

**ACTIONS TO PROMOTE SCHOOL HEALTH IN TIMES OF A PANDEMIC:
AN EXPERIENCE REPORT**

ACCIONES PARA PROMOVER LA SALUD ESCOLAR EN TIEMPOS DE PANDEMIA:
RELATO DE UNA EXPERIENCIA

AÇÕES DE PROMOÇÃO DA SAÚDE ESCOLAR EM TEMPOS DE PANDEMIA: UM
RELATO DE EXPERIÊNCIA

Beatriz de Souza Bomfim¹
Victoria Almeida Oliveira Furtunato²
Cristiano de Sant'anna Bahia³

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Abstract

This text is the result of the final paper of the specialization course in School Health at the Santa Cruz State University (UESC), located in the Southern Territory of Bahia that, due to the pandemic context it was readapted to the virtual environment with asynchronous and synchronous training activities. This study aims to highlight the formative experiences carried out during an intervention project of health promotion actions, in the process of returning to classes in times of Covid, in a city school in the southern territory of Bahia. The study is a case report, with a qualitative approach, of descriptive nature, referring to the formative actions carried out remotely during the months of December 2020 to March 2021, through social networks with health and education professionals. The results of the study pointed out that in view of the new pandemic context presented since 2020, the use of formative lives with active participation of the present public and the publication of educational content in social networks allowed the continued formation with technological tools, the creation of dialogical spaces to strengthen strategies between the health and education sectors and ensured health promotion in times of pandemic.

Keywords: Covid-19; Continuing education; School Health Promotion; University.

¹ Specialist in School Health from the State University of Santa Cruz. Teacher at the State Education Network of Bahia and the Municipal Education Network of Ilhéus.

ORCID: <https://orcid.org/0000-0002-1467-1599> Contact: beatrizbomfimo5@gmail.com

² Master's student in Collective Health at the University of Campinas. Specialist in School Health from Santa Cruz State University. Dentist in the Special Indigenous Health District of Bahia.

ORCID: <https://orcid.org/0000-0002-9325-9059> Contact: victoriafurtunato@hotmail.com

³ Doctor in Physical Education by the Federal University of Santa Catarina. Professor of the Professional Master in Education at the State University of Santa Cruz. Leader of the research group in Physical Education and Sport.

ORCID: <https://orcid.org/0000-0001-7599-6250> Contact: csbahia@uesc.br

Resumen

Este texto es resultado del Trabajo de Finalización del curso de especialización en Salud Escolar de la Universidad Estadual de Santa Cruz (UESC), ubicada en el sur de Bahía, que, debido al contexto de la pandemia, se reajustó al entorno virtual con Actividades formativas asincrónicas y sincrónicas. El estudio tiene como objetivo destacar las experiencias de formación realizadas durante un proyecto de intervención de acciones de promoción de la salud, en el proceso de vuelta a la escuela en tiempos de Covid, en una escuela municipal en el sur de Bahía. El estudio es un reporte de caso, con enfoque cualitativo, descriptivo, referente a acciones formativas realizadas a distancia durante los meses de diciembre de 2020 a marzo de 2021, a través de redes sociales con profesionales de la salud y la educación. Los resultados del estudio señalaron que ante el nuevo contexto de pandemia presentado a partir de 2020, el uso de vidas formativas con la participación activa del público presente y la publicación de contenidos educativos en las redes sociales permitieron continuar entrenando con herramientas tecnológicas, la creación de espacios dialógicos de fortalecimiento de estrategias entre los sectores de la salud y la educación y la promoción de la salud asegurada en tiempos de pandemia.

Palabras clave: Covid-19; Educación continua; Promoción de la Salud Escolar; Universidad.

Resumo

Este texto é resultado do trabalho de conclusão do curso de especialização em Saúde Escolar da Universidade Estadual de Santa Cruz (UESC), localizada no Território Sul da Bahia que, devido ao contexto pandêmico, readaptou-se para o ambiente virtual com atividades formativas assíncronas e síncronas. O estudo objetiva destacar as experiências formativas realizadas durante um projeto de intervenção de ações de promoção da saúde, no processo de volta às aulas em tempos de Covid, em uma escola municipal do Território Sul da Bahia. O estudo é um relato de caso, com abordagem qualitativa, de cunho descritivo, referente às ações formativas realizadas remotamente durante os meses de dezembro de 2020 a março de 2021, por meio das redes sociais com os profissionais da saúde e da educação. Os resultados do estudo apontaram que diante do novo contexto pandêmico apresentado desde 2020, a utilização das *lives* formativas com participação ativa do público presente e a publicação de conteúdo educativo nas redes sociais possibilitaram a formação continuada com as ferramentas tecnológicas, a criação de espaços dialógicos de fortalecimento das estratégias entre os setores de saúde e educação e asseguraram a promoção da saúde em tempos de pandemia.

Palavras-chave: Covid-19; Educação continuada; Promoção da saúde escolar; Universidade.

Introduction

The Unified Health System (SUS) in Brazil includes several programs aimed at specific health actions. Among these programs, the School Health Program (PSE) stands out, it was established by Presidential Decree number 6,286, on December 5th 2007, whose purpose is the prevention, promotion and attention to the health of children, adolescents and young people enrolled in public schools, carrying out these interventions at school or in basic health units, being accomplished by family health teams (BRASIL, 2007).

In this context, the school environment proves to be propitious to the development of actions aimed at health promotion, since it is a space for building knowledge. Based on the principles of SUS, the promotion of health advocated by the PSE, which addresses many topics in the areas of health such as Nutrition, Physiotherapy, Sex Education, Odontology and others, it needs intersectoral proposition that reinforce actions between education and health (VASCONCELOS et al., 2001).

In addition, we need to think about health promotion in an interdisciplinary way as actions and public policies that involve education and health, seeking to minimize socio-environmental barriers, living and personal conditions in individuals and communities (NAHAS; GARCIA, 2010). Otherwise, health promotion programs at school can enhance the health and quality of life of students, minimizing the negative aspects related to physiological, psychological, sociocultural and economic factors, in the search for the formation of healthy life habits (LISBÔA; SANTOS; LIMA, 2022).

In 2020, the worldwide pandemic caused by the new coronavirus changed the routine and habits of the entire population. The World Health Organization (OMS) recommended that to effectively combat Covid-19, countries should isolate and keep social distance and increase hygiene habits, such as washing hands and use of 70% gel alcohol (WORLD HEALTH ORGANIZATION, 2020).

In this context, education was one of the most impacted sectors and had to reinvent itself with the closure of schools and access to classes through remote teaching with the execution of asynchronous and synchronous moments. The Ayrton Senna Institute states in one of its studies that, at the beginning of the pandemic, around 1.5 billion students from more than 160 countries were not able to attend school. Some countries adopted the total closure of schools, others closed according to the risk of contamination by zones (FETTERMANN et al., 2021).

Thus, scientific entities published and disseminated studies about the experiences of measures to contain the pandemic and its effect on education (ARRUDA, 2020; MONTEIRO, 2020). The importance and role of educators in inserting health promotion and prevention activities in general and in relation to Covid-19 is

highlighted, exercising one of their roles, which is to inform and train their students. The Ministry of Health of Brazil guided the PSE guidelines to face Covid-19 (DIAS; PINTO, 2021).

In Brazil, articulations between the health and education sectors began with the implementation of the Health Project in schools. Therefore, the Health and Prevention in Schools Project (SPE) is cited as a milestone. In 2004 and 2006, the Policy of National Curriculum Parameters for Health Promotion (PCN's) was approved and published by the Ministry of Education (MEC), supporting the work in schools (BARBIERI; NOMA, 2013).

Health education is defined as a process of building knowledge in health whose main objective is the understanding of the subject by the population, which can be a set of sector practices that contribute to the autonomy of the community, self-care and discussion among professionals and managers in order to achieve attention to health according to their needs (BRASIL, 2006).

From this perspective, universities strengthen affirmative policies and prioritize consonance with SUS propositions and principles, as well as with its programs. The specialization in School Health at the State University of Santa Cruz (UESC) aims, through intervention projects, to promote the process of teaching, research and extension, ensuring the strengthening of intersectoral health actions in the school environment, articulating public networks of health and education, as well as social networks to promote the health of children and adolescents based on the conformation of co-responsibility networks (UNIVERSIDADE ESTADUAL DE SANTA CRUZ, 2017).

Thus, the moment we are going through and we are still living through the pandemic caused a series of changes at school and outside it from the use of virtual technologies, providing new times and spaces for initial and continuing training (MOURA et al., 2020). Additionally, the virtual environment will enable professionals from different areas a collaboration network organized in communities to reflect on social demands (SILVA et al., 2021).

Therefore, the objective of this report was to highlight the formative experiences carried out during an intervention project of health promotion actions, in the back-to-school process in times of Covid, in a city school in the Southern Territory of Bahia.

The experiences and their methodological consequences

The experience report here refers to the sharing of formative activities with professionals in the health sector of a city teaching institution in Ilhéus/Bahia. Thus, the study has a qualitative approach in the form of an experience report that aims to share practical experiences with professionals and students in the area. So, it sought to discuss subjective issues related to the meanings, subjectivities and feelings that mediate social relations (MINAYO; MINAYO-GÓMEZ, 2003).

The intervention project activities reported in this text were carried out as one of the final works of the specialization course in School Health at the State University of Santa Cruz, located in the south of Bahia. It should be noted that all technical standards regarding the use of images, application of the free and detailed consent form, and all current standards regarding the target audience, care regarding social distancing and other health standards were met. It should be noted that this paper is part of the umbrella project “School Health in times of Covid-19: challenges and potentialities in the back-to-school process”, of the postgraduate course in School Health (UESC), and it was approved by the Research Ethics Committee (CEP/UESC CAAE: 40291820.5.0000.5526).

Due to the pandemic context, the actions took place through dialogic spaces and times, such as the Instagram social network and the WhatsApp app. Health professionals and other speakers at the lives were invited to take part individually, through the WhatsApp messaging application invitation. The schedule was as it follows: one week, the speaker was a health professional; and the other week, it was an education professional. Thus, in December 2020, a card was launched and publicized in the WhatsApp group of the locus of intervention school, with the aim of inviting everyone to participate in a meeting through Google Meet, aiming to present

the objectives and methodology of the project. Therefore, the remote meeting took place with the participation of 8 teachers and the school manager, and ethical protocols were presented and guaranteed.

The account created on Instagram entitled School Health was opened, allowing free access to any user; it currently has 149 followers, teachers and employees of the researched school, besides other professionals. Therefore, there was no linear participatory audience, it means that, each training was a different audience from the previous one. All formations were saved and available on the platform, in case there was an interest in watching them later.

In this context, the intervention project took place through the specialization in School Health, with the mediation of two students from the continuing education course with health and education professionals. The meetings happened remotely with the use of lives, according to data in chart 1:

Chart 1 – Themes of the formative lives with the interviewed professionals, dates and participants.

THEMES	Training of the interviewed professional	Airing date of the lives	Number of participants in the live
Opening with explanation of the project, contents that would be addressed and first contact with the research subjects.	Researcher-students of the specialization in School Health	12/09/2020	132
Effects of the pandemic on health and on education: how to deal with them?	Dentist and coordinator of the PSE (Ilhéus)	12/17/2020	121
Effects of mental condition on isolation reflected in the classroom	Director and psychologist of the city school of the intervention project	01/07/2021	120
Veterinary medicine and Covid-19: myths and truths	Veterinarian	01/14/2021	148
Hybrid teaching: post-pandemic teaching methodology	Trainer of the city technology center of Ilhéus (NTM)	01/21/2021	116
Covid-19: details and information	Nurse, HRCC* emergency sector coordinator	02/04/2021	135
Countryside school challenges in the face of the pandemic	Director of a countryside school	02/18/2021	88
The importance of physiotherapy in the fight against Covid-19	hospital physiotherapist	02/24/2021	132
Physical education in the fight against Covid-19	Physical educator	03/03/2021	74

Legend: *HRCC – Costa do Cacu Regional Hospital. **Source:** Bomfim and Furtunato (2021).

Data were collected and organized with the principles of an experience report, seeking to produce and socialize the formative actions carried out at the moment of the pandemic and their interrelations with the Health Program at School, university and community. It should be noted that topics related to human health are traditionally part of school routine in Brazil since the first years of schooling (FARIAS et al., 2016). For this purpose, a semi-structured interview was carried out, with the purpose of building the research data.

Socializing experiences of actions with the Health at School Program

Instituted by Decree number 6,286, on December 5th, 2007, the Health at School Program (PSE) is a strategy for permanent integration between education and health policies that aims to promote and guarantee access to health, in addition to prevention, promotion and attention in the integral formation of children and young people (BRASIL, 2007). The PSE is based on the intersectionality between health and education professionals. It aims to guarantee the right to health, through the establishment of links, approximation of reality and dissemination of knowledge. Topics are addressed regarding hygiene, oral health, nutrition, positive health habits, prevention of sexually transmitted diseases and others (CHAVES; SANTOS; LEAL, 2019).

The participation of the family and the community also fits into one of the important aspects of intersectoral policies, with the implementation of joint strategies being valid to overcome the difficulties of the community (SOUSA; ESPERIDIÃO; MEDINA, 2017). Schools that adhere to the PSE participate in a biennial cycle lasting twenty-four months, in which actions are developed and planned under shared management, always considering the school and social contexts, the local health diagnosis and the operational capacity of the teams of the schools and Primary Care (PARENTE; BARBOSA; LIMA, 2022).

Nowadays, the PSE is developed through thirteen actions, namely: Actions to combat the *Aedes aegypti* mosquito; Promotion of corporal practices, physical activity and recreation in schools; Prevention of the use of alcohol, tobacco, crack

and other drugs; Promotion of a culture of peace, citizenship and human rights; Prevention of violence and accidents; Identification of students with possible signs of aggravations of diseases in elimination; Promotion and evaluation of oral health and topical application of fluoride; Verification of the vaccination status; Food and nutrition security and healthy eating and obesity prevention; Promotion of hearing health and identification of students with possible signs of alteration; Sexual and reproductive rights and STD/AIDS prevention; Promotion of eye health and identification of students with possible signs of alteration; And Covid-19 prevention was added to the list of actions of the Program in 2020 with the edition of the Decree MS/SAES number 564, on July 8th, 2020.

In part of the cities, it is noted that the PSE is still focused on a rigid model of knowledge sharing (MORAES, 2018). The actions are punctual and there is a difficulty in inserting the projects in the pedagogical calendar of the schools, deficiency in the co-responsibility of the sectors and, consequently, the objectives of the program are not achieved as expected. Prevention is the best tool for health, with lower cost and proven effectiveness (SOUSA; ESPERIDIÃO; MEDINA, 2017).

In order to promote this intersectionality, continuing training happened with health and education professionals, according to Chart 1, and when analyzing it, it is possible to realize that the lives in which there was a health professional as a collaborator had a greater reach than the ones in which the education professional was the collaborator. Thus, it is necessary to expand these dialogical spaces between health and education, to ensure intersectoriality (FARIAS et al., 2016).

In the studies by Silva (2010), the findings are similar to the study in question, in which the predominance of the health sector in relation to education in the development of formative actions is observed. Cavalcanti, Lucena and Lucena (2015) indicate that health programs at school need to understand education indicators, even if it is still a challenge, both for health and education. In other words, it is extremely important that the sectors commit themselves to understanding the indicators to improve health promotion.

The content presented in the lives by the professionals followed the official literature about the PSE and its guidelines in accordance with ordinances, annexes, publications of the Ministry of Health, scientific articles, journals, and literature available on digital platforms of scientific journals, congresses and public agency in the municipal, state and federal spheres (SOUSA; ESPERIDIÃO; MEDINA, 2017).

With the objective of emphasizing multidisciplinary and the search for a holistic understanding of the human being, in addition to information about oral health, information related to health professionals in the areas of Nutrition, Physiotherapy, Physical Education, Psychology, Medicine and Nursing was also made available. These health professionals work on the front lines of the fight against Covid-19 and are part of the daily routine of the Health in Schools Program.

Therefore, the educator must adapt to the reality of the students, understand the cultural and social motivations of the environment in which they fit, paying attention to the conditions and health determinants. According to Pelicioni and Pelicioni (2007, p. 322), “educating is an intentional process with the goal of providing situations or experiences that stimulate the potential expression of human beings”.

In that regard, continuing education combines theory and practice, as it aims to improve work through the construction of knowledge that values practice as a moment of knowledge construction. Knowledge that arises in everyday life and enhances (re)creation at work, stated in the discussion by Sousa Filho and Menezes (2021).

It should also be noted that public health and education policies and programs are fundamental for the formation, creation of autonomy and development of students and the entire school community. Emphasizing, Fettermann et al. (2021) and Alves et al. (2020) bring the understanding that education was one of the sectors that suffered an impact never seen before with the pandemic, needing to reinvent itself quickly with the closure of schools and access to classes through remote teaching. Therefore, digital platforms were thought of as a methodological procedure for this research.

Since the Covid-19 pandemic makes possible numerous curricular approaches at school, since the school has to adapt itself to the new normal. Some of the topics possibly addressed are proper hand washing, hygiene with 70% alcohol, social distancing and mask use (FETTERMANN et al., 2021).

After the formative lives, interviews were carried out with the two managers, one from health, coordinator of the PSE in the city of Ilhéus (called “Mr. B”), and another from the application school where the research was carried out (which we will call “Ms. L”).

Mr. B, health manager, affirms that the health program in schools is an achievement and that the school environment is a space that enables learning, agreeing with Campos et al. (2020) who reaffirm public institutions as spaces for strengthening and production of viable alternatives for society. They also reiterate that many of the changes occur in painful contexts, and that much has been learned and they will be taken into insertion in the day-to-day life in the post-pandemic period. Among these heritages of the pandemic, we can mention frequent hand washing, greater care in biosecurity and the use of personal protective equipment (EPIS), often neglected in consultations, use and improvement of technology, social networks and of the potentiality that the virtual environment showed in this period of social distancing (CASTRO et al., 2021).

As a difficulty, it is also emphasized that odontology, as an area that needs to perform procedures on the patient, it has limited effectiveness regarding the use of teledentistry, and that oral health education actions are essential so that these healing procedures can be less recurrent in the population. The oral cavity is a transmission route for several diseases, such as Covid-19, and the promotion and the prevention of its care are essential for public health (SERRÃO, 2020).

When questioned about the continuity of health education actions, Mr. B affirms that they are extremely necessary and effective, aligning himself with Carvalho et al. (2013) when mentioning that the continuity of health education actions is essential for more effective learning, as reinforcement, continuous actions and active methodologies ensure greater participation of the school community.

Education has proven to be an effective strategy when included in health policies. Since the individual is the holder of knowledge about the health-disease process, illness, and exercises greater autonomy and responsibility over himself, he is better able to share and apply this knowledge in his daily life (CAMERINI et al., 2020).

It reiterates what is advocated as a policy by stating that the partnership between health and education must be included in the political-pedagogical project of schools, considering the social and cultural context of each location and the autonomy of the school community (BRASIL, 2015).

When starting the interview with Ms. L, when asked about “During your management at this School Unit (UE) was there any action by the School Health Program (PSE)? If not, for what reasons?”, She reported on a project carried out by herself and a colleague about mental illnesses in the school environment, a proposition for intervention in the specialization in School Health, since she had been a student of the specialization promoted by UESC. In addition, there was an action promoted by students from UESC and the PSE, to carry out actions such as vaccination, quick tests for Sexually Transmitted Infections (IST’s), among others.

All this refers to the importance of strengthening the university-society relation, when actions are developed that enable contributions to citizens. Consequently, there are benefits for both parts (RODRIGUES et al., 2015).

When asked about the challenges and potentialities for applying PSE actions at school during the pandemic, Ms. L affirms that “the biggest challenge is face-to-face contact with students, to verify the students’ real needs”, and she faces as a potentiality the “health promotion, since the school is in a poor neighborhood and the school is a means of spreading information”. Reinforcing Farias et al. (2016) when they affirm that the school has the potentiality to reach many individuals and, due to its educational nature, it’s effective in changing behaviors and habits.

Still talking about the difficulties found by educators, Ms. L mentions the problem of training professionals in relation to the use of technologies as a teaching tool, reinforcing Ferreira et al. (2020) who show the antagonism of the lack of

continuing education with regard to the use of digital technologies. The poor training of teachers in relation to remote education, combined with the exposure of aggravated social inequality due to the pandemic context, emphasize that maintaining educational activities minimizes the damages caused by the absence of face-to-face classes (ALVES et al., 2020).

It is understandable for Mrs. L to think this way; however, Cavalcanti, Lucena and Lucena (2015) affirm that socially deprived places need more actions aimed at health regardless of age, because, in these cases, such interventions are independent of age group. The specific spaces for oral treatment, mentioned by Ms. L, could be carried out in family health centers (PSF) in the neighborhood itself (SILVA, 2021), making it possible for the PSF to partner with the school. The literature states that in the age group of 9 to 12 years (age of students in this school), they are undergoing dental exchanges (mixed dentition), therefore, it is the period in which diseases such as dental cavities and gingivitis have a high prevalence, therefore, these continued actions fundamental for the exercise of citizenship, the right to health, autonomy and co-responsibility between health professionals, education professionals and the individual in training (PINHEIRO, 2019).

According to studies by Motta et al. (2011), there are evidences that public school students have different problems in the oral cavity than private school students, a fact that can be elucidated due to socioeconomic conditions, better teaching conditions, access to treated water and other factors. These problems can restrict the activities of students in addition to generating psychosocial disorders, impacting negatively their quality of life (MOTTA et al., 2011).

The understanding that information, despite being available in major press vehicles, does not reach all layers of the population in the same way reaffirms the importance of respecting the individuality of students, as well as stressing that knowledge and autonomy should not be reproduced, but learned (OLIVEIRA et al., 2015).

Thus, managers can be considered key parts for intersectoriality (FARIAS et al., 2016), strengthening strategies and mechanisms that support the union of health and education.

Therefore, health education programs in schools must be encouraged and must involve not only students, but health agents, teachers, the whole school community, the family nucleus and other health professionals in a continuous educational process for effectiveness and behavioral change (MACEDO et al., 2017). In addition, the educational sector, through its various participants, needs to think about health globally in its different perspectives, providing a training environment with autonomy and criticality (MUSSI et al., 2019).

Despite the structural and methodological limitations due to the little interaction of the study participants, the completely remote format as a result of the pandemic context, the study shared the experiences lived during the intervention project to analyze the challenges and potentialities of actions to promote oral health and general health in times of Covid, besides enabling the exchange of knowledge and experiences of the participants through formative lives.

Otherwise, the virtual environment as a training possibility can use many technologies aimed to teaching, however, the school must be considered as an important place of conviviality with face to face meeting, both necessary for the construction of meaningful learning (MACIEL NERLING; DARROZ, 2021).

Final considerations

This experience report provided elements for reflection about the relevance of the PSE in the prevention, promotion and attention to integral health care of the school community in a pandemic context, through remote training. The actions developed in the intervention project sought to guarantee a moment of training and education in health, focusing on the well-being of the subject and the search for his autonomy.

The reorganization of activities carried out routinely as a result of the pandemic occurred in all areas, therefore, describing the lessons learned, analyzing the challenges and potentialities and investigating the practices experienced through this report are extremely valuable.

During the development of the actions, it was noticed how innovative the application of a remote methodology is for many Brazilian public basic education teachers in the midst of a pandemic context, taking into account the technological adaptations that many made to meet the objective of the practice of teaching.

Knowing that few professors were aware of the actions of the PSE, we realized the relevance of a specialization in the region, focused on the health program in schools, which reaffirms the intersectoriality and the importance of creating dialogic spaces between health and education. From the reported experience, the importance of ensuring greater participation of school professionals and engagement on the part of health teams with regard to the study and development of intervention measures, continuity and expansion of action in a way directed to the Community was emphasized.

It is worth mentioning that this study brought as a result for the school community a plan to return to face-to-face classes, specific and adapted for the intervened school, even it realizing the difficulty in dealing remotely, the lack of internet, the inexperience with the handling of technological equipment, lack of knowledge in programs and applications, among others. Having the possibility of being informed and building dialogic and knowledge spaces to expand knowledge and sharing of health are extremely important, which was evidenced in the execution of this paper with its challenges and potentialities throughout its development.

In addition to the aforementioned potentialities, the role of ongoing training during the pandemic period is highlighted, in which interdisciplinarity, impact and transformation by the research subjects and the research team were ensured. The process of construction and reconstruction of concepts, the execution of activities and applicability in the work environment demonstrate symmetry between the binomial theory and practice.

For the researchers, this experience was a watershed. The research awakened a new look at public health, its potentialities and its challenges, making the search for knowledge not cease. Based on this study, one of them enrolled in the Master's Degree in Collective Health: Policies and Management in Health at the State University of Campinas (UNICAMP), and both are applying the acquired knowledge in their work environments.

Finally, the importance of creating more dialogical and interactive spaces is understood, so that health and education can dialogue, providing greater and better conditions for the provision of health services to the society. And despite the results, the need for more studies on the subject is reiterated, suggesting more spaces for discussions, affirmation of public policies and expansion of studies on the Health Program in Schools.

References

ALVES, M. S. et al. Formação Docente em tempos de Pandemia: relato de experiência em ensino remoto em uma disciplina pedagógica em instituição federal. **Research, Society and Development**, v.9, n.11, p.1-22, 2020. Disponível em: <https://rsdjournal.org/index.php/rsd/article/view/10061/9193>. Acesso em: 10 set. 2022.

ARRUDA, E. P. Educação remota emergencial: elementos para políticas públicas na educação brasileira em tempos de Covid-19. **Em Rede-Revista de Educação a Distância**, v.7, n.1, p.257-275, 2020.

BARBIERI, A.; NOMA, A. K. **Políticas públicas de educação e saúde na escola: apontamentos iniciais sobre o Programa Saúde na Escola (PSE)**. Anais do Seminário de Pesquisa do Projeto Pós-Graduação em Educação. Maringá, PR: UEM, 2013.

BOMFIM, B. S.; FURTUNATO, V. A. O. **Programa de saúde na escola: ações de promoção da saúde bucal em tempos de pandemia**. Relatório Técnico: Ilhéus, 2021.

BRASIL. **Gestão do Trabalho e da Educação na Saúde**. Departamento de Gestão e da Regulação do Trabalho em Saúde. Câmara de Regulação do Trabalho em Saúde. Brasília: MS, 2006.

BRASIL. **Decreto n.º 6.286, de 5 de dezembro de 2007**. Institui o Programa Saúde na Escola – PSE, e dá outras providências. Brasília: Palácio do Planalto, 2007. Disponível em: http://www.planalto.gov.br/ccivil_03/_Ato2007-2010/2007/Decreto/D6286.htm. Acesso em: 11 out. 2022.

BRASIL. **Caderno do gestor do Programa de Saúde Escolar**. Brasília: Ministério da Saúde/MEC, 2015.

CAMERINI, A. V. et al. Atendimento odontológico regular em pré-escolares da área rural do Sul do Brasil. **Revista de Saúde Pública**, v.54, p.37, 2020.

CAMPOS, B. et al. Telessaúde e telemedicina: uma ação de extensão durante a pandemia. **Revista Aproximação**, v.2, n.4, p.24-28, 2020. Disponível em: <https://revistas.unicentro.br/index.php/aproximacao/article/view/6578/4499>. Acesso em: 1 ago. 2020.

CARVALHO, T. H. L. et al. Estratégias de promoção de saúde para crianças em idade pré-escolar do município de Patos-PB. **Revista de Odontologia UNESP**, v.42, n.6, p.426-431, 2013. Disponível em: <https://www.scielo.br/j/rounesp/a/SbrY8SjR99mJ3NRTxKR9N9z/?format=pdf&lang=pt>. Acesso em: 11 out. 2022.

CASTRO, R. et al. Possibilidades em um projeto de extensão de apoio ao programa saúde na escola frente ao contexto da covid-19. **Expressa Extensão**, v.26, n.1, p.84-93, 2021. Disponível em: <https://periodicos.ufpel.edu.br/ojs2/index.php/expressaextensao/article/view/19687>. Acesso em: 12 out. 2022.

CAVALCANTI, P. B.; LUCENA, C. M. F.; LUCENA, P. L. C. Programa Saúde na Escola: interpelações sobre ações de educação e saúde no Brasil. **Textos & Contextos**, v.14, n.2, p.387-402, 2015. Disponível em: <https://revistaseletronicas.pucrs.br/ojs/index.php/fass/article/view/21728>. Acesso em: 13 out. 2022.

CHAVES, A. A.; SANTOS, B. G.; LEAL, J. H. M. Educação em saúde e o público adolescente: os Desafios do Programa Saúde na Escola. **Episteme Transversalis**, v.10, n.1, 2019. Disponível em: <http://revista.ugb.edu.br/ojs302/index.php/episteme/article/view/1290/1026>. Acesso em: 10 out. 2022.

DIAS, E.; PINTO; F. C. A. Educação e a Covid-19. **Ensaio: Avaliação e Políticas Públicas em Educação**, v.28, n.108, p.545-554, 2021. Disponível em: <https://www.scielo.br/j/ensaio/a/mjDxhf8YGdk84VfPmRSxzc/?format=pdf>. Acesso em: 10 set. 2022.

FARIAS, I. C. V. et al. Análise da Intersetorialidade no Programa Saúde na Escola. **Revista Brasileira de Educação Médica**, v.40, n.2, p.261-267, 2016. Disponível em: <https://www.scielo.br/j/rbem/a/39ZTRdxxTHwsQx5hCdjWzjB/abstract/?lang=pt>. Acesso em: 10 set. 2022.

FERREIRA, L. F. S. et al. Considerações sobre a formação docente para atuar online nos tempos da pandemia de COVID-19. **Revista Docência do Ensino Superior**, v.10, p.1-20, 2020. Disponível em: <https://periodicos.ufmg.br/index.php/rdes/article/view/24761>. Acesso em: 10 set. 2022.

FETTERMANN, F. A et al. Programa de saúde na escola e o alinhamento de ações na prevenção do coronavírus. **Research Society and Development**, v.10, n.5, p. e37810514686, 2021.

LISBÔA, M, B.; SANTOS, L. A. P.; LIMA R, J. V. Promoção da saúde na escola: revisão da literatura. **Revista de Educação da Universidade Federal do Vale do São Francisco**, v.12, n.28, 2022. Disponível em: <https://periodicos.univasf.edu.br/index.php/revasf/article/view/1794>. Acesso em: 10 dez. 2022.

MACEDO, L. R. et al. Promoção de saúde bucal para pré-escolares: relato de experiência. **Revista Ciência em Extensão**, v.13, n.4, p.128-139, 2017. Disponível em: https://ojs.unesp.br/index.php/revista_proex/article/view/1559/0. Acesso em: 8 ago. 2022.

MINAYO, M. C.; MINAYO-GÓMEZ, C. Dífceis e possíveis relações entre métodos quantitativos e qualitativos nos estudos de problemas de saúde. In: GOLDENBERG, P.; MARSIGLIA, R. M. G.; GOMES, M. H. A. **O clássico e o novo: tendências, objetos e abordagens em ciências sociais e saúde**. Editora Fiocruz, 2003. p.117-142. Disponível em: <https://books.scielo.org/id/d5t55/pdf/goldenberg-9788575412510-09.pdf>. Acesso em: 8 ago. 2022.

MONTEIRO, S. H. Inventar educação escolar no Brasil em tempos da COVID-19. **Revista Augustus**, v.25, n.51, p.237-254, 2020. Disponível em: <https://revistas.unisuam.edu.br/index.php/revistaaugustus/article/view/552/301>. Acesso em: 10 out. 2022.

MORAES, B. C. **Percepção de profissionais envolvidos em uma intervenção de promoção de saúde no ensino fundamental I**. 2018. 63 f. Trabalho de conclusão de curso (bacharelado - Educação Física) - Universidade Estadual Paulista Júlio de Mesquita Filho, Campus de Rio Claro, 2018. Disponível em: <http://hdl.handle.net/11449/203600>. Acesso em: 01 nov. 2022.

MOTTA, L. J. et al. Impacto da saúde bucal na qualidade de vida de crianças de 6 a 10 anos. **ConScientiae Saúde**, v.10, n.4, p.715-722, 2011. Disponível em: <https://periodicos.uninove.br/saude/article/view/2803>. Acesso em: 23 nov. 2022.

MOURA, R. A. et al. Estratégias Educacionais Remotas em um Programa de Residência Multiprofissional em Meio à Pandemia pelo Coronavírus: um relato de experiência. **Cenas Educacionais**, v.3, p.e9114, 2020. Disponível em: <https://revistas.uneb.br/index.php/cenaseducacionais/article/view/9114>. Acesso em: 8 jan. 2023.

MUSSI, R. F. F. et al. O Ensino da Antropometria na Escola: uma proposta na educação em saúde. **Cenas Educacionais**, v.2, n.1, p.14-28, 2019. Disponível em: <https://www.revistas.uneb.br/index.php/cenaseducacionais/article/view/6296>. Acesso em: 08 jan. 2023.

NAHAS, M. V.; GARCIA, L. M. T. Um pouco de história, desenvolvimentos recentes e perspectivas para a pesquisa em atividade física e saúde no Brasil. **Revista brasileira de educação física e esporte**, v.24, p.135-148, 2010. Disponível em: <https://doi.org/10.1590/S1807-55092010000100012>. Acesso em: 05 jun. 2022.

NERLING, M. A. M.; DARROZ, L. M. Tecnologias e Aprendizagem Significativa. **Cenas Educacionais**, v.4, n.10956, p.1-15, 2021. Disponível em: <https://revistas.uneb.br/index.php/cenaseducacionais/article/view/10956>. Acesso em: 8 jan. 2023.

OLIVEIRA, R. C. N. et al. Acesso a informações sobre como evitar problemas bucais entre escolares da Rede Pública de Ensino. **Ciência & Saúde Coletiva**, v.20, p.85-94, 2015. Disponível em: <https://www.scielo.br/j/csc/a/pMf8cwLpJDGSJtdghgYDscD/?lang=pt>. Acesso em: 02 jun. 2022.

PARENTE, B. A. V.; BARBOSA, A. F. S. R.; LIMA, L. B. Programa saúde na escola e a ação sobre o luto em tempos de COVID-19. **Health Residencies Journal-HRJ**, v.3, n.16, p.220-244, 2022. Disponível em: <https://escsresidencias.emnuvens.com.br/hrj/article/view/591>. Acesso em: 11 jan. 2023.

PELICIONI, M. C. F.; PELICIONI, A. F. Educação e promoção da saúde: uma retrospectiva histórica. **O mundo da saúde**, v.31, n.3, p.320-328, 2007. Disponível em: http://www.saocamilo-sp.br/pdf/mundo_saude/55/02_restrospectiva_historica.pdf. Acesso em: 02 jun. 2022.

PINHEIRO, C. P. **Projeto vale sorriso**: condições de saúde bucal e experiências de cuidado de crianças em uma capital do nordeste brasileiro. Dissertação (Mestrado profissional em Saúde da Família). Universidade Federal do Piauí, Teresina, 2019

RODRIGUES, A. L. L. et al. Contribuições da extensão universitária na sociedade. **Cadernos de Graduação - Ciências Humanas e Sociais**, v.1, n.16, p.141-148, 2015. Disponível em: <https://periodicos.set.edu.br/cadernohumanas/article/view/494>. Acesso em: 18 nov. 2022.

SERRÃO, A. Em tempos de exceção como fazer extensão? Reflexões sobre a prática da extensão universitária no combate à COVID-19. **Revista Práticas em Extensão**, v.4, n.1, p.47-49, 2020. Disponível em: <https://ppg.revistas.uema.br/index.php/praticasemextensao/article/view/2223>. Acesso em: 7 ago. 2020.

SILVA, A. J. F. et al. Desafios da educação física escolar em tempos de pandemia: notas sobre estratégias e dilemas de professores(as) no combate à covid-19 (SARS-COV-2). **Cenas Educacionais**, v.4, p.e10618, 2021. Disponível em: <https://www.revistas.uneb.br/index.php/cenaseducacionais/article/view/10618>. Acesso em: 09 jan. 2023.

SILVA, A. R. J. O exercício do Programa Saúde na Escola como prática da Equipe de Saúde Bucal na Atenção Básica: relato de experiência. **Archives of Health Investigation**, v.10, n.5, p.729-733, 2021. Disponível em: <https://www.archhealthinvestigation.com.br/ArcHI/article/view/4966/7119>. Acesso em: 10 out. 2022.

SILVA, C. S. **Promoção da saúde na escola**: modelos teóricos e desafios a intersectorialidade no município do Rio de Janeiro. 2010. 220 f. Tese (Doutorado em Saúde pública) – Fundação Oswaldo Cruz, 2010. Disponível em: https://www.arca.fiocruz.br/bitstream/handle/icict/13983/ve_Carlos_Silva_ENSP_2010.pdf?squence=1&isAllowed=y. Acesso em: 10 out. 2022.

SOUSA FILHO, F. G.; MENEZES, E. N. A formação continuada em tempos de pandemia de Covid-19. **Ensino em Perspectivas**, v.2, n.4, p.1-10, 2021. Disponível em: <https://revistas.uece.br/index.php/ensinoemperspectivas/article/view/6459/5374>. Acesso em: 10 out. 2022.

SOUSA, M. C.; ESPERIDIÃO, M. A.; MEDINA, M. G. A intersectorialidade no Programa Saúde na Escola: avaliação do processo político-gerencial e das práticas de trabalho. **Ciência & Saúde Coletiva**, v.22, n.6, p.1781-1790, 2017. Disponível em: <http://dx.doi.org/10.1590/1413-812320172226.24262016>. Acesso em: 02 jun. 2022.

UNIVERSIDADE ESTADUAL DE SANTA CRUZ. **Projeto de Especialização em Saúde Escolar**. Ilhéus: UESC, 2017.

VASCONCELOS, R. et al. Escola: um espaço importante de informação em saúde bucal para a população infantil. **Brazilian Dental Science**, v.4, n.3, p.43-7, 2001. Disponível em: <https://bds.ict.unesp.br/index.php/cob/article/view/131>. Acesso em: 28 nov. 2022.

WORLD HEALTH ORGANIZATION. **Coronavirus disease (COVID-19)**. Geneva: World Health Organization, 2020. Disponível em: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>. Acesso em: 00 nov. 2022.