

# COLLECTIVE HEALTH AND INTERDISCIPLINARY KNOWLEDGE

 Zuleide Fernandes de Queiroz<sup>1</sup>

When we opt for the theoretical-methodological conception of the concept of collective health, understood as "[...] a multidisciplinary area of knowledge built at the interface with knowledge produced by biomedical sciences and social sciences"<sup>1</sup>, with the possibility of investigations into the determinants of the social production of diseases and with a view to planning and organizing health services<sup>1</sup>, we enter into frameworks that are foundational for the concreteness of a public policy beyond what we were building in the past.

We are dealing with an area that in its nature and root is anchored in a construction of knowledge and educational practices beyond official knowledge, for example, present in textbooks. Here I bring Tardif's contribution<sup>2</sup> to our understanding of the existence of many forms of knowledge. The author speaks of the need to value the plurality and heterogeneity of knowledge, here speaking with teachers, who are directly responsible for training in schools/universities. He speaks of the importance of experiential knowledge, of what is lived, of what is tested at each moment when I am trying to solve situations before us, especially in the professional space. His special contribution is when he presents characteristics of professional knowledge from an "[...] epistemology of teachers' professional practice, understood as the study of the set of knowledge actually used by professionals in their daily workspace to perform all their tasks<sup>3</sup>.

This context allows us to thus discuss the theme "health and interdisciplinary knowledge" taking as reference the necessary diversity to enter the most diverse intersectionalities that today's scientific study provokes, to address a diverse world in relation especially to gender and ethnic-racial issues.

It is not very recent, for example, that in Brazil, studies on the health of the black population and the health of the LGBTQIAP+ population have been conducted, as already in the 1990s, Brazil, through the Ministry of Health, published the document "National Policy for Comprehensive Health of the Black Population - a SUS policy", published in 2010.

From then to the present day, we will complete twenty-four years in which we await the rooting of this policy in all spaces and with the right to funding so that this policy does not become dead letter, that is, little or no known by health professionals and without, on the part of users, the understanding of the specificities necessary for self-care and care for others.

Similarly, in 2013, the Ministry of Health published the document "National Policy for Comprehensive Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals". The importance of delving into knowledge and interdisciplinary practices that address our population in its diversity could remove Brazil from this sad result of violence, which occurred in 2023. According to the Observatory of Deaths and Violence against LGBTI+ in Brazil<sup>4</sup>, 257 LGBTQIAP+ people had a violent death in Brazil, meaning that, every 34 hours, a LGBTQIAP+ person lost their life violently in the country, which remained the most homotransphobic in the world in 2023.

What do we want to reflect on in this valuable space of knowledge production? An invitation to know the deep Brazil, in its relationship with what we consider, in the public policy of vulnerable groups, an overwhelming majority that every day is in the queues of SUS facilities hoping to be well understood by us.

## REFERENCES

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<sup>1</sup> Universidade Regional do Cariri. Crato, CE - Brasil. 