



Speech-language Pathology and Audiology and Dentistry in Primary Care: Experience Report on Health Education

Fonoaudiologia e Odontologia na Atenção Básica: Relato de Experiência de Educação em Saúde

Fonoaudiología y Odontología en la Atención Primaria: Experiencia Reporte Educación sobre la Salud

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Abstract

Introduction: *Primary care in the Brazilian Unified Health System includes innumerable types of actions regarding health promotion and prevention. Promotion, prevention and health education are highly important to the autonomy and empowerment of the population. The presence of Interdisciplinary work in primary care can enhance these actions and generate even more effective changes regarding*

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Authors' contributions: KFL was responsible for guiding the project and following the preparation steps, implementation and review of the manuscript. IPT was responsible for carrying out the project, collection, data tabulation, preparation of the manuscript, implementation and review of the manuscript. ASV was responsible for carrying out the project, collection, data tabulation, preparation of the manuscript. BEM was responsible for carrying out the project, collection, data tabulation, preparation of the manuscript. DIQ was responsible for carrying out the project, collection, data tabulation, preparation of the manuscript. MTC was responsible for carrying out the project, collection, data tabulation, preparation of the manuscript and review of the manuscript. LZT was responsible for carrying out the project, collection, data tabulation, preparation of the manuscript.

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Received: 11/01/2016

Accepted: 29/04/2016



the health education in communities. **Objective:** to describe aspects of the Children's Oral Health group developed by professionals of the area of speech, language and hearing sciences and dentistry at the Center of Health of Saco Grande, Florianópolis, Santa Catarina, Brazil. **Method:** A total of 12 weekly meetings with children from one month to nine years of age and their caregivers were performed. Aspects related to oral hygiene, deleterious oral habits and child development were presented to participants. This was meant to raise questions and encourage the construction of an active and meaningful knowledge by children and/or their caregivers. **Results:** There was increased demand of the population for the groups aged five to seven years, especially in children who already had some dental abnormalities. **Conclusion:** In this experience, the speech, language and hearing sciences and dentistry professionals were perceived as important allies in children health education, especially in oral health and in the development of oral functions.

Keywords: Speech, language and hearing sciences; Dentistry; Primary health care; Primary prevention; Oral health; Health promotion.

Resumo

Introdução: A atenção básica no Sistema Único de Saúde brasileiro engloba diversos tipos de ações de promoção da saúde e prevenção de doenças ou agravos. Ações de promoção, prevenção e educação em saúde são de suma importância para a autonomia e o empoderamento da população. A interdisciplinaridade presente na atenção básica pode potencializar tais ações e gerar mudanças ainda mais efetivas quanto à educação em saúde das coletividades. **Objetivo:** descrever aspectos relativos ao grupo de saúde bucal Infantil desenvolvido por profissionais de fonoaudiologia e odontologia no Centro da Saúde Saco Grande, Florianópolis, Santa Catarina, Brasil. **Método:** Foram realizados 12 encontros semanais com crianças de um mês a nove anos de idade e seus responsáveis. Aspectos relacionados à higiene oral, hábitos orais deletérios e desenvolvimento infantil foram apresentados aos participantes a fim de suscitar questionamentos e propiciar a construção de um conhecimento ativo e significativo por parte das crianças e de seus responsáveis. **Resultados:** Houve maior procura da população para os grupos na faixa etária de cinco a nove anos, principalmente em crianças que já apresentavam algum sinal de alteração dentária. **Conclusão:** Nesta experiência, a fonoaudiologia e a odontologia se mostraram aliadas na educação em saúde da criança, destacando-se a saúde bucal e o desenvolvimento das funções orais.

Palavras-chave: Fonoaudiologia; Odontologia; Atenção básica; Prevenção primária; Saúde bucal; Promoção da saúde.

Resumen

Introducción: La atención primaria en el Sistema Único de Salud incluye varios tipos de acciones para promoción e prevención de la salud. Acciones de promoción, prevención y educación en salud son muy importantes para la autonomía y el empoderamiento de la población. La interdisciplinariedad presente en la atención primaria puede mejorar estas acciones y generar aún más eficaces cambios con respecto a la educación para la salud de las comunidades. **Objetivo:** describir aspectos del grupo de Salud Bucodental Infantil desarrollado por profesionales de fonoaudiología y odontología en el Centro de Salud Saco Grande, Florianópolis, Santa Catarina, Brasil. **Método:** Se realizaron 12 reuniones semanales con niños de un mes a nueve años de edad y sus cuidadores. Aspectos relacionados con la higiene bucal, hábitos orales nocivos y el desarrollo infantil se presentaron a los participantes con el objetivo de evocar cuestiones y posibilitar la construcción de un conocimiento activo y significativo para los niños y/o sus cuidadores. **Resultados:** Hubo gran demanda de la población para los grupos de niños con edades de cinco a siete años, sobre todo en niños que ya tenían alguna señal de alteración dentaria. **Conclusión:** En esta experiencia, la fonoaudiología y la odontología han demostrado ser aliadas importantes en la educación para la salud del niño, en especial la salud oral y el desarrollo de las funciones orales.

Palabras claves: Fonoaudiología; Odontología; Atención primaria de salud; Prevención primaria; Salud bucal; Promoción de la salud.



Introduction

The search for health services occurs according to determinants as organizational details of the offer, the epidemiological profile and sociodemographic characteristics of users, as well as aspects related to service providers. In Brazil, the organization of those services occurs according to the public health system, where the provision of services must take place fully and universally, being intended to 100% of the population¹.

The offer of this service is directed to the entire Brazilian population, accounting for the health of more than 190 million Brazilians. The demand for care in the Unified Health System (SUS) can be measured through the use of services contemplating, both medical and dental assistance, routine or emergency. Thus, the search for such services becomes a positive expression of access, since it may affect population's health, helping to avoid the occurrence of diseases, reducing mortality from specific causes and increasing survival rates².

Through this system, all citizens are entitled to consultations, tests, hospitalizations and treatments in health facilities linked to SUS at the municipal, state, and federal levels. The SUS has in its structure some levels of complexity to attend the population: primary care, intermediate care, and high-complexity care. Primary care can be characterized as a set of health actions both individual and collective, including promotion, prevention, diagnosis, treatment, rehabilitation, and health maintenance³.

Speech-Language pathology and audiology area in public health has constructed its path gradually, approaching a commitment to social, collective questions, and health needs of the population. Socio-historical aspects are a key feature in the research and training of future professionals, in addition to the configuration of the social role of Speech-Language Pathologists and Audiologists in the feasibility and applicability of the policy guidelines and national and global proposals for health promotion⁴.

The role of Speech-Language Pathology and Audiology in public health is mainly to support the health promotion and prevention of diseases or injuries. In health promotion is expected the effective participation of the population, combining individual choices and social responsibility for health⁵. Furthermore, speech-language pathologists

and audiologists in public health may diagnose population groups based on epidemiological studies and identify the needs of the population in the speech-language pathology and audiology area. Also is a role of these professionals, to plan, coordinate and manage programs, campaigns and actions; assess and monitor speech-language pathology and audiology actions developed in the collective context; and plan, coordinate, manage, and advise public policies related to health and education⁶.

The health education concept is connected with the promotion of health, which deals with processes that span the participation of the entire population in the context of their social and economic life, not only focusing on the biological⁷. The education in health seeks to trigger behavioral changes, reaching the uniqueness of each person⁸. It can be promoted by the mediation of significant content for each context in which the subject is inserted. It aims autonomy to evoke changes in people's everyday lives, helping in understanding the health-disease process, thus providing empowerment of people as agents of their own health⁹.

The interdisciplinary action in primary care can enhance health promotion, generating effective changes regarding health education in communities. Interdisciplinary work is an approach in which two or more professions establish a link to seek to achieve and build a more comprehensive, diverse and unified knowledge¹⁰. The Brazilian National Health Council recognizes fourteen professions (biomedicine, medicine, veterinary medicine, nursing, dentistry, physiotherapy, speech-language pathology and audiology, occupational therapy, nutrition, pharmacy, social work, psychology, biological sciences and physical education) as components of the health system, which seeks collective and interdisciplinary work¹⁰.

The present interdisciplinary work between speech-language pathology and audiology and dentistry professions usually occurs involving a common area between the two of them, the stomatognathic system. An example is the work of speech-language pathologists through myofunctional therapy for muscle disorders and orofacial functions, supporting the stability of the cases treated by orthodontists, functional jaw orthopedists and /or dentists, seeking to avoid occlusal relapse after dental treatment¹¹.

The Saco Grande Health Centre is one of the local references in basic health care and interdisci-



plinary work. It is located in the community of Saco Grande in the city of Florianópolis, Santa Catarina, Brazil. It has six family orientated health teams and is integrated to Municipal Health Network of Florianópolis, supporting the communities of Saco Grande and Monte Verde, with approximately, 15.000 inhabitants. It has a support of the “Centre for Supporting the Health of the Family” (NASF), composed by various health professionals¹². Now, unfortunately, the city of Florianópolis does not have a speech-language pathologist or audiologist in NASF team.

In this Health Centre it is common the existence of groups seeking health promotion and prevention of diseases. The use of health promoting groups have shown high levels of effectiveness when compared to the traditional methods in health care¹³. Group interventions are not a space to make prescriptions, or rapid changes, but they are a place for reflection, it is built on experiences, bringing people to realize their limitations, differences and possibilities, and ponderation of their own problems¹³.

The intervention groups can contribute to health promotion and prevention, providing guidance and being a part of the health education process, besides being a space for exchange information¹⁴.

Speech-language pathology and audiology students from the Federal University of Santa Catarina were inserted into the oral health group for children in the dental service of the Saco Grande Health Centre to collaborate and contribute in building knowledge and community autonomy. This group is the gateway to the children’s dental service in the health center in question, ensuring access to all children between one month and nine years old.

The interdisciplinary action between speech-language pathology and audiology area and dentistry in this group aimed at health education and promotion, targeted prevention for oral health, brushing and oral hygiene, discussions on issues related to oral habits, breastfeeding, healthy eating, and transition of food consistency, language development, and hearing concerns.

Methods

The experience oral health group for children occurred during the second half of 2015, with 12 weekly meetings of interdisciplinary context. The

meetings were held in the auditorium of the Health Centre of Saco Grande, on Tuesdays from 8:30h to 9:30h. The group was composed of a dental professional, three students of speech-language pathology and audiology, supervised by a speech-language pathology and audiology teacher. Participated in the group around 50 children from one month to nine years of age, accompanied by at least one parent or guardian.

In order to contribute to the construction of knowledge of both children and their parents/guardians, it was developed the brochure entitled “How does your child speak?” (Appendix 1). In the material can be found information related to the language milestones and different strategies for the stimulation of language development.

Other materials that prepared and used in the group were: a photo album of speech-language pathology and audiology and a visual material of dentistry, which contained images of public domain on brushing, oral habits and diseases or secondary changes to inadequate oral hygiene.

The speech-language pathology and audiology photo album contained a varied range of information and suggestions that parents/guardians could benefit from it. Information like the anatomy of the auditory tube, its proximity to the mouth/throat and implications related to bottle-feeding. The correct handle and position for breastfeeding and its importance, benefits. Examples of cups that may be used to replace bottle-feeding. The consequences of non-nutritive sucking habit for dental arch and strategies for the removal of the pacifier, or finger/thumb sucking habit. Information on how to identify mouth breathing and some consequences of this habit. Guidelines for the introduction of solid foods in the child’s diet and consistency suitable for different age groups were also detailed. As well as, information on the development of language and what is expected for each age.

For development of materials and guidelines used during the group’s meetings, the “Answers to frequently asked questions” in the areas of language, hearing and balance, and orofacial motricity from the Brazilian Society of Speech-language pathology and Audiology¹⁵ were used. Furthermore, public domain images, taken from research conducted on the Internet were also utilize for the construction of the materials.

The materials developed for the group had the aim to raise questions by the children and/or their



legal guardians in order to produce discussions that depart from the demands brought by the community. With their contributions, the group seek to build knowledge together, favoring change of habits and harmful behaviors related to oral health and general health.

It was perceived that the search for the participation in the group was mostly by parents of children around five years old, who had already noticed dental changes in their children. Differently, the children under two years of age were the age group with the lowest rates of frequency in the oral health group. During the discussions, the parents/guardians brought information on eating habits and oral hygiene of the children. It was noticed that the majority had a diet high in sugars, did not perform oral hygiene properly and often did not place enough significance to the consequences of harmful oral habits.

In every meeting, there was discussion about the best way to perform oral hygiene, the damage caused by dental caries and the use of pacifiers and bottles. However, it was observed that most parents conceived dental caries as part of normal child development. Because of this finding, it was also clear that the dental caries are a health problem, being easier to prevent it than to treat it after installation.

Despite of what was observed in the group, the literature has shown that in recent decades there has been a decline in the number of treatment for dental caries and in the demand of this service in children in industrialized countries. This fact is attributed to a number of factors such as use of fluoride, especially fluoride in toothpaste; improvements in oral hygiene; changes in diet and infant feeding patterns; changes in diagnostic criteria; prevention and repair of teeth; and the change in socioeconomic standards^{16,17}.

However, corroborating the findings of this experience report, researchers found that due to the large disparity in income concentration observed in Brazil, there is a growing inequality in the distribution of dental caries. This disease has shown high prevalence in areas with higher socioeconomic deprivation, while it is observed reduction in the search for oral health care in areas with better socioeconomic levels, due to improvements in the water and the diet of this group¹⁸.

Another aspect frequently observed during the meetings was the high prevalence of harmful oral habits. Deleterious oral habit are defined as

a custom or practice acquired by frequent repetition, becoming unconscious. Some examples are bruxism, onychophagy, biting lips, biting objects, finger/thumb sucking habits, pacifier use and bottle-feeding¹⁹. A study in Brazil²⁰ has shown that the use of pacifiers are most prevalent harmful habit in children of preschool age.

In the children's oral health group studied, the deleterious oral habits most frequently reported were the use of pacifiers and bottle-feeding.

According to the literature²¹, oral habits are influenced by factors such as the mother's employment, social factors, early weaning and the level of parental education. It is observed that parents have a great influence in this process, in the installation of the habit, development and removal or not of the deleterious habit²¹. These findings reinforce the importance of health education, especially with parents or guardians, since the family plays a fundamental role in the removal or perpetuating of habits that can generate a number of dental and speech or communication implications, among others.

There is the need to conduct scientific studies with representative samples of the population, seeking to observe and assess the efficacy and effectiveness of different health education activities to ensure real change in the standard of health in communities.

Conclusion

In primary care, the speech-language pathology and audiology area and dentistry can intertwine in health education, health promotion and prevention of diseases or injuries. The work done in the oral health group for children, in the Health Center of Saco Grande (Florianópolis, Santa Catarina, Brazil) is an example of interdisciplinary work between these two areas. It was observed, in all the meetings, knowledge sharing and construction of new knowledge between the two professions.

Although the group had as main purpose to guide and prevent the installation of dental caries and other dental changes, it was observed that most of the children who attended the meetings stood between five and nine years and already had the need to schedule for clinical and restorative care.

In this experience, speech language pathology and audiology area and dentistry have proven allies in the health education of children, especially the oral health and the development of oral functions.



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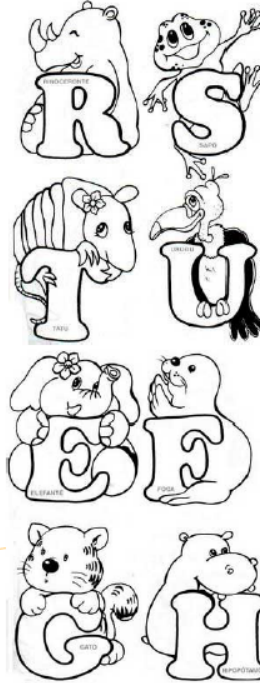
Appendix 1

HOW CAN I PROMOTE THE SPEECH OF CHILDREN?

- Reading books, singing, telling stories;
- Incentivating imitation games, facial mimic, memory games. Ex: Imitating the sound of a dog, cat;
- Do not incentivate wrong pronunciation of words;
- Attention with hearing signs and problems!



COLORING!



HOW'S THE SPEECH OF YOUR CHILD?



Initiative of the Speech-language pathology and audiology graduation course
Federal University of Santa Catarina

WHEN DO CHILDREN START SPEAKING?



Language is defined as a communication tool used by human begins to interact with the world, with each other, using acoustic and verbal symbols.

- Around 12 months old= The child starts producing some words as "mama" and "papa".
- From 5 to 6 years old = The child should have a good vocabulary, be able to form phrases, and have the ability to tell and comprehend a small story.

HOW CAN I PROMOTE THE SPEECH OF CHILDREN?

- To nominate every-day objects;
- Do not anticipate or interrupt the child;
- Avoid using "baby talk", using diminutives;
- Always try to talk with the child while with them.



WANT MORE INFORMATION?

Go to a Speech-language therapist or audiologist:
The Federal University of Santa Catarina has in its campus a Speech-language pathology and audiology teaching clinic. In that clinic occurs clinical screening, speech-language therapy, and audiology evaluations all free for the community.

TEL: (48) 3721-6111
Site: <http://fonoaudiologia.ufsc.br/clinica-escola-de-fonoaudiologia/>

