

International Journal of Health Science

COLLECTIVE HEALTH - EPISTEMOLOGICAL AREA CONFIGURATION

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Abstract: This research aimed to discuss what collective health is, its object and field of action. For this, an integrative review study was carried out between November and March 2022, guided by the following guiding question: what are the contributions of Public Health to the most diverse spheres of society? To search for articles in the literature, a search was carried out in the following databases: 1. Latin American and Caribbean Literature in Health Sciences; 2. Capes journal portal. The following descriptors and their combinations in Portuguese were used to search for articles: collective health and fields of action and collective health and the unified health system. From the definitions, criteria and combinations of keywords defined for the study, 5974 publications were located. The final sample consisted of 10 articles. According to the results of the present research, it was possible to verify that at present, it can be ensured that Collective Health has established itself, consolidating a specific and autonomous space, and as such, it coexists in a frequent process of social validation. It is also evident the contributions of Collective Health in multiple spheres of society, however, some studies have highlighted a certain impasse in the insertion into the job market, recommending that the need for interventions to benefit the entry of graduates to the job market remains. It was also noticed that there is no more interdisciplinary scientific field than Collective Health, as individuals and their life context are complex and, for this reason, demand from the health professional a critical-reflexive understanding of the social determination of the process. health-disease.

Keywords: Collective Health; Public health; Interdisciplinarity; completeness; Human and Social Sciences.

INTRODUCTION

The institution of Collective Health in Brazil as a planned and structuring area of methods and theoretical-political foundations began in the late 1970s and early 1980s, under the influence of the socioeconomic and political-ideological panorama of the country and the Latin America (SOUZA et al., 2017). In addition, the conjuncture of consecutive tensions at the epistemological level, in public health practices and in the establishment of health workers, made it essential to overcome hegemonic biologicalism and functionalism and a greater openness to interdisciplinarity to deal with the complexity of individuals in their processes. illness (VELLOSO et al., 2016).

Collective Health is then determined as a field of knowledge that takes as an element the social indigence of health (and not only diseases, injuries or risks) covering the health circumstance as a social follow-up (the health-care follow-up). disease) pertinent to the arrangement of society and idealizing health care interventions as respectively technical and social practices (SOUZA, 2014). Also according to Paim and Almeida Filho (1998), Public Health is an area of knowledge composed to ignite the heterogeneity of the health-disease process, considering its different aspects and consequences in social reality, from the judgment to a different point of view. health reductionist.

Recently, the accumulation of meditations on the field of Public Health allows us to announce it as a sanctioned, regularized and scientifically solid scope, providing an epistemological nature and a distinct political practice established in the interconnection of Natural Sciences and Human and Social Sciences. (NOGUEIRA; BOSI, 2017).

In this context, with the development of Collective Health and the emergence of a well-established body of scientific production, the relevance of discussing its limitations and competences is verified. A first approximation shows that the area of Public Health, perhaps because it is new, or perhaps because it is also articulated in a more practical dimension of health services, sometimes confusing itself with this political-administrative dimension, needs reflections. deeper into the epistemological field (OSMO; SCHRAIBER, 2015). It is important to highlight that it is common for authors to use the terms Collective Health and Public Health, or Collective Health and Social Medicine, or Collective Health and Epidemiology as synonyms in the same text (SILVA; SCHRAIBER; MOTA, 2019).

Also noteworthy is a particularity associated with Collective Health, which is that it is an interdisciplinary field (sometimes its agents use the term multidisciplinary, or transdisciplinarity) (VELLOSO et al., 2016). Nunes (1994) highlights that the field is based on interdisciplinarity as an enabler of an expanded knowledge of health and on multiprofessionality as a way of facing the internal variety in the know/do of health practices.

Always under construction and with a long way to go in the construction and in frameworks of reflection on its own identity, Collective Health, like others, establishes itself as a “living field” (SILVA; SCHRAIBER; MOTA, 2019). But the impasse in locating agglutinating subsidies, weaving common goals, can conceive, on the one hand, a vulnerability, even if, on the other hand, it makes Collective Health a field always “accessible to the incorporation of innovative proposals” (PAIM; ALMEIDA FILHO, 1998), p. 312).

In this context, collective health places a broad, and sometimes uncomfortable,

professional proximity to different fields, with different work instruments, and commonly with very characteristic immediate elements. This has instigated multiple reflections on the meaning of Collective Health as a field of knowledge and its object. Therefore, the objective of the present study is to discuss what collective health is, its object and field of action through an integrative literature review.

MATERIALS AND METHODS

This is an integrative review with a qualitative approach of an exploratory nature, which consists of an evidence-based practice research method, as it synthesizes the available research on a given topic, based on scientific knowledge (SOUZA; SILVA; CARVALHO, 2010). Yet, according to Beyea and Nicoll (1998, p.879),

The integrative literature review consists of building a broad literature review, contributing to discussions on research methods and results, as well as reflections on future studies. The initial purpose of this research method is to obtain a deep understanding of a given phenomenon based on previous studies. It is necessary to follow standards of methodological rigor, clarity in the presentation of results, so that the reader can identify the real characteristics of the studies included in the review.

From this perspective, the process of preparing this study was carried out between November and March 2022 and presented the following phases: (i) definition of the guiding question, literature search strategy, identification of studies and data collection; (ii) analysis of included studies; (iii) discussion of the results (iii) presentation of the integrative review (SOUZA; SILVA; CARVALHO, 2010).

DEFINITION OF THE GUIDING QUESTION

What are the contributions of Collective Health to the most diverse spheres of society?

LITERATURE SEARCH STRATEGY

To search for articles in the literature, a search was carried out in the following databases: 1. Latin American and Caribbean Literature in Health Sciences (LILACS); 2. Capes journal portal (CAPES). The following descriptors and their combinations in Portuguese were used to search for articles: collective health and fields of action and collective health and the unified health system.

INCLUSION AND EXCLUSION CRITERIA

Inclusion criteria

The inclusion criteria defined for the selection of articles were:

- Publications available in Portuguese;
- Availability of texts in the full version;
- Peer-reviewed journals;
- Publication period between 2017 and 2021;
- Search for scientific articles, excluding other types of works (theses, dissertations, books and reviews).

Exclusion criteria

The exclusion criteria were duplicate publications and those in which the object of study was not related to the topic addressed.

IDENTIFICATION OF STUDIES AND DATA COLLECTION

Initially, all studies identified in the search were evaluated based on their titles and/or abstracts. Subsequently, the studies that met the inclusion criteria were retrieved for reading the full text and a new evaluation regarding the inclusion criteria. From the total of selected studies, a previous reading was carried out and some axes were identified for analysis. After this step, the information extracted from the selected studies included: title, authors, database, year of publication, language, study objective and conclusion. Figure 1 presents the flowchart developed to meet the objective of the study.

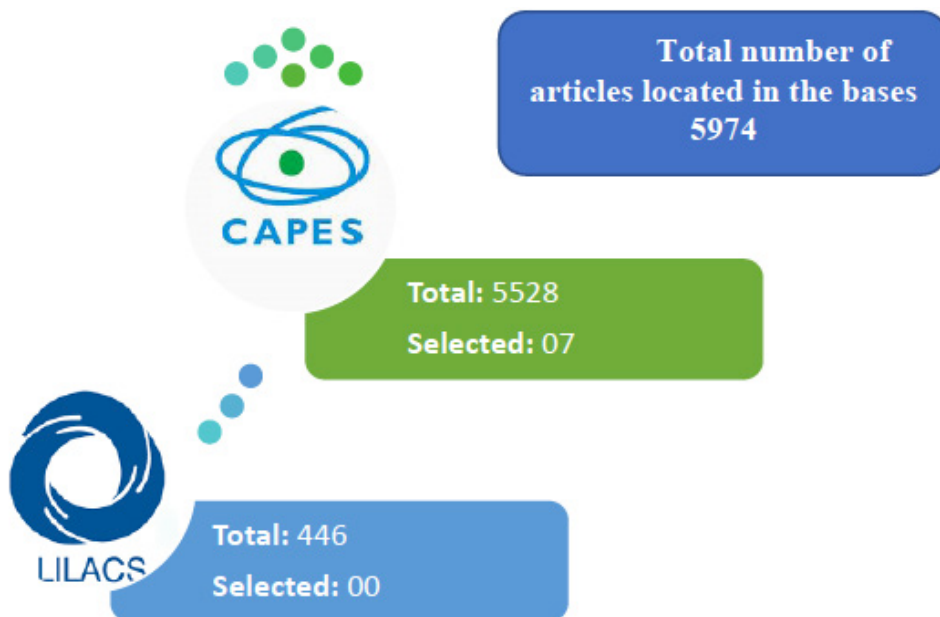


Figure 1 - Distribution and selection of articles according to the eligibility criteria established in the research (Nov-Feb, 2022).

Source: Research data (2022).

DATA ANALYSIS

The analysis of the selected studies, in relation to the research design, was based on Polit, Beck and Hungler (2004) and Lo Biondo-Wood and Haber (2001), and both the analysis and the synthesis of the data extracted from the articles were carried out in a descriptive way, making it possible to observe, count, describe and classify the data, in order to gather the knowledge produced on the topic explored in the review.

RESULTS

Seven articles were selected for analysis, seven from the CAPES database. As for the year of publication of the articles, four correspond to the year 2019, thus obtaining a greater representation. The other results are shown in table 1.

Release Year	Absolute number	%
2017	01	14,29%
2018	01	14,29%
2019	04	57,14%
2020	01	14,29%
2021	00	0,00%
Total	07	100%

Table 1- Distribution of studies included in the review, referring to the years of publication, between 2017 and 2021.

Source: Authors data

In relation to Table 1, there is a synopsis that contains the main characteristics of the articles selected in this work, which are portrayed with the title of the study, author, year of publication, objective and conclusion of the study.

Nº	Title	Authors	A Number	Data-base	Study goal	Conclusion
1	Contributions of Collective Health to the work of nurses	Káren Mendes Jorge de Souza; Clarissa Terenzi Seixas; Helena Maria Scherlowski Leal David; Aline Queiroz da Costa	2017	CAPES	To analyze the perceptions of students of the bachelor's degree in Nursing about the contributions of Collective Health to the work of nurses in the Unified Health System.	For most respondents, the field of Collective Health is characterized by acting in Primary Care, focused on the collective and with an epidemiological basis. Other units of meaning relate Collective Health to health promotion, disease prevention and the expanded concept of health, in addition to representing the gateway to the SUS (UNIFIED HEALTH SYSTEM).
2	Professional identity and movements of employment for graduates of undergraduate courses in Public Health	Vinício Oliveira da Silva; Isabela Cardoso de Matos Pinto; Carmen Fontes de Souza Teixeira	2018	CAPES	To analyze the construction of the professional identity of students and graduates of undergraduate courses in Public/Collective Health in Brazil	The results found point to the challenges in the insertion of this new professional in the sector's labor market, indicating the need for actions that favor the access of graduates to employment, so that they advance in the professionalization process and in the delineation of their specific identity..

3	Trajectories and approximations between collective health and agroecology	Andre Campos Burigo; Marcelo Firpo de Souza Porto	2019	CAPES	Discuss the trajectory of the approximation between collective health and agroecology	Desde a X CNS (1996), o debate sobre a agroecologia estava presente em espaços da saúde pública, mas, somente a partir dos anos 2000, começaram a ser publicados os primeiros trabalhos acadêmicos na saúde coletiva, bem como foi sendo construído um conjunto de políticas públicas (inter)setoriais de integração da pauta agroecológica ao SUS (UNIFIED HEALTH SYSTEM).
4	Development of hard technology for the treatment of diabetic foot: a case study from the perspective of collective health	Mário Fabrício Fleury Rosa; Sílvia Maria Ferreira Guimarães; Aldira Guimarães Duarte Dominguez; Rebeca Soares Assis; Cecília Balbino Reis; Suélia de Siqueira Rodrigues Fleury Rosa	2019	CAPES	To analyze, from the perspective of collective health, the process of developing medical equipment for the treatment of diabetic foot carried out by the partnership between the Ministry of Health (MS) and the University of Brasília (UnB) from December 2016 to January 2019	The contribution of public health in the production of hard technology minimized gaps for the probable transformation of the idea into a product that can be assimilated by the SUS (UNIFIED HEALTH SYSTEM) and reduced the spaces between the areas of knowledge involved, bringing the university closer to the private sector and regulatory bodies.
5	Sanitation is health? Sanitation in the field of public health	Paulo Rubens Guimarães Barrocas; Flavia Franchini de Mattos Moraes; Ana Cristina Augusto Sousa	2019	CAPES	To investigate the relevance given to the issue of sanitation by researchers in the field of public health in Brazil, seeking to understand the possible factors associated with the apparent divorce between sanitation and this field of knowledge	Few public health research groups study and publish about sanitation in the journals evaluated. Factors that could be associated with the apparent low relevance given to the topic by the academic community of public health are discussed.
6	From Samarco in Mariana to Vale in Brumadinho: disasters in mining dams and Public Health	Carlos Machado de Freitas; Christovam Barcellos; Carmen Ildes Rodrigues Fróes Asmus; Mariano Andrade da Silva; Diego Ricardo Xavier	2019	CAPES	Present and discuss the complexity of natural disasters for Public Health and the SUS (UNIFIED HEALTH SYSTEM), with reference to recent disasters	Collective Health and the SUS (UNIFIED HEALTH SYSTEM) as a whole must work on the health effects caused by disasters and the processes of health rehabilitation and recovery, as well as disease prevention integrated with those of reconstruction.
7	The urgency of Public Health in Physical Education training: lessons from COVID-19	Mathias Roberto Loch; Cassiano Ricardo Rech; Filipe Ferreira da Costa	2020	CAPES	It was sought in this essay, without the intention of exhausting the subject or carrying out academic prescriptions, to support our position on the subject. the urgency of approaching PE training with the field of Collective Health, as well as presenting some propositions so that it, in fact, happen.	The present study advocates training that favors a broader view of health, that allows professionals and teachers to understand the potential relationship between PE and health, but at the same time recognize that physical activity is not a panacea and that health human life has many other determinants and constraints.

Table 1- Demonstrative synopsis of articles between 2020 and 2021 included in the study.

Source: Authors data.

DISCUSSION

From the 1970s onwards, the field of Public Health was born in Brazil, with the integration of knowledge from the fields of Human and Social Sciences, and a critique of conventional public health, in which “sanitarianism” was implanted. The Sanitary Movement had preventive operations based on the good use of technologies (sanitation, immunization and vector control), proposed mainly to the poor and excluded spheres of the population, and with the State as the core of design and implementation (OSMO; SCHRAIBER, 2015).

In this sense, Collective Health can be determined as a field of knowledge conceptions aimed at understanding health and explaining the social determinants, as well as the mastery of methods mainly focused on health promotion, in addition to being focused on precaution. and care for injuries and diseases, adopting as an object not only the subjects, but especially social groups, hence the collectivity (PAIM, 1982; DONNANGELO, 1983).

Even though Collective Health has been established, above all, by doctors, other professionals, such as the social scientists, nurses, dentists, pharmacists, and also agents from other fields of knowledge, such as engineers, physicists and architects, collaborated in its constitution. It is, therefore, a multiprofessional and interdisciplinary field (VIEIRA-DA-SILVA; PAIM; SCHRAIBER, 2014).

From this perspective, interdisciplinarity in the field of Collective Health is an internal claim, since its object of work – health and illness in the social domain – submerges, respectively: social connections, emotional and affectionate manifestations and biology, manifesting, through health and illness, the socio-historical and cultural circumstances and pretexts of subjects and groups

(VELLOSO et al., 2016).

Although there are obstacles to establishing an interdisciplinary plan, this is seen as a possible and desirable obstacle in the field of health, given that there is an unlimited field of probabilities to be investigated, as there remains, to your benefit, a direct and strategic agreement with the lived world, of bitterness, affliction and death (VELLOSO et al., 2016).

This way, an integral and strategic role is attributed to the Collective Health agent: in charge of the direction of the collective work process, both in the epidemiological and social aspect of concern and understanding of health indigence, and in the organizational and managerial aspect of choice and intervention of technologies to meet these needs.

In this perspective, Freitas et al., (2019) sought in their study to discuss the complexity of disasters, by nature for Public Health and SUS (UNIFIED HEALTH SYSTEM), with reference to recent disasters in mining dams such as Samarco in Mariana and Vale in Brumadinho. According to the authors, from the point of view of Public Health, the importance of understanding them lies not only in the number of deaths and adjacent health problems, but also in the assimilation of the emergence of new health problems and imperatives throughout the time, so that they move the entire Public Health framework.

Furthermore, technological catastrophes, by submerging contaminants, determine deliberations in urgent conditions loaded with improbability, to stop or mitigate exposures and risks, as well as to take care of damages and diseases, not only short-term, but also medium and long term (FREITAS et al., 2019).

According to Barrocas, Moraes and Sousa (2019), the structuring of the field of Public Health was born and solidified in Brazil at the same time that apprehensions about environmental problems reached a global scale. Thus, the inclusion of environmental

demands in the field of Public Health began in the late 1970s, when the production of information on workers' health demonstrated the union between the occupational atmosphere and health.

Then it became widely accepted that man-made changes in the environment, and not just those caused by production processes, were responsible for the appearance or aggravation of diseases. Thus, certain studies have pointed to the annexation of environmental issues in the research agenda of the field of Public Health, with the increase of lines of research in research groups and in graduate programs (BARROCAS; MORAES; SOUSA, 2019).

Within this context, Burigo and Porto (2019), also discussed the trajectory of the approximation between collective health and agroecology. The study points out that the agrarian demand was quite distant in the solidification of Collective Health since its beginning in the 1970s. However, in the last decades, the affinity of health with the agrarian demands and the confrontation of agribusiness, especially from the agenda of the pesticides, are becoming of strategic importance. According to the aforementioned authors, the approximation between health and agroecology is important for at least two reasons:

First, we are experiencing a moment of aggravation of the democratic, social, sanitary and ecological crises not only in the country, but also in the whole planet. We live in contradictory times of neoliberalism and globalization of financial and commodity flows, with the intensification of international geopolitical disputes, which led to an agri-food system that induces the consumption of pesticides and transgenics and to a syndemic of obesity, malnutrition and changes climate. A second reason concerns the very meaning of the agrarian question and agroecology for public health. The country is marked by the concentration of land, power and access to natural wealth,

and this has a structural relationship with social inequalities and inequities in health, such as the manifestations of misery and hunger (BURIGO; PORTO, 2019, p. 249).

Therefore, the authors defend the approximations between the sanitary and agroecological movements as a fertile passage with environments so that different areas and professionals of collective health and agroecologists can engage in an emancipatory agenda of work that collaborates for other possible futures.

In the meantime, another finding of this integrative review concerns the urgency of bringing Physical Education training closer to the field of Public Health. Loch, Rech and Costa (2020), defend the emergence of the debate on greater participation of the field of Public Health in training courses in Physical Education. Among the reasons that explain this "emergency", the authors highlight that:

Physical Education needs, in addition to training based on the clinical effects of physical activity on diseases, to broaden its reflection on elements of health management and socio-environmental and political determinants of health. This is a current demand and pointed out, among other documents, by the Resolution of the National Education Council^{2,3} which reinforces the field of health as a training axis for the new curricula in training in Physical Education (LOCH; RECH; COSTA, 2020, p. 3212).

However, the authors emphasize that there is no effective approach to the field of Public Health, simply with the establishment and offer of disciplines more characteristic to this area. This way, a likely way is to make curricular elements that usually focus exclusively on individualized and centralized issues in the private market of action, seek a broader view of health and discuss the offer and performance of public health services. Furthermore, another key point is that

students are immersed in the experience, from the first semesters (LOCH; RECH; COSTA, 2020).

In addition, training would need to go beyond scientific technical support in the areas of knowledge, and must encompass aspects that would help university students to know the dynamics of the main Management Systems of Public Policies in the country (ex: SUS (UNIFIED HEALTH SYSTEM), National Pension System Social, National Education System, among others). Only from an expanded understanding of reality will it be possible to progress towards a more humanized education, which would cooperate to avoid debates that are not connected with the real needs and living conditions of the subjects (LOCH; RECH; COSTA, 2020).

In this perspective, Souza et al., (2017) sought to investigate the contributions of Collective Health to the work of nurses in the Unified Health System. For this, the authors carried out a research in a public higher education institution located in the state of Rio de Janeiro. The participants were 15 students enrolled in the eighth period (Internship) of the Bachelor's Degree in Nursing, during a curricular internship in Primary Care (AB) units in which practices and debates in the sphere of Collective Health are developed.

The results of the study express Collective Health as synonymous with Primary Care, restricting it to a matter of SUS (UNIFIED HEALTH SYSTEM) care, which especially aims at disease prevention, access to health and the user's entry into the health system. As subsidies for nurses in initial training, respondents argued that Collective Health provides knowledge and practices relevant to the expanded concept of health, the depth of care and health education, especially educational interventions for self-care (SOUZA et al., 2017).

Thus, the authors observed that the

contribution of Collective Health to the work of nurses in the SUS (UNIFIED HEALTH SYSTEM) emerges with the biologist standard and implants debates of a social and political nature regarding care in the health-disease process of societies.

Following the findings of this review, it was noticed that Collective Health is also present in the process of developing medical equipment. Rosa et al., (2019), analyzed, from the perspective of Public Health, the process of developing medical equipment for the treatment of diabetic foot carried out by the partnership between the Ministry of Health (MS) and the University of Brasília (UnB). According to the results of the study, the authors concluded that Public Health, as it is integrated into the large circle of Health Sciences and has scientific knowledge about health policies, idealization and management of health systems and services for the study. In this case, it originated an important dynamic in the interrelation between the bench and the bed of the SUS (UNIFIED HEALTH SYSTEM), creating in the same totality medical-sanitary and scientific-technological rationalities. The authors also highlight that the participation of Collective Health reduced the spaces between the intertwined fields of knowledge, bringing the university closer to the private sector and regulatory bodies (ROSA et al., 2019).

However, considering the recognition of Public Health in several fields, Silva, Pinto and Teixeira (2018), sought to analyze the construction of the professional identity of students and graduates of undergraduate courses in Public/Collective Health in Brazil. Thus, the results found in the study point to major obstacles in the introduction of this new professional in the labor market, warning the need for interventions that benefit the rise of graduates to employment, so that they progress in the professionalization process and in the design of their identity. particular.

According to the research, political and bureaucratic demands appear as a major problem for the introduction of graduates as well as the problems of inclusion in the public notices. Added to this is the plurality of prerequisites on the profile of the competitor determined by the public notices and, on the other hand, the lack of information and clarity about the possibilities of action of the public health graduate (SILVA; PINTO; TEIXEIRA, 2018).

CONCLUSION

As conclusions of this study, it is possible to highlight that Public Health in Brazil has the particularity of being established from a circumstance in which the democratic demand was discussed by civil society, especially by social and middle class movements. Thus, on that occasion, the struggle for the democratization of health became evident, popular as the Health

Reform Movement or “sanitary movement”, which supported the recognition of the right to health as intrinsic to the victory of citizenship.

Currently, it can be assured that Collective Health has been established, consolidating a specific and autonomous space, and as such, it coexists in a frequent process of social validation. It is also evident the contributions of Collective Health in multiple spheres of society, however, some studies have highlighted a certain impasse in the insertion into the job market, recommending that the need for interventions to benefit the entry of graduates to the job market remains.

Therefore, it was noticed that there is no scientific field more interdisciplinary than Collective Health, as individuals and their life context are complex and, for this reason, demand from the health professional a critical-reflexive understanding of social determination. of the health-disease process.

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