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THE INSERTION OF ORAL HEALTH IN THE FAMILY HEALTH STRATEGY: ADVANCES AND CHALLENGES FOR COMPREHENSIVE CARE IN THE SUS

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ABSTRACT

The Family Health Strategy (FHS) represents the main model for the reorganization of primary care in the Unified Health System (SUS). The insertion of Oral Health Teams (OHT) in this context, especially after the creation of the National Oral Health Policy (Smiling Brazil), expanded access to dental services and consolidated the importance of oral health as an integral part of comprehensive health care. However, despite the advances, challenges persist that hinder the effectiveness of comprehensive care, such as the fragmentation of practices, the low articulation with the other levels of care and the limited training of professionals for interdisciplinary work. This study aimed to analyze, through an integrative literature review, the advances and challenges of the insertion of oral health in the FHS in the context of promoting comprehensive care. The search was carried out in the

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SciELO, LILACS, and PubMed databases, including studies published between 2008 and 2025. The results reveal significant progress, such as the expansion of coverage and the valorization of preventive practices, but also highlight obstacles related to management, infrastructure and professional training. It is concluded that, although oral health has gained space in the FHS, intersectoral strategies, investments in continuing education and restructuring of the work process are necessary to ensure the integrality of care and the effectiveness of oral health actions.

Keywords: Oral Health. Primary Health Care. Family Health Strategy. Integrality in Health.

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INTRODUCTION

The Federal Constitution of 1988, by guaranteeing health as a universal right and obligation of the State, established the Unified Health System (SUS) as Brazil's main strategy to ensure equitable access to health for the entire population. The SUS is based on three essential principles: universality, comprehensiveness, and equity, with Primary Health Care (PHC) being the main gateway to the country's health system. In this context, the Family Health Strategy (FHS) emerged as a strategy to restructure PHC, expanding the coverage of services and prioritizing the entire Brazilian population. This model of organization aims to ensure the continuity and problem-solving capacity of care, requiring interprofessional and interdisciplinary action (Brasil, 2017; Peduzzi & Agreli, 2018).

However, oral health has always been a peripheral area within public health in Brazil, especially when observing the proposal of comprehensive care for the individual's health. Historically, in Brazil, in the 1950s, a model of oral health care called incremental predominated. It was characterized by health care for schoolchildren aged between 6 and 14 years, restricted to fluoridation of public water supply and also topical application of 2% sodium fluoride to the child population (Nickel et al. 2008).

The same authors also state that in the 1980s another model of oral health care emerged, called the Inversion of Care Program, which was more adapted to the doctrinal characteristics of the SUS, with the main focus being the use of dental caries prevention as its epidemiological control method. This model is characterized by disease control through modern concepts of prevention and health education.

The National Oral Health Policy (PNSB), established in 2004 with the "Smiling Brazil" program, represented a significant advance, promoting a more effective integration of dentistry into the SUS and creating new ones for previously underserved populations, promoting preventive actions that involve not only treatment, but also education and awareness about the importance of oral health (Aquilante & Aciole, 2015; Brazil, 2018).

However, the inclusion of oral health in the Family Health Strategy goes beyond increasing the number of dental consultations. It also requires the integration of dental practices with other health activities and the construction of a model of community and comprehensive care. The formation of multidisciplinary teams, with the presence of the dental surgeon in the FHS units, reflects an important advance. However, the effective implementation of oral health in the FHS model still faces structural and organizational challenges that limit its success (Santos & Assis, 2006; Moimaz et al., 2016).

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Among the main challenges, the fragility in the articulation between the various dimensions of care stands out. Dental practice often remains segmented, focused on individual care, without establishing effective connections with other health areas, such as the prevention of chronic diseases, health promotion, health surveillance, and care for populations in situations of vulnerability. Although oral health teams in the FHS have increased their presence in the communities, problems such as the lack of adequate equipment, the scarcity of materials, and poor interprofessional training in many regions still hinder the effectiveness of care (Scherer et al., 2018; Okuyama & Silva, 2017).

Furthermore, the concept of comprehensiveness, which guides the SUS and the ESF, transcends the mere coverage of care. It implies an approach that considers the biopsychosocial and cultural dimensions of individuals, offering care that articulates different aspects of human life. Oral health, in this context, should be treated not as an isolated specialty, but as a fundamental part of comprehensive care, ranging from prevention to rehabilitation (Costa, 2016). Therefore, the management of oral care within the FHS should be expanded to incorporate collective and interprofessional actions, with a continuous process of evaluation and adjustment of practices (Pires & Göttems, 2009). Namely, interprofessional practice [...] is expressed in the integration of disciplinary knowledge and interprofessional collaboration, bringing substantial results to the population and to the professionals themselves [...] Ellery; Pontes & Loiola (2013, p. 421).

To understand the advances and obstacles of this insertion, it is crucial to carry out a critical analysis of the experiences, difficulties and results observed in the different contexts where oral health was integrated into the FHS. This study, through an integrative literature review, aims to examine the achievements and difficulties encountered in the implementation of oral health in the Family Health Strategy, focusing on the structural, organizational and pedagogical aspects that influence the effectiveness of comprehensive care. The review seeks to analyze how dental practices have contributed to the integrality of care in primary care and how it is possible to overcome the barriers that still exist, promoting greater integration among the various health professionals and a more problem-solving and humanized care.

By reflecting on these points, the study intends to identify the potentialities and limitations of oral health within the FHS, proposing ways to improve the quality of care and promote the effective integration of oral health with other areas of health, in line with the principles of the SUS and the expanded view of health.

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METHODOLOGY

This is an integrative literature review, conducted according to six stages: definition of the guiding question, establishment of inclusion and exclusion criteria, identification of the literature in the databases, categorization of studies, critical evaluation of the findings, and presentation of the synthesis. The guiding question of the research was: *"What are the advances and challenges for the integrality of care resulting from the inclusion of oral health in the Family Health Strategy?"*

Data sources were selected from the SciELO, LILACS, BDENF and PubMed databases, using the following controlled descriptors (DeCS): *"Oral Health", "Primary Health Care", "Family Health Strategy", "Unified Health System"* and *"Integrality in Health".* For the combination of terms, the Boolean operators "AND" and "OR" were used.

Inclusion criteria: Original or review articles published between January 2008 and March 2025, available in full and in Portuguese, English, or Spanish, and that addressed the insertion of oral health in the Family Health Strategy with a focus on comprehensive care, were considered.

Exclusion criteria: Editorials, letters to the reader, dissertations, theses, abstracts of events, and studies that did not address the central theme of the research were excluded.

RESULTS

The integrative review identified a series of advances and challenges associated with the inclusion of oral health in the Family Health Strategy (FHS), in the context of comprehensive care. From the analysis of the selected studies, it was possible to categorize the results into four main areas: advancing in the expansion of access to oral health, integration of oral health practices with other ESF actions, structural and organizational challenges, and perception of professionals and users about oral health in the ESF.

ADVANCES IN EXPANDING ACCESS TO ORAL HEALTH

Several studies have pointed to significant progress in expanding access to dental services within the FHS, especially after the implementation of the "Smiling Brazil" program. The inclusion of dental surgeons in the FHS teams has contributed to increasing the coverage of dental care, allowing the provision of basic oral health services to previously underserved populations (Aquilante & Aciole, 2015; Martins et al., 2014). A study conducted

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by Moimaz et al. (2016) observed that the presence of the dental surgeon in the FHS units reduced geographic and financial barriers for patients, facilitating access to care and promoting awareness of preventive practices.

In addition, the implementation of educational and preventive actions has been observed as an important advance. Education on oral hygiene habits and prevention of diseases such as caries and periodontal diseases has expanded beyond dental consultations, being incorporated into the educational activities of family health teams (Brasil, 2018).

INTEGRATION OF ORAL HEALTH PRACTICES WITH OTHER FHS ACTIONS

Another important advance reported was the integration of dental practices with other health activities, such as health promotion and the prevention of chronic diseases. However, although the multidisciplinary model has been widely implemented in some regions, effective collaboration between oral health professionals and other members of the family health team is still incipient in many contexts. Santos and Assis (2006) highlighted that, in some locations, the collaboration between the dental surgeon and the FHS physicians occurs in isolation, without a systematic articulation between the professionals, which compromises the comprehensiveness of care.

Studies such as the one by Scherer et al. (2018) indicate that, although interprofessional practices are well received by health teams, in practice, many structural and cultural challenges hinder the true integration of activities, resulting in fragmented care. The lack of periodic meetings between the teams and the absence of shared care plans among the professionals were pointed out as obstacles.

STRUCTURAL AND ORGANIZATIONAL CHALLENGES

The fragility in the articulation between the various dimensions of care was one of the most recurrent challenges in the studies analyzed. The lack of adequate infrastructure, such as dental equipment and materials needed for care, was mentioned as a significant limitation (Okuyama & Silva, 2017). Many municipalities, especially smaller ones, face difficulties in ensuring the provision of oral health services in a continuous and problem-solving manner, due to structural gaps and the scarcity of financial resources for oral health.

In addition, interprofessional training was also identified as an area that needs improvement. The scarcity of continuing education programs for health professionals,

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especially for the dental surgeon in the FHS, results in a lower understanding of interdisciplinary practices and the role of oral health in the patient's overall health (Peduzzi & Agreli, 2018). This training gap hinders collaborative work and effective articulation between the various areas of health.

PERCEPTION OF PROFESSIONALS AND USERS ABOUT ORAL HEALTH IN THE FHS

The perception of both professionals and users about oral health within the FHS is a relevant aspect that influences the quality of care provided. Many professionals reported an increase in the appreciation of oral health, but highlighted the need for greater integration with general health actions, especially in areas of chronic disease prevention (Pires & Göttems, 2009).

On the other hand, most users were satisfied with the dental care offered, highlighting the importance of oral health education. However, some reports indicated dissatisfaction with the delay in care and the insufficiency of materials and resources to perform more complex dental procedures (Mendes Júnior et al., 2015).

Table 1: *Advances in the Integration of Oral Health in the Family Health Strategy Teams*

Aspect	Observed Advances	Reference
Increased access to oral health	Expansion of the coverage of dental care	Moimaz et al., 2016; Aquilante & Aciole, 2015
Oral health education	Expansion of educational actions for the prevention of oral diseases	Brazil, 2018
Integration with other healthcare practices	Greater articulation with health teams in health promotion	Martins et al., 2014

Table 2: *Challenges for the Implementation of Oral Health in the FHS*

Challenge	Description	Reference
Structural problems	Lack of adequate equipment and materials	Okuyama & Silva, 2017
Insufficient interprofessional training	Lack of training for collaborative work	Peduzzi & Agreli, 2018
Fragmentation of care practices	Difficulty in integrating dentistry with other areas of health	Scherer et al., 2018

DISCUSSION

The analysis of the results of the integrative review on the inclusion of oral health in the Family Health Strategy (FHS) reveals a series of significant advances and obstacles, which are directly connected to the principles of the Unified Health System (SUS) and the search for comprehensiveness in care. From the findings, it is possible to perceive that, despite the numerous improvements and advances in expanding access to oral health and

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in the integration with other health actions, structural and organizational challenges persist that hinder the full implementation of the desired comprehensive care model.

The inclusion of oral health in the FHS has made notable contributions to expanding access to dental services, especially for vulnerable populations that have historically faced barriers in accessing this type of care (Aquilante & Aciole, 2015; Moimaz et al., 2016). The increase in the presence of dental surgeons in family health units has been fundamental to democratize dental care, in line with the principles of universality and equity of the SUS. The "Smiling Brazil" program, a milestone in strengthening oral health in the SUS, was crucial in ensuring that previously underserved communities began to have basic and preventive care, which helped to mitigate inequalities in access to oral health in several regions of Brazil (Brasil, 2018). However, although access has increased, the effective universalization of dental services still faces limits due to issues such as the lack of material and human resources, especially in more remote or hard-to-reach areas. The effectiveness of expanding access to oral health, therefore, is intrinsically linked to the capacity to strengthen local infrastructures, a point that continues to be an important challenge (Santos & Assis, 2006).

The integration of oral health with other FHS actions is a central point to achieve comprehensiveness in care, a fundamental concept of the SUS. The proposal to articulate the various areas of care — such as mental health, women's health, child health and the control of chronic diseases — is a significant advance to ensure that the care offered to the population is more holistic and less fragmented (Pires & Göttems, 2009). However, despite this proposal for integration, dental practices often remain isolated, with a fragile articulation with other interprofessional actions, such as health surveillance and health education. The inadequate training of professionals to work collaboratively within family health teams has been pointed out as one of the causes of this fragmentation (Scherer et al., 2018). The implementation of an interdisciplinary approach that encompasses all dimensions of care, including oral health, requires a cultural change in the way teams work, in addition to investments in continuous training and the creation of spaces for integration among health professionals.

Regarding the perception of health professionals, many indicate that the presence of dental surgeons in family health teams is positive, but they believe that structural challenges, such as the lack of adequate equipment and quality materials, are still important obstacles to the implementation of an effective and problem-solving care model.

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In addition, resistance to paradigm shifts among professionals in other areas of health is also a factor that contributes to the difficulty of articulating practices (Okuyama & Silva, 2017). Structural and organizational challenges continue to be the greatest obstacles to the full implementation of oral health in the FHS. The scarcity of resources, both material and human, and the lack of adequate infrastructure in health facilities are recurrent problems in the studies reviewed. The limitation of equipment, the lack of dental materials and the overload of teams are factors that directly impact the quality of care and the continuity of care (Aquilante & Aciole, 2015; Okuyama & Silva, 2017). In addition, the issue of interprofessional training is one of the major difficulties identified. The inadequate or insufficient training of oral health professionals to work in an interdisciplinary and interprofessional model, according to SUS guidelines, is still a significant obstacle. This is reflected in the lack of integration between oral health professionals and other members of the family health teams, limiting the promotion of comprehensive care. The traditional training model for dental surgeons, centered on individual clinic and curative treatment, still prevents the adoption of a comprehensive health approach, which involves teamwork and the promotion of preventive care (Peduzzi & Agreli, 2018) users' perception of oral health services in the FHS is also a reflection of the advances and limitations of this model. Most of the users interviewed expressed satisfaction with dental services, especially in relation to educational and preventive actions. However, some dissatisfactions were reported, especially with regard to the delay in care and the lack of resources for more complex procedures (Mendes Júnior et al., 2015). The scarcity of equipment and the insufficiency of qualified professionals to perform specialized treatments generate a negative perception among users about the system's ability to provide complete and problem-solving dental care. Although access to and education in oral health have advanced, the quality of care and the ability to solve more serious dental problems depend on a number of factors, such as local infrastructure, the continuous training of professionals, and the availability of adequate resources.

Advances in the insertion of oral health in the FHS are undeniable, especially with regard to expanding access and promoting preventive practices. However, the full integration of oral health with other family health actions and the effective implementation of a comprehensive care model still face considerable challenges. Structural issues and the lack of interprofessional training are critical obstacles to the construction of a more effective and comprehensive care model, which truly reflects the principles of the SUS. Therefore, in

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order to achieve comprehensiveness in oral health care, it is necessary to strengthen local infrastructures, expand the training of professionals for interdisciplinary work, and continuous investments in the formation of family health teams that can act in an integrated and problem-solving manner. In addition, the awareness of health managers about the importance of ensuring adequate resources and quality materials will be essential to ensure that oral health is fully included in the comprehensive health strategy of the SUS.

CONCLUSION

The inclusion of oral health in the Family Health Strategy (FHS) represents a significant advance in the search for comprehensive care in the Unified Health System (SUS), expanding access to dental services for vulnerable populations and promoting preventive practices that are fundamental for improving the health of the population. The results of this integrative review indicate that, despite the advances achieved with the strengthening of oral health within the FHS, there are still structural, organizational and pedagogical challenges that hinder the full implementation of the comprehensive care model.

The increase in access to oral health, promoted by the "Smiling Brazil" program and by the insertion of the dental surgeon in the family health teams, was an important achievement. However, the fragmentation of dental practices, the lack of adequate resources, and the scarcity of professionals trained to work in an interdisciplinary manner are obstacles that still need to be overcome. Resistance to paradigm shifts among health professionals, combined with insufficient equipment and materials in health units, has a direct impact on the quality and continuity of care.

The adoption of interprofessional models and the training of health professionals to act in a collaborative and integrated manner are fundamental for the construction of an oral health approach that is aligned with the principles of integrality and continuity of care of the SUS. For oral health to be truly effectively inserted in the ESF, it is necessary to invest in infrastructure, continuous training of teams and greater articulation between the various areas of health.

Therefore, in order to advance in the effective integration of oral health in the FHS and ensure comprehensive care, it is essential to strengthen public policies, prioritize interprofessional training and invest in improving the structural conditions of health units. The challenge lies in overcoming the current limitations and creating a more collaborative

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environment, where oral health is considered an essential part of comprehensive health care, reflecting the fundamental principles of the SUS.

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