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Oral health in home care within the scope of the family health strategy: A look at public policy

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ABSTRACT
Introduction: With the action initiated from the institutionalization of the Declaration of Alma Ata (1978), Primary Health Care (PHC) seeks to achieve the objective of offering universal primary care necessary for the community. In this service, there is the Family Health Strategy (FHS), in which the monitoring of the health territory is carried out, with actions and monitoring of the population by a team. Among the professionals who should compose the FHS team, there are the dentist and the auxiliary or technician in oral health, which, in addition to allowing the expansion of the population's access to services, promote intervention in the determinants of health and the improvement of existing oral health-disease problems. It is noteworthy that the absence or ineffectiveness of oral health care can affect the general well-being of users, resulting in infections in the oral cavity, which, in turn, can result in or aggravate other health problems. Therefore, there is a need to look at those patients who, due to their health conditions, do not meet the conditions to use the dental service in the Basic Health Unit itself, thus requiring home oral health care. Thus, the present work proposes a discussion about the importance of public policies aimed at home care in oral health, more particularly, to describe and analyze the lack of actions of this nature aimed at this population. Objective: To discuss the implementation of oral health in home care, within the scope of the Family Health Strategy. Methodology: This study is a reflective theoretical essay based on the theme of Primary Health Care, its theoretical foundation from the national and international scientific literature and the critical analysis of the authors. Thus, the reflection on the theme and its explanations will be the guiding axis on the subject. As there was no interaction of direct/applied research, the need to submit the study to ethical procedures was excluded. Conclusion: This research aims to gather subsidies to reevaluate the planning of oral health actions and services aimed at the public discussed here and the possible obstacles to the provision of this care, indispensable for the promotion of general health and well-being.

Keywords: Oral health, Home visit, Family Health Strategy.

1 INTRODUCTION

1.1 HEALTH REFORM AND ORIGIN OF THE UNIFIED HEALTH SYSTEM

In Brazil, the concept of health rights began to gain strength from the social movement that culminated in the Sanitary Reform at the end of the 70s, in which manifestations of intellectual and civil groups organized themselves demanding access to health services. This movement, in turn, made

possible a restructuring in the way of thinking about the direct management of services, which was exercised at the time through the National Institute of Medical Assistance and Social Security (INAMPS) (PAIVA; TEIXEIRA, 2014).

From these movements, in 1986, as a result of the convocation effected in 1985 by the Presidency of the Republic, the 8th National Health Conference (CNS) was held, and in this, groups and assemblies fostered and deliberated the most important agendas arising from the sanitary movement that later culminated in the institution of a single system, such as: the demand for the expansion of coverage to all individuals; the need to strengthen the public health sector; and, the urgent and indispensable integration of social security medicine into public health (PAIVA; TEIXEIRA, 2014).

During the 8th National Health Conference there was the massive approval of the guidelines from the Sanitary Reform movement with great popular participation throughout the country, and as a consequence, the creation of the Unified Health System (SUS) through the approval of Organic Law No. 8,080 of 1990, guided by the principles of universality, equity and integrality, which must be guaranteed to all its users, since the right to health is one of those provided for in the text of the Brazilian Federal Constitution, as provided for in Article 196, which thus establishes: "health is the right of all and the duty of the State, guaranteed through social and economic policies aimed at reducing the risk of disease and other diseases and universal and equal access to actions and services for its promotion, protection and recovery" (BRASIL, 1990; 1998).

In the context of this health system, proclaimed by Law No. 8,080/1990, the main way for users to access the services offered should be Primary Health Care (PHC), which should have capillarity to meet the most common health problems and solve a significant part of the health issues of users of this public health system (GIOVANELLA; MENDONÇA, 2012).

1.2 PRIMARY HEALTH CARE AND ORAL HEALTH CARE

The conception of PHC occurred from the Declaration of Alma Ata (1978), in which it was established that the provision of primary care should be available close to the places where people live and work, that is, to the universal reach of individuals and families of a given community (ALMEIDA *et al.,* 2018).

According to the prerogatives of the Ministry of Health (MH), the gateway of users to the services offered by SUS is Primary Care (PC), defined in Article 2 of Ordinance No. 2,436 of September 21, 2017, which approved the National Policy of Primary Care (PNAB) as

> [...] a set of individual, family and collective health actions that involve promotion, prevention, protection, diagnosis, treatment, rehabilitation, harm reduction, palliative care and health surveillance, developed through integrated care practices and qualified management, carried

> out with a multidisciplinary team and directed to the population in a defined territory, over which the teams assume sanitary responsibility (BRASIL, 2017).

It is through the Family Health Strategy (FHS) that the monitoring of the health territory is made, with actions and monitoring of the population by the PC Team, which has as an integral part the dentist and the auxiliary or technician in oral health (BRASIL, 2017).

The consolidation of dentistry in the FHS came through Ordinance No. 1,444, published by the Ministry of Health on December 28, 2000, which established financial incentives with the objective of reorganizing oral health care in PHC (KUHNEN; BURATTO; Smith, 2013).

In order to reorganize the oral health care model through the FHS, in January 2004, the Federal Government instituted the National Oral Health Policy (PNSB), entitled as the Smiling Brazil Program. In the prerogative of this policy, the Oral Health Teams should act at the primary level of care, assuring SUS users the actions of promotion, prevention and recovery of oral health, starting from the premise of the indispensable relevance of oral health for the general health and promotion of the quality of life of individuals (BRASIL, 2018).

As new approaches, concepts, perspectives and modes of execution were being promoted, in the context of the SUS, dentistry advanced in a prerogative improvements in the oral health conditions of users of this public health system (BRASIL, 2006). These actions, in addition to expanding the population's access to services, promoted intervention in the determinants of health and the improvement of existing oral health-disease problems, always guided by the principles and guidelines of the SUS (ANDRADE; FERREIRA, 2006).

Among the aspects that were determinant for the structuring of a new model of oral health care, we highlight the financial incentives applied by the Ministry of Health; the improvement of management that includes the indispensable need to promote oral health with a view to promoting the general health of SUS users; and the possibility of restructuring oral health actions developed through promotion practices, prevention and recovery of health (MATTOS *et al.,* 2014).

Also in the context of advances related to the field of oral health, it is noteworthy that, on May 8, 2023, Law No. 14,572 was sanctioned, which established the PNSB in the context of the SUS, amending Law No. 8,080/1990, in order to make the insertion of oral health in the scope of action of the SUS. It is important to emphasize this, because, before this one, this policy was based only on ordinances published by the Ministry of Health (BRASIL, 2023a).

In Article 2 of Law No. 8,080/1190, the guidelines of the PNSB are set out:

> I - stimulate and promote the practice of participatory management, ensuring the performance of popular representations and public or social control, in all spheres of government, in the formulation and discussion of oral health strategies; II - to ensure that any and all actions are governed by the universal principles of health ethics; III - enable universal, equitable and continuous access to quality oral health services, giving resolution to all manifest, spontaneous or programmed demand, and enable the obtaining and allocation of resources intended for the

> elimination of repressed demand in the area; IV - develop actions considering the principle of integrality in health, which should include both the actions of the intersectoral scope and the dimensions of the individual, the health system and health care, ensuring the reception and organization of the health service in a user-centered way, performed by a multidisciplinary team in the acts of receiving, listening, guide, attend, forward and accompany; V - to establish bond relations between the oral health team and the population and to ensure that the actions developed are directed to the different lines of health care; VI - develop a policy of permanent education in health for oral health workers, with the objective of implementing projects of change in training at the technical, undergraduate and graduate levels, in order to meet the needs of the population and the principles of the SUS; VII - carry out systematic evaluation and monitoring of the results achieved, as part of the planning and programming process; VIII - organize and maintain epidemiological and sanitary surveillance actions in oral health, articulated with the health surveillance system, incorporating continuous practices of evaluation and monitoring of damages, risks and determinants of the health-disease process, with intersectoral action and actions on the territory; IX - conduct, periodically, national oral health surveys, notably epidemiological population surveys, enabling the country to have updated data on this area and to promote the development of science and technology in this field; X - implement and maintain sanitary surveillance actions of fluoridation of public water supply, mandatory under the terms of Law No. 6,050, of May 24, 1974, as well as complementary actions in the places where they are necessary, and ensure the public power control over these actions (BRAZIL, 2023).

The PNSB proposes the adoption of programmatic, comprehensive and intersectoral practices, which should be elaborated by "lines of care", that is, encompassing all the life cycles of the individual. These, in turn, should contribute to the population's access to promotion, recovery and rehabilitation actions; health education actions; water fluoridation; topical fluoride application; and supervised oral hygiene (BRASIL, 2004).

To promote patient autonomy, one of the actions developed by the PNSB is to adopt the Supervised Oral Hygiene (HBS) activity as a successful strategy, encouraging self-care. Supervised oral hygiene comes as a core in the development of actions, seeking the understanding that oral hygiene is an indispensable element of body hygiene of individuals. To perform it properly, however, the patient must be taught. Still within the scope of the actions that should be developed in the context of the PNSB, the topical application of fluoride was also adopted in order to prevent and control caries, using fluoridated substances (BRASIL, 2004).

Regarding the need to adopt intersectoral public policies that can ensure the implementation of fluoridation. The PNSB starts from the premise that access to treated and fluoridated water constitutes a conditioning factor for the promotion of the population's health. In the context of health education actions, it seeks to enhance the provision of knowledge about the health-disease process, encompassing risk and protective factors. It is sought through this, to enable the patient to change habits, without disregarding their autonomy (BRASIL, 2004).

In relation to health promotion and protection actions, these are essentially educational – preventive, which can be developed both individually and/or collectively, and should be fostered by the SUS, and can be articulated with community associations, government institutions, for example,

in order to minimize risk factors. Here are also grouped the actions of identification and dissemination of information about the aspects of health protection (BRASIL, 2004).

Regarding dental health recovery actions, these include those inserted in the diagnostic field and, therefore, extend to the practices identified as necessary to treat the identified diseases. As for the first, this should be carried out as quickly as possible, as well as treatment, in order to contain the evolution of the disease and stop the appearance of possible disabilities and losses arising from the disease. As for the actions related to the latter, these should be conservative (those that excel in the maintenance of dental elements), opposing the mutilating logic (BRASIL, 2004).

Finally, rehabilitation actions are those carried out with the purpose of partially or totally recovering the capacities lost as a result of the disease. It also aims to reintegrate the patient in his social context and make professional (BRASIL, 2004).

Thus, it should be noted that the institution of the PNSB provided significant advances in the oral health model hitherto predominant in PHC, among which we can mention those pertinent to access, welcoming, bonding, and to a lesser extent, advances concerning health promotion, interdisciplinary approach and territorialization (**SCHERER *et al*., 2018).**

However, some paradoxes are still present, in which the biomedical model has still been translated into the scope of oral health actions, as opposed to the model proclaimed in the PNSB guidelines, such as: the predominance of the most mutilating model, to the detriment of the restorative; majority focus on individual actions and not on collective ones, materialized by the greater focus on clinical consultations, with prejudice to the actions directed to the territory, family and the community in an integrated way with the PHC; incipient articulation between the oral health teams and the FHS teams; lack of a participatory management, horizontalized and articulated with the real demands of the territory and not with the profile of the professionals who make up the oral health team; inadequate infrastructure; absence of materials and inputs indispensable for the execution of the activities; and, overload of professionals (**SCHERER *et al*., 2018; OLIVEIRA *et al.,* 2022; PINHEIRO, VASCONCELOS; GOMES, 2023).**

It is noteworthy that the need to improve the implementation of the PNSB can be attested in the preliminary results of the last National Oral Health Survey (SB Brasil), proposed with the objective of enabling the diagnosis of oral health in the country, and to provide subsidies for the implementation of the actions of the PNSB. Thus, data from this research in progress since 2020, indicate that there is still a significant portion of the Brazilian population in need of dental consultations urgently, and of this, 44.9% are elderly people (in the age group of 65 to 74 years) in need of some

type of immediate treatment due to the presentation of pain or dental infections of oral origin (BRAZIL, 2023b).

Pinheiro, Vasconcelos and Gomes (2023) argue that the current situation of the implementation of the PNSB reveals the urgency of this becomes a State policy, with the objective of consolidating the health care model based on the defense of life and the understanding of the place that social determinants occupy in the health-disease process. There is an urgent need to conceive of access to oral health actions as a right, which must be ensured by a universal, public and quality system for the entire Brazilian population.

That said, the adoption of a political project to combat the lack of funding and the weakening of the SUS becomes indispensable, as well as a redirection of the work processes of the FHS teams, which opposes the provision of fragmented care and that is based on the expanded concept of health and focused primarily on health promotion (PINHEIRO; VALENCIA; GOMES, 2023).

It urges to emphasize that the absence of oral health care can affect the general well-being of users, which may result in infections in the oral cavity, which can bring biological damage, later generating health problems, or aggravating some already existing. Therefore, there is a need to look at those patients who, due to their health conditions, do not meet the conditions to use the dental service in the BHU itself, thus requiring home oral health care. In the provision of care aimed at these, it is necessary that the social conditioning factors that affect their lives be considered, since they put them in a situation of exacerbated vulnerability. Therefore, we defend an ideal of care that opposes the model of health care with a majority focus on the disease, and that interprets the health-disease process as a social product (MORAES; Cohen, 2021).

Thus, the research that will be carried out will aim to answer the following question: in view of the publication of the Guidelines of the National Oral Health Policy (PNSB), what are the elements described in the studies published in the period from 2004 to 2023, which point to the performance of the Oral Health Teams in Home Care within the scope of the Family Health Strategy?

Thus, we start from the hypothesis that, despite being recommended by the PNSB the need to develop oral health actions in the homes of people of FHS users who do not have the conditions to go to the Basic Health Unit (BHU) in Brazil, their development is still incipient, while oral health care aimed at this public, it is still detached from the guidelines of the Ministry of Health.

1.3 ORAL HEALTH IN HOME CARE

Since 1990, Home Care (HC), defined by Ordinance No. 825, of April 25, 2019, as a type of health care that makes up the Health Care Network (RAS), conceptualized as being "[...] a set of actions for the prevention and treatment of diseases, rehabilitation, palliation and health promotion, provided

at home, ensuring continuity of care", has been growing significantly due to the accelerated aging process of the Brazilian population and the increase in Chronic Degenerative Diseases (CDD) (BRASIL, 2019; MARTIN; CYNAMON; COHEN, 2019).

Thus, over the years, changes in health demands, evidenced by various population and age segments, have been observed. Faced with these, the SUS was faced with the need to implement more appropriate actions to meet these different demands. Given the increase in care for the elderly, users with chronic degenerative diseases or with consequences arising from diseases or accidents, and individuals with limitations to access health services, the HC has been shown as a relevant instrument that demonstrates the concern of the SUS with the needs of the various age groups and the Brazilian population (BRASIL, 2020).

The work process of the FHS team focused on domiciled patients is not different from other actions implemented in PHC. That is, this type of care should be directed in the light of the principles of the SUS, adopting the family as the core of care, providing care that is resolutive and longitudinal. With this purpose, it is essential that the teams be organized to, in the territories, offer the appropriate reception of the health demands of this population follow-up that, due to various reasons, demonstrate the need for home care (BRASIL, 2020).

It is worth emphasizing that in the scope of the attributions that are common to all the members of the teams working in PC, there is the accomplishment "[...] home care to people with controlled/compensated health problems with some degree of dependence for activities of daily living and who cannot travel to the Basic Health Unit" (BRASIL, 2017).

In the PNSB, the home visit is presented as an inseparable practice of the daily work of the oral health team working in the UBS. Through this, the identification of risk, and soon, the monitoring and treatment necessary to meet the oral health needs of bedridden patients or with mobility difficulties become possible (BRASIL, 2004).

Even though home visits are recommended by the Ministry of Health as an important work resource of the FHS teams, due to the recognized need to adopt new forms of care, the expansion of this care strategy suffers from some impasses, which make it problematic to change the archaic health care model, to the detriment of a model that is substitutive and, therefore, based on the demands of the territory, which has as its core the family, which dialogues in a perspective opposed to the curative and medicalizing assumptions, and which is based on practices of prevention, promotion and health care. In practice, the predominance of this last model should be remarkable, however, what is perceived is that it is the coexistence of both models in the work process of the FHS teams (CUNHA; SA, 2013).

Regarding the oral health actions that should be developed by the oral health teams of PC and directed to domiciled patients, after the anamnesis process is completed, the evaluation of the demand for oral health treatment should be carried out and if there is a possibility, these should be carried out

at the patient's own home. In this sense, procedures such as prophylaxis, scraping, restorations, adaptations of dental prostheses, and in some cases, even tooth extractions, can be performed (BRASIL, 2020).

In addition to clinical actions, the demand for health education activities directed to patients and their caregivers is noteworthy, in the sense of having guidelines related to oral hygiene (MORAES; CYNAMON; COHEN, 2019).

The research of Silva, Peres and Carcereri (2020) summarizes the main activities that have been developed by the FHS teams, aimed at promoting oral health at home: guidance on healthy lifestyle habits; oral hygiene and diet guidelines; diagnosis of oral cancer, in line with the predictions of the PNSB that suggest home visits as an active search instrument and propitious space for the identification of oral lesions, being in accordance with the guidelines of the PNSB.

Fusco *et al.*, (2023) emphasize that, in addition to the actions of orientation, brushing and identification of lesions in the oral cavity, home visits (which should rely on the oral health service offered by the FHS), are powerful environments to potentiate a greater connection of professionals with the reality of users, and these are of great importance so that they can obtain a comprehensive understanding of the ways of life of these users, their health demands, in a larger perspective of their care.

Despite the importance of AD for the provision of comprehensive care, Procópio *et al., (2019) and* Silva, Peres and Carcereri (2020) point out that the implementation of actions in this perspective still reveals itself as a challenge for public health policy managers. For the first authors, this new prerogative of care is opposed to that linked to the production of traditional care, by requiring the overcoming of health spaces, and revealing itself as a substitute alternative to this model, making it possible to offer care that transcends the entrenched model, notably medicalizing.

For Silva, Peres and Carcereri (2020), the challenge lies in the conflict that emerges from the difficulty of guaranteeing families and users home care and also ensuring the care of the needs of all other families in the territory and account for the activities that are inherent to the daily life of PC.

The challenges that are present for the provision of oral health care by the FHS teams, draw a panorama in which only 50% of the professionals involved in this one, perform oral health practices directed to this population, and point to the fact that, even being defended as indispensable by the Ministry of Health, to ensure universal access, equitable and integral to individuals unable to go to the UBS, the frequency with which these actions are performed is still reduced, as Silva, Peres and Carcereri (2020) point out.

In view of the above considerations, it is noted the urgency of research that proposes to investigate how oral health care has been carried out for domiciled patients, aiming to enable the improvement of this service, so important for the promotion of the general health of SUS users.

REFERENCES

ALMEIDA, F. P; MEDINA, M.G; FAUSTO, M; C. R; GIOVANELLA, L; BOUSQUAT, A; MENDONÇA, M. H. M. Coordenação do Cuidado e Atenção Primária à Saúde no Sistema Único de Saúde. Saúde debate, v. 42, n. 1. p. 244-260, 2018. Disponível em:<https://www.scielo.br/j/sdeb/a/N6BW6RTHVf8dYyPYYJqdGkk/?lang=pt&format=pdf>. Acesso em: 26 mai. de 2023.

ANDRADE, K. L. C; FERREIRA, E. F. Avaliação da inserção da odontologia no Programa Saúde da Família de Pompéu (MG): a satisfação do usuário. Ciênc. Saúde Coletiva, v. 11, n. 1, p.123-130, 2006. Disponível em:<https://www.scielo.br/j/csc/a/fwcCcsGwmfD3GbmnpjgDfvm/?format=pdf&lang=pt>. Acesso em: 20 mai. de 2023.

BRASIL. Constituição da República Federativa do Brasil de 1988. Brasília, DF: Presidente da República, 1998. Disponível em: <https://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm>. Acesso em: 20 mai. 2023.

BRASIL. Lei n. 8.080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da Saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Diário Oficial da União, Brasília, DF, 20 set. 1990. Seção 1, p. 18055-18059.

BRASIL. Lei nº 14.572, de 8 de maio de 2023. Institui a Política Nacional de Saúde Bucal no âmbito do Sistema Único de Saúde (SUS) e altera a Lei nº 8.080, de 19 de setembro de 1990, para incluir a saúde bucal no campo de atuação do SUS. DF: Presidente da República, 2023a. Disponível em: <http://www.planalto.gov.br/ccivil_03/_ato2023-2026/2023/lei/L14572.htm#art5>. Acesso em: 27 mai. 2023.

BRASIL. Ministério da Saúde. Portaria nº 2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS). Diário Oficial da União, 2017.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. A saúde bucal no Sistema Único de Saúde. Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Básica. – Brasília: Ministério da Saúde, 2018. 350 p.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Coordenação Nacional de Saúde Bucal. Diretrizes da Política Nacional de Saúde Bucal. Brasília: Ministério da Saúde, 2004.

BRASIL. Ministério da Saúde. Secretaria de Atenção Especializada à Saúde. Departamento de Atenção Hospitalar, Domiciliar e de Urgência. Atenção Domiciliar na Atenção Primária à Saúde. Secretaria de Atenção Especializada à Saúde, Departamento de Atenção Hospitalar, Domiciliar e de Urgência – Brasília : Ministério da Saúde; 2020. 98 p.

BRASIL. Ministério da Saúde. Pesquisa Nacional de Saúde Bucal prorroga entrevistas e exames até 30 de junho. Secretaria de Atenção Primária à Saúde (SAPS): 2023. Disponível em: <https://aps.saude.gov.br/noticia/21238>.Acesso em: 20 jun. de 2023.

BRASIL. Constituição da República Federativa do Brasil de 1988. Brasília, DF: Presidência da República: 1998. Disponível em: <https://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm>. Acesso em: 20 maio. de 2023.

CUNHA, M. S. D; SÁ, M. D. C. A visita domiciliar na estratégia de saúde da família: os desafios de se mover no território. Interface-Comunicação, Saúde, Educação, v. *17, n.4*4, p. 61-73, 2013. Disponível em: < https://www.scielo.br/j/icse/a/YBt5R98dMgwPVDpSTWgXGNJ/?lang=pt#>. Acesso em: 10 jul. de 2023.

FUSCO, L. A; UCHIDA, N. S; HIGASI, M. S; KASAI, M. L. H. I; JÚNIOR, H. L. L; UCHIDA, T. H. Práticas adotadas pelas equipes de saúde bucal na estratégia saúde da família: uma revisão da literatura. Arquivos de Ciências da Saúde da UNIPAR, v. *27, n.* 2, p. 666-683, 2023. Disponível em: <https://ojs.revistasunipar.com.br/index.php/saude/article/view/9374/4566>.Acesso em: 20 jun. de 2023.

GIOVANELLA, Ligia; MENDONÇA, Maria Helena Magalhães. Atenção primária à saúde. In: Giovanella, Ligia et al. (Ed.). *Políticas e sistema de saúde no Brasil* Rio de Janeiro: Fiocruz; Cebes. p.493-546. 2012.

KUHNEN, M; BURATTO; SILVA, M. P. Uso do tratamento restaurador traumático na Estratégia Saúde da Família. Rev. odontol. UNESP, v. 42, n.4, p. 2013. Disponível em: <https://www.scielo.br/j/rounesp/a/Pfc9L7C3Jm4hb5hJwcpjDpd/abstract/? lang=pt>. Acesso em: 24 mai. de 2023.

MATTOS, G. M; FERREIRA, E. F; LEITE, I. C. G; GRECO, R. M. A inclusão da equipe de saúde bucal na Estratégia Saúde da Família: entraves, avanços e desafios. Ciênc. Saúde Coletiva, v. 19, n.2, p,373-372, 2014. Disponível em: < https://www.scielo.br/j/csc/a/XG6xk9fSzpV47wjsrWYf6zN/abstract/?lang=pt>. Acesso em: 08 jun. de 2023.

MORAES, L. B; COHEN, S, C. Um olhar sobre a saúde bucal de pacientes acamados domiciliados cadastrados em unidades da Estratégia Saúde da Família no município de Teresópolis/RJ. Physis: Revista de Saúde Coletiva, v. 31, n. 2, p. 1-19, 2021. Disponível em: < https://www.scielo.br/j/physis/a/tFST7kcdGWk7jHRBXg7ksZm/?format=pdf&lang=pt > Acesso em: 23 jun. de 2023.

OLIVEIRA, M. T. P. D; FARIAS, M. R. D; VASCONCELOS, M. I. O; BRANDÃO, I. R. Os desafios e as potencialidades da saúde bucal na Estratégia Saúde da Família: uma análise dos processos de trabalho. Physis: Revista de Saúde Coletiva, v.*32*, p. 01-18, 2022. Disponível em: < https://www.scielo.br/j/physis/a/BGG7znsRCFRXLvLnctyTrwS/>. Acesso em: 15 jun. de 2023.

PAIVA, C. H. A; TEIXEIRA, L. A. Reforma sanitária e a criação do Sistema Único de Saúde: notas sobre contextos e autores. Hist. Cienc. Saúde - Manguinhos, v. 21, n. 1, p. 15-36, 2014. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-59702014000100015&lng=en&nrm=iso>. Acesso em: 18 mai. 2023.

PINHEIRO, E. L; VASCONCELOS, M; GOMES, V. E; MATTOS, F. D. F; ANDRADE, C. P. S; AMARAL, J. H. L. Teorização sobre os limites à inserção da saúde bucal na Estratégia Saúde da Família. Ciência & Saúde Coletiva, v. *28*, n. p.1139-1150, 2023. Disponível em: < https://www.scielo.br/j/csc/a/WMwt6QhKKmrNYHXdqdQFfzd/>. Acesso em: 05 jun. de 2023.

PROCÓPIO, L. C. R; SEIXAS, C. T; AVELLAR, R. S; SILVA, K. L. D; SANTOS, M. L. D. M. D. A Atenção Domiciliar no âmbito do Sistema Único de Saúde: desafios e potencialidades. Saúde em debate, v. 43, n. 121, p. 592-604, 2019. Disponível em: < scielo.br/j/sdeb/a/Yz6YQWK9z67wqgrssVY7LBk/?lang=pt>. Acesso em: 10 jun. de 2023.

SCHERER, C. I; SCHERER, M. D. D. A; CHAVES, S. C. L; MENEZES, E. L. C. D. O trabalho em saúde bucal na Estratégia Saúde da Família: uma difícil integração? Saúde em Debate, v. *42*, p. 233-246, 2018. Disponível em: < scielo.br/j/sdeb/a/VNpzjJxJvP3sDfnMJ8SBjpS/>. Acesso em: 15 jun. de 2023.

SILVA, R. M. D; PERES, A. C. O; CARCERERI, D. L. Atuação da equipe de saúde bucal na atenção domiciliar na Estratégia Saúde da Família: uma revisão integrativa. Ciência & Saúde *Coletiva*, *v. 25*, n.6, p. 2259-2270, 2020. Disponível em:< https://www.scielo.br/j/csc/a/jNdndtCX3d4kDFwJgtTCMfP/?lang=pt>. Acesso em: 30 mai. de 2023.