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Original Article

Dental Visit in the Healthcare Program for Kids: Strategies and Challenges in the View of Oral Health Teams in Basic Health Units of Porto Alegre, Brazil

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Abstract

Objective: To analyze the perceptions and strategies influencing the achievement of dental visit targets in the Healthcare Program for Kids in the view of the oral health team in basic health units in Porto Alegre, Brazil. **Material and Methods:** Qualitative study of the descriptive-exploratory type with two focus groups at 12 Health Units in Porto Alegre, RS, with participation of 17 members of oral health teams from different units. **Results:** The collected data suggest the use of strategies to meet the goals of the Oral Health Program, such as an open schedule, education and health groups, days on which families attend the health unit because of the Bolsa Família Program, vaccination campaign days and home visits. The data also suggest, in order to meet the goals, working jointly with the multiprofessional team and formation of ties, allowing for a greater interaction with patients at the Health Unit, in addition to listening to the life stories of the population and the community. A better understanding of the proposal by health teams for the actions to be carried out horizontally and the greater difficulty in having children at the appointments on days when their mothers work turned out to be challenges. **Conclusion:** The use of these strategies tends to help and influence the maintenance and implementation of public policies oriented to dental care at an early age and reorient health practices so as to contribute to the strengthening of collectivities.

Keywords: Children's Health; Oral Health; Access to Health Services.

Introduction

The Unified Health System (SUS) has as its principles, among others, integrality and equity, whereby health providers need to understand the health needs of the population and perceive the peculiarities of each group or life cycle, so that their practice can be effective in improving the quality of life of each individual. This context includes the oral health of children, which requires to be carefully monitored by the health team, since, during children's development, oral diseases and parafunctional habits may significantly impact the quality of life of children and their family, especially in the pre-school period [1].

Early caries in childhood, jaw changes, respiratory, nutritional and anthropometric disorders may result from the absence of healthy habits, lack of access to periodical appointments in the health service and absence of supporting environments for the population [2]. As these are problems of high prevalence and severity, they require early interventions and approaches both individually and collectively.

Early childhood is the ideal time to introduce good habits and start an educational/preventive oral health program [3], but it is important to rely on the active participation of the family, especially because parents or guardians often have inadequate knowledge about oral care in this stage of life.

In order to facilitate and enhance the access to health resources and improve the quality of care, programmatic actions were created, comprising a set of activities aiming at the organization of strategies and responses of health services to certain needs and frequent disorders in the populations of the territory [4].

In Rio Grande do Sul, the Community Health Service (SSC) of Grupo Hospitalar Conceição (GHC) implemented the Oral Health Program in its 12 Health Units with the purpose to provide every child born from 2010 on with at least one annual dental visit until age four. At these visits, the oral health conditions of the children are assessed and advice is given to parents or carers for suitable oral care according to the stage/age of the children in order to inform and motivate carers about the importance of nutritional aspects, oral hygiene and other items relating to the basic care of children [5]. Subsequently, oral health coverage targets are established in the Child Program in these Health Units.

The SSC/GHC protocol advices that the dental visits in the Program be made individually by oral health providers or collectively by professionals from different areas (medicine, nursing, nutrition, psychology) with collective child care visits or groups of children. Additionally, joint visits and home visits are used in situations in which a child cannot attend or parents or carers are unable to come to a Health Unit [5].

In view of the importance of constant monitoring and evaluation of health actions, this study aimed at analyzing the perceptions and strategies influencing the achievement of dental visit coverage targets in the Healthcare Program for Kids from the perspective of oral health teams at basic health units in Porto Alegre, Brazil.

Material and Methods

Qualitative study of the descriptive-exploratory type, conducted at 12 Health Units in the Community Health Service of Grupo Hospitalar Conceição, responsible for healthcare in the northern region of the city of Porto Alegre, RS. The SSC/GHC is a Primary Healthcare Service comprising professionals of the minimum family health team: family doctors, dentists, oral health technicians, nurses, nursing assistants and technicians and professionals from the Family Health Support Nucleus (social assistants, psychologists, nutritionists and pharmacists). These are joined by the Integrated Residency staff with emphasis on Family and Community Health relying on residents from different branches of knowledge such as nutrition, psychology, nursing, pharmacy, medicine, social assistance and dentistry.

The subjects of this study were members of the oral health team at Health Units (dentists and oral health technicians) who were involved in the Healthcare Program for Kids for at least a year. An invitation was sent to every Health Unit for participation in the study. A total of 17 workers participated, representing all the 12 health units. They were divided into two different focus groups, using the availability criteria for participation (scheduled dates/times and proximity to the workplace or residence) during May 2014.

Data were collected in accordance with a semi-structured plan with questions seeking to identify the strategies and perceptions of the team, which influenced the achievement of goals in the Healthcare Program for Kids. The focus groups were guided by a coordinator who started the discussion and an observer who recorded the answers/inputs. The interviews were recorded and transcribed in their entirety once the subjects provided their consent through a Free Consent Form, which assured anonymity for all those present in the focus group. The speeches were coded with the letter "A" followed by a number as different subjects emerged in the speeches (A1 to A17).

Data were subjected to Content Analysis, which is organized in three chronological poles: pre-analysis, exploration of the material and treatment of results, inference and interpretation. Initially, the transcript was perused, aiming at an overview from previous impressions and data orientation. Subsequently the material was explored, and data were coded and categorized, allowing for the representation of the content. At the end, excerpts from the speeches of the participants were selected in each of the analysis categories, identifying which ones were most significant to demonstrate the findings [6].

The ethical aspects of research with human beings were observed, as recommended by the National Health Council, in accordance with Resolution 466/2012. The study was approved by the Research Ethics Committee of Grupo Hospitalar Conceição and registered in Plataforma Brasil under the CAAE number 26442013.7.0000.5530.

Results and Discussion

The reason for conducting this study is related to the fact that, after five years of inclusion of the oral health indicator in the Healthcare Program for Kids in the Community Health Service, a

qualitative analysis is necessary to understand the advantages and difficulties encountered in achieving the coverage and access goals, based on population characteristics and oral health teams. Health assessment and planning is mainly intended to support the entire decision-making process within the health system by identifying problems, reorienting actions and services, evaluating the incorporation of health practices and technologies into the routine of professionals and measuring the impact of the actions implemented by the services [7].

Health indicators, defined as measures that reflect a particular characteristic of the conditions of interest [8], measure aspects that are not subject to direct observation. Furthermore, they express not only the classic dimensions of structure, process and outcome, but also their relationship with social, economic and environmental issues [7].

The presence of health indicators, as well as the oral health indicator included in the Healthcare Program for Kids, allows the results of health actions and programs to be assessed for changes observed both in the health status of populations and in the knowledge and behaviors derived from the procedures developed [9]. However, in spite of the importance of using these indicators, there is scarce information on the longitudinal care of children regarding dental monitoring, which makes this study groundbreaking in its subject matter.

Considering Primary Healthcare as a gateway for children into the health system, it is understood that it is an essential task of health facilities to offer educational and preventive measures in the pursuit of promoting oral health. The National Oral Health Policy recommends that access to oral health for children from ages 0 to 5 should begin as early as from 6 months on, taking advantage of vaccination campaigns, clinical visits and activities in social settings or in a parents' group. Additionally, it recommends that oral health actions be part of integral programs for kids shared with a multiprofessional team and not carried out individually by the dentist [3]. Some authors suggest the use of an immunization record card to control dental visits, since this card is handled by different professionals, and the failure to attend a visit could be better mapped [10].

Data analysis allowed three categories to unfold: Care integrality: different facets of inclusion; Multiprofessional activity: qualifying and enhancing care; and Education and Health: establishing ties.

Care integrality: different facets of inclusion

In an attempt to improve the achievement of the goals of the Healthcare Program for Kids, some strategies were mentioned in the speeches of the oral health teams as inherent to the work process. It was observed in the discourses, for example, that broader participation spaces brought about better results, such as the use of an open schedule and organization of groups and collective appointments:

> We have an open schedule for the Healthcare Program for Kids, and this is quite positive, because sometimes a child comes to the clinic for another reason and eventually has an appointment with us. (A3)

> Today we have two separate schedules, one for the morning shift and another for the afternoon shift, and we leave some hours available at the reception for the Healthcare Program, and most of the schedules are busy. (A8)

The open schedule is a way to make schedules available for child care. User groups, in addition to streamlining time in the health service, potentiate the information due to the possibility of discussing the topic with others in the community. Health promotion groups are conceived as instruments at the service of autonomy and continued development of the level of health and living conditions [11]. These spaces are not confined to lectures, they are spaces for reflection and problematization. At two health units, the formation of groups was observed in two different modalities:

> We have a group called Milk-Tooth for kids from 0 to 4 years old. In this group, we use several methods to speak about care and oral hygiene. It is interesting, because kids bring reports from their homes. (A6)

> Where I work, we have a collective child care appointment in which at the infants' visits at 2, 6 and 9 months the physician and nurse are present, and the dentist participates in one of these three appointments. In this group, we were able to attract children and strengthen the ties for them to carry on in future actions. There are new mothers, mothers with several children, there is an exchange between them. (A2)

Over the past 12 years, a new social picture has been shaped in the country and in Latin America, in which political and social transformations have taken place due to the election of progressive rulers. Among the social transformation programs, the Bolsa Família was created, which has three central parts: income transfer, which promotes the immediate relief of poverty; the conditions reinforce the access to basic social rights in the fields of educations, health and social assistance; and complementary actions and programs help the development of families in an attempt to overcome their unfavorable situation [12].

As a strategy to attract children who have difficulty accessing the health service and those not attending the Healthcare Program for Kids, the oral health team uses active search on the dates of "campaigns", such as the day that families need go to the health unit because of the Bolsa Família (to weigh and measure children) or because of vaccination, according to the following speeches:

> We go with our little lists for vaccination campaigns. (A4)

> We actively search kids in the waiting room, in vaccination campaigns, in activities of the Bolsa Família [Program] and also at home visits through a partnership with health agents. (A5)

> We also had the collective action of the Bolsa [Família Program] and it was on a Saturday, so kids were able to go. (...) we did a kind of circuit within the facility [and] there was a very large number of visits that day. (A7)

> We were able to provide a sequential appointment. It was not exactly an appointment, because there was weighing and measurement for the Bolsa Família [Program], so the focus was on those who have the "Bolsa", but it was quite interesting. (A10)

> Those who always attend the clinic already have a review culture. That kid who is hard to get to is the one that never comes, who is never at home or who is in a kindergarten. With the Bolsa Família [Program], people start to seek the facility. It was a very well thought strategy. (A12)

The active search, carried out on dates when families benefitted by the Bolsa Família

Program need to take their children to health units, potentiates the care of the more vulnerable population and, in a sense, ensures that these children be included in the access to health services. In some speeches, other types of active search were mentioned, as the Home Visit (HV):

> If a child doesn't attend the appointments, and there is no forthcoming campaign, then we make a HV. (A13)
>
> If the mother doesn't bring, we do a search through the system, then we create and send reminders or go to their homes, if they haven't attended for a long time. (A3)
>
> We monitor using the charts of kids whose birthday is just around the corner, if we can't provide care, then we make a home visit. (A4)

The main objective of a HV is attention to families and the community, as both are influential in the illness process of individuals, due to the relationships established in the contexts in which they live. The understanding of this context should permeate the work of professionals, so that the planning of actions contemplates the lifestyle and resources that families possess [13]. The appropriation of strategies in the Healthcare Program, for example, open schedule, use of the vaccination day and active search, seems essential in attempting to achieve goals, since meeting a health provider, either at the health unit or at home, enables to look at the care of an individual from a broad perspective.

Multiprofessional activity: qualifying and potentiating care

Teamwork allows children to be searched within the Health Unit. For this purpose, this needs to be guided by a common care project and players need to develop integral actions among one another and with the community. Thus a communication practice oriented to mutual understanding is imperative in joint interventions in daily work. [14] In several speeches, it was possible to notice the presence of teamwork and the optimization of children and mothers' attendance at the Health Unit:

> What often happens is a child comes out of the childcare visit with the doctor or with the nurse and they knock at our door and ask if we don't want to take the time to look at the baby. (A4)
>
> It happens that we are in an office and the child is in another office being cared for by the doctor. He calls us to have a joint consultation for the kid, after leaving the physician's office, to proceed to an appointment with us. We do our best for the kid to be cared for. (A8)
>
> The nurse often knocks at our door to ask us, "Do you want to have the consultation before we administer the vaccine?" (...) the [health] agent also has a key role in calling in. (A3)
>
> If the child fails to attend, we see if they have any appointment scheduled with someone and we try and talk to the professional, then we manage to make them attend our consultation, too. (A14)

The time of service of the health provider and the relationship built in the communities where they work are included in the speeches as positive to carry out teamwork. Thus, getting to know the inhabitants of a territory and learning about their individual and family needs, in addition

to strengthening the service, allows children using the Unified Health Service for other purposes to be attracted:

> Starting with the administration and guard. We have an administration that knows all medical records by heart; she's one of the oldest at the Unit. So she knows the families and helps a lot. (A4)

> When there is a closer contact with the health agent, greater ties are achieved with patients themselves, and they feel more comfortable at the Unit, they become more present. (A17)

In addition to teamwork and the relationships established with the community, the importance of the multiprofessional team to the work process becomes clear in some speeches. The multiprofessional team is one of the central points in reorganizing healthcare in the Unified Health System, emphasized by care projects that are more complete and effective, promoting changes in the ways of acting on the health-disease process through the interaction between professionals and their activities [15].

> The work with the multiprofessional team is very important, with physicians and community health agents who, after observing that a child is in need of dental treatment, advise their family about the importance of scheduling a first visit. (A5)

> The psychologist and social assistant, who are not directly involved, also refer children at the reception or when they are caring for these mothers as well. (A4)

> The multi [professional] staff is one of the positive points. We have been able to partner with the nursing technicians during vaccination. (A16)

> Today we're already able to have a dental team integrated with the rest of the clinic staff. We've been able to make the rest of the team talk about caries, because previously only we talked about it. (A9)

The perceptions of the oral health team about work processes that facilitate efforts demonstrate the power of the multiprofessional team, qualifying patient care and allowing the extent of the goals of the Healthcare Program for Kids to be broadened.

The importance of Education for Health: to learn about and establish/maintain ties

Continuing Health Education (EPS) emerges as a SUS strategy for the training and development of healthcare providers [16]. To the extent that workers rethink their work processes, they become protagonists in the efforts, which are organized and carried out horizontally. In the speeches of the participants in the focus groups, it is possible to identify concerns about how the Health Unit team itself understands the Healthcare Program for Kids and the goals to be fulfilled, which, somehow, eventually come to the staff vertically:

> I'm a little worried, because a few people are aware about the reason why they're doing the Program Action and what benefits will be achieved by carrying out the Action, a concern with goals and numbers only, I'm worried about this. (A3)

> It's important that the team understand the goal, but be aware about the action, everyone is important in the process. (A2)

> I think it's also our role to bring awareness to the team. (A1)

The view of the team toward this concern demonstrates a commitment to raise awareness about the actions that the Health Unit develops regarding the Healthcare Program. It is the responsibility of the oral health team to promote this motivation and the understanding of the importance of children's early care, beyond coverage figures and percentages. In this sense, EPS becomes a powerful and necessary tool to allow the team to grasp the real purpose of the program, updating guidelines and making sense of this integrated practice.

From this same perspective, to be able to monitor and achieve the goals, tools have been created in the Health Information System (SIS), available in the network of Grupo Hospitalar Conceição Health Units. These tools include updated lists of children in the territory covered by the Health Unit, by age or health agent, indicating whether the dental visit took place or not, easily accessible by computers at the Health Unit. In addition to the lists, monthly reports are issued by the SSC Monitoring and Evaluation Department bringing compiled coverage data by Health Unit and data from the service as a whole. We initially found in the speeches of the oral health teams the importance of such tools:

> The instrument is very good, because we can log in and see all kids born. I think this facilitates the process a lot. (A1)
>
> I think the tables that come on the annual or monthly report are very useful, they help us know who is attending the appointments or not. (A13)
>
> The available systems are highly useful in the active search for children in need of dental care. (A5)

In a second stage, some Health Units showed the need to create alternatives to the instruments used to measure the achievement of the Healthcare Program goals, and EPS is inserted in these speeches, rethinking the work process:

> Over there at my clinic, we had the feeling that the data from visits and from the system were not in agreement. Then we prepared a table of our own to compare. (A2)
>
> The information system is good, and the monthly monitoring is very informative. There could also be a list of missing children by community health agent, as in the program for diabetics. (A6)
>
> The child's records in the healthcare program is a tool that helps us. But we have a structure problem, because we don't have a computer, so we create alternatives, such as lists, a board in the corridors… (A10)

From these speeches, it is possible to understand that health policies should and need to arise through collective efforts, commitment of the staff and clarity about the actions are essential. The development of horizontal practices through commitment enhances the link with the action. The link of the health service with patients broadens the effectiveness of actions and favors patient participation while the service is being delivered [11]. Thus, this space should be used to foster autonomous individuals, both workers and patients, since no bonds are formed without both being recognized as individuals who speak and need to be cared for/captivated.

The importance of the bond formed between the health service and patients is shown at different moments in the dialogues and in different forms of perception. These are ties established through systematic meetings, through talks during visits, through moments provided every time a family goes to the health unit, demonstrating the importance of sharing experiences and knowledge with the community in general:

> The relationship is very important and so is the bond. (...) at the moment you make an invitation, explain why it's important to take the kid, the importance of this visit changes. (A3)
>
> The bond is established with the pregnant mother during the pre-natal exam until the end of the first year, then you feel that mother will come over time. (A2)
>
> There are a few families that are more careless, who can't come, then we should be more attentive, insist a little more and win them over. (A1)
>
> We agree with the kid himself to come on a certain day to give us his pacifier during a visit. And he comes and hands it over. And the mother realizes that the child is ready to give up on his pacifier, and she (the mother) is the one who is not allowing this. (A7)

The importance of the bond is a strategy to create spaces for talking, in which specific problems are discussed, valuing the knowledge and reflections of individuals. Consequently, patients feel engaged in the control of their own health and self-care, better complying with their treatment, changing unsuitable habits or unhealthy behaviors. At the same time, it demonstrates that health education is strategic for the improvement of health habits.

Health education is a process that induces a change to health-related behavior, promoting information and encouraging habits to maintain health and prevent disease [17]. It is also an inherent process to the actions of Health Units, especially regarding the exchange of information and knowledge during reception, conversations, groups or visits. In some speeches, it is possible to note how important it is to captivate and share with the patient:

> I think we can't put ourselves in a place of importance, so to speak, that only what we talk, only what we say, both the dentist and the staff, is going to work it out. (...) we get kind of prescriptive with this issue that they have to come, (...) oral health is important, but we need to talk about their reality, captivate them. (A2)
>
> We can't overwhelm with information either. This is a complicating factor, the characteristic of our profession is not to listen to the patient, he keeps his mouth open, he can't speak, we are the ones who speak. (A3)

At times, however, participants report that challenges even after the formation of the bond hamper the activities of the Healthcare Program or the access to the health units:

> What hinders the Healthcare Program is that mothers can only be four months away from work, and when that period ends, the children stay at the homes of their grandparents or daycare centers that are outside of our territory. (A4)
>
> The fathers, due to the fact that they are at work, can't bring the kids during the month. (A6)

> The unit working hours are tied to the parents' working hours, so this makes the access for children as well as families very difficult. (A1)
>
> Over there at my clinic, a lot of children move out, they leave the area and return later. Then they move out and come back again (...) and, in these intervals, our goals decrease. (A4)
>
> The child enters school at 7:30 a.m., the mother picks him up at school at 6 p.m., and there is no time. So this time issue makes it very hard. (A12)

These speeches refer to the necessary reflection on how to create mechanisms to keep the tie with mothers who return to work after maternity leave. How to include children living in the community in the Healthcare Program, if they are not in the community during the Unit opening hours? These reflections are important to the extent they force us to think about the provision of services, their schedules and other rules and conditions that directly influence the scope of the Healthcare Program goals.

Conclusion

The analysis of the strategies and perceptions that influence the fulfillment of access targets and dental consultation coverage in the Healthcare Program for Kids, from the view of the oral health team, reflects the reality found in primary healthcare services Porto Alegre, RS.

The data report strategies and insights that facilitate and others that hinder the achievement of the established goals. The strategies used by the oral health teams that facilitate the achievement of goals are: use of larger spaces for participation, where the outcomes of actions are broader, such as open schedule and groups that are not restricted to lectures, but are spaces for reflection and problematization.

The results also suggest a strategy for achieving goals: use of vaccination campaigns and days when families attend the health units because of the Bolsa Família Program to attract missing children and the home visit strategy. Home visits in this sense facilitate the planning of actions, since they are consistent with the lifestyle and resources that families possess.

According to the perceptions of the oral health team, teamwork by the multiprofessional team leads to changes in the labor process by promoting interactions during consultations of different professional categories, providing comprehensive care for the children served. The results also reveal that the bond with the community and the working time at the Unit potentiate their work, allowing greater interaction with patients and getting to know their life stories.

The study points out the importance of developing actions through health education, as the bond between the health service and patients increases the effectiveness of actions and encourages patient participation. The challenges for the development and achieving of the goals of the Healthcare Program for Kids include: a greater understanding of the health team for a horizontal action. Another challenge is the difficulty in caring for children when mothers need to return to work, and the opening hours of the Health Unit, which coincides with the working hours of the family.

With this study, we hope to help health teams and the general population think about the Healthcare Program for Kids and that the results can serve as a stimulus and foundation for the implementation of public policies intended for dental care at an early age. We also hope to reorient health practices through initiatives such as those presented here, so that they can contribute to the strengthening of communities.

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