


## PET-HEALTH AND THE DEMOCRATIZATION OF THE DEBATE ON EQUITY: AN EXPERIENCE REPORT

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**Ana Paula Barbosa Nascimento Lucena<sup>1</sup>, Ellen Santos Barros<sup>2</sup>, Iago Ribeiro Souza Silva<sup>3</sup>, Rafaella da Silva Pires Ribas<sup>4</sup>, Sarah Regina Santos Barbosa<sup>5</sup>, Saulo Evangelista Costa<sup>6</sup>, Rayanne Rodrigues da Cruz<sup>7</sup>, Juliana Santana Ribeiro<sup>8</sup>, Soraya Sampaio de Andrade<sup>9</sup>, Rodrigo Fernandes Santos<sup>10</sup>, Paula Lisiane de Assunção<sup>11</sup>, Tuany Santos Souza<sup>12</sup>, Gisele da Silveira Lemos<sup>13</sup>.**

### ABSTRACT

This study aims to describe the experiences of scholarship holders of the Education through Work for Health Program (PET-Saúde), focusing on the process of introduction to the project and the activities developed for the valorization of workers and future workers of the Unified Health System (SUS). This is a descriptive experience report on the experiences in the field in the process of continuing education of health workers. The methodology was established, in part, by the general group of the program, stipulating the places of intervention, the products to be worked on, namely the equity game and the information folder. Group five established a four-stage schedule: welcome and presentation, game, conversation circle, and farewell. During this journey, we encountered a new and challenging topic, involving discussions about gender equity, gender identity, sexuality, race, ethnicity, and disabilities. The initial fear of participating was overcome throughout the meetings, realizing that we were in an environment conducive to collective learning, free of judgment. The exchanges and debates not only broadened technical knowledge but also fostered significant personal growth, teaching us to value diversity and listen with empathy.

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<sup>1</sup> Undergraduate student in Physiotherapy  
State University of Southwest Bahia (UESB)

<sup>2</sup> Undergraduate student in Nursing  
State University of Southwest Bahia (UESB)

<sup>3</sup> Graduating in Medicine  
State University of Southwest Bahia (UESB)

<sup>4</sup> Undergraduate student in Pharmacy  
State University of Southwest Bahia (UESB)

<sup>5</sup> Undergraduate student in Pedagogy  
State University of Southwest Bahia (UESB)

<sup>6</sup> Undergraduate student in Dentistry  
State University of Southwest Bahia (UESB)

<sup>7</sup> Undergraduate student in Pharmacy  
State University of Southwest Bahia (UESB)

<sup>8</sup> Undergraduate student in Pedagogy  
State University of Southwest Bahia (UESB)

<sup>9</sup> Master's Degree in Collective Health  
Municipal Secretary of Health of Jequié-BA

<sup>10</sup> Specialization in Clinical Pharmacology  
Municipal Secretary of Health of Jequié-BA

<sup>11</sup> PhD in Health Sciences  
State University of Southwest Bahia (UESB)

<sup>12</sup> PhD in Health Sciences  
State University of Southwest Bahia (UESB)

<sup>13</sup> PhD in Medicines and Pharmaceutical Services  
State University of Southwest Bahia (UESB)



The practical activities, aligned with the thematic axes of the program, reinforced the importance of an interdisciplinary approach and prepared us to face the challenges of public health. With this experience, we ended this initial stage more aware of the inequalities and struggles that involve the SUS, ready to contribute to the construction of a more equitable and inclusive health system.

**Keywords:** PET-health. Gender equity. Teaching-service-community integration. Public health. Valuing SUS workers.

## INTRODUCTION

The Education through Work for Health Program (PET-Saúde) is an action of the Ministry of Health and the Ministry of Education, coordinated by the Secretariat for Work Management and Health Education (SGTES). The 11th edition has as its theme "Production of Interdisciplinary Training Itineraries for the Valorization of Workers of the Unified Health System (SUS) from the Struggles for the Promotion of Equity in Health" (Brasil, 2023a). The PET-Health Equity has students from the health, human, and social sciences to develop education actions through work for health, to strengthen the teaching-service-community integration process and value workers and future workers within the SUS in compliance with public health policies (Brasil, 2023a).

In addition, the syllabus highlights gender equity, gender identity, sexuality, race, ethnicity, and disabilities, by the National Program for Gender Equity, Race, and Valuing Women Workers within the scope of the Unified Health System – SUS, as established by GM/MS Ordinance No. 230, of March 7, 2023 (Brasil, 2023b), as well as meeting the international agenda and the population's health needs (WHO, 2025; Carvalho et al., 2024; PAHO, 2018).

This edition has three axes of work, namely: axis 1 valuing workers and future workers within the scope of the SUS: Gender, Gender Identity, Sexuality, Race, Ethnicity, Disabilities and intersectionalities in health work; axis 2 deals with the valorization of workers and future workers within the scope of the SUS: mental health and work-related violence in health and axis 3 deals with the reception and valorization of health workers and future health workers in the process of mothering, welcoming and valuing women, trans men and other people who are pregnant (Brasil, 2023a).

Equity can be understood as an adaptation of the general norm due to specific situations, given the nuances of the applicability of laws with the lived reality to reduce injustices (Turesso and Melo, 2024; Barros and Souza, 2016). According to the provisions of Law 8080 of the SUS, Equity is among its main principles, since the right to health is universal, health promotion needs to observe social disparities to be effective (Brasil, 1990).

From this basic concept, it is possible to understand that the conditions of gender, race, ethnicity, sexuality, and disabilities are inequalities that correlate when it comes to access to health, as well as having a leading role in labor relations both between professionals and between professionals and patients.

Such a relationship can be understood through the concept of intersectionality as proposed by thematic axis 1 of the project, which classifies the aforementioned conditions

as a transdisciplinarity of identities and social inequalities, making systems of oppression multidisciplinary (Collins and Bilge, 2021; Hirata, 2014; Brazil, 1990).

In the meantime, the equity game, created by PET Saúde of the State University of Southwest Bahia in partnership with the Municipal Health Department (SMS) of Jequié, manages to demonstrate playfully how all these concepts mix and are seen in reality, bringing a rich tangle of academic, professional and personal experiences from each visit made.

Thus, the objective of this report is to describe the experiences lived by the scholarship holders in the PET-Health Program, components of group five, with emphasis on the process of introduction to the project and the activities developed for the valorization of SUS workers with a focus on gender equity, gender identity, sexuality, race, ethnicity and disabilities.

## **METHODOLOGY**

The PET Health of UESB, in partnership with the SMS of Jequié, was divided into five groups, with coordinators, tutors, preceptors, and students. Initially, for the study of the first thematic axis, articles were defined to be read by the teams to prepare the product, since all groups of the program must discuss and develop products for presentation in each health facility. Different institutions were assigned to each group, with group five being responsible for the following locations: Psychosocial Care Center - Alcohol and Drugs (CAPS-AD), Psychosocial Care Center - Mental Health (CAPS Guito Guigó Mental Health), Penal Complex, Basic Health Unit Jequié Health Center, Family Health Unit (USF) Gilson Pinheiro, USF João Caricchio, Department of Planning and Department of Health Surveillance, for the latter two a joint meeting was held at the House of Culture of Jequié.

The methodology defined by the general coordination was the application of a first product, created by group two, in the workplaces. The product developed was the "Equity Game", which addressed the theme of equity in an interactive and didactic way.

The product is a board game, which has eight characters: white hetero cis man without disabilities, black hetero cis man with disability, brown homosexual cis man with physical disability, white homosexual trans woman without disability, white hetero cis woman with hearing impairment, black hetero cis woman without disability, white hetero cis woman without disability and indigenous homosexual cis woman without disability, representing health professionals in the labor market. In addition, the game also has interactive cards with information related to the theme and commands to portray how intersectionality influences the job market.

In addition, our group also prepared an informative folder, contextualizing the information of the project for the public, as well as bringing a general overview of the terms that would be discussed in the visit, namely: intersectionality, equity, race, ethnicity, gender, gender identity, sexuality, and disabilities.

In addition, we established a pattern for the visits, dividing the meeting into stages:

1. Reception and presentation of the project with the folder.
2. Equity game;
3. Conversation circle: feedback with discussion and exchange of experiences;
4. Farewell with a *coffee break*.



Race of Equity Game – Authors' Archive

The visits sought to explore how the theoretical knowledge, acquired through the reading of articles and discussions, contributed to the understanding of the agendas of gender equity, sexuality, race, ethnicity, and disabilities in the SUS. Likewise, they enabled contact with the reality experienced in the field and how the continuing education of professionals plays a relevant role in the proper functioning of the health service. Finally, through the practical activities carried out within the scope of Axis 1, it aimed to reflect on the relevance of interdisciplinary actions and evaluate the impact of these activities on the training process of scholarship holders, with a focus on the integration between teaching, service, and community.

## EXPERIENCE REPORT

During the introduction to PET-Health, there was a presentation by students, tutors, and preceptors, as well as the division of the five working groups. The project is divided into thematic axes in which the groups must study, discuss, and propose continuing education

projects with a focus on the professional to be worked on in their respective work environments. Before applying in the field, the groups need to study and discuss articles related to the themes, selected by the coordinators.

Throughout the study, it was realized that the topic, for most participants, was completely new. Discussions about gender equity, gender identity, sexuality, race, ethnicity, and disabilities in the SUS environment brought to light issues that, until then, had not been explored in depth. At first, the team was not afraid to participate in the discussions, afraid of making mistakes or not knowing how to approach certain issues properly. This initial lack of knowledge reflects a structural problem in health education in Brazil, where the focus is still mostly on health/biomedical knowledge, and seeks an interaction between the health area and social knowledge, which will allow a new configuration between scientific knowledge and the experiences of the service user (MIWA; VENTURA, 2020).

From this formative gap, PET-Health was configured as a space for critical learning, in which participants began to question the naturalization of inequalities within the health system and the need for concrete strategies to overcome them. This scenario is in line with the perspective of Permanent Education in Health (PEH), which aims to transform teaching practices to contemplate the complexity of health care and management, promoting structural changes in the training of professionals (CONASS, 2021; Ceccim, 2005). The approach seeks to problematize the structure of work, seeking new meanings for professional practices and adapting to the health reality of patients (SILVA, SOUZA, & FERREIRA, 2021).

Over time, it was observed that this was a propitious moment for collective learning, a space free of judgment. Those were moments of collective learning, and any mistakes were part of the training process. This understanding provided more security to the group to share opinions and actively participate in the meetings.

The meetings, in turn, were extremely formative. Each meeting broadened understanding and prepared students for future practices. From the experiences and exchanges experienced there, a solid base of knowledge and trust was built, which would be fundamental for practical action in SUS projects and in the work environment. This initial experience showed that team learning, with mutual support, is essential for training and for the development of actions that promote equity in the field of health. As Paulo Freire (1987) points out, dialogic education allows subjects to recognize themselves as agents of transformation, breaking with passive postures and promoting learning that goes beyond the simple transmission of knowledge.

Throughout the meetings, not only was technical knowledge acquired, but there was also the development of a new personal perspective on topics that were not previously part of everyday life. Discussing gender equity, gender identity, race, and disabilities brought deep reflection on our role as future health professionals and, above all, as citizens. These discussions promoted a safe space to question one's perceptions and broaden the worldview of each member. The learning obtained in these sessions went beyond the professional sphere, impacting the personal experience in a much broader way.

In addition, it was noticed that these conversations had a direct impact on the personal growth of each student. Empathetic listening, the necessary trust in positions, and, above all, the appreciation of the diversities present in the experiences of each individual were the main lessons learned from this experience. This process has not only formed more aware professionals, but also people who are more sensitive to social demands that involve issues of equity and inclusion. Living with different perspectives within the group was fundamental for personal maturation, and this learning is something that everyone took beyond the context of PET-Health.

The meetings were, therefore, moments of intense exchange, of both professional and personal growth. They provided the necessary theoretical basis for application in practical activities, but also for emotional preparation to deal with the future challenges of health work. It was through these experiences that it was possible to develop more preparation and security to face the obstacles that arise when working with such sensitive and important topics. With each opportunity for discussion, it became clearer how essential this collective learning process was for the success of future practical interventions by future professionals.

However, despite the receptivity of the workers, it was necessary to develop a safe environment for the presentation and discussion of the first theme. It was observed in the public a lack of knowledge and a certain degree of prejudice about the minorities approached, and it was also identified, through the shared experiences, how necessary this intervention was made both in the relationships between co-workers and in their professional performances. In the meantime, the urgency to develop communicative skills to better conduct the moments of exchange between the team and the audience was noted, since personal conceptions and emotions needed, at various times, to be adjusted to maintain the environment of exchange and welcoming.

In addition, it is important to highlight that PET-Saúde is directly focused on the inclusion and appreciation of SUS workers, seeking to promote a work environment free of violence and harassment. The program highlights equity as a fundamental principle,

prioritizing the inclusion of all workers, regardless of gender, race, ethnicity, sexuality, or disability (Brasil, 2023a). The actions developed focus on building a workspace that values diversity and ensures equal conditions, without discriminatory and abusive practices, so that everyone can perform their duties with dignity and respect. As Collins and Bilge (2021) point out, intersectionality is a fundamental concept to understand how multiple forms of oppression overlap and impact marginalized groups within the same social and professional context in a unified way.

This perspective of equity is essential to ensure that labor relations within the SUS are fair and humanized, promoting the health of both workers and users of the system. Inclusion in the workplace, especially based on equity and combating any form of violence or harassment, is one of the pillars of PET-Health, and contributes to the construction of a more welcoming and efficient SUS, in which all professionals feel valued and respected.

This space for continuous training, free of judgment, was crucial to develop a more critical and humane view of the health system and its functioning. In the meetings, the professionals did not limit themselves to passing on content, making them true moments of construction of new ways of thinking and acting, shaping our professional posture definitively.

Furthermore, the program also helped to perceive agendas that should be discussed in undergraduate courses in the health area. Thus, from the discussions developed in the field, it was noted that, in general, these courses focus on technical and practical education, with little or no approach to issues involving social problems in a contextualized way with their respective actions in community care. In this way, when they arrived to work in the SUS, nuances were noticed that they were not used to seeing during their college period. A study carried out with primary care nurses evidenced the need for team training in health promotion with equity, considering the themes addressed in this report. (Milanez et al., 2022)

In this regard, the health students who participate in PET-Health obtained a better social point of view on the diversity of people, in such a way that they were able to transmit this knowledge to other professionals. It is noted that it is of paramount importance for the debate on equity to reach all SUS workers, and thus the work environment becomes more humanized in all its areas.

#### **4 FINAL CONSIDERATIONS**

Participating in the PET-Health Program has been a transformative experience, both professionally and personally. From the beginning, when we were faced with a new and



challenging topic, we went through a process of adaptation and continuous learning, always guided by the exchange of knowledge and collaborative work. The discussions and activities carried out at the meetings not only broadened our understanding of equity issues in the SUS, but also strengthened our ability to act critically and sensitively in the face of the demands of health workers.

At each step, we were able to realize how much the program contributed to our comprehensive training, providing a solid basis for the application of practical activities and preparing us for future challenges in professional performance. The environment free of judgments and focused on joint learning encouraged us to question, actively participate and, above all, to grow. The theme of valuing SUS workers and the issues related to identity, race, gender, and intersectionality that we discussed throughout the program showed us how essential it is to address these issues to promote fairer and more inclusive health.

We ended this stage with the certainty that the experience acquired at PET-Saúde not only trained us as future professionals, but also formed us as individuals more aware of the inequalities and struggles that permeate the health system. The experiences and learnings we share here will be fundamental for our trajectory and the construction of a more equitable and inclusive SUS.

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