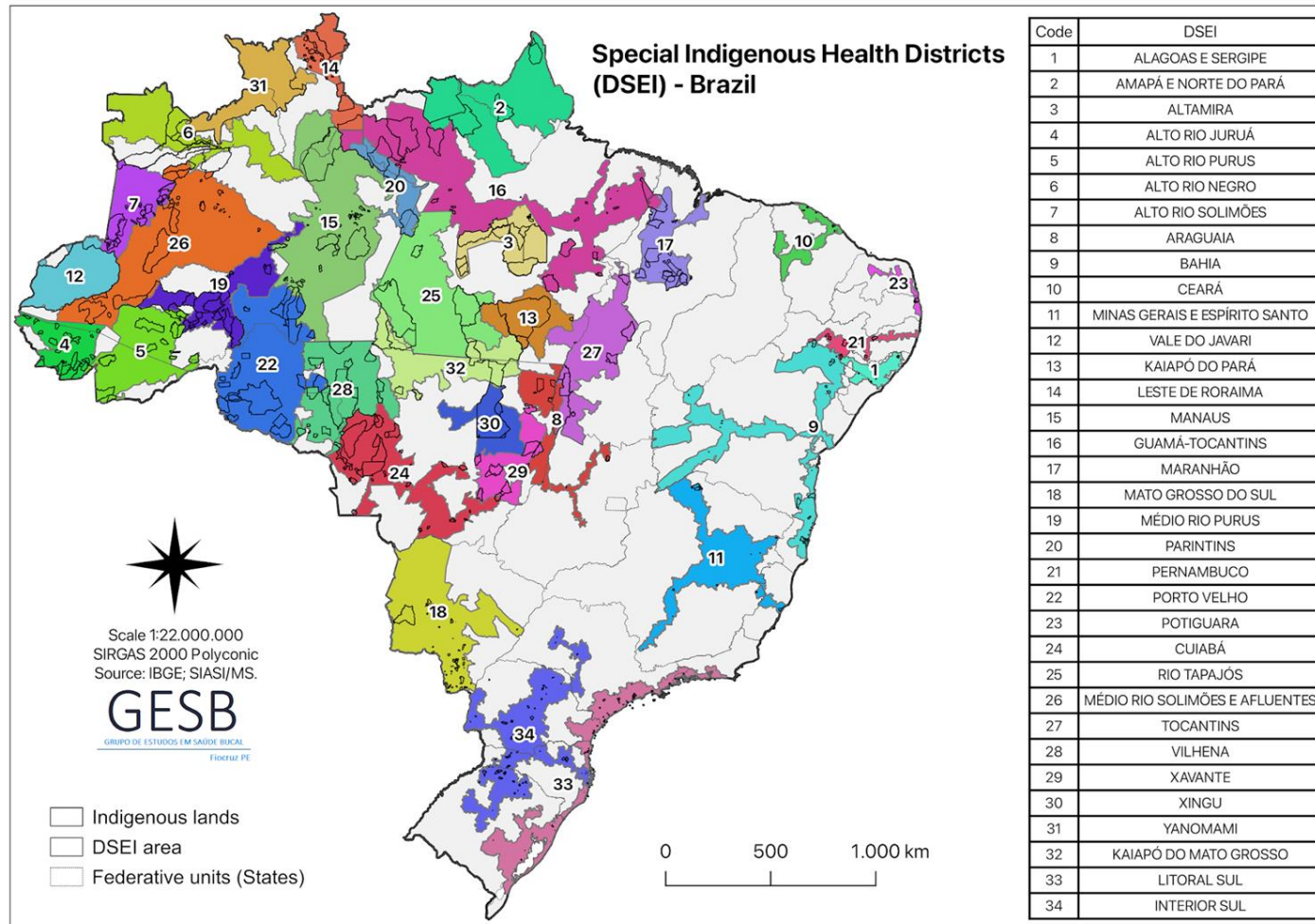
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BACKGROUND



- How is the Indigenous Healthcare Subsystem organised?

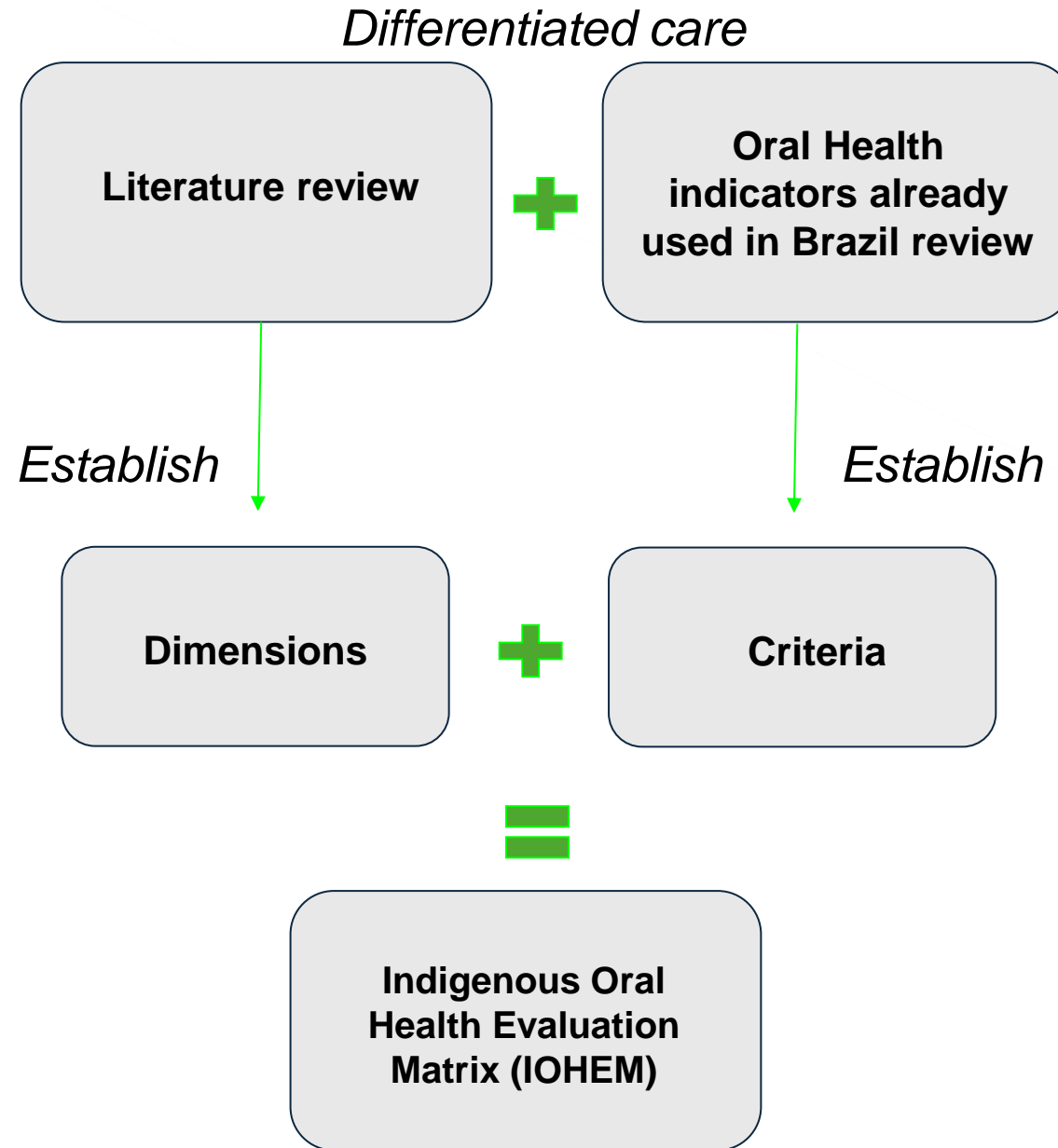
☐ The 34 Indigenous Health Districts

BACKGROUND

- Indigenous Health Care Information System (SIASI)
- Performance indicators are not specifically dedicated to the context of indigenous oral health
- Special Secretariat for Indigenous Health (SESAI, 2010), Smiling Indigenous Brazil government initiative (2011) and the challenge of improving the information system, including oral health indicators that can support the decision-making process in indigenous health planning.



METHODS



RESULTS

Figure 1 - Indigenous Oral Health Evaluation Matrix

Attribute: Differentiated Care
Dimension 1: Preparation of human and technological resources for work in an intercultural context
Criteria i. Training and incorporation of human resources to work in an inter-medical context
Criteria ii. Production of technological resources (soft and soft-hard technologies) for application in an inter-medical context
Dimension 2: Contextualised articulation between biomedical knowledge and indigenous self-care
Criteria i. Incorporation of indigenous systems relating to the traditional health-illness-care process into indigenous health services
Criteria ii. Appropriate and rational use of medicines
Dimension 3: Adaptation of the organisational and care model of health services to indigenous intercultural and socio-political contexts
Criteria i. Adequacy of the organisation/infrastructure to the specific contexts
Criteria ii. Adapting health practices to specific contexts
Dimension 4: Organisation of Social Participation, Social Control and Popular Surveillance in indigenous health
Criteria i. Operationalisation of Participation/Social Control in services and in the territory
Criteria ii. Production of Popular Health Surveillance in communities
Dimension 5: Strengthening Information Systems for the specificities and integrity of indigenous health information
Criteria i. Representativeness/contextual differentiation of data
Criteria ii. Data reliability/consistency
Criteria iii. Data management, applicability and accessibility
Criteria iv. Integration between Information Systems

Source: Author

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CONCLUSION

- The answers produced by the application of the IOHEM should be compiled and the results identify indicators defined by the participants as appropriate to the context of indigenous oral health.
- Dimension 3- *Adaptation of the organisational and care model of health services to indigenous intercultural and socio political contexts.* Criteria i- *Adequacy of the organisation/infrastructure to the specific context.*

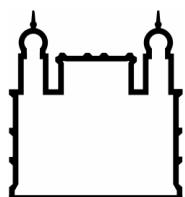
Example indicator: ***Coverage of dentists in the indigenous territory, considering difficulty of access and distance from the village to the health unit***

ORAL HEALTH RESEARCH GROUP

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THANK YOU

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