

EXPERIENCE REPORT

INTERSECTORAL TRAINING IN DISTANCE EDUCATION FOR SOCIAL ASSISTANCE WORKERS: A STRATEGY FOR HEALTH PROMOTION AND CANCER PREVENTION IN COMMUNITIES

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ABSTRACT:

Cancer remains a global public health challenge, requiring prevention efforts that extend beyond the clinical setting. Promoting actions in this direction requires broad reach and direct contact with vulnerable populations; therefore, social assistance constitutes a strategic space for educational activities aimed at cancer prevention. This experience report presents an initiative created for this purpose: the design and regional expansion of the non-credit course "Promoting Health in Communities: Integration among Social Assistance, Education, and Health." Aimed at planning health education projects focused on cancer prevention, the course is offered to workers of the Unified Social Assistance System (Sistema Único de Assistência Social) and has a workload of 60 hours in a distance-learning format.

Keywords: health education; social assistance; intersectorality; historical-cultural approach; distance education.

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CAPACITAÇÃO INTERSETORIAL EM EAD PARA TRABALHADORES DA ASSISTÊNCIA SOCIAL: ESTRATÉGIA PARA PROMOÇÃO DA SAÚDE E PREVENÇÃO DO CÂNCER EM COMUNIDADES

RESUMO:

O câncer persiste como desafio global de saúde pública, exigindo ações de prevenção que ultrapassem o ambiente clínico. Promover ações nesse sentido demanda capilaridade e contato direto com populações vulneráveis, em função disso, a assistência social constitui espaço estratégico para ações educativas voltadas à prevenção oncológica. Este relato de experiência apresenta uma iniciativa criada para este fim: a concepção e a expansão regional do curso livre “Promovendo Saúde nas Comunidades: Integração entre Assistência Social, Educação e Saúde”. Com o objetivo de planejar projetos de educação em saúde voltados à prevenção do câncer, o curso é oferecido a trabalhadores do Sistema Único de Assistência Social, com carga-horária de 60 horas na modalidade educação a distância.

Palavras-chave: educação em saúde; assistência social; intersectorialidade; abordagem histórico-cultural; educação a distância.

CAPACITACIÓN INTERSECTORIAL EN EDUCACIÓN A DISTANCIA PARA TRABAJADORES DE LA ASISTENCIA SOCIAL: ESTRATEGIA PARA LA PROMOCIÓN DE LA SALUD Y LA PREVENCIÓN DEL CÁNCER EN COMUNIDADES

RESUMEN:

El cáncer sigue siendo un desafío mundial de salud pública, que requiere acciones de prevención que vayan más allá del entorno clínico. Promover intervenciones en este sentido exige amplia cobertura y contacto directo con poblaciones vulnerables; por ello, la asistencia social constituye un espacio estratégico para acciones educativas orientadas a la prevención oncológica. Este relato de experiencia presenta una iniciativa creada con este fin: la concepción y la expansión regional del curso libre “Promoviendo la Salud en las Comunidades: Integración entre Asistencia Social, Educación y Salud”. Con el objetivo de planificar proyectos de educación en salud dirigidos a la prevención del cáncer, el curso se ofrece a trabajadores del Sistema Único de Asistencia Social y tiene una carga horaria de 60 horas en modalidad de educación a distancia.

Palabras clave: educación en salud; asistencia social; intersectorialidad; enfoque histórico-cultural; educación a distancia.

1 Introduction

Cancer remains one of the main public health challenges on a global scale, requiring prevention actions that go beyond the clinical environment and address the social determinants of the health-disease process (Buss; Pellegrini Filho, 2007; INCA, 2023; WHO, 2020). In the Brazilian context, health promotion has been understood as a field that articulates policies, programs, and practices aimed at improving living conditions, strengthening social participation, and reducing inequities, in accordance with the Ottawa Charter (WHO, 1986; Buss, 2000).

Social assistance, organized through the Unified Social Assistance System (SUAS), constitutes a widespread social protection network that maintains daily contact with populations in situations of vulnerability (Brasil, 2004; Sposati, 2013). Facilities such as Social Assistance Reference Centers (CRAS) and basic and special social protection services operate in territories marked by multiple forms of deprivation, making them privileged spaces for developing intersectoral health education and disease prevention initiatives, including cancer prevention (Brasil, 2012; Paim, 2018).

The collective health literature has emphasized that the effectiveness of health promotion strategies depends on coordination among different government sectors and social actors, overcoming fragmented and isolated interventions (Junqueira, 2000; Akerman et al., 2014). From this perspective, intersectorality is understood not only as a normative principle, but as a concrete management and networked-work practice that requires specific training processes for the professionals involved.

At the same time, the expansion of distance education (DE) and hybrid modalities in health and social assistance training opens possibilities for training programs with broader territorial reach, provided that they are grounded in consistent instructional design, qualified interaction, and adequate tutoring support (Mattar, 2017; Tori, 2022). The incorporation of active methodologies and project-based learning in virtual learning environments has proven promising for articulating theory and practice in the training of in-service professionals (Moran, 2015; Bacich; Moran, 2018).

In this context, the objective of this article is to present and analyze the implementation of the hybrid training course “Promoting Health in Communities: Integration among Social Assistance, Education, and Health” and its results in regional expansion, seeking to train SUAS workers to plan and carry out health education projects in their territories, integrating public health and education policies, with a focus on cancer prevention. This is an experience report of a descriptive-analytical nature, situated in the fields of Health Education, social assistance, and DE.

The course was conceived as a 60-hour hybrid continuing education program, articulating conceptual content on intersectorality and cancer with moments dedicated to the development and implementation of health education projects in SUAS territories.

2 Theoretical Framework

The contemporary conception of health promotion, consolidated through the Ottawa Charter, shifts the focus from interventions centered on individual behaviors to strategies that address living conditions, environments, and public policies (WHO, 1986; Buss, 2000). In Brazil, this perspective dialogues with the collective health tradition, which understands health as the result of historical, social, and economic determinations (Paim, 2018; CNDSS, 2008).

Within this framework, intersectorality emerges as a structuring axis of public policies aimed at reducing inequities. Junqueira (2000) highlights that intersectoral actions require the construction of shared agendas, the negotiation of priorities, and the articulation of knowledge and practices from different fields. Akerman et al. (2014) emphasize that intersectorality is not limited to formal management mechanisms, but takes shape in everyday experiences of cooperation among health, social assistance, education, culture, and other facilities.

The National Social Assistance Policy (PNAS) recognizes social assistance as a citizenship right and a component of social security, assigning SUAS services the role of social protection and strengthening bonds (Brasil, 2004). In this arrangement, CRAS becomes a privileged entry point for dialogue with families and communities about rights, access to public policies, and care practices. Authors such as Sposati (2013) have insisted on the central role of social assistance in mediating between vulnerable populations and the social protection network, which includes health.

From a pedagogical standpoint, the course under analysis is grounded in Vigotski's (2007) historical-cultural approach, according to which human development is socially mediated by tools and signs. The notion of the zone of imminent development makes it possible to conceive training processes that start from professionals' concrete knowledge and experiences, offering accessible yet mobilizing challenges that expand their possibilities for collective action.

The choice of active methodologies, especially project-based learning, converges with this perspective by proposing that learning arise from investigation and intervention in real problems in the territory (Bender, 2014; Moran, 2015). In DE, authors such as Mattar (2017) and Silva; Behar (2022) stress that simply making digital content available is insufficient to ensure learning; activity proposals that require authorship, reflection, and cooperation are necessary, as is tutoring support that is sensitive to learners' concrete conditions.

In the field of continuing education for social workers, this perspective becomes even more relevant because, as Silva; Behar (2022) and Mattar (2017) state, DE has proven strategic for expanding access, ensuring territorial reach, and adapting to intense routines. These factors are recurrent in the daily lives of these professionals, who face high service demand and travel limitations. Studies on the training of social service workers indicate that successful educational proposals need to articulate flexibility with pedagogical intentionality, recognizing professional experience as the basis for constructing new knowledge (CFESS, 2012; Lima, 2012). In this sense, distance courses structured with interactive resources, qualified tutoring support, and activities that promote critical reflection on the territory and social determinants contribute to strengthening competencies essential to social assistance work, especially in actions that engage with health and the promotion of rights.

Thus, the course "Promoting Health in Communities" articulates three theoretical-methodological axes: a) health promotion based on social determinants and the perspective of equity;

b) recognition of social assistance as a strategic actor in cancer prevention in contexts of vulnerability;

c) hybrid distance education, grounded in the historical-cultural approach and project-based learning, with specialized tutoring to support course participants.

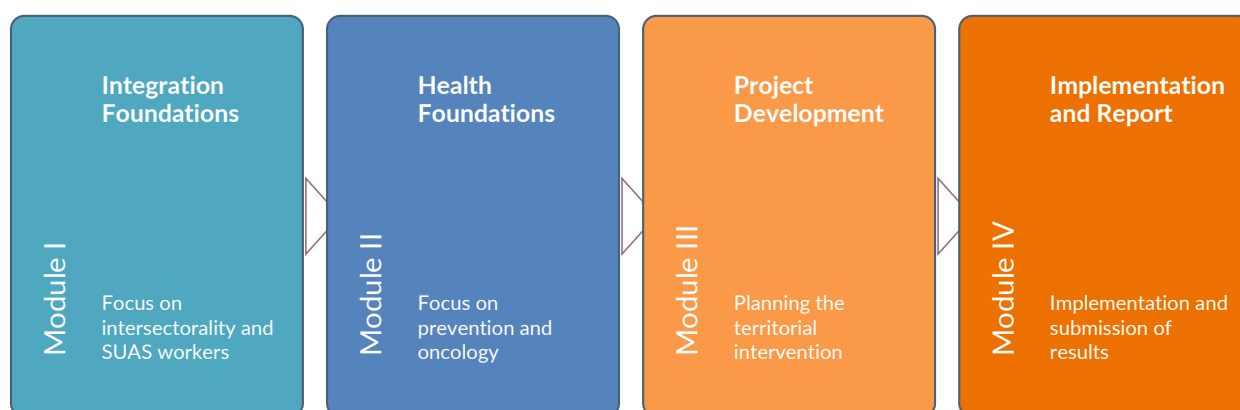
3 Methodology

This article is a descriptive-analytical experience report on the conception, implementation, and regional expansion of a non-credit continuing education course developed in a hybrid format. The training program “Promoting Health in Communities: Integration among Social Assistance, Education, and Health” was developed by Institute XXX, with a workload of 60 hours, offered in the distance education modality, with active tutoring, ensuring institutional certification.

The course was structured into four main modules. Module I addressed the foundations of integration among Education, Social Assistance, and Health and the role of SUAS workers in intersectorality and in building territorial practices aligned with quality of life. Module II addressed content on cancer, including biological foundations, the distinction between primary and secondary prevention, and topics such as alcoholism, healthy eating, physical activity, smoking, vaccines, sun protection, and oral hygiene, as well as screening for different types of cancer. Module III was dedicated to developing a health education project to be carried out in the territories, and Module IV to preparing and submitting the final report on the implementation of this project. The course, in a hybrid format, combined online activities in a virtual environment (video lessons of up to 20 minutes, forums, submission of assignments, and support materials) with in-person activities for developing and implementing health education projects and for systematization and feedback through implementation reports.

To facilitate visualization of the course architecture, Figure 1 presents the organization of the modules and the sequence of the training pathway adopted in the program.

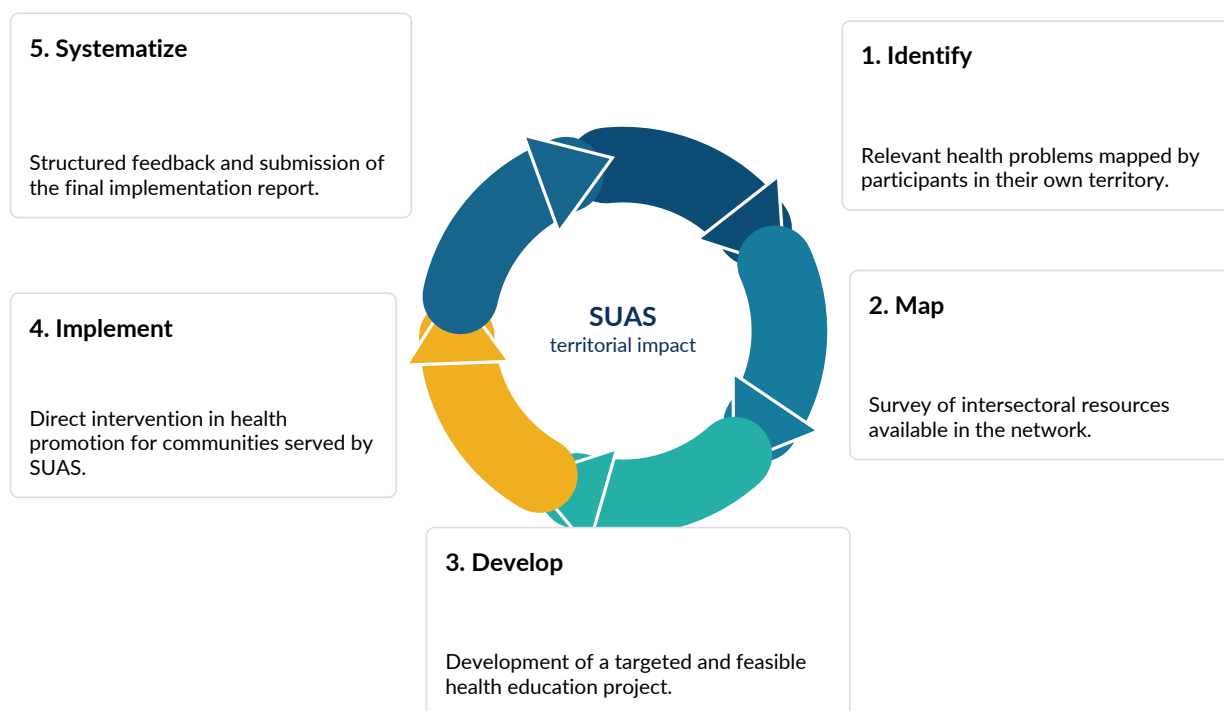
Figure 1 – Didactic-pedagogical structure of the course



Source: Prepared by the author (2026)

The training pathway was structured into modules in the institutional virtual learning environment, combining asynchronous resources (video lessons, texts, forums) and synchronous discussion sessions. Project-based learning was adopted as the methodological axis, so that, throughout the course, participants were expected to identify relevant health problems in their territories, map available intersectoral resources, and develop a health education project aimed at health promotion and cancer prevention in communities served by SUAS.

Figure 2 – Territorial impact cycle



Source: Prepared by the author (2026)

The historical-cultural approach (Vigotski, 2007) guided the principles of pedagogical mediation implemented in the course. For, by articulating course participants' prior knowledge with purposeful challenges and tutoring support, the actions considered the need for the individuals involved to be recognized and valued for their tacit knowledge, while at the same time being encouraged to create innovative solutions using appropriate technical resources. The triad of subject, challenges, and resources was the basis for generating possibilities for learning and for the program's success as a training strategy.

The content of Module I focused on intersectorality and the integration of social assistance, health, and education, culminating in the development and submission of a health education intervention project as a practical product.

The course's pilot experience took place in 2024, in the city of Barretos (SP), with the participation of 69 social assistance professionals, resulting in the development of three community projects focused on cancer prevention. In 2025, with a view to regional expansion, the invitation to participate in the course was coordinated with the technical director of the Barretos Regional Directorate of Social Assistance and Development (DRADS). Based on this coordination, contact information was obtained for the CRAS coordinators in the 19 cities under its jurisdiction, to which a formal invitation was sent to mobilize local teams.

Although all cities expressed interest, the first expanded edition focused on two groups: 31 participants from City 1 and 12 from City 2, totaling 59 course participants.

For this article, descriptive quantitative data extracted from the virtual environment reports were analyzed, such as:

- a) percentage of participants who completed the theoretical assessments;

b) percentage of participants who completed the submission of the health education project, as well as the report on its implementation.

These data were complemented by records from the pedagogical team and observations systematized during the monitoring of the groups, seeking to understand the relationship between conceptual appropriation and the development of practical products in the context of distance education.

4 Results and Discussion

This section presents the main findings regarding course participants' participation in the groups and the implementation of health education projects in the territories. In City 2, all 12 enrolled course participants completed the course, with no dropout, and 1 health education project was implemented, reaching 40 people in the municipality. In City 1, of the 31 enrolled, 28 completed the course (3 dropouts), and 1 project was also implemented, with a broader audience reach: 229 people participated in health education activities focused on cancer prevention. Table 1 below presents a summary of the indicators of course participant participation and implementation of the health education projects in the participating municipalities.

Table 1 – Indicators of participation and project implementation

Indicator	City 1	City 2
Enrolled	31	12
Completers	28	12
Projects	1	1
People reached	229	40

Source: Prepared by the author (2026)

The analysis of the data, based on the tutors' reports, given the difficulty of an average of 40% of course participants in interacting in the proposed discussion forum, revealed an important contrast between completing theoretical assessment activities and delivering the practical product, highlighting a central challenge: the distance between conceptual appropriation and the materialization of this knowledge in concrete intervention projects.

In the municipality of City 1, 90.32% of participants completed the theoretical assessments, which suggests good conceptual appropriation and adherence to more structured tasks in the virtual environment. In City 2, 100% of participants completed the submission of the health education project, a stage that required articulating theoretical content, critical reading of the territory, and planning intersectoral actions.

Although these are different indicators and different groups, the dataset points to a recurrent trend in courses offered in the distance modality: greater ease in carrying out activities that require recognition or direct application of content, in contrast to developing complex products situated in the concrete reality of services. Considering that, in general, the audiences and cities have similar characteristics, it is possible to interpret that one of the recurring problems of this teaching modality continues to be the implementation/completion of more complex tasks. Mainly because the monitoring of these tasks is carried out with a perception of greater "distance," consequently with less power of demand by the "evaluator" (Moran, 2015; Silva; Behar, 2022).

The pedagogical team's records indicate that some participants expressed insecurity when faced with the task of developing an intervention project, especially among those with little prior familiarity with planning educational actions or with the vocabulary of health promotion. Aspects characteristic of the DE context also appeared as challenges, such as reconciling study time with daily work demands, in addition to occasional organizational difficulties in meeting deadlines in the virtual environment. The evaluative nature assigned to the course's "final submission" seems to have intensified this feeling, contributing to the postponement or non-completion of the activity by some course participants, as in the dropout cases from the city of City 1.

These findings are consistent with the literature on active methodologies in distance education, which emphasizes the importance of scaling the complexity of tasks, providing accessible models and examples, and offering formative feedback throughout the process, rather than only at its final stage (Bender, 2014; Bacich; Moran, 2018). In the case under analysis, the experience points to the need to strengthen guidance moments for the development of projects through specific synchronous sessions, thematic forums focused on planning questions, and interim feedback on proposal drafts.

On the other hand, the submitted projects demonstrate significant potential for coordination among CRAS, primary health care units, schools, and community organizations around health education actions focused on cancer prevention. Among the proposals presented, activities to raise awareness of warning signs, discussion circles on healthy habits, active search strategies, and initiatives to facilitate access to preventive examinations stand out, all grounded in the concrete conditions of the territories.

Such initiatives reinforce the strategic role of social assistance as a mediator between vulnerable populations and the health care network, contributing to the realization of the intersectorality advocated in public policies (Brasil, 2012; Akerman et al., 2014). At the same time, they make clear that consolidating intersectoral health promotion practices requires continued investment in in-service training, with protected institutional time for study, reflection, and collective team planning (Paim, 2018).

Based on the analysis of the results obtained and the observations systematized by the pedagogical team throughout the course offering, it was possible to identify recurring challenges related to implementing the training proposal, as well as strategies capable of enhancing future editions. Table 2 summarizes the main aspects observed during the experience, bringing together the challenges identified and the respective possibilities for improving the pedagogical design.

Table 2 - Analytical summary of challenges and recommendations for improvement

Challenge identified	Evidence observed in the experience	Improvement strategies
Low interaction in forums	About 40% of course participants showed little participation in the discussions.	Intensify instructor mediation and promote synchronous sessions.
Development of the final project	Some participants showed insecurity in developing the project.	Provide annotated models and interim feedback.
Transfer from theory to practice	Greater ease with theoretical activities than with developing interventions.	Include progressive practical activities throughout the course.
Time management	Difficulties reconciling studies and work routine.	Make deadlines more flexible and strengthen tutoring support.

Source: Prepared by the author (2026)

In this sense, the results presented here point both to the relevance of the training proposal in fostering closer ties between social assistance and health around cancer prevention and to the need to improve the pedagogical design in the distance modality, especially with regard to tutoring support and mediation strategies aimed at transferring theoretical knowledge into planned action in the territory.

5 Final Considerations

The experience of the course “Promoting Health in Communities: Integration among Social Assistance, Education, and Health” demonstrates the relevance of intersectoral training strategies, in the distance education modality, aimed at SUAS workers who operate in territories marked by social vulnerabilities. By articulating health promotion, cancer prevention, social assistance, and active methodologies, the program constitutes a promising and potentially scalable model for integrating public policies and qualifying health education practices within SUAS.

The data analysis revealed an important contrast between completing theoretical assessment activities and delivering the practical product; however, a central challenge: the distance between conceptual appropriation and the materialization of this knowledge in concrete intervention projects. This gap indicates that the course’s practical-pedagogical dimension needs to be strengthened by intensifying tutoring support in the planning stages, expanding synchronous guidance sessions, and encouraging the construction of learning communities among municipalities, fostering the exchange of experiences and peer support.

From the standpoint of distance education in health and social assistance, the experience reinforces that continuing education programs cannot be conceived merely as the dissemination of content, but as collective processes for constructing territorial practices, which require consistent pedagogical mediation that is sensitive to participants’ real working conditions. Future studies may deepen the qualitative analysis of the projects developed, as well as investigate the effects of the actions implemented in the territories, contributing to the improvement of health promotion policies and programs interfacing with social assistance and to the refinement of DE models aimed at in-service training.

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