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Socioeconomic and Educational Profile of Users, and Profile of the Access to Services Offered by Odontology Specialty Centers in João Pessoa-Paraíba, Brazil

Perfil socioeconômico, educacional dos usuários e do acesso aos serviços ofertados pelos Centros de Especialidades Odontológicas de João Pessoa-Paraíba, Brasil

Perfil socioeconómico, educacional y de acceso a los servicios ofrecidos por los Centros de Especialidades Odontológicas de Jõao Pessoa-Paraíba, Brasil

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This is an epidemiological and quantitative study, using an inductive approach and a direct intensive observation of the users of the Specialty Centers of João Pessoa-PB, Brazil, aiming at identifying the profile of the users and the use of the services offered in such centers. 590 users of the Odontology Specialty Centers (OSCs) from Torre and Jaguaribe were evaluated, from August 2012 to August 2013, all chosen at random according to daily availability, and interviewed in the centers. The data were analyzed through the Chi-square test (α=0,05) in the software SPSS (20.0). It was noted that 64.2% of the users were female, had completed high school (29.2%), and the minority were unemployed — they were either freelance or registered workers (53.9%). Among the specialties offered at the OSC, Endodontics was the one with the most attendances (43.89%), while, on the other hand, health prevention and promotion practices were not present. Most users are referred to the OSCs from a Primary Health Unit.
Descriptors: Epidemiology; Health services accessibility; Secondary care.

Trata-se de um estudo epidemiológico quantitativo de abordagem indutiva e observação direta intensiva dos usuários dos Centros de Especialidades Odontológicas de João Pessoa-PB, com o objetivo de identificar o perfil dos usuários e de utilização do serviço ofertado nos referidos Centros. Avaliou-se 590 usuários dos Centros de Especialidades Odontológicas (CEO) da Torre e de Jaguaribe, agosto de 2012 e agosto de 2013, escolhidos aleatoriamente de acordo com a disponibilidade diária, os quais foram entrevistados nos próprios Centros. Os dados foram analisados pelo do teste Qui-Quadrado (α=0,05) no SPSS (20.0). Observou-se que 64,2% dos usuários eram do sexo feminino, com ensino médio completo (29,2%), e composto principalmente por trabalhadores, autônomos ou com vínculo empregatício (53,9%). Dentre as especialidades ofertadas nos CEO, a de Endodontia apresentou maior número de atendimentos (43,89%) e, em oposição, as práticas de prevenção e promoção de saúde não foram registradas. A maioria dos usuários é encaminhada a partir da Unidade Básica de Saúde.
Descritores: Epidemiologia; Acesso aos serviços de saúde; Atenção secundária à saúde.

Se trata de un estudio epidemiológico cuantitativo de abordaje inductivo y observación directa intensiva de los usuarios de los Centros de Especialidades Odontológicas de João Pessoa-PB, Brasil, con el objetivo de identificar el perfil de los usuarios y de utilización del servicio ofrecido en los referidos Centros. Se evaluaron 590 usuarios de los Centros de Especialidades Odontológicas (CEO) de la Torre y de Jaguaribe, agosto de 2012 y agosto de 2013, elegidos aleatoriamente de acuerdo con la disponibilidad diaria, los cuales fueron entrevistados en los propios Centros. Los datos fueron analizados por el test Chi-Cuadrado (α=0,05) en el SPSS (20.0). Se observó que 64,2% de los usuarios eran del sexo femenino con enseñanza media completa (29,2%), y compuesto principalmente por trabajadores, autónomos o con vínculo laboral (53,9%). Entre las especialidades ofrecidas en los CEO, la de Endodoncia presentó mayor número de consultas (43,89%) y, en oposición, las prácticas de prevención y promoción de salud no fueron registradas. La mayoría de los usuarios son derivados a partir de la Unidad Básica de Salud.
Descriptores: Epidemiología; Accesibilidad a los servicios de salud; Atención secundaria de salud.

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INTRODUCTION

Secondary attention in oral health is a subject still scarcely discussed and approached in Brazil; however, countries whose oral health care models are already well structured and developed have been showing an interest to study the use and organization of such services, especially when it comes to the different levels of attention[1].

The restructuring process of the health sector is confronting the challenge that is to implement changes which can, urgently and effectively, face the current state of health care in the country, considering the workings of the Unified Health System (SUS)[2]. In light of that, the Brazilian National Oral Health Policies, known as "Brasil Sorridente" (Smiling Brazil), was implanted in 2004, aiming at reorganizing the oral health care in the country, seeking to reach the objectives of SUS[3,4].

In this context of restructuring, qualification and expansion of medium complexity dental public assistance, the Odontology Specialty Centers (OSC) were created, and classified in the National Register of Health Establishments (NRHS) as Specialized Clinics or Specialty Outpatient Clinics. They are responsible for public Odontology medium complexity assistance[5]. The OSC offer to their users services of oral diagnosis, focusing on the diagnostic and detection of mouth cancer, specialized periodontics, minor oral surgery of the soft and hard tissue, endodontics and assistance to people with special needs[6,7].

The city of João Pessoa - PB, to account for this new policy, promoted a reorganization of its health care network, and currently makes available for the public three Odontology Specialty Centers, which aim to guarantee that all five sanitary districts spread throughout the city are attended, offering services in three daily shifts in several specialties to the users referred to the clinics by the Family Health Units (FHU), which, in turn, on the other hand, are organized to respond to the low complexity demands presented by the users.

Therefore, this study aims at evaluating the socioeconomic and educational profile of the users, as well as the access they have to the secondary attention services that are offered in the Odontology Specialty Centers, in the municipality of João Pessoa - PB.

METHOD

Following the guidelines of the National Health Council (NHC), the project was approved by the Research Ethics Committee of the Paraíba Federal University (UFPB) under the protocol number 03235012.5.0000.5188.

This is an epidemiological, cross-sectional, quantitative research, conducted with an inductive approach and a direct extensive observation technique.

This study was developed in the city of João Pessoa, in the state of Paraíba, which has 180 family health teams and 3 Odontology Specialty Centers (OSC), which care for the 5 sanitary districts in the city. The OSCs were the settings for the collection of data, which happened during all three shifts, morning, afternoon and night, as to diversify the profile of the users and guarantee that the population was represented.

The participants of the research were the users of the OSC services in the city of João Pessoa - PB, approached in the OSC itself, between August 2012 and August 2013. The final convenience sample comprised 590 users.

Structured interviews were conducted through questionnaires with open and closed questions to the participants. The questionnaire elaborated was based on the research conducted by the Program for the Expansion and Consolidation of Family's Health, and in the study of Souza[8].

The variables obtained through the questionnaire were categorized and expressed in the form of absolute and percentile frequencies, and their possible associations were tested, considering as dependent variables those relating to the user's easy of access to the OSC. To verify the associations, the Chi-Square test was used (α=0,05), in the software SPSS (20.0).

RESULTS

Table 1 shows the socio-economic profile. It can be noted that, on average, patients are 39.38 (±0.48) years old. Their minimum age is 18 and the maximum 84; their monthly family income averages at R$1,314.34 (n = 543), and they live in houses with around 5 rooms, where around 4 people live. Most participants stated to have either completed high school or to have started elementary school and never finished it, to a total, respectively, of 29.2% and 21.2%, these results adding up to 50.4% of participants. 53.9% of patients had jobs, including freelancers and people with registered employment.

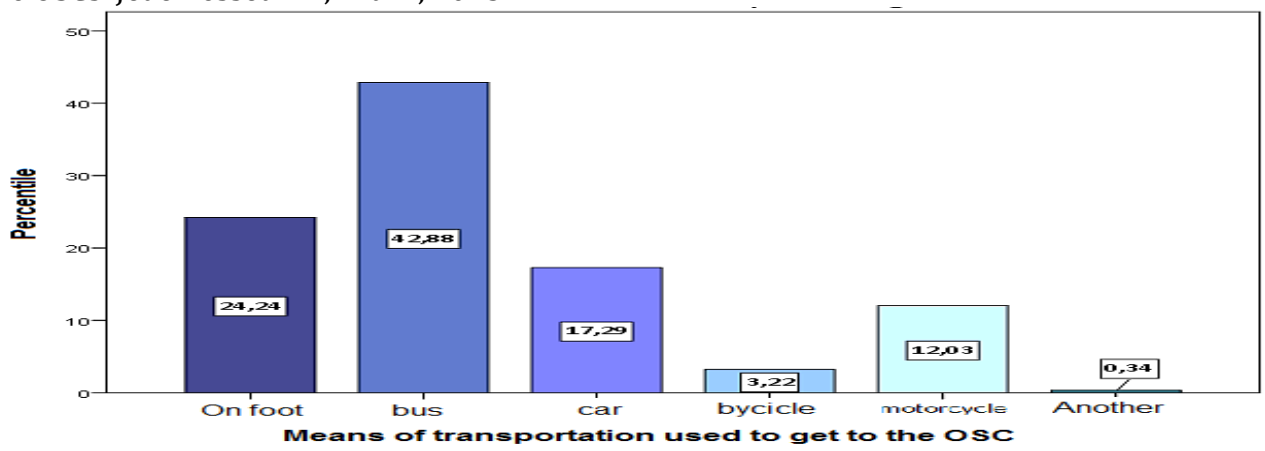
Table 1. Socio-economic and educational profile of users cared for in the OSC. João Pessoa-PB, Brazil, 2013.

Variable	N	%
Gender		
Male	211	35.8
Female	379	64.2
Education		
Illiterate	36	6.1
Incomplete elementary school	125	21.2
Complete elementary school	63	10.7
Incomplete high school	85	14.4
Ensino médio completo	172	29.2
Incomplete university degree	49	8.3
University graduated	60	10.2
Occupation		
Freelance	80	13.6
Registered employee	238	40.3
Retired	63	10.7
Unemployed	160	27.1
Student	49	8.3

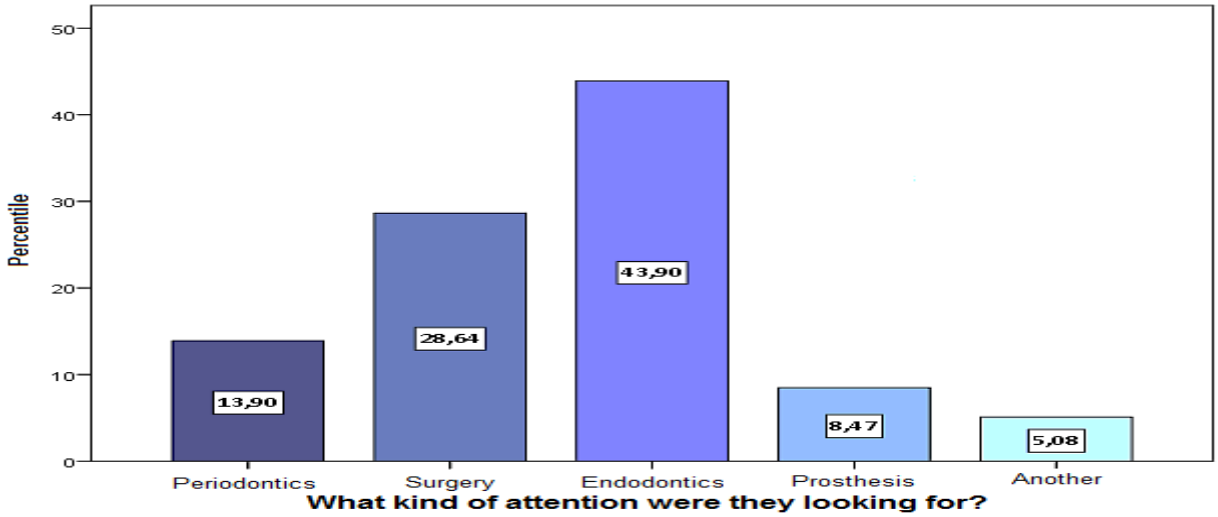
Most respondets spent, on average, 22.82 minutes to get to the OSCs. In graphic 1 it can be noted that, when it comes to the means of transportation used to arrive at the OSC, 42.9% of participants used public transportation, followed by those who went by foot (24.2%).

The Odontology specialty most sought after was endodontics, with 43.9% attendances, followed by surgery, with 28.6%, as shown in graphic 2.

Graphic 1. Means of transportation used by users to access the services offered to the users at the OSCs. João Pessoa-PB, Brazil, 2013.



Graphic 2. Type of assistance sought in the OSCs. João Pessoa-PB, Brazil, 2013.



84.2% of users stated to have been attended by a Primary Health Unit professional, who then referred them to the OSCs. In addition, 4.1% looked for the OSC directly, without going through the Primary Unit, 2.9% went to the PU only to ask for a referral, and 8.8% were referred through other methods.

The average number of attendances of each user interviewed in the OSC was 1.48 (±0.95), with a minimum of one visit and a maximum of 14, disregarding follow up visits.

Regarding the waiting time, it was noted that, on average, patients wait 24 (±17.04) days since scheduling, a minimum of 1 and a maximum of 90. The largest waiting time was for Surgery — 27.65 (±18.39) days —, followed by that of Endodontics — 25.16 (±17.43) days. The shortest waiting time was for consultations in Periodontics — 18.07 (±11.22) days. The differences were statistically significant.

From the patients who arrived at the OSC referred by the Primary Units, 67.8% intend to return to the units that referred them.

DISCUSSION

Studies who a difference in the pattern of use of health services between men and women. This study shows that 64.2% of women look for specialized Odontology services, while only 35.8% of men do the same, indicating that a greater general care with health is also reflected in oral health[9,10].

Researchers have shown that, regarding socioeconomic variables, there have been positive associations with the use of Odontology services: the higher the education level, the more they are used[11]. The justification for these findings is related to how education can make an individual more aware of the importance of oral health prevention and treatment, increasing the use of such services[12,13]. A study by Costa and co.[14] have indicated that most elders (62.9%) had an incomplete elementary education, a result very close to the 61% found by Ritter and co.[15], if superior to those found by Pereira[16] and Barbosa [17], who found, respectively, percentile values of 41.25% and 40%. The results found in this study were inferior also inferior, showing the incomplete elementary school (21.2%) as the second most common education level.

In this study, the patients waited, on average, 24 for days between scheduling and being attended, and spent around 23 minutes to arrive at the units. Similar numbers were found in the OSCs at the city of Natal-RN, in which the average wait was 25 days[8]. One must keep in mind that this length of time can considerably vary, due to the diversified demand for each specialty, as specialties such as Surgery, Endodontics and Periodontics are more sought after, which increases their waiting time. The relative delay of specialties

such as Surgery and Endodontics to refer the patients back, which was found in this study, may contribute to patient evasion. To deal with this issue, procedures can be introduced to identify, locate and bring back patients who left the odontological care[18].

A study by Souza (2009)[8] showed that, among the interviewed users, most looked for dental prosthesis, (38.2%), followed by endodontics (23.7%) and surgery (21.7%), corroborating the findings of this study, in which the most sought-after specialty was endodontics (43.9%), followed by surgery (28.6%), which justifies the waiting time, as the large demand justifies a waiting time which is higher than that of Periodontics.

It must be noted that this length of time can largely vary due to the diversified demand to specialties, being the most sought-after ones, endodontics, surgery, and prosthesis, which therefore have a larger waiting time. Sanchez and Ciconelli[19] mention that the necessity to incorporate new technologies in specialized attention is an alternative to health managers of countries with universal health coverage. In the case of endodontics, the use of rotating instruments can be an alternative to expedite the closure of treatments[20].

On average, the participants were going through the first treatment in the specialized service, and had searched the Family Health Primary Unit for the last time at least 2 months before, visit in which they were referred to the OSC. In the research by Souza (2009)[8], similar data was found. On average, the searching for the Family Health Unit dentist had happened 2 months and 15 days before. It is important to notice that these data can largely vary, since there are patients who do not look for the OSC services immediately after receiving the referral, as there are those who did not need to go back to the Family Health Unit, since they are doing follow up treatments in the OSC itself.

The distance and the delay between scheduling and consultation are inhibitive factors that limit the access to the service[1]. Users with easier geographic access to the specialized service are more apt to receive integral oral health when compared to other users[21]. Thus, health care access needs to be expanded, as well as the resolution capabilities of the service[22]

Generally, the user of the OSC depends on the referral services in order to access the Centers, that is, in order to be attended in these services they need to go through the Family Health Unit, which means that the treatment offered at the OSC is a continuation of the work started in the primary attention[8].

CONCLUSION

The profile of the users of the Odontology Specialty Centers in João Pessoa-PB indicate they are mostly women, adults, whose average income is inferior to 2 minimum wages, have completed high school and are not unemployed.

Regarding access, most of them is referred from the Family Health Units and go to the Specialty Center by means of public transportation, mainly searching for Endodontic Care.

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CONTRIBUTIONS

Marianne de Lucena Rangel was responsible for the conception, design, analysis and data interpretation. **Rebecca Rhuanny Tolentino Limeira, Sâmara Munique Silva** and **Renato Carvalho Morais Junior** interpreted the data and wrote the article. **Isabella Lima Arrais Ribeiro** participated in the interpretation of the data, the writing of the article and in its critical review. **Ricardo Dias de Castro** took part in the conception, design, analysis and interpretation of the data, and in the critical review of the article.

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