Post-Graduation in Collective Health in Brazil: History and Perspectives

E Nunes

Follow this and additional works at: http://digitalrepository.unm.edu/lasm_cucs_en

Recommended Citation

This Article is brought to you for free and open access by the Latin American Social Medicine at UNM Digital Repository. It has been accepted for inclusion in English by an authorized administrator of UNM Digital Repository. For more information, please contact disc@unm.edu.

Objectives: To describe the theoretical shape of the field of Collective Health in Brazil.

Methodology: Descriptive analytical, from the perspective of Pierre Bourdieu.

Results: The author describes three aspects of integration of the field of collective health in Brazil: a) the origins, b) teaching practice and c) perspectives. For the origins, the author presents two fields of knowledge that contribute to the collective health area: 1) social medicine and 2) the social sciences. These fields contribute to shaping practical and conceptual medicalization and sanitation of urban and community spaces. In this sense, the author briefly describes seven features that under the notion of sanitation have shaped collective health since 1970: a) the institutionalization process, b) human resources training, c) the integration of knowledge in either schools of Public Health, departments of preventive medicine, and social medicine courses d) conducting investigations; e) the production of practical policies to improve health conditions, f) the rising of a counter-hegemonic movement, and g) the formation of the Brazilian health care model.

As for the pedagogical practice, the author presents six definitive moments of the formation and structure of the field of collective health: 1) the first course of Hygiene as subject and the Public Health Congress in 1920, 2) post-graduate courses in collective health in 1970, 3) curriculum content rating of 17 masters and 9 doctorates in late 1990, 4) the entry of more professional health care providers, 5) specialization and concentration of the areas of health sciences and humanities, 6) diversification of curricular organization and increase of specific courses.

Finally, referring to the perspectives, the author highlights three characteristics of the profile of courses on Public Health: a) the development of qualitative projects to address social needs in health, b) the implementation of methodologies to establish, among others, the system health education and district and municipal settings, and c) the political and technical power of institutional spaces to redefine collective health practices.

Conclusions: For the author, collective health is based on interdisciplinary organization. The author concludes that the challenge of this field is the convergent work of quantitative and qualitative dimensions, synchronic and diachronic, as well as objective and subjective.