

A IMPLEMENTAÇÃO DO PROGRAMA SAÚDE NA ESCOLA EM TRÊS MUNICÍPIOS DE MINAS GERAIS, BRASIL

THE IMPLEMENTATION OF THE HEALTH IN SCHOOL PROGRAM IN THREE MUNICIPALITIES OF MINAS GERAIS, BRAZIL

LA IMPLEMENTACIÓN DEL PROGRAMA DE SALUD EN LA ESCUELA EN TRES MUNICIPIOS DE MINAS GERAIS, BRASIL

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RESUMO

Objetivo: Compreender a adesão e implementação do Programa Saúde na Escola em três municípios de Minas Gerais, Brasil. **Métodos:** Estudo de casos múltiplos holístico-qualitativo fundamentado na Sociologia Compreensiva do Cotidiano, em municípios de regiões sanitárias distintas do estado de Minas Gerais. Totalizaram-se 91 participantes, sendo 53 profissionais da educação e 38 da área da saúde. **Resultados:** apontam a relevância do Programa e do elo Saúde e Educação para a prevenção de riscos e agravos e a promoção da saúde; os desafios enfrentados se mostram na incipiente integração entre os setores, nas ações descontínuas e pontuais, na escassez de recursos humanos, e no desconhecimento do Programa Saúde na Escola ou de seus pressupostos por alguns profissionais. **Conclusão:** ao analisar a implementação do Programa Saúde na Escola e o cotidiano de trabalho expresso pelos profissionais da Saúde e da Educação, observou-se diferentes impasses e formas de implementação prática frente à sua gênese. **Descritores:** Serviços de saúde escolar; Educação; Estratégia saúde da família; Educação em saúde; Sociologia; Atividades cotidianas.

ABSTRACT

Objective: to understand the adhesion and implementation of the Health in School Program in three municipalities of Minas Gerais, Brazil. **Methods:** a holistic-qualitative multiple case study based on the assumptions of Quotidian Comprehensive Sociology, in municipalities of different health regions of the state of Minas Gerais was conducted. There were 91 participants of whom 53 were education professionals and 38 were from the health area. **Results:** they pointed out the importance of the Program and the Health and Education link for the prevention of risks and aggravations and the promotion of health; the challenges faced are in the incipient integration between sectors, in the discontinuous and punctual actions, in the scarcity of human resources, and in the lack of knowledge of the Health in School Program or its assumptions by some professionals. **Conclusion:** when analyzing the implementation of the Health in School Program and the daily work expressed by health and education professionals, different impasses and practical implementation forms were observed in relation to their genesis. **Descriptors:** School health services; Education; Family health strategy; Health education; Sociology; Daily activities.

RESUMEN

Objetivo: comprender la adhesión e implementación del Programa Salud en la Escuela en três municipios de Minas Gerais, Brasil. **Métodos:** estudio de casos múltiples holístico-cualitativo fundamentado en los presupuestos de la Sociología Comprensiva del Cotidiano, en municipios de regiones sanitarias distintas del estado de Minas Gerais. Se totalizaron 91 participantes, siendo 53 profesionales de la educación y 38 del área de la salud. **Resultados:** señalan la importancia del Programa y del eslabón Salud y Educación para la prevención de riesgos y agravios y la promoción de la salud; los desafíos enfrentados se muestran en la incipiente integración entre los sectores, en la acciones discontinuas y puntuales, en la escasez de recursos humanos y en el desconocimiento del Programa Salud en la Escuela o de sus presupuestos por algunos profesionales. **Conclusión:** al analizar la aplicación del Programa Salud en la Escuela y el cotidiano de trabajo expresado por los profesionales de la Salud y de la Educación, se observaron diferentes impasses y formas de implementación práctica frente a su génesis. **Descriptores:** Servicios de salud escolar; Educación; Estrategia de salud familiar; Educación en salud; Sociología; Actividades diarias.

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INTRODUCTION

In its genesis, the Health in School Program (HSP), was instituted by Decree No. 6,286, of December 5, 2007⁽¹⁾, within the Ministries of Education and Health, in Brazil. It is a policy implemented to impact the health situation, school and community autonomy and modify the determinants and conditions of the health-disease process. It was created to link Health and Education and to disseminate, unify and expand, in the school environment, the offer of actions to prevent risks and injuries, health promotion and attention to public school students in Brazil, in order to contribute to the formation of healthy lifestyle choices⁽²⁻³⁾.

The current legislation of the Program was restructured based on Ordinance No. 1,055, of April 25, 2017, redefining the rules and criteria for states to join the HSP, Federal District and municipalities and provided for the financial incentive to fund actions⁽³⁾. On October 20, 2017, Ordinance 2,706 was published, which ratifies the municipalities adhering to the Program, enabling them to receive the ceiling limit of agreed financial resources. According to this Ordinance, the HSP will have biennial membership for the 2017/2018 cycle, the municipality agrees, in a Term of Commitment, twelve defined actions and others that it wants to include to be carried out in each year of the cycle, including obesity prevention with children with specific resources. At the end of each year, the federal management informs the balance of the monitoring carried out, based on the information recorded, sent and validated in the Health Information System for Primary Care (HISPC) and transfers the financial resource to the municipality⁽⁴⁾.

Thus, the HSP is a strategy for the integration and permanent articulation between education and health policies and actions, with the participation of the school community, involving the family health and basic education teams⁽¹⁾. In order to have an effective implementation of the HSP, initial and continuing training of professionals in both areas is essential, as already provided for by health and education policies^(1,3).

In everyday life, intersectoral action is essential to carry out the recommended actions, aimed at assessing health conditions. They are: Actions to combat the *Aedes aegypti* mosquito; Promotion of body practices, physical activity and leisure in schools; Prevention of the use of alcohol, tobacco, crack and other drugs; Promotion of a culture of peace, citizenship and human rights;

Prevention of violence and accidents; Identification of students with possible signs of aggravation of diseases in elimination; Promotion and evaluation of oral health and topical application of fluoride; Verification and updating of the vaccination situation; Promotion of healthy eating and prevention of childhood obesity; Promotion of hearing health and identification of students with possible signs of alteration. Sexual and reproductive rights and STD / AIDS prevention; e Promotion of eye health and identification of students with possible signs of alteration⁽³⁾.

The HSP has mobilized relevant actions throughout Brazil and, even though it does not operate homogeneously in all regions of the country, the importance of the approximation between the idealized and the performed in practice is evident⁽⁵⁾. However, studies explain some impasses in the Program's proposals, both in the Health sector and in the Education sector, as: lack of physical, financial and human resources, low coverage by professionals, a lack of communication between sectors; illustrating the need for the involvement of both sectors to achieve a positive impact on the health situation of the school population and the community, highlighting the importance of further studies on the topic^(1,3,6-7).

The concept of Health Promoting School, defined and initiated by the World Health Organization, aims to go beyond individual behavioral change and consider organizational and structural changes, such as improving the school's physical and social environment and more conducive to health. Improving health literacy, changing health behavior should be the focus of public health for children and adolescents⁽⁸⁾. "Although schools have the potential to contribute to the health and healthy behavior of children and adolescents, incorporating health promotion into school realities is still a challenge"⁽⁹⁾.

Given the above, it is questioned: How is the adhesion and implementation of the HSE in three municipalities of Minas Gerais, Brazil?

The objective of this study was to understand the adherence and implementation of the Health in School Program in three municipalities, from three different health regions, in the state of Minas Gerais, Brazil.

METHODS

A holistic-qualitative multiple case study was carried out⁽¹⁰⁾, based on the theoretical framework of Quotidian Comprehensive Sociology¹¹. The research was carried out in municipalities in three health regions in the state of Minas Gerais (MG), Brazil: Itapecerica, located in the Midwest region of the state, Sete Lagoas, in the metropolitan mesoregion of Belo Horizonte, and Curvelo, in the central region of Minas Gerais. Multiple cases were defined by the study scenario, that is, the three municipalities.

The case study is an empirical investigation that investigates, in depth, a contemporary phenomenon associated with the context in which it is inserted. An individual case study was carried out in each of the municipalities and, after analyzing each case, the fourth analysis was carried out, aiming to understand the three cases together, composing a holistic multiple case study. In this study, the logic of literal replication was followed, for data saturation, that is, the results found point to the repetition of similar information, replicated in each case, that is, in the municipalities included in the study, as well as the results can be generalized in similar realities, according to Yin, when defining analytical generalization in a multiple case study⁽¹⁰⁾. The study was holistic, as it adopted a single unit of analysis for the three cases: "the context of adherence and implementation of the Health in School Program".

Quotidian Comprehensive Sociology, according to Michel Maffesoli, helps in the interpretation, by describing the facts as they are, discerning the views of the different subjects involved, by analyzing the different forms of social life⁽¹¹⁾.

Michel Maffesoli is a postmodern sociologist who proposes Quotidian Comprehensive Sociology as a way of understanding and not explaining social phenomena, breaking with the mistaken view that the world can be dominated only by the lights of reason. He proposes an open, sensitive reason, which seeks to value the knowledge of everyday life and common sense, therefore, it becomes opportune to take a look at the Quotidian Comprehensive Sociology on this object of study, for analyzing everything that concerns daily life, the lived experiences, the beliefs and the actions of the subjects in their relationship environments⁽¹¹⁾, thus making it possible to understand the adherence and implementation of the Health Program, in the School, in three

municipalities, through the plurality of visions and experiences lived by health and education professionals in the daily life of the school environment.

The municipalities, scenarios of the study, were classified, considering the quantitative population parameter: small (<50 thousand inhabitants), medium (between 50 thousand and one hundred thousand inhabitants) and large (> 100 thousand inhabitants). They were selected, considering the researchers' naturalness, ease of movement and stay for data collection; two municipalities with adherence to the HSP and one that did not, were considered, contextualizing the integrated actions between the sectors of Health and Education, with or without adherence to the Program.

The municipality of Itapecerica, with an estimated population of 22,134 inhabitants, has five FHS, corresponding to 70.3% coverage of primary health care (PHC). Regarding education, in a total of 13 public educational units, seven are state schools, six are municipal. In the period of data collection, in 2016, the municipality of Itapecerica had no adherence to the HSP. In Itapecerica, the scenario was a state school and three municipal schools, and two FHS teams (Field Notes-FN).

The municipality of Curvelo has an estimated population of 79,401 inhabitants, has 16 Family Health Strategy (FHS) teams, 14 of which are urban and two rural, two health centers and a health care post that concentrates specialties, covering 87.4 % of the population. Regarding education, the city has 14 state schools and seven municipal schools, but only two municipal schools joined the program until 2016. In Curvelo, the scenario consisted of a state school and two municipal schools and three FHS teams (FN).

The city of Sete Lagoas, with an estimated population of 234,221 inhabitants, has ten basic health units, 45 FHS teams and 78 educational units, being 30 state schools, 41 municipal schools and seven Municipal Early Childhood Education Centers (MECEC). The HSP was introduced in June 2013, and in one year of implementation, the coverage of the Program reached 100% of public schools. In Sete Lagoas, the scenario consisted of two state and three municipal schools, and two FHS teams (FN).

As the HSP is developed by professionals from the FHS, Education and management teams, the participants in this research were: the municipal secretaries of Health and Education,

coordinators of the PHC and the HSP, doctors, nurses, nursing technicians, community health workers, dental surgeons, oral health assistants and / or oral health technicians; and employees of schools adhering to the program or not: principals or deputy principals, supervisors and teachers; whose participation was voluntary, totaling 91 participants, being 53 professionals from Education and 38 from the Health area. Of the total number of participants, 76 (83.52%) were female, with a mean age in health of 35.4 years and in education of 45.6 years. The length of experience in Health has an average of 7.1 years and in Education, 19.5 years. As an inclusion criterion, a performance of at least one year in the function or position was established. Only one invited professional refused to participate in the research. FHS schools and teams were randomly selected. Data collection followed the order of the draw for the interviews.

Access to the research field was obtained through authorization from the municipal health and education secretaries and by the coordinators of the PHC. Participants were asked to sign the Free and Informed Consent Term. The anonymity of the research participants was guaranteed through the adoption of alpha numeric acronyms, being identified as E1 for professionals in the field of education and E2 for health professionals, plus the sequential number of the order of your interview.

The data was collected from June to August 2016, by the researchers, previously trained for the collection, and used as sources of evidence: the open and individual interview with a semi-structured script; and field notes. A priori, a pre-test of the interview script was carried out. This script was composed of questions to characterize the interviewee, questions about the integration between Health and Education and the context of adherence or not to the HSP, with space for the interviewee's free comments regarding the object under study. The interview was recorded with prior permission and transcribed in full, held at the participant's work environment, in a reserved place, with an average duration of 12 minutes and 16 seconds. The field notes, as a source of evidence, were used for operational purposes, directed to the operational procedures of the research, describing characteristics of the municipalities, FHS teams and schools.

Data analysis was based on thematic content analysis framework⁽¹²⁾, obeying the analytical technique of cross-synthesis of cases in

line with the methodological framework⁽¹⁰⁾. It was defined by the semantic criterion, that is, by the analysis of "meanings", following three stages: pre-analysis, which aimed to make operational and systematize the initial ideas; the exploration of the material that consisted of coding and categorizing the data obtained; and, finally, the treatment of results, inference and interpretation⁽¹²⁾. The analysis of each case was carried out individually for the three municipalities, scenarios of the study and, later, the multiple analysis of the three cases.

The research was developed, according to the guidelines and regulatory norms of the Resolution of the National Health Council 466/2012. The data collection started, after the approval of the project, under the opinion 1.536.529, CAAE 54705016.5.0000.5545 and by the Ethics Committee of the State Secretary of Education of the State of Minas Gerais.

RESULTS AND DISCUSSION

Although the HSP was created in 2007, understandings about its assumptions, objectives and scope are diverse and present themselves, depending on the context in which the Program is inserted or not. In the municipality of Sete Lagoas, work with the HSP has been taking place since June 2013 and, in Curvelo, since 2014. In Itapeverica, during the period of data collection for this research, the municipality did not have accession to the HSP, but developed integration actions between Health and Education. Study participants, health and education professionals explain their notions:

"The Health in School Program, what is the purpose? Prevention, because if you prevent yourself, you avoid the cost of fighting this situation ahead"(E₁₋₂₅: Sete Lagoas).

"I know that it is a government program that aims to work on the issue of health and quality of life, due to the ease with which the population is inserted in the school, together, it is easier to reach this population instead of going to all houses. I understand that the idea would be that. The program is good, because it brings instructions [...] that make a difference in people's daily lives. So students are guided in various aspects of health"(E₁₋₄₇: Sete Lagoas).

The HSP was established with the intention of contributing to the improvement of the quality of life and the training of public school students, through actions with a focus on attention and health promotion, the prevention of risks and

injuries in the school environment, a place considered privileged, for being a learning space, capable of influencing students' behavior; for being conducive to the development of critical and political thinking. Another issue is that, by contributing to the construction of personal values, beliefs, concepts and ways of knowing the world, it directly interferes in the production of healthy habits^(1,3,13).

Sociological studies on Brazilian childhood show that it is necessary to take into account socioeconomic, religious, ethnic aspects, respecting the peculiar style of living of each child and a plural childhood for all of them. This multiculturalism must be considered and worked on by the school. However, the appropriate assimilation of these differences in the school context is configured in an allocated or pejorative way⁽¹⁴⁾.

Weigh the school only as a specific delimited physical space, as a "greatness, geometrically, perceptible, referring to the mechanics of solids, is not adequate"⁽¹⁵⁾. We must analyze it "in a holistic (symbolic) way too, referring to the mechanics of fluids, as the set of elements that make communication [...] where information, rumors, images, words circulate"⁽¹⁵⁾.

The school community gathered there is used to share experiences and knowledge.

The notion about the HSP is linked to the context where this Program has been developed or not:

"The HSP had to happen. What is on paper, what is preached, announced, the meetings that the Secretariat of Health holds, the positions, the placements, the pre-established schedules, is perfect! If what is on paper and what is preached by the government were to happen, half a percent, it would already be a good size. But it just doesn't happen. The idea is fantastic! [...] We would have a performance that would reduce the flow in health posts. So, the Program just needs to happen. I understand that Family Health starts with prevention, and here at school it is the first door [...] There are several reasons, lack of staff, high turnover of professionals, countless points that I have heard that hinder, and we are doing our most individual work"(E₁₋₅₁: Curvelo).

"In the last adhesion, the municipality did not adhere to the HSP, so in the next, we are running to do it. We did not enter the HSP, but we did not fail to do the actions there at school, it is not because we do not have this program in place that we do not do the actions, so it will further

optimize the actions if we adhere"(E₂₋₂₄: Itapetecica).

The school was appointed as the first door for the FHS to carry out risk and harm prevention actions for children and adolescents. However, the problems and reasons listed, on the contrary, imply opportunities for the development of integrated actions advocated by the HSP. The context shows that the actions have been sectorally individualized.

Implementing complex, multi-level public health programs is challenging in school settings. Discrepancies between expected and actual program results are due to complex interactions between contextual factors. Contextual factors are related to the scenario, the community in which the implementation takes place, the stakeholders involved and the characteristics of the program itself. A single program cannot be suitable or introduced in the same way in all contexts. However, the main recurring combinations of contextual factors can provide guidelines and recommendations for the implementation of grassroots programs⁽¹⁶⁾.

However, guiding and instructing children and adolescents within educational institutions for healthy life choices is essential. According to Maffesoli, it is defended "the need to vitalize the human experience, that is, to assume that the main reference for the act of knowing is the very experience in the world, dealing with the phenomena, facts and aesthetic images of everyday life"⁽¹⁷⁾.

In childhood, the development of the child's personality and the construction of his autonomy and independence in the future depend on the influence of the environment around him, and on the availability of professionals to contribute to this training⁽¹⁸⁾.

Adolescents must be a target of attention by health professionals, as they feel unaccustomed when seeking information and guidance in PHC units, generating a gap between professional and adolescent, impairing health communication. If this health communication is not effective, it arouses neither discussion nor reflection on a certain topic, on the care offered by the team and, if there is no assimilation of the information acquired, there is no transformation of their habits into healthy routines^(13,19).

An impasse raised by the research participants is the lack of professionals and their high turnover. Obstacles like these hinder work, especially in the educational area, as most of the

time is spent to meet spontaneous demands. Hiring too many human resources in Health would be essential to obtain good results, since the turnover of professionals is a malevolent point for the effectiveness of health promotion and risk prevention actions⁽²⁰⁾.

The holistic approach was pointed out in counterpoint to the work done that is outside the assumptions of the HSP:

"I understand what prevention, promotion and action is and what it should be. [...] There should be a link between Education and Health, which are the foundation of the future of these children. [...] I think the HSP should be inside the school, working daily, in a continuous work and not this sporadic work, focused on the vaccine campaign, focused only on events and STDs. The HSP should deal with the holistic situation, see the student as a whole"(E₂₋₁₆: Sete Lagoas).

Health care is often developed in the face of illness. This situation distances health promotion and disease prevention from the community context, minimizing the success of the actions developed in PHC. In this sense, the HSP constitutes a possibility to supply a need that has been discussed for some time: the strengthening of integration between the Education and Health sectors, promoting intersectorality, proclaimed by the Unified Health System (UHS) and the co-responsibility between these sectors, used to working in isolation. We understand that diversifying the places of health care, as well as putting into practice extramural educational strategies and problematizing the reality experienced, in addition to mere traditional lectures, expand the possibilities for improving the assistance provided by the FHS team⁽¹³⁾.

To achieve a satisfactory health education, it is essential to know the reality of the target audience, as well as their potential and susceptibilities, in addition to assessing the individual holistically. Therefore, actions can and should be adjusted to the needs, interests and prior knowledge of each participant⁽²⁰⁾.

A study conducted at four schools in Heerlen, the Netherlands, identified improved children's health behaviors and healthy teacher practices. It was also noticed that children became more creative, worked more together and spoke differently about healthy nutrition at school: it became part of their identity and not just some school activities⁽⁹⁾.

However, even with the existence of the HSP in the municipality, it is unknown by the professionals who must act:

"I think that the staff should know more about the existence of this Program. Many people here do not know about the existence of the HSP, nor do they know what it is"(E₂₋₁₆: Sete Lagoas).

"Honestly, I don't know how to answer anything, because I don't have access to this type of information, the school doesn't pass it on to us. [...] That is, to what extent will we be able to do something, if we don't even know what it is?" (E₁₋₁₇: Sete Lagoas).

For the implementation of the actions foreseen in the HSP, the processes of initial and continuing training of professionals in both areas are essential, as already provided for in health and education policies. But how to do it without knowing? The verticalization in the creation of health programs and social mechanisms demonstrates the difficulties for the implementation of the programs and the implementation of the actions, since those who go to work and are in the daily services before the population, do not know the context and the assumptions and distances itself from what is idealized and recommended. The sectors must be attentive to intersectoral and interdisciplinary actions, in which it is necessary to establish permanent education, for new programs and policies to become part of the daily life of workers with a command of doing, with effective actions and attitudes.

It is also necessary to work on the vision of each professional for the issues raised, take into account the way they face these situations, as well as challenge their own limits, prejudices to, consequently, cause a change of posture in such a way as to develop another vision for the everyday school⁽²¹⁾. It becomes relevant for the professionals involved to appropriate the language to each other to encourage discussions of strategies and achieve good results^(3,22-23).

Performing the actions is not the sole responsibility of the FHS team or the school team. It is mainly up to education professionals to disseminate the HSP objective to schoolchildren, as well as to ask them about which themes are relevant for each age group and help to promote the rapprochement between health professionals and students. This interaction between student and school professional, student and health professional, between teacher and health

professional will be essential for the success of the Program's actions⁽²⁴⁾.

In schools, health promotion work with students and also with teachers and staff must start with "what they know" and "what they can do". It is necessary to develop in each one the ability to interpret daily life and act in order to incorporate appropriate attitudes and / or behaviors to improve the quality of life. "Each subject is able to read the imaginary with a certain autonomy, yet an individual's imaginary is very little individual, but above all group, community, tribal, shared"⁽²⁵⁾.

Even in the face of the aforementioned difficulties, the actions are developed by professionals from ESF teams and schools adhering to the HSP:

"There was a day when the entire school was prepared for each room to be assisted by a specific professional: an otolaryngologist, speech therapist, dentist, among other areas that I am not remembering here. In these specific areas, students would pass by, listen to the lecture [...] So, it is clear that it is an interesting program, but it did not continue, it was once and never came back"^(E1-22 Sete Lagoas).

"It changed because I was able to get close to the school, embrace the school, bring it to my unit. And I saw this issue of HPV, which is not just immunizing, when the campaign took place and we were able to see the precariousness of culture, the lack of information. So I could see who the young man in my area is. Making the vaccine, I realized the profile of my patients, young people, children [...] If I were in charge of a great, beautiful program, I think of the HSP, but it is as if I were in front of UHS, which is broad, beautiful, wonderful, but on paper. Just as I see the HSP. It is a program that could work, or work and could work more. Because we are in a phase of children with acute sexuality before youth, all early, children at school using drugs, and the school is losing its value every day"^(E2-14 Sete Lagoas).

The HSP is described as a grandiose program, which could work, but the actions are not continuous and very specific. For the HSP to happen effectively, one must stop being a program idealized on paper and become a program implemented with a view to promoting health. It is essential to overcome the biomedical model of care and believe in the expanded clinic.

Another essential aspect for the effectiveness of the HSP is the union and the effective participation of managers, professionals

of the FHS and Education teams, of the school community in facing the specific deficiencies raised in each location, considering the individual and collective needs⁽²⁶⁾.

A study, conducted in the north of England, points out that the effective implementation of school-based healthy lifestyle programs, whether through flexible and adaptable programs, are effective, when they allow good contextual adjustment, have adequate resources and effective leadership, there is involvement of students and parents. To facilitate sustainability, programs need to be integrated into the curriculum and school policies in the long term, with sustained support from principals and staff⁽²⁷⁾.

The genesis of the HSP was unified by Presidential Decree No. 6,286, of December 5, 2007, however, its implementation, in the municipality of Sete Lagoas, had a different context from that proposed, where a team of 50 university-level professionals and 20 more academic interns were hired, exclusively, to develop the Program's actions:

"We no longer have actions to promote health and prevent diseases and injuries. But even when we had an exclusive team of professionals, such as nurses, nutritionists, psychologists, speech therapists and dentists, each profession already had its actions recommended[...] The HSP in Sete Lagoas, as it was created mainly by the PHC team and health protection surveillance, we managed to make it essential for the fulfillment of several goals of these two sectors. The health surveillance sector is responsible for a state government project that until then was called the Strengthening Project, in which the municipality received some funds to develop health promotion and monitoring actions in the municipality. And who was the main developer of these actions was the HSP, so the municipality always fulfilled the goals that were stipulated by the Project [...] the municipal vaccines, HPV, for example, to meet the goals, they went to schools to perform vaccination. The polio vaccine, in 2015, reached the last week of the polio campaign and many children had not yet taken it, and the HSP went to schools to actively search for children who had not taken it, we vaccinated children from room to room and we managed to comply"^(E2-25: Sete Lagoas).

Specific actions such as vaccinating, providing guidance on STIs, are recommended by the HSP and must be carried out, according to the needs of each location. It is evident that the most

worked health education actions in Brazil, with schoolchildren, are directed towards the promotion of sexual and reproductive health, due to the vulnerability to STIs, the improper use or not use of contraceptive methods, combined with the lack of knowledge and access to them. Another well-debated topic is about the use of alcohol and other drugs⁽⁵⁾.

However, in the municipality of Curvelo, those responsible for the actions of the HSP were the FHS teams and education professionals:

“The Family Health personnel are here at school all the time [...] They came to school, made theaters, [...] videos about brushing. [...] We worked on dengue, Chikungunya [...] a campaign to collect materials, disposable garbage [...] the school marched and mobilized. [...] We are working on oral health education [...], body and mind health all the time”(E₁₋₅₀: Curvelo).

Based on the above, it is clear how well the actions flow, when done according to the proposal, when there is a partnership between health and education professionals. If planning and working on risk preventive actions, believing and betting on changes to benefit the health of the population, is the beginning to achieve the goals of comprehensive care in Health and Education, even in the face of aggravating factors such as the high demand within health services and insufficient number of human resources^(20,26).

Intersectorality is considered an increase, as it allows a broader approach by health and education professionals, adding actions, knowledge and extrapolating their skills in addressing problems and thematic discussion in health education in a clear way^(6,24).

In the contexts of the municipalities, scenarios of the study, the participants express the importance of the HSP:

“Extremely relevant. Everything that is preventive work is very important. It is much better to work with prevention than after attacking the problem already installed. The expense and wear are much higher and, many times, we will not achieve the desired result”(E₁₋₂₀: Sete Lagoas).

“Because it generates in the human being, in the person who participates (in the HSP) the awareness of being healthy [...] And sooner or later, you will be charged for all this. So, if you don't take care of your health at present, in the future you will have problems. So, the awareness that we must have in the present so that, in the

future, we will not have major complications”(E₁₋₄₂: Curvelo).

“There is a development, a learning peak, the psycho, physical, social formation of a human being, of a subject, but what if he is not healthy? [...] So it is 100% relevant, and it would be very important if this process went ahead, and if more people joined the HSP and fought more”(E₁₋₅₃: Curvelo).

“You can detect something that doesn't reach the health unit, because the family didn't notice or the child didn't show it yet, and then you can find out earlier that sometimes it would take longer to be detected”(E₂₋₃₀: Curvelo).

In a study carried out in Olinda, state of Pernambuco, Brazil, the participants stressed the importance of the HSP, as well as the benefits for the quality of life of students and the inclusion of health in school, improving the access of this population to health services and interfering, in a positive way, in education. However, the low credibility regarding the execution of the HSP is an obstacle in the proposal for the reorganization of health services, both in the realization of intersectoriality and in the reception of students⁽⁶⁾.

They were expressed, between the lines, that they should act on the determinant and conditioning factors of the health-disease process that can be modified:

“It is of fundamental importance because when we work in the area of family health, we see that the promotion and prevention part is much easier than after treating the disease of the problem, this is very clear in everyday life. Those who do not have health promotion and disease prevention actions always end up returning with the same problems, leading to a cycle that has no end. So, especially at school, treating or embedding habits even in childhood, in those who do not have healthy habits is much easier”(E₂₋₃₅: Curvelo).

“Wow, I think it would change everything (having HSP), right?! [...] so many diseases that I would avoid, it would be all good!” (E₁₋₂: Itapeverica)

A challenge faced by health teams is to make their users understand that the FHS must work, in addition to curative actions, risk prevention and health promotion. But, changing this conception among users represents an essential challenge for this strategy to achieve good results. In order for health service users to apprehend, empower and actively participate in the planning of actions with the team, they need

to understand, effectively, the functioning of the service and the relevance of popular participation (20,26).

Consequently, the idea that the disease may be distant, considering the period of adolescence:

“The difficulty is mainly for the teenager to absorb, because unfortunately he believes that ‘if I don’t have anything I don’t ever need to prevent myself from anything’. That is to think, that I will never be hit by an illness or because I believe I am ‘crypto’ and sometimes refuse help!”(E₁₋₂₅: Sete Lagoas)

The demand of adolescents in health services is still restricted to the curative model, focused on the treatment and control of the disease, that is, they still do not see in the practice of PHC something that will contribute to the promotion of their health. Making it necessary to adopt measures to face this challenge, promoting key activities capable of contributing to the adolescent's satisfaction and minimizing the situations of vulnerability to which the adolescents may be exposed. Therefore, it is expected to have a closer relationship between the actors involved in the actions of the HSP, to meet the needs expressed by the adolescents (24,28-29).

It is time to modernize, innovate, dare, raise awareness and instigate the community in the (re) construction of the relevant key activities, for each local context, and believe in the potential of professionals in the (re) construction of collective and plural educational proposals (21).

CONCLUSION

Linking health actions to the daily lives of students is an intense task. When analyzing the context of the HSP and the daily work expressed by Health and Education professionals, different impasses and ways of practical implementation were observed in view of its genesis. The challenges faced are shown in the incipient integration between sectors, in discontinuous and punctual actions, in the scarcity of human resources, and in the ignorance of the HSP or its assumptions by some professionals. However, explanations about the importance of bringing health and education teams closer to schoolchildren to promote health and prevent risks were identified.

Despite all the impasses for implementation, the importance of the HSP to act on the determinants and conditions of the health-disease process and to disseminate a culture of

healthy life habits is evident. Therefore, the successful implementation of this Program is in the daily interventions carried out across sectors, in which the Health and Education teams, students and the community are protagonists in the production of health.

In Brazil, thinking of other ways to ensure the health and education of the population, in a comprehensive way, materializes, when considering social inequalities and the need to constitute these rights in a more inclusive way. Taking care of life in order to reduce vulnerability when falling ill, the production of disabilities, chronic suffering and premature death of individuals and the population, implies acting on the determinants and conditionals, in the initial stages of living, with the school being a space for living together privileged, for the formation of healthier life choices.

It points out the need for studies on the theme, considering the daily experiences of students in the scope of the actions developed in the HSP, this program in force with the allocation of specific resources for its implementation. Finally, Health and Education are not done alone; the HSP comes in handy for the need for greater integration for better quality of life of the actors involved.

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