


Health promotion: A view from the school Health Program

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ABSTRACT

The World Health Organization (WHO, 2006) defines health as a state of complete physical, mental and social well-being and not just the absence of illnesses and diseases. While the Unified Health System (SUS) emphasizes that health does not simply mean the absence of disease, but is the result of living conditions, food in adequate quantity and quality, basic sanitation, decent housing, employment, income, access to education, culture, health, leisure services, and everything that can provide well-being. The objective of this study is to evaluate the School Health Program (PSE) as well as to analyze its contribution from the perspective of health promotion and quality of life of students, presenting as a guiding question the relationship between the School Health Program and health promotion. This is a theoretical research of bibliographic and documentary character, considering the ideas of several authors in studies carried out on the School Health Program (PSE) as a public policy for health promotion, also evidenced through the consultation of the references published by the Ministry of Health and Education. These structures show that there are effective contributions of the School Health Program (PSE) to the promotion of health in the educational environment, since this Program plays an important role in health promotion, through contributions that improve the quality of life of the school community. In addition to providing subsidies for the early formulation of the diagnosis of the weaknesses presented and implementing health promotion and disease prevention actions in a more effective way.

Keywords: Well-being, Public Policy, Education, School Community.

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INTRODUCTION

The World Health Organization (WHO, 2006) defines health as a state of complete physical, mental and social well-being and not just the absence of illnesses and diseases. While the Unified Health System (SUS) emphasizes that health does not simply mean the absence of disease, but is the result of living conditions, food in adequate quantity and quality, basic sanitation, decent housing, employment, income, access to education, culture, health, leisure services, and everything that can provide well-being.

Thus, the difference between prevention and health promotion can be perceived, which comes from the very conceptualization of what health is. In prevention, health is understood as the absence of diseases, while in health promotion, it is seen as a positive and multidimensional concept that results, in this way, in a participatory model of promotion, contrary to the interventional model of medicine.

The Federal Constitution of Brazil states that public health aims to promote the well-being of the citizen and is a right of all and a duty of the State, guaranteed through social and economic policies aimed at reducing the risk of disease (BRASIL, 1988). And Public Health Policies form a set of decisions, goals, planning and actions at the federal, state or municipal government level that aim to solve problems of public interest allowing better health conditions.

One of them is the School Health Program (PSE), an intersectoral policy of the Ministry of Health and the Ministry of Education, established in 2007 by presidential decree.

- The PSE is an intersectoral policy of the Ministry of Health and the Ministry of Education, established in 2007 by presidential decree.
- In 2007, the Health and Prevention in Schools Project (SPE) became part of the PSE.
- The PSE should be extended to students in all basic public education schools in the country: state and municipal: as of 2013, the following can be part of the PSE: - Kindergartens (including those that have agreements); - Preschools; - Elementary School; -Middle school; - Youth and Adult Education (BRASIL, 2007).

It is understood, therefore, that public health promotion policies result from the combination of planned educational, political, legislative or organizational actions in support of the lifestyle habits and favorable health conditions of individuals, groups or collectivities.

The PSE stands out for being an intersectoral policy of Health and Education, currently regulated by Interministerial Ordinance No. 1,055, of April 25, 2017, based on the scope of health promotion, which presents a strategy of permanent integration of Health and Education for the development of citizenship and the qualification of Brazilian public policies (BRASIL, 2017).

The central focus of this study is to highlight the links between the PSE School Health Program and health promotion, essentially based on the current concept of health in the sense of



promoting it and not just treating the disease. Thus, the choice of the theme is justified by the relevance of discussions about health promotion, taking as an example the PSE School Health Program, which also promotes comprehensive education aimed at improving social living conditions, since the school plays an important role in this scenario, given the possibility of stimulating the development of healthy habits and re-signifying the quality of life of its students. Considering this, to absorb positive results on such an important and so debated topic today.

As a guiding question, the following hypothesis was created for this research: What is the relationship between the School Health Program and health promotion? Thus, this study has objectives that are based on evaluating the School Health Program (PSE) as well as analyzing its contribution from the perspective of health promotion and quality of life of students.

This is a theoretical research of bibliographic and documentary character, considering the ideas of several authors in studies carried out on the School Health Program (PSE) as a public policy for health promotion, also evidenced through the consultation of the references published by the Ministry of Health and Education.

The analysis of the thinking of some authors about the concepts, origin and highlights of the School Health Program (PSE), especially those that address its relationship between health and education as a premise for health promotion, are demonstrated by the links established throughout the text, based on a structure divided into four parts.

Initially, a theoretical discussion was made about the origin and concepts of the School Health Program (PSE), with a study carried out in the references published by the Ministry of Health and Education on the School Health Program – PSE; Then, a survey was made about the main authors who address the PSE and health promotion, in order to know what already exists on the subject and the issues related to the contributions of health within the educational environment. At the end of the bibliographic study, inferences were drawn and due considerations were made.

Following according to the thought of Lopes et. al (2018), when it states that "public health and education policies and programs are fundamental for citizenship formation and for improving the quality of life and health of the population". And for Santos et. al (2016), "The PSE adds value to the school environment with actions to promote health and integral education".

DEVELOPMENT

ORIGIN AND CONCEPTS OF THE SCHOOL HEALTH PROGRAM (PSE)

The PSE School Health Program was created in 2007 by Presidential Decree No. 6,286, of December 5, 2007, in order to understand the need for the articulation of education and health. It is a program resulting from a partnership between the Ministries of Health and Education whose main objective is to contribute to the integral formation of students in the public basic education network



through prevention, promotion and health care actions, integrating the networks of the Education System and the Unified Health System (SUS) through the articulation of public schools, basic health units and Family Health units (BRASIL, 2007).

The PSE is characterized by being a government policy that aims to implement intersectoral policies with the objective of improving the quality of life of the population. Thus, the PSE aims to address the vulnerabilities that prevent the full development of Brazilian children, adolescents and young people with the implementation of integrated health and education actions that have already been implemented, which have had a positive impact on the quality of life of students (BRASIL, 2011).

According to Fernandes and Köptcke (2021), the main objective of the PSE is to be part of the academic training of basic education students, integrating two teachings, education and health, with the help of promotion, prevention and health care actions, thus highlighting how beneficial the program is not only for students, but for managers and professionals, enabling the increase of knowledge and improvement of humanization in the work and education environment.

The PSE is a strategy that permanently integrates health and education, thus developing citizenship and quality of life for its beneficiaries, in addition to qualifying and amplifying public health policies. Its basis of action is the articulation between the School and Primary Health Care, and its actions take place in the territories agreed between the municipal education and health managers. These territories are defined according to the area covered by the Family Health Teams, making it possible to interact between public health and education facilities (schools, health centers, etc.) (BRASIL, 2007).

The support of state and municipal managers in the areas of education and health is essential, as it is an intersectoral process that seeks to improve the health of students, reduce school dropout and intermittent attendance due to health problems, in addition to reinforcing the commitments and pacts established by both sectors. The PSE is aimed at students from public schools in the basic education network, as well as the school community (students, teachers, parents and/or guardians).

The Program is implemented based on five components: evaluation of the health conditions of children, adolescents and young people in public schools; health promotion and actions to prevent diseases and health problems; continuing education and training of education and health professionals and young people; monitoring and evaluation of students' health; monitoring and evaluation of the program (BRASIL, 2011).

Continuing, Health Promotion, quality of life and the relationship with the School Health Program are highlighted. This existing relationship reinforces the need to deepen studies on this theme.



HEALTH PROMOTION AND QUALITY OF LIFE

The Ottawa Charter is considered by some authors to be one of the founding documents of current health promotion. In it, health promotion is defined as the process of empowering the community to act to improve its quality of life and health, including greater participation in the control of this process (WHO, 1986).

The term is associated with a set of values: quality of life, health, solidarity, equity, democracy, citizenship, development, participation and partnership, among others. It also refers to a combination of strategies:

State (healthy public policies), community (reinforcement of community action), individuals (development of personal skills), health system (reorientation of the health system) and intersectoral partnerships. That is, it works with the idea of multiple responsibility, either for the problems or for the solutions proposed for them.

In fact, the concept of health promotion has been elaborated by different technical and social actors, in different contexts and social formations, over the last few years.

However, the modern concept of health promotion and its consequent practice emerged and developed most vigorously in the 1970s and 1990s in developing countries, particularly in Canada, the United States, and Western European countries.

In 1978 the First International Conference on Primary Health Care was held, organized by WHO and UNICEF held in Alma - Ata, the capital of Kazakhstan, which brought a new focus to the field of health, setting the goal of "health for all by the year 2000".

Also noteworthy are the four important International Conferences on Health Promotion, held in Ottawa (WHO, 1986), Adelaide (WHO, 1988), Sundsvall (WHO, 1991) and Jakarta (WHO, 1997), which developed the conceptual and political bases of health promotion. In 1992, the International Conference on Health Promotion (PAHO, 1992) was held, formally bringing the theme to the global context.

However, numerous international and national events, as well as conceptual publications and research results, have contributed to approximations to more precise concepts and practices for a greater and better understanding in the field of health promotion.

From the First International Conference on Primary Health Care, it was recommended the adoption of a set of eight essential elements: education aimed at prevalent health problems and methods for their prevention and control; promotion of food supply and adequate nutrition; adequate water supply and sanitation; maternal and child care, including family planning; immunization against major infectious diseases; prevention and control of endemic diseases; appropriate treatment of common illnesses and accidents; and distribution of basic medicines.

The conclusions and recommendations of Alma Ata brought an important reinforcement to



the advocates of the health promotion strategy, which culminated in the holding of the First International Conference on Health Promotion, in Ottawa, Canada, in 1986, with the publication of the Otatawa Charter (WHO, 1986).

The document points out the multiple determinants of health and 'intersectorality', stating that the concept of health as well-being transcends the idea of healthy ways of life and health promotion transcends the health sector. And it goes on to state that the conditions and requirements for health are: peace, education, housing, food, income, stable ecosystem, sustainable resources, social justice and equity (WHO, 1996)

In Brazil, also in 1986, the VIII National Health Conference was held, in the context of redemocratization, with the participation of professionals, managers and citizens in general. Proposals were presented that resulted in the so-called "Brazilian health reform", whose principles and guidelines of Health Promotion were incorporated into the Federal Constitution of 1988. And in 1992, the first program was created, later transformed into a structured policy, to be inspired and operate with health promotion precepts, in a context of expansion and qualification of primary care, called the Family Health Program (PSF).

The FHP teams work with health promotion actions, prevention, recovery, rehabilitation of the most frequent diseases and injuries, and in the maintenance of the community's health. Thus, Brazil continues its path towards health promotion, and between 1998 and 1999, the term gained some institutionality in the Ministry of Health with the formalization of the project "Health Promotion, a new model of care", in cooperation with the United Nations Development Program (UNDP), demonstrating the formal introduction of the theme in the health debate in the country. which includes the launch of the Health Promotion magazine.

In 2002, the Ministry of Health prepared a document entitled "National Health Promotion Policy". This is an important record of a formal proposal for a "health promotion policy" at the federal level. In this context, several documents were prepared in the areas of healthy eating and physical activity; traffic violence²; the "Agita Brasil" project, and the proposal for health promotion at school, among others.

However, the School Health Program (PSE) stands out among the institutional programs that are implemented based on the scope of health promotion which, in conjunction with the Family Health Strategy, was created in 2007 with the objective of integrating and articulating the two sectors, health and education, with actions aimed at improving the quality of life of students and the school community of basic education schools in Brazil.

In the third part, actions based on the pedagogical principles of the PSE related to health promotion are highlighted.



ACTIONS OF THE SCHOOL HEALTH PROGRAM RELATED TO HEALTH PROMOTION

The theme of health promotion, as formal inclusion through education in Brazil, occurred in 1996, after the approval of the new Law of Guidelines and Bases (LDB) of National Education, with the definition of the planning and arrangement of the curriculum and National Curriculum Parameters (PCNs) with issues related to health, the environment, sexual orientation, ethics, cultural plurality, work and consumption, and other important issues.

The various historical contexts of the PSE and health promotion, as well as the ways in which the various actors are inserted and compose these contexts, have been decisive in discussing this topic.

In addition, in order to achieve health promotion and advance the consolidation of the SUS, it was necessary to articulate health actions with those of education, modifying the idea that education is associated only with school, and health only with health services, overcoming isolated practices, through integrated work.

Based on this assumption, it can be seen that through the change in the conception of health, there was also a modification of the teaching-learning process, taking into account its interfaces, and the possibility of constructing a new perspective of education and health. Thus, school health programs were developed considering the different representations of conceptions about health and education, which contributed to reflect on health practices at school. Because, when the school contents are at the service of life and good living, the meaning of learning occurs and, consequently, the valorization of the affective and intellectual processes in the community.

And then the Ministry of Health (MS), through the National Health Promotion Policy (PNPS), with the objective of integrating health actions into the school curriculum, considering the questions raised by education about the effectiveness of these actions and The conceptual and methodological changes in the field of health recommend the creation of healthy spaces and environments in schools.

Articulated with this, programs and projects were developed to induce public policies, such as the School Health and School Health and Prevention Programs, in order to increase the prevalence of protective factors for school health. It is necessary to understand the intrinsic relationship between the biological, social, psychic, and economic, which influence the processes of illness and cure, and need to be included in pedagogical political projects, to strengthen the integration between health and education as a process of permanent education.

Therefore, the coordination of the PSE at the federal level is shared between the Ministry of Health and the Ministry of Education, within the scope of the Secretariat of Primary Health Care – SAPS and Secretariat of Basic Education - SEB, respectively. It is possible to cite the competencies of these ministries such as: support to state and municipal managers in the articulation, planning and implementation of PSE actions; formulate proposals for the training of health and basic education



professionals for the implementation of PSE actions; and definition of priorities and goals for the PSE (BRASIL, 2007).

Membership of the PSE must include the following actions:

- I. Environmental Health;
- II. Promotion of physical activity;
- III. Healthy eating and obesity prevention;
- IV. Promotion of a culture of peace and human rights;
- V. Prevention of violence and accidents;
- VI. Prevention of neglected diseases;
- VII. Verification of vaccination status;
- VIII. Sexual and reproductive health and HIV/STI prevention;
- IX. Prevention of the use of alcohol, tobacco, and other drugs;
- X. Oral health;
- XI. Hearing health; and
- XII. Eye health.
- XIII. *Covid-19 prevention in schools

*Action included in the Program as of the publication of Ordinance No. 1,857, of July 28, 2020.

If health promotion brings, as one of its axes, to strengthen the idea of autonomy of subjects and social groups, and at the same time, progressive perspectives, emphasizing the elaboration of intersectoral public policies, aimed at improving the quality of life of populations. It is observed that the first action proposed by the PSE is environmental health, for this, it is necessary that individuals or collectivities are able to identify and fulfill aspirations, satisfy needs, transform and develop mechanisms of adaptation to the environment so that they have health, as a resource for daily life.

Notably, most of the actions developed by the PSE aim to develop personal skills to live well from the strengthening of community actions for the development of individual capacity. However, the effectiveness of health promotion is a methodological and political challenge that makes it possible to generate knowledge of programs adapted to the reality of each context, with a view to applying an appropriate methodology.

According to some authors, it is expected that the actors involved in the school community will be able to identify, control or modify the factors that condition or determine individual and collective health, as well as the change in the perception of the health situation, as results of effectiveness, after the implementation of the School Health Program.

In this context, all PSE actions aim to contribute to the strengthening of health promotion, based on the integration of the areas of health and education in the confrontation of vulnerabilities,



expanding the articulation of knowledge and experiences in the planning, implementation and evaluation of initiatives to achieve the integral development of students in the public education network. It also supports the training process of health and education professionals on a permanent and continuous basis.

In the fourth and last part, the final considerations of this study are presented and the importance of future studies focused on the theme of health promotion and quality of life of the population is emphasized.

FINAL THOUGHTS

The results corresponding to the theoretical studies show us that there are indeed effective contributions of the School Health Program (PSE) to the health promotion in the educational environment, since this Program plays an important role in health promotion, through contributions that improve the quality of life of the school community. Because when the PSE is inserted in the school setting, it is possible to formulate the early diagnosis of the weaknesses presented and to implement health promotion and disease prevention actions in a more effective way.

Therefore, when discussing from the perspective of several authors, it is perceived that programs aimed at the development of actions from the perspective of health, whether through health promotion and/or disease prevention, are an important tool with great transformative potential for society.

The PSE stands out as one of them, as it contributes to health and education, as good levels of education are related to a healthier population, just as a healthy population has greater possibilities of taking hold of knowledge from formal and informal education (CASEMIRO et al., 2014).

Social vulnerability contributes to greater learning difficulties, which is why the creation of programs such as the PSE is important, so that they can serve as a tool in coping with so many difficulties experienced by students, managers, and education professionals (ORSANNO & ZOMPERO, 2020).

It is suggested that the contributions generated to society by the study of the School Health Program should be a source for new productions elaborated by all those involved and widely disseminated, so that public health policies are increasingly well distributed and detailed, ensuring the health and well-being of the population in general. To this end, the health promotion actions to be developed must be cultivated in a continuous and diversified way, proposing interactions and changes in the school context.

Finally, the text points out an invitation to reflect on the existing potentialities for the promotion of health, quality of life and citizenship of students in the public basic education network, as well as on intersectoral work, centered on shared and co-responsible actions, which provokes



articulation for the production of new health care at school.



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