


THE SCENARIO OF CARE IN PRIMARY HEALTH CARE FOR THE BLACK POPULATION

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ABSTRACT

This research aims to analyze inequalities in access to health for the black population in Primary Health Care (PHC) in Brazil, highlighting the impact of structural and institutional racism on care practices. The general objective is to analyze the current scenario of health care and promotion in primary care aimed at the black population. The research methodology was a qualitative and descriptive literature review. The research shows that PHC, although it is the gateway to the Unified Health System (SUS), often fails to equitably meet the needs of the black population, resulting in worse health and quality of life indicators. The conclusion points out that it is urgent to implement inclusive public policies and anti-racist practices, in addition to promoting the continuing education of health professionals with a focus on the specificities of the health of the black population. The active participation of this population in the formulation of policies and the encouragement of research on their health conditions are essential for the promotion of integral and equitable health.

Keywords: Primary Care. Care. Health. Population. Negress.

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INTRODUCTION

The research proposes a study of the issue of health care for black people by primary care in Brazil in the scenario of the covid-19 pandemic and post covid -19. Primary health care (PHC) is fundamental for the promotion of well-being and disease prevention, being the gateway to the health system. In Brazil, however, racial inequalities still permeate access to and quality of services offered, disproportionately affecting the black population. The health inequities experienced by this population became even more evident during the Covid-19 pandemic, which exposed and accentuated the weaknesses of the health system, revealing the social and economic vulnerability faced by black people.

Studies indicate that black people have greater difficulty in accessing health services and, when they do, they often face lower quality care. (Baptist *et al.*, 2012; Cunha, 2012, Santos, 2013, Oliveira, 2016, Gomes *et al.*, 2017) In this sense, it is crucial that managers, health professionals, and users understand the relevance of PHC as a tool for equity. The lack of a shared understanding of the importance of primary care can perpetuate existing inequities, resulting in unfavorable health outcomes, such as increased mortality and morbidity among the black population.

In Brazil, health indicators show the significant disparities between the black and white population. According to data from the IBGE (2023), the precarious living conditions faced by the black population are a historical reflection of social inequalities, which translate into limited access to quality health services. These factors interconnect, creating a vicious cycle that perpetuates ethnic-racial inequities.

The socioeconomic conditions of black communities, often marked by greater vulnerability, have a direct impact on health. Many blacks live in areas with poor infrastructure, where access to essential services, such as health, education and basic sanitation, is compromised. This reality contributes to a higher incidence of diseases and health complications, as well as an increase in mortality rates.

In addition, the restriction of access to health services, which intensifies in contexts of discrimination and prejudice, makes it difficult for the black population to receive adequate and timely care. When these individuals are able to access health services, they often face lower quality care, which further aggravates the situation.

These data highlight the urgent need for public policies that effectively address ethnic-racial inequalities, promoting health care that considers the specificities of the black population. It is essential that strategies are developed to ensure equitable access to health

services, seeking not only to mitigate existing inequalities, but also to transform the social structure that sustains them.

In this context, the present research seeks to investigate the perceptions and practices of health managers and professionals in relation to PHC, as well as the experience of black users during the pandemic and in the post-Covid-19 period.

The general objective is to analyze the current scenario of health care and promotion in primary care aimed at the black population.

The hypotheses that guide this study include: (1) the lack of specific training on the health of the black population among health professionals contributes to the perpetuation of inequities; (2) the health policies implemented in PHC have not effectively considered the particularities and needs of the black population; and (3) the participation of the black community in the formulation and evaluation of health policies is insufficient, limiting the effectiveness of actions aimed at equity.

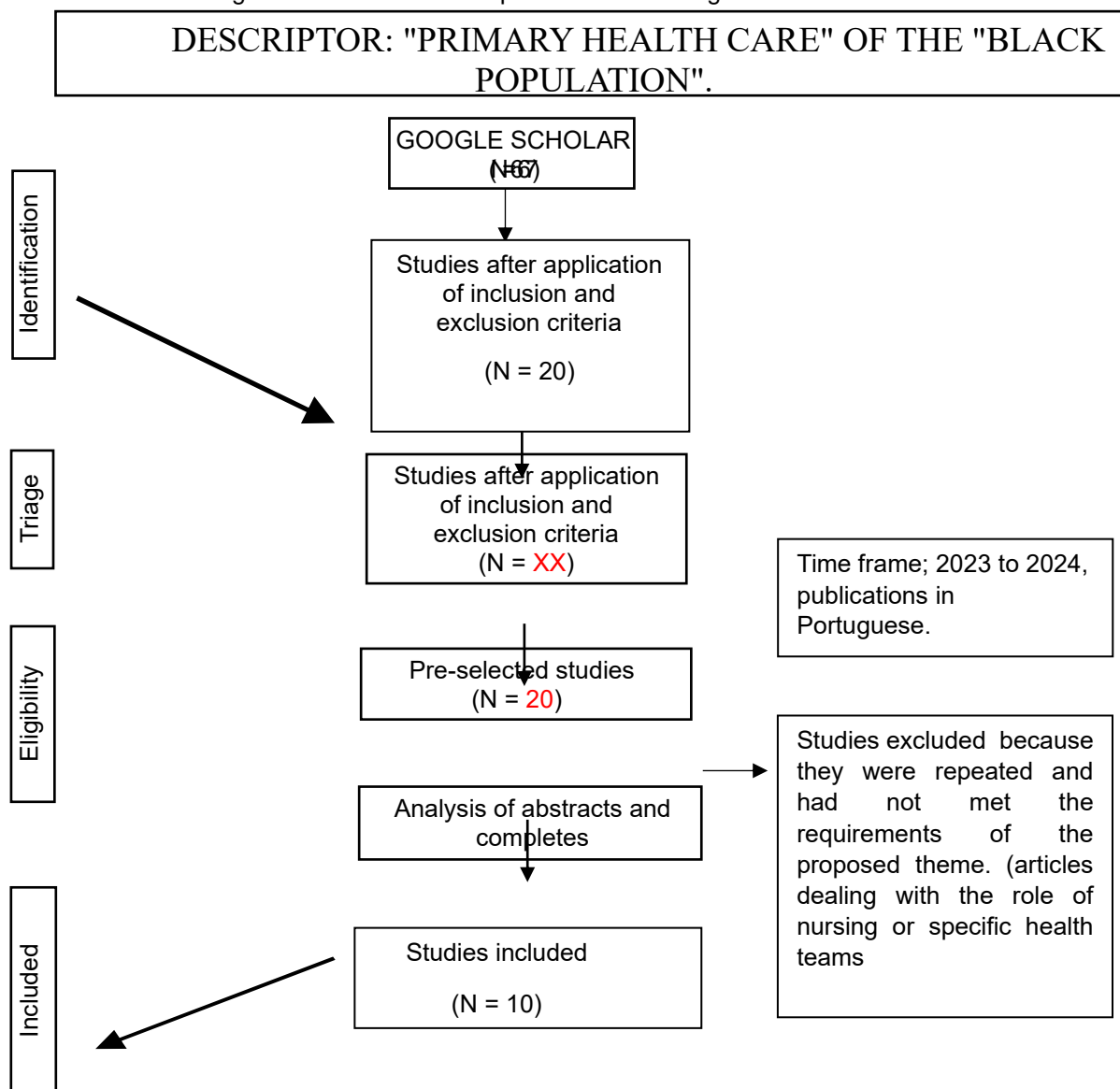
This research is justified by the urgent need to promote an inclusive dialogue between managers, professionals and users, aiming to transform PHC into a space that not only serves, but also respects and values racial diversity. By addressing the health issues of the black population from the perspective of primary care, we hope to contribute to the construction of a fairer and more equitable health system, capable of meeting the needs of all segments of the Brazilian population.

METHODOLOGY

A qualitative and descriptive review research methodology was chosen. The search for publications on the theme for the purpose of this research was carried out on the Google Scholar platform using specific descriptors. The descriptors used were: "PRIMARY HEALTH CARE" OF THE "BLACK POPULATION". The search for articles and theses was carried out with descriptors in Portuguese. In addition to the descriptors, we sought only in reading to select the articles that dealt with the current scenario of primary health care for the black population, excluding those that did not deal with this theme in their objectives. The exclusion parameters were to be outside the established period, between 2023 and 2024, as well as publications in languages other than Portuguese, in addition to those works not aligned with the research guiding question and/or disagreement with the inclusion criteria.

The search resulted in 667 articles. Based on the initial analysis of the titles, 20 articles were selected for reading the abstract and textual part, especially objectives and methodology. After reading, 10 articles were excluded, resulting in 10 selected articles that met the proposed objectives

Figure 1. Flowchart of the process of selecting studies for review.



Source: Authors' elaboration, 2024.

RESULTS

Chart 1 shows the studies selected in all the studies after using the inclusion and exclusion parameters. The results of the reading of the included studies were summarized and described in a comparative table, taking into account the author(s), the year of publication, objective and conclusion.

Table 1: Selected works

AUTHOR(S)	YEAR	OBJECTIVE	CONCLUSION
BITTENCOURT <i>et al.</i>	2023	To reflect on the scope of understanding of Primary Health Care (PHC) for the black population among managers, health professionals and SUS users in the state of Bahia.	A reassessment of public policies and health practices is essential to ensure that equity and inclusion are truly implemented in the system. It is necessary that health actions be planned and executed with a perspective that considers the specificities of the black population
TOCHETTO, Eduarda Bernadete <i>et al.</i>	2023.	Objective to evaluate the quality of services offered by Primary Health Care (PHC) to the black population.	It concludes that improving health care for the black population requires a comprehensive approach that considers the social determinants of health and promotes continuity of care throughout the life cycle. In addition, the discussion about racism must be incorporated into PHC practices, with the aim of deconstructing oppressive structures and promoting equity.
SILVA, L. B. <i>et al.</i>	2024	To study structural racism in the training and occupation of black workers working in primary health care (PHC) in the city of Rio de Janeiro, based on the experience of black physicians	exposes in a forceful way how racism permeates the health work experience of black women, both doctors and workers in family health teams in primary health care in Rio de Janeiro, especially in favela areas. The participants highlighted that institutional and structural racism manifests itself in different ways, from the absence of anti-racist content in their professional training to the organization of care flows and precarious working conditions.
SILVA, F. A. J. DA. <i>et al.</i>	2023	To analyze how black immigrant health care was carried out during the covid-19 pandemic in Primary Health Care.	The research concludes that, although the strategies implemented have been, in some aspects, efficient, there is still an urgent need to develop anti-racist skills and practices in the health system. The research offers a valuable theoretical framework for understanding how social and historical conditions shape health inequalities, suggesting that more humanized and equitable care for the black immigrant population requires a deliberate and sensitive approach to their realities.
MACIEL, Kamila Soares.	2023	Objective of understanding how professionals recognize institutional racism in the practice of Primary Health Care.	The conclusion reiterates the importance of understanding the dynamics between racism, social determinants and health. The results suggest that there is still a long way to go for health actions to be truly integrated and effective for the black population
SILVA, Letícia Batista <i>et al.</i>	2023	Objective of analyzing experiences of training and work in health of	The research studies indicate that, even in a health system that

		black female physicians who work in the SUS, especially in PHC, in the city of Rio de Janeiro in the light of the debate on structural and institutional racism.	proposes to be universal and comprehensive, racial issues remain a significant obstacle to the effectiveness of health care. The research concludes that there is an urgent need to reconfigure training practices and the organization of health work, so that they consider the racial dimensions and their implications in health policies.
OLIVEIRA, Quésia Alcântara; VASCONCELLOS, Erika Antunes; DOS SANTOS, Vanessa Thamyris Carvalho.	2023	It aims to report the experiences developed in a care group as a tool of psychological support for black women in Primary Care.	The study highlights the relevance of developing health actions that consider race as a determining factor in the experience of health and disease. The proposal to expand research in this area is fundamental for the construction of a more equitable and inclusive health system, aligned with the principles of the SUS.
JATOBA, Larissa Rodrigues	2023	The objective was to analyze anti-racist expressions in health care meetings with black children in PHC from the senses of the world of a black woman and doctor.	The research in its conclusion emphasizes that, in order to achieve truly comprehensive and equitable health care, it is essential to recognize and combat racism in its various forms, promoting an environment where black children can be protagonists of their own stories. The reflection proposed by the study is not only necessary, but urgent, in the face of persistent inequities in the health of the black population.
OLIVEIRA, Larayne Gallo Farias <i>et al.</i>	2023	Understand the inequalities in access to health in Brazil, which disproportionately affect the black population.	In his conclusion, he emphasizes that overcoming inequalities in access to health is fundamental for the construction of a more just and egalitarian society. The reflections presented require a collective commitment to transform the structures that sustain these inequalities and promote equity in access to health services.
MARQUES, Alexandra Angélica <i>et al.</i>	2023	It seeks to understand the perception of professionals from family health teams in Florianópolis about access to comprehensive health for black women in primary health care practices.	In conclusion, the study offers a critical and necessary analysis of institutional racism and its repercussions on black women's health. It not only points out existing flaws, but also suggests paths for transformation, emphasizing the urgency of inclusive and equitable practices in PHC. The survey stands out as a call to action for health professionals, policymakers, and society at large, in the fight for fairer and more accessible healthcare.

Source: Authors' elaboration, 2024.

DISCUSSION

The study by Bittencourt *et al.* (2023) reveals the alarming reality of the black population in Bahia, highlighting that this group was the most impacted by the consequences of Covid-19. The conclusions go beyond morbidity and mortality, indicating that the pandemic has accentuated existing historical social vulnerabilities, exacerbating neglect of this population. This scenario is not just a reflection of an isolated event, but rather of an ongoing process of marginalization that affects the health and well-being of that community. It is understood that the research seeks to identify knowledge gaps, to assess the extent to which these different actors understand the importance and potential of PHC in health promotion, especially in the context of racial inequities. This understanding is essential for the formulation of policies and practices that effectively meet the needs of the black population. It also seeks to analyze the implications of health inequities, to understand how the lack of knowledge and underutilization of PHC impact the health inequalities experienced by the black population, especially during the Covid-19 pandemic. This includes assessing how these inequities manifest themselves and how PHC can be a tool to mitigate them.

The research by Bittencourt *et al.* (2023) underlines the importance of considering the social determinants of health, which influence not only the ability to resist disease, but also general living conditions. Primary health care (PHC) is presented as the fundamental instance for health promotion, but its effectiveness is compromised by the lack of understanding of its importance on the part of health managers and professionals. This misunderstanding results in deficient care, which does not adequately meet the specific needs of the black population. In addition, the study points out that many users of the health system are not sufficiently informed about the potential of PHC, which limits their active participation in social control and in the search for rights. This lack of engagement accentuates vulnerability, creating a cycle of health inequities that is difficult to break.

In view of this scenario, the research by Bittencourt *et al.* (2023) concludes that a reassessment of public policies and health practices is essential to ensure that equity and inclusion are truly implemented in the system. It is necessary that health actions be planned and executed with a perspective that considers the specificities of the black population, promoting effective and problem-solving access to health services. These reflections are crucial to guide future planning and actions, ensuring that health is effectively understood as a right for all, especially in a society that faces deep racial inequalities. The construction

of a fairer and more equitable health system depends on collective awareness of the importance of PHC and the need for a real commitment to health promotion for all segments of the population.

The study by Tochetto *et al.*, (2023) is of great importance, as it seeks to understand how the black population evaluates the health services offered by the Unified Health System (SUS), especially in Primary Health Care (PHC). This analysis is essential to (re)build policies that can enhance health care for this group, which historically faces various forms of vulnerability and social inequality.

The conclusions of the study by Tochetto *et al.*, (2023) reveal that, in Chapecó, PHC services did not reach the necessary standards to be considered truly PHC-oriented. The evaluation made by black users points to the inadequacy of the services to meet their needs effectively. These results are corroborated by other studies carried out in different cities, evidencing a worrying pattern that is not limited to a specific location.

The research by Tochetto *et al.*, (2023) also highlights the predominance of women among users, suggesting that black women are more likely to seek health services, which is related to gender issues and the responsibility that often falls on them in the management of family health. In addition, it was identified that the black population faces barriers related to education and income, reflecting the intersectionality between race, class and gender. Another crucial point highlighted in the study is the need to break down barriers to access to health services. For this, it is essential to promote effective reception and quality listening, using language that respects and integrates the culture of the black population. This recognition of cultural and historical diversity is vital for this community to feel that they belong to the SUS.

Tochetto's study *et al.*, (2023) concludes that improving health care for the black population requires a comprehensive approach that considers the social determinants of health and promotes continuity of care throughout the life cycle. In addition, the discussion about racism must be incorporated into PHC practices, with the aim of deconstructing oppressive structures and promoting equity.

In summary, Tochetto's research *et al.*, (2023) points to the urgency of (re)formulating public policies aimed at vulnerable populations, emphasizing that improvement in the quality of health services must be accompanied by a commitment to social awareness and the promotion of actions aimed at racial equity in health. This integrated approach is crucial

to addressing health inequities and ensuring that everyone has access to dignified and quality services.

The research by Silva *et al.* (2024) demonstrates in a striking way how racism permeates the health work experience of black women, both doctors and workers in family health teams in primary health care in Rio de Janeiro, especially in favela areas. The participants highlighted that institutional and structural racism manifests itself in different ways, from the absence of anti-racist content in their professional training to the organization of care flows and precarious working conditions. This reality not only compromises the quality of the care provided, but also directly affects the well-being of professionals, reflecting a cycle of oppression that is perpetuated in the health system.

A crucial point raised by the study by Silva *et al.* (2024) is the limitation of individual actions in the fight against racism. While individual effort is important, the complexity of racial issues requires a collective and intersectional commitment. To truly address the consequences of racism in health care, it is necessary to implement actions at all levels of management and in different spheres of the health system. The lack of a systemic approach limits the effectiveness of initiatives and perpetuates the marginalization of black voices within the SUS. While the research did not delve into the intersectionality between gender and race in work experiences, it does reveal the urgency of a more comprehensive analysis of interpersonal relationships and power dynamics between professionals and users. The absence of this discussion can obscure the nuances of racism in daily interactions, making it difficult to formulate effective strategies to address it.

The study by Silva *et al.* (2024) concludes that racism is a central obstacle to the reorganization of health work, especially in primary care in racialized contexts. This recognition is fundamental, as it points to the need to dismantle the structures that sustain this racial violence, promoting not only health, but also dignity and respect for the black population. Thus, the research by Silva *et al.* (2024) not only contributes to the understanding of the experiences of black women in health, but also challenges managers and professionals to reflect on their practices and seek solutions that integrate the fight against racism in the restructuring of the SUS. Transforming this scenario requires a joint effort, which includes continuous training, awareness of racism, and the implementation of policies that guarantee equity in access to and quality of health care.

The article by Silva *et al.* (2023) in analysis investigates the performance of the municipal health care network aimed at black immigrants during the Covid-19 pandemic,

revealing important flaws in the organization and execution of services. Although Primary Health Care (PHC) played a crucial role in the notification and follow-up of cases, the research highlights that the response was, to a large extent, generic and not adapted to the specific needs of this vulnerable population.

One of the main findings of the study by Silva *et al.* (2023) is that, although the PHC structure has been reorganized to deal with the health crisis, issues of race and ethnicity have been neglected in surveillance and monitoring strategies. This omission has not only compromised the effectiveness of the pandemic response but has also enhanced the historical vulnerabilities faced by Black immigrants. The lack of a sensitive approach to racial and cultural specificities has contributed to the marginalization of these populations within the health system. Furthermore, although support initiatives have emerged that have involved community leaders and local institutions, the research shows that comprehensive care has not been achieved. Health education proposals did not incorporate racial issues, resulting in care that does not adequately meet the needs of the black immigrant population.

A critical aspect raised by the article by Silva *et al.* (2023) is the recognition of structural racism as a determining factor in the health conditions of these communities. The study emphasizes that in order to promote more effective health care, it is critical that health professionals are trained in policies that recognize and address racial specificities. This is vital not only for care during the pandemic, but for a broader and more inclusive restructuring of health services.

The consequences of the pandemic, as highlighted, go beyond epidemiological statistics, reflecting social inequalities that have become even more evident in times of crisis. Factors such as income, access to education, and living conditions are crucial to understanding health disparities and should be considered in the formulation of public policies. The study by Silva *et al.* (2023) concludes that, although the strategies implemented have been, in some aspects, efficient, there is still an urgent need to develop anti-racist skills and practices in the health system. The research offers a valuable theoretical framework for understanding how social and historical conditions shape health inequalities, suggesting that more humanized and equitable care for the black immigrant population requires a deliberate and sensitive approach to their realities. Thus, it is imperative that health policies be articulated with the struggles against structural racism and

promote an integrality that respects and values the cultural and identity diversity of these populations.

Maciel's (2023) research, on the other hand, highlights the urgency of implementing prevention, promotion, and treatment strategies and actions aimed specifically at the black population in the context of health. The research shows that it is essential to offer a more attentive and comprehensive look at the health demands of this group, considering their specificities and the challenges they face. The performance of health professionals is fundamental in this process, as they have direct contact with black users in health services and are key players in the promotion of equity. The continuing education of health professionals emerges as a pressing need. This continuous training should aim not only at technical updating, but also at raising awareness of racial issues and their implications for health. It is crucial that professionals recognize the barriers that the black population faces and act to mitigate them, promoting more inclusive and equitable care in the institutions of the Unified Health System (SUS). However, the study by Maciel (2023) also has limitations, such as the small number of participants, which prevents a broader analysis of professionals' perceptions of institutional racism. This limitation reveals a resistance among some professionals to recognize their position in relation to this topic, which can be a significant obstacle to the implementation of effective actions. The final considerations of Maciel's (2023) research reiterate the importance of understanding the dynamics between racism, social determinants, and health. The results suggest that there is still a long way to go for health actions to be truly integrated and effective for the black population. The need for new research is evident, as it can contribute to a deeper reflection on comprehensive care for this population, helping to dismantle historical barriers and promoting fairer and more equitable health. In short, the study reinforces that the promotion of the health of the black population requires a collective commitment, which includes the continuous training of health professionals, the creation of public policies sensitive to racial issues, and the construction of a health system that truly meets the needs of all its users. This approach is not only necessary, but also ethical, in a country marked by racial and social inequalities.

The article by Letícia Batista Silva et al (2023) incisively addresses the training and work experiences of black female doctors in the Unified Health System (SUS) in Rio de Janeiro, evidencing the manifestations of structural and institutional racism that permeate their performance, especially in Primary Health Care (PHC). The findings point to an alarming reality: current medical education, in its technician and biologicist perspective, fails

to address racial inequities in health and often perpetuates the invisibility of racial diversity among SUS users. The reports of black female physicians reveal that their professional experiences are deeply marked by racism, both in daily interactions and in the organizational structures of the health system. This racial oppression is described as a work dialectic, where the voices and realities of professionals become visible in an institutional context that, paradoxically, marginalizes them. The centrality of the disease, to the detriment of the recognition of the subject and their social interactions, reinforces a model of care that ignores the racial and cultural specificities of patients. The study by Letícia Batista Silva et al (2023) also highlights how this historical (in)visibility contributes to the maintenance of inequities. The lack of a critical approach in medical training not only disregards the reality of users, but also limits black female doctors in their practices, making it difficult to promote more equitable and humanized care. The conclusions of the article by Letícia Batista Silva et al (2023) are worrying, as they indicate that, even in a health system that proposes to be universal and comprehensive, racial issues remain a significant obstacle to the effectiveness of health care. The research concludes that there is an urgent need to reconfigure training practices and the organization of health work, so that they consider the racial dimensions and their implications in health policies. Furthermore, the article suggests that understanding the experiences of black female physicians should be central to the debate on racism in the SUS, as these voices not only bring to light the difficulties faced, but also offer valuable perspectives for the construction of a fairer and more inclusive health system. Thus, this research presents itself as an important framework to foster reflections on medical training and the fight against racism in the SUS, pointing to the need for concrete actions aimed at deconstructing discriminatory practices and promoting care that respects and values racial diversity. It is essential that the debate on health and race is integrated into public policies, ensuring that inequities are effectively addressed and that comprehensive care becomes a reality for all users of the health system.

The article by Oliveira *et al.* (2023) addresses the importance of psychological care groups as support for black women in Primary Health Care (PHC), highlighting the need for a political-racial look at the health system. The qualitative research, carried out in a Family Health Unit in the south of Bahia, reveals that black women face not only structural racism, but also sexism, factors that aggravate their psychic suffering. The group approach used in this study proved to be effective in promoting bonds, sharing experiences and building

strategies for overcoming each other among the participants. One of the main contributions of the article is to highlight how these groups can serve as spaces for welcoming and listening, allowing women to perceive themselves as protagonists of their stories. However, the research also highlights the urgency of integrating discussions about race and gender into health practices, to combat the violence that these women face.

However, the study by Oliveira *et al.* (2023) faces limitations related to the generalizability of the results, since it is based on a specific group in a particular context. In addition, the analysis could benefit from further investigation into the conditions of care and the available care instruments, as well as the professional training of attendants in relation to these issues. In summary, the article by Oliveira *et al.* (2023) highlights the relevance of developing health actions that consider race as a determining factor in the experience of health and disease. The proposal to expand research in this area is fundamental for the construction of a more equitable and inclusive health system, aligned with the principles of the SUS. This approach not only enriches the field of psychology but also contributes to public policies that are more sensitive to the realities faced by Black women.

Jatobá's research (2023) investigates anti-racist expressions in health care aimed at black children in Primary Health Care (PHC), highlighting the need to address institutional racism as a priority to ensure comprehensive and equitable care. The survey reveals that many health professionals do not recognize structural racism and its implications for the development of black children, which makes it difficult to formulate appropriate policies and actions.

One of the central points of the conclusion is the need to reformulate specific policies and programs that consider the specificities of black children, recognizing them as social actors and citizens. This approach is crucial to promoting care that not only respects but also amplifies their voices and experiences.

In addition, the study by Jatobá (2023) suggests an integration between health and other areas of knowledge, such as education, sociology, and psychology, to enrich the understanding of the effects of racism and improve care practices. The proposal of collaboration with community initiatives, such as the Ninar Project, is a valuable strategy that can contribute to more effective and anti-racist care. In short, Jatobá's research (2023) emphasizes that, in order to achieve truly comprehensive and equitable health care, it is essential to recognize and combat racism in its various forms, promoting an environment where black children can be protagonists of their own stories. The reflection proposed by

the study is not only necessary, but urgent, in the face of persistent inequities in the health of the black population.

The article by Larayne Gallo Farias Oliveira, *et al.* (2023) addresses a crucial topic: inequalities in access to health in Brazil, which disproportionately affect the black population. The analysis exposes how these inequalities constitute a serious social problem, with multiple barriers that hinder access to adequate care in Primary Health Care (PHC). The text argues that these disparities have a direct impact on quality of life, increasing the risk of disease and social and economic vulnerability. One of the central points of the discussion is how the lack of access to quality health services results in a higher mortality rate and lower life expectancy among the black population. The emphasis on the role of institutional racism as one of the factors that perpetuate these inequalities is particularly relevant, as it brings to light the social structures that contribute to the physical and emotional suffering of this population.

The article by Larayne Gallo Farias Oliveira, *et al.* (2023) also criticizes the insufficiency of existing public policies, such as the National Policy for the Integral Health of the Black Population (PNSIPN), suggesting that, although they are important, they are still not sufficient to face structural challenges. There is an urgent call for the expansion of the debate on inclusive policies that meet the specificities and needs of the black population, emphasizing the importance of ensuring universal and comprehensive access to health.

However, the text could benefit from a deeper analysis of the strategies that are already being implemented and their effectiveness, as well as from the inclusion of voices of the black population itself in discussions about their health needs. The proposal to train black health professionals is a valuable approach, as it can promote more sensitive and culturally appropriate care, but it is necessary to ensure that these trainings are accompanied by adequate resources and structures in the communities. In conclusion, the article by Larayne Gallo Farias Oliveira, *et al.* (2023) emphasizes that overcoming inequalities in access to health is essential for building a more just and egalitarian society. The reflections presented require a collective commitment to transform the structures that sustain these inequalities and promote equity in access to health services. The urgency of this debate is evident, and actions must be concrete and continuous so that significant changes can be achieved.

Marques' (2023) research brings to light fundamental questions about the integral health of black women in Brazil, highlighting primary health care (PHC) as a critical point of

access. The qualitative research, conducted in Florianópolis, uses culture circles as a methodology to explore the perception of health professionals about the barriers that institutional racism imposes on the access of the black population to health. One of the main contributions of the study is the identification of health inequities generated by institutional racism, which manifest themselves in a significant way in the lives of black women. This approach not only illuminates the need for strategies that promote equity in health, but also emphasizes the importance of public policies that are sensitive to the particularities of this population. The study mentions the National Policy for the Integral Health of the Black Population (PNSIPN) as an important step, but emphasizes that its implementation faces significant challenges, often aggravated by the lack of knowledge of health professionals about the specificities of black women's health. Another relevant aspect is the proposal to include black women in training and management spaces, which can contribute to structural and social changes. This insertion is seen as vital for the construction of anti-racist practices within the health system, promoting care that respects and meets the needs of this population. However, the article also has limitations, such as the scarcity of research on black women's health, which can hinder the development of informed and effective public policies. The call for greater academic funding in this area is a pertinent reflection, considering the need for robust knowledge to support meaningful interventions. In conclusion, the study offers a critical and necessary analysis of institutional racism and its repercussions on black women's health. It not only points out existing flaws, but also suggests paths for transformation, emphasizing the urgency of inclusive and equitable practices in PHC. The survey stands out as a call to action for health professionals, policymakers, and society at large, in the fight for fairer and more accessible healthcare.

CONCLUSION

The analysis of articles on primary health care (PHC) reveals an alarming picture of the inequalities that the black population faces in Brazil, evidencing how structural and institutional racism permeates health practices and access to adequate care. PHC, considered the gateway to the Unified Health System (SUS), should be a space for welcoming and promoting equity, but, in practice, it becomes a reflection of the social, economic, and racial inequalities that mark Brazilian society. Studies indicate that the barriers faced by the black population are multiple and complex, ranging from the

inadequate training of health professionals, who often lack a critical understanding of the specificities of the health of the black population, to the lack of effective public policies that respond to these needs. The absence of an anti-racist look at health practices not only limits access to essential care, but also amplifies social and economic vulnerabilities, resulting in worse health and quality of life indicators. In addition, the lack of protagonism of black children and women in health care strategies is a growing concern. The articles highlight the importance of recognizing these populations as social actors who should have a voice in health policies and practices that directly affect them. The emphasis on bonding, welcoming, and qualified listening is crucial to ensure that their needs are adequately met.

Given this scenario, some recommendations are urgent. The promotion of continuing education: Promote the continuous training of health professionals with a focus on institutional racism, health of the black population and anti-racist practices. This can include training, workshops, and integration with areas such as education and psychology, which already widely discuss these issues. Inclusive Public Policies: Develop and implement public policies that address health inequalities specifically for the black population, ensuring that initiatives are sensitive to the demands and realities of this group. Community Participation: Create spaces for participation and social control that guarantee the voice of the black population in decisions about health policies. This includes the insertion of representatives of black communities in the spaces of management and planning of health services. Research and Data: To foster research on the health of the black population, with the objective of generating data that support public policies and interventions. The scarcity of studies in this area is a significant barrier to the development of effective actions. Comprehensive and Humanized Care: Prioritize comprehensive and humanized care, considering the social, cultural, and historical aspects that affect the health of the black population. This involves adapting health services to meet the cultural and social specificities of this group.

In short, the criticism of the health of the black population in PHC in Brazil is an urgent issue that requires a collective commitment to transformation. Existing inequalities are not merely statistics, but reflect affected lives, vulnerable communities, and a health system that has yet to reconcile with its social role. The construction of a truly equitable SUS necessarily involves the inclusion and appreciation of racial diversity, recognizing that health is a fundamental human right.

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