

Oral Care in the Brazilian Primary Health Care System

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Abstract

Background: Brazilian National Health System (SUS) was created in 1988 and has its primary health care organized by the Family Health Strategy (FHS), which includes, for dental assistance, the Oral Health Team (OHT). The great impetus to the expansion of oral health actions in the FHS occurred after 2003, with the Smiling Brazil Program. Nowadays, there are approximately 35000 Family Health Teams (FHT) in the country. Despite the fast expansion nationwide, changes in the oral health care model cannot be guaranteed. This is due to the fact that, the expansion of the program itself does not assure the necessary changes in the reorganization of primary care actions that should be based on a new conception of the health-disease process. Therefore, this study aimed to evaluate the quality of service of the OHT in a large northeastern Brazilian city from the perspective of professionals of the FHT.

Methods: Cross-sectional and descriptive study conducted in the Family Healthcare Basic Unit (FHBU) of Fortaleza-CE. Data was collected through structured interview. Results: Data collection instrument was applied to 188 professionals: 30 Physicians, 57 nurses and 101 dentists, 70.8% were women. Mean age was 33.6 (\pm 5.9) years. The average grade for dental care was 7.34 (\pm 1.47) and for communication between FHS and OHT was 7.3 (\pm 2), 98.4% asserted that this communication aids on the community health care. 67.4% of professionals said that they were satisfied with the service offered to patients in FHBU. 81.4% believed to be well trained to work in the FHS. Nevertheless, 36.8% would like to take up a master's degree in Public Health in order to improve their work in the FHT.

Conclusion: It is concluded that health professionals believe that the dental services provided within the FHS are of good quality and that they are well trained for the work.

Keywords: Health; Health evaluation; Unified health system; Primary health care; Family health program; Oral health

Introduction

Health promotion has been one of the most discussed issues in different spaces of knowledge production and health practices. In Brazil, the implementation of Health promotion was mediated by the discussions of the Sanitary Reform movement, which culminated with the creation of the Brazilian National Health System (also called Unified Health System-SUS). Since its implementation, SUS has redrawn the contours of health care in the country, redefining the responsibilities and competences of each level of government and giving the municipalities a central role in managing the local system [1].

The Brazilian Constitution of 1988, in addition to establishing the SUS, guarantees health care as a right of every citizen, incorporating the new health proposal outlined worldwide, covering not only curative actions but also preventive ones [2]. To meet the principles suggested by SUS, the family was taken as a basic element for care,

resulting in the development of the Family Health Strategy (FHS), established in 1994 by the Ministry of Health.

The FHS provides for the participation of the whole community, in partnership with the Family Health Team (FHT), in identifying the causes of health problems, setting priorities, monitoring and evaluating all the work [3]. The teams must have, at least, one family doctor or general practitioner, one nurse, one nursing assistant and four to six community health agents (CHA). When this team is expanded it may also have one dentist, one oral health assistant and one oral health technician. Each team is responsible for monitoring 3000 to 4500 people or a thousand families in a given area, and these people must be co-responsible for their health care [4].

The great impetus to the expansion of oral health actions in the FHS occurred after 2003, with the Smiling Brazil Program. Despite the fast expansion of the OHT nationwide, changes in the oral health care model cannot be guaranteed [5]. This is due to the fact that, the expansion of the program itself does not assure the necessary changes in the reorganization of primary care actions that should be based on a new conception of the health-disease process.

It is known that the characteristics and difficulties of implementation and maturation of the family health team and consequently the oral health team are different in small, medium and large cities. Most of the researches on this issue have been conducted in small and medium cities [5,6], and little is known about the characteristics of the FHS in large Brazilian cities. Fortaleza city, located in the State of Ceará, went through a period of changes in the primary care between 2006 and 2010. In August 2006, the local government hired 300 new FHT, including 250 OHT, increasing the coverage of this program for approximately 50% of the population [7]. Few capitals have significant coverage by the FHT, with Fortaleza being one with this distinction. Despite the expected impact of the performance of these new professionals, little is known about the quality of service and the perception of health professionals about it.

The current National Oral Health Policy (NOHP) recommends the provision of services in primary care through the FHS. Therefore, the evaluation of service is required for a proper planning of this provision [5].

The assessment of services in public health is extremely important for enabling the organization of the planning process. It can also foster social and technical control of the programs and services provided to society [8].

The present study was conducted based on Donabedian theoretical referential. This was performed believing that when health professionals are involved in an evaluation that takes into account the seven pillars of quality [9] (efficacy, effectiveness, efficiency, optimality, acceptability, legitimacy and equity), an enhanced appreciation of the health service can be achieved.

Thus, the aim of this study was to evaluate the quality of the service of the oral health team in a large Northeastern Brazilian city from the perspective of physicians, nurses and dentists of the FHS.

Methods

This is a cross-sectional and descriptive research with a quantitative approach conducted in the Family Healthcare Basic Unities (FHBUs) in Fortaleza city. According to the Brazilian Institute of Geography and Statistics, Fortaleza has an estimated population of 2 431,415 inhabitants [10]. A total of 82 FHBUs, where 308 FHT and 223 OHT worked, were in operation during the period of data collection [11], which took place in 2010.

Physicians, nurses and dentists of the FHT composed the universe of this research. The sample size was obtained through random cluster sampling, which should be used when the population is subdivided into small groups or clusters [12]. Considering $\alpha=5\%$ and $\beta=90\%$, the sample value was 66 FHBUs. It is important to inform that a FHBUs can have more than one FHT operating, and that, for this study, one family doctor and one nurse were searched to be interviewed at each FHBUs, whereas all dentists in the FHBUs were searched for the interview.

A structured interview with closed-ended questions of multiple choices was used to obtain data. A pre-test was conducted with FHS dentists from another city who were not evaluated in this research. This step allowed researchers to make adjustments in the instrument in order to facilitate the understanding of the questions as well as the authors approach to the context of the study. The interview consisted of socio-economic questions and queries related to the components of quality of Donabedian [9]. The interviews were conducted with professionals who agreed to participate in the research and were working at the FHBUs during the time of data collection. Three dentists (co-authors: CA, KP and FC) were previously trained and calibrated by co-author (AV) through the application of the instrument among themselves. This training enabled the avoidance of bias and interviewers' interference in the respondents' answers.

For data analysis, descriptive (frequency and mean values) as well as analytical methods were used. Chi-square test was used for categorical and/or dichotomous variables while Kruskal-Wallis test was used to compare means between more than two groups in continuous and non-normal variables. Both tests were performed with a significance level of 5%. Data was organized and analyzed by the software SPSS 15.0 (SPSS for Windows, SPSS Inc., Chicago, IL, USA).

The research project was submitted to the Research Ethics Committee of the University of Fortaleza (COETICA), and it was approved (No. 146-2008).

Results

Sixty-six FHBUs were visited, and 188 professionals interviewed: 101 (53.7%) dentists, 57 (30.3%) nurses and 30 (16%) physicians. Only 65% of professionals who work in the FHBUs (physicians, dentists and nurses) were found at their workplace. Although it was not the aim of this study, it was empirically observed that a great number of professionals were on maternity leave or on holidays during data collection. The mean age of the professionals was $33.6(\pm 5.9)$ years. Those professionals had in average $10(\pm 5.3)$ years of work experience (time after graduation), and work, in average, $48.1(\pm 13.9)$ hours per week (some of those hours not related to their work at the FHBUs). About two thirds (67%) of the professionals use FHBUs' services, and the average length of this usage is $4.4(\pm 4.9)$ years. Table 1 presents socio demographic and professional profile of FHT workers.

Concerning efficiency and optimization of resources, 94.1% of professionals believe there is no waste of materials at the FHBUs, and 88.8% (n=167) affirm there is no excess of staff. However, 67.4% (n=126) of them believe that public money is spent improperly. Ninety-five professionals (50.8%) report that the lacks supplies for the OHT activities is common, 140 (74.5%) that the FHBUs is not adequate for dental care; 133 (70.7%) said there are no places for oral hygiene instruction in the FHBUs, and 113 (60.1%) said that the number of dentists is inappropriate (less dentists than necessary for 98.2% of those).

Variables	Number (n)	Frequency (%)
Sex		
Feminine	133	70.8%
Masculine	55	29.2%

Religion		
Catholic	141	75%
Protestant	15	8%
Spiritualist	8	4.2%
Other	24	12.7%
Where was born?		
Capital	138	73.6%
Country site	50	26.4%
Marital status		
Married		66.5%
Single		28.3%
Divorced		4.2%
Monthly wage		
Up to R\$ 3,000 (±US\$ 1,500)	28	15.1%
Between R\$ 3,000 - R\$ 5,000 (± US\$ 1,500 - US\$ 2,500)	119	63%
Between R\$ 5,000 - 7,000 (±US\$ 2,500 - US\$ 3,500)	30	16.1%
More than R\$ 7,000 (±US\$ 3,500)	11	5.7%
Do you have another work aside the FHBU?		
Yes	119	63.2%
No	69	36.8%
University where underwent graduation study	109	58%
Universidade Federal do Ceará – public university	31	16.5%
Universidade de Fortaleza – private university	20	10.4%
Universidade Estadual do Ceará – public university		
Higher degree		
Specialist	168	89.2%
Public Health	110	65.6%
Master	15	8%
Public Health	9	58.3%
PhD	2	1%
Which course would like to take		
Master in public health	69	36.8%
Endodontic	27	14.2%
Periodontology	24	12.7%
Education in Health	13	7.1%
Utilize the Unified Health System		
Yes	121	64.2%
No	67	35.8%
Utilize the FHBU		
Yes	126	67%
No	62	33%
FHBU which utilizes		

The one where works	173	92.1%
Close to the residence	15	7.9%
Has private health plan		
Yes	183	97.6%
No	5	2.4%

Table 1: Health workers' socio-economic and professional profile. Fortaleza, 2010.

Concerning legitimacy and equity, most professionals (81.4%) believe they are well trained to work properly in the OHT and FHT. In all, 71.8% said there is communication between both teams and 98.4% said that this communication helps the community health. Professionals were asked to give a grade (between 0 and 10) regarding the level of communication between the teams, and the average grade given was 7.3(± 2). One hundred and eight-two (98.8%) reported there is a priority service to some patients. It was also observed that 13 (7%)

interviewees perceived discrimination towards the care of some patients.

Regarding acceptability 126 (67.4%) professionals are satisfied with the service offered to patients of the FHBUs. They were asked to grade (from 0 to 10) the service offered by the health team to the population, and the average grade given was 7.34 (± 1.4). Table 2 presents data regarding the professionals' perception of OHT service.

	All		Doctors (n=30)		Nurses (n=57)		Dentists (n=101)	
	YES		YES		YES		YES	
	n	(%)	n	(%)	n	(%)	n	(%)
Advancement of science improved oral health	183	97,3	29	96,7	55	96,5	99	98
Performance of the DS has improved	181	96,3	28	93,3	54	94,7	99	98
Do you have Private Health Insurance?	183	97,3	29	96,7	56	98,2	98	97
Do you use SUS for own care?	112	59,6	12	40	29	50,9	71	70,3
Do you use FHBUs for own care? If so, where	118	62,8	11	3,7	34	59,6	73	72,3
Unit where the professional works	106	91,4	10	100	20	87,9	67	91,8
Unit in the place where the professional lives	10	8,6	-	-	04	12,1	06	8,2
There is material waste at the FHBUs that you work?	11	5,9	02	6,7	-	-	09	8,9
Do you think public money is spent properly?	61	32,6	10	33,3	17	30,4	34	33,7
Is there lack of material for the OHT?								
Rarely	73	39	09	31	19	33,3	45	44,6
Often	95	50,8	18	62,1	30	52,6	47	46,5
Always	11	5,9	01	3,4	04	7,0	06	5,9
Which type of material is more commonly missing?								
Individual protection	90	47,8	12	40	26	50,0	52	80,2
Consumables	121	64,4	15	50	25	43,8	81	51,5
Fluorine for schools	24	12,8	04	13,3	05	8,8	15	14,8
Office equipment	18	9,5	05	16,7	09	15,8	04	4,0
Do you believe that there is Optimal/Ideal physical structure at your FHBUs?	48	25,5	08	26,7	13	22,8	27	26,7
Ideal number of chairs at your FHBUs?	50	26,6	03	10	08	14,0	39	38,6
Lack of chairs	140	74,5	27	100	50	100	63	62,4
Excess of chairs	48	25,5	-	-	-	-	38	37,6

Is there a proper place for oral hygiene instruction at the FHBU?	55	29,3	08	26,7	15	26,3	32	31,7
Is the number of dentists at the FHBU enough?	75	39,9	14	46,7	23	40,4	38	37,6
Lack of dentists	110	98,2	16	100	32	97,0	62	98,4
Excess of dentists	02	1,8	-	-	01	3,0	01	1,6
Are you satisfied with care provided?	126	67,4	16	55,1	19	33,3	32	31,7
Is the service friendly?	181	96,3	30	100	52	91,2	99	98
Is the service timely?	143	76,1	24	80	42	73,7	77	76,2
There is communication between the OHT/FHT at the FHBU?								
Rarely	50	26,6	11	36,7	16	28,1	23	22,8
Often	91	48,4	14	46,7	24	42,1	53	52,5
Always	44	23,4	05	16,7	15	26,3	24	23,8
Is priority assistance given to any group?	182	96,8	29	96,7	53	93,0	100	99
Pregnant	157	83,5	20	66,7	44	77,2	93	92,1
Elderly	124	66	20	66,7	31	54,4	73	72,3
Children	74	39,3	11	36,7	19	33,4	44	43,5
Emergency	29	15,5	04	20	13	22,9	10	9,9
Hypertension day	44	23,3	05	16,7	14	24,6	25	24,8
Special patient	29	15,5	03	10	07	12,4	19	18,9
Is there any type of discrimination in the assistance given to any group?	13	7,0	01	3,4	05	8,9	07	6,9
Patient from another area	08	61,5	-	-	03	60,0	05	71,4
Drunk patient	01	7,7	-	-	-	-	01	14,3
HIV + TB	03	23,1	01	100	01	20,0	01	14,3
Patient special	01	7,7	-	-	01	20,0	-	-

Table 2: Health professionals' perception of OHT service, as well as information regarding professionals' perception on issues related to health assistance at the Family Health Basic Unit (FHBU). Fortaleza, 2010.

Several items concerning activities were evaluated in order to identify the actions that are being developed in the FHS by the OHT. Table 3 shows the activities that dentists of the OHT must perform, from the perspective of doctors, nurses and dentists themselves, and

which are performed, referred by dentists. The only item that showed less than half of professionals' approval was "full or partial recovery of capacity lost as a result of cancer or edentulism", with 45.7%.

Activities	Thinks the dentist should perform								Performs	
	All (n=187)		Doctors (n=30)		Nurses (n=57)		Dentists (n=101)		Dentists (n=101)	
	YES		YES		YES		YES		YES	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Restorations	188	100	30	100	57	100	101	100	101	100
Extractions	183	97,3	29	96,7	55	96,5	99	98	101	100
Tooth brushing with fluoride in children	184	97,9	29	96,7	56	98,2	99	98	97	96
Helps patient reception at the FHBU	155	82,4	19	63,3	52	91,2	84	83,2	58	57,4
Distributes toothbrush and toothpaste at schools	182	96,8	26	86,7	56	98,2	100	99	96	94,1
Attends dental emergencies	173	93,6	24	80	53	93	99	98	100	99

Works together with nurses and doctors to better serve the community	188	100	30	100	57	100	101	100	79	78,2
Health education (Dentistry)	188	100	30	100	57	100	101	100	92	91,1
Health education (other areas)	178	94,7	30	100	57	100	91	90,1	71	70,3
Tooth brushing	187	99,5	30	100	56	98,2	101	100	95	94,1
Plaque Control with disclosing	177	94,1	29	96,7	53	93	95	94,1	70	69,3
Fluoride Topical application	185	98,4	30	100	54	94,7	101	100	100	99
Dietary counseling (oral health)	182	96,8	30	100	55	96,5	97	96	93	92,1
Early detection of mucosal and soft tissue lesions	188	100	30	100	57	100	101	100	99	98
Application of fissure sealant	175	93,1	28	93,3	50	87,7	97	96	88	87,1
Full or partial recovery of capacity lost as a result of cancer or edentulism	86	45,7	18	60	35	61,4	33	32,7	15	14,9

Table 3: Distribution of activities performed by Oral health Teams (OHT) as well as the perceptions of health professionals of what should be performed in the field. Fortaleza, 2010.

Table 3 shows that all doctors and nurses interviewed consider the activities performed by the OHT important. Of these, 70 (80.5%) think that health promotion and health prevention activities are performed. They reveal expectations about the OHT, where 81 (93.1%) of them hope the OHT perform preventive and curative treatment in the community, 74 (85.1%) hope the service to be performed in a quick pace and 79 (90.8%) that the treatment at the clinic to be punctual as well as the treatment at the clinic to conduct preventive care.

The doctors and nurses' view of the OHT was positive, since 66 (75.9%) of them believe that the OHT of their unit is performing a good work for the health care of the community. When the professionals who responded negatively to this question were asked about the failure of activities, 95.2% said that the high demand of the population may be the cause of this reality.

The Kruskal-Wallis test found statistical difference among health professionals regarding the total working hours per week ($p < 0.001$). It was observed that physicians work more hours, followed by nurses and dentists.

Association was found between: having another job besides the one in the FHBU and monthly income ($p < 0.001$); professional category and the use of service in SUS ($p = 0.003$) and the FHBU ($p = 0.002$) by the professionals themselves. It was also observed that the use of SUS (which includes FHBU and other services, as hospital visits) was mostly done by dentists.

Discussion

This is the first time that an evaluation of the OHT is made in a large city in Brazil. It was only after the year 2000 that the FHS began to have greater performance in medium and large municipalities, as there was greater adherence by small municipalities in the beginning of the implementation of the program in the country. This tends to provide less coverage of the FHT in the cities, as well as less mature oral health teams, which in turn, can influence the quality of the care provided. However, in order to promote an ambiance prolific to conversion (from the old system to the new FHS system), information

regarding the perceived quality of the work provided by the FHT, including the OHT, is important as a diagnosis for change.

For large municipalities like Fortaleza, the adoption of the FHS seems to require an effort to reorganize the health system since they already have a physical structure (e.g., buildings) installed and a group of professionals working according to previously established organization [17], which, in some case, go against of what is advocated and or recommended by the FHS. Additionally, users, who are still accustomed to curative care performed by the old system professionals, tend to sum up difficulty for the FHS implantation in these municipalities. These facts are also a reality in Fortaleza, which reinforces the importance of studies in this city.

Regarding the profile of health professionals in the FHT, the profile found in Fortaleza is similar to other studies [13,14], consisting of young professionals and mostly women. It is important to comment that a large proportion of the professionals were not found at their work place, despite several visits to each health unit. Empirically, it was noted that the main reasons for it was maternal leave and holidays. By Brazilian law, each professional has one month per year of holiday. It is believed that the absence of one third of the professionals at their work place may influence the quality of the work performed as well as the way this work is perceived. Nevertheless, the absence was distributed quite evenly throughout the whole city and among the health units, therefore, the possible bias caused by the absence of those professionals are not believe to be sufficient to disqualify the present study, quite the opposite, it represents the reality found in the field. The great number of professionals on maternity leave may be related to the career stability (public contests) and the age of the dentists (young adults) rather than other issues that could have influenced in a negative way the research.

The FHS is commonly the first job of these health professionals, which, in some case, are not mature enough to understand the importance of the work taken. Despite having the ability to do restorations, tooth extraction, cleaning and fluoride application, few are those who understand and performed health promotion and prevention activities in the community. An example of that is the fact that 81.4% affirm to be well trained to work in the FHS, at the same

time 36.8% of them would like to continue their dental formation take up a master program.

Most of the interviewees also work in private clinics, and it is unclear to what extent these professionals divert to another work, the attention, involvement, and the time they should have for the FHS and what implications this may have for the functioning and quality of service in the FHBUs. Statistically, doctors have longer working hours per week than other professionals (including the FHBUs and other jobs). However, they were the professionals who were least found in all the FHBUs during data collection, maybe because they spend part of their time on other occupations compromising the care of the population. It is common to see physician taking up several full time jobs in order to improve their income. However, in the impossibility to work all the hours programed in the several work places, the number of hours and the quality of the work performed gets impaired.

The analysis of the incorporation of oral health in the FHS in small and medium size cities of Rio Grande do Norte State (RN) found that the procedures that were mostly performed by the dentists at the clinic were restorations, oral hygiene orientation and basic periodontics procedures [5]. The most prevalent procedures reported in the current study were restorations and extractions. Maybe this finding is related to the suppressed demand, given that the OHT was recently inserted in the FHS in large cities like Fortaleza. In small and medium municipalities (cities of RN) where the OHT have been inserted for longer, the suppressed demand may already be partially supplanted, thus decreasing the number of extraction procedures and increasing the number of preventive procedures such as oral hygiene orientation and basic periodontics procedures.

The Northeast population has the highest number of decayed, missing and filled teeth (DMFT) score of Brazil, except for age 12, following the Southeast region – which is the richest part of the country [15]. The population needs primary preventive activities and restoration services in case of disease occurrence. Professionals should bear in mind that the extraction does not solve the problem, for it is a procedure that brings the need for rehabilitation and hence expenses with this treatment. Extraction without prosthetic rehabilitation, indeed frightfully common, increases difficulty in chewing, swallowing and speech, harming even more users' health. Therefore, the dentist should not make use of this as a routine procedure. Fortunately, the number of tooth extractions in Fortaleza has been decreasing since 2004 [16], and it may be a result of the OHT improvements over the years, as well as of the decrease of the suppressed demand.

It is necessary to highlight that the performance of certain activities by a dentist does not guarantee its quality. However, not performing activities needed by the FHS guarantees the service lack of quality. It is necessary to recognize the population and assess their needs so that actions can be planed according to the real needs of users. However, a positive aspect that was observed in this study is that the activities that professionals develop are the same recommended by the Ministry of Health in the National Oral Health Policy [4].

A relevant fact is that more than half of professionals' state they are satisfied with the service offered in the FHBUs, but almost all have private health insurance. Still, when they use the service of the SUS, the majority does in the unit where they work, i.e., they do not create a link with the unit in the area where they live and where they should be seen. Additionally, the health professionals are probably assisted by colleagues of the FHBUs without medical records or follow-up, which mischaracterizes being a user of this service.

In the interviewees' opinion, the public money is not properly spent. The lack of resources is also approached in another study that shows that there is a lack of financial, structural, physical and human resources [17]. These findings may be anchored in the fact that few Brazilian states provide funding to municipalities for the deployment of the FHS.

Concerning the communication between the OHT and the FHT, other studies [17-20] show that about 76.2% and 87.6% of dentists reported the involvement between teams. It is worth saying that these studies were conducted in small and medium municipalities, mostly. In this current study, 71.8% of dentists said there is communication between the teams despite the difficulty to establish this communication in large cities. This is an important data, as this communication has the potential to affect the health of the community and its bond with professionals. Interestingly, the professionals that work in the poor areas of the city stated that there is less communication between the OHT and FHT. The explanation for it is not clear, but it may be due to the increased number of dangerous points (e.g., armed robberies, drug dealers, murders, etc.) in the area, which is prejudicial to the communication between professional, as they tend to spend less time in the FHBUs, and to change jobs frequently, which, in turn, makes professional integration with the area and with colleagues more difficult.

All the professionals reported the existence of priority service. Others findings showed that only 73.3% and 26.9% of dentists establish priority groups [17,20]. In this perspective, this study provides an indicator that can be considered positive if compared to other studies regarding the professionals' focus on the care of priority groups, as this is a responsibility of the dentist and should be incorporated in the daily service as recommended by the Ministry of Health [21]. Within this context, there must be a change in all the people involved in this strategy (e.g., health professionals, users and health system managers) so that it can work effectively.

Lately, quantitative evolution of the OHT can be observed, once the population has a greater access to oral health services. However, differences and difficulties are present because of the size of the municipality of Fortaleza, with different characteristics among the neighborhoods.

Some positive points are highlighted in this study: the professionals' interest to improve their career in public health practice and consequently improve the FHS, the realization of priority calls, among others. On the other hand, some drawbacks must be mentioned: the difficulty in finding professionals in the FHBUs, lack of communication between the teams, and the fact of the health promotion activities still being directed preferentially to the school.

Conclusion

We conclude that health professionals believe that the dental services provided within the FHS are consistent with their expectations of quality, and they also report a positive performance of OHT.

Nevertheless, this study highlights the importance of conducting research with other actors involved in this process as users and managers, who should be listened in order to obtain more concrete results in the evaluation.

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