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Oral Health Team in Brazil and Their Contributions to Home Care: Literature Review

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Abstract

Introduction: The Oral Health Team (OHT), which make up the Family Health Strategy Team (FHS), plays a key role in Home Care (HC), focusing on promotion and prevention in oral health, however, there are few studies on health mouth covering HC, the present study sought to analyze the current literature, focusing on the topic for a detailed discussion.

Methodology: A bibliographic survey was carried out in the PubMed, Lilacs and SciELO databases, studies that address the performance of the OHT in HC in the context of the FHS, originals, published between the years 2013 and 2023, available online in full, in Portuguese, English or Spanish. For the search, the descriptors were used: home care, home care, oral health, oral health, family health, family health.

Result: The initial search in the databases obtained a total of 323 publications, of which, by reading the title, it was possible to exclude 258 articles. After this stage, of the remaining 65 articles, 5 were excluded due to duplication, 52 were excluded for not addressing aspects of HC in the FHS. Thus, the body of analysis of this review was composed of 8 articles.

Conclusion: The OHT, together with the FHS, allows for promotion, prevention, diagnosis and rehabilitation actions in HC, with a multidisciplinary approach to the patient, aiming at maintaining oral health and improving quality of life. However, it still presents challenges in terms of organization, such as frequency, lack of prioritization and systematization, thus making it necessary to carry out further studies on the subject.

Keywords: Home Casre; Dentistry; Strategy; Family Health

Abbreviations: OHT: Oral Health Team; FHS: Family Health Strategy Team; HC: Home Care; UHS: Unified Health System

Introduction

The Unified Health System (UHS) was established in Brazil in 1988, which is responsible for identifying and disclosing conditioning and determining factors; to formulate health policies aimed at promoting actions and services; as well as assisting people through promotion, protection and recovery actions [1,2]. In order to consolidate the UHS, the Ministry of Health introduced the Family Health Program (FHP) in 1994, with primary care being the citizen's gateway to the health system. The FHP aims to develop actions based on health risk criteria, expanding the practice of family care [3,4]. Currently, the FHP is defined as the Family Health Strategy (FHS), this nomenclature has been changed, as the term program points to an activity with beginning, development and completion. The FHS is a reorganization strategy of continuous primary care and has programmatic activities and periodic evaluations [5,6]. It focuses on family care, assisted in its social space (assigned area), with its peculiarities, through a multidisciplinary team, aiming at more resolutive and integrative practices, with epidemiology as the structuring axis of collective actions [7].

Home care (HC) is an important work tool used by the FHS Team, which allows establishing links with users, knowing the reality of the community and understanding the dynamics of family relationships. It has the development of health promotion activities, disease prevention and health surveillance, with monitoring of families, according to the needs defined by team [6-8]. According to the Manual for Home Care in Primary

Health Care, patients with chronic diseases who are physically dependent; terminally ill patients; elderly patients, with limited mobility or living alone; patients discharged from the hospital, who need follow-up due to some condition that prevents them from attending the basic health unit; patients with other health problems, including mental illness, which determine difficulties in locomotion or adequacy to the environment of the Health Unit are considered bedridden archetypes [7,8].

The inclusion of the Oral Health Team (OHT) in the FHS only occurred in 2000, when the Minister of Health, faced with the need to expand oral health care for the Brazilian population, established the formation of teams made up of dental surgeons., dental assistants and/or dental hygiene technicians. The incorporation of oral health actions into the FHS was an important step towards compliance with one of the principles of the UHS – the integrality of health actions [9]. Regarding oral health, home care is defined as a set of dental actions at home that encourage autonomy and self-care practices. This action provides a participatory communication network with the family and the other professionals of the team, coordinating the care of the bedridden patient [10].

The HC is a relevant strategy for the humanized training of professionals; however, it has gaps in its development [11]. According to Borges et al. [12], the planning for carrying out activities in HC is still deficient, requiring prior organization, establishing the target audience and knowledge of the epidemiological characteristics. It is essential that professionals have access to patients' records in advance, always respecting the time of care, leaving patients informed about the time of the visit and what is intended to be obtained through this, avoiding possible disagreements [13]. The OHT has a relevant role in HC, focusing on promotion and prevention in oral health, however, there are few municipal protocols and continuing education. Thus, based on this context, there is a need to analyze the studies in literature that address the topic.

Methodology

To carry out this study, a bibliographical survey was carried out in the PubMed, Lilacs and SciELO databases. The following inclusion criteria were used: studies that address the performance of the OHT in HC in the context of the FHS, original, published between the years 2013 and 2023, available online in full, in Portuguese, English or Spanish. Dissertations, theses, and opinion articles were excluded. For the search, descriptors belonging to the Medical Subject Headings (MeSH) or their analogues available in the DeCS (Health Sciences Descriptors) were used, namely: home care, home care, oral health, oral health, family health, family health, used in English or Portuguese according to the database. The initial selection of studies was made by reading the titles and abstracts; in cases of doubt regarding the content of the article, a full reading was carried out. Subsequently, duplicate articles were excluded, and each article was read in full, evaluating its relationship with the theme.

Results

The initial search in the databases obtained a total of 323 publications, of which, by reading the title, it was possible to exclude 258 articles. After this stage, of the remaining 65 articles, 5 were excluded due to duplication, 52 were excluded for not addressing aspects of HC in the FHS. Thus, the body of analysis of this review was composed of 8 articles. Table 1 shows the main contributions of each analyzed article.

Table 1: Studies consulted to carry out the literature review and contributions in each research.

Moura et al. [14]	Oral health in the Family Health Strategy in a collegiate regional manager in the state of Piauí	Only 27% of professionals perform HC and in 48.6% of cases the population is visited regardless of need. HC has not yet been incorporated into the routine of dentists, with varying frequency.
Sanglard- Oliveira et al. [15]	Responsibilities of Oral Health Technicians in the Family Health Strategy in Minas Gerais, Brazil.	Oral health technicians have spent more time on extraclinical preventive/collective activities than on individual care activities.
De-Carli et al. [13]	Home visit and home care in Primary Care: a look at oral health.	Home care is performed by more than 90% of FHS professionals, and by approximately 50% of OHT professionals. However, there are still challenges to be overcome towards changes in OHT practices.
Kobayashi et al. [16]	Family risk as an element for organizing demand for oral health in the FHS.	The form was used as an instrument to organize the demand for HC, according to the family risk for caries disease. People at risk would be twice as likely to have the disease compared to those without risk.
Bizerrilet al. [10]	Role of the dentist in home visits: oral health care	Health promotion actions and activities were based on encouraging the practice of healthy habits and guidance on smoking and alcoholism. Prevention actions were oral hygiene instruction, supervised brushing and topical application of fluoride. The other actions to limit damage from pre-existing oral problems were extractions of teeth with periodontal problems.
Maciel et al. [17]	When oral health knocks at the door: protocol for home care in dentistry.	It focuses on education and health promotion, motivation for self-care and risk stratification for intervention by the oral health team.

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Ferraz& Leite [7]	Home visit instruments: approach to dentistry in the family health strategy	It discussed home visit instruments of a member of the Family Health Strategy team, the dental surgeon, as important work protocols that allow for more individualized care, better knowledge of the health and life conditions of the user, in socioeconomic and family terms .
da Silva et al. [4]	Performance of a dental surgeon, in home care, for the elderly confined to bed	Report of the performance of a dental surgeon, resident in Family Health, in Home Care, to an elderly person confined to bed, in a municipality in Bahia.

Discussion

The present study showed the importance of the thematic discussion about the performance of the OHT that make up the FHS in HC. The different methods used to evaluate the work processes in the home context are highlighted, reinforcing the complexity and relevance of the issues that permeate the production of family health care. De-Carli et al. [13] carried out an analysis on HC and the care provided by the dental surgeon. The authors assessed that 50% of oral health professionals perform HC, indicating that the OHT has challenges in implementing new practices in primary care. The claim made by this study was reaffirmed by the evidence in this review. HC is considered an indicator of change in the care model; however, this practice was not incorporated into the OHT routine, with low periodicity [14].

Kobayashi et al. [15] sought to assess the relationship between family risk and oral health conditions in prioritizing home care, in order to organize the demand for oral health in the FHS. "Form A" was used to verify the family risk and oral health conditions of 1,165 people (608 aged 12 to 19 years and 557 aged 35 to 44 years old) were examined by eleven dentists, who classified them into six codes from A to F. Familial risk was significantly associated with the presence of caries in need of treatment. It is possible to conclude that people who have familial risk are twice as likely to have caries disease when compared to those without risk. The need to systematize HC led to the creation of a protocol based on health surveillance actions and targeting three specific groups: bedridden patients, patients with special needs and postpartum women. This protocol, in addition to seeking a diagnosis and reduction of the accumulated oral health needs of these users, highlighted oral health care as an important part of the FHS routine [7].

Through an experience report, there was the presentation of another HC protocol for the OHT, focusing on education and health promotion, motivation for self-care and risk stratification for the intervention of the OHT. In addition to information on health and personal data, the instrument addressed health education for the user and/or family member, indication of the need for dental intervention at home and referral to secondary oral health care, contributing to the qualification of oral health care provided at home based on a current diagnosis [16]. Another fact observed is that there was no evidence of case discussion with the other professionals on the team. The oral health activities developed in the home context were oral hygiene and diet guidelines, guidelines on healthy living habits and diagnosis of oral cancer [14-16].

Oral home care requires possible work adaptations, auxiliary materials and multidisciplinary action. However, there are few reports in the literature regarding this specific dental practice, possibly due to the lack of training and/or professional adaptation, or the lack of knowledge on the part of the users themselves, family members and other professionals involved regarding the possibility of this type of assistance [17]. Among the main potentialities of HC, knowledge of the social reality of users/relatives stands out, which contributes to an approach directed towards their main health needs. In addition, HC favored the creation of bonds between team professionals and users. The identified actions and activities were categorized into the basic levels of health care, the health promotion actions and activities were based on encouraging the practice of healthy habits and guidance on smoking and alcoholism. Prevention actions were oral hygiene instruction, supervised brushing and topical application of fluoride. Other actions to limit damage from pre-existing oral problems were extractions of teeth with periodontal problems [10]. The model strictly focused on curative actions in the performance of the OHT is still predominant13 and restricts the time of the community approach in the professionals' agenda. The excessive demand for these clinical appointments in the dental office were the most cited obstacles for the difficulty of professionals leaving the OHT to perform the HC [14]. According to Sang lard-Oliveira et al. [18], oral health technicians performed preventive/collective actions more frequently than care ones, with 77.9% of professionals carrying out home visits with the dentist.

da Silva et al. [4] described a case report on HC involving a 78-year-old elderly woman and an 80-year-old elderly man, confined to bed, assisted by the Family Health Team for four years. Home visits and longitudinal follow-up of the family were carried out, considering multidisciplinary interventions. In view of this experience, the authors highlighted the importance of HC, with a focus on oral health care, in the implementation of humanized, comprehensive, and longitudinal care, with multidisciplinary and interprofessional action, in Primary Health Care. In addition,

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the authors reported that it was possible to develop personal and professional skills, validating the importance of humanized and empathetic care for the user, through listening and qualified reception, facilitating the service and establishing a bond for longitudinal care, after all, the multidisciplinary training allows expanded care, exchange of professional experiences and more adequate provision of care, whether offered in a health service or at home, based on theoretical and practical knowledge, prior and acquired throughout the teaching-learning process of the multiprotection residency in Family Health.

Conclusion

The inclusion of the OHT in the FHS allows the performance of actions of promotion, prevention, diagnosis and rehabilitation in the HC, with a multidisciplinary approach to the patient, aiming at maintaining oral health and improving the quality of life. However, it still presents challenges regarding organization such as frequency, lack of prioritization and systematization. Thus, it is necessary to carry out new studies on the subject, to monitor the evolution, improve access to oral health practices.

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