

Permanent education and health literacy: contributions for the training professional

A educação permanente e a literacia para a saúde: contribuições para a formação profissional

La educación permanente y la literacia para la salud: contribuciones para la formación profesional

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This is an experience report and a reflection on a training course regarding Permanent Education in Health and Health Literacy. The objective is to socialize reflections and studies on the theme developed in the Course: communication, education and health literacy: strategies for health promotion. To do so, a bibliographic review was conducted, as well as documental research, with a dialogic approach and content systematization of one of the meetings of the aforementioned course. The participants composed a multidisciplinary group and were actively engaged. Discussions have broadened the concepts of permanent education in health and health literacy. Permanent education in health has a meaningful role in the development of strategies that qualify health care, health management and social control. Health literacy is a policy that can be used to face this challenge, contributing to the individual and collective health of the population.

Descriptors: Health education, Health promotion, Continuing education.

Trata-se de um relato de experiência e reflexão sobre um curso sobre Educação Permanente em Saúde e Literacia para a Saúde. O objetivo é socializar reflexões e estudos da temática desenvolvida no Curso: Comunicação, educação e literacia para a saúde: estratégias para a promoção da saúde. Para isto se utilizou revisão bibliográfica, pesquisa documental, abordagem dialógica e sistematização do conteúdo de um dos encontros do referido curso. Verificou-se a participação ativa, integrada, e interesse dos participantes, que compunham um grupo multidisciplinar. As discussões ampliaram os conceitos de educação permanente em saúde e de literacia para a saúde. A educação permanente em saúde desempenha papel significativo na construção de estratégias que qualifiquem a atenção, gestão em saúde e o controle social. Como uma medida estratégica para este desafio encontra-se a literacia para a saúde, que poderá contribuir com impactos na saúde individual e coletiva da população.

Descritores: Educação em saúde; Promoção da saúde; Educação continuada.

Se trata de un relato de experiencia y reflexión sobre un curso sobre Educación Permanente en Salud y Literacia para la Salud. El objetivo es socializar reflexiones y estudios de la temática desarrollada en el curso: Comunicación, educación y literacia para la salud: estrategias para la promoción de la salud. Para esto se utilizó revisión bibliográfica, investigación documental, abordaje dialógico y sistematización del contenido de uno de los encuentros del referido curso. Se verificó la participación activa, integrada e interés de los participantes, que componían un grupo multidisciplinario. Las discusiones ampliaron los conceptos de educación permanente en salud y de literacia para la salud. La educación permanente en salud desempeña un papel significativo en la construcción de estrategias que califiquen la atención, gestión en salud y el control social. Como una medida política para este desafío se encuentra la literacia para la salud, que podrá contribuir en los impactos en la salud individual y colectiva de la población.

Descriptores: Educación en salud; Promoción de la salud; Educación Continua.

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INTRODUCTION

Permanent health education (PHE) emerged in the decade of 1980, from an initiative of the Pan American Health Organization and the World Health Organization (PAHO/WHO), aimed at developing human resources in health. In Brazil, it was strengthened as it became a national policy in 2004 (Decree 198, from February 2004), aiming to identify the needs of training and development of health professionals and building processes that could qualify health care and management, to strengthen social control and the production of the health of the population, both in individual and collective levels.

The PHE is a political and pedagogical professional training strategy, that makes the professionals capable of answering the real health needs of the population, whose support were a critical perspective, creative interventions, and their social reality, to offer an ethical, humanized and quality care. The PHE follows the principles and guidelines of the Unified Health System (SUS), taking into account the strengthening of an integrated and interdisciplinary model of care, including health promotion. Integrated attention is, therefore, the objective of the work, and each subject manages to achieve autonomy in the production of their own health¹.

The building of this policy was intensified with the changes in the ways to represent the reality of health² (models), marked by the Federal Constitution of 1988 and other legal documents. Up to that point, health care models had been based on the current organization of health services, with their technological complexities connected one to the other in different spaces and populations¹.

Starting in the context of the sanitary reform, from the elaboration of the current Magna Carta, other forms were conceived, among which is the techno-assistential model for the defense of life; democratic management; health as a citizen's right; public health services aimed at the defense of individual and collective health; ways to manage and act regarding health actions².

These concepts had been progressively instituted by the directives and principles of SUS, from the decade of 1990 on. In this context, the formative process of graduation and development of the health work force became more visible regarding their importance and the need for different theory-methodology supports, so it could truly answer the needs found in reality.

In 2003, the Secretariat of Work and Education Health Management (SGTES) was created, to dissolve previous conceptions of training and development of human resources in health and to answer challenges of the field, resulting from a convergence of the fields of Education and Labor, and absorbing an interdisciplinary vision of the process of production, work offer, and teaching organization³.

This organ began the implementation of interdisciplinarity and integration among work and health education. Therefore, educational policies in health bring different perspectives, and permanent health education becomes the axis that structures the actions of the state³.

Thus, the policies of creation and development of SUS, conceived in 2004 by the SGTES from an ample and participative debate involving health workers, intellectuals, managers and students, is seen under a new light and receives the attention of the Brazilian public agenda⁴. Educational health policies began to be conceived through an articulation between the fields of education, according to the following guidelines:

- i) to articulate between teaching and work;
- ii) to create links between formation, sector management, health attention and social participation;
- iii) to build the SUS network as a space for professional training;
- iv) to recognize local and regional bases as political-territorial units, where structures for teaching and offering health services must meet in "co-operation" to formulate teaching strategies, as well as to enlarge sector management, qualify organization and attention in lines of care, strengthen social

control and the investment in intersectoral links⁵.

Considering this, it is worth to consider the understanding of what are continued and permanent health education - things that many consider to be synonyms.

Almeida⁴ states that continued education consists of periodical courses, not necessarily constant, representing a continuation of a school or university model, based on transmission techniques and refreshing specialized knowledge, with a disciplinary focus, and conducted in a didactic environment. This conception of education creates a distance between practice and knowledge, that is, a disconnection between theory and the solution of difficulties in the quotidian of practice.

Permanent education is an important educational strategy of training in health, that seeks to end professional fragmentation, bringing interdisciplinarity to health, and to the conduction of work in the health field. Its characteristics are the incorporation of teaching and learning to the routine of organizations and to the social and labor practices in the real context where they happen, meaningfully changing the educational strategies, using practice as a source of knowledge and discussing the actions themselves. The actors become subjects reflecting upon practice as well as builders of knowledge and action alternatives, the health team serving as an interaction support, aimed at interdisciplinarity⁴⁻⁶.

This strategy can take the form of education in the workplace, when the objectives, strategies, content, instruments and resources propose institutional changes or the political guidance of the actions taken in a specific place and time. It can take the form of continued education when it is targeted at creating institutional frameworks and investing in careers based on service time in a specific time and place. And it can also be the formal education of professionals, when it "presents itself as broadly porous to the multiplicities of the reality of professional life and as a tool allied to projects that

integrate the work sector/world to the sector/world of education"⁷.

From this perspective, the study about Permanent Health Education was needed to develop one of the meetings in the Winter Course: Communication, education and health literacy: strategies to promote health, a course conducted from 08 to 12 of August 2016, in the Universidade Federal do Triângulo Mineiro - Uberaba-MG, promoted by the PROLISA-BR - Study and research group: Promotion of communication, education and literacy for health in Brazil. The objective of the course was to promote a space for discussing theoretical aspects and tools related to health literacy, demanding thus a contextualization of health policies, approaching such themes as health education, permanent health education, communication in health, popular education in health, and health promotion.

The main reason to offer this course is the fact that health literacy (HL), is here understood as a strategy to promote health that aims to analyze and evaluate each individual's knowledge levels and ability to identify mechanisms to care for their own health. It is a recent investigation field, especially in Latin America.

Thus, the exercise of Permanent Health Education, considering the perspective above, is interconnected to HL, since professionals, constituted in multiprofessional teams and aiming at solving the health problems of local populations could contribute to overcoming social inequalities in health, and to the promotion of the health of the population, thus contributing to Health Literacy, as long as they acquire knowledge that allows them to promote an equitable access to health services.

The integration of the strategies of Permanent Health Education and Health Literacy is a challenge that was discussed in one of the meetings of the aforementioned course.

Therefore, the objective of this article is sharing the results of this meeting and the studies on permanent health education, as

well as their relationship to health literacy, as a strategy to promote health.

METHOD

This is an experience report created from the Winter Course: Communication, education and health literacy: strategies for health promotion, which was conducted from 08 to 12 August, 2016, in the Universidade Federal do Triângulo Mineiro/UFTM - Uberaba, MG, aimed at graduation and post-graduation professors of the Courses of UFTM, and opened to the external community.

It was conducted through literature review and documental researches, to subsidize the studies on the theme, using an approach based on Paulo Freire, since the dialectic and dialogic relationship was present in the conception of the meeting and in its conduction⁸. The dialogue among the mediators and the participants was composed of intentionalities, that is, of the apprehension of the following guiding themes: Permanent Health Education and the concepts built by its participants; Permanent Health Education as a health policy; and the Permanent Health Education and its relationship to Health Literacy. In this context, interaction, participation and action were constituted as a way of teaching.

RESULTS

In the meeting that discussed Permanent Health Education, 13 participants were present, among which were three Graduation students, three Post-graduation students and seven professionals from the external community of UFTM.

The group of participants was heterogeneous and multidisciplinary, interested in the themes discussed, interacting among themselves and with the mediators, allowing for dialogue and for the building of basic concepts about the themes and the apprehension of knowledge from the reflections established.

DISCUSSION

In the exercise of Permanent Health Education, many discoveries and types of technological knowledge have been

responsible for renewing the health area, making it more difficult for a professional to dominate all that is necessary in a complex situation of health needs and rights. These situations include the presence of the traditional knowledge of each culture, and values that are inter-related to the health/sickness/care/quality of life process⁷.

Another relevant aspect that should be considered is that it is not enough for the workers to be graduated; a good management of financial and infrastructural materials, that is compromised with the quality of the services is also necessary, as well as the discussion of abilities, behaviors and profiles of workers, so that actions and services are committed to popular demands, and to offer them quality^{4,7}.

Health policies specific to education guide and support workers, but much more is needed: it is necessary to understand education in health as a central, important practice among health policies, and see the worker as an actor that produces health, and not only as a resource^{4,6,7}.

The introduction of Permanent Health Education and the promotion of health literacy are meaningful strategies when it comes to practices and training, care, management, social participation, policy formulation and social control.

To do so, it is important for policies to be intersectoral, focusing on education, with changes in undergraduate and post-graduate studies, such as residencies, specializations, and others^{6,7}. As Ceccim points out:

*"An organized action towards an educational policy could set apart[...] concepts of health system management, but it also determines a relationship with the population, who are here seen as citizens with rights"*⁷.

On the other hand, the diminution of resources to answer the needs of these citizens becomes manifest in a situation of crisis. The policies of training and health policies are some of the segments that face pressure, although they should keep their objective of answering the needs/rights for health of the people, and aim to offer universal and equal access in health actions and services⁷⁻⁹. In this perspective, according to Saboga-nunes⁹:

The study of health determinants states that the HL (health literacy) has a meaningful impact on the quality of life and the well-being of a society which is going through adverse conditions, such as economical and financial crises. In these cases, the degradation of the quality of life and the well-being of the populations is evident, especially among those under situations of risk and social vulnerability.

Therefore, Health Literacy is considered as one of the resources with a relevant role in the improvement of personal resilience and individual well-being, as well as in health promotion.

Once again, according to Saboga-Nunes⁹:

HL is seen as a consequence of the access of people to health information. This information can be used by the individuals to improve their ability to understand, influencing the evaluation that they can perform regarding possible courses of action [...] determined by their ability to manage and apply the acquired knowledge to health, and to their daily lives. This use of knowledge is measured by the possibility of investment the individuals develop as they take life choices which are more or less favorable to the promotion of their own health.

What is the relationship between permanent health education and health literacy for health? In the training of a multiprofessional interdisciplinary team and the search to answer the needs and rights of the health population,

it is important to clarify issues regarding the concept: "literacy" can express different perspectives when called "health literacy" or "literacy in health". Saboga-Nunes⁹ states that:

"Health Literacy" guides towards a concept external to the subject of health, a locus external to the individuals themselves, beyond itself, in relation to which they can develop a greater or lower appropriation level. On the other hand, "health literacy" confronts us with the internality of health, here seen as an intrinsic component of an individual. Here, the locus of the discussions centers itself in the actors themselves, as they relate to the theme as something intrinsic, that belongs to themselves. The previous conceptions, however, are not mutually exclusive, but complement one another, and the seek for a vernacular element that can aggregate both concepts, could perhaps be attained with the use of "Literacy for Health".

"Literacy for health" can be defined as "raising the awareness of the people who

learn and act in the development of their own abilities to understand, manage and invest, favoring health promotion"¹⁰.

Therefore, all social actors are involved in the health system, whether as health professionals, managers, social movements, and other people in the population who are looking for health promotion.

CONCLUSION

Discussing literacy for health in a meeting was meaningful, as it allowed for all those present to produce reflections on the relevance of permanent health education in the context of health promotion, but it was still insufficient, if one considers the broadness of the theme. A possible suggestion is that, starting from this first PROLISA-BR initiative to promote a Winter Course, others be conducted.

Permanent health education has a relevant role in the way to think the training of health professionals, building strategies and processes that qualify health care and management, and strengthening social control, in the sense of producing meaningful impacts upon both the individual and collective health of the population. Many challenges, however, permeate the universe of health workers.

One of the necessary policy measures for this challenge is the promotion of health literacy that can contribute to the impact of the individual and collective health of the population, that is, in the development and apprehension of information, comprehension, management and investment that are favorable to health promotion.

These strategies - permanent health education and its relationship to the promotion of health literacy - are new themes that need to be studied, and evaluated in the context of the Brazilian reality.

REFERENCES

1. Sarreta F, Bertani IF. Perspectivas da educação permanente em saúde. Rev Ibero-Am Estud Educ. 2009; 4(3):1-10
2. Paim JS. Modelos de saúde no Brasil. In:

- Giovanella L et al, organizadores. Políticas e sistema de saúde no Brasil. 2ed. ampl rev. Rio de Janeiro: Fiocruz; 2012.
3. Teixeira M, Oliveira RG, Arantes RF. Mudanças nas políticas do trabalho e da educação em saúde no governo Lula. In: Machado CV, Vargas T, Lima LD, orgs. Políticas de Saúde no Brasil nos anos 2000: continuidades e mudanças. Rio de Janeiro: Fiocruz; 2012.
 4. Almeida MGM, Souza RC, Justo AM, Baltazar, DVS. A Política de educação em saúde como estratégia de desenvolvimento de pessoas no Estado do Rio de Janeiro. In: IV Congresso CONSAD de Gestão Pública [Internet]; 2013; Brasília. Brasília: CONSAD; 2013 [cited in 15 may 2016]. p.1-23. Available in: http://repositorio.fjp.mg.gov.br/consad/bitstream/123456789/835/1/C6_TP_A%20POL%20C3%8DTICA%20DE%20EDUCA%20C3%87%20C3%83O%20EM%20SA%20C3%9ADE%20CO%20MO.pdf.
 5. Ceccim RB, Ferla A. Educação permanente em saúde. In: Dicionário da educação profissional em saúde [Internet]. Rio de Janeiro: Fundação Oswaldo Cruz, EPSJV; 2009 [cited in: 15 may 2016]. Available in: <http://www.epsjv.fiocruz.br/dicionario/verbetes/edupersau.html>.
 6. Dias HS, Lima LD, Teixeira M. A trajetória da política nacional de reorientação da formação profissional em saúde no SUS. Ciênc Saúde Coletiva. 2013; 18(6): 1613-24.
 7. Ceccim RB. Educação permanente em saúde: desafio ambicioso e necessário. Interface Comun Saúde Educ. sept 2004/feb 2005; 9(16):161-74.
 8. Cruz RG, Bigliardi RV, Minasi LF. A dialética materialista de Paulo Freire como método de pesquisa em educação. Conjectura: Filos Educ. [Internet]. 2014 [cited in: 15 may 2016]; 19(2):40-54. Available in: <http://www.ucs.br/etc/revistas/index.php/conjectura/article/download/2061/1609>.
 9. Saboga-Nunes L. Hermeneutica da literacia em saúde e sua avaliação em Portugal (HLS-EU-PT). In: VIII Congresso Português de Sociologia; 2014; Évora. Lisboa: Associação Portuguesa de Sociologia; 2014. p. 2-15.
 10. Saboga-Nunes L. Kiosk dos cidadãos: literacia para a saúde e promoção da cessação tabágica. In: III Congresso Internacional dos Hospitais; 2010; Lisboa. Lisboa: Associação Portuguesa para o Desenvolvimento Hospitalar; 2010.

CONTRIBUTIONS

All authors contributed equally in the conception, design, writing and critical review of this article.

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