

Integrative and complementary health practices: perceptions of oral health management

Práticas integrativas e complementares em saúde: percepções da gestão em saúde bucal

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ABSTRACT

Introduction: the implementation of Integrative and Complementary Health Practices in Primary Health Care is still limited by the lack of managerial support, especially in oral health, and little is known about how managers perceive these practices. Understanding this perspective is important to expand access to these therapies, improve the quality of care, and strengthen actions aligned with the principles of the public health system. **Objective:** this study aimed to understand the perceptions of managers from the Technical Area of Oral Health in Vitória, Espírito Santo, Brazil, regarding the incorporation and implementation of Integrative and Complementary Health Practices within the municipal health network. **Methodology:** this exploratory-descriptive study adopted a qualitative approach and was conducted between May and June 2023. Semi-structured interviews were conducted with the two managers, recorded, transcribed, and analyzed using Bardin's content analysis. **Results:** the findings highlighted the value attributed to these practices because of their holistic potential and applicability across different levels of health care. Despite challenges related to dissemination, professional training, funding, and the predominance of the biomedical model, their implementation was supported by the managers' commitment and alignment with national and municipal public policies. **Conclusion:** the municipality demonstrated a proactive stance toward the institutionalization of Integrative and Complementary Health Practices, highlighting the strategic role of management in their incorporation and sustainability within Primary Health Care. Nevertheless, expanding these practices to specific contexts and encouraging further investigations in other managerial areas of the health system remain necessary.

KEYWORDS: Health Management. Oral Health. Unified Health System. Complementary Therapies.

RESUMO

Introdução: a implementação das Práticas Integrativas e Complementares em Saúde na Atenção Primária à Saúde ainda é limitada pela falta de apoio da gestão, especialmente no campo da saúde bucal, e pouco se conhece sobre como os gestores se posicionam diante dessas práticas. Compreender esse posicionamento é importante para ampliar o acesso a essas terapias, qualificar o cuidado e fortalecer ações alinhadas aos princípios do sistema público de saúde. **Objetivo:** compreender a percepção dos gestores da Área Técnica de Saúde Bucal do município de Vitória, Espírito Santo, quanto à incorporação e à implementação das Práticas Integrativas e Complementares na rede municipal. **Metodologia:** trata-se de um estudo exploratório-descritivo, de abordagem qualitativa, realizado entre maio e junho de 2023. Utilizaram-se entrevistas semiestruturadas com os dois gestores da área, gravadas, transcritas e submetidas a análise de conteúdo de Bardin. **Resultados:** evidenciou-se a valorização dessas práticas por seu potencial holístico e aplicabilidade em diferentes níveis de atenção. Apesar dos desafios, como divulgação, capacitação, financiamento e predominância do modelo biomédico, sua implementação destacou-se pelo comprometimento dos gestores e consonância com as políticas públicas nacional e municipal. **Conclusão:** conclui-se que o município demonstrou postura proativa frente à institucionalização das práticas integrativas e complementares, evidenciando o papel estratégico da gestão para sua incorporação e sustentabilidade na Atenção Primária à Saúde. Ressalta-se, contudo, a necessidade de direcionar a oferta também para contextos específicos e ampliar investigações em outras áreas gerenciais da saúde.

PALAVRAS-CHAVE: Gestão de Saúde. Saúde Bucal. Sistema Único de Saúde. Terapias Complementares.

INTRODUCTION

Integrative and Complementary Health Practices (ICHPs) are defined as therapeutic methods that employ approaches designed to stimulate the body's natural processes of disease prevention and health recovery, effectively and safely, while emphasizing empathetic listening, the establishment of a therapeutic relationship, and the integration of individuals with their environment and society¹.

The World Health Organization assessed the global landscape of ICHPs, addressing topics such as utilization rates, research funding, and consumption patterns, revealing a notable increase in the use of ICHPs over the past ten years, and established goals to promote the incorporation of ICHPs into Primary Health Care (PHC) over the next decade².

One of the 69 Member States of the World Health Organization, Brazil has stood out for implementing concrete strategies for the use of ICPs through the National Policy on Integrative and Complementary Practices (PNPIC). Established in 2006, the PNPIC represents the Ministry of Health's fundamental strategy for integrating ICHPs, guiding their promotion and understanding among health managers, professionals, and users. With 17 years of implementation, an expansion in the availability of ICHPS in PHC and an increase in interest and demand from users are anticipated³.

Meanwhile, the Municipal Policy on Integrative and Complementary Health Practices (PMPICS), established in the municipality of Vitória, Espírito Santo, aims to expand and consolidate access to ICHPs throughout the health care network, adopting a holistic approach aligned with the guiding principles of the Unified Health System (SUS): Universality, Comprehensiveness, and Equity⁴.

Primary Health Care (PHC) provides a conducive environment for the development of ICHPs due to its emphasis on comprehensive care, patient-centered care, and longitudinal care. In this regard, a study analyzed the availability of ICHPs in Brazil, concluding that, among municipalities offering it, the majority (70.8%) provided them through the Family Health Strategy (ESF)⁵.

Although the PNPIC recommends that these practices be incorporated primarily in primary health care⁶ and although the ESF—an essential component of PHC—emerges as a favorable and relevant setting for implementing these interventions³, the implementation of ICHPs within the SUS still faces significant challenges due to a lack of support from managers, resulting in limited use of these therapeutic methodologies. This gap in managerial support compromises the robustness and consistency of health services, failing to strengthen the system with the possibilities that ICHPs offer⁷.

The implementation of public policies within the Unified Health System depends on management's role in organizing services and operationalizing their guidelines. In this context, it is up to managers to plan, coordinate, monitor, and support the execution of health initiatives, coordinating resources, work processes, and strategies capable of promoting the institutionalization and sustainability of public policies at the different levels of health care⁸.

Such efforts are particularly relevant for the implementation of the National Policy on Integrative and Complementary Health Practices, and its effectiveness depends on coordination among management, service organization, and the refinement of work processes⁹.

Dentists working in this context demonstrate acceptance of and interest in ICPS, recognizing their potential for primary health care (PHC) and oral health care, which reinforces the importance of understanding how oral health management positions itself regarding the implementation of these practices within the SUS¹⁰. In light of the above, this study aimed to understand the perceptions of managers in the Technical Area of Oral Health in the municipality of Vitória, Espírito Santo, regarding the incorporation and implementation of Integrative and Complementary Practices in the municipal health system.

METHODOLOGY

This research is an exploratory and descriptive study with a qualitative approach, utilizing interviews with the two managers responsible for the Technical Area of Oral Health, assigned to the Municipal Health Secretariat of Vitória, ES—who represent the entirety of professionals working in the sector during the data collection period from May to June 2023.

This is a purposive sample of key participants, since the study included all eligible managers in the Technical Oral Health Department in the municipality during the data collection period. The inclusion of the interviewees stemmed from the strategic relevance of their roles in addressing the study's objective. In line with Patton (2015)¹¹, purposive sampling is based on the selection of participants with high informational potential, capable of providing rich and relevant data for the in-depth analysis of the phenomenon under investigation.

In qualitative research, sample construction must involve careful decisions that focus not on the number of participants, but rather on the breadth of the social actors interviewed, the criteria for selecting participants, and the conditions under which this selection takes place. These aspects are fundamental and must be explicitly described in the study's methodology, as they directly influence the quality of the research¹².

The inclusion criteria for participation in the study were as follows: being a manager in the Technical Oral Health Department of the municipality of Vitória, Espírito Santo; both genders; with no age limit or limit on length of service in the position. The title of manager was conferred upon

the two dental surgeons who assumed the position within the Health Care Management Division of the Municipal Health Department to oversee public oral health policies. Managers who were removed from their positions during the course of the study were excluded.

The Oral Health Technical Area is part of the central level of the Municipal Health Department of Vitória, Espírito Santo, linked to the Health Care Management Division, and is responsible for planning, coordinating, monitoring, and providing technical support for public oral health initiatives and policies within the municipal health system. Dental care in the municipality is organized as a network, encompassing Primary Health Care—through the oral health teams at Health Units—and Secondary Care, represented by the Dental Specialties Center and the Dental Emergency Care Unit.

The managers received an invitation letter accompanied by the Informed Consent Form, which provided details about the study and requested their participation. This research contributed to a thesis at the Postgraduate Program in Public Health at the Federal University of Espírito Santo.

The participants' profiles were characterized according to academic background, length of experience in management, and professional affiliation. Data were collected through semi-structured interviews, scheduled in advance based on the managers' availability, in a private setting. There were no refusals or repeat interviews. The interviews were conducted by two researchers trained to follow standardized, pre-prepared scripts. Participants answered questions orally, and their responses were recorded via audio and simultaneous notetaking. Each interview lasted an average of 30 minutes, was transcribed in full, and managed by the research team.

Content analysis is widely recognized as one of the primary methodologies for analyzing qualitative data in Brazilian research. It is used both to examine texts and content originating from various institutions or actors and to evaluate data obtained through other qualitative techniques, such as interviews and focus groups¹³.

Thematic content analysis involved a set of analytical techniques focused on the statements, with the aim of reaching, through systematic and objective procedures, relevant inferences about the themes emerging from the messages. The organization of the data comprised three stages: 1) pre-analysis; 2) exploration of the material; and 3) interpretation of the results. The pre-analysis involved skimming the material to identify participants' perceptions regarding the adoption and implementation of the ICHPs. The exploration of the material consisted of thorough readings of the identified meanings, aiming to gather convergent and divergent ideas that emerged with notable relevance¹⁴. Data analysis was optimized using MAXQDA software, a qualitative research support program that enhances the accuracy of the investigation. Furthermore, to ensure the transparency and completeness of the study, the Consolidated Criteria for Reporting Qualitative Research were employed—a checklist designed

for texts derived from research of this nature¹⁵.

The ethical principles governing research involving human subjects were adhered to, in accordance with the guidelines set forth in the Resolution of December 12, 2012, issued by the National Health Council of the Ministry of Health¹⁶. To protect the participants' identities, the statements were organized collectively into thematic categories, without direct association with any individual manager. The project was approved by the Research Committee of the Technical School and Vocational Training Institute for Health of the Municipal Health Department of Vitória, Espírito Santo, and by the Research Ethics Committee of the Federal University of Espírito Santo – UFES (Opinion n.º 5696.573; CAAE n.º 63122522.1.0000.5060).

RESULTS AND DISCUSSION

In characterizing the profiles, the participants held postgraduate degrees in public health and had an average of eight years of experience in a related position, all with permanent professional employment.

Content analysis enabled the identification of ten subcategories derived from the data, namely: beliefs about ICHPs; recognition of the therapeutic effects of ICHPs; incorporation of ICHPs; implementation of ICHPs in the Family Health Program (FHP); potential and/or challenges in providing ICHPs; contribution to oral health; regulation by the Federal Council of Dentistry (CFO); continuing education in ICHPs; understanding of the PNPIC and PMPICS; and application of the principles of the PNPIC and PMPICS. Based on these subcategories, the following three categories emerged in Table 1: perceptions regarding ICHPs; perceptions regarding the incorporation and implementation of ICHPs; and perceptions regarding ICHPs policies.

Table 1 – Subcategories, categories, and respective descriptions of the perceptions of managers in the Technical Area of Oral Health regarding integrative and complementary practices. Vitória (ES), 2023

Subcategories	Categories	Description of the categories
Beliefs regarding ICHPS; → Personal and professional experience with ICHPS.	Perceptions of ICHPS	Relationship of oral health technical managers to the topic, reflecting their beliefs and personal and professional experiences.
→ Incorporation of ICHPS → Implementation of ICHPS in the Family Health Program (FHP); → Potential and challenges in providing ICHPS; → Contribution to oral health; → Regulation by the CFO; → Continuing education in ICHPS.	Perceptions Regarding the Incorporation and Implementation of ICHPS	Views of managers in the technical area of oral health on the integration of ICHPS into the Family Health Program (ESF) and the National Program for the Promotion of Oral Health, including practical, regulatory, and training aspects, as well as challenges and potential.
→ Understanding of the PNPIC and PMPICS; → Application of the principles of the PNPIC and PMPICS.	Perceptions regarding ICHPS policies	Dental surgeons' knowledge of national and municipal ICHPS policies and the application of their principles in practice within the Family Health Program (FHP).

Keys - CFO: Federal Council of Dentistry; FHS: Family Health Strategy; ICHPS: Integrative and Complementary Health Practices; PNPIC: National Policy on Integrative and Complementary Health Practices; PMPICS: Municipal Policy on Integrative and Complementary Health Practices

Source: prepared by the authors

Perceptions of ICHPs

This category addresses managers' perceptions of ICHPs, revealing firm and positive convictions that can contribute to the implementation of ICHPs in primary health care (PHC).

"ICHPs constitute a category within the health field that, in addition to addressing the physical aspects of the body, also addresses its energetic aspects in a holistic manner. They are excellent for promoting overall well-being".

ICHPs aim to harmonize the individual's relationship with the environment and society, emphasizing an expanded view of health and encompassing the entirety of the health-disease dynamic³. In line with this, ICHPS represent a proactive approach to health management, offer a counterpoint to the shortcomings of biomedicine, and strengthen shared responsibility in care, with professionals acting as facilitators of individual empowerment¹⁷.

It is worth noting that the current study echoes previous findings, in which the perceptions of primary care managers highlighted the context of ICHPs by referring to comprehensive care, health promotion and education, strengthening users' ties to health facilities, and promoting socialization, in addition to minimizing costs associated with overmedicalization⁷.

These perceptions also highlight the therapeutic effects of ICHPs on health, pointing out benefits through both personal and professional use, and emphasizing the holistic impact of these practices—a perspective aligned with the definition previously provided by the Ministry of Health.

"I observed benefits; some of these results were even immediate... The recovery was excellent... it was essential. I have a background and a great deal of experience in this area... the benefits affect everyone. ICHPs take a holistic approach, addressing not just isolated aspects but acting on physical, mental, and emotional levels, aiding in self-care and self-healing, stimulating the body to recover naturally without excessive use of medication, and restoring the body's balance without replacing any conventional therapy".

In line with these findings, a survey conducted among managers of Primary Health Care Units regarding the use of any ICHPs for their own health or that of family members showed that the majority of managers had already used these practices, associating them with a healthier routine¹⁸, as ICHPs have a significant impact through therapies grounded in traditional knowledge, aimed at the comprehensive promotion of care, prevention, and recovery of health⁹.

Perceptions Regarding the Incorporation and Implementation of ICHPs

In this category, perceptions regarding the incorporation of ICHPs regulated by the SUS into the Municipal Health Network are outlined:

"I see these integrative practices being used quite extensively within the city of Vitória. We have a ICHP Technical Department. There are always some ICHP policies being implemented and strengthened in certain health facilities. I'm very interested in this aspect, which takes a holistic approach to the body's energy system—not just the physical aspect. Together with the ICHPs Technical Department—and given that I'm a Reiki instructor for the department—we provide some training".

It is worth noting that managers are working together to strengthen ICHPs in the local healthcare system. Of particular note is a ICHPs Technical Unit committed to establishing and implementing relevant policies, highlighting an organizational structure with which the Oral Health Technical Unit collaborates, suggesting an integrated educational and practical approach to enhance the reach and effectiveness of these therapies.

Holistic understandings were identified among managers who offer ICHPs, even in the face of the predominance of the biomedical model in care interventions, which aligns with the results of this study¹⁹.

Similarly, it is observed that PHC has emerged as a vital space for the evolution of ICHPs, grounded in the inherent potential for self-healing, active social participation in health care initiatives, the mitigation of iatrogenesis, and the ability to discern forms of suffering not easily categorized by biomedical nosology²⁰.

Regarding the implementation of ICHPs within the Family Health Program (FHP), the statements emphasize managers' awareness of the need to effectively integrate them into the health system:

"This pandemic was a very challenging time for the technical field, leading to various approaches to planning dental care. One such approach could focus on providing ICHPs, provided we have qualified professionals. Even in the form of telemedicine, right? (I'm a practitioner; I have my own experience to demonstrate the results in my personal and professional life. I also contribute to the training of SUS professionals. Therefore, I see myself as an advocate and promoter of ICHPS".

The importance of trained professionals in ensuring safe and effective services is emphasized. On the other hand, experience and personal values are decisive factors in the implementation of ICHPs. Therefore, a management approach that combines technical and scientific expertise with individuality is highlighted, ensuring balance, empirical grounding, and respect for the particularities of those involved.

The need for integrated strategic planning by municipal management to adopt ICHPs is highlighted, combining multidisciplinary involvement, participatory management, and attention to local dynamics. This process includes several critical phases, ranging from internal agreement and identification of human resources to regulation and ongoing training initiatives²¹.

Recognition of the benefits to users not only enhances the value of the services provided but also fosters professional development and satisfaction, as observed in the

statements of managers facilitating the implementation of ICHPs in primary health care⁷. Furthermore, managers with personal experience in ICHPs tend to implement them in health services, drawing on their experience, ability to inspire professionals, and alignment with community aspirations, thereby influencing the decision to provide support for these practices—which is fundamental to successful implementation²².

Managers recognize the potential involved in implementing ICHPs within the Family Health Program (FHP):

"Vitória works in a highly structured network with qualified professionals, all of whom hold advanced degrees, which facilitates the provision of these integrative practices. ICHPs promote health, moving away from a curative and technical approach toward a more holistic vision. They do not replace, but rather integrate and complement existing practices, greatly

assisting professionals in the health-versus-disease process; their incorporation represents a major advance for public health”.

Similarly, the challenges involved in implementing ICHPs within the FHP, as perceived by managers, were as follows:

“The biggest challenge is that it could be publicized even more effectively. While it is well accepted by the population, there may be a lack of local management or resistance from users who prefer the conventional consultation model. It is challenging to demonstrate that ICHPs yield results and are capable of promoting health. The challenge is to promote ICHPs so that people become familiar with them, try them out, and see the results. There should not be only individual projects, where if the professional leaves, it’s over. A policy for implementing the service should be maintained, and users should feel the need for its long-term continuity. There is usually no specific funding—whether from federal, state, or municipal projects—for ICHPs; it relies on general funding. Continuing education for these professionals is also a challenge”.

Management emerges as a significant factor, underpinning the integration and consolidation of ICHPs, where solid network structures and professionals with advanced degrees provide a solid foundation for their provision. However, it faces obstacles such as insufficient outreach, the ongoing need for training among health professionals, the acceptance of these practices by certain segments of the population, and the lack of specific funding.

The central importance that managers attribute to network organization, professional qualifications, and planning highlights that the implementation of ICHPs goes beyond the availability of therapies or qualified professionals. The findings suggest that the institutionalization of these practices depends on management’s ability to incorporate

them as a permanent component of service organization, reducing dependence on individual initiatives and promoting their sustainability within the primary health care (PHC) framework.

There is a consensus among managers regarding the need for a complementary, holistic perspective; they view ICHPs as a tool for revitalizing public health. They emphasize the importance of integrating ICHPs into health services, moving beyond “individual projects” to ensure their continuity, regardless of changes in staff.

More than simply recognizing the therapeutic potential of ICHPs, the statements reveal an understanding that their consolidation requires organizational changes capable of incorporating them into the teams’ work processes. This aspect reinforces the idea that the institutionalization of ICHPs also constitutes a management challenge, not merely one of professional adherence.

In summary, the findings indicate that the consolidation of ICHPs at the municipal level depends on the coordination of institutional support, professional training, funding, and the organization of work processes. More than simply expanding the availability of these practices, their implementation requires management mechanisms capable of continuously incorporating

them into the routine of health services, thereby promoting their sustainability and integration into health promotion activities within PHC.

The knowledge of Basic Health Unit managers regarding ICHPS is limited, and this fact is identified as a barrier to the growth of these practices within PHC²³. Furthermore, low enrollment in specialization programs and inadequate instruction on ICHPs during the training of health professionals hinder effective capacity building in this area—a finding that echoes the perceptions of managers in this study regarding the need for continuing education ²⁴.

In light of this, tangible benefits have been described, such as enhanced self-esteem and satisfaction with comprehensive and humanized care, as well as obstacles, such as the interruption of ICHPS provision when professionals are on statutory leave and the still-limited dissemination of these practices in PHC services⁷.

The research indicates that insufficient systematic dissemination hinders the continuity of ICHPs, reducing their visibility among professionals and users and making it difficult to incorporate them into the daily routine of services. This scenario limits their institutionalization and contributes to resistance to a holistic approach, reinforcing the need for administrative, political, and institutional strategies capable of strengthening their integration as a structural component of Primary Health Care, taking into account local and regional particularities, as explored for over a decade^{16,21}.

Furthermore, the complexity of municipal responsibility for the procurement of supplies and the organization of health services in Brazil is noteworthy, underscoring the importance of coordination with the Ministry of Health and the State Health Secretariat²⁵.

Moreover, with adequate funding, ICHPs would be more accessible, facilitating their routine implementation by professionals in the SUS—a perspective aligned with the managers in this study, who view funding as an imminent challenge and emphasize the importance of integrating ICHPs into PHC²⁵.

Furthermore, they discuss the relevance of ICHPs for dentistry within the Family Health Program (FHP):

“ICHPs can contribute greatly to oral health; an individual's health begins in the mouth, so ICHPs contribute to everything. ICHPs contribute, for example, to the treatment of dental anxiety, facilitating the performance of a dental procedure. By reducing anxiety, the administration of anesthesia becomes easier. There are also analgesic and anti-inflammatory effects, as well as reductions in pain and swelling. We have several small projects... People can develop a local implementation project that undergoes approval by the ICHP Technical Area and their immediate supervisor, to be implemented within the service; with proper training, this will be supported by management. This is the process”.

The research shows that managers recognize the importance of ICHPs in dentistry, integrating them into a holistic and biopsychosocial view of health, where non-pharmacological practices improve the effectiveness of dental treatments. The implementation of ICHPs,

supported by structures that foster local initiatives and training, facilitates the transition of these practices from the conceptual to the clinical level, broadening the scope of interventions and effectively meeting demands with institutional backing.

As ICHPs constitute health care methods that address various human aspects, promoting self-awareness and enhancing quality of life, they also emphasize shared responsibility within the health-disease-care continuum³. In this study, furthermore, management provides formal and proactive support for these initiatives to integrate ICHPs into clinical and community practice within PHC.

The perspectives regarding the regulation of ICHPS by the CFO outline a new horizon for oral health, enabling new arrangements in dental practice within the Family Health Program (FHP):

“I believe that when the Council recognizes and regulates these practices, it provides greater support and credibility. It is a very positive step forward. It is important to recognize and regulate ICHPs because they are not practices exclusive to dental surgeons and may also fall under the purview of other professional councils. I find this very valuable because it establishes recognition by the regulatory body that I am qualified to perform such practices, allowing a dental surgeon to broaden their scope to complement dental services”.

Furthermore, emphasis was placed on the cross-disciplinary nature of ICHPs within the Family Health Program (FHP), which are not exclusive to the field of dentistry but are applicable in various areas of healthcare. Formal endorsement by regulatory bodies, grounded in solid foundations, legitimizes the practice and broadens the therapeutic scope available to professionals, enriching and diversifying care for individuals in a more inclusive and holistically oriented manner. The integration of ICHPs within a regulatory framework is viewed as substantial progress for oral health.

In line with the vision of healthcare administrators, a systematic review of professionals who apply ICHPs in primary health care (PHC) revealed a care model in which the patient was received by a “hybrid professional.” This professional should be capable of offering both ICHPs and conventional medicine, interacting with diverse medical rationales, and adopting a humanized approach that takes the individual’s values into account. Subsequent care, whether it involves integrative practices or not, must be grounded in a multidisciplinary approach, facilitating dialogue among professionals regarding the cases of patients and their families²⁶.

It is equally important to highlight managers’ perceptions regarding the continuing education process in ICHPs for dentistry:

“The ICHP Technical Reference Center always offered sessions at the School of Health (ETSUS) to raise awareness and train people in auriculotherapy, medicinal plants, and aromatherapy. Even the Oral Health Technical Reference Center offered several Reiki classes, conducted training sessions, and issued certificates to participants. As the Oral Health Technical Reference, together with my team, I strongly encourage this process of continuing education in ICHPs. It is in high demand; when it is offered, the classes are

packed. The challenge is that professionals have to take time off work to attend... Only when it's coordinated at the central level can dentists get the necessary time off. And typically, these training courses we take through city hall are open to any professional category—not just dental surgeons. The goal is for them to implement a project in their local communities”.

Continuing education can serve as a valuable strategy for incorporating ICHPs into primary health care (PHC), while also challenging the notion that physicians and medications are the sole drivers in resolving health issues. It was therefore concluded that the availability of ICHPs within the SUS is linked to management support and the interest of health professionals²⁷.

In this study, the findings make it clear that continuing education focused on the Municipal Health Network, while present and active, occurs predominantly in a cross-cutting manner—either privately or through training programs supported and/or conducted by the Technical Area of Oral Health—considering that professional training in ICHPs is clearly outlined in the PNPIC, which sets forth as a guideline the “development of ICHPs qualification strategies for professionals in the SUS”³.

Although efforts are being made to implement continuing education in ICHPs, specific training in dentistry is limited compared to the multiprofessional approach. This does not diminish the value of existing training programs but indicates an area for expansion. Focusing on oral health needs within ICHPs could be a next step in the evolution of education and professional practice.

Despite the existence of dental resolutions regulating specializations in Acupuncture and Homeopathy, as well as certifications in Phytotherapy, Hypnosis, Laser Therapy, Anthroposophic Dentistry, and Ozone Therapy⁹, there is a deficiency in continuing education strategies for ICHPs. Consequently, these professionals tend to integrate these practices into a broader framework of holistic health promotion, rather than directing their attention specifically to ICHPs as they apply to oral health. This results in a failure to fully harness the potential of ICHPs for this purpose.

Thus, challenges persist in consolidating continuing education in ICHPs, extending beyond the scope of the Technical Area. Among these challenges are ensuring that professionals' schedules allow for training sessions, the limited diversity of ICHPs in training programs, and the reliance of training initiatives on managers with expertise in ICHPs. This highlights the need for spaces for reflection designed to foster institutional dialogues, with the aim of expanding ICHPs within the field of dentistry and in Primary Health Care (PHC).

Perceptions Regarding ICHPs Policies

This category highlights managers' understanding of the PNPIC and PMPICS:

“ICHPs policies have been implemented in the municipality. City Hall has always demonstrated not only the will but also the commitment to carrying out these ICHPs policies. I believe that the PNPIC and PMPICS help redefine the concept of health and illness. This

is empowering, because there is a lot of prejudice surrounding the topic, as well as limiting beliefs... stemming from religious or family upbringing, or even scientific perspectives. A policy is something concrete and accessible; people can read it, and it has regulations—which is why I think it's so important... Before I can apply it in my work, it has to be officially recognized”.

Managers highlight the municipal commitment to implementing the PNPIC and PMPICS, emphasizing careful regulations to prevent the integration of unvalidated practices and ensure effective implementation. This perspective reinforces the importance of policy formalization to legitimize and guide the ICHPs, consolidating them within the SUS.

Reinforcing this idea, the PNPIC emerged from local movements that sought to legitimize preexisting practices in municipalities, which aimed at providing comprehensive care for the individual. This formalization was an important step in the evolution of the SUS²⁸.

In light of the guideline establishing the dissemination of the PNPIC—particularly its actions, engagement, and training of health professionals and managers⁴ – it is essential to ensure that the core of the PNPIC is preserved, preventing this complementary model of care from becoming yet another technocratic and mechanized service offering that disregards the complex network of factors underlying health²⁹. This perspective is supported by the findings of the present study.

Furthermore, further research is suggested with the aim of broadening the scope of understanding regarding the degree of (lack of) knowledge about ICHPs and PNPIC among managers, professionals, and users, highlighting that these practices can be viewed as an additional strategic tool for the adoption and implementation of forms of care that transcend the current biomedical model, in line with the findings of this study²³.

Furthermore, managers express their views on the application of the principles of PNPIC and PMPICS in comprehensive health care at the local level:

“The Technical Reference Center for ICHPs is continuously involved in all health promotion initiatives. These initiatives are carried out, including on weekends, for the general population. The principles of PNPIC and PMPICS are being applied, but further progress is needed. It is an ongoing and expanding effort because it is a counter-hegemonic movement, in a context where most people seek health services for consultations and tried-and-tested medications, with the aim of treating diseases rather than promoting health. The idea of seeking care to stay well is not yet deeply rooted among either the general population or healthcare professionals”.

It is understood that the emphasis on preventive practices, as expressed by managers, is conducive to the implementation of ICHPs within the SUS, establishing a harmonious coexistence with Contemporary Western Medicine.

Thus, although the PNPIC was regulated 13 years ago³⁰, obstacles to its full consolidation still persist, such as insufficient financial investment and a scarcity of clinical studies in the sector, underscoring the importance of broadening the understanding of ICHPs and their potential among managers, professionals, and users. Regarding the PMPICS, the regulation of this policy in

Vitória, Espírito Santo, stands out, having been formulated with the engagement of social and institutional actors³¹.

As municipal managers are tasked with creating technical standards for the inclusion of the PNPIC in the health system, allocating budgetary and financial resources for the implementation of this policy, fostering intersectoral coordination, and training local health professionals³² in light of the results described here, it becomes evident that the Technical Area of Oral Health seeks to put these policy guidelines into practice, playing a significant role and striving to facilitate the successful implementation of the PNPIC and the PMPICS within the principles of PHC.

Taken together, the results demonstrate that the implementation of the ICHPs depends not only on the existence of regulatory guidelines but also on the institutional capacity of management to organize, coordinate, and sustain their integration into health services. From this perspective, management emerges as a strategic element for the institutionalization of the ICHPs within the SUS, by coordinating planning, technical support, professional training, and the organization of work processes.

CONCLUSION

The perceptions of managers in the Technical Area of Oral Health regarding the adoption and implementation of the ICHPs, as well as the PNPIC and the PMPICS, revealed a deep understanding that validates the ICHPs for their holistic scope and potential at various levels of care, supported by technical and scientific experiences enhanced by positive individual and collective values, in line with national and municipal ICHPS policies.

Managers have demonstrated proactivity in implementing the ICHPs, committing to the guidelines of the PNPIC and PMPICS at the municipal level – a distinguishing feature in the Brazilian context. The institutionalization of these policies was perceived as essential for strengthening the legitimacy of ICHPs and fostering an understanding of health that transcends the conventional approach. Therefore, the implementation of these practices by professionals, with management support, ensures the continuity of care provision, characterizing a state policy.

Although the potential of ICHPs is recognized, their implementation faces challenges such as the need for broader dissemination, limited funding, the expansion of professional training, and the predominance of the biomedical model. Therefore, the importance of future strategies that integrate ICHPs sustainably into the daily routine of health services is emphasized, directing them also toward specific uses in areas such as dentistry, thereby reaffirming their role in disease prevention and the promotion of holistic health within the municipal health system.

A limiting factor of this study is the restriction of participants to the Oral Health Technical Area. It is recommended that future research include other areas of the municipal Health Care Management to enrich the comparisons. However, this study remains relevant as it contributes to the development of government strategies that strengthen ICHPs by integrating the different levels of health care, with a central focus on primary health care (PHC).

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