

THE PROMOTION OF COLLECTIVE HEALTH THROUGH HEALTH EDUCATION: PRACTICES AND RESULTS



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Steve Biko Menezes Hora Alves Ribeiro¹, Mesias de Nazaré Campos Soares², Cícero Ricarte Beserra Júnior³, Carlana Santos Grimaldi Cabral de Andrade⁴, Célia Vieira Cardoso⁵, Luan Cruz Barreto⁶, Daniella Cristina Martins Dias Veloso⁷, Eduardo Jorge Custodio da Silva⁸, Victória Ribeiro Nogueira⁹ and Amanda Barbosa da Silva¹⁰

¹Doctorate student in Biochemistry and Molecular Biology

Federal University of Bahia - UFBA

E-mail: Sbmhar@gmail.com

ORCID: <https://orcid.org/0000-0001-9235-9800>

²Bachelor's and Bachelor's Degree in Physical Education and Master's Degree in Public Health

Univerdade Fic's

E-mail: mesiasfisio@gmail.com

ORCID: <https://orcid.org/0009-0009-5200-9115>

LATTES: <https://lattes.cnpq.br/4194299170093301>

³Nurse and Master in Nursing Technology and Innovation

UNIFOR/CAPES/COFEN

Email: ricartebeserra@edu.unifor.br

ORCID: <https://orcid.org/0000-0002-7871-0761>

LATTES: <https://lattes.cnpq.br/5099510525623817>

⁴Nurse and Master in Health

Gama Filho University

E-mail: carlanagrimaldi@gmail.com

⁵Occupational Health Nurse Specialist

Holistic College

E-mail: raycsousa@gmail.com

LATTES: <https://lattes.cnpq.br/3760970360663824>

⁶ Undergraduate student in Biological Sciences

State University of Southwest Bahia - UESB

Email: luanb1215@gmail.com

ORCID: <https://orcid.org/0009-0007-8653-1572>

LATTES: <http://lattes.cnpq.br/6178282168339365>

⁷Nurse and Master in Primary Health Care

State University of Montes Claros – UNIMONTES

E-mail: danivelosoenf@gmail.com

⁸Doctor of Science

State University of Rio de Janeiro – UERJ

E-mail: eduardo.jcs@uol.com.br

ORCID: https://orcid.org/0000_0002-2411-290x

LATTES: <http://lattes.cnpq.br/3102010464436732>

⁹Undergraduate student in Nursing

University of the Amazon - UNAMA

Email: victoriaribeiro.09@gmail.com

ORCID: <https://orcid.org/0009-0002-5333-8630>

LATTES: <http://lattes.cnpq.br/5722849843019493>

¹⁰Master in Health Psychology

State University of Paraíba - UEPB

E-mail: silvaamandabarbosa@gmail.com

ORCID: <https://orcid.org/0000-0002-5430-5446>

ABSTRACT

This study investigates the promotion of collective health through health education, highlighting the relevance of interprofessional and collaborative practices to respond to the complex challenges of public health. Based on a narrative review of recent literature, the work explores how continuing education and interprofessionality increase the effectiveness of care, promoting interventions adapted to local specificities. The analysis reveals that collective impact practices and collaborative leadership models strengthen cohesion among health professionals and promote a more inclusive and sustainable work environment. In addition, it is observed that the integration between sectors and disciplines generates a positive impact on social cohesion and the autonomy of the populations served, contributing to equitable and effective health policies. It is concluded that health education, by combining inter-professional training, collective leadership and intersectoral partnerships, emerges as an essential approach for the transformation of public health, promoting lasting improvements in the quality of life of communities.

Keywords: Collective Health. Health Education. Interprofessionality. Collective Impact. Collaborative Leadership.

INTRODUCTION

The promotion of collective health, in its broadest sense, is configured as a practice that aims to transcend the individual treatment of diseases, addressing social determinants and promoting the well-being of entire populations. The advancement of this practice requires a strategic combination of education, interprofessional management, and community engagement, elements that contribute to the strengthening of care networks and the construction of sustainable health policies that are adaptable to different population contexts (Bleakley, 2020; Patja et al., 2020). In the face of contemporary challenges, such as the increase in chronic diseases, inequalities in access, and global health emergencies, health education emerges as one of the most important instruments for the training and continuous development of public health professionals, enabling a more effective and humanized response to the complex demands of the population (Cicognani et al., 2020; Silva et al., 2021).

Interprofessional education, based on collaborative practices and the development of broad skills, emerges as essential for the promotion of collective health that is both effective and sensitive to local specificities. Studies such as that of Fornereto et al. (2020) point out that this educational approach allows professionals not only to master their areas of expertise, but also to learn to work in an integrated way, which significantly improves care and strengthens the cohesion of health teams. In addition, practices with collective impact, such as those outlined by Parkinson et al. (2022), have demonstrated effectiveness in building support networks that align objectives and methods between different actors and sectors, thus promoting a broader and intersectoral approach to public health.

Collective leadership also appears as a central variable for the consolidation of collaborative and productive work environments, as discussed by Silva et al. (2021) and De Brún and McAuliffe (2020). Leadership based on collaboration and shared responsibilities enables team members to be more actively and committed, reflecting positively on both the well-being of professionals and patient outcomes. In this context, the development of collective health leadership is essential to face the challenges of the sector and promote practices that are sustainable and centered on the needs of the population.

This work, therefore, aims to analyze the practices and results of collective health promotion through health education, focusing on interprofessional approaches, collaborative leadership models, and collective impact structures. Thus, it is hoped that the findings can contribute to the development of policies and strategies that integrate health

education and the promotion of collective health, aiming at the construction of a more equitable and sustainable health system.

The promotion of collective health through health education is a field of study that has expanded significantly in recent decades, encompassing concepts such as interprofessionality, collective impact, and the development of collaborative leadership. As Bleakley (2020) and Rayburn and Jenkins (2021) argue, health education focused on interprofessional practices promotes the integration of knowledge and skills between different disciplines, creating a solid foundation for collaborative practice and, consequently, for the improvement of health care. These authors point out that, by involving professionals from multiple areas in health education and practice, there is a qualitative gain in care, as the complexity of population needs is addressed in a more holistic and integrated way.

METHODOLOGY

For the development of this analysis, the narrative review was chosen as a methodological approach, due to its adequacy to understand and integrate different theoretical and practical perspectives on the promotion of collective health through health education. The narrative review allows a broad and critical analysis of the existing literature, enabling the construction of a contextualized and in-depth understanding of the subject, especially in areas of knowledge such as public health and education, where the processes of interaction between theory and practice are dynamic and complex.

Academic publications and articles indexed in renowned databases, such as PubMed, Scopus and Web of Science, were selected, using keywords such as "promotion of collective health", "health education", "interprofessionality" and "collective impact". The selection covered studies published between 2019 and 2023, with the aim of ensuring that the review captured the most recent discussions and advances in the area. Given the interdisciplinary nature of the theme, research from different areas of health, education, and social sciences was included, ensuring the diversity of approaches and approaches to the theme. The narrative analysis of the articles was guided by a critical interpretation of the main concepts, identifying the convergences, gaps and contradictions in the literature to build a comprehensive and integrative view of the aspects discussed.

RESULTS

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DISCUSSION

The promotion of collective health, articulated through health education, emerges as a dynamic and multidimensional process, which demands interprofessional and intersectoral strategies to achieve effective and lasting results in public health. By observing the role of continuing education in public health, Fornereto et al. (2020) bring to light the relevance of interprofessional educational practices that, by promoting continuous and integrated training of professionals, expand skills for more holistic and inclusive health care – transforming the relationships between health professionals and their patients. This model allows care to become a space for collective transformation, where the knowledge accumulated by professionals dialogues with the real demands of the population, producing more appropriate and contextualized responses.

Within this panorama, the use of the Collective Impact framework, as illustrated by Parkinson et al. (2022), represents a structured effort in which collaboration is underpinned by common objectives and collective goals, breaking with the fragmented paradigms that often characterize public health initiatives. This model demonstrates that the impacts of an interprofessional practice go beyond the care itself, generating benefits that cross the health scope to positively impact social cohesion and community well-being. By aligning the intentions and methods of the various actors involved, the practice of Collective Impact is configured as a viable structure to strengthen the social fabric, fostering partnerships that promote the autonomy and empowerment of the populations served.

At the same time, Cabanha et al. (2023) explore how public health management, by adopting integrated approaches, contributes to the promotion of collective health in a more effective and comprehensive way. The focus here is on the need for an articulation that goes beyond the limits of isolated clinical practice, instigating a convergence of knowledge

that enables the construction of public policies that meet the health needs of different populations in an inclusive and equitable manner. By seeking health promotion through management based on the integration of different disciplines and sectors, these authors reinforce the importance of a transversal and contextualized look at the challenges and solutions that emerge in the field of collective health.

In the same sense, Aguiar et al. (2023) highlight the importance of collaborative pedagogical projects in the training of professionals trained to deal with the complexities of public health. They argue that a curriculum focused on interprofessionality and the development of broad competencies allows professionals to understand and face public health challenges in a more sensitive way and connected to local realities. This training, by fostering an education anchored in values of collaboration and social commitment, prepares future professionals to act critically and reflectively, expanding their capacities to positively transform the public health scenario, especially in challenging socioeconomic contexts.

Thus, the role of collective leadership, addressed by Silva et al. (2021), emerges as an indispensable element for the effectiveness of a collaborative work environment, where the sharing of responsibilities and the pursuit of a common goal increase the quality of health practices. This collective leadership, when well implemented, favors not only patient outcomes, but also the well-being of professionals, promoting an atmosphere of support and cooperation that is directly reflected in the quality of health services. In addition, De Brún & McAuliffe (2020) complement this discussion by emphasizing that building a collective leadership environment requires a deep understanding of the contexts and mechanisms that sustain the work dynamics of teams – a process that demands both management skills and a humanistic understanding of the individual and collective needs of professionals.

In this scenario, interprofessional collaborative practice, as reviewed by Lutfiyya et al. (2019), is considered an essential pillar for the advancement of collective health practices, as it allows the integration of different knowledge and practices that enrich health care and promote a more adequate response to population demands. Interprofessionality, by favoring the exchange of knowledge and the joint construction of solutions, provides a more complete and inclusive approach, more effectively meeting the specificities of individuals and communities. In short, the literature suggests that the promotion of collective health depends on a continuous effort to integrate collaborative practices, collective leadership, and interprofessional education – constituting an approach that promotes the

strengthening of the social fabric and the construction of a fairer and more efficient health system.

CONCLUSION

The literature review shows that the promotion of collective health through health education is a field that requires integrated and interprofessional approaches, combining diverse knowledge to respond to the complex needs of contemporary public health. The study reveals that interprofessional practices and collective leadership structures are fundamental to strengthen health teams, by promoting collaboration that transcends specialties and expands the capacity to respond to social and health demands. At the same time, collective impact models, as highlighted by several authors, present themselves as effective mechanisms to foster partnerships that drive lasting results, where public health is treated not only as a technical field, but as a process that involves community engagement and social cohesion.

As observed, continuing education in health and collaborative pedagogical projects are essential tools for health education aimed at social transformation and meeting local specificities. The review points out that the articulation between education, leadership, and interdisciplinary practices promotes a more comprehensive and inclusive understanding of public health, preparing professionals to deal with the multifaceted challenges of public health in an effective and humanized way.

In conclusion, the advancement of collective health through health education depends on continuous efforts to integrate collaborative knowledge and practices; Thus, the strengthening of interprofessional networks and structures of collective impact should be a priority in health policies and programs, so that substantial and sustainable improvements in the quality of life of populations can be achieved.

REFERENCES

1. Aguiar, V. C. F., & et al. (2023). Collective health and health training: Analysis based on pedagogical course projects. *Concilium*. <https://doi.org/10.53660/clm-2147-23q03>
2. Anderson, O., & et al. (2019). Developing a framework for population health in interprofessional training: An interprofessional education module. *Frontiers in Public Health*, 7, Article 58. <https://doi.org/10.3389/fpubh.2019.00058>
3. Aschbrenner, K., & et al. (2019). A virtual learning collaborative to implement health promotion in routine mental health settings: Protocol for a cluster randomized trial. *Contemporary Clinical Trials*, 84, Article 105816. <https://doi.org/10.1016/j.cct.2019.105816>
4. Bleakley, A. (2020). Embracing the collective through medical education. *Advances in Health Sciences Education*, 25, 1177–1189. <https://doi.org/10.1007/s10459-020-10005-y>
5. Branco, L. D., & et al. (2019). Health promotion education for children: An intersectoral project. *International Journal of Integrated Care*, 19(4), Article S3596. <https://doi.org/10.5334/ijic.s3596>
6. Cabanha, R. S. F., & et al. (2023). Public health management: Integrated approaches to promoting collective health. *Concilium*. <https://doi.org/10.53660/clm-1849-23m54>
7. Cicognani, E., & et al. (2020). Quality of collaboration within health promotion partnerships: Impact on sense of community, empowerment, and perceived projects' outcomes. *Journal of Community Psychology*, 48(2), 323–336. <https://doi.org/10.1002/jcop.22254>
8. Cowan, E. S., & et al. (2021). Collective healing: A framework for building transformative collaborations in public health. *Health Promotion Practice*, 23(3), 356–360. <https://doi.org/10.1177/15248399211032607>
9. De Brún, A., & McAuliffe, E. (2020). Identifying the context, mechanisms and outcomes underlying collective leadership in teams: Building a realist programme theory. *BMC Health Services Research*, 20, Article 51. <https://doi.org/10.1186/s12913-020-05129-1>
10. Esperat, M. C., & et al. (2023). Interprofessional collaborative practice: Management of chronic disease and mental health issues in primary care. *Public Health Reports*, 138(2_suppl), 29S–35S. <https://doi.org/10.1177/00333549231155469>
11. Fornereto, A. P. N., & et al. (2020). Continuing education in health: Interprofessional practices in the field of collective health. *European Journal of Public Health*, 30(Supplement_5), Article 421. <https://doi.org/10.1093/eurpub/ckaa166.421>

12. Gram, L., & et al. (2020). Classroom, club or collective? Three types of community-based group intervention and why they matter for health. *BMJ Global Health*, 5(7), Article e003302. <https://doi.org/10.1136/bmjgh-2020-003302>
13. Kitema, G. F., & et al. (2023). The status and outcomes of interprofessional health education in sub-Saharan Africa: A systematic review. *Journal of Interprofessional Care*, 37(1), 1–23. <https://doi.org/10.1080/13561820.2023.2168631>
14. Lutfiyya, M. N., & et al. (2019). The state of the science of interprofessional collaborative practice: A scoping review. *PLoS ONE*, 14(6), Article e0218578. <https://doi.org/10.1371/journal.pone.0218578>
15. Martin, P., & et al. (2021). Promoting interprofessional education and collaborative practice in rural health settings: Learnings from a state-wide multi-methods study. *International Journal of Environmental Research and Public Health*, 18(10), Article 5162. <https://doi.org/10.3390/ijerph18105162>
16. Parkinson, J., & et al. (2022). Using a collective impact framework to evaluate an Australian health alliance for improving health outcomes. *Health Promotion International*, 37(6), Article daac148. <https://doi.org/10.1093/heapro/daac148>
17. Patja, K., & et al. (2020). Mapping of education of health professionals in health promotion: A European survey. *European Journal of Public Health*, 30(Supplement_5), Article 665. <https://doi.org/10.1093/eurpub/ckaa165.665>
18. Rayburn, W., & Jenkins, C. (2021). Interprofessional collaboration in women's health care: Collective competencies, interactive learning, and measurable improvement. *Obstetrics and Gynecology Clinics of North America*, 48(1), 1–10. <https://doi.org/10.1016/j.ogc.2020.11.010>
19. Silva, J. A. M., & et al. (2022). Collective leadership to improve professional practice, healthcare outcomes and staff well-being. *Cochrane Database of Systematic Reviews*, 2022(10), Article CD013850. <https://doi.org/10.1002/14651858.CD013850.pub2>