

“VOICES FROM THE CLASSROOM, THE DESK AND THE DENTAL CHAIR”: QUALITATIVE EVALUATION OF THE INTERSECTORAL ORAL HEALTH PROGRAM “SEMBRANDO SONRISAS” IN THE BÍO BÍO REGION, CHILE

“Voces desde el Aula, el Escritorio y el Sillón Dental”: Evaluación Cualitativa del Programa Intersectorial en Salud Bucal “Sembrando Sonrisas” en Bío Bío, Chile

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ABSTRACT

Aim: The Chilean national program “*Sembrando sonrisas*” is an intersectoral work strategy that aims to maintain and improve the oral health of preschool children, fostering the promotion and prevention of oral health. The aim of this research was to explore the perceptions of the relevant actors regarding the implementation of the aforementioned program, identifying critical nodes and opportunities for improvement.

Materials and Methods: Qualitative approach based on the “Grounded Theory” applied to 13 in-depth interviews of intersectoral health and education professionals from the Bío-Bío Region, Chile.

Results: The following categories emerged related to intersectoral work with emphasis on Governance, Conditions for implementation, and Program management.

Conclusions: It was shown that, despite the different perceptions of the participants, the success of the “*Sembrando sonrisas*” program is thought to be associated with the emotional-affective component that is present in all the stages of the implementation process. This component has not yet been sufficiently addressed by decision makers.

Keywords: *Oral health; Health policy; Intersectoral collaboration; Oral health education; Health promotion; Grounded theory.*

RESUMEN

Objetivo: El Programa nacional “*Sembrando sonrisas*” es una estrategia de trabajo intersectorial que tiene como objetivo mantener y mejorar la salud bucal de la población parvularia, fomentando la promoción y prevención de la salud bucal. El objetivo de la investigación consistió en explorar las visiones de los actores relevantes respecto a la implementación de este programa, identificando nodos críticos y oportunidades de mejora.

Materiales y Métodos: Estrategia metodológica cualitativa basada en la “Teoría Fundamentada” aplicada a 13 entrevistas en profundidad de profesionales intersectoriales de salud y educación de la Región del Bío-Bío, Chile.

Resultados: Surgen las siguientes categorías que narran el trabajo intersectorial con énfasis en la Gobernanza, Condiciones para la implementación, Gestión del programa.

Conclusión: Se demuestra que, a pesar de las diferentes visiones de los participantes, el éxito del programa “*Sembrando Sonrisas*” se percibe asociado al componente emocional-afectivo que están presentes en todos los procesos de la implementación. Este componente aún no ha sido suficientemente abordado por los tomadores de decisión.

Palabras Clave: *Salud bucal; Política de salud; Colaboración intersectorial; Educación en salud bucal; Promoción de la salud; Teoría fundamentada.*

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INTRODUCTION

It is a well-established fact that oral health has implications for a person's overall health status. It is also essential for maintaining good health and general well-being and, consequently, the appearance of oral pathologies has a direct impact on a person's quality of life.^{2,3} Studies show that when the oral health status is altered, it not only affects the general physiological conditions of an individual,^{4,5} but there are also psychological changes that affect the whole life cycle.^{6,7}

Regarding preschool children, Revelo and Isler report that:

"National studies suggest that 17% of 2-year-old boys and girls have caries, a figure that increases to 50% at 4 years of age and to 70% at 6 years old. Additionally, the average number of teeth affected by caries (severity) increases dramatically, especially from 2 to 4 years old, and this increase is almost five times".⁸

For this reason, the State of Chile, through the Ministry of Health, has recognized Oral Health as one of the country's priorities in its public health policies.^{9,10,11}

The Chilean National Program "Sembrando sonrisas" is an intersectoral work strategy,^{12,13} whose aim is to "maintain and improve the oral health of the preschool population who are legal beneficiaries of the Chilean Public Health System, fostering the promotion and prevention of oral health, through the acquisition of behaviors and tools for self-care and the application of specific prevention measures".¹² This program is divided into three components:

educational, care, and connection with the community. The latter implies that the dental professionals leave the traditional clinical work in their offices, to interact with professionals from the education sector in kindergartens. In this context, both are known as intersectoral actors.¹²

Chile is a strongly centralized country in terms of political decision-making and the distribution of resources,^{14,15} so during the implementation of social plans and programs, the country maintains a marked tendency to adopt a "top-down" approach.^{16,17} According to Matland, the main criticisms of this model are that its starting point is focused mostly on legal aspects, not considering the effective participation of the ones involved in it.

A second criticism is that local actors, who have the experience and knowledge of the real problems, are not taken into account.¹⁸ Consequently, this research aims to provide information on how the implementation of this intersectoral oral health program is perceived from the perspective of the protagonists (actors) from the education sector and the health sector in the Bío-Bío Region, Chile.

MATERIALS AND METHODS

A qualitative approach was adopted based on the Grounded Theory.¹⁹ Using coding, categorization, and theorization, it aimed to explore the visions of the actors working on the implementation of the "Sembrando sonrisas" program in the Bío-Bío Region, identifying critical nodes and opportunities for improvement from the opinion of the actors themselves.

The specific objectives were: to know the perception of the relevant actors regarding the implementation process of the *Sembrando sonrisas* Program at the regional level; to recognize critical nodes in the implementation process of the *Sembrando sonrisas* Program in the Bío-Bío Region, based on the perception of the relevant actors; to make recommendations to enhance regional intersectoral work in the implementation of the *Sembrando sonrisas* Program, based on the findings of the study; to identify potential areas of research in the field of the implementation of public policies in oral health.

Participants were intersectoral professionals in the fields of health and education who were involved in the implementation of the program. They were working in one of the districts of the Bío-Bío Region and had at least six-month experience in the "*Sembrando sonrisas*" Program.

Through theoretical sampling, it was possible to identify the key informants sequentially, and while the data was being collected, the theory was being developed until empirical saturation was achieved. The sample consisted of 13 workers of the Chilean Board of Kindergartens (JUNJI, for its acronym in Spanish), Non-Governmental Kindergartens (INTEGRA Foundation), Primary Care Health Centers, and Regional Secretariats of Health and Education.

Professionals of both sexes participated in the study: six dentists, five preschool educators, and two nutritionists; all of them were part of the program. In relation to age, those belonging to

the "territorial" teams were young adults; professionals from the management teams were in their adulthood, with a mean age of 40 years.

The instrument consisted of the interview, designed and applied by the main researcher, using a semi-structured script with questions that encouraged dialogue, such as, for example, visions about the history of the program, perceptions about territorial management, difficulties, and proposals for improvement, among others.

The script was previously tested with dental professionals working in primary care who were not participating in the study. The interviews were conducted by the researcher in person (*face to face*) and privately (without other participants). The recruitment procedure consisted of contacting participants by telephone.

Upon approval to participate, interviews were arranged in the locations chosen by the participants such as kindergartens, family health centers, private dental clinics, public offices, etc. The interviews were recorded and saved in .mp3 digital audio files. The length of the interviews ranged between 30 to 60 minutes, with an average length of 40 minutes. Participants were interviewed only once.

Data analysis was carried out using the constant comparative method, starting from the complete transcription of the interviews, as well as the field notes collected, which were the main inputs to produce the open coding once empirical saturation was achieved. After the main emerging codes and categories were found, we continued with the discourse

analysis guidelines for the axial coding proposed by the Grounded Theory.¹⁹ The ATLAS.Ti computer software was used for the analysis. Regarding the bioethical aspects, all the procedures required the signing of the informed consent. This study was approved by the Ethics Committee of the School of Dentistry at Universidad de Concepción (C.I.Y.B.No.31/16). All participants agreed to collaborate in the research. There were no withdrawals from the study.

RESULTS

The main categories resulting from the data analysis process were synthesized, resulting in a central category, three thematic axes, and nine emerging categories, Table 1.

GOVERNANCE OF THE *Sembrando sonrisas* PROGRAM

"Intersectoral work... Oh, I love it! It allows you to be up to date with respect to organizations, you know, and you become kind of a reference in the intersectoral team of your institution. I just love when the Regional Secretariat of Health talks about our Institution."

Education professional (management team)

Within this first thematic axis, the interviewees highlighted key elements such as the standardization of the indications for the implementation of the program, and clarity in the processes defined by the central levels (both in health and education), essential for the effective implementation of the program in different territories.

These findings provide direct elements to answer the research question about the cri-

tical axes for successful implementation.

Secondly, regarding the category of alliances, effective collaboration was observed between the health and education sectors, epitomized in their respect for working times, adaptation to the organizational culture of the establishments, and a positive attitude. Even though participants showed some territorial variations, in the long run, they demonstrated a low incidence of conflicts, underlining the importance of this factor for the success of the program.

Thirdly, with respect to the category of Public Policy, a disparity was observed in the knowledge of the conception of the program between different professional levels. Professionals in the management teams had much greater command of technical language, knowledge of the origin of the initiative and of technical-administrative aspects of the program, in comparison to the professionals working in the territorial teams. Notwithstanding, the need for clear, simple, and effective communication was emphasized at all levels.

"I was given the technical guidelines, and they were very clear. In fact, anyone starting from scratch would have had no problem understanding them."

Health professional (territorial team)

Regarding the category of territoriality, it is perceived that there are difficulties in bringing the implementation of the program to the territory, which is mainly due to the difference between infrastructure and resources. Despite this, the interviewees highlighted that at the local level there were good coordination and

Figure 1. Consort flowchart of the study.

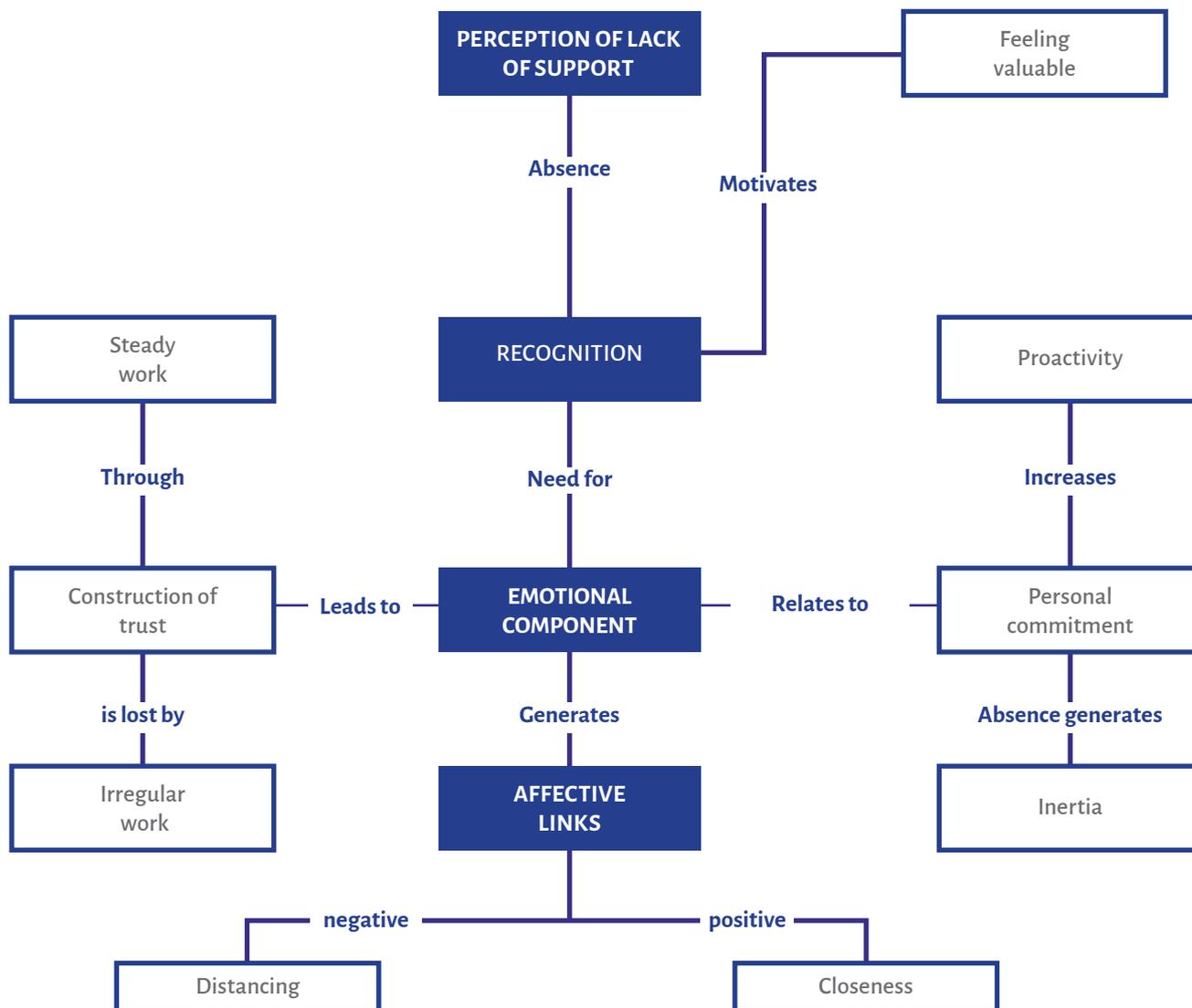


Table 1. Categories resulting from the Constant Comparative Method.

CENTRAL THEORY (AXIAL)	THEMATIC AXES	EMERGING CATEGORIES
	Governance of the sowing smiles program	Alliances Public policies Territoriality
Importance of the emotional-affective component	Conditions for implementation of the sowing smiles program	Capabilities Communication Program strategy
	Management of the sowing smiles program	Regional management Resources Evaluation and monitoring

adaptation, although both were susceptible to improvement.

"The first thing is transportation, there is no vehicle to take us to all the schools, so you have to rely on your personal means of transportation. The kindergartens are located in different parts of Concepción, and they are quite far apart from each other, such as Palomares, Chaimávida."

Health professional (territorial team)

In summary, the suggestions for change that the participants visualized and proposed in this axis range between structural changes of medium complexity such as increased assessments, resources, and prioritization of objectives, to simpler local solutions such as greater coordination in the planning of the field visit of dentists or the early delivery of informed consents, etc. It is seen that these difficulties could be overcome with solutions that range from improving the communication of the management teams with the territories, to the incorporation of new structures and actors to the program.

"I think that it is important to increase the degree of supervision or regulation of the program. Improve communication. Improve and discuss which guidelines take priority over others."

Health professional (management team)

CONDITIONS FOR THE IMPLEMENTATION OF THE PROGRAM

This thematic axis groups the codes emerging from the analysis to clarify the participants'

perception of their own conditions and the institutional conditions, which must be present when implementing the program.

Within the category of capabilities, interesting differences can be noted in the experience of professionals working in the program, which range from professionals at a very initial level to others who have been working on similar initiatives for many years. At the same time, training, represented as updating knowledge, is considered of utmost importance, being perceived as an element that makes the difference when it comes to producing results in the program. While management teams focus more on the training of professional teams, territorial level professionals see the need to incorporate families more formally in the delivery of knowledge.

"...there is a flaw in the program because it does not involve families, it is aimed more at the educational establishment, and topics, given in conjunction with the educators, are aimed more specifically at children. There are no topics aimed at families, and we need to get families involved in the promotion of health."

Health professional (management team)

The category of communication shows the importance of disseminating the contents of the program in the community, making the objectives, benefits, aids, and scope of the program known to the families, so they can become strategic allies. On the other hand, the quality of communication between intersectoral professionals was discussed, highlighting how efficient the delivery of information,

instructions, and guidance was despite being very unidirectional (from top to bottom). Communication styles are also addressed, since there are different ways of delivering the messages, highlighting formal communication mechanisms, but at the same time, the efficiency of informal channels was validated as they improve the speed in message delivery.

"...Through a phone call or WhatsApp message, which is used a lot because it is the fastest way. Sometimes an email is not replied immediately, two days may go by and there is no reaction, WhatsApp is faster."

Education professional (territorial team)

Regarding the category of strategy, it is observed that the promotional and preventive components are not always addressed according to the objectives of the program, that is, at the time of implementation there may be greater emphasis on activities that are quantifiable and expressed in preventive actions, such as fluoridation, oral health examination, or the delivery of the dental kit, but not anything related to the promotional and educational field.

Within the evaluation and monitoring category, there is confusion with the term monitoring, mainly because it is difficult to separate process evaluation from result evaluation, which can be explained by the interviewees' lack of knowledge of evaluation mechanisms, cut-off dates, etc., which led to uncertainty about the impact the program has had to date. Despite this, the evaluation process is appreciated, but there is some disagreement regarding the fulfillment of objectives.

"That the program be carried out not only based on numbers, such as demands for the number of fluoridations over time, because sometimes I think that the numbers do not contribute to the quality of the work, but rather the pressure to be able to comply. I think it would be a good option to include qualitative indicators, it would broaden the scope of the program."

Health professional (territorial team)

MANAGEMENT OF THE "Sembrando sonrisas" PROGRAM

This thematic axis sought to identify the perception of the interviewees regarding the administrative and management areas of the program in the Bío-Bío Region.

Within the category of resources, the program's coverage was seen as a positive factor since it has been in constant expansion in recent years. However, there is uncertainty about its continuity. In the human resources field, work overload, lack of time, and differences in the objectives of each sector are perceived as a limitation.

"The preschool teacher at the kindergarten did not give me enough time to apply fluoride to the children and told me that they were going to eat and did not have time. These are the most frequent problems."

Health professional (territorial team)

The category of regional management is based mainly on the activities that are carried out within a formal body known as "Regional Intersectoral Oral Health Board". This board makes decisions on the implementation of regional adjustments to the technical guidelines of the program.

This instance is clearly valued by management professionals. However, the knowledge of the role this board plays in the program is poor among professionals working in the territories. This translates into differences regarding the understanding of the processes involved in the program.

"I know that there is a board where the authorities meet. I know that a colleague of mine, who is enrolled in the master's degree program, is participating on behalf of the university. I've heard that several universities from Concepción have representatives on the board, but I think that the things proposed by its members aren't applicable. I say this because we are the ones in charge of implementing the program in the territories."

Health professional (management team)

DISCUSSION

Conducting research on the Implementation of Public Policies involves facing many pitfalls. According to Peña, the main difficulties lie in the lack of a unified theoretical framework and the discrepancy between the units of analysis used in implementation studies, all this added to the limited experience of studies in this field applied to the Latin American context. However, the results of this study allow us to identify that the Sembrando sonrisas program was designed and implemented using a Top-Down approach.²⁰

The latter was reported by the interviewees, highlighting the differences between the level of knowledge or asymmetry of information

about the origin and history of the program, the administration mechanisms, the way of allocating resources, and the different views of the objectives of the program even among professionals of the same sector, but with different hierarchy, as well as between professionals from different sectors.

It could also be observed that the results of the program agree with the model of Rein and Rabinovitz,²¹ who speak of the existence of certain relevant aspects that help maintain a good relationship between designers (management team) and performers (territorial team) in the context of implementation. It can be verified by revealing the existence of legal frameworks that support the program, bureaucratic bodies involved in achieving results, as well as the existence of agreements, consensus, distribution of resources, and supervision processes.

Within the results it is also possible to observe how well valued the alliance between the health and education sectors is in the program. The participants themselves perceive that their work is framed within Castell's empirical reference for intersectorality,²² which is conceptualized as: A coordinated intervention of representative institutions of more than one social sector, in actions aimed, totally or partially, at treating problems related to health, well-being, and quality of life, forming an important part of the organized social response".²²

When comparing the theoretical construct with the results, it is observed that intersec-

toral work has variations in the degrees of continuity and development, depending on the territory and the hierarchical level of the professionals. This coincides with what has been reviewed in the literature, especially in the studies conducted by Cunill.¹⁸ who suggest that within this type of work one invariably enters into the dynamics of results related to solidarity and power.

The main critical nodes identified were related to the complexity of territorial work, the difficulty in distributing human resources, and disagreement with quantitative objectives. Related to territorial work, the need to provide tools to adapt the program to different local realities was identified.

In relation to human resources, a difference was highlighted in the perception of the program by health and education professionals. Health professionals place emphasis on preventive-curative activities, while education professionals see the promotional-educational component as highly important.

On the other hand, the resistance of the participants, mainly from the health area, to being part of evaluation processes exclusively focused on quantitative instruments was apparent. At the same time, there is pressure from managers to comply with other programs in the curative field that are associated with economic incentives, which prevents them from dedicating more time to promotional and preventive activities.

Conclusion

By revealing the central theory that emerged

from the analysis, it was possible to identify that the success of the "Sembrando sonrisas" Program in the Bío-Bío Region is perceived directly associated with a component called by the researchers as emotional-affective (strong ties established among the participants of the program), which is involved in the processes of management, coordination, communication, territorial implementation, supervision, and evaluation of this public policy (Figure 1).

This component stood out in importance for those interviewed, highlighting personal significance, respect for agreements, and good communication to prevent or overcome conflicts that may affect the development of the program. According to the perception of the participants, it is essential to value and redefine the mechanisms of communication within the entire implementation process of the program, since recognizing the perception of "the other" in both success and failures in the implementation process is important.

This is reflected through the emphasis placed by the participants on the need to receive recognition, to have positive feedback from their peers or authorities, regarding the achievements that they have made within the program. This job recognition, which is mainly given through verbal compliments or public displays of appreciation, is an important source of personal satisfaction.

"...so, the experience was very nice. I have my certificate there on my desk upstairs as a reminder. It was very significant because I never, I mean... I see it as the work I have to do every day, you know? I think it is not a major

effort to be there, because I feel it is part of my job. But I found it fantastic that someone external to my institution complimented me on my work, right... because that is like it should be... I am the one in charge of oral health but receiving recognition from someone else... it's so cool! Also, my regional director, and the head of my department were there, so it's good that they see what my work means at an intersectoral level."

Health professional (management team)

It is apparent that distance or closeness on an emotional level, both with the other participants in the work teams, as well as with the children and their families, are key factors for the success of the program.

"It seems to me that this program,... the most important thing that it has is the connection that is established between the kindergarten educator and the health professional, that is what we want to achieve, an emotional connection and that is only achieved with a permanent contact, by being concerned about how the program is being implemented."

Health professional (management team)

Finally, another key factor worth highlighting is the need to create bonds of real trust, based on empathy, communication, respect, and the persistence of teamwork. This is how they highlight continuity at work as one of the main characteristics to reduce feelings of uncertainty. On the contrary, unbalanced work is assumed as the lack of compliance with commitments.

"...but the idea is that it has to be continuous. We are not going to give the children the two toothbrushes and toothpaste now and next year they will not receive anything... that would be the end of their oral health care process..."

Health professional (management team)

CONCLUSION

A limitation of this research is that conclusions cannot be extended to the entire population, since its purpose was oriented to-wards the production of theoretical information about the specific group the study was based on.

However, it is necessary to promote studies that include these aspects, that increase scientific evidence for decision-making in health programs and policies, but that, at the same time, allow us to visualize the perspective of those in charge of the implementation not only in public oral health policies but in all areas.

The possibility of obtaining the opinion of actors from different hierarchies, institutions, and professions allowed us to enhance the analysis of this program from a qualitative approach.

CONFLICT OF INTERESTS

The authors declare that they have no conflicts of interest.

ETHICS APPROVAL

This study was approved by the Research and Bioethics Committee of the Dept. of Prevention and Public Health, Faculty of Dentistry, University of Concepción.

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AUTHORS' CONTRIBUTIONS

Flores-Cartes R: Conceptualization, data analysis, formal analysis, research, methodology, project administration.

Araya-Vallespir C: Supervision, validation, visualization, writing – original draft, writing: review and editing.

Henríquez-Tejo R: Visualization, writing – original draft, writing: review and editing.

Vera-Calzaretta A: Monitoring, validation, visualization, writing – original draft

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