

## PROFILE OF FOREIGNERS AND BRAZILIANS ASSISTED BY DENTISTRY IN BASIC CARE IN A BORDER MUNICIPALITY<sup>1</sup>

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### ABSTRACT

**Introduction:** Brazilian municipalities in border regions with other countries have assisted cross-border citizens who seek to solve health problems in the services offered by SUS. Objective: to analyze oral health care based on the profile of foreigners and Brazilian residents in countries bordering the city of Foz do Iguaçu, Paraná, who sought dental care in primary care (AB) in this municipality. **Methodology:** Quantitative cross-sectional study whose sources were the total dental records of users assisted from 2010 to 2015 (n=751). The data collected reflect sociodemographic conditions, history of dental care, medical and dental history and dental history for users under five years of age and were analyzed using simple descriptive statistics. **Results:** Brazilians living in Paraguay (98.67%); did not continue treatment (81.09%), restorative treatment was the most accomplished in AB (51.93%), endodontic the most sought in the Dental Specialties Center (47.77%), presenting a higher percentage of abandonment and pendency (56.78%). **Discussion:** cessation of treatment was one of the most worrying findings, suggesting barriers to integrality of care and underreporting of data, a limiting factor in the research. **Conclusion:** the integrality of dental care must be analyzed by management; in addition, it is suggested that the professionals be trained in the work process and in information records.

**Keywords:** Oral health. Border health. Primary health care. Secondary care. Integrality in health.

### INTRODUCTION

In Brazil, 27% of the territory is in border area, marked by great economic and social inequalities, which gives it indicators of health conditions worse than the national average and characterizes its vulnerability<sup>(1)</sup>. They are regions outside central development policies in relation to decisions, program formulation, projects and the transfer of resources, which are generally centralized at the federal level<sup>(2)</sup>. These densely populated areas are more susceptible to disease transmission because of the intensity and multiplicity of interactions that interfere their control<sup>(3)</sup>.

This way, the unfavorable situation experienced by the inhabitants of these areas, in relation to access and quality of public health services, is intensified by the flow of users to the municipalities that have a better service offer, generating a demand beyond the local planning estimate and, thus interfering with the quality and organization of the health network in these municipalities. The greater intensity of

cross-border interactions in the South Arc region makes health control more difficult, and the demand of foreigners overload local services, even though the municipality has the best structure and availability of qualified personnel among the border regions of the country<sup>(3-4)</sup>.

In 2005, the Ministry of Health (MS) published GM/MS Ordinance No. 1,120, dated July 6<sup>th</sup>, 2005, with a new wording by Administrative Ordinance No 1188/GM, dated June 5<sup>th</sup>, 2006, which established the Integrated (SIS-FRONTIERAS) with "the objectives of promoting the integration of health actions and services in the border region and contributing to the organization and strengthening of local health systems"<sup>(5:1)</sup>. Foz do Iguaçu, a municipality in the tri-border region (Brazil, Paraguay and Argentina), participates in this system and realizes the need for healthcare assistance to foreigners and Brazilians residing abroad, mainly in Paraguay, where they have restricted access to the local health system<sup>(6)</sup>. The municipality performs these health care

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without; however, knowing the impact of this attention on the local health system.

The need to know the flows of assistance to foreigners (Argentinean and Paraguayan) and Brazilian residents in neighboring countries to Foz do Iguaçu is felt and reported daily by health service workers in that region. Considering these aspects, this study aimed to characterize the population of foreigners and Brazilian residents in countries bordering the city of Foz do Iguaçu (PR) that sought dental care in a Basic Health Unit (UBS), reference for this population, and in the Center of Dental Specialties (CEO), and identify the types of services demanded, in order to guide strategies that mend or minimize the problems presented.

## METHOD

This is a quantitative and cross-sectional study, based on medical records of users residing in countries bordering the city of Foz do Iguaçu-PR, who sought dental care in the SUS of this municipality in the period between 2010 and 2015. The sample consisted of the total (n=751) of medical records of foreigners and Brazilian residents in neighboring countries (Paraguay and Argentina) attended in the dental services of the reference UBS (n=503) and CEO (n=248) from 2010 to 2015, collected from May to June 2017. The following inclusion criteria were used: dental records of residents of the countries bordering the municipality of Foz do Iguaçu - PR; having been attended by the dental service at the UBS or CEO in the period from 2010 to 2015 and excluding the dental records of residents in Foz do Iguaçu and outside the period proposed for the research.

The research was carried out in the city of Foz do Iguaçu - PR. The city is bordered to the north by the municipality of Itaipulândia, in the south, by Puerto Iguazú (Argentina), in the east, by the municipalities of Santa Terezinha de Itaipu and São Miguel do Iguaçu, and to the west by Ciudad del Este (Paraguay). The municipality is in the extreme west of the State of Paraná, 637 km from Curitiba (capital) and 731 km from Paranaguá (located at the eastern end of the state)<sup>(7)</sup>.

The health services that made up the research fields were chosen because they were reference, established by the health management of the municipality to serve the floating population of Brazilians living in neighboring countries (Paraguay and Argentina), built with the resources of the SIS-Fronteira and for being located closer to the dry border ("Ponte da Amizade") with Paraguay. The CEO is the reference point in dentistry that receives the population of Brazilians and foreigners residing in neighboring countries referred by the UBS.

The data collection in the medical records was carried out from a spreadsheet prepared by the researchers based on the structure of the medical records, and they refer to: a) sociodemographic conditions; b) history of dental care in basic care; c) dental history in medium complexity; d) medical history; e) dental history and, f) dental history - for patients up to five years of age.

The data were analyzed by simple descriptive statistics and submitted to the Q-square test with 95% confidence interval and significance level of 5%, later organized into tables. The research project was approved by the Ethics in Research Committee (CEP) with human beings of the State University of the West of Paraná, respecting Resolution 466/2012 of the National Health Council, according to opinion No 1,872,665.

## RESULTS

Regarding the nationality of the respondents, among the 751 users analyzed who sought the dental services in the UBS research field, 98.67% are Brazilian residents in Paraguay and only 1.33% are foreigners with statistical significance with p value <0.0001. A total of 64.85% of female users were identified in relation to 35.15% of males (p value <0.0001). In this study, data referring to the first dental care occurred predominantly in the age group of 30 to 59 years (37.95% - p value <0.0001), followed by users aged 15 to 19 years (12.2%) and 10 to 14 years old (11.58%). Stands out the incipient frequency by subjects aged over 60 (4.39%) (Table 1).

**Table 1.** Sociodemographic characterization of users of dentistry services at UBS\* Jardim América, Brazilians and foreigners not resident in Foz do Iguaçu by gender, nationality and age. Foz do Iguaçu, Paraná, Brazil - 2010 - 2015.

Variable	Categories	N	%	p value
Gender	Female	487	64.85	< 0.0001
	Male	264	35.15	
Nationality	Brasiguaios	741	98.67	< 0.0001
	Foreigners	10	1.33	
Age	0-4	72	9.59	<0.0001
	5-9	69	9.19	
	10-14	87	11.58	
	15-19	91	12.12	
	20-24	61	8.12	
	25-29	53	7.06	
	30-59	285	37.95	
	Acima de 60	33	4.39	
Total		751	100	

Source: Research Data (2018).

\*UBS: Basic Health Unit.

Of the total of 751 dental records surveyed, 51.93% of the users attended had restorative treatment and 18.11% underwent some type of surgical procedure, while 43.81% sought preventive and periodontal care with no

statistical significance, with a standard deviation of 2.35. It is emphasized that Table 2 does not total 100%, since users referred to specialized care may have performed more than one procedure in primary care.

**Table 2.** Numerical distribution and percentage of dental procedures of users of the sample. Foz do Iguaçu, Paraná, Brazil - 2018.

Type of dental procedure	N	%	Standard deviation
Restoration programmed treatment	390	51.93	2.35
Subsequent treatment in basic health care	380	50.60	
Plaque control programmed treatment and supragingival scraping	329	43.81	
Referred to medium complexity	247	32.89	
Surgical programmed treatment	136	18.11	
Treatment concluded in basic health care	125	16.64	
Urgency	36	4.79	

Source: Research Data (2018).

The data related to the subsequent treatment shows that 50.60% returned one or more times in the health unit and 96.14% sought the unit for the first consultation; however, only 16.78% returned the number of times necessary until the conclusion of all dental treatment in the UBS. Among the 751 users served, 4.79% were diagnosed as urgent care and 32.89% needed care in some specialty in the CEO.

Based on the data, this study revealed that 81.09% (n=609) of users who were treated at UBS did not continue the care.

Table 3 shows the distribution of the studied population referred to the medium complexity health care, making a total of 32.89% in relation to the total population of the study (n=751). The

specialties with the highest number of primary care referrals were endodontics (47.77%), followed by dental prosthesis (26.72%), maxillofacial surgery (17.41%) and periodontics with (8,10%).

Because dental pain is the main reason for the search for dental treatment, the demand for the endodontic specialty ("root canal treatment") occurred for most of the demand (39.11%); however, with no statistical significance (p=0.891). In this specialty, the conclusion of the treatment is obtained after several sessions ranging from the opening of the pulp chamber to the complete biomechanics and decontamination of the root canals, thus restoring the function of the affected dental element. Table 4 shows the

distributions of the referrals to the medium complexity and evaluated the abandonment rate in each one - Endodontics, Periodontics,

Surgery, Temporomandibular Joint Disorder (TMD), Prosthesis and Orthodontics.

**Table 3.** Numerical distribution and percentage of referrals to medium complexity, according to the specialties available in the CEO\*. Foz do Iguaçu, Paraná, Brazil - 2018.

Referrals to medium complexity – CEO*	N	%	Coefficient of variation (CV) and standard deviation (SD)
Endodontics	97	39.11	
Prosthesis	62	25.00	
Maxillofacial Surgery	33	13.31	
Periodontics	14	5.65	
Oral + Maxillofacial Surgery + Endodontics	8	3.23	
X-Ray	8	3.23	
Temporomandibular Dysfunction	6	2.42	
Endodontics + Periodontics	6	2.42	160.45% (CV)
Endodontics + X-Ray	4	1.61	
Endodontics + Prosthesis	3	1.21	4.3 (DP)
Orthodontics	3	1.21	
Oral-Maxillofacial Surgery + Prosthesis	1	0.40	
Buco-Maxillo-Facial Surgery + X-ray	1	0.40	
Orthodontics + X-ray	1	0.40	
Total	247	100	

**Source:** Research Data (2018).

\*CEO: Center of Dental Specialties.

**Table 4.** Distribution of referrals to medium complexity, according to the specialty and abandonment rate. Foz do Iguaçu, Paraná, Brazil - 2018.

Specialty	Total referrals per specialty	Total abandonment/pending by specialty	% abandonment/pending in relation to the total sample (N=751)	% in relation to the sample of medium complexity (N=247)	% abandonment/pending in relation to the sample of the specialty
Endodontics	118	67	8.91	27.13	56.78
Periodontics	20	7	0.93	2.83	35
Surgery	43	21	2.79	8.4	48.83
TMD*	6	2	0.26	0.80	33.34
Prosthesis	66	44	5.85	17.82	66.66
Orthodontics	4	-	-	-	-

**Source:** Research Data (2018).

\* TMD: Temporomandibular Joint Disorder.

Although it is the most sought specialty, endodontics is also the specialty with the highest percentage of abandonment or pending treatment (56.78%) in relation to all those who were referred to this specialty (n=67).

## DISCUSSION

In the border of Foz do Iguaçu with Paraguay and Argentina, there is a heterogeneity of subjects that organize their lives and the social processes resulting from

them, enliven the daily life of the frontier. The circulation of people on the border between Foz do Iguaçu (Brazil) and Ciudad del Este (Paraguay) is more intense when compared to the border with Puerto Iguazú (Argentina). This dynamicity of life on the frontier systematizes the spaces of the city creating the different population components<sup>(4)</sup>.

The profile identified in this study is defined, especially, by young female subjects of Brazilian nationality living in Paraguay, which highlights the role of women in caring for the

family. Adolescence is a phase understood as a period of increased risk of dental cavities, due to poor biofilm control and reduced brushing care. However, this period is central in health care, since it establishes learning related to behaviors and future behaviors, so that it is also a propitious phase for the development of healthy habits from the consolidation of more lasting attitudes of self-care, since it is under favorable conditions<sup>(8)</sup>. As for the low percentage of elderly in the sample, this fact can be explained by the cultural values of this population about the oral health condition being naturally precarious in this phase of life<sup>(9)</sup>.

It is still difficult to guarantee comprehensive care for Brazilians and foreigners (Paraguayans and Argentines) who are not resident in Brazil, who seek care on the Brazilian side due to socioeconomic disparities and the supply and quality of health services<sup>(4)</sup>. After the first treatment at UBS, continuity of treatment often does not occur. Studies have reported the existence of bureaucratic barriers that hindered access to the SUS by foreigners and non-resident Brazilians and obligate them to use devices to access the needed treatment<sup>(6-10)</sup>.

The literature has suggested the existence of a suppressed demand in AB regarding the specialty of endodontics<sup>(11-12)</sup>, corroborating with this study. This treatment is costly for patients when private and, only after the National Oral Health Policy of 2003 and the creation of CEOs, the offer, even occasionally, has been made by the public health service. Despite not being the focus of this study, the CEO of Foz do Iguaçu, the high percentage of treatment abandonment may be based on reasons raised in other studies such as delayed care, insufficient material resources, need for one or more returns to the which may be related to absence at work, difficulty to get to the Health Unit, moving, among other factors<sup>(11-12)</sup>.

The percentage of abandonment/pendency found in endodontics in this study was almost nine times higher than that observed in a study<sup>(13)</sup> conducted in the city of Marília (São Paulo), which identified an abandonment rate of only 6.21% for referred users of AB units. The authors justified the abandonment stating that the endodontic treatment is long and often

only sought to solve the pain without giving continuity after healed.

We emphasize that the percentage of unfinished treatments (abandonment and/or pendency) in this study stands out in the specialized care, especially of the users referred to the prosthesis specialty. This finding should serve as an alert for managers to strengthen the methods of follow-up of the patients attended, in order to guarantee care, reduce expenses and increase the service's resolution with the conclusion of the treatments started.

Likewise, a high percentage of abandonment of treatment in the specialty of periodontics was identified in the study on the "Demand Organization of a Dental Specialties Center"<sup>(14)</sup>. We emphasize that the population of this study, due to not residing in the municipality of Foz do Iguaçu, faces difficulty communicating with health teams and ends up not looking for UBS or the CEO to keep the treatment, scheduling the appointment through the appointment center.

Discontinuation of treatment due to inability to schedule an appointment and communicate with the user, the economic situation that hinders access or lack of awareness of adherence to treatment were reasons identified in another study and that generate difficulties in the CEO's resolvability<sup>(15)</sup>. New studies could be carried out to identify reasons for dentistry and also to propose health education strategies to motivate users.

The MS defines clinical protocols and referral flows for CEOs, which enables analysis to identify weaknesses in these services. Studies were carried out to identify factors related to CEO performance that suggest the contextual characteristics of the territories in which these services are implemented as an important factor related to their performance<sup>(16)</sup>.

It can be hypothesized, to be verified in future studies that non-residents in the area of UBS coverage, especially foreigners in border regions, are less likely to complete treatment, and reference units for care of foreigners should organize an active search system for users who do not reside in the subscribed territory of UBS.

The organization of the demand of a local health service has the purpose to (co)ordinate the access of the users to the SUS from the AB

and guarantee the integrality of the assistance<sup>(17)</sup>. The necessary referrals should be supported by criteria agreed upon with the health team, aiming at reducing the waiting time for consultation and queuing, saving resources, improving and optimizing the quality of service. The approach in dental care, especially in AB, can be a focus of actions of permanent education of the health teams to foment proposals of approach of the social and cultural reality from the first contact, contributing to the elaboration of the diagnosis of the necessities of the population.

Regarding the integrality of the care, it was observed that the analyzed population does not have continuity of treatment, suggesting that the health team has difficulty in establishing a link and, thus, cannot coordinate and follow up the care, since this user does not return to UBS once his pain is lessened. Factors such as the precariousness of the user/professional link, the disarticulation of the service network, the irregularities in the reference system and the counter reference identified in other studies<sup>(15,17-19)</sup> should be analyzed and monitored in future investigations in the municipality of Foz do Iguaçu, as they may hamper access to secondary dental services in dentistry, hindering the consolidation of integral care.

The important limitation of the study is the lack of registration of important data in the patient's dental records in the analyzed municipal health network, making it difficult to create profiles closer to the socio-sanitary reality of this population and, therefore, planning actions and evaluation of services that have an impact on the epidemiological profile

of the border territory.

## CONCLUSION

The research emphasized the need to regulate flows in the network with a focus on welcoming, informing, assisting and directing the cross-border resident at the border, safeguarding the right to health by establishing indispensable links to improve the quality of health services and deepen the humanization of practices.

The lack of local studies that characterize the oral health care of foreigners and Brazilian residents in other countries, as well as the possibility of contributing to the construction of new knowledge in the context of public health in the border region, motivated this research. The proposal of this study allowed obtaining information that could subsidize and contribute to the improvement of public policies, reorganization of the work process with more humanized, efficient dental care and proposition of effective actions as a structural model within the oral health service of the municipality of Foz do Iguaçu.

The findings suggest that there are critical knots in the dentistry network regarding the coordination of care with a view to guaranteeing resolution and completeness, and point out the need for new studies investigating reasons for treatment interruption, work processes and referral flows (referral and counter reference), among others. The results found in this study may be useful for management and, in a larger scope, may contribute to oral health practices and policies.

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## PERFIL DE ESTRANGEIROS E BRASILEIROS ATENDIDOS PELA ODONTOLOGIA NA ATENÇÃO BÁSICA EM MUNICÍPIO DE FRONTEIRA

### RESUMO

**Introdução:** Municípios brasileiros em regiões de fronteira com outros países têm assistido cidadãos transfronteiriços que buscam resolver problemas de saúde nos serviços ofertados pelo SUS. **Objetivo:** analisar a atenção à saúde bucal a partir do perfil de estrangeiros e de brasileiros residentes em países de fronteira com o município de Foz do Iguaçu, Paraná, que buscaram assistência odontológica na atenção básica (AB) desse município. **Metodologia:** Pesquisa quantitativa, transversal, cujas fontes foram a totalidade dos prontuários odontológicos de usuários atendidos de 2010 a 2015 (n=751). Os dados coletados retratam condições sociodemográficas, histórico de atendimento odontológico, história médica e odontológica e, história odontológica para usuários menores de cinco anos e foram analisados por meio de estatística descritiva simples. **Resultados:** São brasileiros residentes no Paraguai (98,67%); não continuaram o atendimento (81,09%), o tratamento restaurador foi o mais realizado na AB (51,93%), a endodontia mais procurada no Centro Especialidades Odontológicas (47,77%), apresentando maior percentual de abandono e pendência (56,78%). **Discussão:** A interrupção do tratamento foi um dos achados mais preocupantes, o que sugere

barreiras na integralidade da assistência e a subnotificação de dados um fator limitante da pesquisa. **Conclusão:** a integralidade da assistência odontológica deve ser analisada pela gestão; além disso, sugere-se a capacitação dos profissionais quanto ao processo de trabalho e de registros de informações.

**Palavras-chave:** Saúde bucal. Saúde na fronteira. Atenção primária à saúde. Atenção secundária à saúde. Integralidade em saúde.

## PERFIL DE EXTRANJEROS Y BRASILEÑOS ATENDIDOS POR LA ODONTOLOGÍA EN LA ATENCIÓN BÁSICA EN MUNICIPIO DE FRONTERA

### RESUMEN

**Introducción:** Municipios brasileños en regiones fronterizas con otros países han asistido ciudadanos transfronterizos que buscan resolver problemas de salud en los servicios ofrecidos por el Sistema Único de Salud (SUS). **Objetivo:** analizar la atención a la salud bucal a partir del perfil de extranjeros y de brasileños residentes en países de frontera con el municipio de Foz do Iguaçu, Paraná-Brasil, que buscaron asistencia odontológica en la atención básica (AB) de este municipio. **Metodología:** investigación cuantitativa transversal cuyas fuentes fueron la totalidad de los registros médicos odontológicos de usuarios atendidos de 2010 a 2015 (n=751). Los datos recolectados retratan condiciones sociodemográficas, histórico de atención odontológica, historia médica y odontológica e, historia odontológica para usuarios menores de cinco años y fueron analizados por medio de estadística descriptiva simple. **Resultados:** son brasileños residentes en Paraguay (98,67%); no continuaron la asistencia (81,09%), el tratamiento restaurador fue el más realizado en la AB (51,93%), la endodoncia más procurada en el Centro Especialidades Odontológicas (47,77%), presentando mayor porcentual de abandono y espera (56,78%). **Discusión:** la interrupción del tratamiento fue uno de los hallazgos más preocupantes, lo que sugiere barreras en la integralidad de la asistencia y la subnotificación de datos un factor limitante de la investigación. **Conclusión:** la integralidad de la asistencia odontológica debe ser analizada por la gestión; además, se sugiere la capacitación de los profesionales en cuanto al proceso de trabajo y de registros de informaciones.

**Palabras clave:** Salud bucal. Salud fronteriza. Atención primaria de salud. Atención secundaria de salud. Integralidad en salud.

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