

ACCESS TO PUBLIC ORAL HEALTH CARE BY SPECIAL NEEDS PATIENTS: THE DENTIST'S PERSPECTIVE

Acesso à saúde bucal pública pelo paciente especial: a ótica do cirurgião-dentista

Acceso del paciente especial a la salud bucal pública: la ótica del cirujano-dentista

Original Article

ABSTRACT

Objective: To examine, from the dentists' perspective, the access of special needs patients (SNP) to oral health care in the Unified Health System. **Methods:** Cross-sectional and quantitative study, performed in 2011 by means of interviews based on semi-structured questionnaires, carried out with dental surgeons at family primary healthcare units of a capital city in Brazil's northeast region. Study variables included sociodemographic factors, work conditions and data related to the access and utilization of dental care services by SNP. Data was analysed with proper statistics in SPSS 15. **Results:** Interviews were performed with 44 dentists, 36 (81.8%) of which regularly assisted SNP; 29 (65.9%) conducted only oral examination and oral hygiene instructions; and 5 (11.3%) conducted oral examination and referred the patients to specialties centers. Nine (20.5%) of them reported having attended a discipline, focused on that type of patient. The accessibility, caring and dental assistance offered to SNP were approved by 70% of the dentists. **Conclusions:** From the dentists' perspective, special needs patients in the public network have access to oral health care; resolutivity, however, seems to be undermined, being necessary to refer those to other services.

Descriptors: Disabled Persons; Oral Health; Health Services Accessibility; Unified Health System.

RESUMO

Objetivo: Conhecer, sob a ótica dos cirurgiões-dentistas, o acesso dos pacientes especiais à saúde bucal no Sistema Único de Saúde. **Métodos:** Estudo transversal, quantitativo, realizado em 2011 por meio da aplicação de entrevistas baseadas em questionários semiestruturados, realizadas com cirurgiões-dentistas nas Unidades Básicas de Saúde da Família (UBASF) de uma capital do nordeste brasileiro. As variáveis englobaram dados sociodemográficos, condições de trabalho e as relacionadas ao acesso e atendimento do paciente portador de necessidade especial. Os achados foram analisados com estatística adequada pelo SPSS 15. **Resultados:** Entrevistaram-se 44 cirurgiões-dentistas, dos quais 36 (81,8%) atendiam pacientes especiais, 29 (65,9%) realizavam exame clínico e orientação de higiene bucal, e 5 (11,3%) realizavam exame clínico e encaminhavam para especialistas. Nove (20,5%) tiveram disciplina direcionada para esse tipo de usuário. O acesso, o acolhimento e a assistência odontológica oferecidos foram aprovados por 31 cirurgiões-dentista (70%). **Conclusão:** Sob a ótica dos cirurgiões-dentistas investigados, os pacientes especiais da rede pública estão tendo acesso à atenção em saúde bucal, entretanto, a resolutividade parece estar prejudicada, sendo necessário encaminhá-los a outros serviços.

Descritores: Pessoas com Deficiência; Saúde Bucal; Acesso aos Serviços de Saúde; Sistema Único de Saúde.

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RESUMEN

Objetivo: Conocer el acceso de los pacientes especiales a la salud bucal del Sistema Único de Salud desde la óptica de los cirujanos-dentista. **Métodos:** Estudio transversal, cuantitativo realizado en 2011 a través de la aplicación de entrevistas basadas en cuestionarios semiestructurados realizadas en cirujanos-dentista de las Unidades Básicas de la Salud de la Familia (UBASF) de una capital del nordeste brasileño. Las variables incluyeron datos socio demográficos, condiciones de trabajo y los relacionados al acceso y atención del paciente portador de necesidad especial. Los hallazgos fueron analizados con estadística adecuada por el SPSS 15. **Resultados:** Fueron entrevistados 44 cirujanos-dentista de los cuales 36 (81,8%) asistían a pacientes especiales, 29 (65,9%) realizaban la prueba clínica y orientación de higiene bucal y 5 (11,3%) realizaban la prueba clínica y os encaminaban a los especialistas. Nueve (20,5%) tuvieron asignatura direccionada para ese tipo de usuario. El acceso, la recepción y la asistencia odontológica ofrecidos fueron aprobados por 31 cirujanos-dentista (70%). **Conclusión:** Desde la óptica de los cirujanos-dentista investigados, los pacientes especiales de la red pública tienen acceso a la asistencia en salud bucal, sin embargo, parece ser que la resolutivez parece estar perjudicada siendo necesario dirigirlos a otros servicios.

Descriptores: Personas con Discapacidad; Salud Bucal; Accesibilidad a los Servicios de Salud; Sistema Único de Salud.

INTRODUCTION

The Family Health Program (PSF - *Programa Saúde da Família*), established in 1994 and later renamed Family Health Strategy - FHS (*Estratégia Saúde da Família - ESF*), afforded the Brazilian population achievements on issues related to quality of life and citizenship. Being a policy of the Ministry of Health (MOH), the FHS is presented as a strategy to achieve the guiding principles of the Unified Health System (SUS - *Sistema Único de Saúde*): universality, equity and integrity⁽¹⁾.

Issues concerning access to health services, however, are usually marked by conflicting situations that distress workers, managers and users. Reality points out an even greater difficulty in assisting the group of special needs patients (SNP) when it relates to oral health care. The literature indicates low access to and utilization of dental services, showing the urgent need for reorganization and restructuring of those services^(2,3).

This reality can be found in the Family Health Basic Units (UBASF - *Unidades Básicas de Saúde da Família*), despite the Ministry of Health's statement, in *Caderno de Atenção Básica nº 17 - Saúde Bucal*⁽⁴⁾ (Primary Healthcare Handbook no. 17 - Oral Health), that the oral health teams in the FHS should be trained to provide dental assistance to

people with special needs, and they should only be referred to specialized care in cases that exceed the limits of primary care⁽⁴⁾.

The MOH⁽⁴⁾ says that, in Dentistry, it is considered patient with special needs every user presenting one or more limitations, either temporary or permanent, mental, physical, emotional, growth-related, or medical, which prevent them from being subjected to a conventional dental situation. The reasons for the special needs are numerous and range from hereditary diseases and birth defects to changes that occur throughout life, such as systemic diseases, behavioral changes, and aging⁽⁴⁾.

Regarding dental assistance, patients considered with special needs are people who generally do not have the ability to promote satisfactory oral hygiene and often do not allow others to do it properly, by having aggressive behavior or presenting involuntary movements, hampering the hygiene efforts⁽⁵⁾.

According to recent Census data from the Brazilian Institute of Geography and Statistics (IBGE - *Instituto Brasileiro de Geografia e Estatística*), in Brazil there are about 45.6 million people with disabilities, corresponding to 23.92% of the population. It stands out as a large portion of the population, many of them being SUS users, and as such should be assisted in all their health needs⁽⁶⁾.

How can family health be achieved without providing assistance to people with disabilities or any special needs? What would be hampering those users' access to primary healthcare, specifically on oral health? Whether due to unpreparedness, insecurity, lack of commitment, or prejudice, it is known that there is an 'asleep' demand⁽³⁻⁵⁾ arising without proper attention, getting access to dental services almost exclusively in urgency situations, for mutilating procedures. This denotes the need to rethink the primary care organization, as it plays a key role in structuring the care network. It is understood that the referral clinic is a necessity, as there are cases that require the attention of a specialist, and this support is necessary, in accordance with the policy to ensure comprehensive care to individuals in all levels of complexity⁽⁷⁾.

Given these matters, the research aimed to identify, from the dental surgeons' perspective, the access of special needs patients (SNP) to oral health care within the Unified Health System.

METHODS

This is a cross-sectional study with a quantitative approach, carried out through interviews with dental surgeons working in UBASF of Fortaleza, CE, applying semi-structured questionnaires, especially developed for this research,

This city has an estimated population of 2,551,805 inhabitants⁽⁷⁾ and 883,132 of them are registered in the Family Health Strategy, which benefits 239,742 families⁽⁸⁾. Administratively, Fortaleza is divided into six Regional Executive Secretariats (SER - *Secretarias Executivas Regionais*). The target in this study was SER VI, which serves 49.3% of the population, with 48,358 households and 179,399 people registered⁽⁸⁾. SER VI comprises 20 primary healthcare units, all including oral health teams (ESB - *Equipes de Saúde Bucal*), totalling 67 dental surgeons. In addition, it has a center of dental specialties (CEO - *Centro de Especialidades Odontológicas*), which assists, among other specialties, the patients with special needs.

All the dental surgeons in SER VI's employ were contacted to participate in the research, being excluded from the study those who refused, were on vacation or leave, and the ones who could not be found in their workplace after three visits to the health units.

The following variables were investigated: (1) age, (2) gender, (3) religion, (4) place of birth, (5) marital status, (6) level of education, (7) higher education institution, (8) time after graduation, (9) hours worked per week, (10) legal regime of work, (11) time since employment in the FHS (12) ever attended any discipline/training program about special needs patients before graduating (13) provides or not assistance to the special needs patient, (14) type of attention provided to the special needs patients. This one had the following subvariables: a) requests the dental assistant to record the data and refer to sth/sb; b) conducts clinical examination and oral hygiene instructions to the patient and/or caregivers; c) conducts only the clinical examination and refers the SNP to sth/sb; d) performs clinical examination and the possible treatment; e) refers the patient to a colleague; f) conducts home visits requested by the community health agent (CHA), (15) dental assistance is available to special needs patients in your health unit, (16) your evaluation of the user embracement within the health unit, (17) believes the access to the health unit is guaranteed to the SNP, (18) what is necessary to enable the oral health team to assist the SNP, (19) ever referred a patient to the CEO.

All interviews took place in the health units (UBASF), in a reserved place, and were performed by a trained researcher accountable for filling in the questionnaire with the indicated responses, following standard procedures and without influencing the respondents.

Data was collected between February and April 2011, and processed using the SPSS 15.0 software (SPSS for Windows, SPSS Inc., Chicago, IL, USA). Descriptive analysis was conducted using frequency tables for categorical variables, and mean and standard deviation for continuous variables. The aforesaid variables were analysed

comparatively by means of parametric (independent t-test, One-way ANOVA) and nonparametric tests (Chi-square test, Mann-Whitney U Test, Kruskal-Wallis test), according to the needs, assuming $p \leq 0.05$.

With regard to the ethical aspects of research, respect for anonymity and confidentiality were properly observed, in accordance with Resolution 466/12 of the National Health Council/Ministry of Health⁽⁹⁾. The project was approved by the Research Ethics Committee of the University of Fortaleza, under opinion no. 344/2010.

RESULTS

The research was initially directed at 67 dental surgeons, working in 19 of 20 Primary Health Units of the SER VI in the city of Fortaleza. Of these, 44 completed the questionnaire (65.7%).

Table I - Sociodemographic data on the dental surgeons of SER VI. Fortaleza-CE, 2011.

Variable	n (%)
Sex	
Male	10 (22.7%)
Female	34 (77.3%)
Marital Status	
Married	30 (68.2%)
Single	08 (18.2%)
Divorced	06 (13.6%)
Level of education	
Bachelor of Dental Science	04 (09.1%)
Specialization	36 (81.2%)
Master's degree	04 (09.1%)
Place of Birth	
Capital city	34 (77.3%)
Interior	08 (18.2%)
Other State	02 (04.4%)
Religion	
Catholic	33 (75.0%)
Evangelical	08 (18.2%)
Other	03 (06.8%)
Graduated from a School of Dentistry	
Public	29 (65.9%)
Private	15 (34.1%)

The unit where one of the researchers involved in this article is employed was not included in this study, preventing bias. In the universe of 67 dental surgeons, 7 were on leave at the time of data collection, 11 were not found in their workplaces, even after a minimum of three attempts

(visits to the health unit), and 5 refused to participate in the interview, totalling 44 dental surgeons interviewed.

Table I shows the respondents' demographic data. The average age found was 36 (\pm 7.3) years; most of them - 34 (77.3%) - were female; 33 (75.0%) belonged to the Catholic religion; 34 (77.3%) were born in Fortaleza; 8 (18.2%)

in the interior of Ceará and 2 (4.5%) in other State; the majority - 30 (68.2%) - were married; the average time after graduation was 13.1 (\pm 7.2) years; the average time working as a member of the FHS was 6.8 (\pm 2.7) years; 29 (65.9%) graduated from a public higher education institution (HEI); 100% of respondents were selected for municipal

Table II - Description of the attention offered to the special needs patients by dental surgeons of SER VI. Fortaleza-CE, 2011.

Variable	n (%)
Do you assist the special needs patient? Yes	36 (81.8%)
Asks the dental assistant to record the data and refer to sth/sb	-
Conducts clinical examination and oral hygiene instructions to the patient and/or caregiver	29 (65.9%)
Conducts only the clinical examination and refers the SNP	05 (11.3%)
Performs clinical examination and the possible treatment	31 (70.4%)
Lacking confidence to assist the SNP, refers the patient to a colleague	03 (6.8%)
Conducts home visits requested by the community health agent (CHA)	21 (47.7%)

Table III - General aspects of the dental surgeons' professional training and their perception of oral health care to the special needs patient in SER VI. Fortaleza-CE, 2011.

Variable	n(%)
Before graduating, did you ever attend a discipline about assistance to the special needs patients?	
Yes	09 (20.5%)
No	35 (79.5%)
Does your unit allow access for the SNP?	
Yes	33 (75.0%)
No	11 (25.0%)
Is there dental assistance available to special needs patients in your health unit?	
Yes	31 (70.4%)
No	13 (26.6%)
How do you evaluate the embracement provided by your unit's oral health team to the SNP?	
Bad	02 (4.5%)
Regular	08 (18.2%)
Good	25 (56.8%)
Excellent	07 (15.9%)
Don't know	02 (04.5%)
What do you think is necessary to improve the assistance provided to the SNP by the oral health team?	
Training, Professional development and Specialization in the area	31 (67.5%)
Others	08 (18.2%)
Don't know	01 (2.5%)
Did not answer	04 (10.0%)
Have you ever referred a patient to the CEO?	
Yes	40(90.1%)
No	04(09.1%)

employment by public service contest; 36 (81.8%) have completed a specialization course; and 13 (46.4%) of these have a second specialization, while 4 (9.1%) have a master's degree. The most cited specialization program was in Family Health (n=15), followed by Public Health (n=3).

The description of the attention provided to the special needs patients by the dental surgeons can be seen in Table II.

It is noteworthy that, despite the large percentage of assistance (81.8%; n=36), this is limited to the clinical examination and possible treatment (70.4%; n=30), or clinical examination and oral hygiene instructions (65.9%, n=29). The possible treatment was described by respondents as the one that dental surgeons could perform in the Basic Health Unit prior to referral to specialized centers (CEO). The most cited treatments were prophylaxis and topical fluoride application, hardly being cited the restorative and periodontal treatments, or dental extractions.

The general aspects of the dental surgeons' professional training and their perception about oral health care to the special needs patients are described in Table III. It points out that only 9 (20.5%) professionals received training or attended any discipline on special needs patients before graduating. Of the 44 professionals interviewed, 40 (90.9%) reported they had referred patients to the CEO.

Dental surgeons of older age and longer time after graduation were the ones who, in higher percentage, were unable to evaluate the user embracement within their health units (One-way ANOVA, $p=0.01$ and $p=0.008$, respectively). No relation was found between age and either assist or not the special patients (Mann-Whitney U test, $p=0.571$). Women are more keen to provide assistance to the SNP than men (Chi-square test, $p=0.042$).

DISCUSSION

Given the science advances, there have been gains in SNP's life expectancy thus they have become customary patients in dental offices and clinics, in search of monitoring on the development and treatment for their teeth⁽¹⁰⁾. Providing dental care to those patients requires a lot of patience, skill and caring attention, as they are needy individuals excluded from a society of preconceptions, and yearning for specialized care⁽¹¹⁾.

It is known that primary care should act as the entrance door to other levels of care, seeking greater degree of resolution of the actions, enabling health promotion, prevention, treatment and rehabilitation of diseases and health conditions. The Basic Health Unit should be a place of excellence in attention to people with disabilities, considering its geographical sociocultural and proximity

to the surrounding community^(12,13). It is, therefore, the responsibility of the FHS to ensure universal access to health services.

Having that in view, the training of the Family Health Team professionals, during either their undergraduate or graduate programs, is essential to proper attention to the SNP, since it is necessary that they are sensitized to attend to the patients in their integrality⁽¹⁴⁾. The issue of the people with disabilities and/or impairments, displaced from organicist premises, in considering only the pathological body, undervaluing the relational body (inserted in the family and social environment), is not favourable to humanized care for this population group⁽¹⁴⁾. The conception of a different look permeates the clinic itself, occurring more efficiently when professionals know the assisted population's reality and are aware of the role they play in comprehensive care, in addition to their professional importance for the development of public health⁽¹⁴⁻¹⁶⁾.

The authors consider the choice of postgraduate specialization in Family Health or Public Health, as made by a considerable number of respondents of this research, a positive fact. According to the Ministry of Health, changes related to the improvement in the quality of consultation and resolution, in the approach and understanding of the family served, and in work organization are observed among those professionals who have participated in training programs (such as specialization and permanent education processes)⁽¹⁷⁾.

There is still a deficiency in curricula of undergraduate Dental Science programs regarding the professional training for the care of persons with physical and mental disabilities⁽¹⁸⁾. This fact is evidenced in the present study and strengthens the results, since dental surgeons reported not feeling confident for the service, referring the patient to other professionals and emphasizing the need to implement training in this area, given that only 20.5% of the dentists assessed said they have attended some discipline or training in the area of patients with special needs before graduating.

The Ministry of Health has realized that, in addition to investing in the specialization for graduated professionals, it is necessary to promote changes in professional formation in undergraduate programs, with public investments in financing of projects and programs that modify the curricula of undergraduate courses of HEI, to become more consistent with the workers' reality in the SUS⁽¹⁷⁾, such as the Education Program for Health Workers (PET-Health - *Programa de Educação pelo Trabalho para a Saúde*) and the National Reorientation Program for Professional Training in Health (Pro-Health - *Programa Nacional de Reorientação da Formação Profissional em Saúde*), developed by the Department of Management of Health Education (DEGES)

⁽¹⁹⁾. One of the reasons for non-attendance to the SNP is the lack of qualification/training of professionals to this activity⁽¹⁴⁾, a fact confirmed in this research.

Patients with physical and mental disabilities might pose a threat to dental surgeons in their handling and during dental treatment⁽²⁰⁻²⁴⁾. The SNP's oral health is usually compromised. To this initial impairment (due to intrinsic issues of some of those patients), add the fact that few dentists are interested in attending to them⁽¹¹⁾, compromising the embracement of this population's dental needs and generating a complex and challenging picture to be overcome by the public health system⁽¹⁸⁾. Professionals and the health service act in a given context, with its values, purposes and practices⁽²⁵⁾.

It was observed that the majority of dental surgeons reported performing dental clinical examination, oral hygiene or possible treatment in this population. Though an apparently positive datum, it is necessary to discuss the meaning of 'possible treatment', since it might be oral prophylaxis or fluoride application, not performing more complex procedures such as fillings, scaling and/or tooth extractions, as needed by the patient. Therefore, a population that needs attention remains with unanswered dental needs, despite having been 'assisted' by a professional.

The current research results, where issues relating access, user embracement, and dental assistance have received approval from 75%, 57%, and 70% of the interviewees, respectively, points out an incongruity regarding the accumulated demands and little resolvability in the healthcare provided. There is, however, concern among the professionals over the assistance provided to SNP, once they show interest in having professional training (n = 31; 70.5%) targeted to this specific population. Importantly, in addition to clinical training, it should include issues related to the user embracement and comprehensive care.

The user embracement is a tool of the National Policy of Humanization (HUMANIZASUS), launched in 2004 by the Ministry of Health⁽²⁶⁾. Access, comprehensiveness, humanization and equity are constant themes in the scientific literature dealing with the organization and quality of health services in SUS. The extreme specialization of interventions and the act of hierarchizing the services are considered by many authors as factors that contribute to hinder the opportunities of universality⁽¹⁶⁾, which, alongside comprehensiveness and equity, comprises the doctrinal principles of SUS ^(27,28).

SUS's principle of equity implies that more assistance is provided to those who need it most⁽²⁹⁾. Therefore, the special patient, for its peculiarities, is a user who should be better embraced within the health facilities, with an effort on the part of the family health and oral health teams, for

the resolution of their demands⁽³⁰⁾. Unfortunately, this was not observed, as there are still limitations in the treatment performed in those patients - being performed only the possible treatment - and there is a significant percentage of referrals to the CEO.

Contextualizing the aforesaid incongruity, a survey of the difficulties faced by caregivers/responsible to maintain SNP's oral health showed that the greatest difficulties mentioned by parents to maintain their children's oral health were: finding a dentist that assists their child and the high cost of dental treatment⁽²⁴⁾. Dental services for patients with special needs are hampered in the public system by factors such as low socioeconomic status, long distances, and transport difficulties besides the time spent in various rehabilitation services simultaneously to the dental treatment, along with these patients' predisposition to get sick, associated with lack of parents' understanding, interest and/or resistance on the importance of oral health^(16,18-21).

As mentioned earlier, it was observed in the present study a limitation on the type of care provided to this population by the professionals interviewed. Of these, 90.9% said they had sent SNP to the CEO. Decree No. 599/GM of March 23, 2006, which defines the establishment of the clinics of dental specialties, states that every CEO should provide attendance to the SNP⁽²⁶⁾. Primary care proceedings, like simple extractions and basic dentistry, are only justified to be referred to the CEO when performed in special needs patients. The Primary Healthcare Handbook no. 17 - Oral Health (*Caderno de Atenção Básica nº 17 - Saúde Bucal*) asserts that the Primary Healthcare Unit should embrace, evaluate and treat, as often as possible, patients with physical impairment, visual, hearing or speech deficiency, pregnant women, babies, diabetics, the elderly, HIV positive, patients with heart diseases, kidney dysfunction, birth defects, and transplants, without other limitations. The referral should be done after evaluation and/or attempts to provide assistance within the basic unit, and accompanying detailed report, signed by the professional, should justify the referral⁽⁴⁾.

It is important to mention that the specialization program in Special Needs Patients is considered relatively new. It was regulated only in 2001 by the Federal Council of Dentistry and offered in Fortaleza by the Brazilian Dental Association, only from 2005⁽¹⁰⁾, what can limit the supply of trained professionals in the public and private labour market.

Evaluation as a health management tool has as its major objective supporting decision-making procedures in the context of the SUS and should aid problems identification and reorientation of actions and services, as well as evaluate the incorporation of new health practices

in work processes, and measure the impact that actions implemented by services and programs of the system have on the user population's health⁽³¹⁾. A study using the dentist's view of healthcare^(32,33) is available, demonstrating that this professional's perspective is important to better understand the reality of the service. The current study aims to contribute in the issue of access to public services by the SNP.

It is, however, necessary to mention that there was limitation in this study, given that only the dental surgeon's perspective was investigated. It would be interesting to obtain information from the patients and their caregivers, in addition to the service managers, to a broader and more complete picture of the reality of access. Another limitation is that only one Regional Executive Secretariats in the city of Fortaleza was investigated, which may not represent the reality of the city and the state of Ceará as a whole.

CONCLUSION

From the perspective of the investigated dental surgeons, SNP in the public network are having access to oral health care. Its resolutivity, however, seems to be compromised because of the fact that dental surgeons do not completely meet the needs of this group of patients, having to refer them to other services.

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