

SCHOOL HEALTH PROGRAM: A COURSE ANALYSIS

Regiane da Silva Macuch

Doutora em Educação pela Faculdade de Psicologia e Ciências da Educação Universidade do Porto (U.PORTO), Portugal; Docente no Programa de Mestrado Promoção da Saúde e de Gestão do Conhecimento no Centro Universitário Cesumar (UNICESUMAR), Maringá (PR), Brasil.

E-mail: rmacuch@gmail.com

Ana Paula Machado Velho

Doutora em Comunicação e Semiótica pela Pontifícia Universidade Católica de São Paulo (PUC-SP); Pós-doutoranda junto ao Laboratório de Arte e Tecnologia (LArt), da Universidade de Brasília (UnB); Docente dos Programas de Pós-Graduação em Promoção da Saúde e de Tecnologias Limpas do Centro Universitário Cesumar (UNICESUMAR), Maringá (PR), Brasil.

Sonia Cristina Soares Vermelho

Doutora e mestre em Educação: História, Política, Sociedade (Educação e Ciências Sociais) pela Pontifícia Universidade Católica de São Paulo; Pós-doutora pela Universidade do Porto/INESC-Porto (2013); Pós-doutoranda na Universidade de Brasília (2013); Docente do NUTES - Núcleo de Tecnologia Educacional para a Saúde - Centro de Ciências da Saúde pela Universidade Federal do Rio de Janeiro (UFRJ).

Flavio Bortolozzi

Doutor em Engenharia de Sistemas Informática. Université de Technologie de Compiègne (UTC), França; Coordenador e Docente do Mestrado em Gestão do Conhecimento nas Organizações no Centro Universitário Cesumar (UNICESUMAR), Maringá (PR); Docente do Mestrado em Promoção da Saúde no Centro Universitário Cesumar (UNICESUMAR), Maringá (PR), Brasil.

ABSTRACT: This article analyzes the Health at School Program from the Brazilian Ministry of Health and Education through the legislation and guidance materials available on their websites. The study was done in the municipalities of the state of Paraná in order to identify those who had joined the program. To scale the deployment of the latter, an empirical research was held in two municipalities of the state in 2012. Interviews were conducted with program managers through visits to the Health and Education departments of the municipalities. The results showed that the program, despite having suffered from some initial resistance, has been kept functioning by the networks of schools, with the participation of the education and health sectors. The program proved to be an interesting policy to promote sectorial integration towards an implementation of integrated public policies. This program was considered relevant insofar as promoting integration between the health and education sectors leads to significant changes in the relation between both parties.

KEY WORDS: Education; Health; Health Education; Health Promotion.

PROGRAMA SAÚDE NA ESCOLA: UMA ANÁLISE DE PERCURSO

RESUMO: Este artigo analisa o Programa Saúde na Escola dos Ministérios da Saúde e da Educação por meio da legislação e da orientação dos materiais disponíveis em seus *sites*. A pesquisa de campo foi realizada nos municípios do Estado do Paraná, a fim de identificar aqueles que tinham aderido ao programa. Para dimensionar a implantação do programa, uma pesquisa empírica foi realizada em dois municípios do Estado em 2012. Foram realizadas entrevistas com gestores do programa a partir de visitas aos departamentos de saúde e educação dos municípios. Os resultados mostraram que o programa, apesar de ter sofrido alguma resistência inicial, foi mantido em funcionamento pelas redes de escolas, com a participação dos setores da educação e saúde. O programa provou ser uma política interessante para promover a integração setorial para a implementação de políticas públicas integradas. Ele foi considerado relevante na medida em que promover a integração entre os setores de saúde e educação leva a mudanças significativas na relação entre ambas as partes.

PALAVRAS-CHAVE: Educação; Educação para a Saúde; Promoção da Saúde; Saúde.

INTRODUCTION

The school is a dynamic space that aims to promote and transform society through the construction and dissemination of knowledge. Through its educational practices the school aims to human development in its entirety. In this sense, it is privileged space to health promotion, since "health education" is to contribute to the formation of citizens capable of acting in order to improve the levels of personal and community health. Promoting health is:

promote health is to promote quality of life and reduce vulnerability and risks to health related conditions and their determinants, for this it is vital to expand the autonomy of individuals and communities in comprehensive health care, minimizing or extinguishing of all inequalities and any order (BRASIL, 2008, p. 9).

Work with the theme of school health implies not only convey information, but to develop knowledge, skills for the adoption of healthy lifestyles, not only individually but are potentiated for all society. According to (MACNAB; GAGNON; STEWART, 2014, p. 171) "health promoting schools (HPS) provide classroom education and school-based activities that increase knowledge and develop behaviors that benefit the health of children; such schools are also an investment in the well-being of the larger community."

Therefore a practice of Health Education emphasizes "approaches to teaching that are based on participation and responsibility of students in their learning process" (PELICIONI; TORRES, 1999, p. 6). However, learning "requires investments in policies that enable various educational practices and the opening of several partnerships with organizations that promote articulation between the associations and the social economy, encouraging, with this, the dimension of citizenship." (MACUCH, 2012, p. 90)

1.1 PUBLIC HEALTH POLICIES AND EDUCATION

Based on the documents from the regional and international conferences in the area of Health

Promotion, the notion of health-promoting schools has been in use for more than 30 years. According Simovska (2012, p. 84):

It emerged in Europe in the early 1980s and was further elaborated at the World Health Organization (WHO) Health Promoting Schools Symposium in Scotland in 1986 as well as a few years later in the publication entitled *The Healthy School* (Young and Williams, 1989). The European Network of Health Promoting Schools (ENHPS) was established in 1991, drawing on the five principles of the Ottawa Charter (WHO, 1991).

In Brazil launched in 2006, the National Political Health Promotion (PNPS), as it became apparent a need to put in place a public policy capable of meeting the challenges of the health problems experienced by the population.

The PNPS aims at strengthening across, integrated and intersectoral policy, which promotes dialogue between various departments with society as well, forming networks of commitment and responsibility in formulating proposals and actions to ensure the quality of life of the population. For this there must be a joint interaction:

subject / collective, public / private , state / society , clinical / policy and health sector / other sectors , aiming at breaking the excessive fragmentation in addressing the health-disease process and reduce vulnerability , risks and damages that occur (BRASIL , 2001, p. 5).

The Ottawa Conference was an international milestone for the health sector. Some priorities were taken, some of which underlie the rationale of this research: 1) act against the production of unhealthy products, the degradation of natural resources , unhealthy life style and environmental conditions as well as malnutrition; 2) focus attention on new public health issues such as pollution, hazardous work environments and the issues of housing and rural settlements; 3) act on decreasing the gap regarding health between different social groups established by society, as well as combat inequalities in

health which are a result of the rules and practices of that same society; 4) recognize people as the primary resource for health, support them and empower them to remain healthy themselves, their families and friends, and 5) reorient health services and resources available for health promotion, encouraging the participation and collaboration of other sectors, other areas and, more importantly, the community (BRASIL, 2001).

In addition to Community actions, on the point of view of the individual, the policy of Health Promotion also proposes that each develop his or her personal skills, which is action grounded in information dissemination and health education. With this, the hope is to increase the options so that the public can exercise greater control over their own health as well as with regards to the environment.

In both PNPS strategies - Strengthening Community Action and Development of Personal Skills – it is stated that there is the need to develop educational and communication initiatives that lead to change in behavioral habits in order to adopt healthier lifestyles. In this sense, health policy should support “[...] the personal and social development through information dissemination, health education and enhancement of critical skills” (BRASIL, 2001).

According to the document:

It is essential to train people so they can learn throughout life, preparing them for the various stages of life, including coping with chronic diseases and external causes. This task should be performed in schools, in homes, workplaces and other areas within the community. Actions must take place in commercial, educational and professional organizations, volunteer programs, as well as in governmental institutions (BRASIL, 2001, p. 14).

In this perspective, the Health in School Program (PSE) established by the Presidential Decree No. 6,286, of December 5, 2007, is the result of the integrated work between the Ministry of Health and the Ministry of Education, with the project of expanding specific health actions for students in public schools (BRASIL, 2008a), enhancing a policy aimed at an intersectoral approach

that meets the principles and guidelines of the National Health System.

The proposal, with regards to schools, is that they be responsible for developing teaching-learning processes while gaining perception and construction tools of citizenship as well as access to public policy and other social areas. Health promotion is a process which enables people to improve their health and quality of life, with greater participation and control of the actual process.

Nowadays, with all the access to information provided by technology, there still is no justification for the existing basic health problems. Hygiene habits, physical activity, if practiced by the population, would avoid a multitude of problems that, over the years become chronic.

A most vulnerable population in the adoption of unhealthy habits is the young, particularly adolescents, due to the marketing appeal for consumption of items such as, industrialized food products which are widely offered in all collective spaces, sometimes within their own households. The food issue is strategic to public health; after all, eating habits in the early stages of life define to a large extent, health quality in the later stages, particularly in the elderly. This means that the lack of care experienced by children today may very likely have a high impact on public health expenses in future decades. It is uncertain as to how the public health system will absorb this demand. However, it is clear that it is a first order problem and it must be addressed.

The main indicator in the young population is the increase in obesity rates observed in recent decades. The World Health Organization (WHO, 1997, 1999, 2003) itself started a crusade against this problem, help to edit the United Nations Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (NCD) and the Global Strategy on Diet, Physical Activity and Health. Both have the goal to improve population-based prevention as a vital action to address fight against high levels of non-communicable diseases, with specific emphasis on childhood and teenager obesity.

In 2011, the political declaration adopted during landmark General Assembly Summit in United Nation

(UN) (2011) recognizes the scale of the NCD crisis, including obesity, and the urgent need for global action. By acknowledging the direct impact of non-communicable diseases on social and economic development, and recognizing that such diseases pose a major threat to the economies of many Member States and it was necessary to take preventive action and UN released that it required the involvement of many different stakeholder groups, and multisectoral approaches involving, amongst others, education.

And the issue is exacerbated because, currently, obesity among young Brazilians is found in different economic classes, but especially those of the highest social class. This fact can be explained in terms that "Socioeconomic status influences obesity through education, income and occupation, resulting in specific behavioral patterns that affect energy intake, energy expenditure and metabolic rate (MELLO; LUFT; MEYER, 2004, p. 173-174)."

In other words, it is not "lack of information" as the wealthiest population has access to various communication and educational resources. Thus, there remains the challenge of organizing studies to identify, analyze and evaluate the actions that promote health and operate not only within broader strategies set out by the National Policy for the Promotion of Health (comprehensiveness, equity, health responsibility, social mobilization and participation, intersectoral, information, education and communication, and sustainability), but that are also effective on a psychosocial point of view.

For the points mentioned above to be implemented effectively, a link between the areas of communication and education is needed. In all areas and moments of everyday life the production, consumption and practice of mediated communication takes place. However, it is not enough to simply put out there an empty statement void of meaning. For health promotion the challenge lies on promoting communication with an educational focus, attractive and engaging, capable of motivating and compel the subject to change into a behavior directed towards care of the self, the collective and the environment.

At the core of these policies, the World Health Organization (WHO) developed the concept and initiative

of the Schools Promoting Health. This is an approach that involves not only developing competence in health within the classroom, but also bonding and partnership with community coverage (BRASIL, 2008, 2009b).

Once more, is important to highlight that the chronic diseases are now the major causes of death and disability worldwide, and non-communicable diseases (NCD) account for the majority of the global health burden. About half of premature deaths are related to health-risking behaviours that are often established during youth and extend to adulthood. While these diseases might not be curable, they are preventable. Prevention is possible when sustained actions are directed at individuals and families, as well as at the broader social, economic and cultural determinants of NCD. A 'life-course' approach to promoting healthy behaviour should begin early in life and health-promoting school (HPS) can improve the actions to guarantee high levels of youth health (LEE, 2009).

This partnership starts with the students, faculty and staff, developing in each the ability to interpret and act daily to incorporate attitudes and / or behaviors appropriate for improving the quality of life.

Health policies recognize the school as being a privileged space for promoting health practices, and preventive health education. One example is the program *More Health: A Right for All*, launched by the Ministry of Health in 2008, which seeks to deepen the major objectives of the creation of the Unified Health System (SUS), from organized strategic guidelines (BRASIL, 2008).

The main objectives of this program are: I - Promote health and a culture of peace, strengthening the prevention of diseases; II - Articulate the actions of public health with the actions of basic Public Education in order to broaden the actions to reach the students and their families, optimizing the use of space, equipment and resources available; III - Contribute to the creation of conditions for the integral formation of learners and the construction of the social care system, focusing on the promotion of citizenship and human rights; IV - Strengthen the abilities to cope with vulnerabilities in the health field which could jeopardize the full development in school; V - Facilitate communication between

schools and health facilities , ensuring the exchange of information regarding students'; VII - Strengthen community participation in Basic Education and Health politics within the three levels of government.

It is interesting to note that the Health in School Program (PSE) specifically points to the Family Health teams to constitute, together with Basic Education, a strategy for the integration and viability, making a permanent link between action policies and health, together with the participation of the whole community.

Some actions have already been discussed in PSE and are implemented according to their specificities , namely: Clinical assessment; Nutritional assessment ; Promotion of healthy foods; Ophthalmologic evaluation; Evaluation of health and oral hygiene ; Hearing evaluation; Psychosocial assessment; Update and control of the immunization timetable; reduction of morbidity and mortality from accidents and violence ; Prevention and reduction of alcohol consumption; Prevention of drug use; Promoting sexual and reproductive health; Control of smoking and other risk factors for cancer; Permanent health education; Physical activity and health; Promoting a culture of prevention in schools, and the inclusion of issues of health education in schools within the political pedagogical project .

1.2 HEALTH PROGRAM IN SCHOOL

School is seen as a trainer of individuals, having as its main objective in the school's health program, to build mechanisms to facilitate health for public school students. The actions of the PSE must be inserted in the political pedagogical school project (PPP), thus having respect for political executive powers of the States and municipalities, social and cultural diversity of the different regions of the country, and the autonomy of teachers and pedagogical teams (BRASIL, 2012a , 2012b , 2009a) .

According to Vasconcellos (2005, p.169), the Political - Pedagogical design is the overall plan of the institution. To the author this can be understood as systematization, never definitive, a process of participatory planning, which improves and becomes concrete in the walk, which clearly defines the type of educational activity that wants to accomplish. Therefore,

it is a theoretical and methodological tool for intervention and change reality. It is an element of organization and integration of the practical activity of the institution in the transformation process.

In Brazil, the detailing of curriculum policies for different levels of education is prepared by the National Curriculum Guidelines for Basic Education (DCN) and the National Curriculum Parameters (PCN), which are defined as a benchmark of quality for education in primary education throughout the country Its function is to guide and ensure consistency of investment in the education system socializing discussions , research and recommendations , supporting the participation of Brazilian technicians and teachers , especially those who are most isolated , with less contact with the current pedagogical production (BRASIL, 1997) .

According to documents submitted by the Ministry of Education (MEC), the parameters and benchmarks have the goal of "providing school systems, particularly teachers, grants to the preparation and/or redesigning the curriculum for the construction of the education program in function of citizenship of the student" (BRASIL, 2006).

In this sense, schools must develop the political-pedagogical project that includes, the purpose of each organization expressed in their educational processes and targets [...] called for collective political , because political conscious, because it defines a political position of the group, because it expresses its own political knowledge , contextualized and shared. Political, because it assumes a collective proposal, conscious, reasoned and contextualized to form the citizen. [...] It is called formative teaching because it defines intentionality, because it expresses the proposed training intervention, reflected and substantiated, i.e. the realization of the purpose of school in citizenship training (EYNG, 2012, p. 26).

In the context, is understood to mean the construction of the Political-Pedagogical Project as a process that encompasses not only the preparation of plans and goals, but also their implementation and evaluation.

Under the Decree 6.286/2007, the program expects the family health teams to conduct periodic and

permanent visits to those schools participating in the PSE. The purpose of these visits is to assess the health of students by providing health care throughout the school year, considering the identified local health needs (BRASIL, 2007).

The health actions set out in the PSE are developed in conjunction with the network of basic public education and in accordance with the principles and guidelines of the Unified Health System (SUS). Among the actions planned, as mentioned above, the publication of the MS Ordinance No. 357/2012 was important, which established the Annual Mobilization Week of Health in the Schools, establishing rules for the specific implementation of the program. This Ordinance established that those who can join the Health in School Program (PSE) are those Municipalities and Federal Districts which have completed the requisites with the Health in School Program (PSE), together with the Monitoring and Evaluation System PSS (BRASIL, 2012b).

Joining the School Health Week is voluntary and each year the schools can enroll in the program. In 2012, the main theme was "Prevention of Obesity in Childhood and Adolescence", "Eye Health" and "Prevention of Obesity" in 2013. During the week of the program the students' nutritional assessment is performed, and professionals involved in the PSF teams calculate the body mass index (BMI), aiming at achieving the goals agreed upon in the PSE's Terms of Consent (BRASIL, 2012b).

Through a dialog between the Ministry of Health and the Ministry of Education a series of issues with the general theme "Adolescents and Youth Peer Education" were published, where the goal is to help adolescents and young children in the development of preventive actions, and deepen the knowledge about the themes present throughout our society which in general are treated wrongly or with prejudice (BRASIL, 2011b).

The eight booklets that are available to schools are divided into: Sexuality and Reproductive Health, Adolescents, Methodologies, Alcohol and Other Drugs, Races and Ethnicities, Genders, Prevention of STDs, Sexual Diversity. This literature aims at presenting a pedagogical approach that includes reflection, information, affection, feeling and emotion. It is intended, with these topics, to encourage reflection and dialogue of specific issues within the Brazilian schools (BRASIL, 2011b).

2 MATERIAL AND METHOD

With concerns around the relationship between teen, nutrition and health promotion, research was performed in all 399 counties of the State of Paraná to scale the insertion of PSE in public schools. Of all the municipalities, only 85 of them were identified as participants of the Health in School Program up until the end of 2012. Among these, we selected two municipalities for seeking to identify critical and important aspects of the program in these locations.

Given that the focus of the research was on the AMEPAR micro region, in the northwest of Parana State, the selected municipalities, Muñoz de Melo and Uniflor (PR), both belong to that micro region. For the survey data, interviews were conducted with the secretaries of Education of both counties, as what was important was to know the perspective of the policy makers, and because of that the data collection was restricted to these secretaries. Muñoz de Melo has a population of 3,672 and Uniflor, 2,466, and both are members of the 15th Regional Health of Paraná.

3 RESULT AND DISCUSSION

According to the report, from the beginning, the Health Department has been very receptive to the program, as much as the Department of Education in the municipality of Muñoz de Melo as well as the Regional Center for Teaching program which coordinates the actions of the Municipality of Uniflor. According to Secretary of Muñoz de Melo:

The Health in the School program belongs to the ministry of health and education. When we started this program, a team of health care experts came to me and saw its importance and together we signed the term of membership. Although all the documentation came from the health department, we in education are the ones that really got things going.

The two municipalities signed a membership to fulfill the bureaucratic part aimed at establishing and

joining the Health in the School Program (PSE) without there being, on the part of government management, conflicting situations between the areas of health and education.

The adherence to the program by law makers was somewhat delicate. In the city of Uniflor, the secretary of education identified some initial difficulty in accepting the insertion with education professionals. The Secretary reported the following:

As for students, in general, there was good acceptance. Regarding the teachers, they complained about having an overload of social commitments within the school and thus the mandatory contents were compromised. Nevertheless, they are participating and collaborating in the best possible way. They are our key partners.

However, in the municipality of Muñoz de Melo the Secretary reported:

As municipal secretary of education, I participate in all PSE meetings. We started in 2011 in a State School, had some difficulties regarding the state teachers, but then the synchronicity improved. When we started to work in the municipal schools we had no problems. Everyone accepted the proposals and made things happen with enthusiasm, dedication and commitment. It is very important work.

It was observed in the interview that one of the attractions to the program is the financial resource available to those schools that join it. It was noticed in the speech given by the Secretary of Education of the City of Muñoz de Melo that this factor is one that actually makes municipalities seek the proposals given by the federal government:

When a specific budget is given to us, we first have a meeting discussing the most controversial topics that teachers perceive within the students and start working from there: In February we started working on anthropometric measurements and oral health along with all the students in the municipal and

state school. We have nutritionists who observe the children and guide parents about proper nutrition. The teachers work within the classroom as well. This work will continue, because we have nutritionist in schools and in the clinics. (Annual monitoring). In March we worked on sexual diversity from early childhood education, addressing values, working with music as well, theater, research and videos, depending on the age group.

Interestingly, the experiments reported show a way to organize activities in which the topics proposed for referrals from the program are discussed with teachers. This may explain that even though there is some resistance with regards to the required areas that must be tackled, the teachers are still able to implement the proposal because they feel, in some measure, participants of the process. As noted in the words of the secretary of Muñoz de Melo, in fact, one realizes that there is an engagement and a commitment to the program.

As for activities, the program suggests that the most varied activities be carried out. It is interesting for public schools to seek alternative locations to troubleshoot and improve the quality of work in schools, as highlighted in the report of the Secretary of the city Uniflor:

Work done on the damages of smoking, drinking and using crack were shown in the classroom and, depending on the age group, the schools worked on setting up plays as well as working with professors from the University of Maringá who brought the designated material to be shown in the classroom. We also presented videos. The city's health personnel sent folders that came from the health department itself and hired a theater group from Maringá to set up in the future one or more plays about drug addiction. This work will take about 6 months. After the play is ready we will have a march where students will walk all the way to the central square of the city writing on cars " Say no to drugs" and handout folders for drivers and passengers .

The convergence of health with education is an emergency for prevention, promoting quality of life and equality among citizens who are being trained in the school environment.

One can still give another example of action aimed at promoting health and awareness, which stands out the interview with the representative of the City of Muñoz de Melo:

Now in June we are implementing the importance of donating blood: we will work from the 18th to the 25th and on the 26th there will be a march (all students will be in uniforms) we will have a fire brigade truck, the police, an ambulance, a car with an audio system and everyone from the department of education and health will be there. We are conducting a survey to find out how many people can donate blood after the march. The Health Bus will be waiting for donors to transport them to Maringá, because the blood bank will not be able to make it all the way to Munhoz on that day.

The Secretary adds:

I am sure that the program is excellent because we're partners of health and cannot help but feel that way, right? The child who seeks the health stops is the same one who is with us in school on a social level, and if we do not have these partnerships things will not work out.

The understanding on the part of this firsthand witness in realizing the need for integrated policies and actions gives us an indication that there is a change of mindset in Brazilian municipalities regarding the relationship between the State and society. As we can see from the statement of the Secretary of Education of the City of Muñoz de Melo, not once did she raise any negative points, even when asking questions about potential problems with the adaptation of the teachers, union interference, or dealing with difficulties regarding knowledge in the area of health sciences. Furthermore, she explained that work is being developed quite satisfactorily and this is imperative for the execution of the PSE in the schools.

With regards to the contents envisioned within the projects of the PSE, it was reported that the work is not interfering with the execution of the municipality's scholastic duties, because with the development of these activities throughout the year, teachers realized that the contents of the program contribute to the development of competency toward the formation of a complete and responsible citizen about health.

What can be noted in this context is that, in cities where there was a case study developed, the Federal Government's Health in the School Program was not jeopardizing the daily teaching tasks. In fact it's quite the contrary in that it is promoting a dynamism and intersectoral integration (health and education) in the school environment, promoting health, through social interaction.

4 CONCLUSIONS

Education and health in Brazil are universal rights of all Brazilians indeed. Thus, to ensure and promote these fundamental rights, through the Federal Constitution itself, public policies in education and health are instituted.

The expanded concept of health, legitimized by the 1988 Carta Magna, guided the future actions of the Health in School Program (PSE). Therefore, there began an effort to break the paradigm which put the blame on the individual for their health conditions. The main objective has thus become the promotion of:

quality of life and reduction of vulnerability as well as health risks related to their determinants and constraints - ways of living, working conditions, housing, environment, education, leisure, culture, access to essential goods and services (RIGHI, 2011, p. 4).

The integration of practices in the areas of health and education (considering the prospect of continuing education for educators and students, and the consequent exchange of knowledge that emerges in this context), allows us to reframe the relationship which historically had been constituted between health and education (MENDONÇA, 2009, p. 3).

In this perspective, this program is considered fundamental to promote the integration of the sectors of health and education, in order to cause significant changes in the relationship between them: schools and community, teacher and student (REZENDE; DANTAS, 2009).

Considering the importance of school as a space for the development of health, self-esteem, behavior and life skills for its students, staff, and the community, it certainly is the appropriate environment for the formation of healthy eating habits and the construction of citizenship. In this sense, the data obtained from interviews with the Secretaries of Education of the two municipalities provided information that, despite all difficulties in education found in Brazil, the authorities responsible for the educational management in the municipalities of Muñoz de Melo and Uniflor are working hard to legitimize the program with quality and commitment. Children, through this program, are gaining the ability to have a vision of health prevention within the school environment and it is hoped that these examples encourage other municipalities who did not join the program for fear of facing difficulties in its implementation.

REFERENCES

- BRASIL. Decreto 6.286, de 05 de Dezembro de 2007. Programa Saúde na Escola - PSE e dá outras providências. **Diário Oficial [da] República Federativa do Brasil**, Poder Executivo, Brasília, DF, 06 dez. 2007. Seção 1, p. 2.
- BRASIL. Ministério da Saúde. Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira. (2006). **Portaria nº 300, de 30 de janeiro de 2006**. Brasília: Ministério da Saúde, 2006.
- BRASIL. Ministério da Saúde. Ministério da Educação. **Passo a passo PSE: tecendo caminhos da intersectorialidade**. Brasília: Ministério da Saúde, 2011a.
- BRASIL. Ministério da Saúde. Ministério da Educação. **Saúde e prevenção nas escolas: adolescentes e jovens para a educação entre pares**. Programa Saúde na Escola. Brasília: Ministério da Saúde, 2011b.
- BRASIL. Ministério da Saúde. **O SUS de A a Z: garantindo** saúde nos municípios. Conselho Nacional das Secretarias Municipais de Saúde. 3. ed. Brasília: Ministério da Saúde, 2009a.
- BRASIL. Ministério da Saúde. Portal da Saúde. **Mais de 5 mil alunos serão orientados sobre a obesidade**, 2011a. Available from: <<http://portalsaude.saude.gov.br>>. Accessed: 02 May. 2012.
- BRASIL. Ministério da Saúde. Portaria MS nº 357, de 01 de Março de 2012. Mobilização Saúde na Escola: semana saúde na escola, e dá outras providências. **Diário Oficial [da] República Federativa do Brasil**, Poder Executivo, Brasília, DF, 02 mar. 2012b. Seção 1, p. 63.
- BRASIL. Ministério da Saúde. **Programa Saúde na Escola**, 2012a. Available from <http://portal.mec.gov.br/index.php?option=com_content&view=article&id=14578%3Aprograma-saude-nas-escolas&catid=194%3Asecad-educacao-continuada&Itemid=817>. [Accessed: 20 April. 2012]
- BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. **Saúde na escola**. Brasília: Ministério da Saúde, 2009b. (Série B. Textos Básicos de Saúde; Cadernos de Atenção Básica, n. 24).
- BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. **Manual operacional para profissionais de saúde e educação: promoção da alimentação saudável nas escolas**. Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Brasília: Ministério da Saúde, 2008. (Série A. Normas e Manuais Técnicos). Available from: <http://bvsmms.saude.gov.br/bvs/publicacoes/manual_operacional_profissionais_saude_educacao.pdf>. Accessed: 02 May. 2012.
- BRASIL. Ministério da Saúde. Secretaria de Educação Fundamental. **Parâmetros curriculares nacionais: introdução aos parâmetros curriculares nacionais**. Brasília: Ministério da Saúde, DF, 1997.
- BRASIL. Ministério da Saúde. Secretaria de Políticas

- de Saúde. Projeto Promoção da Saúde. **As Cartas da Promoção da Saúde**. Brasília: Ministério da Saúde, 2001. (Série B. Textos Básicos em Saúde). Available from: <http://bvsmms.saude.gov.br/bvs/publicacoes/cartas_promocao.pdf>. Accessed: 02 May. 2012.
- EYNG, A. M. **Currículo escolar**. Curitiba: Ibpex, 2012.
- LEE, A. Health-Promoting School. **Applied Health Economics and Health Policy**, v. 7, n. 1, p. 11-17, mar. 2009.
- MACNAB, A. J.; GAGNON, F. A.; STEWART, D. Health promoting schools: consensus, strategies, and potential. **Health Education**, v. 114, n. 3, p. 170-185, 2014.
- MACUCH, R. Gerontologia educacional como promotora da qualidade de vida no envelhecimento. In: MASUDA, E. M.; VELHO, A. P. M. (Org.). **Promoção da Saúde: um enfoque interdisciplinar**. Maringá: Ed. CESUMAR, 2012. p. 85-96.
- MELLO, E. D.; LUFT, V. C.; MEYER, F. Obesidade infantil: como podemos ser eficazes. In: **Jornal de Pediatria**, Porto Alegre, v. 80, n. 3, p. 1-16, maio/jun. 2004.
- MENDONÇA, R. H. Aos professores e professoras. In: SÉRIE SAÚDE E EDUCAÇÃO: uma relação possível e necessária, 2009. Available from: <<http://portaldoprofessor.mec.gov.br/storage/materiais/0000012177.pdf>>. Accessed: 10 June. 2012.
- PELICIONI, M. C. F.; TORRES, A. L. **Promoção da Saúde: a escola promotora de saúde**. 1999. Monografia (Trabalho de conclusão de curso) - Universidade de São Paulo, Faculdade de Saúde Pública, São Paulo, 1999.
- REZENDE, R.; DANTAS, V. L. de A. Apresentação. In: SÉRIE SAÚDE E EDUCAÇÃO: uma relação possível e necessária, 2009. Available from: <<http://portaldoprofessor.mec.gov.br/storage/materiais/0000012177.pdf>>. Accessed: 10 June. 2012.
- RIGHI, A. S. **Desenvolvimento das Políticas Públicas: Saúde, Educação e Serviço Social: Convergência Necessária**. Tese (Doutorado) - Faculdade de Serviço Social, Pontifícia Universidade Católica do Rio Grande do Sul, 2011.
- SIMOVSKA, V. What do health-promoting schools promote?: Processes and outcomes in school health promotion. **Health Education**, v. 112, n. 2, p. 84-88, 2012.
- UNITED NATIONS. Non-communicable diseases deemed development challenge of epidemic proportions. In: **Political Declaration Adopted During Landmark General Assembly Summit**. GA 111738 New York, 19 September, 2011. Available from: <<http://www.un.org/en/ga/president/65/letters/NCDs%20-%20Draft%20Political%20Declaration%20-%202009%20September%202011.pdf>>. Accessed: 12 August. 2012.
- VASCONCELLOS, C. S. **Planejamento: Projeto de Ensino-Aprendizagem e Projeto Político Pedagógico: elementos metodológicos para a elaboração e realização**. 12. ed. São Paulo: Libertad, 2005.
- WHO. **Improving Health through Schools: National and International Strategies**, World Health Organization, Geneva, 1999.
- WHO. **Promoting Health Through Schools: Report of a WHO Expert Committee on Comprehensive School Health Education and Promotion**, WHO Technical Report Series, Geneva, No. 870, WHO, pp. 1-93, 1997.
- WHO. UNESCO. UNICEF. EDC. World Bank Education International. The Physical School Environment. **An Essential Component of a Health-Promoting School. Information series on school health**. Document 2, 2003. Available from: <http://www.who.int/school_youth_health/media/en/physical_sch_environment_v2.pdf>. Accessed: 10 June. 2012.

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