




IMPORTANCE OF EDUCATIONAL ACTIONS IN ORAL HEALTH IN THE FAMILY HEALTH STRATEGY: AN INTEGRATIVE REVIEW

IMPORTÂNCIA DAS AÇÕES EDUCATIVAS EM SAÚDE BUCAL NA ESTRATÉGIA SAÚDE DA FAMÍLIA: UMA REVISÃO INTEGRATIVA

IMPORTANCIA DE LAS ACCIONES EDUCATIVAS EN SALUD BUCAL EN LA ESTRATEGIA DE SALUD FAMILIAR: UNA REVISIÓN INTEGRADORA

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ABSTRACT

Oral health promotion in the context of Primary Care has proven to be an essential tool for improving the population's quality of life. In this context, the Family Health Strategy (FHS) stands out as a model of comprehensive and humanized care that values preventive and educational actions. Oral health educational activities developed by health teams, especially dentists and dentists, are essential for expanding community knowledge about hygiene practices, preventing oral diseases, and encouraging the adoption of healthy habits. Furthermore, these actions contribute to strengthening the bond between health professionals and patients, promoting self-care and reducing the incidence of oral health problems. Given this, this article aims to analyze the relevance of oral health educational activities in the context of the FHS, highlighting their impact on health promotion, disease prevention, and the construction of more effective and equitable care.

Keywords: Oral health. Health education. Family Health Strategy.

RESUMO

A promoção da saúde bucal no contexto da Atenção Primária tem se mostrado uma ferramenta essencial para a melhoria da qualidade de vida da população. Nesse contexto, a Estratégia Saúde da Família (ESF) se destaca como um modelo de assistência integral e humanizada, que valoriza ações preventivas e educativas. As atividades educativas em saúde bucal desenvolvidas pelas equipes de saúde, em especial dentistas e auxiliares, são essenciais para ampliar o conhecimento da comunidade sobre práticas de higiene, prevenção de doenças bucais e incentivo à adoção de hábitos saudáveis. Além disso, tais ações contribuem para o fortalecimento do vínculo entre profissionais de saúde e usuários, promovendo o autocuidado e reduzindo a incidência de problemas de saúde bucal. Diante

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disso, este artigo tem como objetivo analisar a relevância das ações educativas em saúde bucal no contexto da ESF, evidenciando seus impactos na promoção da saúde, na prevenção de agravos e na construção de um cuidado mais resolutivo e equânime.

Palavras-chave: Saúde bucal. Educação em saúde. Estratégia Saúde da Família.

RESUMEN

La promoción de la salud bucal en el contexto de la Atención Primaria ha demostrado ser una herramienta esencial para mejorar la calidad de vida de la población. En este contexto, la Estrategia de Salud de la Familia (ESF) se destaca como un modelo de atención integral y humanizada, que valora las acciones preventivas y educativas. Las actividades educativas en salud bucal desarrolladas por los equipos de salud, especialmente odontólogos y auxiliares, son esenciales para ampliar el conocimiento de la comunidad sobre prácticas de higiene, prevención de enfermedades bucales y fomento de la adopción de hábitos saludables. Además, estas acciones contribuyen a fortalecer el vínculo entre profesionales de la salud y usuarios, promoviendo el autocuidado y reduciendo la incidencia de problemas de salud bucal. Ante esto, este artículo tiene como objetivo analizar la relevancia de las acciones educativas en salud bucal en el contexto de la ESF, evidenciando sus impactos en la promoción de la salud, la prevención de enfermedades y la construcción de una atención más resolutiva y equitativa.

Palabras clave: Salud bucal. Educación para la salud. Estrategia de Salud Familiar.

INTRODUCTION

Oral health is directly related to general health and quality of life, being essential for basic functions such as food, speech, self-esteem, and social life. However, despite advances in public health policies, there are still large inequalities in access to dental services, especially among low-income populations. In view of this, Primary Health Care (PHC), through the Family Health Strategy (ESF), emerges as the main strategy for the reorganization of health care in Brazil, promoting a care model closer to the reality of communities and focused on prevention and health promotion (Brasil, 2021).

The inclusion of Oral Health teams (OHT) in the FHS represents a significant advance, as it allows the development of educational actions aimed not only at transmitting information, but also at building knowledge in a critical and participatory way. In this sense, health education is no longer a one-off practice and is now understood as a continuous process, capable of transforming behaviors and promoting self-care. As Paulo Freire argued, educating is a political act that involves dialogue, listening and respect for the culture and experiences of the subjects (Freire, 1996).

The educational actions in oral health carried out in the Family Health Units (USF) include lectures, conversation circles, supervised brushing, playful activities with children, home visits and integration with schools and other social sectors. When well planned, these actions contribute to the prevention of diseases such as caries and gingivitis, reduce the demand for emergency care, and strengthen the bond between users and the health team (Silva *et al.*, 2020).

These educational activities favor the construction of individuals' autonomy, as they promote the understanding of the health-disease process from a broader perspective, going beyond the biomedical focus. The practice of health education should be inserted in the daily routine of multiprofessional teams and occur continuously, considering the sociocultural context of the community and respecting popular knowledge. This approach strengthens the subjects' co-responsibility for caring for their oral health and favors sustainable changes in hygiene and eating habits.

Analyzing the importance of educational actions in oral health in the context of the Family Health Strategy is essential to strengthen the practice of preventive dentistry, value the role of oral health professionals in the territory and contribute to the construction of a fairer, more equitable and problem-solving health system.

METHODOLOGY

This is an integrative literature review, conducted from a methodological path composed of six fundamental stages. Initially, the theme of the investigation was clearly defined and the guiding question that guides the search and selection of studies was elaborated. In the second stage, the inclusion and exclusion criteria were established, in addition to the definition of search strategies and the selection of studies from specific databases. The third phase involved the identification of the relevant information to be extracted from the publications, as well as the organization and categorization of the selected material. Then, a critical evaluation of the included studies was carried out, considering methodological aspects and contributions to the investigated theme. The fifth stage corresponded to the interpretative analysis of the results found. Finally, the synthesis of the knowledge produced was carried out, integrating the data in a coherent and structured way, as recommended by (Mendes *et al.*, 2008).

To answer the guiding question "What is the importance of oral health educational actions developed in the context of the Family Health Strategy?", the PCC methodological strategy was used, appropriate for the construction of integrative reviews. The acronym stands for: P (Population): users of public health services; C (Concept): educational actions in oral health; C (Context): Family Health Strategy (FHS). The search for studies was carried out in the LILACS (Latin American Literature in Health Sciences), PubMed and the Regional Portal of the Virtual Health Library (VHL), with the objective of identifying relevant scientific evidence on the proposed theme.

In the search, the controlled and uncontrolled descriptors, the MESH and Boolean operators AND and OR were used, according to the search string: ("Oral Health") AND ("Health Education" OR "Educational Actions") AND ("Primary Health Care") AND ("Family Health Strategy" OR "Family Health Program").

PubMed: ("Oral Health"[MeSH Terms] OR "oral health") AND ("Health Education"[MeSH Terms] OR "health education" OR "educational actions") AND ("Primary Health Care"[MeSH Terms] OR "primary health care") AND ("Community Health Services"[MeSH Terms] OR "Family Health Strategy" OR "Family Health Program").

Initially, 87 studies were retrieved, after applying the inclusion criteria (studies that answered the research question, available in full, in English, Portuguese and Spanish) and Exclusion (duplicate articles, theses, dissertations, manuals and articles that addressed Studies that do not address educational actions aimed at oral health, Research carried out outside the scope of Primary Health Care or that do not involve the Family Health Strategy, Articles that deal exclusively with clinical dental interventions, without focusing on

educational or preventive activities, Publications that are not available in full for free, Duplicate studies in different databases, Studies that are not in Portuguese, English or Spanish, Articles that do not present methodological clarity or whose results are not related to the well-being or health promotion of the population.), 45 articles remained, 7 in Lilacs and 38 in PubMed. After reading the titles and abstracts of the selected studies, 10 studies remained that made up the final sample.

The data collection stage was carried out using an instrument developed by the researchers themselves, consisting of a form with semi-structured questions. This instrument was organized into two distinct sections to systematize the analysis of the included studies. Part I was intended to characterize scientific productions, considering information such as the year of publication, type of study, place of research, methodological design and the objectives proposed by the authors. Part II focused on the identification of the main findings related to educational actions in oral health in the context of the Family Health Strategy, addressing the practices developed, the results obtained and the perceived impacts on the promotion of the population's health.

The organization and analysis of the data followed the methodological framework of (Minayo, 2012), which proposes an analytical path composed of three stages: comprehensive reading, exploration of the material and interpretative synthesis. Initially, in the comprehensive reading phase, the selected studies were carefully examined, with the aim of understanding the content in its entirety and establishing a structural basis for the analysis. This detailed reading made it possible to describe the information from the context of the studies and from the perspective of the authors.

In the next stage, called exploration of the material, the data were submitted to successive readings, with the aim of codifying and organizing them into thematic units. This process sought to go beyond the literal meanings of the texts, identifying implicit meanings that would contribute to a more critical and in-depth reading of the contents.

The interpretative synthesis allowed the reorganization of the data into units of meaning, giving rise to analytical categories that express the main findings of the included studies. This systematization was essential for the construction of a coherent analysis aligned with the objectives of the research.

RESULTS

Table 1 - characterization of the articles included in the integrative review (title, year, author and journal).

TITLE	YEAR	AUTHOR	MAGAZINE
Addressing disparities through medical-dental collaborations, part 1. The role of cultural competence in health disparities: training of primary care physicians in children's oral health.	2003	Wendy and Mouradian	J Dent Educ
Performance of the dentist in primary health care: experiences from the multiprofessional residency program / The role of the dentist in primary health care: experiences from the multiprofessional residency program.	2024	Azevedo, Jamile de Oliveira	Rev. Ciênc. Plur
Oral Health Promotion at the workplace in rural areas: echoes from dental surgeons.	2024	Paredes, Suyene de Oliveira	Health debate
Realização do pré-natal odontológico e seus reflexos no novo financiamento da Atenção Básica: Programa Previne Brasil / Carrying out dental prenatal care and its effects on the new financing of Primary Care: Prevent Brazil Program.	2023	Carvalho, Daniel Jackson Gonçalves	Rev. APS (Online)
The dental prenatal care: ESF contribution, comprehensive care and knowledge, a review of the literature / La atención prenatal odontológica: contribución del ESF, la atención integral y el conocimiento, una revisión bibliográfica.	2022	Cunha, Amanda Assunção	Arq. health sciences UNIPAR
Dental prenatal care in primary care: an experience report / Actuación del cirujano dentista, con énfasis en la atención prenatal en atención primaria: reporte de experiencia.	2022	Conceição, Verbênia Silva	Rev. baiana saúde pública
Challenges and potentialities of oral health in the Family Health Strategy: an analysis of work processes	2022	Oliveira, Millane Teles Portela	Physis (Rio J.)
[Oral health work process: seeking perspectives to understand and transform reality]	2010	<u>Deniz Faccin</u>	Cien Saude Colet
HSA: A Focus for Advancing Primary Preventive Dental Programs	1979	<u>JA Coombs</u>	J Public Health Dent

Oral health care for the elderly: identifying the needs and feasible strategies for service delivery	2006	<u>Pankaj Goel</u>	Indian J Dent Res
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DISCUSSION

The integrative review allowed us to highlight the relevance of educational actions in oral health in the context of the Family Health Strategy (FHS), highlighting its essential role in health promotion, disease prevention and expansion of access to dental services, especially in vulnerable populations.

The studies analyzed reinforce that the insertion of the dental surgeon in Primary Health Care (PHC) goes beyond clinical practice, also assuming an educational and preventive function. This action is essential to transform care models, promoting autonomy and awareness of the population regarding oral health care.

The experiences of integration between oral health and other areas of health, such as dental prenatal care, show advances in comprehensive care. These practices demonstrate that educational actions aimed at pregnant women, for example, contribute significantly to adherence to oral care and to the reduction of gestational complications associated with oral health, in addition to reflecting positively on the health indicators established by the Previn Brasil Program.

On the other hand, challenges still persist in the consolidation of these actions, especially related to the organization of work processes and the qualification of the professionals involved. Barriers such as low adherence by the population, logistical difficulties and lack of integration among members of the health teams were pointed out as obstacles to the implementation of continuous and effective educational practices.

The literature also emphasizes the importance of the development of cultural competencies by FHS professionals, especially in rural areas or areas of greater social vulnerability, where disparities in oral health are more pronounced. Understanding the sociocultural specificities of the territories is fundamental for the construction of sensitive, effective and welcoming educational actions.

Thus, it becomes evident that educational actions in oral health represent a powerful and necessary strategy in the scope of the FHS, as long as they are inserted in a context of interdisciplinary planning, continuous professional training and active listening to the population. Strengthening these practices can contribute significantly to overcoming health inequalities and promoting a culture of comprehensive care.

CONCLUSION

The analysis of the studies included in this integrative review showed that educational actions in oral health, when inserted in a systematic and integrated way into the Family Health Strategy, constitute a fundamental pillar for health promotion, disease prevention and reduction of social inequalities in access to dental care. These actions go beyond the simple transmission of information, configuring themselves as practices that stimulate the autonomy of individuals, strengthen the bond between health professionals and the community, and promote significant transformations in habits and behaviors related to oral health. Initiatives such as dental prenatal care, work in rural areas and multiprofessional integration demonstrate the educational potential of dentistry in the context of Primary Health Care. However, the consolidation of these practices still faces challenges, such as the need to reorganize work processes, greater appreciation of educational activities within health units, and continuous qualification of the teams involved. In addition, it is essential that educational actions are culturally sensitive, respecting the particularities of each territory and seeking to overcome social and structural barriers that hinder access to services.

REFERENCES

1. Alves, V. A. (2015). Desafios às ações educativas das Equipes de Saúde Bucal na Estratégia Saúde da Família. *Physis: Revista de Saúde Coletiva*, 25(2), 545–565. <https://doi.org/10.1590/S0103-73312015000200012>
2. Brasil. Ministério da Saúde. (2006). Manual técnico de educação em saúde bucal. <https://bvsms.saude.gov.br/bvs/publicacoes/manualTecnicoEducacaoSaudeBucal.pdf>
3. Brasil. Ministério da Saúde. (2021a). Atenção primária à saúde: Documento orientador para o fortalecimento da Estratégia Saúde da Família. Ministério da Saúde.
4. Brasil. Ministério da Saúde. (2021b). Política Nacional de Atenção Básica. Ministério da Saúde. <https://www.gov.br/saude/>
5. Freire, P. (1996). *Pedagogia da autonomia: Saberes necessários à prática educativa* (43rd ed.). Paz e Terra.
6. Mendes, K. das N. S., Silveira, R. C. de, & Galvão, C. M. (2008). Revisão integrativa: Método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto & Contexto Enfermagem*, 17(4), 758–764. <https://doi.org/10.1590/S0104-07072008000400018>
7. Minayo, M. C. de S. (2012). Análise qualitativa: Teoria, passos e fidedignidade. *Ciência & Saúde Coletiva*, 17(3), 621–626. <https://doi.org/10.1590/S1413-81232012000300007>
8. Santos, A. P., & et al. (2019). Práticas educativas em saúde bucal para adolescentes escolares: Uma revisão integrativa. *Revista Expressão Católica Saúde*, 2(2), 9–16. https://www.researchgate.net/publication/359129122_Praticas_Educativas_em_Saud_e_Bucal_para_adolescentes_escolares_uma_revisao_integrativa
9. Silva, J. P. da, Oliveira, A. C. B., & Mendes, R. M. (2020). Educação em saúde bucal no contexto da Estratégia Saúde da Família: Desafios e potencialidades. *Revista Brasileira de Promoção da Saúde*, 33, Article 9963. <https://doi.org/10.5020/18061230.2020.9963>
10. Silva, J. A. da, & et al. (2020). Ações educativas em saúde bucal na atenção primária: Revisão integrativa. *Revista Brasileira de Pesquisa em Saúde*, 22(4), 76–84. <https://periodicos.unb.br/index.php/rbps/article/view/31201>
11. Souza, S. M. de, & et al. (2022). Análise das ações e estratégias de educação em saúde bucal como promoção de saúde no período gestacional: Uma revisão integrativa. *Research, Society and Development*, 11(9), Article e37811931639. <https://doi.org/10.33448/rsd-v11i9.31639>