



SUBMISSION FLOW  
Submitted: 4/21/2023  
Approved: 5/30/2023  
Published: 6/26/2023

e-ISSN 2965-4556

#### HOW TO CITE

BEZERRA, I. C.; NOBRE, A. Q.; PITOMBEIRA, M. G. V.; MATOS, I. C.; OLIVEIRA, A. C. S. O. Dental services in secondary care: (dis)integration in the oral health network. *Gestão & Cuidado em Saúde*, Fortaleza, v. 1, n. 1, p. e11131, 2023. Available from: <https://revistas.uece.br/index.php/gestaoecuidado/article/view/11131>.

## Dental services in secondary care: (dis)integration in the oral health network

*Serviços odontológicos na atenção secundária: (des)integração na rede de saúde bucal*

**Indara Cavalcante Bezerra**<sup>1</sup>

Ceará State University, Fortaleza, Ceará, Brazil

**Andréia de Queiroz Nobre**<sup>2</sup>

Ceará State University, Fortaleza, Ceará, Brazil

**Mardênia Gomes Vasconcelos Pitombeira**<sup>3</sup>

Ceará State University, Fortaleza, Ceará, Brazil

**Ingrid Cavalcante Matos**<sup>4</sup>

University of Fortaleza, Fortaleza, Ceará, Brazil

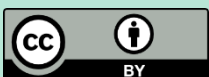
**Adriana Catarina de Souza Oliveira**<sup>5</sup>

Universidad Católica de Murcia, Murcia, Spain

#### ABSTRACT

Despite the advances since the implementation of the National Oral Health Policy, the organization of dental care model still presents itself as one of the major challenges in SUS. To situate the object of study, this study presents a survey of the scientific production of national articles on the integration of secondary care services in the dental network, with an emphasis on the flow of care. The research was carried out on the CAPES Periodic Portal, with articles published from 2010 to 2020, searching for the terms "oral health network" AND "service flow" and "dental specialties center" AND "dental emergencies", which resulted in the selection of ten articles to compose the corpus of the study. The analysis showed a fragile link between the Dental Specialization Centers and the Dental Emergency Units, with weak communication and low resolution between the levels of care. Considering that the itineraries must follow a service flow capable of solving the users' oral health problem, new ways and strategies are urged to facilitate access and strengthen the referral and counter-referral system in the dental secondary care network.

**Keywords:** Oral Health. Ambulatory Care. Health Services. Dental Care. Public HealthDentistry.





## RESUMO

É indiscutível que a Política Nacional de Saúde Bucal tem sido um avanço na assistência odontológica, no entanto a organização do fluxo dessa rede impõe desafios ao princípio da integralidade no SUS. Nessa lógica, este artigo apresenta uma revisão crítica albergada num levantamento da produção científica de artigos nacionais sobre a integração entre os serviços de atenção secundária da rede odontológica, com ênfase no fluxo de atendimento. A pesquisa foi realizada no Portal Periódicos da CAPES, com artigos publicados no período de 2010 até 2020, buscando os termos "rede de saúde bucal" AND "fluxo de atendimento" e "centro de especialidades odontológicas" AND "urgências odontológicas", o que resultou na seleção de 11 artigos para compor o corpus do estudo. A análise evidenciou frágil articulação entre os Centros de Especialidades Odontológicas e as Unidades de Urgência Odontológicas, com ruídos na comunicação e baixa resolutividade entre os níveis de atenção. Considerando que os itinerários devam seguir um fluxo de atendimento capaz de resolver o problema de saúde bucal da população, urge-se reorientar os rumos e delinear estratégias que facilitem o acesso e fortaleçam o sistema de referência e contrarreferência na rede de atenção secundária odontológica.

**Palavras-chave:** Saúde bucal. Assistência Ambulatorial. Serviços de Saúde. Assistência Odontológica. Odontologia em Saúde Pública.

## Introduction

In Brazil, the evolution of public oral health policies over the past 20 years has ensured advances in the coverage of dental care. However, significant challenges remain to be overcome, such as the precariousness of labor relations, difficulty in changing work processes, integrating Primary Health Care (PHC) into the Health Care Network, infrastructure problems, and shortages with discontinuities in the supply of inputs, among other elements and dimensions (Barros & Barbosa, 2022; Pimentel *et al.*, 2015).

Moreover, the alternation of governments in the Brazilian political scenario since 2016 has resulted in setbacks in social and health public policies, amid a process of political and ideological dispute. The publication of the new National Primary Care Policy (2,436/2017), new financing policies (Ordinance N° 2979/2019), and the advent of the Primary Health Care Development Agency (Law 13,958/2019), among other official documents, dismantled ongoing actions and programs, strongly impacting the fulfillment of the principles of universality and comprehensiveness of the Unified Health System (SUS), fragmenting its structure and financing, while reinforcing mechanisms for health privatization (Ruiz, Peres & Carcereri, 2022; Morosini; Fonseca; Baptista, 2020).

The National Oral Health Policy (PNSB in Portuguese), issued by the Ministry of Health (2004), aligned with the principles of the Unified Health System (SUS) and other organizational



policies and directives, guides the structuring of dental care in a network primarily composed of Oral Health Teams (OHT) from the Family Health Strategy (ESF in Portuguese), Dental Specialty Centers (CEO in Portuguese), Emergency Services, and Hospital Network, which face the challenge of providing dental care through actions promoting oral health, disease prevention, treatment of chronic oral diseases, and acute events (Brasil, 2018).

Despite significant advances since the implementation of PNSB, the organization of a dental care model has not yet been consolidated, as it lacks reformulation of practices considering quality and the offer of denser techniques to address the oral health problems of the population (Ruiz, Peres & Carcereri, 2022; Pezzato *et al.*, 2013).

CEO were designed as reference units for OHT in PHC, providing complementary dental clinical procedures, thus establishing an indispensable referral and counter-referral system for organizing demand and meeting user needs. Therefore, PHC professionals are responsible for initial contact with users and the execution of various health actions, referring them to specialized centers for more complex cases (Sousa *et al.*, 2015).

Specialized dental care in the public service comprises secondary (medium complexity) and tertiary levels (high complexity). Medium complexity includes Dental Emergency Services (DES), Diagnostic and Therapy Support Services (SADT), and CEO, representing the main strategy of secondary care in Brazil (Saliba *et al.*, 2010).

In this context, emergency services play a prominent role in PNSB, crucial in managing pain processes, thereby minimizing individual suffering (Meneghim *et al.*, 2014). There is a higher demand for these services due to pulp and periapical diseases, including pulpitis, pulp necrosis, dental fractures, hyperemia, pericementitis, and dentoalveolar abscess. Other common conditions include deep caries, restoration fractures, alveolar-dental trauma, periodontal abscess, pericoronitis, gingivitis, periodontitis, dental hypersensitivity, and presence of infected root remnants (Brasil, 2017). As dental pain has a high prevalence, it becomes a public health problem, negatively impacting users' quality of life (Queiroz, 2019).

At this moment, 'oral health' needs to assume a leading role in health, moving from being a side issue to the core of discussions and restructuring of the network (Gondinho *et al.*, 2018). Therefore, effective coordination of care flow across different care points is necessary to meet the dental demands of the population.

Thus, the following question was delineated: How is the flow of care between Dental Specialty Centers and Dental Emergency Units established?

Consequently, the aim of the present study is to reflect on the integration between



secondary care services in the dental network, especially in dental emergency units and CEO, with an emphasis on care flow.

## 2 Methodology

To search for elements contributing to the debate on the formulated question, this study assumes essentially the characteristics of a 'state-of-the-art' study, focusing on concepts, experiences, and flows resulting from the (dis)integration between medium complexity services in the dental network within oral health in Brazil.

The 'state-of-the-art' approach represents a review, serving as an important methodological tool for inventorying and describing academic and scientific products that lead to the generation of new knowledge and reflection on conceptual gaps and deficiencies (Carmo, Guizardi, 2017).

Scientific literature on the topic was gathered through searches on the Coordination for the Improvement of Higher Education Personnel (CAPES) portal, known as a virtual library, aggregating and providing knowledge from educational and research institutions in Brazil and worldwide. The choice to search this platform was based on its indexing of peer-reviewed journal articles in the fields of Public Health and Social Sciences, rigorously edited and available openly in electronic form.

The literature review addressed subjects related to CEO and Dental Emergencies from 2010 to 2020. Products were selected through a broad search, focusing solely on articles, in any language, across all indices. Initially, keywords such as "oral health care network" AND "care flow" were used. Subsequently, another search was conducted using "dental specialty center" AND "dental emergencies". Following the reading of titles and abstracts, subsequent stages applied exclusion criteria, including repeated texts, those not freely available, or those deviating from the guiding question of this investigation. Ultimately, 11 articles were selected to comprise the study corpus.

Text analysis aimed to extract the main findings to synthesize the evidence presented by scholars in their articles (Chart 1).



**Chart 1** - References selected from the CAPES Portal.

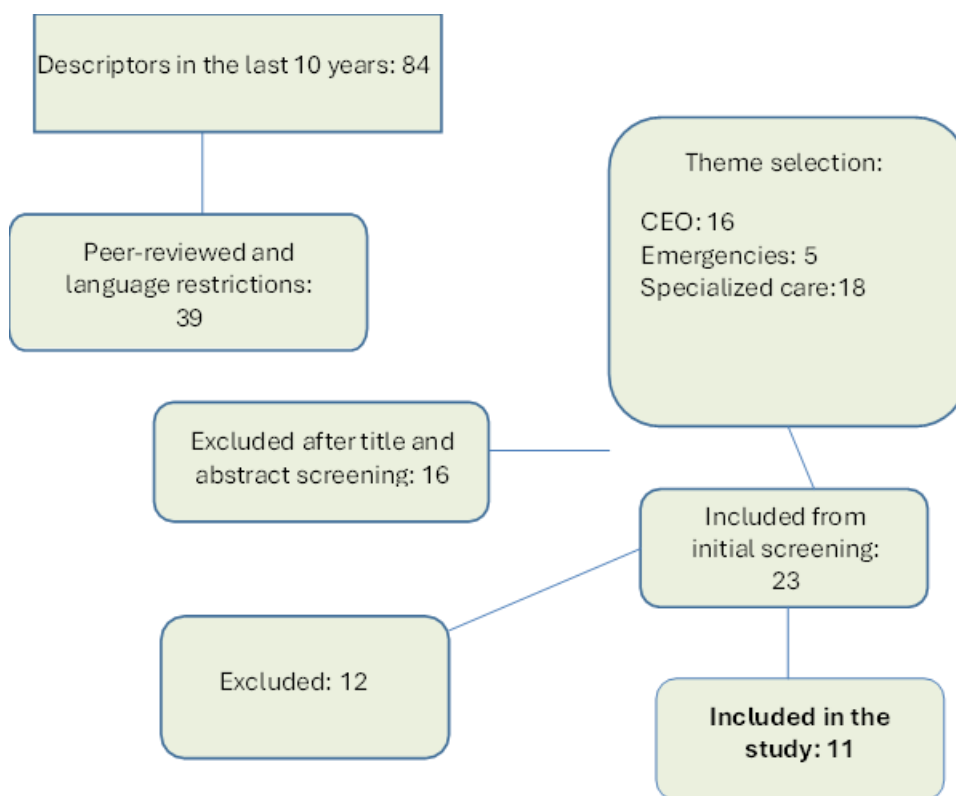
REFERENCES	MAIN FINDINGS
Frichembruder K, Mello dos Santos C & Neves Hugo F. Dental emergency: Scoping review. PLoS ONE 15(2): e0222248. 2020 <a href="https://doi.org/10.1371/journal.pone.0222248">https://doi.org/10.1371/journal.pone.0222248</a> <sup>u</sup>	The results converge towards accumulated needs related to the worsening of chronic oral diseases with painful symptoms in users subject to worse socio-economic conditions. There is an evident need for improvement at every point in the emergency network and its interface, regarding accommodation, assimilation, risk classification, protocol definitions, and referral flows, requiring the involvement of professionals and managers across all sectors of the network.
Costa WC da LB, Werneck MAF & Palmier AC. Secondary care in oral health in small municipalities: a cross-sectional evaluation of demand x access. RGO, Rev. Gaúch. Odontol. [Internet]. 2018	The results indicate limited access to specialized oral health procedures and recommend expanding actions of the Primary Health Care Teams and implementing specialized services.
Probst LF, Pucca JGA, Pereira AC & Carli AD de. Impacto das crises financeiras sobre os indicadores de saúde bucal: revisão integrativa da literatura. Ciênc. saúde coletiva, v. 24, n. 12, p. 4437-4448, Dec. 2019 <sup>12</sup> .	Oral health ceases to be a priority as a central focus of policies, impacting access to care for less privileged social strata. In this alignment, oral health conditions may reemerge among the most vulnerable, while situations of greater complexity may require greater investments, considering the specificities of the local reality.
Queiroz MF, Verli FD, Marinho SA, Paiva PCP, Santos SMC & Soares, JA. Dor, ansiedade e qualidade de vida relacionada à saúde bucal de pacientes atendidos no serviço de urgência odontológica. Ciênc. saúde coletiva, v.24, 4, p. 1277-1286, Apr. 2019 <sup>8</sup> .	This study is relevant for planning programs and actions aimed at the oral health of patients treated in dental emergency services, prioritizing those with the greatest psychosocial impacts from oral problems.
Guedes B de AP, Vale FLB do, Souza RW de, Costa MKA & Batista SR. A organização da atenção ambulatorial secundária na SESDF. Ciênc. saúde coletiva, Rio de Janeiro, v. 24, n. 6, p. 2125-2134, June 2019 <sup>3</sup> .	Municipal dental emergency care played an important role in the care network, allowing vulnerable populations who cannot access treatment via Primary Healthcare Teams to receive restorative dental care.
Gondinho BVC, Guerra LM, Bulgareli JV, Probst LF, Cortellazzi KL, Possobon RDF, et al. Percepção de coordenadores de saúde bucal sobre a rede de atenção à saúde bucal. Revista Brasileira em Promoção da Saúde, 2018 <sup>9</sup> .	Coordinators assigned importance to Oral Health as a theme in Health Care Networks. Furthermore, they expressed the possibility of making these networks viable, while also highlighting obstacles and possible means of overcoming them.
Austregésilo SC, Leal MCC, Figueiredo N & Góes PSA de. A interface entre os cuidados primários e os serviços odontológicos de Urgência (SOU) no SUS: a interface entre os níveis de atenção em saúde bucal. Ciênc. saúde coletiva, Rio de Janeiro, v. 20, n. 10, p. 3111-3120, outubro de 2015 <sup>4</sup> .	The study revealed weak integration between levels of care and low resolution. It encountered a partially disconnected network, with a bottleneck in PHC and Emergency Services, reflecting access that is far from universal, leading to awareness of the undeniable need for greater integration between services.
Souza GC, Lopes ML de S, Roncalli AG, Medeiros-Júnior A & Clara-Costa Ido C. Referência e contra referência em saúde bucal: regulação do acesso aos centros de especialidades odontológicas. Revista de salud pública, v. 17, p. 416-428, 2015 <sup>1</sup> .	Referral is a decisive factor for counter-referral. Referral provided by the Basic Health Unit dentist contributes to comprehensive oral health care. Despite the fragility observed in the referral and counter-referral system between PHC and CEO, the possibility of reorganizing the entry point model with new flow strategies is highlighted.
Meneghim MC, Fonseca DAV, Ambrosano GMB, Mialhe FL & Pereira AC. Influência da organização da atenção básica e das características sociodemográficas da população na demanda pelo pronto atendimento odontológico mun. Ciênc. saúde coletiva, 19(1):269-277, 2014 <sup>6</sup> .	It was found that the management of the SUS in the city of São Paulo has made little progress in alleviating the "bottleneck" of medium complexity and incorporating universality and comprehensiveness in health care.
Pezzato LM, L'abbate S & Botazzo C. Produção de micropolíticas no processo de trabalho em saúde bucal: uma abordagem socioanalítica. Ciênc. saúde coletiva, 2013; 18(7):2095-2104 <sup>3</sup> .	The article reinforces the need to strengthen the instituting role in building a more humane, welcoming, comprehensive, and integrated dentistry in the "time spaces" where life happens.

Source: the authors (2020).

### 3 Results

To explore the landscape of publications addressing the integration of care flow between CEO and dental emergencies, a state-of-the-art approach was employed over the past decade on the topic. Figure 1 summarizes the search process on the CAPES portal. Meanwhile, Chart 1 identifies the selected references and the key findings that underpinned the discussion in this review.

**Figure 1** - Flowchart of study selection process from the scientific literature.



Source: the authors (2020).

Based on the information displayed in Chart 1, it is evident that there is no systematic approach to studies related to this topic, highlighting that a significant portion focuses more on the flow between primary care and CEO, and almost never on the flows from SOU and SADT to CEO. The reviewed articles revealed that the coordination between secondary dental care shows weaknesses, as discussed below. However, most of them employ descriptive methodologies, whose level of evidence does not support generalization of results, nor does it promote effective changes in practice.



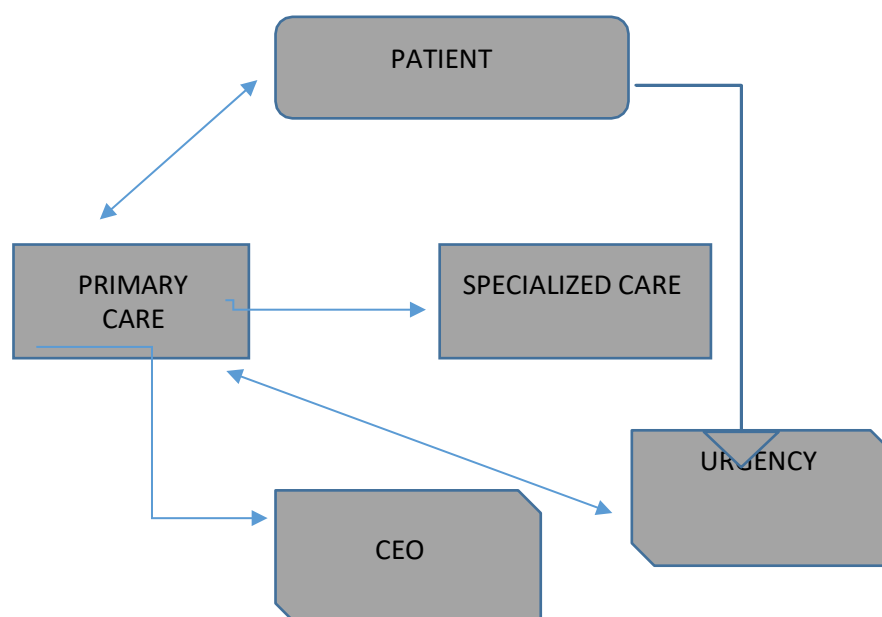
#### 4 Discussion

In the context of Oral Health, the organization of dental care configured as the Brazil Smiling thematic network aims to remodel dental care to overcome barriers to access, mutilating practices, and the unavailability of specialized services (BARROS & BARBOSA, 2022).

In the evaluative study by Souza, Lopes, Roncalli, Medeiros-Júnior & Clara-Costa (2020), the organization of demand at the secondary level of dental care serves as the foundation for national services in building comprehensiveness. The findings contribute to understanding this scenario and provoke reflections on the proposal for counter-referral across various access routes to CEO, emphasizing that the referral process is a decisive factor in this system.

In this regard, the analysis of articles (SOUSA *et al.*, 2015; GONDINHO *et al.*, 2018; FRICHEMBRUDER *et al.*, 2020; COSTA *et al.*, 2018) reveals that within Oral Health, the flow of care should follow a logic where the user initially seeks primary care (AB), and if specialized procedures are needed, they are referred to CEO. Moreover, in cases of acute dental crises via emergency care, users may directly access services at dental emergency units. However, for specialized care, it is recommended to first visit the health unit in their assigned area for subsequent referral to CEO, which represents a hurdle in users' pathways, as depicted in Figure 2.

**Figure 2** - Tool to support the flow in the Oral Health Care Network.



Source: the authors (2020).



For the Oral Health Care Network (RASB in Portuguese) to be effective in ensuring continuity of care, it is essential to improve the flow between services. Dental emergencies, after initial treatment, should ideally refer patients to CEO for necessary procedures, but this does not often occur in practice.

According to Gondinho *et al.* (2018), the RASB suggests a reformulation of care to ensure access through territorialization and reorganization of the work processes of oral health teams (ESB). This aims to articulate service delivery according to complexity classification, with the goal of ensuring comprehensive care.

Dentists working in emergency services affirm that there is no protocol defining the referral flow for demand seeking the service (Austregésilo *et al.*, 2015), as users often become lost within the network upon leaving, lacking continuity of treatment and compromising the comprehensiveness of care.

In this regard, the study by Spedo, Pinto, and Tanaka (2010) conducted in São Paulo reinforces that this process should not be bureaucratic. These authors state that in secondary care, emergency services should refer patients needing specialized consultations or exams to Basic Health Units (UBS), which have access to a computerized scheduling system, albeit slowing down and hindering user itineraries.

Research by Austregésilo, Leal, Figueiredo, and Góes (2015) highlighted the weak integration between care levels and the limited resolution, underscoring the disconnect from PNSB guidelines. The authors describe a disjointed RASB with poor communication between Primary Health Care (PHC) and emergency services (SOU in Portuguese), virtually nullifying universal access and urging greater integration among services.

Spedo, Pinto, and Tanaka (2010) asserted that monitoring and evaluating access and performance in PHC and specialized oral health care have been carried out using service coverage indicators. However, attention to emergencies is seldom analyzed, leaving a gap in the understanding, organization, and performance of service delivery points. The authors emphasize the need for further exploration of emergency dental care.

Regarding user referrals, the Primary Care Notebook No. 17 (Oral Health) (BRASIL, 2006) mentions only CEO for referrals, specifying that they should be accompanied by referral/counter-referral forms, with or without additional exams and radiographs. However, it does not cover emergency services.

Recent changes in the guidelines of major public policies, including PNSB, could severely compromise the gains made. The continuity of this policy, exemplified by the Brazil





Smiling Program (PBS), depends on political will and public mobilization, as traditionally in Brazil, government programs are not synonymous with state programs (Cascaes *et al.*, 2018). Considering that financial resources for oral health were historically neglected before the existence of PBS, significant challenges are presumed.

Greater coverage of dental care is significantly associated with reduced income inequality (Elstad, 2017), emphasizing the importance of public policies aimed at ensuring access to quality dental care. Strengthening management and advocating financial investments to combat oral health inequities in Brazil are essential. Thus, decreasing funding or lack thereof compromises access for vulnerable patients and exacerbates disparities in oral health (Probst *et al.*, 2019).

Costa and Werneck Palmier (2018) argue that oral health policy should understand the specificities of each location, considering the structure, organization, and management of the health system, to increase the availability of basic oral health procedures and establish municipal specialized services.

Secondary Care (SC) in oral health remains underexplored in scientific literature. Interest in this level of care has grown in recent years, particularly in discussions on organizing health systems from fragmentation to integrated work processes (Brasil, 2016; Moimaz *et al.*, 2015). Ambulatory specialized care must share responsibility for users, aiming to ensure backup assistance and consulting on care processes linked to PHC, while also coordinating with hospital and emergency care (Guedes *et al.*, 2019; Costa *et al.*, 2018).

The advances of PNSB, alongside the expansion of secondary oral health care services, do not adequately address health problems in this field, necessitating the establishment of referral and counter-referral systems, equity in care, and comprehensive health care (Araújo *et al.*, 2012).

Undoubtedly, issues arising from the interface between CEO and emergency oral health services are manifold and complex. Operationalizing this flow to establish an aligned and effective referral system between the two services is believed to be feasible.



## Final considerations

The study highlighted the knowledge gap regarding publications addressing the integration between services within medium complexity in the Oral Health Care Network. The analysis underscored the need for developing new flows and protocols within the Brazilian oral health system to comprehend and operationalize access across various levels of dental care, based on enhanced interaction between dental emergencies and CEO.

Addressing the challenges to achieve an ideal interface requires substantial investment from SUS managers. Therefore, coordinated actions must be implemented, both in CEO and in dental emergency services and diagnostic and therapeutic support services, guided by user health needs.

While there are no referral and counter-referral protocols in SOUs for Family Health Strategy or for CEO or SADT, the articles reveal that, in practice, correct and prompt referrals are essential for continuity of care towards comprehensiveness.

Considering the interface between levels of oral health care presents several factors limiting integration and understanding the complexity involved in achieving this goal, it is evident that the dental care model, its (re)organization, and reformulation of practices should be prioritized to establish a new and improved scenario for RASB within SUS.

## REFERENCES

ARAÚJO, D.B.; DE. MENEZES, L.M.B.; DE. SOUSA, D.L. DE. Atenção secundária em saúde bucal e a implementação dos Centros de Especialidades Odontológicas em um estado do Nordeste, Brasil. RGO, **Rev. gaúch. odontol.** Campinas, v. 60, n.1, p. 49-54, 2012. ISSN 1981-8637. Available from: [http://revodonto.bvsalud.org/scielo.php?pid=S1981-86372012000100007&script=sci\\_abstract](http://revodonto.bvsalud.org/scielo.php?pid=S1981-86372012000100007&script=sci_abstract)

AUSTREGÉSILO, S.C.; LEAL, M.C.C.; FIGUEIREDO, N.; GÓES, P.S.A. DE. A interface entre os cuidados primários e os serviços odontológicos de urgência (SOU) no SUS: a interface entre os níveis de atenção em saúde bucal. **Ciênc. saúde coletiva**, Rio de Janeiro, v. 20, n. 10, p. 3111-3120, outubro de 2015. Available from: <https://cienciaesaudecoletiva.com.br/artigos/a-interface-entre-a-atencao-primaria-e-os-servicos-odontologicos-de-urgencia-sou-no-sus-a-interface-entre-niveis-de-atencao-em-saude-bucal/15137?id=15137&id=15137#:~:text=Considerando%20que%20os%20servi%C3%A7os%20de%20urg%C3%Aancia%20odontol%C3%B3gica%20comp%C3%B5em,Odontol%C3%B3gicos%20de%20Urg%C3%Aancia%20%28SOU%29%2C%20no%20munic%C3%ADpio%20do%20Recife.>



BARROS, M. G.; BARBOSA, A. B. REDES DE ATENÇÃO À SAÚDE BUCAL. **Revista Ibero-Americana De Humanidades, Ciências E Educação**. São Paulo, v. 8, n. 11, p. 1571–1587. 2022. <https://doi.org/10.51891/rease.v8i11.7756>

BRASIL. Conselho Nacional de Secretários de Saúde. Conass Debate – Inovação na Atenção Ambulatorial Especializada. Brasília: Conass, 2016. Available from: <https://www.conass.org.br/biblioteca/inovacao-na-atencao-ambulatorial-especializada/>.

BRASIL. Distrito Federal (DF). Protocolo de Atenção à Saúde. Urgências odontológicas. Área(s): Odontologia. Portaria SES-DF Nº 342 de 29 de junho de 2017, publicada no DODF Nº 124 de 30 de junho de 2017. Available from: <https://www.saude.df.gov.br/documents/37101/87400/Urg%C3%A0ncias%20Odontol%C3%B3gicas.pdf/aa80b111-b88e-c066-1fc9-9b1191f7916d?t=1648648123052>.

BRASIL. Ministério da Saúde (MS). Secretaria de Políticas de Saúde. Departamento de Atenção Básica. Área Técnica de Saúde Bucal. Cadernos de Atenção Básica, n. 17. Brasília: MS, 2006. Available from: [https://bvsmms.saude.gov.br/bvs/publicacoes/saude\\_bucal.pdf](https://bvsmms.saude.gov.br/bvs/publicacoes/saude_bucal.pdf).

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. A Saúde Bucal no Sistema Único de Saúde. Brasília, 2018. Available from: [https://bvsmms.saude.gov.br/bvs/publicacoes/saude\\_bucal\\_sistema\\_unico\\_saude.pdf](https://bvsmms.saude.gov.br/bvs/publicacoes/saude_bucal_sistema_unico_saude.pdf).

CARMO, M.E. DO.; GUIZARDI, F.L. Desafios da intersetorialidade nas políticas públicas de saúde e assistência social: uma revisão do estado da arte. **Physis: Revista de Saúde Coletiva**, Rio de Janeiro, v. 27, n. 4, p. 1265-1286, 2017. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S010373312017000401265&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S010373312017000401265&lng=en). <http://dx.doi.org/10.1590/s0103-73312017000400021>.

CASCAES, A.M.; DOTTO, L.; BOMFIM, R.A. Tendências da força de trabalho de cirurgiões-dentistas no Brasil, no período de 2007 a 2014: estudo de séries temporais com dados do Cadastro Nacional de Estabelecimentos de Saúde. **Epidemiol Serv Saúde**. Brasília, v. 27, n. 1, p. 1-10, 2018. Available from: <http://scielo.iec.gov.br/pdf/ess/v27n1/2237-9622-ess-27-01-e201723615.pdf>.

COSTA, W.C. Da. L.B.; WERNECK, M.A.F.; PALMIER, A.C. Secondary care in oral health in small municipalities: a cross-sectional evaluation of demand x access. **RGO, Rev. Gaúch. Odontol.**, Campinas, v. 66, n. 1, p. 70-76. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S198186372018000100070&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S198186372018000100070&lng=en). <http://dx.doi.org/10.1590/1981-863720180001000093348>.

ELSTAD, J.I. Dental care coverage and income-related inequalities in foregone dental care in Europe during the great recession. **Community Dent Oral Epidemiol**, Nova Jérsei, v. 45, n. 4, p. 296-302, 2017. Available from: <https://doi.org/10.1111/cdoe.12288>.



FRICHEMBRUDER, K.; DOS SANTOS, M.C.; HUGO, N.F. Dental emergency: Scoping review. **PLoS ONE**, São Francisco, v. 15, n. 2, p. e0222248. 2020. <https://doi.org/10.1371/journal.pone.0222248>.

GONDINHO, B.V.C.; GUERRA, L. M.; BULGARELI, J.V.; PROBST, L.F.; CORTELLAZZI, K.L.; POSSOBON, R.F.; PEREIRA, A.C.; OLIVEIRA, V.A.S. Percepção de coordenadores de saúde bucal sobre a rede de atenção à saúde bucal. **Rev Bras Promoç Saúde**, Fortaleza, v. 31, p. 1-8, nov., 2018. DOI: <http://dx.doi.org/10.5020/18061230.2018.8637>.

GUEDES, B. DE. A.P.; VALE, F.L.B. DO.; SOUZA, R.W. DE.; COSTA, M.K.A.; BATISTA, S.R. A organização da atenção ambulatorial secundária na SESDF. **Ciênc. saúde coletiva**, Rio de Janeiro, v. 24, n. 6, p. 2125-2134, Junho de 2019. Available from: <https://www.scielo.br/j/csc/a/CGw4HDywt7wFPmgyFnwN83q/?lang=pt>.

MENEGHIM, M.C.; FONSECA, D.A.V.; AMBROSANO, G.M.B.; MIALHE, F.L.; PEREIRA, A.C. Influência da organização da atenção básica e das características sociodemográficas da população na demanda pelo pronto atendimento odontológico mun. **Cien Saude Colet** [periódico na internet], v. 19, n. 1, p. 269-277, 2014. Available from: <http://www.cienciaesaudecoletiva.com.br/artigos/influencia-da-organizacao-da-atencao-basica-e-das-caracteristicas-sociodemograficas-da-populacao-na-demanda-pelo-pronto-atendimento-odontologico-mun/11701?id=11701>.

MOIMAZ, S.A.S.; MELO, L.M.L.L. DE.; GARBIN, C.A.S.; GARBIN, A.J.I.; SALIBA, N.A. Oral health assessment protocol in primary care. **RGO - Revista Gaúcha de Odontologia**, Campinas, v. 63, n. 4, p. 446-454, 2015. <https://dx.doi.org/10.1590/1981-863720150003000113012>

PEZZATO, L.M.; L'ABBATE, S.; BOTAZZO, C. Produção de micropolíticas no processo de trabalho em saúde bucal: uma abordagem socioanalítica. **Ciênc Saude Colet**, Rio de Janeiro, 2013; v. 18, n. 7, p. 2095-2104. DOI: <http://dx.doi.org/10.1590/S1413-81232013000700025>.

PIMENTEL, F.C.; ALBUQUERQUE, P.C.; SOUZA, W.V. A estratégia saúde da família no estado de Pernambuco: avaliação da estrutura das equipes por porte populacional. **Saúde Debate**, Rio de Janeiro, v. 39, n. 104, p. 88-101, Jan-Mar 2015. DOI: 10.1590/0103-110420151040138.

PROBST, L.F.; PUCCA-JUNIOR, G.A.; PEREIRA, A.C.; CARLI, A.D. DE. Impacto das crises financeiras sobre os indicadores de saúde bucal: revisão integrativa da literatura. **Ciênc. saúde coletiva**, Rio de Janeiro, v. 24, n. 12, p. 4437-4448, Dec. 2019. Available from: <http://cienciaesaudecoletiva.com.br/artigos/impacto-das-crisis-financeiras-sobre-os-indicadores-de-saude-bucal-revisao-integrativa-da-literatura/17312?id=17312&id=17312&id=17312&id=17312>.

QUEIROZ, M.F.; VERLI, F.D.; MARINHO, S.A.; PAIVA, P.C.P.; SANTOS, S.M.C.; SOARES, J.A. Dor, ansiedade e qualidade de vida relacionada à saúde bucal de pacientes atendidos no serviço de urgência odontológica. **Ciênc. saúde coletiva**, Rio de Janeiro, v. 24, n. 4, p. 1277-1286, Apr. 2019. Available from: <https://www.scielo.br/j/csc/a/vpPkyS7WxPFn7zwKtmt3wP/?lang=pt>.



RUIZ, D. C.; PERES, A. C. O.; CARCERERI, D. L. Saúde bucal no SUS: reflexões sobre as fortalezas e ameaças à Política Nacional de Saúde Bucal. *In*: Rede de Pesquisa em APS (org.). Bases para uma Atenção Primária à Saúde integral, resolutiva, territorial e comunitária no SUS: aspectos críticos e proposições. Rio de Janeiro: Abrasco, 2022. E-book. 111p. Available from: <https://apsmrr.ensp.fiocruz.br/rede-de-pesquisa-em-atencao-primaria-a-saude-bases-para-uma-atencao-primaria-a-saude-integral-resolutiva-territorial-e-comunitaria-no-sus-aspectos-criticos-e-proposicoes/29496/>.

SALIBA, N.A.; MOIMAZ, S.A.S.; FADEL, C.B.; BINO, L.S. Saúde Bucal no Brasil: uma nova política de enfrentamento para a realidade nacional. **Rev Odontol Bras Central**, Goiânia, 2010; 18(48):62-66. Available from: <https://www.robrac.org.br/seer/index.php/ROBRAC/article/view/418/385>.

SOUZA, G.C.; LOPES, M.L. DE S.; RONCALLI, A.G.; MEDEIROS-JÚNIOR, A.; CLARA-COSTA, I. DO C. Referência e contra referência em saúde bucal: regulação do acesso aos centros de especialidades odontológicas. **Revista de saúde pública**, São Paulo, v. 17, p. 416-428, 2015. DOI: <https://doi.org/10.15446/rsap.v17n3.44305>

SPEDO, S.M.; PINTO, N.R.S.; TANAKA, O.Y. O difícil acesso a serviços de média complexidade do SUS: o caso da cidade de São Paulo, Brasil. **Physis**, v. 20, n. 3 p. 953-972, 2010. Available from: <http://dx.doi.org/10.1590/S0103-73312010000300014>.

#### About the authors

<sup>1</sup> **Indara Cavalcante Bezerra**. PhD in Public Health from Ceará State University (UECE). Professor in the Specialization Course in Mental Health at UECE. Fortaleza – CE. Email: indaracavalcante@yahoo.com.br. Lattes: <http://lattes.cnpq.br/6605467224282499>. OrcID: <https://orcid.org/0000-0003-0647-2490>.

<sup>2</sup> **Andréia De Queiroz Nobre**. Master's in Health Management from Ceará State University (UECE). Works as a dentist for the Municipal Government of Fortaleza. Fortaleza – CE. Email: andreia.nobre@aluno.uece.br. Lattes: <http://lattes.cnpq.br/4527402762019656>. OrcID: <https://orcid.org/0000-0002-3014-2486>.

<sup>3</sup> **Mardênia Gomes Vasconcelos Pitombeira**. PhD in Public Health from Ceará State University (UECE). Professor in the Professional Master's in Child and Adolescent Health and Professional Master's in Health Management at UECE. Fortaleza – CE. Email: mardeniagomes@yahoo.com.br. Lattes: <http://lattes.cnpq.br/0308235888507443>. OrcID: <https://orcid.org/0000-0003-2969-6526>.

<sup>4</sup> **Ingrid Cavalcante Matos**. Graduated in Medicine from the University of Fortaleza (UNIFOR). Fortaleza – CE. Email: [ingridmcaavalcante@gmail.com](mailto:ingridmcaavalcante@gmail.com). Lattes: <http://lattes.cnpq.br/3848824433729450>. OrcID: <https://orcid.org/0000-0001-8915-5348>.

<sup>5</sup> **Adriana Catarina de Souza Oliveira**. PhD in Public Health from the Universidad Católica de Murcia, Spain (UCAM). Murcia – ES. Email: [acatarina@ucam.edu](mailto:acatarina@ucam.edu). Lattes: <http://lattes.cnpq.br/3709053632552411>. OrcID: <https://orcid.org/0000-0001-8600-4413>.