LUMEN ET VIRTUS

Community health workers and continuing health education: An alliance for equity in community well-being

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ABSTRACT

Community Health Agents (CHA) are professionals who work in primary care networks, more specifically in family health teams, such as the Family Health Strategy (FHS), which are based on providing conditions for the promotion, protection, prevention and recovery of health to the community, following the criteria of the National Primary Care Policy (PNAB), being the link between the community and the health services in the region, being able to stimulate education and promotion in oral health, calibrated with Permanent Health Education. The objective of this study is to survey the general knowledge of the CHAs about oral health, and at the end to evaluate the results obtained, as well as to report the event of Continuing Education in Health held after the research, with the aim of promoting continuing education in health for the CHAs. This is an observational, cross-sectional and action research study carried out in a medium-sized municipality in the central region of the state of Rio Grande do Sul. All 95 CHAs who work in the public network were invited to participate in the research, on the days available for the interview, 56 participated and only 2 did not answer the questionnaire and a quantitative approach was used. The prevalence of females was 78% and only 46.4% of the interviewees answered that they had received some type of instruction in oral health. The interconnection between CHA, Health Education and Permanent Health Education is

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essential to drive healthier, more aware and less unequal communities, with more effective health systems.

Keywords: Community, Health Education, Family Health Strategy, Oral Health.

INTRODUCTION

The Unified Health System (SUS) is a public and free health system in Brazil, which was created by the Federal Constitution of 1988, in order to comply with what is in law in Article 196 of the same Constitution, that "health is a right of all and a duty of the State", the result of social movements that understood that health is a right of all, not only those who were interconnected with social security and philanthropy (SECRETARY OF STATE OF HEALTH OF MINAS GERAIS, 2022).

The SUS actively contributes to the Sustainable Development Goals (SDGs), established by the United Nations General Assembly, with the "Health and Well-Being" goals, in goal number 3.8, which says "Ensure, through the Unified Health System (SUS), universal health coverage, access to quality essential health services at all levels of care, and access to safe essential medicines and vaccines, effective and quality products that are incorporated into the list of products offered by the SUS." (UNITED NATIONS – BRAZIL, 2023).

Aiming at a fundamental organization in the system, Ordinance No. 4,279, of December 30, 2010, established within the program three levels of health care and assistance, namely: primary care, secondary and tertiary care, where they were used to structure the care provided by the SUS, with the intention of not causing overcrowding in public hospitals and having teams prepared with a focus on the care in question, promoting equity. Primary Care, in turn, understood in primary care, addresses each person considering their individualities and social context, with the objective of providing complete and comprehensive care (MINISTRY OF HEALTH, 2017).

Vasconcelos *et al.* (2010), points out three distinct phases that govern the changes in the responsibilities of Community Health Agents (CHA), one of the professionals who make up the interprofessional team in public health services, specifically, over time within Primary Care. In the first instance, the ACS was part of the Community Health Agents Program (PACS), established in 1991. The creation of the Family Health Program (FHP), created in 1994, which established a multiprofessional work team consisting of nurses and nursing assistants and, later, in 2000, oral health was introduced in the FHP, where the Ministry of Health attached the Oral Health Teams (OHT) to the program, after verifying that a large portion of the population did not have access to oral health services and had high rates of caries and dental pain.

Thus, according to COSEMS (2021), Community Health Agents (CHA) are professionals who work in primary care networks, more specifically in family health teams, such as the Family

Health Strategy (ESF), which are based on providing conditions for the promotion, protection, prevention, and recovery of health to the community, following the criteria of the National Primary Care Policy (PNAB), being the link between the community and the health services in the region.

It is the responsibility of the ACS to work with families within micro-areas defined by the team in which they work, where it will be the responsibility of the ACS to carry out and maintain the updated registration in the health system, to carry out home visits to individuals and families who are under their responsibility, ensuring guidance regarding health services and follow-up, in order to integrate the local community with Primary Health Care (PHC) (NATIONAL PRIMARY CARE POLICY, 2012). To this end, the ACS must act as a link between the community and the health care service, being able to stimulate education and promotion in oral health, making the population aware of this important health issue, since within their sphere of professional competence, they are included in the education process and, in particular, in the concept of popular education (SILVA, C. A. da; GONZAGA, J. L. A; AZEVEDO, J. C. de, 2013).

The educational actions in oral health that can be developed by the ACS for all age groups should address methods based on the promotion of oral health, such as stimuli to educational and preventive activities; the main oral diseases; guidance for oral self-examination; importance of correct oral hygiene, including brushing with fluoride toothpaste and flossing; care to avoid fluorosis; guidance on a diet that does not compromise oral and systemic health; carry out actions such as promoting group activities, especially in schools and with mothers; the relevance of dental prenatal care; care for newborns; the prevention of exposure to the sun without protection and prevention of the use of alcohol, drugs and tobacco (PEREIRA, A. C., 2003), since they are risk factors that affect not only the oral cavity, but all other systems.

However, in order to properly transmit information about hygiene and oral health care, professionals must be trained. However, research carried out in several places shows that many of these professionals did not receive training or occurred a long time ago. (VASCONCELOS, M. *et al*, 2010). According to the Brazilian Constitution, in its article 200, it is the duty of the state to order the training of human resources in the health area. Thus, on February 13, 2004, through Ordinance 198-GM, the National Policy for Permanent Education in Health was implemented as a SUS strategy for the training and development of workers for the sector, being a "political-pedagogical proposal that favors workers in a teaching-learning process within their daily work" (ALMEIDA, J. R. de S., 2016).

Considering this need to expand the knowledge in oral health of the CHAs, the objective of this study is to measure the general knowledge of the CHAs about oral health, and at the end to evaluate the results obtained, as well as to report the event of Permanent Education in Health held

after the research, with the aim of training the CHAs of a municipality in the interior of Rio Grande do Sul.

METHODOLOGY

This is a cross-sectional observational study associated with action research carried out in a medium-sized municipality in the central region of the state of Rio Grande do Sul, with the application of a questionnaire, a study that was submitted to the Human Research Ethics Committee in accordance with Resolution number 466/12, which governs research with human beings, with a target population consisting of community agents from the municipal network.

The research project was first submitted to the Secretary of Health, at the Center for Teaching and Research in Education and Health (NEPES) and, soon after, it was submitted to the Research Ethics Committee under Opinion Number: 3.895.725. After approval by the Ethics Committee, the project was forwarded to the Municipal Oral Health Coordination and executed during the monthly meeting of the CHAs. The CHAs were informed about the objectives of this research and included in the study after signing the Informed Consent Form.

The data collection procedures, based on the methodological introduction of action research, were initially carried out through a questionnaire previously prepared by the students that was applied in person during a monthly meeting of the CHAs. The instrument aimed to verify the basic knowledge of the CHAs about oral health. The questionnaire data were tabulated and the descriptive analysis of the results was performed in a Stata software program, where the information was grouped in a table in order to facilitate understanding and contribute to the didactics in the construction of the results.

Secondly, as part of the action research, through the Primary Care Secretariat, all the CHAs in the municipality were invited to participate in an event, with validation of their work shift. The event, in the "conversation circle" format, was organized by Dentistry students from a private institution, in order to provide general knowledge about oral health guidance to the CHAs, helping to serve the community, promoting continuous health education, as a form of Permanent Health Education. All the contents worked on at the event (caries, periodontal disease, care for babies and children, use of fluoride, tooth eruption, acute dental processes) were the contents previously questioned in the research and tabulated so that the main issues to be discussed could be visualized.

RESULTS AND DISCUSSION

All 95 CHAs who work in the municipal public network were invited to participate in the research by answering a questionnaire that used the quantitative approach, which was applied in two monthly meetings of the category. In these meetings, 56 CHAs participated, corresponding to 58.9%

of the CHAs in the municipality, only 2 (3.5%) did not accept to participate in the research and did not answer the questionnaire. It should be noted that all 23 FHS in the city were covered with at least one CHA.

Table 1 shows the descriptive result of the questionnaire that the CHAs answered about their knowledge of oral health. Regarding the oral hygiene of a newborn, 45 (80.4%) answered that they instruct their guardians to use a gauze or diaper moistened with water. Regarding knowledge about baby teeth, 36 (64.3%) reported that they guide eruption or "birth". In addition, 51 (91.1%) think that dental treatment during pregnancy should be preventive and periodic. Regarding caries, 50 (89.3%) reported that poor oral hygiene occurred.

The interviewees also answered about the prevention of oral cancer. Of the interviewees, 36 (64.3%) pointed out that they should brush their teeth daily. Regarding oral cancer, 49 (87.5%) related it to excessive smoking and alcohol and 51 (91.1%) said that self-examination serves to identify lesions in the mouth, while 3 (5.4%) perform it only if the dentist recommends it.

Table 1: Description of the total sample and knowledge on oral health of the CHAs, RS, 2023.

Variables	General	Knowledge of the CHWs
	Total Sample	**Knowledge**
	N	**%**
As for the oral hygiene of a newborn, what do you consider the right thing to do?		
Because it is a baby and does not yet have teeth, it is necessary to clean the mouth.	1	1,8%
Use only a toothbrush and fluoride-free toothpaste.	2	3,6%
Use a toothbrush and fluoride-free toothpaste.	1	1,8%
Use gauze or diaper dampened in water.	45	80,4%
Only the dentist should clean the baby's mouth.	1	1,8%
I don't know.	4	7,1%
Regarding baby teeth, which option do you consider correct?		
Because they are temporary teeth, they do not need care.	**	**
They guide the "birth" of permanent teeth.	36	64,3%
They appear in the mouth when the mother stops breastfeeding the baby.	1	1,8%
These are teeth that fall out easily because they have no roots	14	25%
I don't know.	3	5,4%
In your opinion, at what age do the first permanent teeth appear?		
6 months – 1 year	8	14,3%
2 – 3 years	1	1,8%
5 – 6 years	35	62,5%
8 – 9 years old	7	12,5%
11 – 12 years old	4	7,1%
I don't know.	1	1,8%
For you, caries is a disease caused mainly by?		
Malformation of the tooth structure	**	**
Poor oral hygiene.	50	89,3%
Use of antibiotics.	**	**
Bacteria inherited by parents.	1	1,8%
I don't know.	**	**

What do you think about dental treatment during pregnancy?		
It should be avoided throughout pregnancy.	**	**
It should be preventive and periodic.	51	91,1%
For urgent cases.	1	1,8%
For pregnant women who do not use fluoridated water.	1	1,8%
I don't know.	1	1,8%
What do you know about the self-examination of the mouth?		
It should only be done by people who smoke.	**	**
It serves to identify lesions in the mouth.	51	91,1%
It is used to find out if I need to wear dental braces.	**	**
I should do it only if the dentist recommends it.	1	1,8%
I don't know.	3	5,4%
Indicate the alternative that, in your opinion, cites the most risk factor for the appearance of oral cancer.		
Medication intake	1	1,8%
Diet rich in salt and sugar.	3	5,4%
Excessive smoking and alcohol.	49	87,5%
Loss of permanent teeth.	**	**
I don't know.	2	3,6%
Does diet influence the appearance of caries?		
Yes.	52	92,9%
No.	**	**
I don't know.	4	7,1%
To avoid bleeding gums it is correct:		
Brush your teeth with toothpaste and floss.	43	76,8%
Avoid brushing the bleeding area.	2	3,6%
Rinse special liquids.	9	16,1%
I don't know.	1	1,8%
About toothbrushes, it is (are correct), correct (s):		
They should be soft.	9	16,1%
They should be hard, as soft brushes do not clean the teeth well.	1	1,8%
They must have small heads.	**	**
They need to be changed frequently.	26	46,4%
I don't know.	**	**
Do you have any questions about oral health or would you like to make a comment?		
Carrying out continuing education activities	7	12,5%
Oral cancer, how to prevent and do self-examination.	1	1,8%
Difficulty in making prostheses and dentures for low-income people.	2	3,6%
Does fluoride help with sensitivity?	1	1,8%
I have no doubts at the moment.	42	75%
Low-income population have more access.	1	1,8%
Procedures (example: implant and prostheses).	2	3,6%

In order for the ACS to be able to positively influence the oral health knowledge of the community for which they are responsible and, consequently, positively increase the awareness of these individuals for the issue of self-care, it is necessary that these workers are properly qualified to develop such actions. The study showed a good participation rate of 58.9% of the 95 working CHAs in the municipality, with representation from all FHS units. The instrument was composed of 11 questions from which they refer to various themes within Dentistry.

Based on the results of the research and in partnership with the City Hall and the Department of Primary Care, the students of the Dentistry course organized a training event on Permanent Health Education, which was attended by 40 CHAs from 23 Family Health Strategies, representing 42.1% of the total CHAs in the municipality. Registration was made on site, where at the end of the event all participants received a certificate. The objective of the lecture was to bring to light the conception that work in the SUS is seen as a continuous learning process, where the people involved in the day-to-day have a fundamental role in making decisions related to welcoming, respecting, listening, caring and offering high quality services.

The topics addressed at the event were focused on Oral Health and influencing factors: age at tooth eruption; dental prenatal care; breastfeeding and babies' first solid feeding; first thousand days of life; toothpaste and toothbrush; use of fluoride; use of dental floss; hygiene of removable prostheses; children's habits, such as pacifiers and bottles; dietary care of all life cycles; oral self-examination and risk factors, such as drugs, tobacco, excessive alcohol consumption, STIs.

CONCLUSION

The interconnection between CHA, Health Education and Permanent Health Education is essential to drive healthier, more aware and less unequal communities, with more effective health systems. The CHWs are the ones who use the health education tool in the communities, providing information on disease prevention, promotion of healthy lifestyles, guidance on treatments and monitoring of medical recommendations, while Permanent Health Education ensures that they are up to date with the latest scientific discoveries, treatment protocols and clinical practices, since the healthcare field is constantly evolving, and this resource allows professionals to adapt to new challenges and provide high-quality care.

Finally, by training them better, they will be able to contribute and there will be a recovery of the health developed in each family environment, since they occupy an important place in health promotion. Thus, the possibility of more training should be strongly integrated with the professionals who are part of the Family Health Strategy team.

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