


## Healthy eating: Portugal's proposal to improve health through public health

 <https://doi.org/10.56238/sevned2024.018-022>

Devani Salomão<sup>1</sup>

### ABSTRACT

This reflection is the result of the analysis of two Biannual Progress Reports that refer to the Integrated Strategy for the Promotion of Healthy Eating - EIPAS, which establishes as a priority "to promote health through Public Health, assuming as fundamental the policy of promoting healthy eating" (Order No. 11.418/2017, 29/12/2017).

Inadequate eating habits are one of the main risk factors for early mortality in the Portuguese population. Chronic non-communicable diseases (NCDs) - cardiovascular, diabetes, obesity and oncological - are diseases with a high prevalence in the Portuguese population, with cardiovascular diseases being the main cause of death in the country.

The aim was to expand the evidence related to healthy eating policy and form a basis for more specific future research.

Methodology: field research and bibliographic sources, as well as content analysis of two reports.

Results: In the content analysis, the categories that appear most often are "healthy eating", "communication" and "public administration". We observed the preponderance of the subject "healthy eating" in the texts of the reports. Communication had good emphasis. It is inferred that the Ministry of Health (public administration) intends to try to establish a common point in the narratives between experts and citizens, so that people can better understand and thus be able to decide on what is recommended in the various aspects of healthy eating and health, both in the material analyzed and in other media.

**Keywords:** Healthy eating, Public communication, Chronic diseases, Public policies, Public health.

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<sup>1</sup> Postdoctoral fellow at the University of Minho (2022), Communication and Society Research Center - Institute of Social Sciences of the University of Minho, with the project "Integrated Strategy for the Promotion of Healthy Eating as a Public Policy in the prevention and control of chronic non-communicable diseases in the public health service of Portugal". Postdoctoral fellow at the University of São Paulo (2018) with the project "Public policies aimed at obesity control", when she analyzed the public communication of the Food Guide for the Brazilian Population as a public policy instrument in the prevention and control of chronic non-communicable diseases, specifically obesity. Postdoctoral fellow at the University of São Paulo (2014), with research funded by the National Council for Scientific and Technological Development (CNPq), whose theme was the investigation of the existence of sustainable management in pharmaceutical industries, analyzing the discourses and managerial practices in some multinationals in this sector. Postdoctoral fellow at the Methodist University of São Paulo (2011), UNESCO Chair in Communication for Regional Development and "Mayor Celso Daniel" Chair in City Management, an opportunity in which the functionality of the Manual for the Prevention of Falls of the Elderly, a communication vehicle of the Institute of Medical Assistance to Public Servants of the State of São Paulo, was analyzed. PhD (2005) and Master (1999) in Public Relations from the School of Communications and Arts of the University of São Paulo.



## INTRODUCTION

This text is the result of the postdoctoral studies at the University of Minho, carried out between 2021 and 2023, resulting from the project entitled "Integrated Strategy for the Promotion of Healthy Eating as a Public Policy in the prevention and control of chronic non-communicable diseases in the public health service of Portugal", whose objective was, since the work is located in the area of public communication with an interface with public health, to show and analyze which were the communication media used to disseminate the four guiding axes of the Integrated Strategy for the Promotion of Healthy Eating (EIPAS) and why the members of the ministries involved opted for them, as well as what were the communication elements to disseminate their results.

According to the National Health Promotion Program - PNPAS, some factors are determinants of food consumption: age, sex, education or income are some of the variables that help explain different food consumption. The systematization of this information, in the future, is crucial for the creation of programs to promote healthy eating habits. It can be noted that in all analyses, socioeconomic factors, such as education level or employment status, seem to strongly influence the availability and/or access to health-promoting foods (General Directorate of Health [DGS], National Program for the Promotion of Healthy Eating [PNPAS], 2013. p.35).

The World Health Organization (WHO) recommends the daily consumption of at least 400g of fruit and vegetables, equivalent to approximately 5 daily portions of these foods. On the other hand, the effect of foods with high energy density on the growth and health of children, particularly obesity, has also been one of the most widely studied aspects, given the exponential increase in the availability of these foods in recent decades (DGS, PNPAS, 2014, p.35).

The most correct way to assess the nutritional adequacy of a population is through the direct and individual collection of information on food intake from population groups and representative samples of it. The last National Food Survey (IAN) with direct collection and methodology considered adequate, at European level, dates from 1980. When this is not possible, indirect methods are used to indicate food availability or household spending on food – data collected regularly by national institutions such as the National Statistics Institute (INE) that collect and produce statistical information (DSG, PNPAS, 2015, p. 16).

These are the main activities developed to achieve the strategic axes of the PNPAS: 1. promote epidemiological surveillance and research on food consumption; 2. Develop actions in the area of primary prevention, modifying the availability of food, promoting training and creating intersectoral articulation; 3. promote secondary prevention of obesity in adults (DGS, PNPAS, 2016/17, p.11-12).

Since December 29, 2017, Portugal has presented an Integrated Strategy for the Promotion of Healthy Eating (EIPAS) structured in 4 main axes. This strategy presents two main and innovative



challenges compared to previous intervention models in Portugal. On the one hand, a proposal based on the "health in all policies" approach with the formal commitment of various government sectors (agriculture, economy, finance, education, municipalities, sea). On the other hand, an intervention focused on modifying **the food supply by production and in public spaces**, instead of previous ones focused only on citizen education (Direção Geral da Saúde [DGS], Alimentação Saudável/ Desafios e Estratégias [Healthy Eating/ Challenges and Strategies, 2018 p.12).

Regarding EIPAS, there is a concern to ensure its proper implementation, promoting intersectoral work with the aim of promoting healthy eating in Portugal. Actions to be developed:

- Holding monthly meetings of the working group,
- Preparation of the 1st biannual EIPAS monitoring report (DGS, Healthy Eating/ Challenges and Strategies, 2018 p.21).

The publications mentioned above, according to the projections made there, showed that expectations in the expected results were high. Thus, following what was planned in the original project, we understood that a questionnaire would be an indispensable instrument to assess, together with the Ministries of Internal Administration, Agriculture, Forestry and Rural Development, Economy, Education, Finance, Sea and Health, participants in EIPAS, whether the prospects were proven. We made contacts, via e-mail, with the officials responsible for the content inherent to each ministry and asked for authorization for a videoconference, at which time they could answer questions that were their responsibility. All the civil servants, without exception, did not say no, but used subterfuges to avoid this dialogue.

One of the main reasons to obtain the maximum amount of information within a research project is the achievement of objectives, which makes this knowledge an input of special importance. The lack of good information can have disastrous consequences for the work, for the researcher and for the academic institution. Since the withholding of data from potential respondents generates a loss of time invested in trying to dialogue, funding from funding agencies, in the case of scholarship holders, and enormous frustration for researchers.

### AFTER THE EVENT WITH THE SEVEN MINISTRIES, WE CHANGED THE PROCEDURES

We decided to carry out a content analysis of the documents that refer to the Integrated Strategy for the Promotion of Healthy Eating - EIPAS, created by Order No. 11418/2017, where the "XXI Constitutional Government, in its health program, establishes as a priority to promote health through a new ambition for Public Health, arguing that the achievement of health gains results from intervention in the various determinants in a systemic way, systematic, assuming as fundamental the policy of promoting healthy eating" (Order no. 11418/2017, 29/12/2017).



This Order also states: "Thus, in a logic of health in all policies, through Resolution No. 334/2016, of 15 September, the Council of Ministers created an interministerial Working Group for the elaboration of an integrated strategy for the promotion of healthy eating, which aims to encourage adequate food consumption and the consequent improvement of the nutritional status of citizens, with a direct impact on the prevention and control of chronic diseases, and he presented a proposal that now urgently needs to be approved through this order. Thus, the following is determined:

1. To approve the Integrated Strategy for the Promotion of Healthy Eating (EIPAS) contained in the annex to this Order, of which it is an integral part; 2. Ensure that EIPAS measures are implemented by the various services and bodies of the direct and indirect administration of the State competent according to their respective areas of activity and under the guidance of the respective tutelages; 3. The follow-up and monitoring of the implementation of EIPAS is carried out by the interministerial Working Group, created through Council of Ministers Resolution No. 334/2016, of 15 September, through the semi-annual presentation of progress reports" (Order No. 11418/2017, 29/12/2017).

## THEORETICAL FRAMEWORK

### WHAT IS HEALTHY EATING

As in the reports analyzed, from 2013 to 2020, of the National Program for the Promotion of Healthy Eating, not even the EIPAS reports bring a concept or definition of what they consider "healthy eating", we will use in this report the conception of the Action Framework for Developing and Implementing Public Food Procurement and Service Policies for a Healthy Diet, p. 2).

According to the WHO, the "primary objective of public health food procurement and service policies is **to set nutrition standards for food that is bought, served or sold with government funds.**" "Healthy" can mean different things to different people, cultures, and environments. That's why this WHO Framework for Action outlines **five** basic principles of healthy eating that are universally relevant:

- Limit the intake of refined sugars;
- Change fat consumption from saturated to unsaturated fats and eliminate trans fats present in the industry;
- Limit sodium consumption and ensure that salt is iodized;
- Increase the consumption of whole grains, vegetables, fruits, nuts and legumes;
- Ensure the availability of free and safe drinking water.

Nutrition standards defined in Public Food Procurement (PFP) policies may include criteria based on nutrients, foods, or other measures related to food preparation or service.



## FOOD: MULTISECTORAL AND CROSS-CUTTING STRATEGIES

The publication *Healthy Eating in Numbers*, by PNPAS, brings in the introduction: "Portugal was, until the beginning of this decade, one of the few European countries that did not have a National Food and Nutrition Policy, that is, a concerted and transversal set of actions aimed at guaranteeing and encouraging the availability and access to a certain type of food, with the objective of improving the nutritional status and promoting the health of the population. This is despite the fact that inadequate nutrition in Portugal is considered, in international reports, to be responsible for 11.96% of the total years of life prematurely lost, adjusted for disability, in females, and by 15.27% in males (GBD, 2013), expressed in DALY (Disability Adjusted Life Years) (DGS, *Healthy Eating in numbers*, 2015, p.7).

It is also in this publication that we have the statement: "this program is prepared based on several guidance documents from the World Health Organization - WHO and the European Commission and also the Brazilian and Norwegian food policies, the latter implemented since 1974. This new strategy for a policy in the area of food and nutrition considers the need to modify the determinants of food consumption that are far beyond the citizen's knowledge and desire for change, that is, in areas ranging from urban planning to food supply, expressed, essentially, from 2010 onwards (DGS, *Healthy Eating in Numbers*, 2015, p.7).

This new approach to the determinants of health in all policies is expressed in the Adelaide Declaration of 2010, emphasizing that the foundations of health and well-being are mostly **outside** the health sector, and it is therefore necessary to incorporate health as a central component in the development of all policies (DGS, *Healthy Eating in numbers*, 2015, p.8).

This conduct of the PNPAS is also in line with the European Commission's strategy in the field of health proposed by the *White Paper "Together for Health: A Strategic Approach for the EU 2008-2013"*, which is based on the development of an intervention to improve the health of citizens in other policies, outside the health sector. In this sense, we believe that the modification of the determinants of food consumption requires the involvement of different sectors of society in the search for solutions to improve food consumption and supply. Multisectoral and cross-cutting strategies are therefore needed across all government sectors, the private sector, civil society, professional networks, media and organisations at all levels (national, regional and local). (DGS, *Healthy Eating in Numbers*, 2015, p. 8).

## PUBLIC COMMUNICATION

Pierre Zemor, in *La Communication Publique* (1995), divides the theme into the following areas: A) in terms of the field and B) in terms of forms of public communication. A) Regarding the field: the author defines public communication as "formal communication that tends to the exchange



and sharing of information of public utility, as well as the maintenance of social bonds, and whose responsibility lies with public institutions" (1995, p.5).

Still within the field theme there is a subdivision that covers:

- A.1. Nature of the messages of the powers and public service;
- A.2. The complexity of the relationship with the "receiving" citizen, and
- A.3. The general principles and practice of public communication.

### **PUBLIC MESSAGES HAVE THE FOLLOWING CHARACTERISTICS (A.1)**

A.1.1. They are naturally complex, since they aim to contribute to the **regulation, protection or projection into the future**, which are the responsibilities of the public authorities. Regulation consists of ensuring the functioning and maintenance of the balance of the complex system that constitutes a modern country. In this sense, public messages serve the collective interest. Protection is composed of the security of goods and people. In a democracy, public messages convey the respective rights and duties of citizens and public institutions; The public power is responsible for **forecasting and planning**. Here the messages are very abstract, as they have general schemes, plans, budget forecasts, socioeconomic and legal studies, among others (Zemor, 1985, p. 6-10).

About his relationship with the "receiver" citizen (A.2.), Zemor says that the citizen is an ambivalent receiver. The 'public service customer' relationship is not correct, as it implies a customer/supplier relationship, which does not adapt to the logic of the public service. In this case, the supplier has no competitors, and the customer is both taxpayer and voter. The citizen cannot be just a user of the public service without recognizing that he has a decision-making role, even a limited one (1995, p. 13-15).

The author believes that the communication of a public institution supposes an exchange between a receiver that is also partly a sender. It is the active characteristic of the receiver that establishes communication. Passivity reveals a certain fascination with the authority of the public broadcaster (1995, p.15).

Regarding the scope of public communication, considering a possible performance as "marketing... of supply", Zemor argues that it is necessary to be convinced, that this is part of the good foundation of public policies and decisions [influencing demand and supply in the public field]. And if it is important for the public service to analyze the satisfaction and expectations of citizens, these studies aim to provide another evaluation of public policies, the quality of the relationship they maintain with their users, as well as the relevance of the information that is intended for them (1995, p. 17).

Zemor (1995, p. 17-22) also subdivides the general principles and practice of public communication (A.3) into:



A.3.1 Regarding the purpose and mediation of communication, the author believes that before assessing the promotional efficacy of advertising or the impact of television images and messages, those responsible for public communication question themselves about the adequacy of these means to the purposes pursued in the name of public utility (Zemor, 1995, p.18)

A.3.2 As for the types of communication, Zemor identifies: a) **Information and explanation:** linked to the legitimacy of the public message that passes information about the practical institutional functioning, or rules of the civic game;

b) **Promotion or enhancement of institutions or public service:** themes or recommendations called major social causes;

c) **Discussion or proposition of debate** on projects for institutional change, social choices and political offers (Zemor 1995, p.19).

A.3.3 As for the conditions of public communication, it is considered that it has to be a true communication, on the one hand with an active citizen and on the other with authentic institutions. On these two conditions rests the good relationship between public institutions and their users. The practical conditions of access to information tend to respond to the requirement of transparency of public acts.

B. As for the forms of Public Communication: public communication is assumed, in practice, in very variable forms according to the need to communicate. Certain communications have information as their objective.

According to Zemor (1995, p. 23) five categories of this type can be distinguished: B.1. Respond to the obligation of public institutions to provide information to the public;

B.2. Establish a relationship of dialogue, playing a role that belongs to the public service and allowing the provision of a precise service to those who are served;

B.3. Present and promote any of the services offered by the administration, territorial collectivities and public establishments;

B.4. Make the institutions known both through internal and external communication;

B.5. Conduct information campaigns, aiming at communication actions of general interest.

## DIALOGUE AS A FORM OF EVALUATION

Listening and dialogue with users of public health services has the mission of making institutions aware of the users' opinion about their services, enabling a reassessment of public service offers.

The media can disseminate public data and, at most, encourage the interactivity of dialogues with public institutions, but rarely contribute to the direct analysis of complex issues. The most



important communication is that which takes place outside the media, where the user of the public service has the opportunity to express his opinion about the services offered.

Zemor (1995, p. 36) emphasizes the importance of the dialogue that is established in the public service as a result of an attitude rather than a regulatory disposition. Dialoguing with users is an essential way to evaluate public services.

Dialogue allows, on the one hand, the co-production of a personalized service that serves the user of the public service. When one hears a 'particular case', the citizen is given the quality of the 'social contract' with the public power, a priori overwhelming in his eyes. On the other hand, the exchange of information can draw attention to points of view that may have escaped more global concerns.

Elizabeth Brandão (1998) conceptualizes public communication as the process of communication that is established in the public sphere between the State, the Government and Society and that proposes to be a privileged space for negotiation between the interests of the various instances of power that constitute public life in the country (p. 12)

## **CITIZENSHIP IN HEALTH**

Theoretically, the application of the concept of citizenship is essential for better social organization. Exercising citizenship is being aware of your rights and obligations, ensuring that they are put into practice. To exercise citizenship is to be in full enjoyment of constitutional provisions.

The edition of the **National Health Plan 2012-2016** presents the strategic axis called citizenship in health. It conceptualizes citizenship, active citizenship and citizenship and health:

Citizenship designates a status of member of a political community (local, national, supranational) for which there is a relationship of responsibility, legitimized by each person assuming rights and duties. Active citizenship, on the other hand, presupposes that people and organizations (families, communities, associations, companies) assume the responsibility of developing society, through actions such as public and political participation, associativism, volunteering and philanthropy (DGS, National Health Plan, p. 2).

Citizenship in Health emerges, in 1978, from the Declaration of Alma-Ata as "the right and duty of populations to participate individually and collectively in the planning and provision of health care" (Alma Ata, 1978) (DGS, National Health Plan, p. 2).

It also covers the role of the citizen, which would be: to be responsible for his own health and that of the society in which he is inserted, having the duty to defend and promote it, with respect for the common good and for the benefit of his interests and recognized freedom of choice (Basic Law on Health, 1990), through individual actions and/or associating and constituting institutions (DGS, National Health Plan, p.3).





Education, behaviour and lifestyles, management of chronic disease, appropriate use of health care, promotion of informal care, therapeutic alliance and adherence to therapy are key determinants for improving the health status and performance of the Health System (DGS, National Health Plan, p.3).

Citizens have the right to have public health services constituted and operated in accordance with their legitimate needs and interests (DGS, National Health Plan, p.3).

The citizen is the center of the Health System, meaning that the Health System must be organized with the mission of responding to their needs, satisfaction and legitimate expectations as an individual and as an element of a community, and in their various roles: active and healthy, sick, service user, consumer, caregiver, family and community member (DGS, National Health Plan, p.4).

If Portugal's Health System could really meet the demand of its citizens, taking into account an aging population, with several chronic diseases, impoverished (as the Covid 19 pandemic was responsible for the closure of several establishments) and still needing to have access to a lot of information about healthy eating, it would take a few years.

According to Bobbio, the Universal Declaration of Human Rights can be accepted as the greatest historical proof to date given of the consensus omnium gentium on a given system of values. The old natural law lawyers were suspicious - and not entirely wrong - of consensus as the foundation of law, since this consensus was difficult to prove. But now this document exists: it was approved by 48 States, on December 10, 1948, at the United Nations General Assembly; and, from then on, it was welcomed as an inspiration and guidance in the process of growth of the entire international community towards a community not only of States, but of free and equal individuals" (2004, p.18).

Bobbio continues, "I do not know if one is aware of the extent to which the Universal Declaration represents a new fact in history, insofar as, for the first time, a system of fundamental principles of human conduct was freely and expressly accepted, through their respective governments, by the majority of men living on Earth. With this declaration, a system of values is - for the first time in history - universal, not in principle, but in fact, insofar as the consensus on its validity and its capacity to govern the destinies of the future community of all men has been explicitly declared" (2004, p.18).

It is also Bobbio who states that "only after the Universal Declaration can we have the historical certainty that humanity - all humanity - shares some common values; and we can, finally, believe in the universality of values, in the only sense in which such a belief is historically legitimate, that is, in the sense that universal means not something given objectively, but something subjectively accepted by the universe of men" (2004, p.18).



With the Declaration of 1948, according to Bobbio, a phase begins, in which the affirmation of rights is at the same time universal and positive: universal in the sense that the addressees of the principles contained therein are no longer only the citizens of this or that State, but all men; positive in the sense that it sets in motion a process in which human rights should no longer be merely proclaimed or only ideally recognized, but effectively protected even against the very State that has violated them. At the end of this process, the rights of the citizen will have been transformed, really, positively, into human rights. Or, at least, it will be the rights of the citizen of that city that has no borders, because it comprises all humanity; or, in other words, it will be the rights of man as rights of the citizen of the world. (2004, 18).

We bring two articles from the Universal Declaration that speak directly to the theme of our research:

Article 25 - 1. Everyone has the right to a standard of living capable of ensuring for himself and his family health, well-being, including food, clothing, housing, medical care and the necessary social services, and the right to security in the event of unemployment, illness, disability, widowhood, old age or other loss of livelihoods in circumstances beyond his control.

Article 25 - 2. Motherhood and childhood have the right to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Article 26 - 1. Every human being has the right to education. Education will be free, at least in the elementary and fundamental grades. Elementary education will be mandatory. Technical-professional instruction will be accessible to all, as well as higher education is based on merit.

Article 26 - 2. Education must aim at the full expansion of the human personality and the strengthening of human rights and fundamental freedoms, and must promote understanding, tolerance and friendship among all nations and all racial or religious groups, as well as the development of United Nations peacekeeping activities.

Article 26 - 3. Parents have the priority of the right to choose the type of education to be given to their children.

We all have rights, which are guaranteed by the Declaration of 10 December, but how many of us can really enjoy them? The reasons for non-compliance with the articles are the most diverse, and at this time we are not going to analyze this matter.

## **PUBLIC POLICIES**

According to Silva, health policies are central to the analysis of the contemporary welfare state: not only do they represent one of the main portions of social spending, along with pensions, but they also have universal implications throughout the life cycle. In addition, contemporary health systems are under similar tensions and pressures to those found in other social areas: continued



increases in spending, demographic pressures, cooling economic growth, and fiscal constraints (2012, p.121).

Silva envisions that the last decades have shown an evolution in changes in health policies. The work of several international institutions (OECD, World Bank, World Health Organization and European Union) marks a comprehensive look at health systems. The reports published by these institutions have established parameters for this area of public policies for evaluating systems focused simultaneously on sustainability and efficiency, on access and equity of health care delivery models and on the quality of services provided (2012, p. 124).

These parameters, according to Silva, have become a reference, not only to measure and compare, but also to promote changes in systems and policies. From this broader framework, we can therefore study changes in health policies and evaluate health systems around three major purposes: (a) sustainability and financial efficiency; (b) equity in access; and (c) quality of care and health status of the populations (2012, p.124).

## PUBLIC HEALTH

Public Health can be defined according to its various dimensions that reflect its diverse societal images (Turnock, 2004). According to Turnock (2004, p. 8), there are five societal images of Public Health — simultaneously its dimensions:

- Public Health as a social system;
- Public Health as a profession;
- Public Health as a method of intervention (i.e., body of theoretical and practical knowledge);
- Public Health as a public service, ensured by State agencies and bodies;
- Public Health as the health of the public (i.e., intended outcome).

Given that Public Health integrates knowledge from the most diverse areas, including those that are considered its basic sciences (epidemiology, biostatistics, environmental sciences, economic sciences and behavioral sciences), its professionals differ both with regard to basic training and with regard to the activities performed (Turnock, 2004, cited by Almeida, 2010).

Despite the fact that epidemiology is the basic area of knowledge of Public Health, an epidemiologist is not inherently an actor in it; it is only when it has the capacity to apply epidemiological knowledge to control the health problems identified (Almeida, 2008a). The maximum value of epidemiology is only achieved when its scientific contributions are placed at the service of Public Health and result in improved health of populations (Koplan, Thacker and Lezin, 1999).



Public Health consists, above all, of a practice (Turnock, 2004), even if it is based on scientific evidence. Its multidisciplinary nature is both a strength and a weakness: it is a weakness given the absence of a common culture, but it is a strength in the face of the diversity of health determinants and the consequent need for the concurrence of different areas of knowledge and intervention in solving the problems identified (Turnock, 2004).

Thus, more than a professional group, Public Health should be understood as a "movement" (Turnock, 2004). This is an appropriate perspective if we consider the systemic nature of Public Health and its intended outcome dimension («public health»).

The objective of reducing disease and maintaining the health of populations (Fee, 1991 cited by Almeida, 2004b) stems from society's commitment to improving the health and well-being of populations (Rychetnik et al., 2004) by "externalizing" the benefits of scientific knowledge to as many individuals as possible (Turnock, 2004).

Public Health, as a practice, arises from the intersection between available knowledge and societal values (acceptability of a health problem), and intervention is planned when, in the light of available knowledge and technological tools, a given health problem "crosses" the boundary of what is acceptable in view of its technical vulnerability at a given time or societal context (Turnock, 2004).

Public health services exhibit a weak social protagonism and even lack of knowledge and lack of consideration on the part of the general public, their primary beneficiary (Turnock, 2004; Almeida, 2008a). On the other hand, its mission is not always clear in the eyes of its professionals, who come from the most diverse areas of knowledge, with different backgrounds and practices, but with a (unifying) mission.

## METHODOLOGY

Based on secondary data, the sample is non-probabilistic and non-random. The interpretation of the results was based on the content analysis technique.

Among the specificities of content analysis, the categorical one was chosen, which allows the establishment of thematic connections with the literature chosen to address the theme. The subjects investigated were selected from selected entries in the 1st and 2nd semester semiannual Progress Reports of 2018. In this modality, the categories and text codes that emerge from the content were identified (Bardin, 2011). In the analysis stage of this study, the categories are supported by the proposed theoretical framework, being the result of the analog and progressive classification of the elements.

In both Reports, the text is developed seeking to achieve three objectives. The **first**: that inadequate diet is, in Portugal, one of the risk factors that most contributes to the loss of healthy



years of life. The **second** is that: chronic diseases associated with inadequate eating habits, such as cardiovascular diseases, diabetes, obesity and oncological diseases, are diseases with a high prevalence in the Portuguese population, with cardiovascular diseases being the main cause of death in Portugal. The **third** is this: considering this epidemiological scenario, it is urgent to invest in the area of promoting healthy eating, and the definition of an integrated strategy in this area is the great challenge that arises.

## THE CONTENT ANALYSIS OF THE REPORTS

We used the content analysis technique as a method to evaluate the data obtained in the EIPAS Reports, from the 1st and 2nd semesters of 2018. We deal specifically with the objectives of axes 1, 2 and 3, the general framework, the main results achieved, as well as the conclusions. We chose these documents because the respective reports are available for free access and are official documents of the National Health Service, regarding EIPAS and its applicability.

## TOPICS ANALYZED

By following these steps, we define the following themes of analysis: promoting healthier eating has been one of the priorities of the XXI Constitutional Government; Council of Ministers Resolution No. 334/2016, approved by Order No. 11418/2017 of 29 December; encourage adequate food consumption and the nutritional status of citizens; direct impact on the prevention and control of chronic diseases. These, according to Bardin (2004), do not constitute only a linguistic order, but also a psychological one: they can indicate a theme, a statement, an allusion. Doing a thematic analysis consists of discovering the "nuclei of meaning" that make up communication and whose presence or frequency of appearance can mean something for the analytical objective.

## FINAL CONSIDERATIONS

In relation to the categories analyzed, we observed that the concern with diseases and the Mediterranean Diet are lower in relation to the other themes that appear in these publications. This portrays, in part, that these issues are in the focus of the Ministry of Health, but are not the priority at the moment. As for public communication, as the subject is of public interest, it is deduced that it assumes greater importance, as it aims to promote the well-being of individuals.

Figure 1 – Mentions to the analysis categories

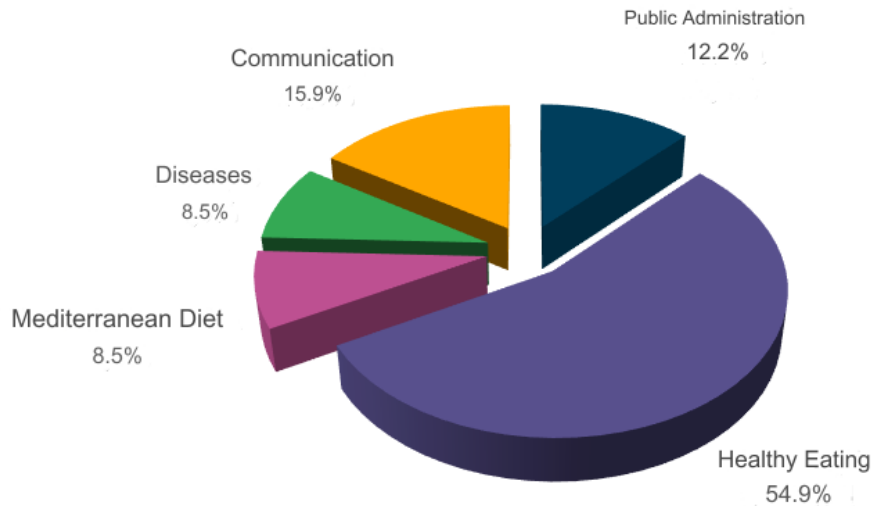


Figure 2 – Mentions to the codes of the Healthy Eating category

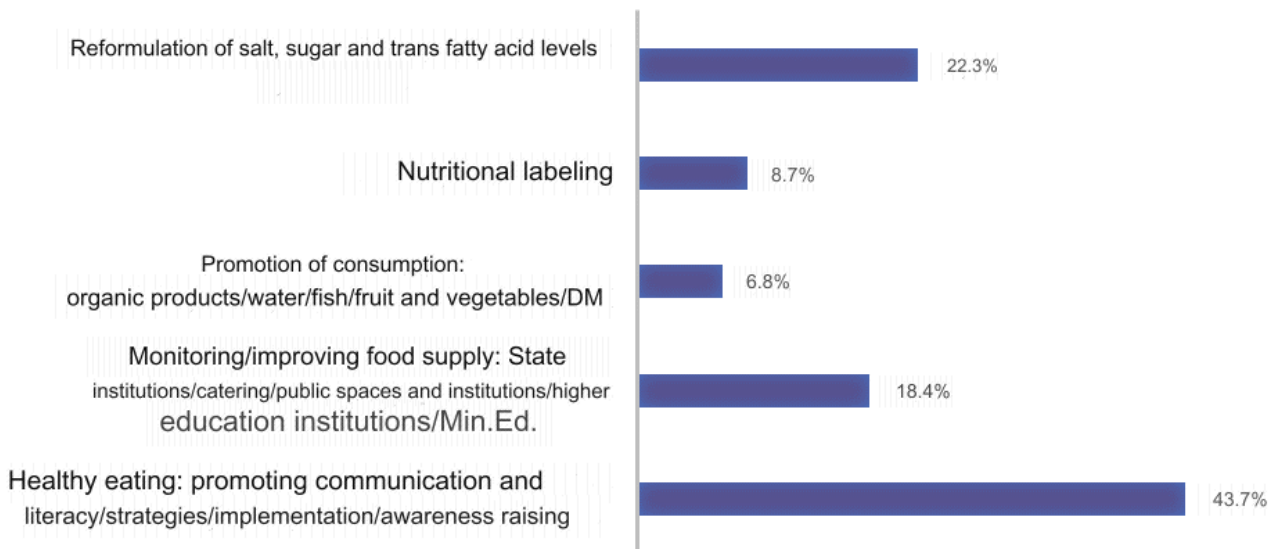


Figure 3 – Mentions to the codes of the Mediterranean Diet category

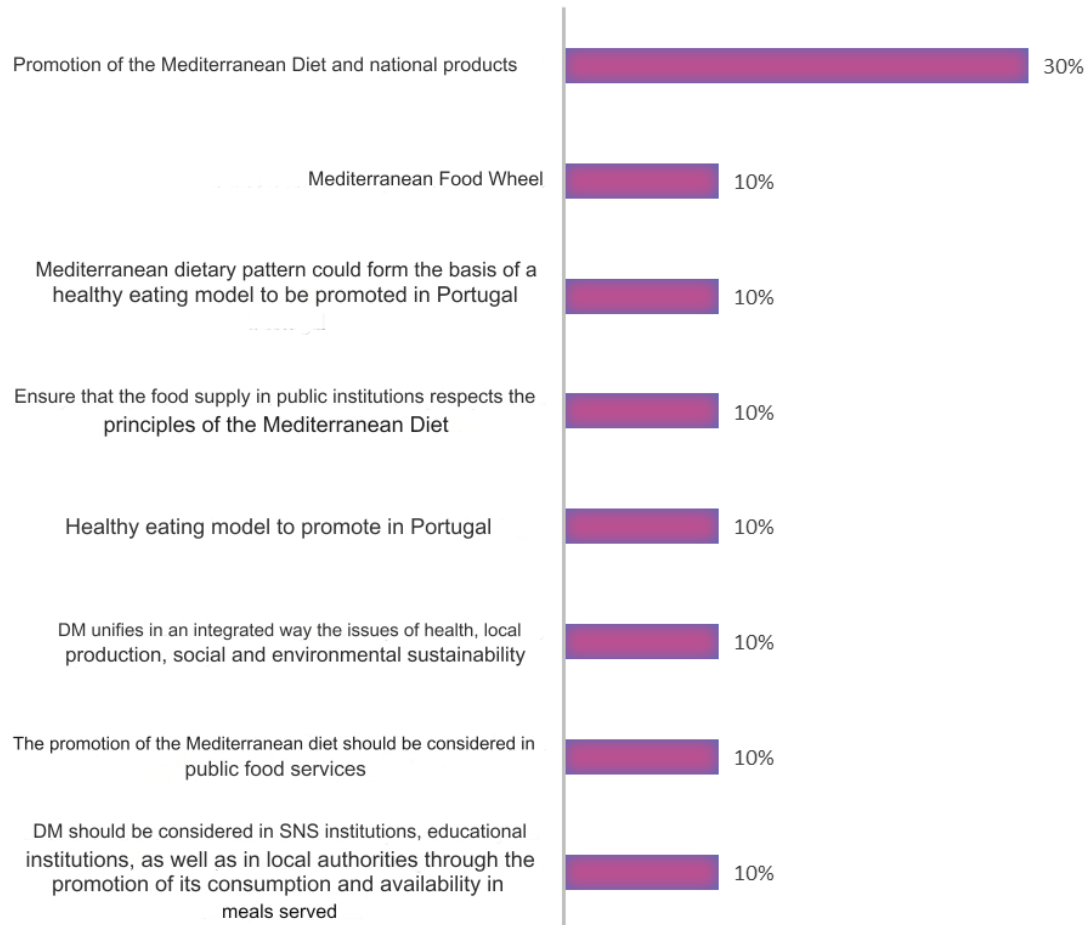
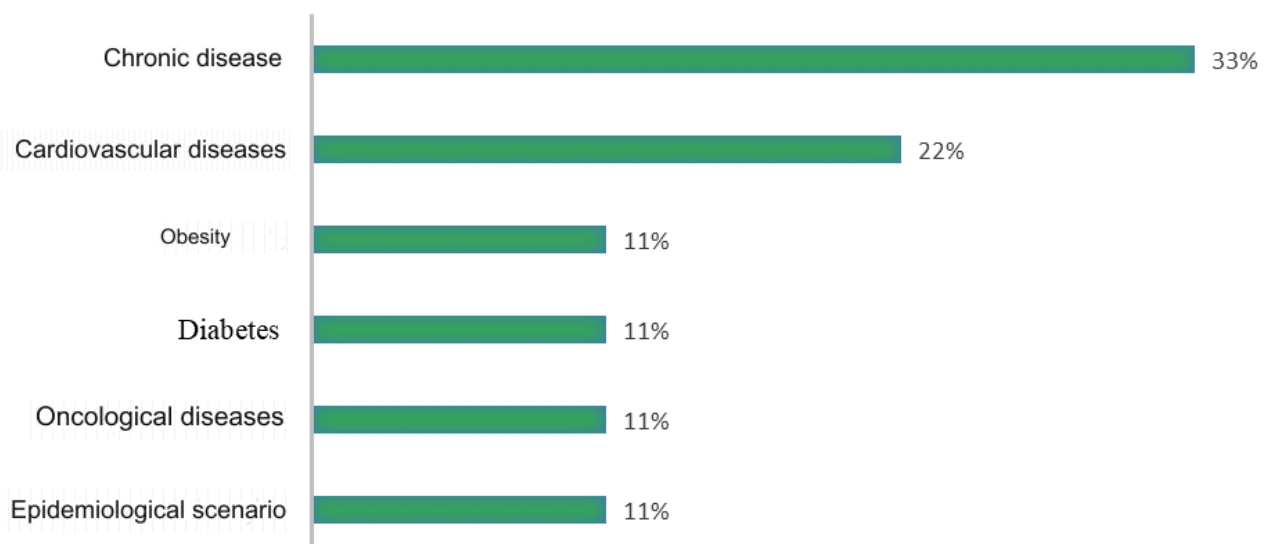


Figure 4 – Mentions to the codes of the Diseases category



When dealing with the Public Administration category, we notice that the Protocol set for promotion/monitoring/cooperation between the General Directorate of Health - DGS and other public and private bodies aimed at reducing sugar/salt/trans-fatty acids in food and packaging, added

to the Reformulation of food products and the Implementation of EIPAS/drinking fountains reach 69.8%. The three together represent practically everything that is included in EIPAS.

With regard to the codes of the Healthy Eating category, the group Healthy Eating: promotion of communication and literacy/strategies/implementation/awareness and Reformulation of salt, sugar and trans fatty acid contents, totaling 66%, is instigating, because communication, literacy and awareness are highlighted. Aligned are three important elements. We understand that the ability to use reading and writing as a way to acquire knowledge, develop one's own potential and actively participate in society, will lead to better awareness and communication of the citizen.

Figure 5 – Mentions to the codes of the Communication category

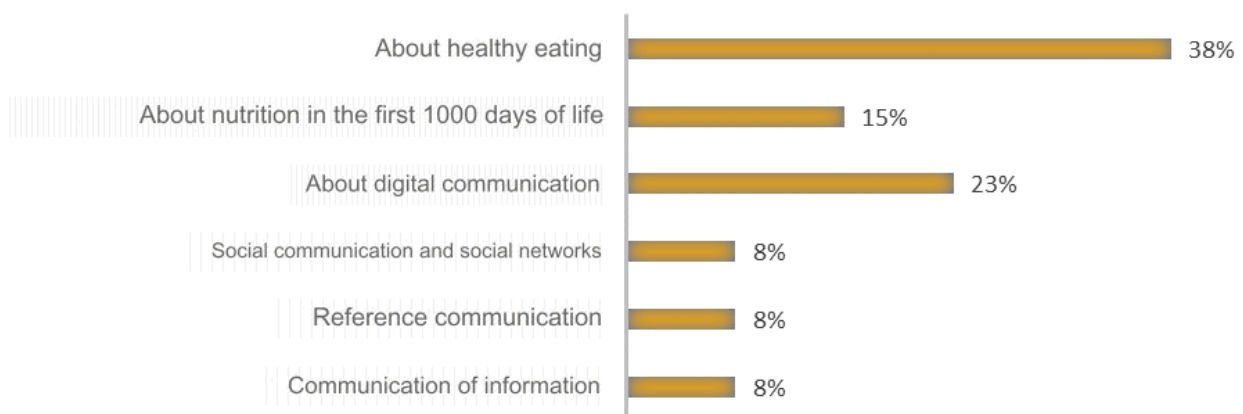
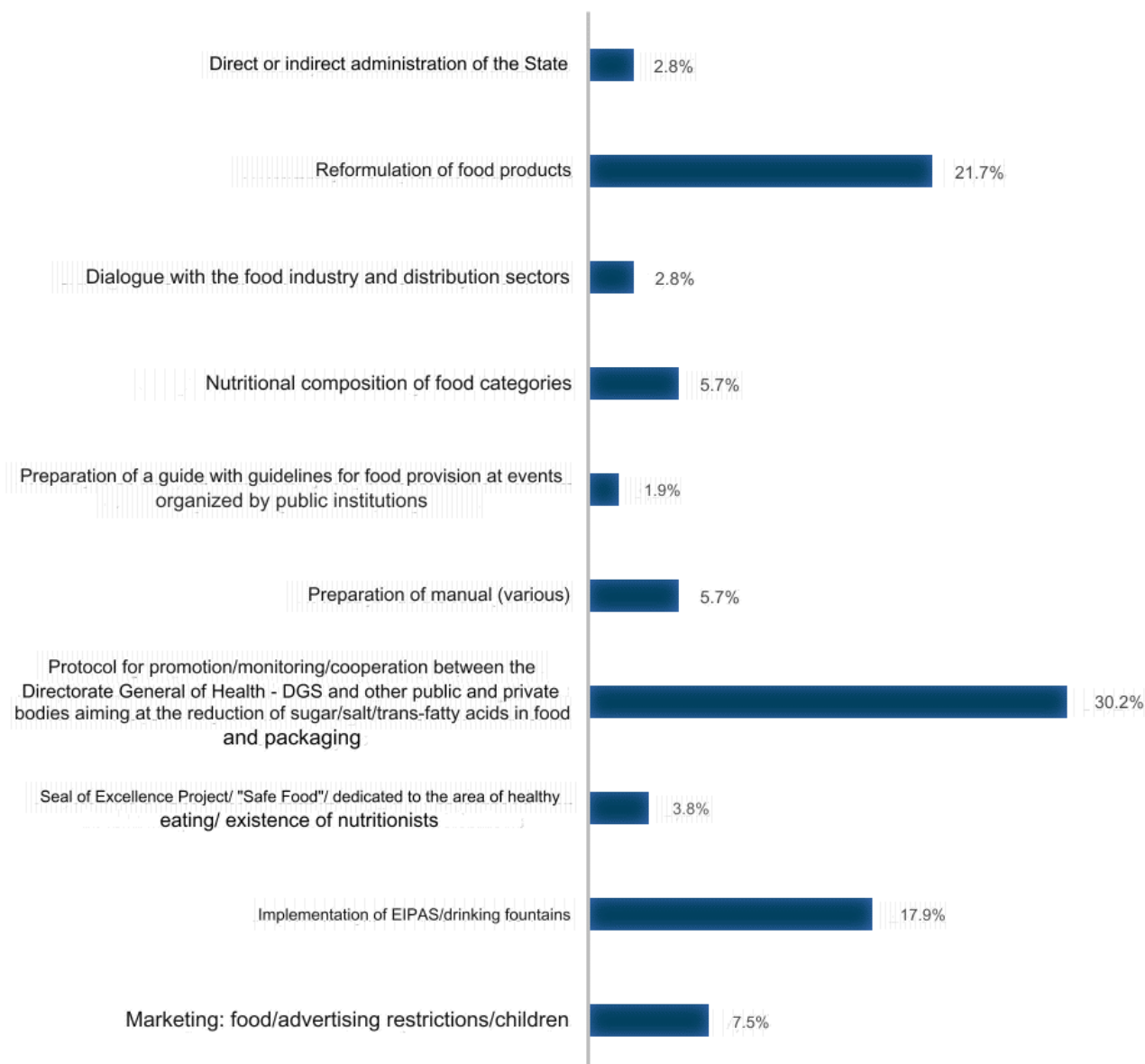




Figure 6 – Mentions to the codes of the Public Administration category



Analyzing the communication from the Ministry of Health, made by the Interministerial Working Group created by the Council of Ministers Resolution No. 334/2016, of September 15, we see that it is, according to Zemor, a "marketing of supply", since "it is necessary to be convinced that this is part of the good foundation of public policies and decisions [to influence demand and supply in the public field]". There is no reference in the objects of analysis (reports) as to "analyzing the satisfaction and expectations of citizens" on the part of the ministries. Zemor states that these studies aim to provide another assessment of public policies, the quality of the relationship they maintain with their users, as well as the relevance of the information that is intended for them (1995, p. 17).

As for the type of communication, we infer that communications are a mix "of promotion or appreciation of institutions or public service: themes or recommendations called great social causes;



and Discussion or proposition of debate of projects for institutional change, social choices and political offers. (Zemor 1995, p.19).

As for the exercise of citizenship in the context of health, we deduce that "although citizens have the right to have public health services constituted and operated in accordance with their legitimate needs and interests", which is proclaimed by the National Health Plan 2012-2016, on page 3, this is not consistent with the reality of Portugal. It is a utopia, as it would require a practically inexhaustible investment in human resources, technology, physical spaces, etc.

Regarding the change in eating habits during the COVID-19 pandemic, it is not our intention to explore this subject currently. The PNPAS in its summary brings "COVID seems to have contributed to a change in the eating habits of a significant part of the national population surveyed. Almost half of the population surveyed (45.1%) reported having changed their eating habits during this period and 41.8% have the perception that it has changed for the worse."

As we are fresh out of this pandemic, it will take some time for people to return to their healthy eating habits.

Public health policies in Portugal, when analyzed around three major purposes: (a) sustainability and financial efficiency; (b) equity in access; and (c) quality of care and health status of the populations (Silva p.124).

It is notorious that the number of Portuguese who pay for health care in the private sector has increased, in view of the delay in carrying out consultations and exams in the National Health Service.

Public health services are still in need of the adoption of digital tools. However, your executives should be aware that investment is necessary. In addition to the reduction of operating costs, due to the low cost of using some of the new technologies, the possible gains in terms of personalization of care, the speed and accuracy of the diagnosis of a given pathology, the ability to prognosis the health status of patients and the prediction of changes in the human body that could cause serious problems in the future, justify these tools by themselves.

In countries with great socioeconomic differences, it is utopian to refer to the universality of the health system, as well as the same quality of treatment for the entire population. Those with greater purchasing power have more access to cutting-edge interventions; as well as the quality of the procedures depends on the user's financial resources.

Those who work in the Public Health System of Portugal have made an effort to improve care and services, despite the few financial resources allocated to them. The Covid 19 pandemic required superhuman efforts in serving more people, there was a substantial increase in users who sought the service as a result of unemployment and other issues. Knowledge in the health area is uninterrupted, because there are scientists concerned with drugs for the prevention and cure of



diseases that today claim the lives of thousands of people; of new behaviors that are feasible for the population in general, making it less vulnerable and preventing it from the infinity of diseases that result from lack of knowledge of how to proceed.



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