

Academic learning about public health in a Canadian university: contributions for Brazilian education



Aprendizagens acadêmicas sobre saúde pública em uma universidade canadense: contribuições para a formação brasileira

Aprendizajes académicas acerca de la salud pública en una universidad canadiense: contribuciones a la formación brasileña

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How to cite this article:

Patuzzi GC, Lira APS, Santos JDM, Reinisch AOB, Velede AA. Academic learning about public health in a Canadian university: contributions for Brazilian education. Rev Gaúcha Enferm. 2017;38(3):e2016-0012. doi: <http://dx.doi.org/10.1590/1983-1447.2017.03.2016-0012>.

doi: <http://dx.doi.org/10.1590/1983-1447.2017.03.2016-0012>

ABSTRACT

Objective: This paper aims to discuss Brazilian undergraduate students' learning in the public health.

Methods: This is a descriptive, reflexive study, characterized as an experience report. Theoretical references of the Canadian and Brazilian health systems were used in order to analyze the public health and the impact of international educational exchange in professional qualification.

Results: There are theoretical and conceptual similarities in health systems, in the understanding of social determinants. However, the application of the social determinants of health yielded more results in the Canadian system.

Conclusion: Public health learning in a Canadian university highlighted a great focus on determinants, allowing the students to think about Brazilian health care models. With this experience, discussions can be held in educational spaces, reflecting the social implication of Science without Borders Program in professional education.

Keywords: International educational exchange. Public health. Health systems. Canada. Brazil.

RESUMO

Objetivo: Discutir aprendizagens de estudantes brasileiros de graduação da área da saúde sobre saúde pública.

Método: Estudo descritivo, reflexivo, baseado em experiências de internacionalização do ensino, utilizando-se bases teóricas dos sistemas de saúde canadense e brasileiro para a construção de uma análise crítica sobre o fazer em saúde pública e o impacto da internacionalização para o ensino e a formação profissional.

Resultados: Existem similaridades teóricas e conceituais nos sistemas de saúde, no entendimento sobre determinantes sociais. No entanto, o uso dos determinantes mostra-se mais resolutivo no sistema canadense.

Conclusão: As aprendizagens sobre saúde pública em uma universidade canadense revelaram grande enfoque nos determinantes, permitindo a reflexão sobre os modelos de atenção à saúde brasileiros. Com esta experiência, pode-se levantar discussões nos espaços de ensino, refletindo o compromisso social do Programa Ciência sem Fronteiras e sua importância para a formação profissional.

Palavras-chave: Intercâmbio educacional internacional. Saúde pública. Sistemas de saúde. Canadá. Brasil.

RESUMEN

Objetivos: Discutir aprendizajes de estudiantes brasileños de graduación del área de la salud acerca de salud pública.

Métodos: estudio descriptivo, reflexivo, basado en experiencias de internacionalización de la enseñanza, utilizando bases teóricas de los sistemas de salud canadiense y brasileño para la construcción de un análisis crítico acerca del hacer en salud pública y del impacto de la internacionalización para la enseñanza y la formación profesional.

Resultados: Existen similitudes teóricas y conceptuales en los sistemas de salud y en el entendimiento sobre determinantes sociales. Sin embargo, el uso de los determinantes se muestra más resolutivo en el sistema canadiense.

Conclusión: Los aprendizajes sobre salud pública en una universidad canadiense revelaron gran enfoque en los determinantes, permitiendo la reflexión acerca de los modelos de atención a la salud brasileños. Con esta experiencia, se pueden plantear discusiones en los espacios de enseñanza, reflejando el compromiso social del Programa Ciencia sin Fronteras y su importancia para la formación profesional.

Palabras clave: Intercambio educativo internacional. Salud pública. Sistemas de salud. Canadá. Brasil.

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■ INTRODUCTION

From the point of view of globalization, the internationalization of knowledge is paramount for the pursuit of a deeper international relationship regarding economic, social, political, and especially, educational integration. Aiming to contribute to the international mobility of students, the program Science without Borders emerged to provide them with professional formation and training in foreign universities.

The program is a singular tool to the Health field: it allows for the undergraduate and post-graduate students the possibility of experiencing the strategies adopted by countries such as Canada, France and the United Kingdom - worldwide references in the field. Considering the possible contributions of the program to the Brazilian reality, it is possible to create a relationship between the Brazilian and Canadian health systems, being Canada where the students went through the program.

In Brazil, the Unified Health System (SUS) seeks, since 1988, to promote universal and broad care, through decentralized management and health service providing⁽¹⁾. In Canada, the access to health is also universal, and each of the provinces in the country can determine which services will be offered by the public sector according to the specific characteristics of their population⁽²⁾.

Once we recognize these distinct realities, what stands out is the pertinence of the insertion of academics from the health field in a program that promotes scientific internationalization and allows for the use of new types of knowledge in the Brazilian reality. The experience of inserting oneself in a different culture allows for the development of a new professional identity, since the students learn new theories and new ways to act professionally⁽³⁾.

Reporting and discussing the experiences they went through, what they learned, the characteristics of Canadian health system and the way in which this knowledge can be articulated after the students came back to Brazil is highly relevant, since the sharing of knowledge is essential for innovative propositions to surface in the health field and strengthen SUS itself. Aiming at encouraging discussions to improve public health services in Brazil and train professionals, this study discusses what was learned by undergraduates who participated in the program Sciences without Borders in a Canadian university, regarding Public Health, and demonstrating the impact generated by the internationalization of learning.

■ METHODOLOGY

This is a descriptive experience report, which describes the learning experience of students who are

coming from a sandwich undergraduate course through the exchange program Science without Borders, number 149/2013, coordinated by the Canadian Bureau for International Education (CBIE).

The members of the group of students, an undergraduate Medicine student and three undergraduate Nursing students, come from different Brazilian states: Porto Alegre, Pará, Piauí, and Maranhão. The length of the exchange program was that of two academic semesters, from August 2014 to April 2015, at Lethbridge University (*U of L*), in the province of Alberta, Canada.

The students were registered in the Public Health course of the *U of L*, a bachelor's course that aims to graduate professionals capable of preventing diseases, promoting health and creating public health policies and programs. They took several courses, among which were: Introduction to Public Health, Epidemiology, Population Health, and Global Health.

To generate the data and the discussion on the impact of knowledge internationalization, the authors chose topics of public health which were discussed in the classroom and allow for the establishment of a relationship between the Canadian and Brazilian health systems. These are: the Canadian health model, and the Social Determinants of Health (SDOH).

The personal notes made by the students during that experience were recovered, and bibliographic references from both countries were analyzed. Some of the vernacular terms did not exist in Portuguese, which made necessary the use of English vocabulary. This work was elaborated according to the ethical precepts of scientific production.

■ RESULTS AND DISCUSSION

Brazilian Health Model x Canadian Health Model

To reflect critically on the Brazilian and Canadian health models and identify possible innovations to Brazilian public health it is necessary to establish a comparison between them (Chart 1).

SUS is recognized as the group of actions and health services offered by public institutions and organs, which can possibly be complemented by private enterprises⁽⁴⁾. Although it constantly confronts challenges, SUS is consolidated in Brazil, and it is possible to recognize that in some ways its characteristics are very similar to those of successful health systems, such as the Canadian one.

Canada is considered a worldwide reference in public health due to its model of health care, which develops

	Brazilian Health Model	Canadian Health Model
Principles and Guidelines	Universal, decentralized, unified, regionalized and capable of providing resolution ⁽⁴⁾ .	Universal, decentralized, regionalized, community based, and capable of providing resolution ⁽⁵⁾ .
Scope	National territory	National territory
Health Policies	It uses epidemiology to plan public policies. It conducts integrated actions of promotion, protection and recovery, assists and prevents.	Policies that aim to establish healthy communities with sustainable development ⁽⁵⁾ . It uses social determinants of health as bases.
Health Promotion	National Policy. It promotes the quality of life and minimizes the vulnerability and the health risks related to their determinants and conditions.	It is based in social epidemiology and health surveillance concepts.
Social Participation	Guaranteed by a specific law ⁽⁶⁾ .	There is no law that forces or promotes social participation in the creation of public policies. However, there is a government agreement recognizing the need to dialogue with civil society to create better programs ⁽⁷⁾ .
Private Enterprises	Supplementary to the system ⁽⁴⁾ .	Complementary to the public system, which only offers basic services (ex.: assistance to urgencies, prevention and control of chronic and infectious diseases). Rehabilitation services are only offered by private health insurances ⁽²⁾ .
Understanding of Health	Health is a right for everyone and a duty to the State, according to the Federal Constitution ⁽⁴⁾ .	Health insurances are not defined as right to all, but the state recognizes as its duty to facilitate the access to health services without financial obstacles ⁽⁸⁾ .

Chart 1 – Characteristics of the health systems in Brazil and Canada.

Source: Research information, 2015.

health promotion through the implementation of policies in a national level aiming to establish healthy communities and carrying actions focused on health determinants⁽⁵⁾. As well as the SUS, the Canadian Public Health Policy is structured through the regionalization of health, which means that the implementation of health services is considered a responsibility of the governments of the Canadian provinces and territories, that adequate their national policies to the specific reality and to the priorities of their population⁽²⁾.

When comparing the two systems, it is important to highlight their similar characteristics, such as universality and regionalization, and the investment in actions of promotion and prevention. It is also possible to reflect on the following characteristics of the Canadian system: the use of social epidemiology; public health policies put in practice as they are planned; the execution of prevention and pro-

motion interventions that have the power to resolve situations; the role and the involvement of the State as an active agent in modifying Social Determinants of Health; and the incentive and advance of the ideal of healthy community and a sustainable life.

As a complement, according to what the following topic indicates, it is believed that the comprehension and use of Social Determinants of Health (SDOH) can help to explain the success of the Canadian model and show the path that SUS still has to cover.

Social Health Determinants in Brazil and Canada

During the classes in the Canadian university, it could be understood that Canadian Public Health bases its ac-

tions on two approaches: the *upstream* model of health intervention, focused on the prevention of the disease, and the SDOH based model of health care.

The *upstream* model of health intervention analyzes the structuring determinants that provoke health inequalities, which is usually identified as “causes of causes”. From that starting point, plans of intervention are made seeking to modify social and economic structures responsible for the distribution of power, wealth and opportunity. Such interventions are generally produced in a macro-political or national level⁽⁹⁾.

The SDOH model is also described in Brazilian policies⁽¹⁰⁾. Therefore, it is possible to compare the knowledge and use of the SDOH in the planning, organization, reflection, and actions in Brazilian and Canadian health (Chart 2).

During the classes in the University of Lethbridge, the professors presented many different political interventions that are put in effect for the benefit of population health, and are based on the SDOH. As an example, the Canadian parliament started a study in 2012⁽¹⁴⁾ whose objective is to intervene in health inequality, based in comparisons with other developed countries, and considering that income is a SDOH capable of changing the conditions and the life style of an individual. Among the suggestions to reduce inequality, the study cited the income based tax system, which was implemented in 2017 to redistribute and apply the amount acquired in actions that seek to improve the remaining SDOH. Through decisions and actions based on the SDOH model, and understanding that producing health is a political and social movement, the Canadian government fulfills the objective of public health, which is guaranteeing the means for individuals to be healthy.

It is possible to think that, in the case of Brazil, the strengthening of the political and social SDOH characteristics is necessary, for it to be like in Canada. The State needs to play an active role in changing the SDOH, since the social situation of Brazil requires the creation of social conditions that allow for subjects to build their autonomy within their particularities, transforming health inequality in an agenda to be carried by social movements⁽¹⁵⁾.

■ CONCLUSION

The experience in Canada allowed the reflection that Canadian public health model is inclusive and integrated to a development and social support policy, which is made clear during the academic training offered in the country. It was possible to see that the Canadian health system includes research tools, such as social epidemiology, to conceive public policies that meaningfully impact in the health determinants and in the needs of the population.

Regarding Brazil, the information acquired in the exchange experience is relevant when one takes in consideration the public health of the country, and it may aid in the elaboration of new perspectives for management and planning in SUS, since this is a primordial part of the work of nurses and physicians in Brazil. On the other hand, the identification that the Brazilian and the Canadian system are not very different in their ideals, allowed the researchers to question why their actions are so different and their final results so distinct. Such questions need to be more profoundly analyzed, from a scope larger than that found in this report.

Considering the current socioeconomic and political situation of the country, the importance to reactivate the

	SDOH IN BRAZIL	SDOH IN CANADA
Understanding and comprehension	Social, economic, cultural, ethnic/racial, psychological and behavioral factors which influence in the occurrence of health problems and their risk factors for the population ⁽¹¹⁾	They are described as the situation in which the population are born, grow up, work, live, and age ⁽¹²⁾ .
Are social health determinants	Environment, work, education, production of food, water and sewer systems, health services, housing, social and community networks, lifestyles, gender, age, and hereditary factors.	Income and social status, social support networks, literacy and education, unemployment and job security, social context, physical environments, personal health practices and coping strategies, healthy child development, biology and genetic factors, health services, gender, and culture ⁽¹³⁾ .

Chart 2 – Social determinants in Brazil and in Canada

Source: Research information, 2015.

Science without Borders program stands out, as it offered the opportunity of academic mobility throughout undergraduate courses. The experience enriched not only those who participated in the exchange, but also made it possible to really put down the borders of individual knowledge. With internationalization, new possible innovations to SUS and to other sectors of the country can be identified, demonstrating that new ways to act and think about health and citizenship can be discovered, and especially, replicated.

Sharing the knowledge acquired in an exchange program is a social obligation of those who participated in such a program, especially one promoted by the government, and therefore, it is necessary for us to share the knowledge acquired in Canada with our teaching institutions, presenting new ways to act about health, and interacting with the civil society, in a permanent fight for Public Health. It is understood that the internationalization of knowledge is necessary, that knowledge is built beyond the walls of the universities, and that health is a social component shared by all societies, and we can teach and learn without any borders to limit us.

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Received: 12.13.2016

Approved: 06.13.2017