


**EDUCATIONAL RADIO AS A MEDIATOR BETWEEN COMMUNICATION,
HEALTH AND EDUCATION: REFLECTIONS FROM A REGIONAL EXPERIENCE**

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ABSTRACT

This article proposes a reflection on the role of the mass media (MCM), with a focus on educational radios, in the context of the Brazilian Health System. Social participation, one of the central pillars of the system, presupposes the involvement of society in the allocation of resources and definition of priorities in different spheres. Educational radios emerge as mediating tools between health services and the population, promoting education and the exercise of citizenship. The study explores the impact of new information and communication technologies on the reconfiguration of media spaces and their implications for public health. In addition, it highlights the importance of disseminating health information as a right guaranteed by the 1988 Constitution. Using the educational radio station Cultura FM 99.3 MHz as a case study, we analyzed how this station operates in Nova Alta Paulista-SP, promoting social integration and awareness. The intersection between Communication and Health, based on practices such as those of the Ottawa Charter, is approached as strategic to expand the frontiers of public health. The article concludes by emphasizing the need for a continuous dialogue between the fields of Communication and Public Health, aiming to strengthen educational actions and democratize access to quality information.

Keywords: Mass communication. Public health. Educational radios. Citizenship. Health education.

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INTRODUCTION

Social participation is one of the central pillars of the Brazilian Health System, covering all its spheres of organization (municipal, regional, state and national). This participation presupposes the possibility of influencing decisions on the allocation of resources and the definition of priorities at each level of the System. In addition, it involves the recognition of the specific sociocultural characteristics of each locality or region, respecting its "glocal" particularities, according to the contemporary conception.

In this context, a reflection on the role of the mass media (MCM) is proposed, particularly regarding its possibilities to promote education and health for large populations. This work also considers the educational interfaces that are established between health services and the Brazilian population, using the radio medium as an object of analysis, with a focus on educational radios.

These stations act as mediation tools, contributing to the exercise of citizenship by helping communities to understand and interpret their social relations. After all, one of its functions is to help the community interpret its own social context.

Contemporary society, in the first decade of the twenty-first century, becomes increasingly dependent on communication systems and information technologies. Integrating these new perspectives into the field of public health is possibly the realization of the idea of health as a collective good, using communication to promote a healthier population.

The right to public information is guaranteed by the 1988 Constitution, in article 5, which establishes: "everyone has the right to receive from public bodies information of their private interest or of collective/general interest, under penalty of liability" (Brasil, 2001 a, p. 20).

Health promotion, incorporated after extensive debates in the conferences held by the World Health Organization, such as Alma-Ata (1977) and Ottawa (1986), still represents a challenge with regard to the operationalization of communication and health education actions, with emphasis on the interaction between health services and the community.

Educational radios play an important role as tools that help the community understand and interpret its social relationships. Taking advantage of the potential of this mass communication vehicle is crucial for the dissemination of information that can modify or transform urban spaces, promoting the awareness of well-informed citizens.

Another relevant aspect is the growing role attributed to organized civil society, which develops various activities aimed at different audiences with the objective of debating social issues and strengthening community actions.



BRIEF CONCEPTUAL RETROSPECTIVE

Although communication is an everyday activity, its precise definition remains a challenge. According to Bordenave (1986), "it is not an isolated act, or a series of disconnected individual acts, but a continuous flow, from many origins and directions, with constantly changing contents and forms". In this context, communication is seen as a dynamic and continuous process, in which its most basic function – the formation of personality – is often the least mentioned, according to the author.

This process justifies the advancement of human beings in the scientific and technological fields, since they communicate through codes (digital, analog) and perform social interaction through messages (signs, symbols). Although it is currently studied as a specific discipline, communication remains a field of interdisciplinary analysis.

Orozco (1997) argues that communication is simultaneously a phenomenon, a practice, a process and a result. He defines it as

"[...] it is at the same time a paradigm, interdisciplinary field, phenomenon, practice or set of practices, process and result, an essential part of culture and cultural innovation, symbolic and material support for social exchange, as a whole, an environment where power is generated, gained or lost, union and registration of agents, agencies and social movements, a tool for interlocution, a space of conflict, a set of images, sounds and meanings, language and logic of articulation of discourses, a device of representation, a tool of control at the service of the few and the exclusion of the majority from the benefits of development, a differentiating scope of social practices. All this and more is Communication. Understanding it in its complex dimension is a partially accessible and always unattainable goal." (Orozco, 1997, p.28).

FROM INTERPERSONAL RELATIONSHIPS TO MASS COMMUNICATION

From Aristotle, in the third century B.C., to studies on the processes of emission and reception in the model of Harold Lasswell, reviewed by scholars such as Raymond Nixon and Wilbur Schramm, the field of communication has been dedicated to understanding the effects of mass media on the public. In the Latin American scenario, thinkers such as Mario Kaplún, Luis Ramiro Beltrán and Jesús Martín-Barbero highlighted the importance of MCM in society, advocating communication with popular participation and encouraging a critical reading of the media.

Kaplún argued that, by overcoming a mechanistic view of information technologies, the communicator could transform both people and communities.

[...] he spoke of "Educational Communication" taking it as a process of knowledge construction based on dialectical reflection on the reality lived communally, [...] so that, overcoming a mechanistic view of information technologies, he would become a "communicator". A communicator focused on the transformation of the person and the community (Soares, 2006, p.178).



According to Orozco (1997), the critical reception of MCM messages allows for several interpretations, since two assumptions guide the analyses: the activity of the receiver and the polysemy of the messages.

THE EVOLUTION OF THE CONCEPTS OF COMMUNICATION AND HEALTH

The historical development of the interrelationship between Communication and Health dates back to the period between 1820 and 1840, with the studies of physicians William Alison, from Scotland, and Louis René Villermé, from France, who investigated the causal connections between diseases and the socioeconomic and cultural conditions of populations. This phase marked the beginning of a broader movement, such as the reform of medicine in Germany in 1848, based on the observations of the German pathologist Rudolf Virchow (1821–1902), who linked the typhoid epidemic in 1847 to the social conditions of the time.

Fast forward to 1940, the work of physician Henry E. Sigerist, recognized as one of the leading historians of medicine, consolidated the idea that health promotion is linked not only to biological factors, but also to living conditions, work, education, culture, and leisure. Sigerist, who was a mentor to George Rosen (1910–1977), another important name in the study of the origins and development of Public Health, based his ideas on the health reform movement of the English Liberal State of the nineteenth century.

Another prominent player in this field was Charles-Edward Amory Winslow (1877–1957), a world leader in public health, whose contributions spanned areas such as the practice of public health, health education, and its history.

According to Rosen (1994),

Health education is today one of the most important expressions of modern action in community health. And its value will increase when more is known about human nature and its capacity to change. It seems that the late C-E. Winslow struck at the heart of the matter when he said that health education was for us what the microbial theory of disease was for the sanitarians of forty years ago (Rosen, 1994, p. 292).

A LEAP TO 1974: THE LALONDE REPORT

In 1974, the Lalonde Report, entitled *A New Perspective on the Health of Canadians*, brought a new approach to public health. Marc Lalonde, then Canada's minister of health, presented the innovative concept that health also depended on individual behavior changes. This perspective was fundamental to identify inequalities in health and introduce the idea of health promotion through educational and recreational actions, pointing to communication as an essential strategy for changing the population's habits.



Soon after, the Declaration of Alma-Ata (1978) established new guidelines, with the holding of international conferences promoted by the World Health Organization (WHO). Based on these discussions, communication was defined as a strategic tool for public health policies, being seen not only as a human need, but also as a competence that health professionals must develop to better serve society.

In this sense, Beltrán (2001) observes that

By definition, health promotion must achieve its ends by persuasion, not by coercion, and for this reason communication is universally recognized as an essential instrument to materialize this policy. [...] Articulating this universal conversation for the improvement of health is the delicate commitment assumed by communicators at the service of promotion (Beltrán, 2001, p. 355).

COMMUNICATION AND HEALTH IN CONTEMPORARY TIMES

With the revolution of the means of communication and the arrival of new information technologies, there was a profound need to reconfigure media spaces. This movement has become a priority, especially in social interactions, covering several areas of knowledge and providing important subsidies to meet global interests.

During this period, the country structured sanitary practices in search of more effective care, with emphasis on the creation and regulation of the Unified Health System (SUS). According to Borges and Japur (2005), "since its legal conquest (Brasil, 1990), a profound reorganization has been taking place and aims to operationalize the guidelines and principles established for its full operation" (p. 508).

It is also important to recognize the growing role of organized civil society, which has been responsible for a series of initiatives aimed at different audiences. The objective of these actions is to debate social issues and strengthen community activities, in line with the five principles of the Ottawa Charter: healthy public policies, health-friendly environments, community action, personal skills, and reorientation of the health system.

COMMUNICATION, EDUCATION AND HEALTH: A NECESSARY DIALOGUE

It is understood, therefore, that many of the issues related to health are also issues of education and communication, which requires a deeper integration between these fields. This process of approximation is fundamental to expand the frontiers of theoretical and practical production in the area of Public Health. However, this dialogue still faces challenges. Donato and Gomes (2010) point out that "[...] the little presence, in the disciplinary studies of Health and Education, of the knowledge and practices of the field of Communication" is a gap that needs to be filled.

According to Marques de Melo (2005),



[...] There is a latent dichotomy, difficult to overcome. Health professionals want immediate answers, at the empirical level, to solve their communicability problems. Meanwhile, communication researchers still assume a theoretical stance more concerned with the political-ideological dimension of the issue than with the forwarding of concrete solutions to the difficulties in convincing peripheral populations (lacking formal education) to engage in health prevention projects".

REFLECTIONS ON COMMUNICATION PRACTICES IN HEALTH

Nowadays, the impact caused by the revolution of the means of communication, together with the introduction of new information technologies, has brought the need to reconfigure and redefine media spaces. It has become a priority to study these changes in the context of social interactions, expanding the various areas of knowledge and offering the necessary subsidies to meet global demands.

In Brazil, Public Health has been consolidated as a national policy since the twentieth century, a period in which there was the systematization of sanitary practices with the aim of providing effective care to the community. An important milestone in this process was the creation and regulation of the Unified Health System (SUS). As noted, "since its legal conquest (Brasil, 1990), a profound reorganization has been taking place and aims to operationalize the guidelines and principles established for its full operation" (Borges; Japur, 2005, p. 508).

Another relevant aspect is the increasingly active role of organized civil society, which has been involved in various activities aimed at different audiences, with the aim of discussing social issues and strengthening community actions. This movement is aligned with international health practices, based on the five principles of the Ottawa Charter: healthy public policies, health-friendly environments, community action, personal skills development, and the reorientation of the health system.

It is understood, therefore, that health-related issues can also be seen as issues of education and communication, allowing the expansion of the limits of the field and greater integration with the vast theoretical and practical production of Public Health.

This dialogue between the fields, however, faces constant challenges. As Donato and Gomes (2010) point out, [...] there is little presence, in the disciplinary studies of Health and Education, of the knowledge and practices specific to the field of Communication."

Marques de Melo (2005) also observes that the interaction between the fields of Communication and Health in Brazil has been slow:

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forwarding of concrete solutions to the difficulties in convincing peripheral populations (lacking formal education) to engage in health prevention projects" (Marques de Melo, 2005).

Since the 1980s, numerous questions have arisen about communication practices in the field of health, becoming a theme of recurrent reflection. In Brazil, the 8th National Health Conference, held in 1986, already highlighted communication, along with education and information, as an essential prerequisite for the exercise of citizenship and the right to health.

Thus, it is evident that human beings have always shown interest and ability to understand what happens in their social relations. Informing and being informed is a fundamental requirement for sociability. As Cajueiro Santos (2006) points out, "thinking about communication, trying to understand it from the time in which we live is an arduous task, especially when it is driven by the empire of speed, constant technological renewal and the reinvention of ways of life and beliefs".

This interface between Communication and Public Health allows researchers to develop attitudes that move away from an ethnocentric view, when faced with the diversity of discourses and behaviors of other groups, often distant from the traditional practices analyzed by the communication field.

THE RADIO MEDIUM: A SPACE FOR CITIZENSHIP

Radio, as a means of mass communication, has unique characteristics that make it suitable for educational activities and the promotion of citizenship. Beltrão and Quirino (1986), in the discussions on the functions and performance of mass communication, contribute to the report prepared by Unesco on the development of the means of education, among them, the radio:

[...] the third generation, which begins at the end of the nineteenth century and extends to the middle of the current century, uses photographs, slides, fixed films, silent cinema, recordings (first on records and later on tapes), radio (from the 20s), sound cinema (30s) and educational television (in the 50s)". (Beltrão & Quirino, 1986, p. 158).

For this research proposal, among the various uses of educational technology, the one that involves a series of messages prepared according to the principles of programmed instruction is of interest and educational radio has the necessary characteristics for the analysis in question.

Educational radio broadcasts began in Europe in the 1920s, with the British Broadcasting Corporation (BBC) in 1924. Standing out for its new format, it gets the support



of pedagogical entities, federal public agencies and other associations with a differentiated educational program. It was the principle of using the media as opportunities to participate in the destiny of the community.

In the Brazilian case, broadcasters with educational programs emerged in the 1920s, arriving simultaneously with radio broadcasts,

Radio, in eight decades, has recorded significant achievements, marks its commitment to our culture, maintains a certain standard of the Portuguese language, informally passing on to listeners a cultured norm, without denying or despising the regional diversity in a continent country. It follows its vocation as a means that has the construction of citizenship as its main end. With educational proposals, it has already proven that it can be efficient, effective and democratic (BLOIS, 2003, p. 9).

In the Communication/Education approach, the precursors in the Latin American scenario were the educator Paulo Freire (1974) and the radio broadcaster Mario Kaplún (1978). They consider communication as fundamental in human relations and the interrelation of its elements to the communication process for educational purposes.

In this thought, the social function of radio should prioritize its audiences, respecting their cultures. "Radio can be useful for those who conceive it as an instrument of education, of popular culture and of the promotion of authentic development based on its social function." (Kaplun, 1978. p. 17).

The Brazilian legislation for educational radios dates from April 15, 1999, Interministerial Ordinance No. 651. Establishes criteria for granting concessions, permissions and authorizations for the execution of radio broadcasting services and sound and images, with an exclusively educational purpose, "Art.1 Educational-cultural programs are understood to be those that, in addition to acting jointly with education systems of any level or modality [...]".

Data revealed by the Panorama of Communication and Telecommunications (Castro, Marques de Melo & Castro, 2010), show that the number of radio stations in operation increased from 2001 to 2009 by around 44%, being the highest growth recorded until the middle of the first decade of this century.

The study also pointed out that the distribution of broadcasters by state following trends in print media, there is a greater number of channels operating in the Southeast region of the country, followed by the South and Northeast regions. "However, if the population density of the cities in these regions is considered, there is a greater balance with the number of radio stations." (Castro, Marques de Melo, Castro, 2010, p. 197).



It is noted that the radio vehicle is transversal to the entire population, regardless of social class, cultural level, gender or age. And it shows that the listener still prefers the old habit of listening to the radio at home, not neglecting the audiences in the car and at work.

According to the researcher Gomes (2007), in view of the population indicators released by the IBGE, with the still high rate of illiteracy in the country, they legitimize the radio as an even more important means of communication in the lives of Brazilians, especially for its educational performance.

However, this educational and citizen value attributed to the vehicle needs to be sculpted in the repertoire of the radio broadcasters themselves. Raising the level of knowledge and awareness of communicators so that they are also able to have more consistent conversations with their audience is to resignify radio for cooperative and concomitant action in the many educational spaces that it proposes at the service of democracy. It is to give back to the radio its ears, which have gradually become deafened, and to summon from its microphones other words, now muscled by its critical consciousness." (GOMES, 2007, p.174).

Thus, using the paradigms that guide an educational radio with regard to social participation, they can thus promote a dialogue with the paradigms of Health Education and can be used as a management tool in the area of Public Health.

The universe of radio media research occurs in the regional context of the Nova Alta Paulista area, in the Midwest region of the State of São Paulo, through the programming and audience of the educational radio, Cultura FM 99.3 Mhz, located in the city of Adamantina, in the state of São Paulo, Brazil.

The station has a transmission power of 1000 watts and an antenna of 60 meters, and its frequency reaches a radius of 100 km, serving Adamantina and the region. It is an educational station at the service of the community, and due to its educational characteristic, Cultura FM radio offers a different programming grid from other radios operating in the market.

According to data, available on the station's website, the priority is to broadcast Brazilian popular music (MPB), in addition to other musical styles, including: jazz, blues, instrumental music, rock, sertaneja, pop, among other rhythms. With the objective of transmitting informative, educational and cultural programs, always seeking social integration, the station also develops other activities, such as radio journalism and provision of services to the community.

The study population consists of directors, journalists, radio broadcasters (technicians and announcers) and interns of the educational radio station Cultura FM 99.3 Mhz, in the city of Adamantina, state of São Paulo, Brazil. Thus, it seeks to investigate the



theoretical assumptions that guide the meanings of the objects of investigation: the administration, the broadcaster, the programming.

COMMUNICATION, HEALTH, EDUCATION: A SPACE FOR DIALOGUE

Despite these initial considerations, the various health and health promotion conferences that highlight the role of the mass media (MCM) in promoting the education and health of large populations are justified (BRASIL, 2001 a).

In this way, they come to represent one of the interfaces of the educational relationship between health services and the population. For Penteado et al. (2002) "[...] Increasingly, the health areas make use of media communication resources as a support for the approach and dissemination of themes and actions of education and promotion of public and/or collective health" (p. 49).

Health Promotion in the conception of a "process of training the community to act in the improvement of its quality of life and health, including greater participation in the control of this process. [...] It is not the exclusive responsibility of the health sector, and goes beyond a healthy lifestyle, towards global well-being. (Brasil, 2001 b, p.19).

Therefore, it is necessary that actions and activities be carried out and guided by the perspective of community empowerment, participation and exercise of citizenship by the social actors involved in this thematic area of communication and health education.

The Brazilian educator Paulo Freire (2002), in the work - *Extensão ou Comunicação* -, reinforces the sense that "education is communication, it is dialogue, insofar as it is not the transfer of knowledge, but a meeting of interlocutors who seek the meaning of meanings".

The local media has the possibility of showing life in certain regions, municipalities, cities, towns, neighborhoods, rural areas, etc. better than any other [...]. People follow the events in a more direct way, through personal experience or presence, which makes it possible to confront the facts with their media version in a more natural way". (PERUZZO, 2005, p. 78).

According to Beltrão and Quirino (1986), the problems generated by mass communication can be reduced when the communicator deeply understands his function in society, has adequate technical knowledge, solid theoretical training and actively participates in social issues. These aspects allow him to better understand the demands of the audience to which he communicates his messages.

In today's society, especially in the first decade of the twenty-first century, there is a growing dependence on communication systems and information technologies. Applying these new approaches to the field of public health can represent the realization of the idea



of health as a common good, promoting a healthier population through the strategic use of communication for its dissemination and awareness.

After all, the right to public information is expressed in the 1988 Constitution (Brasil, 2001 b, p.20), in article 5: "everyone has the right to receive from public bodies information of their private interest or of collective/general interest, under penalty of liability".

FINAL CONSIDERATIONS

The mass media offer ample opportunities for action, both as mediation tools in the educational processes between health services and the population, as well as in the strengthening of citizenship. Given the involvement of Communication in all social processes, it is unthinkable to analyze the complexity of urban societies without considering the influence of the mass media. In this context, the role of the social communicator goes beyond the simple transmission of information, and it is crucial that he prioritizes the public interest and also has the responsibility of instructing the public on the topics under discussion.

In Brazil, Public Health has a history of significant achievements, consolidating itself as a national policy in the twentieth century, especially with the creation and regulation of the Unified Health System (SUS). From this institutionalization, the need for a deeper dialogue between Public Health and Communication emerged, since the dissemination of health information to the population, especially through the media, became essential for the promotion of health as a universal right.

This dialogue between the fields of knowledge reinforces the importance of the media in building a more conscious and healthy society. The historical bias of Public Health in Brazil, with its bases on collective well-being policies, combined with the technological transformations of communication, allows a reflection on the limitations and potentialities of democratic communication. Thus, understanding this intersection between Communication and Public Health is essential to continue advancing in the construction of an informed, participatory society in search of better living conditions for all.



REFERENCES

1. Beltrão, L., & Quirino, N. O. (1986). **Subsídios para uma Teoria da Comunicação de Massa**. São Paulo: Summus.
2. Beltrán, L. R. (2001). La importância de la comunicación em la promoción de la salud. In I. Esptein et al. **Mídia e Saúde** (pp. 355–368). Adamantina/SP: Unesco/Umesp/FAI.
3. Penteado, R. Z., Giannini, S. P. P., & Berlamino, C. G. (2002). A campanha da voz em dois jornais brasileiros de grande circulação. **Saúde e Sociedade**, 11(2), 49–64.
4. Blois, M. M. (2003). Rádio Educativo no Brasil: Uma História em Construção. In **XXVI Congresso Brasileiro de Ciências da Comunicação**, Belo Horizonte/MG, 2 a 6 set. 2003. Anais eletrônicos... Belo Horizonte. Disponível em <http://intercom.org.br/papers/nacionais/2003/www/pdf/2003_NP06_blois.pdf>
5. Bordenave, J. E. D. (1986). **Além dos meios e mensagens: introdução à comunicação como processo, tecnologia, sistema e ciência** (3ª ed.). Petrópolis/RJ: Vozes.
6. Borges, C. C., & Japur, M. (2005). Promover e recuperar saúde: sentidos produzidos em grupos comunitários no contexto do Programa de Saúde da Família. **Interface – Comunicação, Saúde, Educação**, 9(8), 507–518.
7. Brasil. (2001a). **Promoção da Saúde: Declaração de Alma-Ata, Carta de Ottawa, Declaração de Adelaide, Declaração de Sundsvall, Declaração de Santa Fé de Bogotá, Declaração de Jacarta, Rede de Megapaíses e Declaração do México**. Brasília: Ministério da Saúde.
8. Brasil. (2001b). **Constituição da República Federativa do Brasil: atualizada até a emenda constitucional nº 32** (3ª ed.). São Paulo: Iglu.
9. Bulik, L. (2001). **Comunicação e teatro**. São Paulo: Arte & Ciência.
10. Cajueiro Santos, T. (2006). Teoria da comunicação e suas interfaces com o corpo e cultura. **Comunicação Midiática**, 6, 113–126.
11. Castro, D., Marques de Melo, J., & Castro, C. (Orgs.). (2010). **Panorama da comunicação e das telecomunicações no Brasil** (Vol. 3). Brasília: Ipea.
12. Donato, A. F., & Gomes, A. Z. (2010). O estudo da comunicação na formação dos profissionais de saúde: algumas questões e aproximações. **Boletim do Instituto de Saúde – BIS. Comunicação e Saúde**, 12(1), 37–43.
13. Ferreira, G. M. (2001). As origens recentes: os meios de comunicação de massa pelo viés do paradigma da sociedade de massa. In A. Hohlfeldt et al. **Teorias da Comunicação de Massa: conceitos, escolas e tendências** (pp. 99–116). Petrópolis/RJ: Vozes.
14. Freire, P. (2002). **Extensão ou Comunicação?** (12ª ed.). São Paulo: Paz e Terra.
15. Geertz, C. (1989). **A Interpretação das Culturas**. Rio de Janeiro: Guanabara Koogan.



16. Gomes, A. L. Z. (2007). *Na boca do rádio – o radialista e as políticas públicas*. São Paulo: Aderaldo & Rothschild: Oboré.
17. Kaplún, M. (1978). *Producción de Programas de Radio. El guión. La realización*. Quito: CIESPAL, Colección Initiyán.
18. Marques de Melo, J. (2005). Grupo Comunicacional de São Bernardo: o diálogo interdisciplinar como estratégia para corresponder às demandas sociais. In J. Marques de Melo (Org.) et al. *Anais da VI Conferência Brasileira de Comunicação e Saúde: Mídia, Mediação e Medicalização* (pp. IX–XI). Brasília: Agência Nacional de Vigilância Sanitária.
19. Ministério da Saúde. (2001). *Promoção da saúde*. Brasília.
20. Orozco, G. (1997). *La investigación de la comunicación dentro y fuera de America Latina: tendencias, perspectivas y desafios del estudio de los medios*. La Plata: Univ. Nacional del Plata.
21. Peruzzo, C. M. K. (2005). Mídia regional e local: aspectos conceituais e tendências. *Comunicação & Sociedade*, Universidade Metodista de São Paulo, 43(1º sem.).
22. Rosen, G. (1994). *Uma história da saúde pública* (M. F. S. Moreira, Trad., 2ª ed.). São Paulo: Hucitec: Editora da Universidade Estadual Paulista: Rio de Janeiro: Associação Brasileira de Pós-Graduação em Saúde Coletiva.
23. Soares, I. O. (2006). Educom.rádio, na trilha de Mário Kaplún. In J. Marques de Melo (Org.) et al. *Educomídia, alavanca da cidadania: o legado utópico de Mário Kaplún* (pp. 167–188). São Bernardo do Campo/SP: Cátedra UNESCO: Universidade Metodista de São Paulo.
24. Victoria, C. G. et al. (2011). Condições de saúde e inovações nas políticas de saúde no Brasil: o caminho a percorrer. *Revista Lancet - Saúde no Brasil*, Nova York, USA, 90–102.