

Health, curriculum and education: experiences about race, ethnicity and gender

Saúde, currículo, formação: experiências sobre raça, etnia e gênero (resumo: p. 17)

Salud, currículum, educación: experiencias sobre raza, etnia y género (resumen: p. 17)

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Racism creates inequities in health and a major reason for the violation of rights. Curriculum policies that cover affirmative actions and the Brazilian National Policy for Integral Health of the Black Population stress that the education of health professionals is a strategic field for changing this situation. This article reports the successful experience of a working group (WG 28 – Health, Curriculum, Education) composed of members of the Abrasco Racism and Health Working Group. By discussing the education of health professionals, health policies for the black population, and the education on ethnic-racial relations, the WG mobilized efforts to promote education, survey educational proposals, and disseminate experiences that resulted in the organization and publication of a dossier. This report reveals a collaborative work methodology and presents the challenges and possibilities for Health Education of the black population.

Keywords: Racism. Health. Curriculum. Education. Black population.



Introduction

Here, we report the experience of establishing the Working Group (WG) 28 – “Health, curriculum and education: experiences, practices, learning, and resistance about race, ethnicity, gender and their (dis)affects”. We also describe its objectives and the elements/motives that justified its proposition and its consequences, in cooperation with the Racism and Health WG from the Brazilian Association of Collective Health (Abrasco).

The Racism and Health WG was created by Abrasco in 2017, after several attempts and debates on the need to address the issue of “health of the black population”. According to Batista, “the proposal to create the Racism and Health WG came from researchers, managers, health professionals, and leaders of social movements that participated of the 7th Brazilian Congress on Collective Health held in 2003”¹.

The objectives of the Racism and Health WG are:

To bring together the scientific production of researchers who discuss racism and health, the experiences of black social movements in health, “the good practices of teachers who include this theme when teaching in initial training, post-graduation, and permanent education”, [...] [and] to build joint strategies to promote racial equity in health².

In 2018, during the 12th Brazilian Congress of Collective Health, the first meeting was held with members of the Racism and Health WG. Towards one of its objectives, a workshop took place promoting the articulation between the Collective Health Graduation Forum and the Racism and Health WG. In this pre-congress workshop, the undergraduate curricula in Collective Health and the National Policy for Integral Health of the Black Population (PNSIPN) were addressed. In that activity, WG researchers presented and discussed the need to implement the “National Curriculum Guidelines for the Education of Ethnic-Racial Relations and the Teaching of Afro-Brazilian and African History and Culture” (DCNERER), as provided for in article 26-A of Law nº 9.394/1996 (the National Education Guidelines and Framework Law – LDB), included by Law nº 10.639/2003, and the PNSIPN, in the education of health professionals from technical courses to postgraduate courses. This debate resulted in the “Document of the Racism and Health WG and the Collective Health Graduation Forum”³.

Also at this congress, the Racism and Health WG defined the planning of its activities, including the discussion of DCNERER as a strategic action, emphasizing the need and the emergence of its implementation in the curricula of technical, undergraduate, and graduate courses, and in permanent or in-service education. This strategy led members of the WG with experience in education or curriculum to propose a workshop and a working group on curriculum, education, and health of the black population for the 8th Congress of Social Sciences and Humanities in Health (CBCSHS). The proposition of this working group, as we will see below, re-established the cooperation with members of the Collective Health Graduation Forum and considered the intersectionality of race with other indicators.



Health of the black population, affirmative action curriculum policy, education, and qualification of health professionals

In 2003, Law No. 10,639 was approved. This law modified the LDB, including articles 26-A and 79-B, which, respectively, determined the obligation to teach Afro-Brazilian and African history and culture in public and private elementary and high schools. It also included the November 20 – National Black Awareness Day – on the school calendar. Subsequently, Law No. 11,645/2008 added to article 26-A the obligation to teach indigenous history and culture. This law derives from a long history of struggle by the black movement^{4,5}.

The DCNERER, elaborated and approved in 2004 by the Resolution of the National Education Council (CNE) No. 1/2004, is articulated to the CNE Opinion No. 1/2004, being characterized as a guiding map for its implementation from early childhood education to higher education, defining principles and other developments. The DCNERER expands on Article 26-A in terms of its scope – from basic to higher education – and in relation to details on the re-education of ethnic-racial relations and the teaching of Afro-Brazilian and African history and culture⁶.

Art. 3 The Education of Ethnic-Racial Relations and the study of Afro-Brazilian History and Culture, and African History and Culture will be developed through contents, competences, attitudes, and values that will be established by educational institutions and their teachers, with the support and supervision of the education systems, sponsoring entities, and pedagogical coordination, following the indications, recommendations, and guidelines specified in Opinion CNE/CP 003/2004⁶.

CNE Opinion 3/2004⁷ specifies the meaning of affirmative action policies – to repair, recognize, and value –; addresses the different levels and modalities of Brazilian education; presents axes/themes; and indicates the need for new pedagogies that favor anti-racist education.

The demands and intense mobilization of the black movement regarding public health are articulated to this debate in the education field, especially at the 11th and 12th National Health Conference, which resulted in the approval of the curriculum policy mentioned above. The results of research developed especially since the mid-1990s also culminated, in the field of health, in the approval of Ordinance No. 992 of the Ministry of Health, of May 13, 2009, which instituted the PNSIPN⁸.

The DCNERER and PNSIPN complement each other to emphasize the importance of addressing, in health courses, content on ethnic-racial relations, Afro-Brazilian and African history and culture that contribute to the fight against racism and enable the understanding of specificities of the black population. Such specificities stem from inequities and lead to illness and even the death of black people.



According to Monteiro⁹, when approving the PNSIPN, the Ministry of Health recognized the impact of racism on the health of the black population and that racial inequalities are determinants of the process of health, disease, care, and death. For the author, Ordinance No. 992/2009, formulated as part of the Brazilian National Healthcare Service (SUS), “cooperates with its effective universalization by building means for everyone to achieve the right of access to the health system”⁹ (p. 3), in line with all its principles and emphasis on equity. The principle of equity is “to reduce inequalities. Despite all the people having the right to services, people are not equal and therefore have different needs. [...] Equity means treating the unequal unequally, investing more where the need is greatest”¹⁰.

The main complaints about access and quality of health care reported by the black population, according to Gomes¹¹, are:

[...] difficulty in access, inefficient care, racial prejudice, prejudice against poverty, mistreatment, prejudice related to the practice of Afro-Brazilian religion and “invisibility” (p. 665)

Hence, individuals use the services, but at each consultation is treated as if it were their first appointment, and the need for continuity of care is disregarded.

Thus, the PNSIPN is an instrument that aims to fight ethnic-racial discrimination in the services and care offered at SUS, as well as promoting equity in the health of the black population¹².

The practice of this policy represents an important contribution to the consolidation of SUS, guaranteeing the universal and equal right to health as a condition for participative democracy. The general guidelines of the PNSIPN provide directions for implementing it in Brazilian territory, however, there were hardly any actions to achieve it. The first guideline is the “inclusion of the themes of racism and health of the Black Population in the educational processes and permanent education of health workers and in the exercise of social control in health”⁸.

In agreement with this first guideline and considering the DCNERER, the National Health Council (CNS) ratified CNS Resolution No. 569, of December 8, 2017¹³, which determines the insertion, in the education of professionals, content that allows them to take a proactive and equitable approach to provide health care services. This Resolution provides the following:

Art. 1 Reaffirm the constitutional prerogative of SUS in ordering the education of health workers.

Art. 2 Approve Technical Opinion No. 300/2017, [...] which presents general principles that must be incorporated in the DCN [National Curriculum Guidelines] of all undergraduate courses in the health area [...].¹³



Its items provide:

I – The defense of life and SUS as guiding principles for the profile of graduates in the health area, with the following objectives: [...]

c) professional education focused on work that contributes to social development, considering the “biological, ethnic-racial, gender, generational, gender identity, sexual orientation, the inclusion of people with disabilities, ethics, socioeconomic, cultural, and environmental dimensions, and other aspects that represent the diversity of the Brazilian population”. [...]

VI – Pedagogical Course Projects (PPC) and curricular components consistent with social health needs, observing:

a) that the DCN consider the foundations of the main public policies that contribute to the “reduction of inequalities and the consolidation of SUS as a universal, comprehensive, and equitable system”; [...]

The investigation of collective health problems [...], “vulnerability, incidence, and prevalence of health conditions, with the following descriptors: [...] institutional discrimination, movements, and values of populations in their territory”, aiming to expand the explanation of causes and effects based on the social determinants of the health-disease process, as well as its coping strategy¹³. (emphasis added)

To date, little is known about how undergraduate health courses are implementing the DCNERER and PNSIPN. There are few studies, and a few isolated implementation initiatives are known because members of the Racism and Health WG were involved. The same is true for permanent education, since members of the black movement who worked (and still work) in public health, including in its management, were the main ones responsible for the promotion of courses, in-service training, and other actions. Some examples include the specialization course in Black Women’s Health, developed by the Postgraduate Program in Health and Environment at Universidade Federal do Maranhão (UFMA)¹⁴; the Black Population Health Research Methodology course, promoted by the São Paulo State Department of Health and the Population Studies Center (Nepo), at Universidade Estadual de Campinas; the workshops developed at “Health with Culture”; among others.

Based on a survey of theses and dissertations on the health of the black population, education or curriculum at Brazilian digital theses and dissertations library (BDTD), we found 323 titles, and only four were related to the education and health of the black population: Mendes¹⁵, Santos¹⁶, Santos¹⁷ e Santana¹⁸. These works, defended between 2012 and 2018, reveal how content related to the health of the black population in courses such as Medicine, Nursing, and Psychology are not addressed in research, even in universities with affirmative action programs (racial quotas).

In a study called “Health of the black population: National Health Policy: evaluations and reflections on its guidelines”, Araujo *et al.*¹⁹ considered the DCNERER and CNS Resolution No. 569, and also assessed the implementation of PNSIPN from one of the aspects of its first guideline – the inclusion of the themes of racism and health of the black population in the educational processes.



The study analyzed the insertion of the ethnic-racial theme in the curricular components of health courses at higher education institutions (HEIs) in the states of Bahia, Sergipe, Alagoas, and São Paulo, from 2010 to 2018. It used the concept of evaluative research, which consists of assessing an intervention or a social action using scientific methods. Contandriopoulos *et al.*²⁰ emphasize that evaluative research can be divided into six types of analysis: strategic; intervention; productivity; effects; performance or efficiency; intervention and productivity; and implementation. The latter was adopted in the research.

The dimension used in the study by Araujo *et al.*¹⁹ was the assessment with a quantitative approach to policy implementation through the analysis of the teaching indicator, which includes parameters, sources, means of verification, and expected assumptions. The analysis of the political-pedagogical projects (PPP) of undergraduate courses in health and related areas (nursing, medicine, physiotherapy, nutrition, psychology, social work, and dentistry) from public universities in Bahia, Sergipe, Alagoas, and São Paulo was employed as a collection technique for the data.

For the investigation, the public HEIs of the four states mentioned above were selected through the e-MEC website (<http://emec.mec.gov.br/>). Then, PPPs were accessed through the websites and official pages of universities or courses.

To systematize the data and conduct a homogeneous analysis, in the study phase of these PPPs, an analysis matrix was built containing information about the health courses existing at the university, the year of the update on the PPPs – to assess whether there were changes after 2009 when the PNSIPN was implemented –, and information on projects related to the inclusion of the theme “health of the black population” in the curriculum. The study examined how this theme was described – as a specific curriculum component for the theme or as a sub-theme of a broader curriculum component; whether that component was mandatory or optional; and which methodology was adopted to develop the curricular activities related to this theme¹⁸.

Tables and reports collected from the PPPs themselves were used to answer the following question: does the syllabus of public HEIs include contents addressing ethnic-racial themes in health courses and courses in related areas (nursing, medicine, physiotherapy, nutrition, psychology, social work, and dentistry)? This study established that 50% of undergraduate courses should have an ethnic-racial approach, as achieving this result would confirm the premise that the introduction of the ethnic-racial approach in educational processes expands the knowledge of professionals to develop the actions provided for in PNSIPN, which would increase its legitimacy and indicate that this policy is being implemented.

When analyzing the PPPs of Bahia state, it was found that for the projects updated after 2009, 40% of the 22 health courses from six public universities in the state included themes related to racism and the health of the black population. However, the inclusion occurred through the insertion of a sub-theme within a broader curricular component, that is, without the creation of a specific discipline on the subject. It is worth noting that at Universidade Federal do Recôncavo da Bahia (UFRB), in the Interdisciplinary Bachelor’s Degree in Health, an optional discipline called “Gender, Race, and Health” was identified.



In Sergipe, the analysis of PPPs of Universidade Federal de Sergipe (UFS) showed that there was no inclusion of ethnic and racial themes in the curricular components of health courses after 2009.

In Alagoas, three institutions were included in the analysis: Universidade Federal de Alagoas (Ufal), Universidade Estadual de Alagoas (Uneal), and Universidade Estadual de Ciências da Saúde de Alagoas (Uncisal). An analysis of seven courses showed that two (28.6% of the total) included ethnic and racial themes in the pedagogical curriculum components: the Medicine and Psychology courses from UFAL.

In São Paulo, according to Araujo *et al.*¹⁹,

of the 24 health courses from eight public universities that had their pedagogical political projects updated and that were analyzed, 13 (54% of the total) had their PPPs updated after 2009, but only 25% included the health of the black population in the academic educational process. However, no health course had its own discipline on the subject, with the subject being a curricular component of a broader discipline such as Health Policies. (p. 250)

From the analysis, it was found that very few public universities in the four states, which had their PPPs updated after 2009, included ethnic-racial themes in the curricular components of their health courses. However, it is worth mentioning the Ufal medical course, which has a specific course for the health of the black population, as an elective subject, entitled: “Health of the populations: black population”.

Based on the above, we can measure the extent to which addressing ethnic-racial themes is still incipient in health courses and non-existent in courses in similar areas in public and private HEIs in the states evaluated. The inclusion of the ethnic-racial theme in health courses will contribute to the education of professionals in this area, to qualify them to work with the specificities that characterize not only the black population, but all vulnerable populations, as indicated by the mentioned regulations – DCNERER, PNSIPN, and CNS Resolution No. 569.

The analysis of the PPPs of the universities that were part of the study by Araujo *et al.*¹⁹ undoubtedly shows that the surveyed courses in the health area and related areas are not yet contributing effectively to the implementation of PNSIPN and, consequently, to the reduction of racial inequities in health. Thus, it is necessary for managers, teachers, students, and society as a whole to enforce the provisions of PNSIPN, DCNERER, and CNS Resolution No. 569¹².



WG 28 – Health, curriculum, education: contribution to health education for the black population

Considering the strategy of the Racism and Health WG and the absences indicated in this research, the proposal of the work carried out by the WG 28 of the 8th CBCSHS can be understood as the result of collective and collaborative construction, based on reflections on the principles explained in the DCNERER and PNSIPN.

A key aspect of this reflection is the perception of the enormous lack of knowledge by those responsible for courses in the health area regarding the legislation discussed above, and, consequently, of its consequences. Thus, as discussed earlier, there are few courses with disciplines or other curricular activities that develop content and practices related to the health of the black population and for the education of ethnic-racial themes, making it difficult for this theme to be addressed in institutions, services, or even in different educational spaces.

Health, education and qualification have the challenge of overcoming obstacles that, historically, have distorted society's perception of its real importance in the process of building a new health care model, insofar as it has been systematically criticized for its overly technical character at the expense of fundamental humanitarian aspects, such as the right to life, prevention, health promotion, and health education, in addition to a more humane patient-professional relationship, based on ethics itself. Therefore, the practice must be developed by human resources quantitatively and qualitatively adequate to the needs of all Brazilians, without any discrimination.

In March 2019, Abrasco's Racism and Health WG, in response to the call of the Scientific Committee of the 8th CBCSHS, formed two working groups on the themes "Health inequities" and "Health, curriculum, and education in an ethnic-racial perspective". Thus, together with the coordination of the Collective Health Graduation Forum, the proposal entitled "Health, curriculum, education: experiences, practices, learning, and resistance about race, ethnicity, gender and their (dis)effects" was elaborated and submitted, being approved and recommended by the evaluation committee, among almost one hundred other proposals, and called WG 28.

With WG 28, we aimed to discuss the inclusion of ethnic-racial themes in curricula and education in public health, as well as to identify work proposals that could potentially be developed. Thus, in addition to receiving abstracts, a workshop for the pre-congress programming was proposed and subsequently approved. The workshop "Health, curriculum, and education: pedagogical projects for courses to promote racial equality and from the perspective of intersectionality" was built and organized to present, dialogue, and proposing a critical-reflexive reflection on: a) the affirmative action and health curricular policies of the black population; b) themes/content related to the re-education of ethnic-racial relations and the health of the black population, articulating the health/disease/care triad, including intersectionalities and the perspective of equity; c) experiences of teaching-learning processes in the field of health of the black population; and d) proposal to create inter-institutional networks for sharing pedagogical experiences and strengthening health curricula in the perspective of ethnic-racial relations and intersectionality.



One of the products of the workshop was the collective elaboration of a script of indications and suggestions for content, subjects, and other curricular activities that included the PNSIPN, the DCNERER, and the recommendations from the Racism and Health WG. The script presents proposals built jointly during the workshop to support the pedagogical projects of courses in the field of public health, in addition to instrumentalizing the implementation of actions from an ethnic-racial perspective in the work processes of services and management, and in the formation in the services.

Still during the workshop, the experience of Ufal was shared, as it was one of the few universities that created a specific discipline related to the health of the black population, – although the discipline is elective, as previously mentioned. According to Conceição *et al.*²¹, the analysis of the pedagogical project of the Ufal medical school, approved in 2013, showed that the “materialized insertion of ethnic-racial bias as an organizational and pedagogical principle capable of operationalizing health education, based on indications of the DCNERER, PNSIPN, and DCN of Medicine courses” (p. 41) was not identified.

Even in places where there is fruitful teaching, research, and extension projects developed by researchers with expertise in the subject, difficulties for the effective implementation of content related to the health of the black population are observed. This difficulty, among other possibilities, stems from institutional, interpersonal, and individual racism. According to Werneck²²:

The three dimensions of racism [...] act simultaneously, producing effects on individuals and groups (not just their victims), generating feelings, thoughts, personal and interpersonal behaviors, and also acting on institutional processes and policies. (p. 541)

Regarding the works registered in the 8th CBCSHS, 86 abstracts were sent to WG 28 – a number considered surprising considering the registrations for other WGs with more tradition in the event. The abstracts were divided into two subgroups according to the type of participation – research report or experience report – and the type of session – brief communication or oral presentation.

The abstracts followed the peer review process through a platform, and evaluators with experience in the theme were invited, as well as members of the Racism and Health WG. The evaluation of the abstracts used the double-blind method, preserving anonymity and paying attention to the criteria established for the evaluation. In cases of conflict of interest, the reviewer was substituted.

At the end of the evaluation process, the score was obtained from the average of the two evaluations. In the case of disagreements between the two evaluators, the final decision was made by the coordinator. Therefore, works that did not reach the cut-off value were rejected with an explicit justification for refusal. It is important to emphasize that the objectives of the WG 28 were discussed with the evaluators, to consider the approval of abstracts that clearly expressed the approach of themes relating to race, gender, and education. Thus, we sought to ensure that even experiences that were still incipient could be selected.



At the end of this process, 79 papers were approved for presentation. Of these, 11 were excluded for failure to pay the 8th CBCSHS registration fee. In the end, there were 68 works approved that were in the program of the three-day event, according to their categorization on the following thematic axes: 1) Policies and intersectionality; 2) Social actors; 3) Education; 4) Education and qualification; and 5) Services. To mediate the presentation sessions, in addition to the coordinators of the WG 28, members of the Racism and Health WG were invited.

Among the themes of the works presented in the event, the analysis of the titles reveals the prevalence of the term “education”. In twenty titles, “education” was associated with the terms: “medical”, “in health”, “multi-professional residence/residency”, “teaching-service”, and “speech therapy”. And also to the terms: “gender”, “inequalities”, “race and gender”, “sickle cell disease”, “diversities”, “violence”, “sexuality”, and “indigenous”.

Another eight works highlighted in their titles the expression “health of the black population” along with the terms: “medical education”, “health promoters course”, “undergraduation” and “permanent education”. Also, five indicated in their titles the term “curriculum” combined with: “health of the black population”, “intersectionality”, “traditional peoples” and “LGBTQI”.

The works revealed initiatives to address themes related to the health of the black, indigenous, LGBTQI+, and traditional peoples in different courses, from undergraduation to residency, in permanent and in-service education, from different regions of the country. Some experiences have been developed by municipal or state Health Departments. Others, in higher education courses, in the form of disciplines or activities, institutionalized or by one or more teachers.

We highlight two aspects in relation to the experiences and research presented: the first is the involvement of professionals linked to the black and health movement, and the second is the perception of residents about the lack of approach to topics relevant to the health of the black and indigenous population in their undergraduate educational processes.

In September 2019, given the quality of the works presented, the relevance, pertinence, and applicability of the theme, and the need to increase visibility from the perspective of scientific contribution, we built the proposal to organize a dossier in dialogue with the coordination of the Racism and Health WG. We decided to publish five complete manuscripts, which would be selected considering their potential in relation to the contribution to the education of health professionals from the perspective of race, ethnicity, or gender.

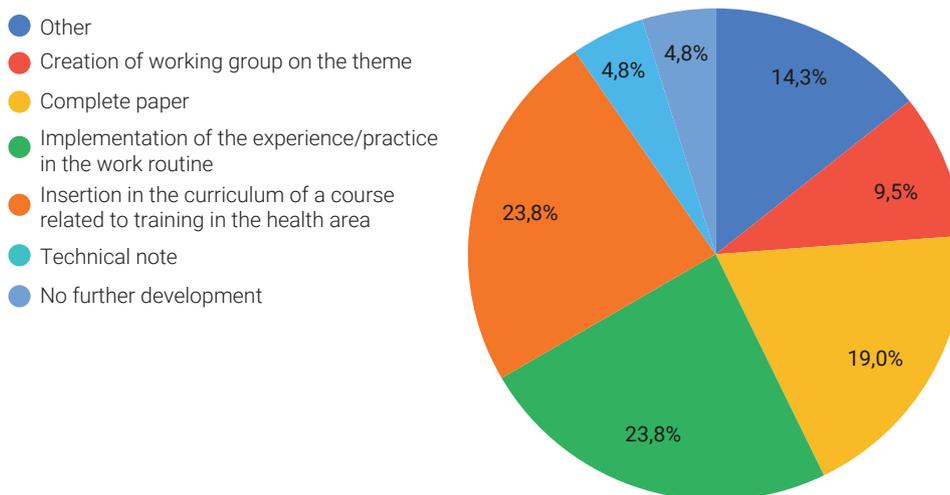
Thus, a partnership was formed with the journal *Interface: Comunicação, Saúde, Educação* to publish a dossier. For the composition of this supplement, 16 works were pre-selected, based on a weighted classification, in descending order, based on the following criteria:

- a) Summaries of awarded works at the event.
- b) Abstracts of works indicated for awards.
- c) Abstracts of works that considered the race/ethnicity and gender local and regional diversity.

Of the 68 works presented in WG 28, 16 were pre-selected and their authors were invited to submit their complete manuscripts since they meet the scope of the journal and aim to encourage the dissemination of scientific production on themes related to the black and indigenous population in relation to curriculum and education.

To understand the repercussions of the presented works, as well as to investigate if they had been published before sending the invitations for the authors of the 16 selected works, we organized and sent an online questionnaire to all 68 participants in the activities of the WG 28. This questionnaire was sent in May and, by August 2020, we received 21 responses.

Students, professionals, managers, teachers, technicians, and representatives of social control are among those who answered the questionnaire. Figure 1 shows the post-presentation developments of the works in WG 28, according to the responses received.



Graphic 1. Developments of the Gt-28 works presented.

Source: Data organized by the authors through consultation with GT-28 participants.

The answer to the questionnaire revealed that four respondents (19%) had their work published in the form of an article. It is also important to highlight that the authors of one of the works received an invitation to present their experience at a pedagogical meeting at the university, and another author also reported that their work was part of the technical report of the structuring nucleus of a course in the area of health. Regarding these two specific cases, the opportunity to discuss texts in spaces that may interfere with the revision of pedagogical projects (such as the structuring nucleus) or pedagogical practices (such as the pedagogical meeting) should be considered an important result that suggests possibilities for implementing PNSIPN and DCNERER.



Final considerations

The experience reported here, from the proposal and approval of WG 28 – “Health, curriculum, and education” to its operation and results, reveals the performance of a collective engaged in the promotion of policies for racial equality, fighting racism, and building strategies for implementing and monitoring the education of health professionals in relation to the PNSIPN.

We can state that, as proponents of the WG 28, we sought from the beginning to build actions collectively, collaboratively, and in partnership, referring to the strategies built throughout history by the black community, which in this case resulted in collaboration with a scientific program, part of the 8th CBCSHS, and fostering the discussion, in a critical-reflective context, of changes in praxis, producing a space for viewing experiences and producing a space to increase the visibility of experiences and production of knowledge about the health of the black population, in an intersection with gender, sexuality, generation, and other categories.

From the collective production based on the reflections on the activities and proposals on the implementation of the DCNERER and PNSIPN – aspects that are listed below, that to some extent reflect the report of the activities carried out in the WG 28 -, we highlight:

– As for the diagnosis, there is a huge lack of knowledge of the legislation mentioned above among those responsible for health courses; there are few courses with disciplines or other curricular activities that develop content and practices related to the Health of the Black Population and for the education of ethnic-racial relations; the workshop (OF36) offered at the pre-congress had a significant engagement, having filled all the available vacancies and including other non-registered people who sought the workshop, which demonstrates that there is demand/interest for the discussion on curriculum, health, and training in the field of ethnic-racial, gender, and health of the black population. Workshop participants reported the difficulties in working with the theme in the institutions where they work as teachers and technicians, experienced or currently experience as students. Most of those present never had contact with the theme during their undergraduation in the Health area; there were also reports of discrimination and lack of support in Higher Education Institutions.

As for the suggestions for referrals: there is a need to implement the aforementioned [PNSIPN] policy in management and service, with the Extension activity being pointed out as a possibility to make this strategy feasible. Participants of the workshop and of the work presentation sessions expressed interest in joining a network of discussion, exchange of experiences, and research on education, curriculum, and health of the black population in intersectionality with other minority groups.

Presentations of Research Reports and Experiences indicated:

- 1) the absence of other spaces at the congress [CBCSHS] to discuss education;
- 2) a significant number of researches concerned with the different educational spaces and the relationship between race and gender;



- 3) innovative teaching experiences on the health of the black population, issues related to gender and other differences;
- 4) Some experiences of addressing PNSIPN are taking place in health courses through extension projects, electives courses, and other elective activities, as well as in permanent education (in-service);
- 5) The Residency Programs were presented as an important space to approach the Health of the Black Population and to demonstrate to the residents the gaps in their education on this theme²³.

Still, regarding the results, we highlight that the WG 28 had an award-winning work with an honorable mention, namely: “Course for health promoters of the black population and the implementation of the National Policy for Integral Health of the Black Population in the city of Porto Alegre-RS”²⁴.

The experience of collective construction and the unfolding of the activities of the WG 28 reiterate the role of the Racism and Health WG to the extent that they fulfill the function of guiding the theme, giving visibility, and fighting racism in its different forms and dimensions, whether in the theoretical frameworks or health practices. It is worth mentioning the pressing need to guarantee, in the different educational and qualification spaces, the implementation of PNSIPN, in the same logic of affirmative policies, ratifying the need for cooperation between research institutions, universities, services, and social movements, not only to give more legitimacy to the actions but mainly to promote resistance and guarantee of these rights.

Finally, we could not fail to mention that the results of this trajectory can still be measured by the publication of the dossier in the *Interface* journal and that the publication of the approved manuscripts will certainly bring an important contribution to the revision of the pedagogical projects of the undergraduate and graduate courses and, also, for permanent or in-service education.



Authors' contributions

All authors actively participated in all stages of preparing the manuscript.

Conflict of interest

The authors have no conflict of interest to declare.

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O racismo gera iniquidades na saúde, caracterizando-se como importante fator de violação de direitos. As políticas curriculares de ação afirmativa e a Política Nacional de Saúde Integral da População Negra (PNSIPN) apontam que a formação dos profissionais de saúde é um campo estratégico para a alteração desse quadro. Este texto apresenta um relato sobre a experiência exitosa de um Grupo Temático (GT) 28 – Saúde, currículo, formação, composto por integrantes do GT Racismo e Saúde, da Associação Brasileira de Saúde Coletiva (Abrasco). Ao pautar a formação de profissionais da saúde, a política de saúde da população negra e a educação das relações étnico-raciais, o GT mobilizou esforços para promover formação, levantamento de propostas formativas e divulgação de experiências, que resultaram na organização e na publicação de um dossiê. O relato revela uma metodologia de trabalho colaborativo e expressa desafios e possibilidades para a formação em saúde da população negra.

Palavras-chave: Racismo. Saúde. Currículo. Formação. População negra.

El racismo genera iniquidades en la salud, caracterizándose como importante factor de violación de derechos. Las políticas curriculares de acción afirmativa y la Política Nacional de Salud Integral de la Población Negra señalan que la formación de los profesionales de salud es un campo estratégico para la alteración de este cuadro. Este texto presenta un relato sobre la experiencia exitosa de un grupo temático (GT 28 – Salud, currículum, formación) compuesto por integrantes del GT Racismo y Salud, de la Asociación Brasileña de Salud Colectiva (Abrasco). Al pautar la formación de profesionales de la salud, la política de salud de la población negra y la educación de las relaciones étnico-raciales, el GT movilizó esfuerzos para promover formación, levantamiento de propuestas formativas y divulgación de experiencias, que resultaron en la organización y publicación de un dossier. El relato revela una metodología de trabajo colaborativo y expresa desafíos y posibilidades para la formación en salud de la población negra.

Palabras clave: Racismo. Salud. Currículum. Formación. Población negra.