

Differentiated Training in Dentistry for the Care of the Homeless Population: The Students' Perspective

Formação Diferenciada em Odontologia para o Cuidado da População em Situação de Rua: A Visão dos Estudantes
Formación Diferenciada en Odontología para el Cuidado de la Población en Situación de Calle: La Visión de los Estudiantes

RESUMO

Objetivo: A formação em saúde orientada para a redução das iniquidades requer estratégias pedagógicas que considerem os determinantes sociais da saúde e as necessidades de populações em situação de vulnerabilidade. Este estudo teve como objetivo analisar os impactos de uma formação diferenciada em Odontologia para o cuidado da população em situação de rua, a partir da percepção de estudantes participantes de um projeto de extensão universitária. **Método:** Trata-se de uma pesquisa qualitativa, desenvolvida em 2022, em uma instituição de ensino superior privada do interior do estado de São Paulo, em articulação com o Centro POP, a Secretaria Municipal de Saúde e a equipe do Consultório na Rua. Participaram quatro estudantes de graduação em Odontologia, que responderam a questionários abertos e participaram de entrevistas semidiretivas, cujos dados foram analisados segundo a Análise de Conteúdo de Bardin. As atividades envolveram ações de educação em saúde, promoção da saúde, redução de danos e atendimentos clínicos em ambientes ambulatoriais e não ambulatoriais. **Resultados:** Os resultados evidenciaram quatro categorias analíticas: interesse pela participação no projeto, prática vivenciada, aprendizados e repercussões para o futuro profissional. A experiência possibilitou a ampliação da compreensão sobre as iniquidades em saúde bucal, o desenvolvimento de competências técnicas e relacionais, a desconstrução de preconceitos e o fortalecimento de valores como empatia, acolhimento e compromisso social. **Conclusão:** Conclui-se que a curricularização da extensão universitária constitui uma estratégia potente para a formação crítica, humanística e comprometida com os princípios do Sistema Único de Saúde, contribuindo para a ampliação do acesso e da equidade no cuidado em saúde bucal da população em situação de rua.

DESCRIPTORES: Saúde bucal; População em situação de rua; Formação em saúde; Extensão universitária; Saúde coletiva.

ABSTRACT

Objective: Health education aimed at reducing inequities requires pedagogical strategies that take into account the social determinants of health and the needs of populations in vulnerable situations. This study aimed to analyze the impacts of a differentiated training in Dentistry focused on the care of people experiencing homelessness, based on the perceptions of students participating in a university extension project. **Method:** This is a qualitative study conducted in 2022 at a private higher education institution in the interior of the state of São Paulo, in partnership with the POP Center, the Municipal Health Department, and the Street Outreach Clinic team. Four undergraduate Dentistry students participated, responding to open-ended questionnaires and taking part in semi-structured interviews, with data analyzed using Bardin's Content Analysis. The activities included health education actions, health promotion, harm reduction, and clinical care provided in both outpatient and non-outpatient settings. **Results:** The results revealed four analytical categories: interest in participating in the project, lived practice, learning outcomes, and implications for future professional practice. The experience enabled an expanded understanding of oral health inequities, the development of technical and relational skills, the deconstruction of prejudices, and the strengthening of values such as empathy, welcoming, and social commitment. **Conclusion:** It is concluded that the curricular integration of university extension activities is a powerful strategy for critical, humanistic education aligned with the principles of the Brazilian Unified Health System, contributing to increased access and equity in oral health care for people experiencing homelessness.

DESCRIPTORS: Oral health; People experiencing homelessness; Health education; University extension; Collective health.

Qualitative Article

Rodrigues AO, Dal-Pont GC, Assolini JPA, Kanan LA, Centa A, Locatelli C

Determinants of Subjective Well-Being Among Older Adults Living Independently in the Community or in Long-term Care Institutions

RESUMEN

La formación en salud orientada a la reducción de las inequidades requiere estrategias pedagógicas que consideren los determinantes sociales de la salud y las necesidades de las poblaciones en situación de vulnerabilidad. Este estudio tuvo como objetivo analizar los impactos de una formación diferenciada en Odontología para el cuidado de la población en situación de calle, a partir de la percepción de estudiantes participantes de un proyecto de extensión universitaria. Se trata de una investigación cualitativa desarrollada en 2022 en una institución privada de educación superior del interior del estado de São Paulo, en articulación con el Centro POP, la Secretaría Municipal de Salud y el equipo del Consultorio en la Calle. Participaron cuatro estudiantes de grado en Odontología, quienes respondieron cuestionarios abiertos y participaron en entrevistas semiestructuradas, cuyos datos fueron analizados mediante el Análisis de Contenido de Bardin. Las actividades incluyeron acciones de educación en salud, promoción de la salud, reducción de daños y atención clínica en entornos ambulatorios y no ambulatorios. Los resultados evidenciaron cuatro categorías analíticas: interés por la participación en el proyecto, práctica vivida, aprendizajes y repercusiones para el futuro profesional. La experiencia permitió ampliar la comprensión sobre las inequidades en salud bucal, desarrollar competencias técnicas y relacionales, deconstruir prejuicios y fortalecer valores como la empatía, la acogida y el compromiso social. Se concluye que la curricularización de la extensión universitaria constituye una estrategia poderosa para una formación crítica, humanística y comprometida con los principios del Sistema Único de Salud, contribuyendo a la ampliación del acceso y la equidad en el cuidado de la salud bucal de la población en situación de calle.

DESCRIPTORES: Salud bucal; Población en situación de calle; Formación en salud; Extensión universitaria; Salud colectiva.

RECEIVED: 10/22/2025 APPROVED: 11/06/2025

How to cite this article: Ribeiro AERA, Beretta RCS, Barbosa GC, Castro AFP, Pereira FLP, Bronzati MRS. Differentiated Training in Dentistry for the Care of the Homeless Population: The Students' Perspective. *Saúde Coletiva* (Brazilian Edition) [Internet]. 2026 [cited year month day];17(104):19236-19249. Available from: DOI: 10.36489/saudecoletiva.2026v17i104p19236-19249



Ana Elisa Rodrigues Alves Ribeiro

PhD Professor with Full-Time Dedication to Teaching and Research. Department of Stomatology, Public Health, and Forensic Dentistry, Ribeirão Preto School of Dentistry, University of São Paulo (FORP-USP). Area of concentration: Teledentistry.

ORCID: <https://orcid.org/0000-0002-8057-3049>



Regina Célia de Souza Beretta

Professor/Researcher at the University of Franca / Cruzeiro do Sul Educacional, Graduate Program in Health Promotion. Coordinator of the Research Laboratory for Protection and Social Inclusion (LA-BPROSOCIAL), CNPq/UNIFRAN.

ORCID: <https://orcid.org/0000-0003-2817-0805>



Guilherme Cândido Barbosa

Dentist, University of Franca / Cruzeiro do Sul Educacional.

ORCID: <https://orcid.org/0009-0008-6923-7985>



Ana Flávia de Pádua Castro

Dentist, University of Franca / Cruzeiro do Sul Educacional.

ORCID: <https://orcid.org/0009-0000-2154-1576>



Francisco Lindicar Porfirio Pereira

Dentist, University of Franca / Cruzeiro do Sul Educacional.

ORCID: <https://orcid.org/0009-0004-9939-8676>



Maria Rita Santos Bronzati

Dentist, University of Franca / Cruzeiro do Sul Educacional.

ORCID: <https://orcid.org/0009-0000-5775-475X>

INTRODUCTION

Reducing health inequalities can be promoted starting with education. This aspect was highli-

ghted in 2017 when the World Health Organization and the Pan American Health Organization issued strategic human resources guidelines for universal health access and coverage with “an

emphasis on intersectoral collaboration, especially between the health and education sectors,” incorporating “new health technologies into the training of health professionals” and requiring

coordination between sectors to ensure that the training of professionals in the field was appropriate to the needs of the populations served ¹.

The concept of social determinants of health (SDH), which places social, economic, cultural, ethnic/racial, psychological, and behavioral factors as influential in the occurrence of health problems and risk factors for the population ², reveals this intersectoral relationship between the field of health and other areas. Health inequalities can thus be justified by the impact of SDH on the aggravation of disease conditions and the exclusion of groups.

The field of oral health in Brazil, involving deep historical issues, was aggravated by the fact that for a long time it was accessible to only a portion of the population and the use of a mutilating surgical-restorative model, which resulted in the epidemiological profile of national oral conditions ³.

Regarding health vulnerabilities, people considered homeless, deprived of housing, are more subject to inequalities ^{4,5}. Oral health, which is part of the health system, is a little-known right, and many groups are still unaware of its benefits, especially the most vulnerable, such as this specific group ⁶.

In the field of oral health, Rosa et al. (2022) showed that homeless people have poorer oral health, clearly as a result of their lifestyles, which do not allow for a routine of hygiene and self-care, but also due to the breakdown of ties and difficulty in accessing services, most of which require proof of residence ⁷.

Considering that, due to inequalities, these groups have a high demand in the field of oral health, the provision of targeted services that guarantee comprehensiveness is essential. However, also as a strategy related to the Permanent Health Education Policy for oral health ⁸, training covering these groups can lead to greater knowledge of the reality and promote better care, access, and provision of specific services.

Another way to support a change in the healthcare model and also in the oral healthcare model for vulnerable people would be to emphasize the proposed health promotion ⁹ and disease prevention initiatives, intersectorality, harm reduction, and the coordinating role of the care network, centered on Primary Health Care ¹⁰.

In line with current assumptions, the intention of this study was to present the impacts/qualitative data on differentiated oral health training for vulnerable populations. Through an extension project developed in 2022 at a private higher education institution in the interior of São Paulo, with an emphasis on caring for homeless people, it was possible to present in the current study the students' views on what they experienced and what the possible consequences of contact with these realities could be for their professional future and the impacts of the curricularization of university extension.

RESEARCH METHODOLOGY

In a theoretical and practical study of health issues affecting this extremely vulnerable population, dental students worked on incorporating outreach programs for homeless populations into the curriculum. They developed everything from theoretical activities such as research and writing articles to direct contact with these groups through health education—guidance on the impacts of drug use, harm reduction policies, oral hygiene guidance with distribution of supplies—and supervised clinical care.

Oral health care and the training of dentists took place in conjunction with the local social assistance apparatus, Centro Pop, and the health service of the SUS Street Clinic team, in addition to a partnership with a Basic Health Unit (UBS), in non-outpatient settings—Centro Pop and street outreach—and in the outpatient setting of the UBS.

Since this study involved human subjects, both the patients treated and the student group participating in the project, it was submitted for approval by the Human Research Ethics Committee (CEP) of the IES involved with CEPE/CEUA 52383821.0.0000.5495, in addition to receiving an institutional/Capes student grant for scientific initiation for its development.

Data collection for this study was carried out with the groups of students participating in the project, using an open questionnaire and complementary semi-structured interviews ¹¹. The criteria for inclusion in the study were that the student had to be part of the scholarship group or volunteer working on the project, with non-participation being a criterion for exclusion. Four students participated in the study. The sample of the group that signed the informed consent form was heterogeneous, with two females and two males, undergraduate dentistry students in their sixth and seventh semesters.

Bardin's Content Analysis methodology (2011) was used to analyze and process these data ¹² without the use of software. It began with a "floating reading," applying the rules of exhaustiveness, representativeness, homogeneity, and the principles of relevance in the content written and spoken by the participants. The statements of the participating students had fictitious names applied to some plants to ensure confidentiality in the TCLE.

Four themes emerged regarding the experience of differentiated training for the care of the homeless population, which were divided into sections in this study. One theme is about the students' interest in participating in the project, another is about the practice experienced in the extension project, another is about the lessons learned from the experience, and finally, professional aspirations in the field of oral health, whether related to it or not.

SECTIONS

Interest

Considering the Brazilian Unified Health System (SUS) as the country's current health policy, responsible for and coordinating health actions in a wide range of areas, the training of health professionals is directly related to the human resources that may or should be absorbed by the system¹³. Thus, the presence of its content in the formulation of curriculum guidelines is justifiable and essential for overcoming the health issues present in the territory.

According to Ceccim & Feuerwerker¹⁴, the curriculum guidelines should address the priorities expressed by the epidemiological and demographic profile of the various regions of the country; the implementation of a teacher training policy oriented towards the SUS; the training of managers capable of breaking with current management paradigms; and the guarantee of resources necessary for the development of teaching, research, and extension.

It was with this first proposition in mind, the polarized epidemiological profile of oral health conditions related to socioeconomic discrepancies and DSS⁸, that the current project was written and submitted for development, in a new proposal in the curriculum through university extension.

Given the innovation of the proposal at the institution, and also nationally for undergraduate dentistry courses, due to the complex characteristics of care for this group, some data found in this study reflected doubts about what could be applied, arousing students' interest in participating. Two of them reported that they could not imagine how they would develop the project and what they would find when carrying it out, an aspect present in the statement below:

"When I started the project with care at the pop center, I was faced with a reality that I had witnessed very little and that I did not imagine how great the

demand for care for this group was" (ALFAZEMA).

Only one student was aware that by choosing to participate in the project, he would be coming into contact with realities that he would not see in the educational institution itself. Another student was interested in the experience but did not relate it to the curriculum.

The surprise at the demand and need for oral health care was also something that marked the participants at the beginning of the project's development, and many reports showed that learning about this reality also served as motivation and interest in continuing to develop the project. As Margarida said: "The work evolved and, just like the demand (from users), the desire to do more for these people also grew."

The oral health profile of homeless people and the initial results of the project's actions also opened up new perspectives on interest and participation in the project. It enabled students to visualize broader contexts and relationships between oral conditions and social aspects that are often unclear in classroom learning or institutional clinics, and which also sparked interest. An example of this is the statement below:

"The biggest issue is being able to bring health to a population that is experiencing great hardship. That is what motivated me the most, because there are lives there that need greater attention. Sometimes bringing health to this vulnerable population helps significantly in all aspects, even helping them to find work, get off the streets, lead a more peaceful life. Knowing this motivated me a lot to move the project forward" (JEQUITIBÁ).

Another student, who wrote scientific papers as part of his participation in the project, revealed that his interest also arose when he saw in the scientific papers how oral health actions could

favor the reintegration of homeless people into the job market. The impact of oral health conditions on DSS^{2,8}, such as when you hear that people don't try to find a job because they are ashamed of their oral health, that with nice teeth it would be easier to find a job, or that we could do the front restorations because the next day they would be going to the job interview they had been waiting for. With this oral health situation (of the homeless person), no one would give them a chance.

This aspect also appears in another statement, also revealing an interest in clarifying social rights:

"I learned that the project aims to reduce damage to oral health, as well as providing basic care and guidance to people who are not aware of their rights" (ALFAZEMA)

Finally, upon coming into contact with reality and their needs, the concept of oral health and dentistry also changed for the participants, and terms such as "care," "empathy," and the phrase "most importantly: dentistry is for everyone," which dialogues with the principles of universality and equity of access to the Brazilian Unified Health System, which is still distant from some groups.

"In addition to needing treatment, they want to be heard and welcomed, not only by us health professionals, but by everyone else around them" (MARGARIDA)

Practical Experience

Based on the literature reviewed, there are few experiences like those lived in this project. Most articles only portray the reports of people living on the streets or the oral conditions of people in this situation, but not of students who cared for them.

"The training of health professionals as an educational project that goes beyond education in the technical-sci-

entific domain of the profession”¹⁴ can generate changes in the current structures and characteristics of health, in addressing the epidemiological aspects of the health-disease process, and in changing the professional profile to make necessary changes.

A report from this current study highlighted the importance of undergoing six months of theoretical introduction to the subject in order to be able to put it into practice with these patients:

“The course was very in-depth in content in the first 6 months, providing guidance on how the Brazilian population was doing in terms of oral health. When we got to the practical stage, I could see that the data that is being released really shows a very delicate issue of oral health in this vulnerable population. (JEQUITIBÁ).

Another report highlighted the practical aspects of dentistry that could be developed, improved, and understood on the job, as well as adjusted to the reality of the situation:

“The treatments are performed with basic materials that we use in everyday office care, but which do not necessarily need to be in the office to be used. I did a lot of scaling and restorations, among other procedures, and during all the treatments I was guided and learned a lot from my teacher. I practiced manual cavitation a lot without the rotary device, which helped a lot to preserve the dental structures” (ALFAZEMA).

In many countries, the curative-restorative practice of dentistry hinders access to and coverage of oral health services, with high rates of caries mainly among the economically disadvantaged. Atraumatic Restorative Treatment (ART) has been proposed as a new approach to dental caries, as it aims

to offer treatment even in environments without dental equipment, while also reducing costs. This type of treatment enables a change in the care model, due to disease control and the possibility of working in dental practice through minimal intervention, maximum preservation of dental structures, and greater professional availability for health promotion, education, and patient motivation¹⁵.

MARIANO¹⁶, in his master's thesis, reports on the inclusion of dentistry in existing services in the country for this population, emphasizing the role of primary care, health promotion, and harm reduction among these groups. This treatment model was also presented in the practice experienced by the students in the project, favoring new perspectives on the approach to dentistry:

“Above all, the TRA technique made me feel that I can help anyone without needing to be within the four walls of the office” (MARGARIDA)

An interesting point that emerged in this project was that it was often possible to perform a greater number of consultations and procedures at the POP Center than at the basic health unit itself, which had a dental chair. This aspect leads us to think of intersectoral coordination as a necessary practice for health equity.

In addition to the technical issues in the field, for the students, this experience was unique because of how much the patients recognized the work being done and how they interacted with these future professionals. The development of bonds, empathy, and communication skills for better health outcomes was evident in much of the qualitative data in this study, as in the examples below:

“We hear stories, life stories, and confessions that go beyond dental treatment. The exchange we have with the people we treat is very special; the trust

and respect they have for us is admirable. It is very gratifying to know that they wait for the treatment we provide and that we can reward them in some way. The recognition they have for our work is priceless” (MARGARIDA).

“Often, we don't just think about performing the procedures themselves, but also about welcoming them, showing them affection, giving them hygiene instructions, handing out toothbrushes, talking about the risks of drugs. This whole project went far beyond just dental care” (JEQUITIBÁ).

The deconstruction of paradigms and concepts about people who are homeless was part of the experience of the students participating in the project, who realized how being in the social spaces of these individuals has an impact on their adherence to the service offered and also on the construction of bonds:

“They are very grateful for the ‘little’ we do, whether it be a scraping, a class IV restoration, among other things. And with the residents who frequent the POP center, the project has been gaining momentum and recognition” (MANDACARU)

The literature portrays many of these existing preconceptions, which result in violence and exclusion of these groups in spaces that are their right, such as health spaces: hospitals and health units¹⁷. The experience since graduation and knowledge of the social spaces that are specific to this population have favored the development of bonds and the breaking of preconceptions and generalized stereotypes about this population.

Lessons learned

The field of dentistry, as a science and practice for oral health, has been changing and has received incentives for a broader approach, an aspect present in new curriculum guidelines for training (DCNs)¹⁸ and in health service guidance documents¹⁹.

According to the 2021 DCNs, the “essential curriculum content of the undergraduate dentistry course must be related to the health-disease process of the individual, family, and population in different life cycles, with reference to the epidemiological reality”¹⁸.

The teaching tool contained in the university extension experience can favor these curricular premises, offering a set of experiences close to those that future professionals will encounter in different territories, as appears in Alfazema’s statement:

“I believe that as I am still an undergraduate, I am still going through a process of learning and maturing, and with the consultations, I had more freedom to deal with patients and see what reality is like outside of college.”

All participating students reported learning in the extension context as exceeding professional expectations, but also human and ethical training. They reported the impact of their actions on the lives they cared for, but also the learning that came from experiencing that impact. The literature reveals common elements that are reproduced in our society about these groups, such as the concept of health limited to access to treatment, hygiene, and aesthetics¹⁷. This view, distanced from the concepts of integrality and citizenship, can be modified and worked on in an educational way, starting in undergraduate studies, as shown in the following data:

“Being in the project opened my eyes and took me completely out of my comfort zone. Being present in a reality different from mine allowed me to see beyond

what I saw. The learning that the project brought me was not only on the professional side, but also on my personal side. I learned to listen more to patients, to be more empathetic, and to go beyond ordinary care and make use of more humanized care” (MARGARIDA).

“Without a doubt, it goes far beyond just being a future dental surgeon, but also as a person, because we have to be grateful for the smallest things, because for us they may not be very relevant, but for people who are homeless, they are hugely important” (MANDACARU)

There are reports in the literature only from professionals who have expressed their difficulties in approaching the oral health of homeless populations. The report by dentists²⁰ reveals how difficult it is to work with this population due to the lack of information these residents have, without knowing the patient’s history, whether they have systemic problems, use drugs, and/or have any type of communicable disease.

Homeless people, as reported by DA SILVEIRA¹⁷, have higher expectations for welcoming and humane care at the dentist, and do not want to be criticized for their poor oral health, followed by needs such as prostheses. There are no reports of students working with these populations or developing skills related to this approach.

Many topics can be addressed when training and service are combined, which will serve as tools for future professionals in their approaches and also as a possibility for addressing current problems in the field of public health. Examples of reports of practical learning within the project that can assist in these aspects:

“The project greatly changed and improved my thinking about dentistry, broadened my vision, and changed the way I

work and provide care” (ALFAZEMA)

It is clear how much was possible from a project designed to train for processes of change and coordination with the health system and the population. Through practical action in social spaces, active teaching-learning methodology, and generalist, critical, and humanistic training¹⁴, data such as this can be collected:

“Projects like this should always have the support of all faculties. In addition to bringing hope to those who often have no one else to turn to, they provide students with enormous experience, helping them mature and develop a welcoming attitude toward those most in need (JEQUITIBÁ).”

Professional Future

The few articles published confirm a strong demand for oral health care among the homeless population and highlight the scarcity of actions in this area²⁰. Thus, future professionals who have had contact with this reality will be able to promote the reduction of health inequalities by consolidating existing policies.

Three reports focused on the social issues and real needs of the population, and one of them focused on the policy of health damage reduction, which is widely discussed for these groups:

“I will definitely be more attentive to projects focused on social actions” (MARGARIDA)

“Create a project that provides care to the population in need, if you are in places where there is not a large concentration of homeless people, visit nursing homes for the elderly, try at least a few times to provide oral health care to this population that is in great need and often goes unnoticed” (JEQUITIBÁ)

“And with this experience that I was able to have in the project, I

became a professional who serves and helps everyone, and I will carry the knowledge I acquired with me for the rest of my life. (...) I identified a lot with the services in this niche (harm reduction), and I hope to be able to do something in this area in the future.” (ALFAZEMA)

The National Policy for Continuing Education in Health (PNEPS) is based on meaningful learning, starting from the problems and challenges faced in everyday life ²¹. In addition to its pedagogical dimension, it can transform health practices and assist in the management and organization of work processes. The

current project dialogues with this policy in the sense of dialoguing with reality and proposing transformations, mainly educational, to favor the professional profile in health. In it, data emerged about the future, possible actions and ways of providing oral health care, as well as teaching and research.

In this glimpse of their professional future, two of the students reported an interest in pursuing a master's degree and also encouraging training through projects of this type and a doctorate for research in public health. Although this is a scientific initiation project, these academic and research aspects had not been considered in the initial proposal, but were revealed in the students' statements.

CONCLUSION

This proposal could serve as a basis for new partnerships and social contributions to training for the health care of homeless populations. Given the relevance of the topic, since it grew by about 140% from 2012, reaching almost 222,000 people in March 2020 in Brazil ²².

It was possible to learn about the specificities of the health approach for these groups and collaborate with the equity and inclusion of these users in services, in addition to providing differentiated training by configuring a diversified curriculum through extension.

REFERENCES

1. Organização Pan-Americana da Saúde (OPS). Documento CSP29/10. 29ª Conferência Sanitária Panamericana. Washington (DC): OPS; 2017.
2. Solar O, Irwin A. A conceptual framework for action on the social determinants of health. Geneva: WHO; 2010.
3. Brasil. Ministério da Saúde. SB Brasil 2010: Pesquisa Nacional de Saúde Bucal – Resultados principais. Brasília (DF): MS; 2012.
4. Graeff L. Corpos precários, desrespeito e autoestima: o caso de moradores de rua de Paris-FR. *Psicol USP*. 2012;23(4):757-775.
5. Engstrom EM, Teixeira MB. Equipe “Consultório na Rua” de Manginhos, RJ: práticas de cuidado e promoção da saúde em território vulnerável. *Cienc Saude Colet*. 2016;21(6):1839-48.
6. Nickel DA, Lima FG, Silva BB. Modelos assistenciais em saúde bucal no Brasil. *Cad Saude Publica*. 2008;24(2):241-6.
7. Rosa CAL et al. A saúde bucal da população em situação de rua e seus desafios. *Jornal da Universidade (UFRGS)*. 2022 [citado 2022 Nov 15]. Disponível em: <https://www.ufrgs.br/jornal/a-saude-bucal-da-populacao-em-situacao-de-rua-e-seus-desafios/>
8. Brasil. Ministério da Saúde. Política Nacional de Educação Permanente em Saúde. Brasília (DF): MS; 2004.
9. Brasil. Ministério da Saúde. Política Nacional de Promoção da Saúde. Brasília (DF): MS; 2010.
10. Brasil. Ministério da Saúde. Política Nacional de Atenção Básica. 4ª ed. Brasília (DF): MS; 2022.
11. Holstein JA, Gubrium JF. Inside interviewing: new lenses, new concerns. Thousand Oaks: Sage; 2003.
12. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2011.
13. Brasil. Constituição Federal de 1988. Brasília (DF): Senado Federal; 1988.
14. Ceccim RB, Feuerwerker LCM. O quadrilátero da formação para a área da saúde: ensino, gestão, atenção e controle social. *Physis*. 2004;14(1):41-65.
15. Lima DC, Saliba NA, Moimaz SAS. Tratamento restaurador traumático e sua utilização em saúde pública. *RGO*. 2008;56(1):75-9.
16. Mariano GG. Programa Consultório na Rua: revisão integrativa sobre normas de criação, implementação e participação da odontologia no programa [dissertação]. Recife: UFPE; 2019.
17. Da Silveira JLG C, Stanke R. Condição e representações da saúde bucal entre os sem-teto de Blumenau (SC). *Cienc Cogn*. 2008;13(1):2-11.
18. Brasil. Ministério da Educação. Resolução CNE/CES nº 3 de 21 de junho de 2021. Diretrizes Curriculares Nacionais do curso de Odontologia. Diário Oficial da União. 2021.
19. Brasil. Ministério da Saúde. Diretrizes da Política Nacional de Saúde Bucal. Brasília (DF): MS; 2015.
20. Silva LMA, Monteiro IS, Araújo ABVL. Saúde bucal e consultório na rua: o acesso como questão central da discussão. *Cad Saude Colet*. 2018;26(3):285-91.
21. Brasil. Ministério da Saúde. Secretaria de Gestão do Trabalho e Educação na Saúde. Política Nacional de Educação Permanente em Saúde. Brasília (DF): MS; 2018.
22. Instituto de Pesquisa Econômica Aplicada (IPEA). Relatório População em Situação de Rua no Brasil. Brasília (DF): IPEA; 2020.