

Oral health education in schools as a form of public health promotion





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ABSTRACT

INTRODUCTION: Brazil has reduced the rates of oral diseases, but a large part of the population has caries or other periodontal diseases, evidencing the need for intensified education on oral health. The reduction of rates occurred with the creation of programs and policies focused on the theme. In order to obtain a better view of the health condition of schoolchildren in Brazil, the development of PeNSE was carried out, which identifies the risk

and protective factors for students' health. METHOD: This study is a reflective theoretical essay based on the theme of Primary Health Care, its theoretical foundation from the national and international scientific literature and the critical analysis of the authors. Thus, the reflection on the theme and its explanations will be the guiding axis on the subject. As there was no interaction of direct/applied research, the need to submit the study to ethical procedures was excluded.

DISCUSSION: Due to the correlation between health and education, the school is the best environment to treat issues related to oral health. To facilitate approaches to health in schools, the School Health Program (PSE) was created. Educators can be great contributors in the promotion of oral health, due to the daily contact with students. However, some teachers may not have the necessary training to pass updated knowledge on the subject to students, requiring the permanent and continuing education of these professionals in partnership with the dentist. FINAL CONSIDERATIONS: For there to be an effective oral health promotion for students, it is important that the area of health and education are integrated so that one adds to the other. Teachers should disseminate information and health professionals should train educators, since they have technical and scientific knowledge on the subject.

Keywords: Education, Health Promotion, Oral Health.

1 INTRODUCTION

Oral health is a right guaranteed by law for all Brazilians. It is important not only for oral changes, but is also related to poor nutrition, dental infections and other problems that can negatively impact the individual's life (Brasil, 2016).

Brazil, despite having reduced the rates of oral diseases, has a large part of the population presenting caries or other periodontal diseases. This information highlights the need to intensify and reinforce oral health education in order to influence oral hygiene (Rossi and Gonçalves, 2022).



Since the end of the 90's there are state plans related to this theme to take care of the health of the population. The Smiling Brazil Program (PBS) is one of them, created with the objective of ensuring the realization of actions to promote, prevent and recover the oral health of Brazilians (Rossi and Gonçalves, 2022).

Since education and health are interconnected, the school is the best environment to deal with issues related to health, especially oral health. For the integration of these two sectors, the School Health Program (PSE) was created, whose main audience is Basic Education students. Health promotion aims to encourage young people to seek a healthier lifestyle (Rossi and Gonçalves, 2022).

Consonant with this, in order to have better attention to this area, the Brazilian Institute of Geography and Statistics (IBGE) in partnership with the Ministry of Health and support from the Ministry of Education developed the Health in Schools Survey (PeNSE), which occurs every three years and aims to identify the risk factors and health protection of students from public and private schools in Brazil, the results evidenced are used to create National Oral Health Policies (PNSB) (Nery, et al., 2019).

Thus, keeping these data updated contributes to a better health care related to the health of the schoolchild and helps in axes such as oral health. The promotion of oral health in schools helps in the creation of hygiene habits of the individual and also contributes to the modification of family and community habits in general, reducing negative health customs (Pereira et al., 2017; Oliveira et al., 2018).

2 DISCUSSION

2.1 EDUCATION AND ORAL HEALTH

It is notorious that education is a preponderant mechanism in any and all areas, since the horizons of knowledge are broadened, causing ordinary people to acquire knowledge that they are not familiar with, and that could be part of their daily lives, improving the quality of their lives (Castro et al., 2012).

When we talk about education and health, we talk about the basic needs of the individual, not for nothing, they make up the relationship of fundamental human rights and are among the main objectives of sustainable development according to the UN 2030 agenda, and they are interconnected, since education is the basis for a healthy life (Carneiro et al., 2020).

Brazil has already been among the countries with the highest rates of oral diseases, but despite the reduction of these diseases, through various actions, it is still verified that a large part of the population has caries or some type of periodontal disease. Thus, oral health activities in schools need to be maintained and intensified so that they continue to contribute to the gain of knowledge on the subject, influencing oral hygiene attitudes (Oliveira et al., 2018; Pacheco et al., 2018).



A major challenge when talking about health promotion in the school environment is the connection between the health and education sectors, in order to develop a pedagogical routine to carry out promotion, prevention and curative activities in the teaching environment (Pereira et al., 2017). For this, an agreement must be made between the health and education secretariats in order to develop actions to promote permanent and continuing education for teachers, parents and students (Oliveira et al., 2018).

According to Brazilian legislation, health promotion actions should occur in order to encourage people to acquire a healthier lifestyle, and education has a prominent role, including in the intellectual improvement of the individual, leading him to point out that the best place to learn and reinforce concepts and good health habits is in schools (Oliveira et al., 2018).

In this context, oral health as a public policy plays an essential role in maintaining health, not only due to oral dysfunctions, but also due to the relationship with malnutrition, infections, late dental eruptions, among others, which negatively impact the quality of life of students (Oliveira et al., 2018).

2.2 NATIONAL ORAL HEALTH POLICY AS A STATE POLICY

In May 2023, with the federal decree of bill No. 8131/2017 that includes the National Oral Health Policy (also known as Smiling Brazil) in the Organic Health Law, oral health actions at the federal level gain the status of State public policy. Differing, then, from government policies, which are linked to the administration that occupies the executive. As a State policy, it emphasizes social justice, democracy and citizenship – conceived as faces of a commitment that is, in essence, ethical and political and find their full realization in the education of a country, in its primary function of leading peoples to social and cultural emancipation (OGIBA SMM, 2016).

With this, oral health effectively became a right of all Brazilians guaranteed by law. The act recognizes the importance of access to dental care in the SUS and reinforces the commitment of the Federal Government to the integral care of Brazilians. The Ministry of Health adopted, as a first measure, to strengthen Brasil Sorridente, the expansion of care with the accreditation of 3,685 new oral health teams and 630 new services and care units, with an investment in these new qualifications that exceed R\$ 130 million in 2023 (Brasil, 2023).

The Smiling Brazil Program was originally created in 2003 and received significant incentives in the first ten years of its existence, being weakened in subsequent years. Currently, the PNSB now as a State policy, has norms and guidelines aimed at the expansion and qualification of oral health care in primary care, instigating the realization of health promotion and prevention activities allowing better care with users of the Unified Health System (SUS).

The educational/preventive programs that make up Brasil Sorridente can be executed by several light technologies, such as supervised oral hygiene, topical application of fluoride, lectures, posters,



theaters, pamphlets among others, considering education, with playful activities to enhance learning, where it allows the child to explore his imagination and expand his repertoire, therefore promotes changes in attitudes and daily behaviors (Barboza et al., 2016; Pereira et al., 2017).

The main means of action of the Smiling Brazil Program were through the reorganization of Primary Oral Health Care, highlighting the implementation of Oral Health Teams (eSB) in the Family Health Strategy (FHS), the expansion and qualification of specialized care with the implementation of Dental Specialty Centers (DSC) and Regional Dental Prosthesis Laboratories (LRPD) and the possibility of adding fluoride in water supply treatment plants public. In addition to acting in interministerial and interministerial actions, such as those to promote oral health in schools (Brasil, 2016).

With the purpose of further increasing the health of children and young people in Brazil, in 2007 the School Health Program (PSE) was instituted with the objective of allowing the complete development of students and supporting the training process of health and education professionals in a permanent and continuous way. Relating in a profound way health and education, with the insertion of oral health actions in schools, which should promote, prevent and educate with regard to diseases related to oral health (CARNEIRO et al., 2020; BRASIL, 2016).

The School Health Program (PSE) is an intersectoral initiative of the Ministries of Health and Education that aims to contribute to the full development of students in the public school system of basic education, through the articulation between health professionals of Primary Care and education professionals. It was established on December 5, 2007 by Decree No. 6,286, and currently regulated by Interministerial Ordinance No. 1,055 of April 25, 2017. Thus, health and education policies aimed at children, adolescents, young people and adults in Brazilian public basic education unite to promote health and integral education, strengthening actions to confront vulnerabilities, expanding access to health services and contributing to the improvement of the quality of life of Brazilian students.

The PSE is, therefore, a strategy of permanent integration of Health and Education for the development of citizenship and qualification of Brazilian public policies that aims to develop the integral training of students in the public basic education network through prevention, promotion and health care actions (Brasil, 2021).

It is understood that the school environment is the most favorable for the accomplishment of these activities, because it is the place where the educational activities related to the construction of knowledge take place, encourage autonomy and the practice of rights and duties, facilitating the adoption of preventive activities, such as healthy eating habits and oral hygiene (Pereira et al., 2017; Oliveira et al., 2018).

In this context, the themes related to oral health should be addressed with a focus on health promotion and attention and disease prevention, and leading the student to the development of



citizenship and human rights, through a learning of self-care, care for others and the environment (Brasil, 2021).

2.3 ORAL HEALTH CONDITION OF SCHOOLCHILDREN IN BRAZIL

At the turn of the 90s to the 2000s, Brazil had a high rate of edentulism (absence of teeth) in the adult population, about 72%, and due to the serious oral health condition in 12-year-old schoolchildren related to dental caries, with a high rate of decayed, missing and filled teeth (DMFT) of 6.7 (Oliveira et al., 2018; Chaves et al., 2017).

It is noteworthy that the DMFT index was formulated by Klein and Palmer in 1937 and is used by the World Health Organization (WHO) to assess the prevalence of dental caries in several countries. The age of 12 years is an international reference for the calculation of the index because it is the age at which the permanent dentition is practically complete. The WHO recommends as ideal a mean DMFT value lower than 1.1, at 12 years, which corresponds to a very low prevalence of caries (the acronym DMF originates from the words "decayed", "lost" and "filled", and the D indicates that the unit of measurement is the tooth) (Agnelli, 2015). To improve these problems, the Smiling Brazil Program (PBS) was launched.

The success of such measures has been proven through some studies such as the survey of the DMFT index, which went from 6.7 in 2000 to 2.1 in 2010, see figure 04 (Oliveira et al., 2018; Chaves et al., 2017). From this occurred the decrease in the rates of oral diseases and the increase in the number of adults with teeth in the country, being recognized that the inclusion of oral health in primary care and the maintenance of fluoridation of public water supply were important strategies in reducing caries, but many people still do not have access to such benefits in the country (Chaves et al., 2017; Kings, 2018).

For this, it is necessary that the practices of evaluation of oral health conditions are associated with a broad knowledge of the common territory between school and health unit so that they are effective in the production of integral health and not only in oral health (Brasil, 2016).

A good oral health survey aims to recognize what are the risk factors that students may be susceptible to in their daily lives, whether in the school environment or outside it, such as food, especially about sugar consumption, quality of life in the community, conditions of hygiene habits, among others, to thus execute a plan of strategies to combat both individual and collective, through a multisectoral work with the presence of education and health professionals (Brasil, 2021).

In order to obtain a better view of the health condition of schoolchildren in Brazil, the development of the National Survey of Health in Schools (PeNSE) was carried out, which takes place every 3 years since 2009, and identifies the risk and health protection factors of students from public and private schools in the country, the results of this research can be used for the elaboration of



National Oral Health Policies (PNSB) for the prevention of health problems of students (Jordão et al., 2018; Nery et al., 2019).

PeNSE is a survey conducted by the Brazilian Institute of Geography and Statistics (IBGE), affiliated with the Ministry of Health (MS) and supported by the Ministry of Education (MEC) (Jordão et al., 2018). With the data from PeNSE, the School Environment Health Promotion Score (EPSAE) was created, with the objective of identifying the school environments with the best health promotion conditions, to consider which characteristics of schools are strongly linked to oral health promotion, providing the planning and evaluation of characteristic actions (Jordão et al., 2017; Horta et al., 2017).

It can be observed, in the PeNSE data, a socioeconomic inequality related to human development related to school environments, and it is recommended that there be an expansion of the PNSB in the country, with the objective of improving school environments, contributing in a general way to the promotion of oral health, with strategic institutional attitudes that judge the socioeconomic diversities of the regions, reducing the inequalities found (Brazil, 2023).

According to Quadros (2019) socioeconomic conditions have an influence on health and school performance, and it is observed that students who have impaired oral and general health have a greater predisposition to have a worse school performance compared to students with good health.

The SB Brazil is another way to evaluate the oral health of schoolchildren in Brazil with epidemiological surveys that are carried out by the Ministry of Health every 10 years, but the last records are only from the year 2010, since the 2020 survey is in arrears due to the COVID-19 pandemic, even so, there is a relevant growth in the percentages of caries-free children at the age of 12, going from 31% in 2003 to 44% in 2010, in addition to the growth in the number of children who began to receive dental care with PBS (SB Brasil, 2020).

It is noted that the oral health condition of students in Brazil is in a growing improvement due to the various programs proposed in the PNSB. In the Midwest there was a reduction in the DMFT index in 12-year-old children, which in 2003 was the highest in the country, being 3.16, to 2.14 in the 2010 survey, this number is considered by the World Health Organization (WHO) as a low level of dental caries (Silva et al., 2010).

2.4 WORK INTEGRATIONS BETWEEN HEALTH, SCHOOL AND FAMILY TEAMS

Health promotion strategies are the transforming mechanism in the way health and education professionals and managers organize their programmatic actions, services and define their routines, requiring other indicators that inform about the results of these actions and services (Carneiro et al., 2020).

The school and family have an important participation in the child's own development, because it spends a long period of time daily in this environment, becoming an important place in their learning



in general (Oliveira et al., 2018). Health promotion activities in the school environment contribute to the modification of habits of family members and the community in general, such as the reduction of negative health habits, reduction of school absences, communications about the use of public health services, among others (Pereira et al., 2017; Oliveira et al., 2018).

In relation to oral health, educators are seen as collaborators of dentists in health education actions, by spreading knowledge to students, helping to strengthen oral health themes in order to ensure the acquisition of new life habits (Oliveira et al., 2018).

The implementation of actions of prevention and promotion of oral health in schools has as main objective to reduce the effects of diseases with caries and periodontitis, therefore, to improve the conditions of oral hygiene of the child, the family, and the teachers. Projects in continuing education present important results, although health education is the responsibility of health professionals, the participation of the school community is fundamental (Pereira et al., 2017; Oliveira et al., 2018).

In order for the health actions in the daily life of the students to occur continuously, it is necessary that the entire education team, health, family members and the student himself know what are the objectives that are desired to be achieved and that these are integrated in the planning, development, evaluation and care performed (Rossi and Gonçalves, 2022)

Some teachers may not be able to bring the contents on oral health with propriety in the classroom, making it necessary to incorporate oral health education in the training of these professionals in a continuous and permanent way to keep them updated on issues related to oral health (Moura et al., 2018; Oliveira et al., 2018).

Therefore, when talking about oral health education, it is up to the teacher to articulate the integration between the dentist and the student, by the stronger relationship that exists between him and the students, while dentists have the function of training educators, because they have technical and scientific knowledge on the subject (Oliveira et al., 2018).

With this, it is essential to carry out training with them, these activities can occur through the PSE or by other projects carried out by the health network of the municipalities, university extension projects, among others (Rodrigues et al., 2020).

2.5 ORAL HEALTH EDUCATION ACTIONS IN THE SCHOOL ENVIRONMENT;

Currently, the school is not an environment where only the basic subjects are learned, today diverse information is disseminated about accident prevention, hygiene habits, habits for a healthy life among other pertinent topics, welcoming the student in a complete way (Piantino et al., 2018). Health actions in the school environment consider the student in an integral and multidisciplinary way, taking into account their family, community, social and environmental context (Pereira et al., 2017).



According to Nery et al (2019) health promotion programs at school when they occur continuously and have greater participation of the school community, as well as those that address mental health, healthy eating and physical activities, demonstrate greater responses and positive results.

Health education actions have a fundamental role for the absorption of greater knowledge about oral health, increasing the understanding of the health /disease process, covering the risk factors and means of oral health protection, allowing the change of wrong habits by healthy habits (Pereira et al., 2017; Oliveira et al., 2018).

Oral health promotion activities include health education, supervised brushing and topical fluoride application, only the latter of which is performed exclusively by the oral health professional. The preparation of the school team, the execution of creative activities such as the production of plays and small presentations on the theme, as well as the stimulus to habitual visits to the dentist, depending on the needs of each student, are ideas that constitute the oral health care project at school (Brasil, 2021).

Carrying out health educational activities in the school environment can generate several challenges: how to learn to teach, develop activities appropriate to the school phase and expand their creativity are some of them (Campestrini et al., 2019). Health education actions should be individualized, considering not only the specific aspects of each one, but also the sociocultural environment and interpersonal relationships of students, always advocating the quality of activities (Meneses et al., 2021).

Initially, all health education programs should begin with the evaluation of the health condition of the students, noting that before the evaluation it is important to have the authorization of the responsible person through the signing of a consent form. And from there will be elaborated the activities to be performed in the school environment and also in the therapeutic area for the students who need it (Brasil, 2021).

The form used to perform an activity is directly related to the age group that will participate in it. It was observed that in research on which activities preferred health education with students between four and six years, the theaters, activities with music and the exhibition of cartoons were the ones that stood out the most, already with children from seven to ten years is the predilection was for the realization of theaters, scavenger hunts, lecture and comic book (Campestrini et al., 2019).

The use of games and games, which due to various factors go beyond just "playing", make the student understand in a simple way the knowledge that is being passed, thus having the games currently an enormous educational power (Silva et al., 2021).

Researches conducted with adolescents, it was identified that lectures and conversation circles would be the best way to carry out educational activities. With the most recurrent recollection the



activities of brushing and distribution of oral hygiene cases performed in schools by dental professionals (Pacheco et al., 2018).

The hygiene habits of adolescents were also influenced due to the activities carried out in schools, evidencing that oral health programs at school can contribute, along with the acquisition of knowledge, to the change of habits (Pacheco et al., 2018).

Another strategy used and that obtains remembrance are the health actions in schools with the realization of science fairs and thematic rooms with subjects related to health, among which oral health and personal hygiene can be highlighted.(Barboza et al., 2016).

It is worth mentioning that even with the introduction of the PSE, it is still necessary to encourage actions to be carried out in a more egalitarian way in Brazilian schools, based on the fundamental principles of the SUS (Equity, Integrality and Universality) after all the gain of healthy habits will accompany students throughout their lives (Brasil, 2021).

3 FINAL CONSIDERATIONS

It is possible to analyze that students in Brazil have an oral health condition of increasing improvement due to the programs proposed in the PNSB.

Thus, health and education policies aimed at this public basic education public public are gradually reaching the proposed objective, strengthening actions to confront vulnerabilities, expanding access to health services and providing a better quality of life for students.

The PSE proves to be an important strategy for the permanent integration of Health and Education. This also contemplates the school environment as the most favorable for the integral formation of the student through actions of prevention, promotion and health care, facilitating the adoption of preventive activities by encouraging autonomy and the practice of the rights and duties of the individual.

In this context, for health promotion actions to occur continuously by students, it is necessary that the entire education, health, family and students themselves have security in what they want to achieve as a goal in this sense and that they are integrated in all processes.

It is also verified the fact that some education professionals may not be able to address content on this topic, making it necessary to incorporate oral health education in their training, either continuously or permanently.

Thus, for there to be an effective oral health promotion for students, it is important that the areas are integrated so that one aggregates the other, with teachers as disseminators of information for the stronger relationship they have with students, and health professionals as educators' capacitors, through projects carried out by the health network, extension projects, among others, since they have technical and scientific knowledge on the subject.

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