

Continuing education in health: promoting equity in care for vulnerable populations

Educação permanente em saúde: promovendo equidade no atendimento a populações vulneráveis

Educación continua en salud: promoviendo la equidad en la atención a poblaciones vulnerables

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REVISA

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RESUMO

Objetivo: Investigar como a educação permanente em saúde pode capacitar profissionais de saúde para atender adequadamente populações vulneráveis, promovendo equidade no acesso e qualidade dos cuidados. **Método:** Utilizou-se uma revisão integrativa da literatura, conduzida em quatro bases de dados: Embase, Scopus, Lilacs, Medline, além do Portal Periódico da Capes. Utilizados descritores controlados, combinados com operadores booleanos (AND e OR). Incluídas publicações de janeiro de 2014 a setembro de 2024, em inglês, português e espanhol, sobre educação permanente em saúde para atendimento de populações vulneráveis. **Resultados:** A análise dos estudos revela que a EPS, quando bem implementada, contribui significativamente para a redução das iniquidades em saúde e para a melhoria da qualidade dos serviços prestados. No entanto, é essencial superar barreiras estruturais e investir em políticas públicas robustas, práticas educacionais inovadoras e apoio institucional. **Conclusão:** Conclui-se que a educação permanente em saúde tem o potencial de transformar a prática profissional e promover um sistema de saúde mais justo e inclusivo, desde que seja continuamente adaptada às realidades locais e às necessidades das populações atendidas. **Descritores:** Educação Permanente; Populações Vulneráveis; Qualidade da Assistência à Saúde.

ABSTRACT

Objective: To investigate how continuing health education can train health professionals to adequately serve vulnerable populations, promoting equity in access and quality of care. **Method:** An integrative literature review was conducted in four databases: Embase, Scopus, Lilacs, Medline, and the Capes Periodical Portal. Controlled descriptors were used, combined with Boolean operators (AND and OR). Publications from January 2014 to September 2024, in English, Portuguese, and Spanish, on continuing health education for the care of vulnerable populations were included. **Results:** The analysis of the studies reveals that PHE, when well implemented, contributes significantly to reducing health inequities and improving the quality of services provided. However, it is essential to overcome structural barriers and invest in robust public policies, innovative educational practices, and institutional support. **Conclusion:** It is concluded that continuing education in health has the potential to transform professional practice and promote a fairer and more inclusive health system, if it is continually adapted to local realities and the needs of the populations served. **Descriptors:** Education, Continuing; Vulnerable Populations; Quality of Health Care.

RESUMEN

Objetivo: Investigar cómo la educación continua en salud puede capacitar a los profesionales de la salud para atender adecuadamente a las poblaciones vulnerables, promoviendo la equidad en el acceso y la calidad de la atención. **Método:** Se utilizó una revisión integradora de la literatura, realizada en cuatro bases de datos: Embase, Scopus, Lilacs, Medline, además del Portal de Periódicos de Capes. Se utilizan descriptores controlados, combinados con operadores booleanos (AND y OR). Se incluyen publicaciones de enero de 2014 a septiembre de 2024, en inglés, portugués y español, sobre educación continua en salud para atender a poblaciones vulnerables. **Resultados:** El análisis de los estudios revela que los EPS, cuando se implementan adecuadamente, contribuyen significativamente a reducir las inequidades en salud y a mejorar la calidad de los servicios prestados. Sin embargo, es esencial superar las barreras estructurales e invertir en políticas públicas sólidas, prácticas educativas innovadoras y apoyo institucional. **Conclusión:** Se concluye que la educación continua en salud tiene el potencial de transformar la práctica profesional y promover un sistema de salud más justo e inclusivo, siempre que se adapte continuamente a las realidades locales y a las necesidades de las poblaciones atendidas. **Descritores:** Educación Continua; Poblaciones Vulnerables; Calidad de la Atención de Salud.

Descritores: Educación Continua; Poblaciones Vulnerables; Calidad de la Atención de Salud.

Introduction

Continuing education in health (PHE) is a political-pedagogical strategy that aims to train health professionals in their work environment, improving both services and working conditions.¹⁻² The concept of EPS is dynamic, but its core remains constant: practices carried out in the work environment that seek to modify health practices, emphasizing the active participation of professionals in the teaching-learning process.³

The implementation of the National Policy for Permanent Education in Health (PNEPS) was designed to promote the continuous qualification of health workers, meeting the demands and specificities of the Unified Health System (SUS). This policy aims to align the educational process with the daily routine of health work, promoting contextualized and permanent education. The objective is to transform professional practices through a collaborative and integrated approach that involves managers, workers and users, aiming to improve the quality of services provided and strengthen the SUS.⁴

The PNEPS in Brazil has evolved significantly, reflecting the growing importance of continuous professional development in the context of public health. Despite its well-structured guidelines, implementation faces practical challenges, such as the lack of recognition by managers of the importance of the methodologies guided by the PNEPS. Among the main challenges are the need for constant updating of professionals and the expansion of continuing education to all regions, aiming at greater equity.⁵

EPS contributes to professional improvement aligned with the needs of the community, strengthening the bond between professionals and users.⁶ Despite the challenges, such as the inclusion of residents in dialogues and planning, EPS is recognized as an element that enhances teamwork and the connection with local demands.⁶

Building a bond of trust with health services is necessary to ensure adherence to treatment of diseases, especially those with serious consequences if not treated properly. Analyzing automated practices and biases, as well as understanding reality without judgment, can help remove barriers and promote a more open dialogue, resulting in a more balanced and fair life.⁷

The performance of health in relation to the vulnerable population involves the recognition and approach of vulnerability during the training of professionals, with a focus on health promotion and disease prevention, particularly in family health. However, academic training is often insufficient to identify the needs of vulnerable populations and propose appropriate care strategies.⁸

Human dignity is guaranteed by the Federal Constitution, including the right to health; However, socioeconomic inequality still compromises access to this right. Minority groups face specific barriers, reflected in health inequalities. Affirmative public policies are essential to repair social injustices and address the particular needs of these groups, aiming to improve living and health conditions and minimize historical inequalities.⁹

Continuing and permanent education is considered an effective solution to improve knowledge and promote the exchange of knowledge, enabling professionals to deal with vulnerabilities more appropriately. The integration between academia and the community is also seen as essential to assess needs

in the field, expanding the perspective of comprehensive and humanized care.⁸

The present study seeks to fill an important gap by exploring how continuing education can be used as a tool to promote equity in access and quality of care for vulnerable populations. Through the analysis of educational practices, challenges faced, and proposals for more effective educational strategies, this study aims to contribute to the advancement of PHE policies and practices, thus improving the response of health services to the needs of vulnerable groups and promoting a fairer and more inclusive health system.

Therefore, this study aims to: Investigate how continuing education in health can train health professionals to adequately serve vulnerable populations, promoting equity in access and quality of care.

Methodology

The methodology of this study was based on an integrative literature review, which allows the inclusion of different types of studies, providing a comprehensive and detailed view on the subject.¹⁰

To formulate the research question, the acronym PICO was used, Populations in situations of vulnerability (P=population); Deficiency in the training of health professionals (I = phenomenon of interest); and Continuing education programs (Co=context). Thus, the following question was defined: How does continuing education contribute to the training of health professionals in the equitable care of populations in contexts of vulnerability?

The search for articles was performed in four databases: Embase; Scopus; Latin American and Caribbean Literature in Health Sciences (LILACS) via the Regional Portal of the Virtual Health Library (VHL); MEDLINE via PubMed. In addition to the Capes Periodic Portal (search by subject/filter only articles). The search was conducted in September 2024.

To carry out the search, controlled descriptors from the DeCS (Health Sciences Descriptors)/MeSH (Medical Subject Headings) databases were used. The combinations of the descriptors followed the specific guidelines of each base, using Boolean operators such as AND and OR.

Chart 1 details the databases/portal consulted, the search strategies applied, and the number of studies initially identified.

Chart 1 - Search results in the databases/portal of the reviewed literature.

Database	Search strategy	Amount
LILACS	("Barreiras ao Acesso aos Cuidados de Saúde" OR "Barriers to Access of Health Services" OR "Barreras de Acceso a los Servicios de Salud" OR "Mensuração das Desigualdades em Saúde" OR "Monitoramento das Desigualdades na Saúde" OR "Health Inequality Monitoring" OR "Monitoreo de las Desigualdades en Salud" OR "Vulnerabilidade em Saúde" OR "Health Vulnerability" OR "Vulnerabilidad en Salud" OR "Desigualdades de Saúde" OR "Disparidades de Saúde" OR "Disparidades em Saúde" OR "Inequalidades em Saúde" OR "Iniquidade em Saúde" OR "Iniquidade na Saúde" OR "Iniquidades em Saúde" OR "Health Inequities" OR "Inequidades en Salud" OR "Disparidades nos Níveis de Saúde" OR "Desigualdade de Saúde" OR "Desigualdade em Saúde" OR "Desigualdade na Saúde" OR "Desigualdades	52

	<p>em Saúde" OR "Desigualdades Socioespaciais em Saúde" OR "Disparidades nas Condições de Saúde" OR "Disparidades no Estado de Saúde" OR "Health Status Disparities" OR "Disparidades en el Estado de Salud" OR "Disparidades em Assistência à Saúde" OR "Disparidades na Assistência à Saúde" OR "Healthcare Disparities" OR "Disparidades en Atención de Salud" OR "Desvantagem Econômica em Saúde" OR "Desvantagens Sociais em Saúde" OR "Desvantagens Sociais na Saúde" OR "Desvantagens Socioeconômicas" OR "Disparidade Social em Saúde" OR "Disparidade Socioeconômica" OR "Socioeconomic Disparities in Health" OR "Disparidades Socioeconômicas en Salud" OR "Área Carente de Assistência Médica" OR "Falta de Serviços de Saúde" OR "População Carente de Assistência Médica" OR "Medically Underserved Area" OR "Área sin Atención Médica") AND ("Educação Continuada" OR "Educação Contínua" OR "Educação Permanente" OR "Formação Continuada" OR "Education, Continuing" OR "Educación Continua" OR "Capacitação Profissional" OR "Formação Profissional" OR "Professional Training" OR "Capacitación Profesional" OR "Capacitação de Recursos Humanos em Saúde" OR "Capacitação de Recursos Humanos Especializados" OR "Formação Profissional em Saúde" OR "Health Human Resource Training" OR "Capacitación de Recursos Humanos en Salud" OR "Desenvolvimento de Pessoal" OR "Capacitação de Recursos Humanos" OR "Desenvolvimento de Recursos Humanos" OR "Formação de Recursos Humanos" OR "Formação Profissional Polivalente" OR "Treinamento Cruzado de Funcionários" OR "Treinamento de Recursos Humanos" OR "Staff Development" OR "Desarrollo de Personal") AND ("Populações Vulneráveis OR Desfavorecido" OR "Desfavorecidos" OR "Grupos de População Sensíveis" OR "População Carente" OR "População Desfavorecida" OR "População Desprotegida" OR "População Marginal" OR "População Marginalizada" OR "População Vulnerável" OR "Populações Carentes" OR "Populações Desfavorecidas" OR "Populações Desprotegidas" OR "Populações Marginalizadas" OR "Povo Vulnerável" OR "Vulnerable Populations" OR "Poblaciones Vulnerables" OR "Grupos Populacionais Minoritários" OR "Minorias Populacionais" OR "População Minoritária" OR "Populações Desiguais em Saúde" OR "Populações Minoritárias" OR "Saúde das Minorias" OR "Saúde de Minorias" OR "Minority Health" OR "Salud de las Minorías" OR "Saúde das Minorias Étnicas" OR "Saúde da População Negra" OR "Saúde de Grupos Étnicos" OR "Saúde do Grupo Étnico" OR "Situação de Saúde dos Grupos Étnicos" OR "Health of Ethnic Minorities" OR "Salud de las Minorías Étnicas" OR "Povos Indígenas" OR "Comunidades Indígenas" OR "População Indígena" OR "Indigenous Peoples" OR "Pueblos Indígenas" OR "Saúde de Populações Indígenas" OR "Saúde da População Indígena" OR "Saúde das Populações Indígenas" OR "Saúde de Povos Indígenas" OR "Saúde do Índio" OR "Saúde dos Povos Indígenas" OR "Saúde Indígena" OR "Health of Indigenous Peoples" OR "Salud de Poblaciones Indígenas" OR "População Negra" OR "Afrodescendente" OR "Afrodescendentes" OR "Pessoas Negras" OR "Populações de Ascendência Africana" OR "Black People" OR "Población Negra" OR "Grupos de Risco"</p>	
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	<p>OR "Comunidades em Risco" OR "Comunidades Expostas a Riscos" OR "Comunidades Vulneráveis" OR "Grupos em Risco" OR "Grupos Expostos a Riscos" OR "Grupos Vulneráveis" OR "Risk Groups" OR "Grupos de Riesgo" OR "Quilombolas" OR "Quilombos" OR "Quilombola Communities" OR "Quilombola" OR "Pessoas com Deficiência" OR "Cadeirantes" OR "Deficiência Física" OR "Deficiências Físicas" OR "Pessoa com Deficiência Física" OR "Pessoas com Deficiência Física" OR "Pessoas com Deficiências Físicas" OR "Disabled Persons" OR "Personas con Discapacidad" OR "Pessoas Mal Alojadas" OR "Morador de Rua" OR "Pessoas em Situação de Rua" OR "Pessoas sem Lar" OR "População em Situação de Rua" OR "Sem-Teto" OR "Ill-Housed Persons" OR "Personas con Mala Vivienda" OR "Saúde de Migrantes" OR "Saúde de Refugiados" OR "Migrant Health" OR "Salud del Migrante" OR "Refugiados" OR "Refugees" OR "Refugiados" OR "Minorias Sexuais e de Gênero" OR "Sexual and Gender Minorities" OR "Minorías Sexuales y de Género" OR "Pessoas Transgênero" OR "Transgender Persons" OR "Personas Transgênero")</p>	
<p>CAPEs</p>	<p>("Barreiras ao Acesso aos Cuidados de Saúde" OR "Barriers to Access of Health Services" OR "Barreras de Acceso a los Servicios de Salud" OR "Mensuração das Desigualdades em Saúde" OR "Monitoramento das Desigualdades na Saúde" OR "Health Inequality Monitoring" OR "Monitoreo de las Desigualdades en Salud" OR "Vulnerabilidade em Saúde" OR "Health Vulnerability" OR "Vulnerabilidad en Salud" OR "Desigualdades de Saúde" OR "Disparidades de Saúde" OR "Disparidades em Saúde" OR "Inequalidades em Saúde" OR "Iniquidade em Saúde" OR "Iniquidade na Saúde" OR "Iniquidades em Saúde" OR "Health Inequities" OR "Inequidades en Salud" OR "Disparidades nos Níveis de Saúde" OR "Desigualdade de Saúde" OR "Desigualdade em Saúde" OR "Desigualdade na Saúde" OR "Desigualdades em Saúde" OR "Desigualdades Socioespaciais em Saúde" OR "Disparidades nas Condições de Saúde" OR "Disparidades no Estado de Saúde" OR "Health Status Disparities" OR "Disparidades en el Estado de Salud" OR "Disparidades em Assistência à Saúde" OR "Disparidades na Assistência à Saúde" OR "Healthcare Disparities" OR "Disparidades en Atención de Salud" OR "Desvantagem Econômica em Saúde" OR "Desvantagens Sociais em Saúde" OR "Desvantagens Sociais na Saúde" OR "Desvantagens Socioeconômicas" OR "Disparidade Social em Saúde" OR "Disparidade Socioeconômica" OR "Socioeconomic Disparities in Health" OR "Disparidades Socioeconômicas en Salud" OR "Área Carente de Assistência Médica" OR "Falta de Serviços de Saúde" OR "População Carente de Assistência Médica" OR "Medically Underserved Area" OR "Área sin Atención Médica") AND ("Educação Continuada" OR "Educação Contínua" OR "Educação Permanente" OR "Formação Continuada" OR "Education, Continuing" OR "Educación Continua" OR "Capacitação Profissional" OR "Formação Profissional" OR "Professional Training" OR "Capacitación Profesional" OR "Capacitação de Recursos Humanos em Saúde" OR "Capacitación de Recursos Humanos Especializados" OR "Formação Profissional em Saúde" OR "Health Human</p>	<p>19</p>

	<p>Resource Training" OR "Capacitación de Recursos Humanos en Salud" OR "Desenvolvimento de Pessoal" OR "Capacitação de Recursos Humanos" OR "Desenvolvimento de Recursos Humanos" OR "Formação de Recursos Humanos" OR "Formação Profissional Polivalente" OR "Treinamento Cruzado de Funcionários" OR "Treinamento de Recursos Humanos" OR "Staff Development" OR "Desarrollo de Personal") AND ("Populações Vulneráveis OR Desfavorecido" OR "Desfavorecidos" OR "Grupos de População Sensíveis" OR "População Carente" OR "População Desfavorecida" OR "População Desprotegida" OR "População Marginal" OR "População Marginalizada" OR "População Vulnerável" OR "Populações Carentes" OR "Populações Desfavorecidas" OR "Populações Desprotegidas" OR "Populações Marginalizadas" OR "Povo Vulnerável" OR "Vulnerable Populations" OR "Poblaciones Vulnerables" OR "Grupos Populacionais Minoritários" OR "Minorias Populacionais" OR "População Minoritária" OR "Populações Desiguais em Saúde" OR "Populações Minoritárias" OR "Saúde das Minorias" OR "Saúde de Minorias" OR "Minority Health" OR "Salud de las Minorías" OR "Saúde das Minorias Étnicas" OR "Saúde da População Negra" OR "Saúde de Grupos Étnicos" OR "Saúde do Grupo Étnico" OR "Situação de Saúde dos Grupos Étnicos" OR "Health of Ethnic Minorities" OR "Salud de las Minorias Étnicas" OR "Povos Indígenas" OR "Comunidades Indígenas" OR "População Indígena" OR "Indigenous Peoples" OR "Pueblos Indígenas" OR "Saúde de Populações Indígenas" OR "Saúde da População Indígena" OR "Saúde das Populações Indígenas" OR "Saúde de Povos Indígenas" OR "Saúde do Índio" OR "Saúde dos Povos Indígenas" OR "Saúde Indígena" OR "Health of Indigenous Peoples" OR "Salud de Poblaciones Indígenas" OR "População Negra" OR "Afrodescendente" OR "Afrodescendentes" OR "Pessoas Negras" OR "Populações de Ascendência Africana" OR "Black People" OR "Población Negra" OR "Grupos de Risco" OR "Comunidades em Risco" OR "Comunidades Expostas a Riscos" OR "Comunidades Vulneráveis" OR "Grupos em Risco" OR "Grupos Expostos a Riscos" OR "Grupos Vulneráveis" OR "Risk Groups" OR "Grupos de Riesgo" OR "Quilombolas" OR "Quilombos" OR "Quilombola Communities" OR "Quilombola" OR "Pessoas com Deficiência" OR "Cadeirantes" OR "Deficiência Física" OR "Deficiências Físicas" OR "Pessoa com Deficiência Física" OR "Pessoas com Deficiência Física" OR "Pessoas com Deficiências Físicas" OR "Disabled Persons" OR "Personas con Discapacidad" OR "Pessoas Mal Alojadas" OR "Morador de Rua" OR "Pessoas em Situação de Rua" OR "Pessoas sem Lar" OR "População em Situação de Rua" OR "Sem-Teto" OR "Ill-Housed Persons" OR "Personas con Mala Vivienda" OR "Saúde de Migrantes" OR "Saúde de Refugiados" OR "Migrant Health" OR "Salud del Migrante" OR "Refugiados" OR "Refugees" OR "Refugiados" OR "Minorias Sexuais e de Gênero" OR "Sexual and Gender Minorities" OR "Minorías Sexuales y de Género" OR "Pessoas Transgênero" OR "Transgender Persons" OR "Personas Transgénero")</p>	
<p>PUBMED</p>	<p>("Barriers to Access of Health Services" OR "Health Inequality Monitoring" OR "Health Vulnerability" OR</p>	<p>12</p>

	"Health Inequities" OR "Health Status Disparities" OR "Healthcare Disparities" OR "Socioeconomic Disparities in Health" OR "Medically Underserved Area") AND ("Education, Continuing" OR "Professional Training" OR "Health Human Resource Training" OR "Staff Development") AND ("Vulnerable Populations" OR "Health Disparate Minority and Vulnerable Populations" OR "Minority Health" OR "Health of Ethnic Minorities" OR "Indigenous Peoples" OR "Health of Indigenous Peoples" OR "Black People" OR "Risk Groups" OR "Quilombola Communities" OR "Disabled Persons" OR "Ill-Housed Persons" OR "Migrant Health" OR "Refugees" OR "Sexual and Gender Minorities" OR "Transgender Persons")	
EMBASE	("Barriers to Access of Health Services" OR "Barreras de Acceso a los Servicios de Salud" OR "Health Inequality Monitoring" OR "Monitoreo de las Desigualdades en Salud" OR "Health Vulnerability" OR "Vulnerabilidad en Salud" OR "Health Inequities" OR "Inequidades en Salud" OR "Health Status Disparities" OR "Disparidades en el Estado de Salud" OR "Healthcare Disparities" OR "Disparidades en Atención de Salud" OR "Socioeconomic Disparities in Health" OR "Disparidades Socioeconómicas en Salud" OR "Medically Underserved Area" OR "Área sin Atención Médica") AND ("Education, Continuing" OR "Educación Continua" OR "Professional Training" OR "Capacitación Profesional" OR "Health Human Resource Training" OR "Capacitación de Recursos Humanos en Salud" OR "Staff Development" OR "Desarrollo de Personal") AND ("Vulnerable Populations" OR "Poblaciones Vulnerables" OR "Health Disparate Minority and Vulnerable Populations" OR "Poblaciones Minoritarias, Vulnerables y Desiguales en Salud" OR "Minority Health" OR "Salud de las Minorías" OR "Health of Ethnic Minorities" OR "Salud de las Minorías Étnicas" OR "Indigenous Peoples" OR "Pueblos Indígenas" OR "Health of Indigenous Peoples" OR "Salud de Poblaciones Indígenas" OR "Black People" OR "Población Negra" OR "Risk Groups" OR "Grupos de Riesgo" OR "Comunidades Expuestas a Riesgos" OR "Comunidades Susceptibles a Riesgos" OR "Comunidades Vulnerables Grupos en Riesgo" OR "Grupos Expuestos a Riesgos" OR "Grupos Sensibles a Riesgos" OR "Quilombola Communities" OR "Quilombola" OR "Disabled Persons" OR "Personas con Discapacidad" OR "Ill-Housed Persons" OR "Personas con Mala Vivienda" OR "Migrant Health" OR "Salud del Migrante" OR "Refugees" OR "Refugiados" OR "Sexual and Gender Minorities" OR "Minorías Sexuales y de Género" OR "Transgender Persons" OR "Personas Transgénero")	131
SCOPUS	("Barriers to Access of Health Services" OR "Barreras de Acceso a los Servicios de Salud" OR "Health Inequality Monitoring" OR "Monitoreo de las Desigualdades en Salud" OR "Health Vulnerability" OR "Vulnerabilidad en Salud" OR "Health Inequities" OR "Inequidades en Salud" OR "Health Status Disparities" OR "Disparidades en el Estado de Salud" OR "Healthcare Disparities" OR "Disparidades en Atención de Salud" OR "Socioeconomic Disparities in Health" OR "Disparidades Socioeconómicas en Salud" OR "Medically Underserved Area" OR "Área sin Atención Médica") AND ("Education, Continuing" OR	15

	<p>"Educación Continua" OR "Professional Training" OR "Capacitación Profesional" OR "Health Human Resource Training" OR "Capacitación de Recursos Humanos en Salud" OR "Staff Development" OR "Desarrollo de Personal") AND ("Vulnerable Populations" OR "Poblaciones Vulnerables" OR "Health Disparate Minority and Vulnerable Populations" OR "Poblaciones Minoritarias, Vulnerables y Desiguales en Salud" OR "Minority Health" OR "Salud de las Minorías" OR "Health of Ethnic Minorities" OR "Salud de las Minorías Étnicas" OR "Indigenous Peoples" OR "Pueblos Indígenas" OR "Health of Indigenous Peoples" OR "Salud de Poblaciones Indígenas" OR "Black People" OR "Población Negra" OR "Risk Groups" OR "Grupos de Riesgo" OR "Comunidades Expuestas a Riesgos" OR "Comunidades Susceptibles a Riesgos" OR "Comunidades Vulnerables Grupos en Riesgo" OR "Grupos Expuestos a Riesgos" OR "Grupos Sensibles a Riesgos" OR "Quilombola Communities" OR "Quilombola" OR "Disabled Persons" OR "Personas con Discapacidad" OR "Ill-Housed Persons" OR "Personas con Mala Vivienda" OR "Migrant Health" OR "Salud del Migrante" OR "Refugees" OR "Refugiados" OR "Sexual and Gender Minorities" OR "Minorías Sexuales y de Género" OR "Transgender Persons" OR "Personas Transgénero")</p>	
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The inclusion criteria for the selected studies were: publications between January 2014 and September 2024; available in full text; articles in English, Portuguese or Spanish; studies that discuss continuing education in health aimed at serving vulnerable populations; that address the development of cultural and social competencies in health professionals and; studies that describe interventions or training practices aimed at promoting equity in access to and quality of health care.

Exclusion criteria include: duplicate studies between different databases; studies that do not present results directly related to the research question; publications focused only on continuing education, without dealing with the care of vulnerable populations or the development of cultural skills and opinion articles, editorials, reviews, letters to the editor or conferences without empirical data.

The selection of studies was conducted in two phases. Initially, the titles and abstracts were read to identify the studies that met the inclusion criteria. In the second stage, the potentially eligible articles were read completely. Rayyan software was used to assist in the screening of studies, and two independent reviewers selected the studies. In cases of disagreement between reviewers, a third reviewer was consulted to reach consensus.

The results were analyzed in a descriptive and qualitative way, identifying patterns and gaps in studies on the subject. The synthesis of the results is presented in a narrative way, highlighting the most effective practices of continuing education and the skills developed by professionals to ensure equitable and quality care for vulnerable populations.

Results

A total of 229 articles were identified in the databases/portal consulted,

of which 34 were removed for being duplicates. There were 195 articles, which were reviewed based on their titles and/or abstracts. Of these, 47 were selected for full reading, and 22 met the inclusion criteria, being used for the discussion of the study, as shown in Figure 1.

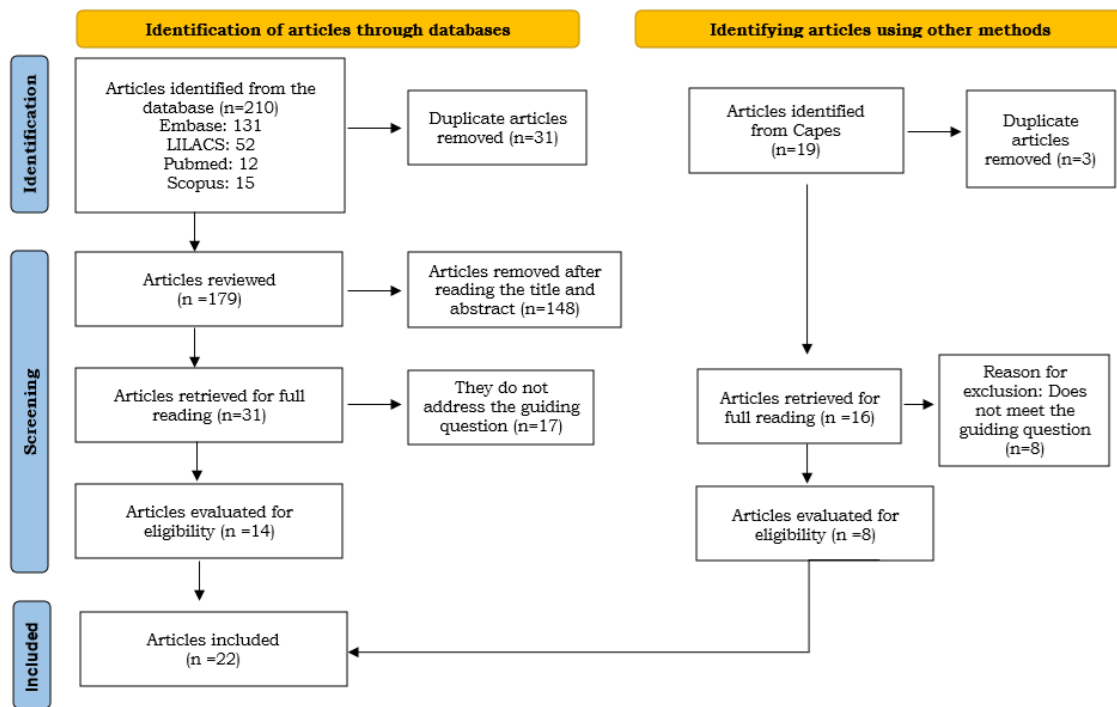


Figure 1 - Flowchart of the selection of articles for review.

Chart 2 presents the characterization of the specific publications for the study, organized according to the order of inclusion, authors, year of publication, title, journal, study design and target audience. This systematization allows a comprehensive view of the approaches used by the authors, as well as of the specific contexts and studies, highlighting the contributions of each publication to the understanding of vulnerabilities and problem-solving capacity in health care. This analysis is essential to identify gaps and good practices, contributing to the formulation of more inclusive and effective strategies in different contexts of health care.

Chart 2 - Characterization of publications according to Order, author and year of publication, title, journal, study design and target audience. 2024.

Order, Author and Year of Publication	Title	Journal	Study design	Target audience
1. Melo LJF, Aragão FBA, Carneiro TSG, Fiorati RC, (2020) ¹¹	Health of the homeless population and their health vulnerabilities: reflections on the health-disease process.	<i>Vitalle</i>	Integrative review	Homeless people
2. Ahmadpour B, Bezerra CC, Silva DF, Silva MVS, Turrini RNT, (2023) ¹²	Problem-solving capacity in the Indigenous Health Care Subsystem in Brazil: a scoping review	Trab. Educ. Saúde (Online)	Scoping Review	Indigenous Health
3. Ribeiro AERA,	Health promotion and	Saúde em	Integrative	Indigenous

Beretta RCS, Mestriner Junior W, (2019) ¹³	implementation of the Health Reform in the context of indigenous peoples	Debate (Online)	review	Health
4. Francis-Cracknell A, Truong M, Adams K, (2023) ¹⁴	'Maybe what I do know is wrong...': Reframing educator roles and professional development for teaching Indigenous health	<i>Nursing Inquiry</i>	Qualitative study	Indigenous Health
5. Boneti MN, Moro FAP, Tuchtenhagen S, Costa AAI, (2021) ¹⁵	Evaluation of the level of perception of dental surgeons from the public and private networks of a municipality in the north of Rio Grande do Sul about health care for patients with special needs	RFO UPF	Cross-sectional study	Cross-sectional study
6. Silva LMA, Monteiro IS, Araújo ABVL, (2018) ¹⁶	Oral health and the clinic on the street: access as a central issue of discussion	Cad. saúde colet., (Rio J.)	This is an exploratory, descriptive study	This is an exploratory, descriptive study
7. Massoni ACLT, Porto É, Dantas LS, Santos PJO, Silva HP, (2017) ¹⁷	<i>Training, Practices and Difficulties of Dentists in the Care of Children and Adolescents with Special Needs in the Primary Health Care</i>	Pesqui. bras. odontopediatria clín. integr	Cross-sectional study	Cross-sectional study
8. Suda BTR, Mota PHS, Bousquat A, (2023) ¹⁸	Specialized Rehabilitation Centers in the SUS and the impact of the covid-19 pandemic	Rev. saúde pública (Online)	Quantitative and descriptive study	Specialized Rehabilitation Centers and Managers
9. West MGLN, Araújo EC, Vilar CMLN, Batista MAL, Pereira DMR, Silva ATCSGS, (2024) ¹⁹	Continuing education actions in nursing in the face of homophobia: an integrative review	Rev. bras. enferm.	Integrative review	LGBTQIAPN +
10. Pina-Oliveira AA, Faria JG, Apostolico MR, Osis MJ, Sousa MH, Puggina AC, (2021) ²⁰	Perspectives of undergraduate students in health on the theme of sexual and gender minorities in education	Enfermagem em Foco	Descriptive study	LGBTQIA+
11. Oliveira BB, Teixeira DS, Costa BF, (2023) ²¹	LGBTQIA+ group in a family health unit in the north zone of Rio de Janeiro: an experience report	Rev Bras Med Fam Comunidade	Qualitative, descriptive study	LGBTQIA+
12. Trupel LLL, Silva ACA, Kruger A, Silva MZ, Signorelli MC, (2023) ²²	Barriers and potentialities of comprehensive health care for lesbians, gays, bisexuals, transvestites and transsexuals in the state of Paraná	Divers@!	This is a qualitative, exploratory, descriptive study	LGBTQIA+

13. Hana T, Butler K, Young LT, Zamora G, Lam JSH, (2021) ²³	Transgender health in medical education	<i>Bull. W.H.O. (Online)</i>	Literature review	Transgender people and transverse gender
14. Noonan EJ, Sawning S, Combs R, Weingartner LA, Martin LJ, Jones VF, et al., (2024) ²⁴	Engaging the Transgender Community to Improve Medical Education and Prioritize Healthcare Initiatives	<i>Teach. learn. med</i>	Literature review	Transgender people
15. Souza HA, Silva GRA, Silva RL, Silva CHF, (2020) ²⁵	Transgender people and the world of work: challenges and reflections on the ethical and political commitment of Psychology	<i>Cad. psicol. soc. Trab.</i>	Literature review	Transgender
16. Ramalho MNA, Santos ZC, Silva ICB, Pereira DMR, Espíndola MMM, Araújo EC, (2024) ²⁶	Educational booklet for the prevention of transphobic bullying at school	Texto contexto enferm. (Online)	Methodological study	Transgender
17. Emami A, Castro, B (2021) ²⁷	Confronting racism in nursing	Nursing Outlook	Literature review	Rationalized groups and immigrants
18. Gregoviski VR, Capra-Ramos C, Lima JF, Oliveira RW. (2022) ²⁸	Psychosocial care in the process of Venezuelan interiorization: an experience report	Research, Society and Development	Experience report, with qualitative and cross-sectional design	Immigrants
19. Ghadi N, Tustin J, Young I, Sekercioglu N, Abdula S, Sekercioglu F, (2024) ²⁹	<i>Examining the Impacts of the COVID-19 Pandemic on Iraqi Refugees in Canada.</i>	<i>Int. J. Environ. Res. Public Health</i>	Quantitative	Immigrants
20. Carney PA, Taylor C, Frutos R, Spector D, Brodt E, (2019) ³⁰	<i>Indigenizing Academics Through Leadership, Awareness, and Headings: The Impact of a Native American Health Seminar Series for Health Professionals, Students, and Community</i>	<i>Journal of Community Health</i>	Mixed methods almost experimental	Indigenous Population
21. Farrer L, Marinetti C, Cavaco YK, Costongs C, (2015) ³¹	<i>Advocacy for health equity: a synthesis review.</i>	<i>Milbank Q.</i>	Systematic review	Different social groups
22. Reading J, Loppie C, O'neil J, (2016) ³²	<i>Indigenous health systems governance: From the Royal Commission on Aboriginal Peoples (RCAP) to Truth and Reconciliation Commission (TRC)</i>	<i>International Journal of Health Governance</i>	Literature review	People

Discussion

The paragraphs were organized into thematic blocks, grouping them according to the specific populations addressed and the complementary approaches to continuing education in health.

Permanent Health Training in the Context of Vulnerable Populations

PHE is a central strategy in improving care practices, especially in the context of vulnerable populations. These populations often face structural, social, and cultural barriers that limit access to and quality of health care. In this sense, the continuous training of professionals becomes essential to overcome prejudices, adopt proactive care practices, and promote equity in care.

PHE should be directed to prepare health professionals to deal with the specificities of this population, providing them with the knowledge, skills, and attitudes necessary to act ethically, sensitively, and inclusively. By adopting this approach, it seeks not only to improve the quality of care, but also to strengthen the principles of social justice and universal access to health services.¹¹

The development of cultural and social skills is essential for the training of health professionals, especially in the care of vulnerable populations. Capacity building practices that promote equity in access to and quality of care should integrate disciplines that address intercultural understanding and adaptive strategies. These practices enable professionals to face specific barriers faced by these populations, such as lack of access to services, discrimination, and social invisibility.¹²

These studies suggest that a holistic and inclusive approach to capacity building can promote a more sensitive and appropriate care environment, contributing to the reduction of health inequalities and the improvement of health outcomes.

Permanent Health Education focused on assistance to Specific Vulnerable Groups

In the field of indigenous peoples' health, it is essential to integrate elements that respect their cultural and ethnic specificities. The training of health professionals should, therefore, prioritize the development of cultural and social competencies that promote inclusive care practices and that do not reproduce colonizing approaches. In this context, the PNEPS plays an important role in facilitating intersectoral and intercultural approaches, adapted to the particularities of these groups.¹³

PHE aimed at serving vulnerable populations should include a specific focus on non-indigenous educators. These educators need to develop cultural and social competencies, such as cultural humility, and act as facilitators and co-learners in Indigenous-led curricula. In addition, practical interventions must have robust institutional support, relevant policies, and well-designed professional development to promote equity in access to and quality of health care, especially in Indigenous communities impacted by colonization.¹⁴

This need for continuous professional development is also evidenced in the context of the health of people with disabilities (PwD) and the homeless population. There is a need for continuous training of dental surgeons, since the absence of specific training in undergraduate courses makes many

professionals feel unprepared to care for patients with disabilities. The inclusion of mandatory courses on the subject in dentistry curricula is pointed out as a strategy to promote greater equity in health care.¹⁵ For the homeless population, the high demand for care and the difficulties of access reflect weaknesses in the health network and negative stereotypes of professionals. Strengthening oral health teams in primary care and in the Street Office, through EPS, is essential to promote self-care, reduce harm and facilitate the social reintegration of these individuals.¹⁶

Another study reveals that, although most dentists in primary care provide care to PwD, there is a significant gap in their education and training to deal with this population. Many professionals do not feel trained, evidencing the need for PHE that develops cultural and social skills, promoting greater equity and quality in care. The study also points out that the lack of training and adequate resources compromises the effectiveness of care for these vulnerable populations.¹⁷

Still on the health of PwD, despite efforts aimed at training professionals on COVID-19 prevention and the proper use of protective equipment, there was a significant lack of specific training in post-covid-19 rehabilitation and telerehabilitation. This gap has undermined equity in access and quality of care offered in Specialized Rehabilitation Centers, highlighting the importance of training that meets the specific needs of PwD, aiming to ensure truly inclusive care.¹⁸

Regarding the training of health professionals to serve the LGBTQIAPN+ community (lesbians, gays, bisexuals, transvestites, transsexuals, transgenders, queer, intersex, asexuals, agenders, aromantics, polysexuals, non-binaries and other people whose affective-sexual orientation and/or gender identity diverge from social norms), it is necessary to implement strategic educational interventions. The use of didactic materials, lectures, case studies and focus groups are essential tools to train these professionals, promoting the provision of equitable care, the fight against homophobia and inclusion in health services.¹⁹ Similarly, another study emphasizes the importance of PHE as a tool to qualify professionals in the care of vulnerable populations, integrating practices that promote inclusive care, combat prejudice, and expand support for the specific needs of LGBTQIA+ populations.²⁰ In addition to creating a safe environment for both patients and professionals.²¹

Health education faces significant challenges due to the lack of approaches to sexual and gender diversity, highlighting the need to develop cultural competencies and welcoming strategies to ensure equity in access to care.²² The importance of developing cultural and social competencies among health professionals, especially for the care of transgender people, is highly recognized. Studies recommend incorporating training in cultural humility and anti-oppression into curricula, with the active participation of the transgender community, promoting more equitable, safe, and inclusive care.²³⁻²⁴ The need for practical training, including on-site training and the development of specific skills among the faculty of medical schools, is highlighted.²³ In a complementary way, continuing education is highlighted as essential, pointing to curricula that provide direct interactions between students and members of the transgender community, in addition to offering development opportunities for faculty.²⁴ These approaches are pointed out as fundamental for health

professionals to be not only "transgender-friendly", but also "trans-knowledgeable".

Studies²⁵⁻²⁶ highlight the importance of an inclusive and ethical approach in different contexts to support the transgender population. Psychology is pointed out as an area that should strengthen its ethical and political commitment, promoting actions that confront systemic discrimination and ensure equity in the labor market for transgender people.²⁵ In addition, the role of teachers and health professionals in creating an inclusive school environment is emphasized, with the need to develop cultural and social competencies to better serve trans children and adolescents.²⁶ Strategies such as training programs and the use of educational cards are identified as effective in sensitizing educators and reducing prejudiced attitudes, promoting a more inclusive and humanized.²⁶

Continuing Health Education in the Context of Racialized and Immigrant Groups

Promoting anti-racism in nursing requires ongoing commitment on the part of leaders, adequate financial support, and the implementation of anti-racist practices at all organizational levels. Lifelong education must include active engagement with racialized communities and the redistribution of power to address health inequalities.²⁷

Expanding this discussion, other studies point to the relevance of PEH, especially in the care of populations in vulnerable situations, such as refugees. The study²⁸ emphasizes the need for continuous training of mental health professionals, promoting the development of cultural and social skills to ensure equity in access and quality of care. Among the suggested interventions, the development of bilingual information materials on essential rights and services, as well as activities that promote cultural integration, such as community events and traditional celebrations, to foster the inclusion and well-being of these groups in contexts of forced displacement and psychosocial vulnerability stand out.

There is a need to create culturally protected health programs as well as capacity-building interventions that promote equity in access to and quality of health services for vulnerable groups such as Iraqi refugees, especially in crisis situations such as the COVID-19 pandemic. In addition, the importance of community capacity building programs, including health literacy workshops and health system guidance, to improve access to services and the overall well-being of refugees is highlighted.²⁹

Continuing Education and Suggested Interventions

To promote more inclusive and effective health care, it is essential to invest in HPS strategies. The studies highlight the importance of including PHE strategies that develop cultural and social competencies among professionals, with an emphasis on implementing training instructions and practices that promote equity in access and quality of care. These approaches emphasize the relevance of culturally sensitive practices and the adaptation of health services to the specific needs of vulnerable populations.³⁰

In a complementary way, a study highlighted the relevance of including education on the social determinants of health in medical training curricula. The study suggests that the training of professionals should be carried out directly in disadvantaged communities to improve the understanding of situations of vulnerability and strengthen the cultural and social competencies of health professionals. In addition, it emphasizes the importance of continuing education and training in advocacy, seeking to equip professionals to overcome structural and social barriers that affect equity in access to and quality of health services.³¹

A study carried out in Canada addressed the importance of PHE aimed at the care of vulnerable populations, emphasizing the development of cultural and social skills among health professionals. The authors highlight the need for interventions and capacity building practices that promote equity in access to and quality of health care, including the creation of culturally appropriate curricula, training in intercultural competencies, conflict resolution, respect for human dignity, and equal rights in environments free of prejudice and discrimination.³²

Specific training practices are essential to promote equity in access to and quality of health care, with emphasis on the inclusion of disciplines focused on indigenous health in the curricula of health courses and the strengthening of the role of indigenous health agents. These agents play a key role as cultural mediators in the provision of health services, facilitating dialogue between traditional and biomedical knowledge.¹³

Conclusion

EPS is essential to empower professionals to address vulnerable situations in an equitable and culturally sensitive way. By integrating continuous training into daily work, EPS strengthens cultural and social skills, allowing a more adequate response to the needs of diverse groups, such as indigenous people, people with disabilities, LGBTQIA+ and refugees.

Despite the advances of the PNEPS, challenges such as insufficient recognition by managers and the need for constant updating still compromise its full implementation. It is critical to promote institutional support, culturally protected curricula, and trainings that address social determinants of health.

Thus, PHE contributes to the transformation of professional practices and to the reduction of health inequities, strengthening the SUS and promoting more inclusive and humanized care.

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