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HOME DENTAL CARE: THE EXPANSION OF PRIMARY CARE

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ABSTRACT

Home visits are an essential instrument of the Family Health Strategy (FHS), allowing direct interaction between health professionals and patients in their family environment. This article aims to report the performance of the Oral Health Team (OHT) of the João Mota Basic Health Unit (BHU), located in the urban area of Caruaru-PE, in home visits carried out in the second half of 2024, aimed at bedridden and domiciled patients. During these visits, the team performed basic dental procedures such as tooth extractions, supragingival scaling, and topical fluoride application. In addition to clinical actions, the OHT played an educational role, guiding caregivers on correct oral hygiene, including brushing technique and periodic toothbrush changes. The request for this demand came from the Community Health Agents, who identified the difficulty of this population in accessing the UBS due to reduced mobility. After the visits, an improvement in oral health conditions was observed and, consequently, in the quality of life of the patients, especially in terms of diet. The performance of the OHT in home visits demonstrates the application of the principle of equity in health, providing quality dental care to individuals in vulnerable situations. The team's intervention is essential to ensure access to oral health, improving quality of life and ensuring health rights for all patients.

Keywords: Oral Health. Home visit. Primary Care. Equity in health. Family Health Strategy.

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INTRODUCTION

Oral health care in Brazil, especially in the context of Primary Care, has undergone a significant transformation in recent decades, with the implementation of public policies focused on universal access and health promotion for the entire population (MENDES, 2011). The Family Health Strategy (FHS) and the Smiling Brazil Program are examples of initiatives that have expanded the presence of oral health professionals in communities, bringing them closer to local realities and promoting more comprehensive and humanized care (MINISTRY OF HEALTH, 2013). Primary Care in Brazil is a fundamental pillar for health promotion, disease prevention and rehabilitation, and home care has proven to be a crucial tool within this care model (MENDES, 2011). Home visits, as an activity of the FHS, allow health professionals to know in more detail the living conditions of patients, offering care that is more appropriate to their realities, with the possibility of performing interventions directly at home (TEIXEIRA et al., 2014).

The concept of Primary Health Care (PHC) is based on a model that prioritizes continuous, accessible, and problem-solving care, with oral health being an integral part of this process (MACEDO et al., 2018). Home visits carried out by the Oral Health Team (OHT) are essential to serve populations that, due to mobility limitations or health conditions, are unable to access health units on a regular basis (OLIVEIRA, 2017). The performance of the OHT at home allows dental care to reach bedridden patients or those with mobility difficulties, improving their quality of life and oral health, while contributing to social inclusion and equity in access to health (COSTA, 2019).

Studies indicate that the quality of oral health has a direct impact on people's quality of life, especially in vulnerable groups, such as the elderly, people with chronic diseases, and bedridden patients (SILVA et al., 2020). Lack of access to adequate dental care can lead to a series of complications, such as pain, feeding difficulties, and even the worsening of systemic conditions (CARVALHO, 2018). Thus, the home visit carried out by the OHT plays an important role, not only as a clinical service, but also as an educational intervention, promoting awareness about oral hygiene practices and the importance of prevention (MORAES, 2020).

The Family Health Strategy, by integrating home care with collective health promotion actions, enables a multidisciplinary approach, in which joint work between doctors, nurses, community health agents and dentists is essential for the well-being of the population (MENDES, 2011). In addition, the presence of OHTs in families' homes

contributes to the early identification of oral health problems, allowing for more effective and less invasive treatment, reducing costs and improving health outcomes (OLIVEIRA, 2017).

The Basic Health Unit (UBS) of João Mota, located in the urban area of Caruaru-PE, stands out for its effective performance in the provision of home dental care, especially for bedridden patients or those with mobility limitations. The work carried out by its Oral Health Team has proven to be relevant, promoting dental care that is fundamental for improving the oral health of this population, while contributing to the reduction of inequalities in access to health care.

This study seeks to present the experience of the Oral Health Team of the UBS João Mota, located in Caruaru-PE, which during the second half of 2024 carried out home visits to patients unable to travel to the UBS. The research aims to discuss the implications of these actions in dental care, the performance of professionals and the impact of interventions on the quality of life of patients served, highlighting the crucial role of OHT within Primary Care and the principle of equity in health (SILVA et al., 2020). The analysis of the procedures performed, such as tooth extractions, scraping, and topical fluoride applications, together with guidance to caregivers on oral hygiene practices, reflects the importance of these interventions in maintaining oral health and the general well-being of patients (CARVALHO, 2018).

Home visits are a practice that allows, in addition to clinical intervention, the promotion of health education, essential for improving the health conditions of the population served (MORAES, 2020). Considering the significant impact of these practices on the oral health and quality of life of patients, the study aims to contribute to the reflection on the importance of continuing this type of care in the context of Primary Care and to strengthen the understanding of the relevance of OHTs in comprehensive patient care (MENDES, 2011).

METHODOLOGY

This is a qualitative, descriptive and exploratory research, based on the experience of the OHT of UBS João Mota, in Caruaru-PE, during the second half of 2024. The target population included patients with mobility limitations who were unable to access the UBS. The procedures performed and the perceived impacts on the oral health and quality of life of patients were recorded.

The study was based on the practical experience of oral health professionals who worked directly in the visits, in order to evaluate the implications of these actions in dental care and the impact of the interventions on the quality of life of the patients attended.

The target population of this study was composed of patients treated by the OHT who had mobility difficulties or were bedridden, unable to travel to the BHU. The inclusion criterion involved patients who needed home dental care due to their health condition or physical limitations, while the exclusion criterion considered patients who did not need dental care or who were in a position to go to the UBS for care.

RESULTS

Both Ordinance No. 2,436, of September 21, 2017 (BRASIL, 2017) and the National Oral Health Policy (BRASIL, 2004) address as one of the attributions of oral health professionals in the family health program the performance of home visits according to the identified needs. We can also mention the concept of equity in health, which according to Granja et al. (2010, p.72) refers to "[...] treating each service user according to their health needs, prioritizing the most needy in care, according to clinical or epidemiological-social criteria [...].

In this perspective, in the second half of 2024, the ESB of João Mota, carried out several home visits to bedridden and domiciled patients, who needed intensive oral health care. This initiative is in accordance with the health care reorientation policy, which, according to Martins (2006), such a development has the function of benefiting patients with limited mobility to health units, generating aspects of promotion, prevention, rehabilitation and promoting the maintenance of oral health in this population. This demand was requested by the Community Health Agents (CHA) of the reference unit, seeking to provide oral health to the most needy people. Gonçalves (2012) stated that this practice is rarely performed by dentists, and when they do they are requested by the CHAs. Collaborating with this statement, Pereira et al. (2003) report that the curative and technical practice of health care in the traditional clinical-surgical space is dominant, demonstrating a certain resistance of dental professionals to changes in professional performance, such as home interventions. With the presence of eighth-period dentistry interns from the Maurício de Nassau University Center in Caruaru-PE, the ESB intervened in the oral health of this population within the homes, performing procedures such as supragingival scaling, tooth extractions, topical application of fluoride and oral

health education, teaching the various techniques of tooth brushing. It is also worth mentioning that oral health training was carried out for the patients' caregivers, because because they are living with them on a daily basis, the investment in instructing them in the aspects of oral hygiene for bedridden and domiciled patients is of paramount importance for the success of the therapy. Several studies indicate that most health teams are not concerned with the training of caregivers, as pointed out by the study by Nemre et al. (2007), where they mention that 77.78% of the caregivers approached by the interview confirmed that they had never been trained to care for elderly patients. These data reflect on the quality of life of patients who have a high degree of vulnerability.

One of the great difficulties encountered was the presence of patients with precarious oral hygiene conditions and who were not cooperative in the intervention of the oral health team of the Health Unit during the visits. One strategy found was the referral of these patients to the Reference Dental Specialties Center (CEO) of Caruaru, where the patients could be seen by the specialist in Dentistry for patients with special needs. It is worth mentioning that the CEO of Caruaru has several specialties, among these: restorative dentistry, dental prosthesis, endodontics, periodontics, oral and maxillofacial surgery, dentistry for patients with special needs, dental radiology and pediatric dentistry.

The public system in dentistry works in the format of health care networks, where each level plays a fundamental role according to the complexity of care. This network is an organization in oral health care, fostered by the National Primary Care Policy, composed of different levels of complexity, according to the health particularities of users, that is, their needs (BRASIL, 2018). It can be observed that the network format in health care is based on the principle of Integrality, with the objective of expanding access to dental treatment for Brazilians, ensuring the resolvability of the population's health problems (MACHADO, SILVA, FERREIRA, 2015).

Including bedridden and domiciled patients in the health care network when the complexity of their health situation requires it strengthens greater social inclusion and ensures that all Brazilians, regardless of any social and/or economic aspect, can benefit from the right to health, as mentioned in the Constitution of the Republic of Brazil of 1988 (BRASIL, 1988).

The analysis of public oral health policies in Brazil, with a focus on the Family

Health Strategy (FHS) and associated programs, shows significant advances in several areas, including the expansion of access to oral health services and the restructuring of primary care. However, there are still structural and financial challenges that make it difficult to fully implement these policies, especially in the most deprived areas.

ADVANCES IN PUBLIC ORAL HEALTH POLICIES

Since the implementation of the Smiling Brazil Program in 2004, there has been a significant increase in dental coverage in previously underserved areas (Brasil, 2004). The National Oral Health Policy (PNSB), one of the main guidelines of the Ministry of Health, has been crucial in ensuring the presence of dental professionals in Basic Health Units (UBS) and Family Health Units (USF), which has expanded the offer of services, including preventive and restorative treatments. Data indicate that, in 2004, about 4,500 oral health teams were included in the SUS, and this number grew significantly until 2010 (Brasil, 2010).

The implementation of policies such as Ordinance No. 2,436/2017, which establishes the guidelines for Primary Care in the SUS, was also an important milestone, promoting the integration of oral health teams within the context of Primary Care (Brasil, 2017). The teams began to work in a more integrated manner with other health professionals, which resulted in the expansion of the coverage of dental services in areas of difficult access, including rural and peripheral areas.

CHALLENGES IN THE IMPLEMENTATION AND OPERATIONALIZATION OF ORAL HEALTH CARE

Despite the advances, public oral health policies still face significant challenges, especially in relation to financial sustainability and the training of professionals. The scarcity of financial resources has been a limiting factor for the expansion of oral health actions, since many municipalities do not have the necessary infrastructure to fully implement oral health programs (Narvai & Frazão, 2008).

In addition, the lack of effective integration between oral health and other areas of health is still a recurring challenge. According to a study by Silvestre et al. (2013), inadequate integration between family health teams and dental services hinders the efficient execution of preventive interventions, such as brushing campaigns and monitoring of children's dental development. The lack of a clear protocol for integrated

action compromises the continuity of care and the effectiveness of public policies.

IMPACT OF HOUSEHOLD ACTIONS ON ORAL HEALTH

Home-based actions within the Family Health Strategy (FHS) have been shown to be effective in improving oral health conditions, especially in hard-to-reach areas. Home oral health, which includes periodic visits for guidance on oral hygiene and evaluation of dental conditions, has contributed significantly to adherence to dental treatment and to the prevention of oral diseases. De-Carli et al. (2015) highlight that, when implemented effectively, home visits increase adherence to dental treatment in rural and hard-to-reach areas, resulting in an improvement in the general health conditions of the population.

In addition, home dental follow-up contributes to the early identification of oral problems, such as cavities and periodontal diseases, which can be treated before they become more serious. The effectiveness of home visits has been observed in several studies, such as the one conducted by Maciel et al. (2016), which identified a significant improvement in dental coverage and oral health in underserved communities after the implementation of home care protocols.

CHALLENGES AND PROSPECTS FOR THE FUTURE

Although the implementation of oral health policies has shown progress, the most critical areas, such as the infrastructure of dental services in remote regions and the lack of resources for the purchase of materials and equipment, continue to be a significant obstacle. The study by Giacomozzi & Lacerda (2006) indicates that the scarcity of adequate materials in health units compromises the quality of care offered to the population.

Continuous education and training of oral health professionals, as well as the strengthening of family health teams, are priority actions that should be invested in to ensure the long-term effectiveness of oral health policies (Silvestre et al., 2013). The expansion of human resources training and the improvement of the infrastructure of health units are essential to ensure that public oral health policies reach all citizens in an equitable manner.

Table 1: Main Oral Health Programs in Brazil and their Actions

Ano	Program	Goal	Reference
2000	Encouraging the reorganization of oral health care	Strengthening oral health in primary care	Brazil. Ministry of Health, 2000
2001	Ordinance No. 267	Guidelines for the reorganization of oral health in municipalities	Brazil. Ministry of Health, 2001
2004	National Oral Health Policy	Establish guidelines for strengthening oral healt in health teams	Brazil. Ministry of Health, 2004
2008	National Oral Health Policy	Consolidation and execution of oral health actions in the Unified Health System	Brazil. Ministry of Health, 2008

Table 2: Results of Home Actions in Oral Health Care

Ano	Share	Observed Results	Reference
2007	Implementation of Oral Health in th PSF	Improving access to and quality of dental services in municipalities	Barbosa et al 2007
2013	Reorganization of oral health care	Expansion of care and formation of multidisciplinary teams	Moura et al., 2013
2015	Home care in the Family Health Strategy	Inclusion of oral health in home care, with increase coverage	De-Carli et al 2015

2016	Home visit protocol in dentistry	Increased adherence to treatment and prevention in rural and peripheral areas	Maciel et al., 2016

Table 3: Challenges in the Implementation of Public Oral Health Policies

Challenge	Proposed Solutions	Reference
Scarcity of resources and materials	Scaling up investments in the public health sector and ongoing capacity building	Narvai C Frazão, 2008
Inadequate training of oral health professionals	Stimulation of professional qualification through continuing education programs	Silvestre et al., 201
Lack of integration between health services	Creation of support networks between health and education services	Giacomozzi C Lacerda, 2006

DISCUSSION

The present study addressed the importance of public oral health policies in Brazil, with special attention to initiatives implemented through the Unified Health System (SUS), such as the Smiling Brazil Program and the Family Health Strategy (FHS), in the context of oral health practices and their implementation in primary care. According to the results presented, it is possible to observe significant advances, but also persistent challenges that need to be overcome to ensure accessible and quality dental care for the entire population.

The analysis of the data suggests that, although Brazil has made considerable progress in expanding access to dental services, there are still difficulties regarding the

continuity and quality of care provided. Menicucci (2009) points out that the SUS, more than 20 years after its creation, still faces challenges related to equity in access and the adequacy of services to the population's demand, something that is also reflected in the field of oral health (Menicucci, 2009). The implementation of the Smiling Brazil Program, for example, was an important strategy to expand access to oral health, but evidence indicates that, in many regions, the coverage and quality of services are still insufficient to meet the needs of the population (Silvestre et al., 2013; Narvai & Frazão, 2008).

With regard to the performance of the Family Health Strategy (FHS), the study by Reis et al. (2015) reveals that the presence of dental surgeons in the FHS teams has shown advances in the oral health care model, with the promotion of preventive care and the performance of educational actions. However, clinical practice remains a challenge in many regions, especially in poorer areas, where logistical difficulties, lack of skilled human resources, and scarcity of materials are significant barriers to providing adequate care (Feuerwerker & Merhy, 2008; Barbosa et al., 2007).

In addition, home visits, one of the main tools of the FHS, have been identified as an important practice in the follow-up of patients in situations of vulnerability, but its full implementation still faces operational difficulties. Silva (2016) and Maciel et al. (2016) point out that home visits can be an effective strategy in promoting oral health, especially for the elderly and people with reduced mobility, but insufficient training of professionals and lack of structure in services can compromise its impact.

Regarding prevention and health promotion policies, the literature indicates that Brazil has advanced in educational campaigns and in encouraging self-care, but the effectiveness of these measures still depends on a more effective engagement of the population. The implementation of policies such as water fluoridation and the distribution of oral hygiene kits have shown positive results in reducing cavities, but the adherence of part of the population is still a challenge. Oral health education actions, as highlighted by Turrioni et al. (2012), are crucial for raising awareness among the population about the importance of prevention, but they need to be complemented by greater involvement of health teams in the communities.

Another relevant point discussed in this study is the importance of integrating oral health with other areas of health, especially in collective health and integrated care strategies. The literature points out that the integration of oral health actions with general health, especially in policies aimed at the care of people with chronic non-communicable

diseases, such as diabetes and hypertension, is still incipient. Scherer & Scherer (2015) suggest that the construction of integrated care networks is essential to improve the continuous care and management of systemic diseases, but the effectiveness of this integration still needs to be further explored.

Despite the advances provided by oral health policies, this study reinforces the need for continuous efforts to improve the structure and logistics of dental care, especially in the most peripheral and less favored regions of the country. The expansion and strengthening of programs such as Smiling Brazil and the expansion of the presence of dental surgeons in the FHS teams are fundamental, but for these programs to reach their full potential, it is necessary to ensure greater training of professionals, investments in infrastructure and more effective strategies for mobilizing the population.

In addition, the implementation of home oral health, as discussed by De-Carli et al. (2015), is one of the most effective ways to ensure continuity of care for patients who do not have regular access to health centers, such as the elderly or people with disabilities. This model of care could be more expanded and better structured, given that, as pointed out by Scherer & Scherer (2015), it contributes to the improvement of patients' quality of life and to the reduction of complications resulting from untreated oral diseases.

CONCLUSION

This study analyzed the importance of public oral health policies in Brazil, with emphasis on the Unified Health System (SUS), the Smiling Brazil Program, and the Family Health Strategy (FHS). The results obtained revealed significant advances in expanding access to oral health services, especially in poorer regions. However, challenges remain related to the continuity of care, the quality of the services provided, and the effective integration of oral health with other areas of health.

Although programs such as Smiling Brazil and the presence of dental surgeons in the FHS have represented a milestone in the democratization of access, structural and logistical barriers compromise the effectiveness of these policies, especially in peripheral areas. In this sense, the permanent training of professionals, the strengthening of infrastructure and the mobilization of the community are fundamental strategies for the consolidation of these advances.

Home oral health, the main focus of this study, stands out as a powerful tool for inclusion, allowing comprehensive care for vulnerable groups, such as the elderly and

patients with reduced mobility. The experience reported at the UBS João Mota, in Caruaru-PE, shows that simple actions, when articulated with the principles of equity and integrality, have great potential to impact the quality of life of users.

Therefore, it is essential that oral health actions continue to be effectively incorporated into primary care, encouraging the formation of prepared and integrated teams. Only through a strengthened and equitable system will it be possible to ensure that the right to oral health is fully exercised by the entire Brazilian population.

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