

Editorial

Importance of plural training of future health workers as agents for the promotion of public health

Importância da formação plural de futuros(as) trabalhadores(as) da área da saúde como agentes para promoção da saúde pública

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According to Article 6 of the Brazilian Constitution¹, health is a right of all, a social right. And it is our duty as citizens, health professionals, to ensure that this fundamental right is guaranteed. And in my view, this duty is also associated with the training of future health professionals, because the student is in the learning phase of what he/she will find in the doors beyond the academic walls of the Universities.

To write about the importance of health education that takes into account the plurality of people who will access public and supplementary services, and who is an agent in the role of educating health students and their impacts on education that go in the direction of public health improvements, has two points that connect me closely: the first one that is about me being a health professional, with a background in Physiotherapy, and the second one because I am a black woman and that comes from the region of the South of Amazonas, from the city of Humaita, loaded with regionalisms in communicating and in basic education, and that has built itself as an advocate and activist for an anti-racist society, and that defends an education/teaching in health that is anti-racist. And it will be by these two guidelines that the writing of this article will be carried out.

What are the health professions that were recognized by the National Health Council through Resolution No. 287 of October 8, 1998²? There are fourteen and they include: Social Workers, Biologists; Biomedical; Physical Education Professionals; Nurses; Pharmacists; Physiotherapists; Speech Therapists; Physicians; Veterinary Physicians; Nutritionists; Dentists; Psychologists and Occupational Therapists. And these have their respective Curricular Guidelines regulated both in the National Council of Education and in the Chamber of Higher Education and have undergone updates from 2001 to 2014³.

In addition, it is crucial to point out what the National Health Council ratifies through Resolution No. 569 of December 8, 2017⁴ in its Art. 1: it aims to reaffirm the constitutional prerogative of the Unified Health System (UHS or SUS in Portuguese) in ordering the training of health workers. And it reinforces in Art. 3: to approve the common assumptions, aims and guidelines for undergraduate education in the health area, built from the perspective of social control/participation in health. In the item I - Defense of life and defense of SUS as guiding precepts of the profile of health graduates, with the following objectives:

- a) Health education committed to overcoming the inequities that cause the sickness of individuals and collectivities, so that future professionals are prepared to implement health promotion, education and community development actions, with social responsibility and commitment to human dignity, citizenship and defense of democracy, the universal right to health and the SUS, with the social determination of the health-disease process as a guideline;
- b) Valuing life, through approaches to recurrent health problems in primary care, urgency and emergency, health promotion and prevention of risks and diseases, aiming to improve quality of life, morbidity, and mortality indicators; and

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- c) Professional training focused on work that contributes to social development, considering the biological, ethnic-racial, gender, generational, gender identity, sexual orientation, inclusion of people with disabilities, ethical, socioeconomic, cultural, environmental, and other aspects that represent the diversity of the Brazilian population.

In view of the above, I return to the question: What is the importance of a more diverse training of future health workers who are agents for promoting public health? We already know the answer, it is of supreme importance, but what attitudes are taken by education and teaching managers so that professional training contributes to social development and is directed to the SUS?

I bring some points that I consider important both in the debates, in the guidelines, and that are defended in the pedagogical projects of the undergraduate courses in the health area, as well as that contribute more and more to the training of workers who defend public policies:

- a) How are the distributions of disciplines that consider the profiles of people who are users of the SUS? It is not only with disciplines that address the social determinants of health that the connection will be made, in practice, with the minorities that are widely users, for example, health of the black population, health of the indigenous population, health of the LGBTQIA+ population, health of the migrant population, for example. There are comprehensive national policies for these groups that need to be connected in the training of these students.
- b) What is the ethnic-racial profile of educators?
- c) What are the experiences, in curricular and extracurricular internships, that students are receiving? How are they being advocated in Higher Education Institutions? Knowing and following the various existing protocols and not having humanization in health becomes insufficient for the true purpose of training;
- d) Speaking of humanization: how are we working on health literacy in classrooms? Diagnoses, treatments and other professional prerogatives will only make sense if we know how to communicate with users;
- e) What is the SUS that we are teaching in classrooms? Is it in line with all the aspects established in Organic Law 8080?
- f) How are we connecting universalization, equity, and integrality, which are principles of the SUS, in the disciplines in which they interconnect students in theory and practice?

Although according to the Semesp Institute, which is an analytical intelligence center created by Semesp that is responsible for publishing the Map of Higher Education in Brazil, in the 2022⁵ edition, it pointed out that health courses have a little more than the majority of self-declared white students with a percentage of 51.6%, a level similar to other areas, the self-declared black students 7.6%, brown students 38.0% and indigenous students 0.8%, that is, together, they do not even represent the other half of students in the health area, further strengthening the importance of having the conception for the implementation of education that strengthens the plurality that they will find outside the classrooms.

I brought some highlights to reiterate that there is no more space in our society, especially when it comes to future SUS workers, who are not truly aligned with the strengthening of public policies, from access to education in the classroom seats, as well as in real life in which they put all the praxis and prerogatives in public or supplementary health services.

And you, educator of these future health workers, in what direction are you directing your act of educating?

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