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Interculturality in Health Education: Impacts on the Training of Professionals from Brazil's National Health System

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ABSTRACT

The sociocultural diversity of users of the Brazilian National Health System (SUS) requires interculturality as an essential element in the training of professionals, promoting respect for cultures, knowledge, and care practices to ensure equitable care. This action research study analyzed the impact of interculturality in 16 Primary Health Care courses in the Virtual Learning Environment of the Brazilian Health System (AVASUS), which address cultural diversity and care for specific populations (living with HIV, people with disabilities, smoking, and hepatitis B). The results show that the inclusion of interculturality contributes to improving health actions, training professionals, reducing cultural barriers, and encouraging critical reflection on prejudices. The content was developed with the participation of experts and representatives of traditional communities, including indigenous peoples and quilombolas, ensuring its legitimacy and representativeness. The impact of interculturality is significant in improving the quality of care, reducing inequalities, and promoting fairer, more accessible, and culturally appropriate care. Thus, the study reaffirms the importance of incorporating interculturality as a foundational principle in public health education, particularly in open digital educational platforms such as AVASUS, highlighting its potential to foster more inclusive and socially engaged care practices.

Keywords: Interculturality, Virtual Learning Environment of the Brazilian Health System (AVASUS), Public Health, Continuing Health Education.

Interculturalidade na Educação em Saúde: Impactos na Formação de Profissionais do Sistema Único de Saúde do Brasil

RESUMO

A diversidade sociocultural dos usuários do Sistema Único de Saúde (SUS) brasileiro exige a interculturalidade como elemento essencial na formação dos profissionais, promovendo o respeito às culturas, aos conhecimentos e às práticas de atendimento para garantir uma assistência equitativa. Esta pesquisa-ação analisou o impacto da interculturalidade em 16 cursos de Atenção Primária à Saúde no Ambiente Virtual de Aprendizagem do Sistema Único de Saúde (AVASUS), que abordam a diversidade cultural e o atendimento a populações específicas (pessoas vivendo com HIV, pessoas com deficiência, tabagismo e hepatite B). Os resultados mostram que a inclusão da interculturalidade contribui para melhorar as ações de saúde, formar profissionais, reduzir barreiras culturais e estimular a reflexão crítica sobre preconceitos. O conteúdo foi desenvolvido com a participação de especialistas e representantes de comunidades tradicionais, incluindo povos indígenas e quilombolas, garantindo sua legitimidade e representatividade. O impacto da interculturalidade é significativo na melhoria da qualidade do atendimento, na redução das desigualdades e na promoção de um atendimento mais justo, acessível e culturalmente adequado. Assim, o estudo reafirma a importância de incorporar a interculturalidade como princípio fundamental na educação em saúde pública, particularmente em plataformas educacionais digitais abertas, como o AVASUS, destacando seu potencial para promover práticas de atendimento mais inclusivas e socialmente engajadas.

Palavras-chave: Ambiente Virtual de Aprendizagem do Sistema Único de Saúde (AVASUS), Saúde Pública, Educação Continuada em Saúde.

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INTRODUCTION

Interculturality has increasingly gained conceptual and practical relevance in the field of public health, especially in light of cultural diversity and the different healthcare practices among different population groups. This recognition stems, in part, from the need to promote more equitable and sensitive care that is attuned to the sociocultural particularities of healthcare users (Cunha et al., 2024). It is also underpinned by the 1988 Brazilian Constitution, which recognizes the universal and equal right to health, and is embodied in specific public policies, such as the National Policy on Indigenous Peoples' Health Care (PNASPI). This policy establishes interculturality as one of the guiding principles of care in Brazil's National Health System (SUS) (Brasil, 1988; Brasil, 2002; Diehl & Pellegrini, 2014).

In public health, interculturality is essential for promoting effective, equitable, and respectful care for diverse populations (Diehl & Pellegrini, 2014; Pedrana et al., 2018). Understanding traditional practices, beliefs, and cultural values is fundamental to providing sensitive and appropriate care (Cunha et al., 2024). Populations such as Indigenous peoples, quilombolas, and riverine communities face access challenges that require intercultural approaches considering their worldviews and socio-territorial conditions. This aligns with the principles of the SUS and policy guidelines such as the PNASPI and the National Policy for Comprehensive Health Care for the Black Population (Brasil, 2002; Brasil, 2009).

An intercultural approach in health is essential to understanding and respecting the sociocultural diversity of Indigenous peoples and quilombola communities, recognizing their epidemiological specificities and historical contexts (Raymundo, 2013). Intercultural dialogue is fundamental to developing prevention and care strategies that respect cultural particularities, fostering the active participation of these populations, dialogical dynamics, and intercultural pedagogical practices (Neves & Queiroz, 2020). In this way, inclusive and effective collective health is strengthened—one that values diversity and promotes mutual respect among different forms of knowledge and

practices (Santos & Coimbra, 2003; Graeff et al., 2019; Graeff et al., 2021; Cavaca et al., 2025; Moreno et al., 2025; Souza et al., 2025).

Strategies such as continuing education for health professionals, the use of interpreters, the production of culturally appropriate educational materials, and coordination with community leaders have proven effective in expanding access to and improving the quality of health services. In this vein, massive open online courses (MOOCs) are promising means for disseminating educational content that is sensitive to cultural and linguistic differences, promoting more inclusive and responsive learning. Recognizing and valuing cultural diversity should be a core competency of healthcare systems and professionals, ensuring care for marginalized groups, migrants, and the LGBTQIAPN+ community. Thus, interculturality is a fundamental principle for more comprehensive and socially committed healthcare practices (Mendonça et al., 2019; Signorelli et al., 2021; Wang et al., 2022; Canty, 2023).

Using MOOCs as innovative educational tools has become increasingly valuable for public health. As they are accessible, open, online, and large-scale, MOOCs have a high potential for global reach, therefore promoting access to culturally sensitive educational content and facilitating the rapid dissemination of knowledge, especially during public health crises. Additionally, they contribute to strengthening intercultural dialogue and the continuing training of health professionals. (Brasil, 2002; Reis et al., 2022; Valentim et al., 2022).

According to Ceccim (2005), health education should encompass not only scientific knowledge but also the ethical, political, and social dimensions of practice. Ceccim advocates for an education that values interprofessional and intercultural dialogue, fostering a critical and reflective perspective toward the challenges of contemporary healthcare. In this context, the Virtual Learning Environment of the Brazilian Health System (AVASUS) emerges as a strategic tool for continuing education and the ongoing improvement of Brazil's National Health System (SUS) (Valentim J. et al., 2021; Cunha et al., 2024; Coutinho et al., 2025). Platforms such as AVASUS overcome geographical and linguistic barriers, fostering inclusion by enabling professionals—especially those from

low- and middle-income backgrounds—to acquire essential competencies for serving culturally diverse populations (Valentim et al., 2022; Valentim J. et al., 2022; Valentim J. et al., 2023; Cunha et al., 2024; Coutinho et al., 2025).

In their study on intercultural communication education, Dervin and Tournebise (2013), point out the challenges educators face in dealing with the multiple conceptualizations of the term "intercultural," which demand greater theoretical clarity and practical consistency—an issue also observed in the health field. In this context, incorporating interculturality into curricula fosters a significant cultural shift, inspiring more humanized and diversity-sensitive care practices. Integrating intercultural principles with MOOCs represents an innovative strategy. It has the potential to transform public health service delivery, ensuring quality and equitable care regardless of sexual orientation, gender identity, or cultural belonging. Promotion of interculturality entails recognizing diversity, empowering professionals, and developing inclusive strategies that respect the specificities of each group (Martín et al., 2019; Canty, 2023; Valentim et al., 2023).

From Ceccim's (2005) perspective, Continuing Health Education (CHE) is a continuous and strategic process aimed at updating and improving health practices by critically and contextually incorporating new advances. This approach embraces interculturality, promoting spaces for reflection that take into account multiple sociocultural realities and the concrete relationships experienced in healthcare (Ceccim, 2005; Valentim J. et al., 2021; Wang et al., 2022; Valentim et al., 2023). The integration of intercultural elements into professional training has proven essential for improving health systems' responses to crises and inequalities (Choi & Kim, 2024). Camp et al. (2023) draw attention to the persistence of racial inequalities in access to education, which directly impact health equity. Diehl & Pellegrini (2014) emphasize the importance of comprehensive healthcare for Indigenous populations, grounded in autonomy and collective participation. Therefore, it becomes evident that health education based on intercultural and inclusive principles represents a necessary and strategic path toward promoting comprehensive care and achieving social justice.

The study analyzed data from structured questionnaires administered to course participants enrolled in 16 courses in the field of Primary Health Care (PHC) offered through AVASUS (Figure 2). The questionnaire served as the main data collection instrument within an action research framework, aiming to examine the presence and effectiveness of intercultural elements in the courses. Data collection and analysis were conducted in a participatory manner with course participants, in line with the principles of CHE and critical pedagogy. The questionnaire design was grounded in a consistent theoretical review and a preliminary analysis of the course content to ensure clarity, relevance, and suitability for the target audience. The analysis sought to address three predefined research questions (RQ), which underpin the hypotheses (H) presented below:

- **RQ1:** Was interculturality considered in the process of developing the analyzed courses?
- **RQ2:** Do the AVASUS courses analyzed in this study include elements of interculturality? Which ones? How were they incorporated into the courses?
- **RQ3:** How do these intercultural elements contribute to improving health actions within the community?
- **RQ4:** What is the influence of interculturality on public health actions and demands?

- **H1:** The presence of intercultural elements in AVASUS courses contributes to improving health actions within the community by fostering greater understanding, acceptance, and adherence to care practices, while respecting local knowledge and traditional practices.
- **H2:** The inclusion of interculturality in AVASUS courses has a positive impact on public health actions and responses by promoting more inclusive policies and practices adapted to the cultural specificities of the populations served.

METHODS

The study adopted an action research approach, as proposed by Thiollent (2005), to analyze the incorporation of intercultural elements into courses on PHC offered through AVASUS. Rooted in the critical tradition (Kemmis & McTaggart, 2005; Tripp, 2005; Fals-Borda, 1987), the research is reflective, participatory, and oriented toward social transformation. Its articulation with the principles of CHE and Freirean pedagogy

(Ceccim & Feuerwerker, 2004; Freire, 1996; hooks, 2014; Schön, 1983) ensures methodological coherence, valuing critical reflection on practice and the collective construction of knowledge while recognizing learners as protagonists in the educational process.

This action research followed a dynamic, participatory, and flexible approach structured into four main phases. Although presented in sequence, these phases were interconnected, with constant interaction and feedback that allowed adjustments according to the specificities of the object of study (Tripp, 2005). The methodological framework adopted reinforces the research's commitment to emancipatory educational practices that are sensitive to the sociocultural diversity embedded in public health.

The Planning phase marks the beginning of the process, seeking an in-depth understanding of the problem and its context (Figure 1). At this stage, data collection and a preliminary diagnosis are conducted collaboratively with participants (Thiollent, 2011; Picheth et al., 2016). According to Valentim et al. (2024), action research plays a vital role by enabling immersion in the challenges of PHC in Brazil and expanding knowledge in the field.

The Execution stage focuses on developing strategies based on the information obtained, defining objectives, and collaboratively outlining the actions to be taken. It consists of participatory planning, which values local knowledge and encourages the engagement of those involved, promoting joint responsibility in the investigative process (Thiollent, 2011; Picheth et al., 2016).

The monitoring stage involves following up on previously planned actions. This stage involves practical interventions in the field of study, accompanied by systematic observation and continuous recording of activities. Data collection remains a central element of the process, enabling improvements to be made to the strategies adopted as new aspects of reality are revealed (Thiollent, 2011; Picheth et al., 2016).

Finally, the evaluation stage is dedicated to systematizing the information obtained throughout the process. At this stage, a critical analysis of the results is carried out, to extract lessons learned, draw conclusions, and formulate new proposals for action. It is a reflective moment, where knowledge is produced from transformative practice, consolidating the dialogical and emancipatory character of action research.

Thus, the four phases of action research (Figure 1) according to Thiollent (2005) do not constitute a closed cycle, but rather a continuous and interactive process of investigation, intervention, and reflection. According to Valentim et al. (2024) and Coutinho et al. (2025), the action research approach was important in constructing the educational pathway, as it enabled the courses to immerse themselves in public health issues and broadened their knowledge of the field of PHC.

Figure 1. *Basic cycle of Action Research.*

Source: Thiollent (2005), adapted by the authors.

The research did not involve the use of personal data, biological samples, experimental procedures, interventions, or any information that could enable the direct or indirect identification of individuals. Although exempt from formal ethical review, the study adhered to the ethical principles of Public Health and the National Guidelines for Research in the Humanities and Social Sciences, maintaining an ethical and political

commitment to all parties involved. The analyzed data are exclusively analytical in nature and do not include any form of identification, interaction, or direct data collection from participants. Therefore, in accordance with Resolutions No. 510/2016 and 674/2022 of the National Health Council (CNS), this study is exempt from submission and registration with the Research Ethics Committee (CEP)/Brazil.

For this study, 16 PHC courses available on AVASUS were selected as the basis for analyzing interculturality within their educational content (Table 2). Data collection employed a structured self-administered digital questionnaire, organized into three sections: (a) objective questions using a five-point Likert scale, ranging from "strongly disagree" (1) to "strongly agree" (5), designed to assess participants' perceptions regarding cultural diversity, traditional knowledge, and the suitability of course content to local realities; (b) open-ended questions, aimed at exploring qualitative data on participants' educational experiences and their professional impact; and (c) sociodemographic questions, to characterize participants' profiles. The Likert scale items focused on measuring participants' perceptions of the appreciation of cultural diversity, the inclusion of traditional practices and knowledge, and the alignment of content with local realities.

Table 1. *AVASUS courses in the field of Primary Health Care*

ID	Course
Course 1	Introduction to Integrative and Complementary Health Practices: Aromatherapy
Course 2	National Immunization Program and Primary Health Care: Potential of the Family Health Strategy in Rescuing the Success Story of Immunization in Brazil – UPDATED
Course 3	Notions of Epidemiological Surveillance: Looking at the Specificities of Syphilis; HIV/AIDS; Viral Hepatitis; Tuberculosis – UPDATED
Course 4	Health Care for People with Disabilities
Course 5	Principles of Epidemiological Surveillance
Course 6	Training on Strategies for the Use and Distribution of Rapid Tests for HIV, Syphilis, and Hepatitis B and C in Brazil – UPDATED

Course 7	Introduction to Integrative and Complementary Health Practices: Yoga
Course 8	Urgency and Emergency in Primary Health Care
Course 9	Urodynamic Testing in Gynecological Clinical Practice
Course 10	Access and Welcoming of Key Populations for HIV/AIDS in Health Services – UPDATED
Course 11	Improving the Provision of Post-Exposure Prophylaxis (PEP) for HIV, Sexually Transmitted Infections, and Viral Hepatitis
Course 12	Update of the Main Recommendations of the Clinical Protocol and Therapeutic Guidelines for Hepatitis B and Coinfections
Course 13	Approach to smoking patients in Primary Health Care
Course 14	The Right to Health in Primary Care
Course 15	Person-Centered Consultation and Care Approach
Course 16	SINAN – Notifiable Health Conditions

Source: AVASUS, 2025.

The questionnaire was administered from November 11, 2024, to February 13, 2025, to 4,385 course participants. Their responses provided the empirical basis for both quantitative and qualitative analyses. The action research approach engaged participants as active subjects in the co-construction of knowledge, whose contributions were crucial. These insights enabled continuous feedback and improvement of the pedagogical strategies and processes adopted by the course coordinators, reaffirming the central role of learners in the educational process.

Figure 2. *Stages of the study's methodological process.*

Source: Thiollent (2011), adapted by the authors.

The methodological process began with the identification of the central research problem: investigating the presence and effectiveness of intercultural elements in the 16 PHC courses offered through AVASUS (see Figure 2). The study aimed to understand which elements were present and how they were incorporated into the training content. This problem was delineated by research questions designed to guide, structure, and delimit the study, to validate the underlying hypotheses.

Subsequently, a systematic review was conducted (see Cunha et al., 2024). The aim was to analyze the process of developing MOOCs in the health field, focusing on the identification of interculturality elements and their impact on health demands. This review provided essential support for the course analysis, particularly regarding the identification and incorporation of these elements into their educational content.

The development of the questionnaire included closed and open-ended questions, as well as items based on a Likert scale, aiming to capture data on participants' perceptions of the presence and effectiveness of interculturality in AVASUS courses. The instrument was designed based on a theoretical review and prior analysis of the courses, ensuring its clarity, relevance, and suitability for the target audience profile.

The questionnaire was made available in the 16 AVASUS courses on PHC, which address topics such as comprehensive care, community practices, family health, and equity. The survey was directed at participants who had completed the courses, with the instrument accessible directly on the platform. Its objective was to capture participants' perceptions of the presence of intercultural elements in the content, identifying how traditional knowledge, local cultural practices, and regional specificities were integrated into the training processes for health care within the scope of Brazil's National Health System (SUS).

The Data Analysis stage, based on the questionnaire administered to course participants, followed Thiollent's (2011) principles of action research, integrating quantitative and qualitative methods. Closed-ended questions were subjected to

descriptive statistical analysis, while open-ended responses underwent content analysis, generating categories such as conceptual understanding, presence in the courses, practical applicability, and professional impact. The process was conducted ethically, ensuring anonymity and the responsible use of information, with the goal of fostering critical reflection and continuous improvement in training practices.

The Discussion of Results stage consisted of a critical analysis of the data obtained throughout the study, which was compared with the theoretical framework on interculturality, health education, and MOOCs. This process enabled the development of a well-founded reflection on the educational quality of AVASUS courses, highlighting their contribution to the promotion of more inclusive and culturally sensitive health practices.

The data analyzed were extracted directly from AVASUS, the main empirical source of this investigation (Valentim et al., 2022; Coutinho et al., 2025). Data interpretation was guided by the research objectives and grounded in the theoretical frameworks of interculturality and the promotion of health equity. The study contributed to a critical evaluation of educational practices in public health, suggesting the improvement of training strategies that recognize and value the ethnic and cultural diversity of users of Brazil's SUS.

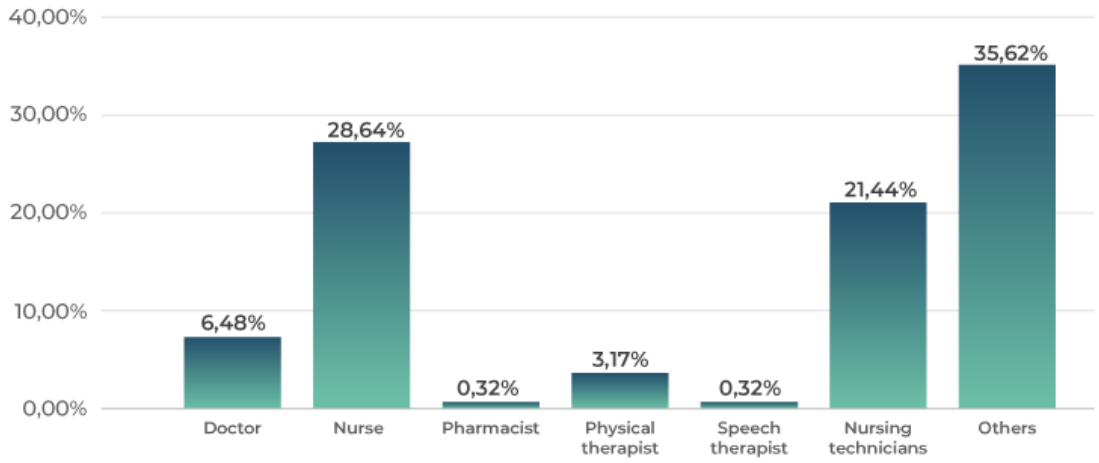
RESULTS

The results revealed a positive correlation between participation in PHC courses emphasizing intercultural elements and the recognition of the importance of dialogue between different forms of knowledge, respect for cultural diversity, and the inclusion of traditional practices in health care. The distribution by professional category (Figure 3) shows a predominance of nursing assistants (21.44%), nursing professionals (28.64%), followed by the "Others" group (35.62%). The high participation rate within the "Others" group indicates heterogeneity, encompassing professionals from Management, Psychology, Nutrition, Dentistry, and Community Health, among others. These three

segments account for the majority of participants, suggesting that the training primarily attracts professionals directly in the provision of care services.

Categories such as speech therapists (0.32%) and physical therapists (3.17%) were less represented, which may indicate reduced demand or interest among these professionals for specific training. The significant participation of nurses and nursing technicians reinforces the role of these professionals in the professional qualification process.

Figure 3. *Distribution of course participants by profession.*



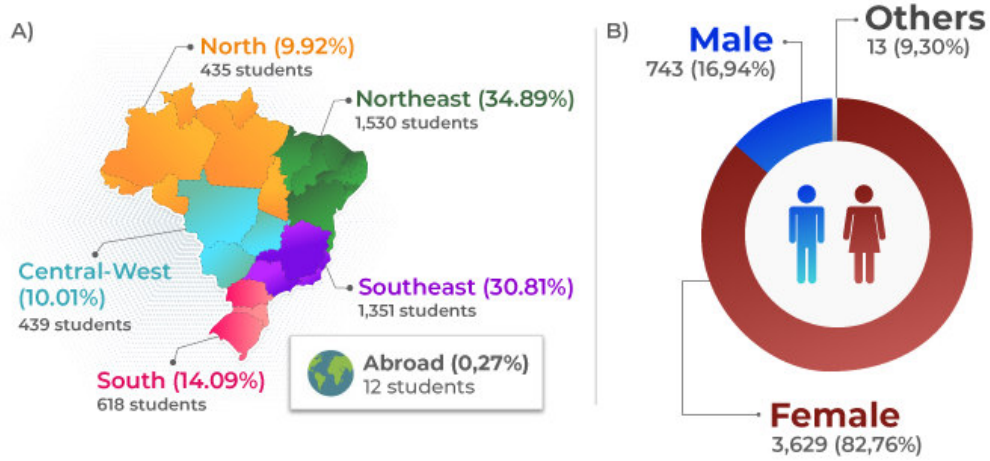
Source: AVASUS, 2025.

The analysis of the regional distribution of enrolled participants reveals a higher concentration in the Northeast region (34.89%), prompting reflections on the factors contributing to this pattern—historically a strategic area for the implementation of public health policies and social mobilization. It is pertinent to discuss whether this significant participation is linked to state-level policies that strengthen CHE or to the broader reach and accessibility of online training in the region, contributing to the understanding of territorial dynamics in workforce qualification within Brazil's SUS. The Southeast region (30.81%) recorded the second-highest participation rate, while the remaining regions showed lower percentages: South (14.09%), Central-West (10.01%),

and North (9.92%). There was also participation from other countries (0.27%), as illustrated in Figure 4A.

With regard to gender distribution, the data show a significant female predominance (82.76%) in all Brazilian regions, contrasting with male participation (16.94%) and a residual portion of people who identified with other genders or did not declare this information (0.30%) (see Figure 4B). The high rate of female participation reflects the predominance of women in care and health assistance professions. The higher enrollment observed in the Northeast and Southeast regions may indicate a greater demand for training in these areas, possibly due to structural factors, population concentration, or the diversity of health services.

Figure 4. *(A) Distribution of course participants enrolled by region; (B) Distribution of course participants by gender.*

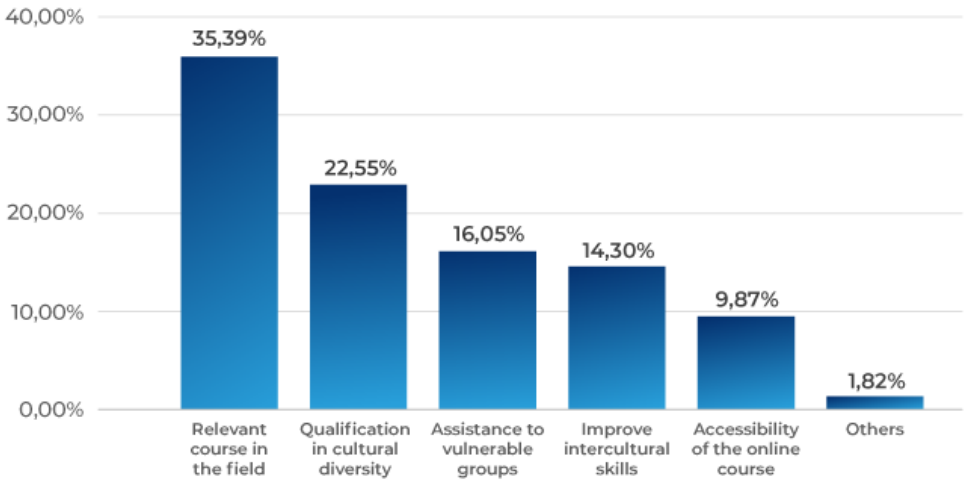


Source: AVASUS, 2025.

The analysis of the reasons for enrolling in AVASUS courses indicates that the most common justification was the relevance to the participants' professional field (35.39%) (see Figure 5). This finding suggests that most course participants seek complementary training aligned with their areas of interest and professional practice. This result underscores the need to keep the platform's content continuously updated and aligned

with the demands of the public health sector, thereby enhancing and strengthening professional practices within Brazil's SUS.

Figure 5. *What is the main reason for you to enroll in AVASUS courses?*



Source: AVASUS, 2025.

The data indicate that a significant proportion of respondents showed a direct interest in the topic of cultural diversity training (22.55%), highlighting the relevance of interculturality as an essential component of professional health training. This finding points to a growing demand for training that encompasses diverse cultural contexts, a fundamental element for a more humanized and effective practice within the Brazilian National Health System.

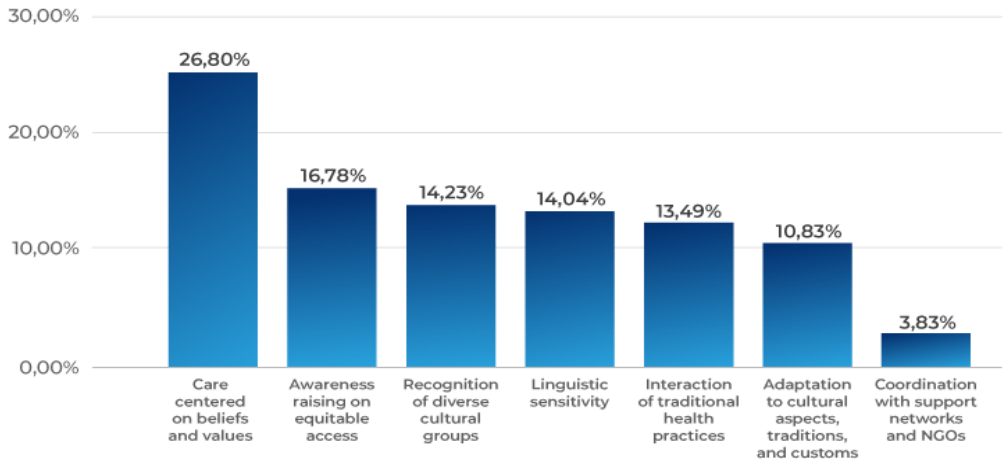
Attention to vulnerable groups (16.05%) also stood out as a relevant motivation, signaling professionals' concern with promoting equity in access to and quality of health care. This motivation reinforces the need for training content that addresses inclusive practices attuned to the social and structural inequalities that affect vulnerable populations.

In addition, the quest to improve intercultural skills (14.30%) reinforces the importance of training professionals to deal with cultural, linguistic, and social differences present

in various healthcare contexts. The accessibility provided by the online format of the courses (9.87%) was also highlighted as a facilitating factor, showing that the virtual structure of AVASUS meets the needs of professionals with busy schedules or those living in remote areas. A small percentage of "other" participants (1.82%) indicated other unspecified reasons, which may include personal interests, institutional requirements, or seeking certification.

Figure 6 presents participants' perceptions of changes in their professional practice when providing care to culturally diverse populations. The most frequently mentioned aspect was the adoption of care centered on beliefs and values (26.8%), highlighting the importance of a comprehensive concept of health that acknowledges cultural, spiritual, and subjective determinants as essential components of care. This approach values popular and traditional practices as legitimate forms of community knowledge and as indispensable dimensions for achieving comprehensive care within Brazil's SUS. The results indicate that the analyzed courses contribute to the personalization of care and demonstrate alignment with the principles of interculturality and humanization, reinforcing the role of continuing education in qualifying professional practices that are sensitive to sociocultural diversity.

Figure 6. *What changes have you noticed in your professional practice when serving culturally diverse populations?*



Source: AVASUS, 2025.

Valuing individuals' beliefs, values, and cultural contexts is central to healthcare practices guided by respect for diversity. Secondly, awareness of equitable access to health services stands out (16.78%), highlighting interculturality as a tool for promoting social justice. This awareness is essential for Brazil's SUS to fulfill its role as a universal, equitable, and inclusive health system.

The recognition of diverse cultural groups (14.23%) was also noteworthy among the elements observed, indicating a formative approach focused on inclusion and social justice. This result demonstrates that the courses critically address the epidemiological inequalities that impact different population groups, contributing to the training of professionals capable of acting in a contextualized manner that is sensitive to sociocultural realities.

Linguistic sensitivity (14.04%), although slightly lower in frequency, reinforces the importance of effective communication strategies with populations who do not use Portuguese as their first language or who have particular forms of expression. Another relevant element was the integration of traditional health practices (13.49%), which pointed to efforts to expand communication and respect for plural knowledge in health contexts. The significant presence of this item demonstrates an effort, in the design of the courses, to recognize and legitimize popular knowledge and traditional healing practices, which are especially significant for indigenous, quilombola, and rural populations.

Finally, coordination with support networks and non-governmental organizations (3.86%), despite being the least frequent item, highlighted the presence of the community dimension in the training content. This aspect is particularly important for promoting continuity and comprehensiveness of care, especially in highly vulnerable areas.

Figure 7 shows the elements of interculturality identified in the courses most frequently referenced by participants. AVASUS courses analyzed in this study integrate a variety of intercultural elements, promoting social inclusion, the appreciation of cultural diversity,

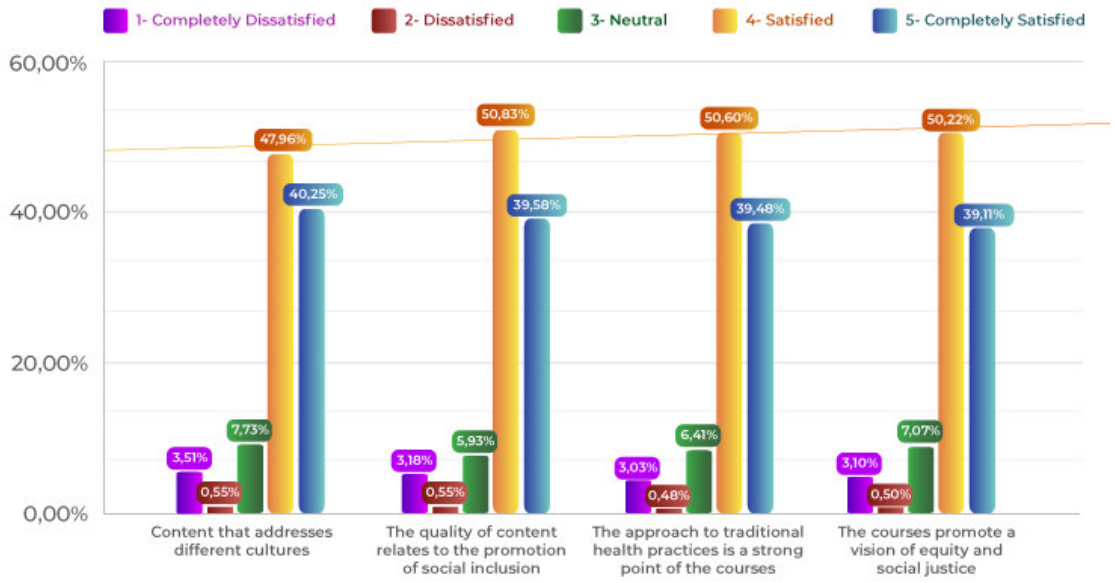
and the exchange of knowledge across different traditions and contexts. In addition, the courses contribute to equitable access to health education and the strengthening of primary health care, integrating traditional practices and respecting local languages and cultural expressions.

Figure 7. *Word Cloud with the Intercultural Elements in the Courses.*

Source: AVASUS, 2025.

The platform also demonstrates a commitment to accessibility by offering adaptations for people with disabilities, ensuring that knowledge is widely available and sensitive to the specific needs of different population groups. The analysis of the data obtained using the Likert scale, as shown in Figure 8, reveals a largely positive perception among course participants regarding the aspects evaluated in the courses offered on AVASUS. A key finding is the strong recognition of the value placed on interculturality and the promotion of social equity.

Figure 8. *Likert scale applied to AVASUS courses.*



Source: AVASUS, 2025.

In the item on content addressing different cultures, 47.96% of participants reported being satisfied, and 40.25% completely satisfied, totaling 88.21% positive responses. Only 4.06% expressed some degree of dissatisfaction, while 7.73% remained neutral. The results indicate that cultural diversity is a valued and effectively integrated component of the courses.

Regarding the quality of content related to promoting social inclusion, 50.83% of respondents reported being satisfied, and 39.58% completely satisfied, totaling 90.41% favorable evaluations. The dissatisfaction rate was low (3.73%), and 5.93% adopted a neutral position. These findings reinforce that the course content not only addresses social inclusion but also fosters critical reflections consistent with the principles of equity, universality, and comprehensiveness that guide Brazil's SUS.

In the item that evaluates the approach to traditional health practices as a strength of the courses, 50.60% of participants stated they were satisfied, and 39.48% stated they

were completely satisfied, reaching 90.08% positive responses. The presence of these practices in educational content indicates recognition of the relevance of popular and traditional knowledge in the development of culturally sensitive care strategies. The dissatisfaction rate was minimal, corresponding to 3.51%, while 6.41% of respondents adopted a neutral position.

Regarding the item that assesses whether the courses promote a vision of equity and social justice, 50.22% of course participants reported being satisfied and 39.11% fully satisfied, totaling 89.33% positive responses. Neutral responses accounted for 7.07%, while dissatisfaction remained low at 3.60%. These data indicate that AVASUS courses have significantly contributed to the training of professionals committed to promoting equity and addressing social inequalities in the field of health.

In summary, the results show that the courses offered via AVASUS effectively incorporate elements of interculturality and inclusion. These characteristics are recognized by course participants as fundamental tools for critical and transformative training, which broadens understanding of the interrelationships between health, culture, and social justice.

RQ1: Was interculturality considered in the process of developing the analyzed courses?

Based on the evidence gathered, interculturality was substantially incorporated into the development of the analyzed courses. Traditional health practices were identified as a major strength by 90.08% of participants ("satisfied" and "totally satisfied"), as shown in Figure 8, indicating that the training content not only recognized but also effectively integrated cultural diversity into the pedagogical approach.

The high satisfaction rate regarding equity and social justice (89.33%) demonstrates that the courses were designed on principles extending beyond technical aspects, integrating social, historical, and cultural dimensions into health education. The results suggest that

these courses help train health professionals sensitive to the needs of diverse populations, reinforcing the commitment to equity in public health.

Offering materials in multiple formats and regional languages stands out as a key strategy for promoting accessibility and inclusion. The low dissatisfaction rate indicates an overall positive performance, though minor adjustments could further enhance cultural representativeness in both content and pedagogical practices.

RQ2: Do the AVASUS courses analyzed in this study include elements of interculturality? Which ones? How were they incorporated into the courses?

Yes, the courses analyzed in AVASUS present elements of interculturality, as evidenced by both quantitative and qualitative data from the research. According to the results of the Likert Scale (Figure 8), 88.21% of participants agreed (between "satisfied" and "totally satisfied") with the statement that the content addresses different cultures. This high approval rating indicates recognition of cultural diversity as an effective component in the teaching materials offered.

Intercultural elements were incorporated into the course through content addressing health practices in traditional communities, the inclusion of popular knowledge, and examples contextualized in regional realities, with a particular focus on indigenous peoples, quilombolas, riverine communities, and other historically marginalized groups. In qualitative reports, course participants highlighted the presence of practical examples, case studies with an intercultural focus, and discussions on the relationship between culture and healthcare. These elements reinforce the pedagogical intention of the courses to align the training content with the sociocultural realities faced within the scope of the Brazilian National Health System (SUS).

It was observed that interculturality was incorporated into the courses offered through specific thematic approaches covering topics such as cultural diversity, traditional health practices, linguistic and cultural barriers in healthcare, and effective communication strategies in different cultural contexts. In addition, the use of case studies, group

discussions, and clinical care simulations provided a practical and immersive learning experience that promotes the development of intercultural skills essential to professional practice in the SUS.

RQ3: How do these intercultural elements contribute to improving health actions within the community?

The inclusion of intercultural content in courses contributes significantly to the qualification of health professionals in terms of diversity, active listening, and appreciation of different ways of understanding the health-illness process. These aspects are fundamental to promoting more humane and culturally sensitive care, especially in contexts marked by social inequalities.

The questionnaire data showed a high level of satisfaction with the courses' contribution to social inclusion, with 90.41% of participants reporting being satisfied or completely satisfied (Figure 8). This suggests that the training better prepares professionals to address complex and diverse social realities. The positive treatment of traditional health practices—approved by 90.08% of respondents—also encourages a more dialogical and less prescriptive professional stance. This attitude strengthens trust between professionals and communities, improving adherence to healthcare practices and fostering mutual respect, which enhances the effectiveness of health interventions.

The approach to topics related to indigenous, quilombola, riverine, and LGBTQIAPN+ populations in the courses demonstrates a commitment to promoting more respectful, inclusive, and prejudice-free care. Recognition of healing practices originating from different cultural backgrounds reinforces the need to strengthen bonds of trust between healthcare professionals and the communities they serve, promoting intercultural dialogue and care centered on the sociocultural specificities of individuals.

The inclusion of intercultural elements in AVASUS courses contributes to the improvement of health actions within the community in several ways. First, this content promotes awareness and training among professionals to recognize and value cultural

diversity, fostering the development of more humane, ethical, and equitable care. Secondly, the courses offer the tools and knowledge necessary to deal with linguistic and cultural barriers, improving communication between healthcare professionals and users and the effectiveness of healthcare actions. Finally, by encouraging critical reflection on prejudice and stereotypes, the courses contribute to the dismantling of discriminatory practices and the promotion of more inclusive, high-quality care for all, in line with the principles of equity and social justice advocated by the SUS.

RQ4: What is the influence of interculturality on public health actions and demands?

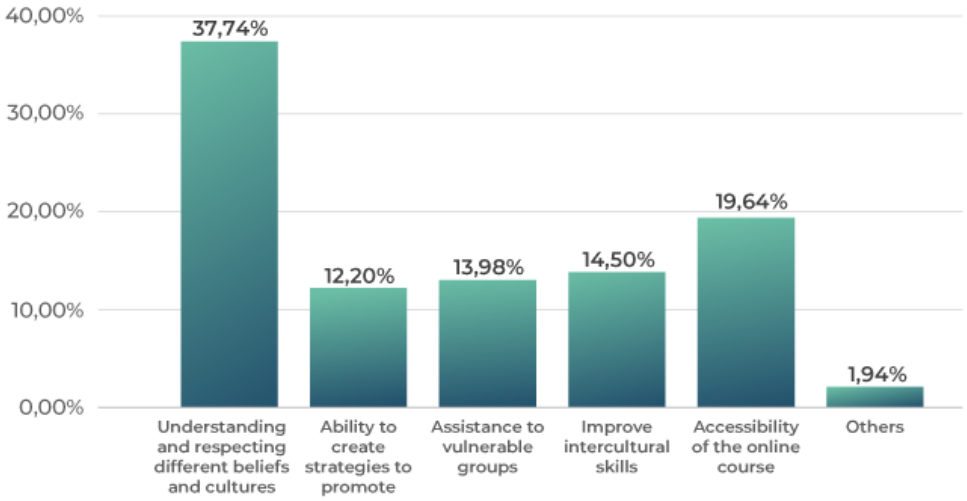
The influence of interculturality on public health actions is significant and positive, as it promotes practices that are more inclusive, sensitive, and aligned with the sociocultural realities of the populations served. The incorporation of traditional knowledge, respect for cultural specificities in therapeutic plans, and the encouragement of skilled listening are strategies that strengthen the bond between health professionals and communities, increasing the effectiveness of health actions, especially in contexts of social vulnerability.

The questionnaire data indicate that professionals trained through the AVASUS are gaining awareness to act with greater respect for diversity, promoting healthcare that recognizes and considers social and cultural inequalities. This training is directly related to expanding access, overcoming cultural barriers, and promoting equity, which are essential elements for improving the quality of care in the SUS, favoring the development of public policies that are more democratic, inclusive, and responsive to the real needs of communities, especially those that have historically been marginalized.

Figure 9 reveals that continuing education focused on understanding and respecting beliefs and different cultures (37.74%), as well as social inclusion and recognition of traditional health practices, is considered essential for improving the quality of health services. This perception highlights the importance of continuous training for professionals as a determining factor in promoting more humane care. The data show a significant appreciation for the humanization of care, reinforcing that ongoing training

strengthens the bond between healthcare teams and users, based on recognition and respect for cultural diversity.

Figure 9. *Continuing education in the context of public health.*



Source: AVASUS, 2025.

By learning about interculturality, professionals become more aware and capable of developing strategies to promote inclusion (12.20%) and expand access to health services. This aspect is fundamental, demonstrating that continuing education contributes significantly to more inclusive and culturally sensitive care. The courses offered via AVASUS play a crucial role in this regard, preparing professionals to face cultural challenges with competence and sensitivity, promoting, for example, the integration of traditional health practices within the community (13.98%), which contributes to more effective and inclusive public health.

Understanding the cultural expectations of the communities served (19.64%) is also noteworthy, indicating the importance of preparing professionals to work in diverse contexts, respecting local specificities. Well-trained professionals demonstrate greater ability to communicate with patients from different backgrounds (14.5%), which reduces

misunderstandings, promotes more effective care, and fosters a healthcare environment that is more attentive to intercultural issues. Finally, although to a lesser extent, other reasons mentioned (1.94%) reinforce the importance of continuing education for strengthening equity, empathy, and respect for cultural diversity in Brazil's SUS.

The analysis of the 16 courses offered on AVASUS revealed that 12,227 (60.26%) of the course participants were professionals from Brazil's More Doctors Program (PMM). These professionals are doctors primarily operating in areas with a shortage of health professionals, especially in regions marked by high levels of social vulnerability. According to Brazil's Ministry of Health, the program's main objectives are to guarantee access to basic healthcare, increase the number of doctors nationwide, and improve the quality of care provided to the population (Brasil, 2013).

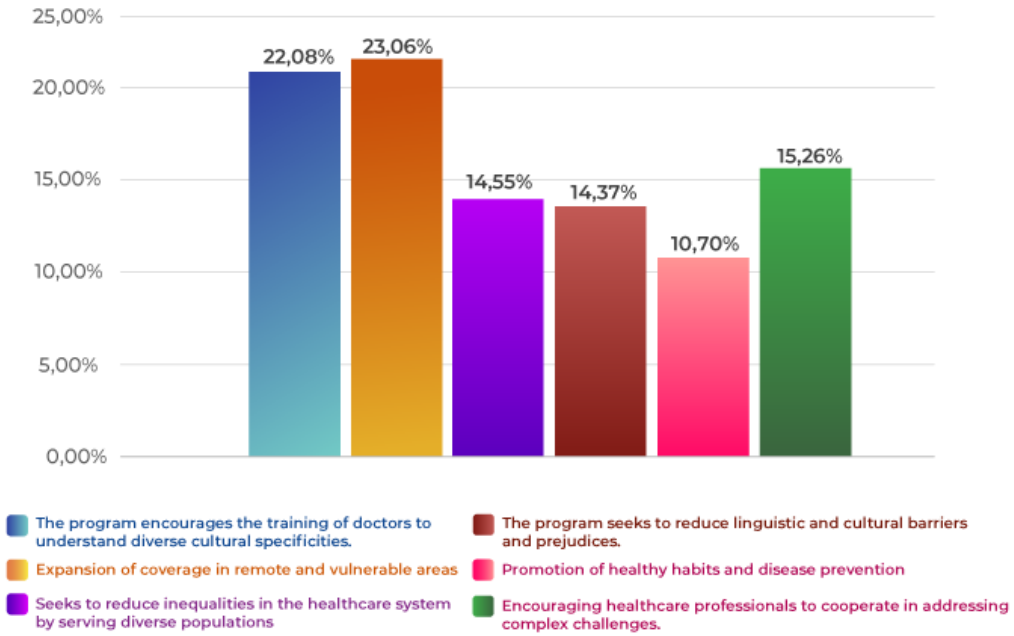
Regarding the More Doctors Program and its approach to diverse cultural specificities (see Figure 10), the highest percentage (23.06%) emphasizes the program's contribution to expanding healthcare coverage in remote and vulnerable areas. This finding reinforces its strategic role in reducing geographical inequalities and strengthening PHC in historically underserved regions. Following this, 22.08% of respondents highlighted the program's role in training physicians to understand the cultural specificities of different populations, underscoring the value of an intercultural approach as a key strategy for improving healthcare. Cooperation among health professionals in addressing complex challenges was also noted as relevant (15.26%), pointing to the importance of integrated and multidisciplinary action in caring for vulnerable populations.

On the other hand, lower percentages were attributed to actions such as reducing inequalities in the healthcare system by serving diverse populations (14.55%). Nevertheless, the program promotes public policies aimed at ensuring equitable and quality care, with an emphasis on combating discrimination. This includes welcoming and respectful measures aimed at smokers, the LGBTQIAPN+ population, and other vulnerable groups. The reduction of linguistic and cultural barriers and prejudices

(14.37%) is also a relevant aspect, highlighting the effort to address obstacles that hinder adequate access to Brazil's SUS.

The promotion of healthy habits and disease prevention (10.70%) highlights health education initiatives aimed at promoting rights and inclusion, ensuring that people are fully aware of their rights in terms of access to healthcare. These data suggest that, although such actions are recognized as relevant, they are not yet perceived with the same intensity in terms of their effectiveness or priority within the scope of the program.

Figure 10. *The More Doctors Program (PMM) and diverse cultural specificities.*



Source: AVASUS, 2025.

Interculturality not only increases the effectiveness of health actions but also strengthens the bond between professionals and the communities they serve, promoting greater adherence to treatments and better public health indicators. The intercultural element has a significant influence on public health actions and demands, as it contributes to more inclusive, sensitive, and contextualized practices. By incorporating these aspects, AVASUS courses enable healthcare professionals to

effectively meet the health needs of culturally diverse populations. This results in improved quality of care, overcoming cultural and linguistic barriers, and promoting more equitable and accessible healthcare. Given this, consideration of interculturality in public health actions is fundamental for disease prevention and the promotion of healthy lifestyles, aligned with the sociocultural specificities of each population group.

DISCUSSION

The research highlights significant advances in the integration of intercultural elements in public health courses offered via AVASUS These results reinforce the importance of educational practices that consider and value the sociocultural diversity of users of Brazil's SUS. The evidence obtained is in line with the findings of Valentim et al. (2021), which emphasizes the need for training practices and strategies that are sensitive to the multiple realities present in Brazil.

The perceptions of the course participants, collected using Likert scales and open-ended questions, indicate a progressive recognition of the importance of interculturality in health education. In this context, the appreciation of traditional knowledge, the inclusion of local cultural practices, and the adaptation of training content to regional specificities are highlighted. These findings corroborate Ceccim's (2005) analysis, which conceives Continuing Health Education as a space for the collective construction of knowledge, based on ethical-political principles and the appreciation of the multiple cultural expressions present in the territories.

Furthermore, the structure of MOOCs, such as those offered by AVASUS, has proven effective in expanding access to health training, especially in contexts marked by socio-spatial inequalities and situations of vulnerability. This finding is reinforced by the studies of Valentim et al. (2022) and Reis et al. (2022), as fundamental instruments for the democratization of knowledge and the promotion of health equity. The COVID-19 pandemic has further accentuated the urgency for inclusive digital alternatives, as discussed by Choi and Kim (2024), highlighting the potential of these technologies to expand access to knowledge on a large scale.

The qualitative analysis also highlighted the presence of content focused on the health of historically marginalized populations, such as indigenous and LGBTQIAPN+ peoples, which reinforces the courses' commitment to inclusive and equity-oriented practices. This implies more than just offering thematic content: it requires a critical review of the curriculum, language, and methodologies adopted. Such practices require the development of pedagogical approaches that recognize and address structural inequalities and the multiple forms of symbolic exclusion present in the training processes of educational practices in the field of health (Freire, 1996). This evidence is consistent with the reflections of Diehl and Pellegrini (2014) and Ferreira (2021), who advocate the adoption of an intercultural approach to healthcare as a fundamental strategy for reducing inequalities and expanding access to quality services.

The thematic relevance of the courses, combined with the interest of learners in content that addresses cultural diversity and promotes inclusive practices, is one of the main motivators for enrolling in the courses offered via AVASUS. This finding reinforces the importance of continuing to invest in the development of content that addresses interculturality, social vulnerability, and inclusion, which are fundamental elements for public health training aligned with the guidelines of Brazil's SUS and the promotion of equity.

Despite the advances identified, challenges remain regarding the systematization and conceptual coherence of intercultural content throughout the courses analyzed. According to Morin (2000), interculturality in health education still faces significant epistemological limitations, marked by the hegemony of biomedical knowledge and the difficulty of integrating traditional and popular knowledge in an equitable manner. To overcome these challenges, it is necessary to adopt a transdisciplinary perspective and value an ecology of knowledge that promotes dialogue between different types of knowledge, strengthening the commitment to equity and social justice.

As Dervin and Tournebise (2013) warn, the absence of a solid theoretical foundation can compromise the effectiveness of interculturality as an educational practice,

undermining its transformative potential. This limitation highlights the need for ongoing investment in teacher training, as well as the definition of pedagogical guidelines that ensure the organic integration of intercultural principles into training processes. This gap further reinforces the importance of developing inclusive educational content that is sensitive to cultural diversity and aligned with the realities of the territories served by the SUS.

Finally, the adoption of action research reinforced the link between theory and practice, enhancing the ability to listen to participants and integrate their feedback into the ongoing improvement of the training. This collaborative dynamic is aligned with the assumptions of Thiollent (2005) and Ceccim (2005), who recognize the active participation of individuals as an essential element for promoting social and educational transformations in the field of health.

CONCLUSIONS

The analysis of the impact of the 16 courses offered on AVASUS highlighted the importance of interculturality as a central pillar in professional training. The results showed that these initiatives significantly contribute to the development of more inclusive and culturally sensitive healthcare practices, aligning with Brazil's sociocultural diversity. In methodological terms, Action Research proved effective in capturing the perceptions of course participants, who were active subjects in the educational process. Integrated quantitative and qualitative data analysis confirmed that the training content effectively incorporated traditional knowledge, diverse cultural practices, and the specificities of marginalized groups.

The high level of satisfaction among participants with topics such as cultural diversity and social justice attests to the program's pedagogical effectiveness, strengthening intercultural skills. This expands the capacity of primary care professionals to offer more humanized, equitable, and contextualized care, in line with SUS principles. The significant participation of nursing professionals and community workers,

predominantly women, underscores the importance of focusing continuing education on frontline workers and the need for policies that are sensitive to gender dynamics.

However, the study identified weaknesses in the consistency and cross-cutting nature of the intercultural approach, pointing to the need for more systematic and well-founded training strategies. In this sense, this research allows us to present recommendations structured on three levels:

- At the educational level:
  - Systematize interculturality as a cross-cutting theme in courses and teaching materials;
  - Actively integrate content developed with representatives of indigenous, quilombola, and traditional communities;
  - Provide training to teachers and tutors in intercultural skills, with an emphasis on active listening, dialogue, and cultural mediation;
  - Offer content in different languages and linguistic variants, expanding access and communicational equity.

- At the institutional level:
  - Create indicators for assessing the intercultural dimension within AVASUS courses;
  - Establish advisory committees with community leaders and experts in intercultural health;
  - Promote partnerships with higher education institutions, social movements, and community organizations for the co-authoring of training content;
  - Ensure specific funding for the production and monitoring of inclusive educational materials.

- At the political-strategic level:
  - Incorporate interculturality as a mandatory guideline in the national policy on continuing health education;
  - Align AVASUS courses with the SDGs, in particular SDG 3 (Good Health and Well-being), SDG 4 (Quality Education), SDG 5 (Gender Equality), and SDG 10 (Reduce Inequalities);
  - Promote the institutionalization of traditional healing knowledge as an integral part of SUS practices;
  - Support research on the impact of intercultural courses on training and healthcare effectiveness.

These recommendations indicate concrete paths to improve public health training practices, aligned with commitments to social justice, equity, and cultural diversity. The consolidation of interculturality as a structuring principle is an ethical and political

imperative for strengthening a democratic, inclusive public health system rooted in the territories. Moreover, the positive impact of Brazil's More Doctors Program (PMM) deserves special mention. Its professionals recognize the importance of intercultural training in expanding coverage, building ties with communities, and reducing sociocultural barriers to accessing services.

The widespread participant distribution, with a focus on the Northeast and Southeast regions, combined with the presence of enrollees in remote and international areas, confirms the reach and capillarity of AVASUS as a strategic tool for CHE. The platform offers accessibility and flexibility, with content aligned with the SUS principles of equity, universality, and comprehensiveness.

Elements of interculturality featured in the courses were shown to be essential for training professionals capable of serving diverse populations inclusively and effectively, with a positive impact on their ability to work in multicultural contexts. In short, incorporating interculturality into training is not only desirable but necessary to address social and cultural health inequalities. Its systematic inclusion is an ethical and political commitment to ensuring pluralistic, equitable care consistent with human rights. By preparing professionals to engage with multiple ways of life, AVASUS transforms practices, promoting fairer and more effective healthcare for the Brazilian population.

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