

Health-promoting spaces in Primary Health Care: the experience of undergraduate dentistry students at the State University of Paraíba

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ABSTRACT

The study aims to report the experience of a group of dentistry students from the State University of Paraíba, which took place in the second semester of 2018, during the process of forming a health-promoting space that provided the meeting of culture and art with the System Health Unit at the Family Health Unit (FHU) Argemiro de Figueiredo, located in the municipality of Campina Grande. The construction of this space took place during the Internship in the Family Health Strategy I, a curricular component offered in the fourth semester of the course. Such an environment was created from the experience entitled “Graffiti that brings life”, as well as through the construction process of the Community Garden in that FHU. The aforementioned activities were marked by the strong interaction between academics, the community, the health team, and social equipment present in the area assigned to the FHU, allowing the strengthening of the bond between the health team and the population. In this process of living in the community, it was observed the importance of the presence of dentistry students in the Primary Care (PC) scenario. Such presence enabled them to recognize the relevance of comprehensive care, understanding that the role of the dental surgeon in PC goes far beyond guaranteeing oral health care for the population. Also, the construction of a health-promoting space allowed the strengthening of ties between users and workers, enabling the community to understand the BHU space in addition to the disease.

Descriptors: Family Health Strategy. Training Support. Dentistry. Health promotion.

1 INTRODUCTION

According to the definition of the Ministry of Health, Primary Care (PC) is the main gateway to the Unified Health System (SUS) and can be considered as a starting point for the structuring of local health systems¹. PC allows users to have their first contact with SUS, establishing comprehensive health care, with promotion and prevention activities, early detection and disease tracking, as well as treatment and rehabilitation². The PC also has the responsibility to provide family and community guidance and cultural competence³.

The strengthening of PC from the reorganization of SUS and the consolidation of the Family Health Strategy (FHS) has helped to reduce inequalities and irregularities to access to health services⁴. It is important to highlight that the new National Primary Care Policy (PNAB), approved in September 2017 by Decree 2,436, maintained that the FHS is the highest priority strategy for the expansion and consolidation of PC, and reinforced the PC's role through articulation with important SUS initiatives, such as the expansion of intersectoral and health promotion policies⁵.

In this context, we emphasize the importance of the territorialized performance of the health professional working in the FHS since it is noticeable that this type of performance favors the creation of a bond with the population, through the strengthening of intersectoral actions⁶. Thus, it is possible to affirm that such a link allows the establishment of longitudinal care and favors health promotion and disease prevention, allowing the early diagnosis of some diseases. For these reasons, the knowledge of the community in which the user lives is crucial for the performance of the activities of health professionals, not only in the exclusive scope of the disease but also in the physical, social and cultural scope.

Thus, the importance of creating these links between professionals and users that transcend work focused on the disease must be transmitted to future health professionals during their training, aiming at the profile of sensitive, humanized professionals who understand the relevance of building bonds with the community and its importance in the performance of activities in the health unit.

In this sense, SUS is the organizer of the training of human resources in health as described in the Federal Constitution, which points out the need to reorient training in health courses⁷. Thus, several actions were taken to seek educational innovations in undergraduate courses so that the principles of SUS were achieved. Among these actions, we highlight the changes in the National Curriculum Guidelines (DCN) for health professions, which advocate breaking the mandatory minimum curriculum model for careers, as a possibility for the transformative perspective of the training of health workers⁸.

Thus, when the main focus is the Dentistry course, we need to highlight the creation of the National Program for the Reorientation of Health Training (Pro-health), which allowed the approximation between the academic worlds and the real provision of services health⁹; and to highlight the elaboration of the DCN of undergraduate courses in Dentistry. These guidelines defined that the training of the dental surgeon must provide the professional with the necessary knowledge for the exercise of skills and abilities aimed at actions of promotion, prevention, protection, and rehabilitation of health at the individual and collective levels¹⁰. Also, it should include the health system in force in the country, comprehensive health care in a regionalized and hierarchical system of reference and counter-reference and teamwork. The same guidelines also recommend that the essential

content for the undergraduate course in Dentistry must be related to the entire health-disease process of the citizen, the family, and the community, integrated with the epidemiological and professional reality.

In this way, we realized the need for curricular reform, allowing that, from extramural activities, undergraduates started to have their first contacts with the needs of the population in the Primary Care services.

Therefore, considering the discussions presented above and the importance of interaction between the university, the community, and health services, the Dentistry course at the State University of Paraíba (UEPB) - Campus I offers students the curricular component “Internship in Family Health Strategy”. Students perform the internship weekly at the pre-determined FHU accompanied by a tutor and a preceptor who is a dental surgeon in that unit.

Given this context, this article aims to report the experience of interaction between a group of students from the fourth semester of the Dentistry course, community, and health team of the FHU Argemiro de Figueiredo, belonging to the Sanitary District V of the municipality of Campina Grande - Paraíba. The experiences to be reported are those of the “Graffiti that brings life” workshop and the construction of a community vegetable garden at the FHU, highlighting the importance of these activities in creating the link between users, the health team, and students.

2 EXPERIENCE REPORT

This is an experience report elaborated from the records and notes made during the creation of the first edition of the discipline “Internship in the Family Health Strategy I”. This experience is the result of the partnership of the Dentistry course at UEPB - Campus I, with the Municipal Health Secretariat (SMS) of Campina

Grande, which together provide students with the Internship in the Family Health Strategy. Such component is part of the pedagogical project of the course and allows students in the fourth and sixth semesters of undergraduate activities to carry out activities aimed at the prevention and promotion of health with the application of knowledge in the most varied environments of the territory of the area of an FHU.

The municipality of Campina Grande, located in rural Paraíba, has a population of 409,731 inhabitants in an area of 591,658 km² (648.31hab/km²), its Human Development Index (HDI) in 2010 was 0.72011 and its Gini Index was 0.585912. This municipality exerts great political and economic influence in the geographic section of the “Compartimento da Borborema”, represented by more than 60 municipalities, with a population of about 1 million inhabitants¹¹.

The Health Care Network (HCN) of the municipal system of the city of Campina Grande is composed of a polyarchic network of services that has the entrance door to the PC, formed by 137 FHUs, among other equipment¹³.

UEPB with headquartered in the municipality described above is a state agency with eight campuses. The Dentistry course is currently offered on campuses I (Campina Grande) and VIII (Araruna) and, in both, its duration is five years. The Dentistry course at Campus I was one of the first courses implemented at UEPB and the first in the health area, almost 50 years ago. The pedagogical project of the course (PPC) was reformulated in 2016, according to the DCN and, in this new version, there was a greater focus in the area of Public Health during the process of training future dentists.

Therefore, the new PPC allowed for the readjustment and strengthening of the articulation between teaching practices, services,

and needs of the community through the intersection of the educational institution with the municipality's SMS; this integration of teaching-service-community is a demand of the DCN that provides for new practice scenarios for undergraduate students in the health area.

For the internship subject, a meeting is held every six months with the SMS Oral Health Coordination, which determines the FHU that are available for the internship. All students fill out a Term of Commitment, in which the actions to be developed in the internship are described, duly agreed and signed by the supervising professors, service preceptors, Oral Health Coordinator and the department of the Dean's Office of Graduation (PROGRAD) of UEPB, which provides collective insurance for students who will participate in the internship.

Two subjects precede the internship: "Introduction to Epidemiology" and "Health Policies", offered in the second and third semesters of the course; both considered prerequisites of the curricular component "Internship in the Family Health Strategy I". Therefore, before the internship experience, the undergraduate students study from the first concepts and notions of epidemiology to the emergence and consolidation of SUS, and the operation of strategies that allow the exercise of its principles and guidelines at all levels of health care, especially in PC.

The subject "Internship in the Family Health Strategy I", which in the new PPC is part of the group of specific basic subjects for internships, aims to develop activities with an educational, preventive, and health promotion focus with the application of knowledge in environments of the territory of the area covered by an FHU, promoting the integration of the student with the community and the health service.

In this experience, the student establishes

an interprofessional connection and develops powerful skills for their training, with a collaborative action. When developing the skills of health care, pointing out solutions to problems that may occur in the internship environment, it is possible, together with the preceptor and supervising professor, to develop skills to evaluate, systematize and make decisions regarding the best choices, based on science that is another important skill in training. The communication process is a very positive and essential aspect for a health professional. In the internship, the student has many opportunities to exchange information with colleagues, professionals, and users of the FHU, oriented to maintain confidentiality in this interaction. Another important aspect of the student is the opportunity to develop leadership. In teamwork, opportunities are given and it becomes fundamental to the trainee's teaching-learning process, the ability to engage in conducting the processes, leading actions relevant to the internship. Other skills that are no less important, but essential, are the collaborative skills that occur, both in interprofessional communication and in collaborative leadership.

With a 60-hour workload, the subject has four professors and the class is divided into groups of pairs or trios of students who are responsible for preparing an internship plan and subsequently carrying out health promotion and prevention activities in an FHU in the municipality. The class was composed of 24 students and each tutor was responsible for two internship units. The experiences reported in this article were carried out by a trio of students at an FHU that had a minimal multidisciplinary team and a modality I oral health team.

The tutor involved in this experience report played a fundamental role in this construction, together with the community and the health team, to carry out the internship actions. It aimed to

strengthen interpersonal relationships and the distance between theoretical knowledge and practice, guiding, supporting, teaching, and sharing experiences that contributed to improving the training of these students, being one of the pillars of the teaching-service-community integration process.

Thus, in five months, between July and November in 2018, the group of students with the guidance and participation of the preceptor and the family health team, and the professor carried out several activities. To describe the two main experiences developed, the data from this experience report were obtained through direct observation of the students during the internship activities that took place at the FHU, using the field diary and the reflective critical portfolio (RCP) as a record base, built during the meetings and which was used as an assessment tool for the curricular component. In this way, we will present here the experiences of “Graffiti that brings life” and the construction of the Community Garden.

The experience “Graffiti that brings life”

In the first weeks of the internship, the students together with the preceptor, the tutor, and the Community Health Agents (CHA) studied the population in the area covered by this FHU. Home visits were made, moments of dialogue with CHAs about the profile of users of the FHU, recognition of the territory and social equipment, and the analysis of the FHU electronic medical record.

According to the data in the electronic medical record, the population enrolled in the FHU Argemiro de Figueiredo was 3135 people, mostly women (56.9%), in the age groups of 30 to 34 years old (4.3%) and 55 to 59 years old (4.3%). A large number of patients had chronic diseases, such as high blood pressure (n = 622) and diabetes (n = 223). We also noticed that a

considerable number of patients had mental health problems (n = 268). The neighborhood had its project prepared by the city hall, with the centralization of several fundamental social facilities to assist the population there, such as Mother’s club, Municipal Laundry, Daycare, Elementary School, and the FHU. Even with this structure, social problems are present in the community such as unemployment, crime, poverty, and violence, mainly due to the gentrification process and social inequality present in the area.

Thus, due to the high number of patients who suffered from problems related to mental health and the difficulty reported by the FHU health team in working with these people, we realized the need to develop health promotion actions with these patients with this profile, aiming not only to explain the causes, consequences, and resolutions of these disorders, but also to strengthen the bond between the community and health professionals based on activities that demonstrate the importance of welcoming and integral care in the FHS, and highlighting the relevance of creating health-promoting spaces in PC.

Therefore, due to the great resistance of patients with mental health problems to participate in activities at the unit, the students and other professionals involved realized the need to innovate the approach of the community and carry out a health action that values their style and culture. From then on, we noticed the importance of highlight the urban art present in that territory.

Thus, the proposed experience entitled “Graffiti that brings life” was carried out in September, as it is the year dedicated to raising awareness among the population about the importance of suicide prevention through the national campaign known as September Yellow. The choice of graffiti as art was made not only to

value the cultural style of that territory, but also to encourage the participation of patients with mental health problems, enabling the community to stop seeing the health unit as space far from its reality and destined only to care for diseases, and started to see it as a space that also fits the local identity, strengthening the feeling of belonging to that place.

Thus, the action consisted of three moments: in the first moment, the students carried out a dynamic of providing a moment of reflection on the importance of life. In the second moment, the participants expressed through drawings in response to the following question: what is life for you? Finally, at the third moment, the graphite was made inside the FHU wall based on the drawings resulting from the previous moment. At this stage of the action, the participants were assisted by a graffiti artist who gave instructions on the technique to be used.

Not only the mental health people but also the other patients who were present at the FHU and the entire team of the unit participated in this experience. The students together with the preceptor and tutor conducted such moments.

The initial dynamic was based on the importance of knowing themselves and the other. While everyone was blindfolded and, in a circle, the interlocutors of the dynamic cited characteristics of a random participant and asked another to say who it was. The purpose of this first moment was to carry the message about the importance of being sensitive and understanding with those around them, highlighting the purpose of the September Yellow campaign.

Then, the participants draw responses to the following question: what is life for you? For this moment, the students previously organized all the material necessary to carry out the drawing and painting, and then they gave sheets of paper and colored pencils to the participants. Several results were obtained in this second

moment, such as drawings related to the family, nature, work, and the customs of that population. In some, messages and excerpts of songs that alluded to life were written.

The third moment of the experience was the graphite. Despite the presence of the professional in this art, the drawings made in the previous moment were passed on to the walls of the FHU by the participants, after being instructed by the graffiti artist. It was a very relaxed and extremely important moment for the impression of the local and individual identity and the reinforcement of the feeling of belonging of each one to that place, from patients to health professionals.

The proposal to make the graffiti on the walls of the unit was due to the need to revitalize that environment. This construction had the interaction of the community and the FHU team since the preparation of the wall to receive the art, either through the donation of the necessary material for the preparation of the walls or even in collaboration with the labor force.

Thus, this experience has achieved results far beyond those expected objectives of working with mental health groups during the Yellow September period. Such experience strengthened the bond between the entire community and the FHU team.

The construction of the Community Garden

This activity was developed gradually during the internship, comprising several moments, such as carrying out campaigns to collect seeds, plant seedlings, and materials necessary for the preparation of the garden and the place for planting.

The place for the community garden was in an unfit situation for the cultivation of any plants, with anthills, accumulation of garbage, and without sufficient and adequate land for planting. The community's involvement in the creation of

this space took place at this stage. Patients participated in a variety of ways, whether by correcting the soil or preparing it with organic fertilizer purchased through donations and/or offered by students and the FHU team.

The tires and pallets used in the garden were obtained by the community from the campaigns carried out to collect such materials. A thrift store of clothes, shoes, and accessories was made with donations and all the money from the sale was reverted to revitalize the space. The preparation and painting of the material were also done together, with mutual interaction between patients, unit staff, and the students.

The importance of revitalizing this environment was not only the need to improve the aesthetics of the place but also to offer better comfort and well-being to the patients and the team since with the preparation of the soil there was the removal of a large number of plants that are considered worthless and that only attract various types of insects that may harm the health of people who attend the FHU.

After the preparation of the environment to receive the plants, the moment of planting was carried out, with an articulated intersectoral interaction between the health team of the FHU, community, and students of the Lourdes Loureiro Municipal Nursery, located next to the FHU in the area attached to the Unit. Thus, this action aimed to emphasize the importance of creating links between the health sectors and other social facilities, strengthening the emergence of health-promoting spaces and allowing the community to come to understand the space of the FHU besides the disease, highlighting the innovative character of this experience.

In this sense, the children went along with the teachers to the area of the FHU and, first, an initial conversation was held, associating the cultivation of plants and the cultivation of life, relating these crops to the importance of care and

preservation of the environment.

The moment of planting occurred shortly thereafter. The children came from the nursery next to the FHU. They were divided into groups and each group was monitored by a student, preceptor, or tutor. During planting, the importance of plants was emphasized for each group of children and how to plant and care for the cultivated plant. All children had the opportunity to come into contact with the land and the seedlings, as well as planting. The patients who were in the unit and the FHU team were also invited to participate at this moment. Most of them showed interest and, therefore, became involved in this experience.

At the end of planting, seeds were distributed to each child. The purpose of this distribution was to make them able to practice the care issue that was taught and pass on what was learned to their families. Also, another purpose of this distribution was to promote the construction of the interaction between the FHU space with the children's families, strengthening the bond between the two environments.

3 DISCUSSION

The internship in the FHS is configured as a connection between theory and practice, in which the professional identity is built because it is a rich space for learning¹⁴. Thus, the reported experiences allowed students to develop attitudes of citizenship and empathy, which at the same time encompass formative dimensions in the aspect not only cognitive but also affective, when they are involved with the community, in qualified listening and attention to the weaknesses perceived during the experiences¹⁵.

The student's effective contact with the community enables to strengthen interpersonal relationships, sharpening the perception of the individual who, inserted in the social environment, has a more humanized training in

health¹⁶. For this reason, it is essential to recognize what the student brings as theoretical knowledge and feelings, recognizing the collective work between the preceptor and the student¹⁷. The diversity of experiences lived in the territory provides an opportunity for a critical-reflective educational process, with knowledge of the territory of the FHS, of socio-cultural interactions, which permeate health training and the consequent production of oral health care¹⁸.

The performance of students during the stages of health promotion brought contributions to the process of strengthening the bond between health professionals and patients. In the field of public health, the bond represents a connection between the concepts of humanization, accountability, embracement, and integrality¹⁹. One of the FHS guidelines is to enable the creation of a professional-patient bond through the work of the CHA, which performs the intermediation between families and the health team²⁰.

Undoubtedly, the participation of future professionals during this process has the training of sensitive dental surgeons as a positive consequence and able to recognize the importance of this link in the performance of their activities in the health unit. Thus, the importance of consolidating ties between the actors involved in these actions is perceived, through this connection where professionals can obtain knowledge of the subjectivities, individualities, and living conditions of families, and, from that, they become able to stimulate close and supportive interactions, causing punctual and mechanistic care to be replaced by creative and transforming care²¹.

The bond and welcoming that exist within the scope of public health represent an important milestone in this field since it is the inversion of the technical-assistance model previously

operated²². As an example of this, we can mention the experience reported by Carvalho et al. (2020)²³, in which it is emphasized that, through the construction of a health-promoting space in a specific BHU, there was an improvement in the welcoming strategy and this resulted in a closer relationship between the community and the health team, strengthening the link between these two actors. Thus, it is of great relevance that, in addition to the CHA, the other professionals who are members of the FHS team, through their work, strengthen the link that must exist between the patient and the professionals.

The activities developed by Dentistry students during the internship at the FHS showed significant results both for workers and the community and for their training. This shows that the construction of health promotion spaces is effective for the individual's involvement with his self-care and rehabilitation. These spaces are constituted as a pedagogical strategy, favoring the expanded conception of health in a perspective of resignification of the practices of care production, considering in this context the strengthening of the autonomy and the protagonism of the students²⁴.

It is correct to affirm that the territory of the FHS provides opportunities for outside teaching-learning experiences, enabling students to see PHC as a space for creation and invention in the development of educational practices for health promotion and an expanded clinic, which bring the health service, the community and academic training closer together²⁵. The research carried out by Santos et al. (2013)²⁶ with dentistry students, confirms what was posted since all students who participated in the study stated that the experiences of extramural internships in the FHS positively influenced their academic training since it made it more humanistic, integral, critical and reflective, as recommended

by DCN of the course. Therefore, in the experiences described in this article, the FHS enabled the construction of educational practices that allowed students, mental health patients, the Family Health team, professors, and students to approach the building of a health promoter PC and with a welcoming atmosphere, contributing greatly to the training process of the students involved.

In this sense, health promotion is part of the perspective of a new model of health care that aims to seek a quality of life for the population not only through the analysis of the biological scope but also based on the determinants of the socioeconomic, political, cultural and emotional spheres responsible for shaping individuals²⁷.

Although health promotion in the FHS presumes an intersectoral interaction through the articulation of health services with other social facilities²⁸, one of its limitations is the challenge in articulating different sectors and forming spaces that promote health in the communities, hindering the constant contact of individuals with the instruments of support and well-being²⁹.

The graffiti workshop held with mental health patients allowed conscious work to develop the relationship between audiences and art. It is an important tool for the development of perception, imagination, and critical capacity, and allows people to analyze reality and develop creativity in a way to change it³⁰. The artistic approach is a door to humanization, being a powerful resource that can be used by both educators and health professionals and not only to promote the health of its patients but also for the improvement of their quality of life since most of the health professionals are also educators, exercising this role within the team, with the patient and the family members as well as with the entire community in which they live³¹. The experience reported by León-Cedeño et al. (2017)³² highlights the importance of the

intersection between university, community, and health team and also emphasizes the importance of the encounter between the artistic approach and the community and social issues, highlighting the relevance of creating spaces that make feasible the subject's potency when in coexistence with the other.

The community garden built at the FHU presented as a potential space for socialization and increased social interactions based on activities developed in their care with the community. This fact underscores its importance in the appropriation of the health unit as a collective space, for the creation of a network of affective support, reduction of social isolation, and appropriation of other spaces and services in the territory³³. Another example of teaching-service-community interaction described in the literature by Carvalho et al. (2020)²³ reported the experience that also highlights the construction of a community garden as one of the highlights. The authors mentioned that even patients who were unaware of the existence of such a space, started to admire and visit the place, making the strengthening of the link between the health unit and the population noticeable from spaces like these²³.

Also, this socialization space provided by the vegetable garden allows the cleaning of some areas and a considerable improvement in the environment and the sharing of experiences and rescue of popular culture in the care of people, being an opportunity to recover lost sociability in the urban environment³⁴.

4 FINAL CONSIDERATIONS

This process of teaching-service integration allowed the emphasis on the importance of internships for the creation of spaces that enable the development of educational dynamics that aim to allow the recognition of SUS as a system of social

relevance. Therefore, experiences like these are capable of bringing benefits to society, strengthening the academic and personal training of the students involved, and offering positive results for the university.

We also observed limitations for carrying out the activities such as the lack of interprofessional. Although there was the participation of the CHA, the dental surgeon, and the oral health technician who worked on the team, we noticed the difficulty of the involvement and collaboration of the nursing and medical professionals. This happened due to the high demands related to the clinical care of the population that made it impossible for all FHS professionals to participate in an integrated manner during the activities carried out.

However, such experiences also brought future perspectives, such as the strengthening of phytotherapy and the use of medicinal plants by the community, the use of the revitalized space to carry out health promotion activities, improving the ambience of the FHU, which allows for a greater welcome to the patients. Another perspective concerns the opportunity for the sustainability of actions developed in collaboration with workers, the community, and the university. The participation of the university has been carried out by joining new groups of interns to the FHU. This adherence has allowed the perpetuation of these developed works and the development of new projects that aim to promote health through the interaction between university, community, and health team; strengthening, more and more, the bond between these actors.

We also noted the great relevance of the student's role during internships in the FHS, as they bring innovations and motivations to work in health. In the experiences described in this article, we highlight as an innovation added by students, the very idea of strengthening the bond

between the community and the health team through the development of the activities reported. The experience “Graffiti that brings life” was able to arouse the attention and interest of the community, as well as the creation of the feeling of belonging to that place. The dynamics, the experience of planting with the children at the daycare center, the concern, and they look to improve the ambience of the FHU were also ideas brought up by the students that deserve to be highlighted. Thus, when the professional experiences of preceptors in community work are associated with the contributions of students and the theoretical-practical knowledge of tutor teachers, the result is the qualification of health care.

RESUMO

Espaços promotores de saúde na Atenção Básica: a experiência dos graduandos de Odontologia da Universidade Estadual da Paraíba

O estudo tem por objetivo relatar a experiência de um grupo de acadêmicos de Odontologia da Universidade Estadual da Paraíba, ocorrida no segundo semestre de 2018, durante o processo de formação de um espaço promotor de saúde que proporcionou o encontro da cultura e arte com o Sistema Único de Saúde na Unidade de Saúde da Família (USF) Argemiro de Figueiredo, situada no município de Campina Grande. A construção deste espaço ocorreu durante o Estágio na Estratégia Saúde da Família I, componente curricular ofertado no quarto semestre do curso. Tal ambiente foi criado a partir da realização da vivência intitulada de “Grafito que traz vida”, como também por meio do processo de construção da Horta Comunitária na USF em questão. As atividades citadas foram marcadas pela forte interação entre acadêmicos, comunidade, equipe de saúde e equipamentos sociais presentes na área adstrita à USF, permitindo, assim, o fortalecimento do vínculo entre equipe de saúde e população. Neste processo de vivência em comunidade, observou-se a importância da presença de acadêmicos de

Odontologia no cenário da Atenção Básica (AB). Tal presença possibilitou que os mesmos reconhecessem a relevância do cuidado integral, entendendo, assim, que o papel do cirurgião-dentista na AB vai muito além da garantia de assistência em saúde bucal para a população. Além disso, a construção de um espaço promotor de saúde permitiu o fortalecimento dos laços entre os usuários e trabalhadores fazendo com que a comunidade compreendesse o espaço da UBS para além da doença.

Descritores: Estratégia Saúde da Família. Apoio ao Desenvolvimento de Recursos Humanos. Odontologia. Promoção da Saúde.

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