THE HEALTH AT SCHOOL PROGRAM: CONCEPTIONS AND PERCEPTIONS OF ACTIONS CHARACTERIZED BY THE INTERSECTORIALITY PRINCIPLE IN MUNICIPAL EDUCATIONAL PUBLIC POLICIES IN ALTAMIRA - PARÁ

O PROGRAMA SAÚDE NA ESCOLA: CONCEPÇÕES E PERCEPÇÕES DAS AÇÕES CARACTERIZADAS PELO PRINCÍPIO DA INTERSETORIALIDADE NAS POLÍTICAS PÚBLICAS MUNICIPAIS EDUCACIONAIS EM ALTAMIRA - PARÁ

EL PROGRAMA DE SALUD EN LA ESCUELA: CONCEPCIONES Y PERCEPCIONES DE ACCIONES CARACTERIZADAS POR EL PRINCIPIO DE INTERSECTORIALIDAD EN LAS POLÍTICAS EDUCATIVAS MUNICIPALES EN ALTAMIRA - PARÁ

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RESUMO: Este estudo objetivou analisar as concepções e percepções dos atores sociais partícipes das ações implementadas no Programa Saúde na Escola, caracterizado pelo princípio da intersetorialidade, nos Sistemas Municipais de Ensino e de Saúde em Altamira – Pará, no período entre 2008-2019. Optou-se pela abordagem qualitativa na modalidade de pesquisa de campo. Os resultados apontaram que as concepções e percepções dos atores sociais partícipes desta pesquisa não discorrem na totalidade das diretrizes e ações estratégicas do programa, as quais são caracterizadas pelo princípio da intersetorialidade. Considera-se que explicitou contradições conflitantes ao planificado e preconizado pelas políticas públicas universais e locais.

PALAVRAS-CHAVE: Programa Saúde na Escola. Princípio da Intersetorialidade. Educação Básica. Sistemas Municipais de Ensino e de Saúde. Políticas Públicas em Altamira - Pará.

RESUMEN*: Este estudio tuvo como objetivo analizar las concepciones y percepciones de los actores sociales que participan en las acciones implementadas en el Programa de Salud Escolar, caracterizado por el principio de intersectorialidad, en los Sistemas Municipales de Educación y Salud en Altamira - Pará, en el período comprendido entre 2008 y 2019. El enfoque cualitativo fue elegido en la modalidad de investigación de campo. Los resultados mostraron que las concepciones y percepciones de los actores sociales involucrados en esta investigación no funcionan en la totalidad de los lineamientos y acciones estratégicas del programa, que se caracterizan por el principio de intersectorialidad. Se considera que ha*

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hecho explícitas contradicciones que entran en conflicto con lo previsto y propugnado por las políticas públicas universales y locales.

***PALABRAS CLAVE**: Programa de Salud Escolar. Principio de Intersectorialidad. Educación básica. Sistemas Municipales de Educación y Salud. Políticas Públicas en Altamira - Pará.*

***ABSTRACT**: This study aimed to analyze the conceptions and perceptions of social actors participating in the actions implemented in the School Health Program, characterized by the principle of intersectoriality, in the Municipal Education and Health Systems in Altamira - Pará, in the period between 2008-2019. We opted for a qualitative approach in the field research modality. The results pointed out that the conceptions and perceptions of the social actors participating in this research do not fully address the guidelines and strategic actions of the program, which are characterized by the intersectoriality principle. It is considered to have made explicit contradictions conflicting with what is planned and advocated by universal and local public policies.*

***KEYWORDS**: School Health Program. Intersectoriality Principle. Basic Education. Municipal Education and Health Systems. Public Policies in Altamira - Pará.*

Introduction

The Health at School Program, characterized by the principle of intersectoriality, was established by Presidential Decree nº 6,286, of December 5, 2007, by the Ministries of Education and Health, with guidelines and actions for the target audience, composed of children, adolescents, young people and adults in Brazilian Basic Education, as well as by the school community (school managers, teachers, complementary support staff, moms, dads and those responsible for the students). In this way, the two sectors join forces for the promotion, prevention and health care to face the vulnerabilities that interfere in the integral education of Basic Education students in the country (BRAZIL, 2007).

For Junqueira, Inojosa and Komatsu (1997) and Góis (2013), the perspective of the guideline characterized by the principle of intersectoriality is based on the dialogues of collective knowledge as a premise for the construction of articulated actions to be instituted in public policies as social rights. Therefore, “Children with adequate health, food and protection conditions are often eager to learn and experience new things” (CURY; REIS; ZANARDI, 2018, p. 106). This statement corroborates the objective of the Health at School Program, which is to become an important link between multiprofessional teams from School and Family Health Units, to promote knowledge and actions for integral human development (physical, psychological, social and cultural).) of children and adolescents in Brazilian Basic Education.

For the Ministries of Education and Health, the actions and guidelines of the Programa na Saúde na Escola aim at the permanent articulated integration with the Education and Health interface to promote the quality of life of the Brazilian school-age population (BRASIL, 2007). . It was noted that the proposed north is the quality of citizen life focused on the full integral human development of students, teachers and administrative and operational support teams in Basic Education, with the guarantee of public policies as a social right, as expressed in the documents Brazilian law officials.

In view of these aspects, the question is: What are the conceptions and perceptions of the social actors participating in the actions implemented by the principle characterized by intersectoriality in the Health at School Program and its contributions to basic educational public policies in the Municipal Education System of Altamira, Pará, in period between 2008 and 2019?

In view of this problematization, it was anchored epistemologically and theoretically on the principle characterized by intersectoriality (BARBIERI; NOMA, 2017; FERREIRA, 2009; INOJOSA, 1998; JUNQUEIRA, 1997, 2000; MONNERAT; SOUZA, 2014; NASCIMENTO, 2010, SANTOS; DIAS , 2012; SILVA, 2019; TUMERELO, 2018), from a qualitative approach, with the objective of analyzing the perceptions and conceptions of the social actors participating in the implementation of this Program and the actions characterized by the principle of intersectoriality in the Municipal Education and of Health in the period between 2008-2019.

Therefore, this article was organized, with this introduction that discusses the object, the problem, the objective, the justification, theoretical reference; followed by the methodological trajectory section and the sections that deal with: the conceptions of the participating social actors about the Health at School Program, with the social relevance, the contributing factors both positively and negatively, the planned actions and the involvement of the participants with the Health Program at School and; the perceptions of the participating social actors regarding the actions that were carried out and carried out, their characteristics and factors, and how the integrative articulations characterized by the principle of intersectoriality took place. Finally, the final considerations followed by the references follow.

Methodological Trajectory

This research is based on a "cycles of qualitative research" approach, organized in three stages: 1) exploratory phase; 2) field work and 3) analysis of material based on experiences and documents, which "is carried out fundamentally by an intellectual work based on concepts, propositions, hypotheses, methods, and techniques, which builds its own and particular rhythm. " (DELANDES; GOMES; MINAYO, 2009, p. 25).

The criteria for selecting the participating social actors, who responded to the questionnaires, was based on the Interministerial Ordinance nº 675, of June 4, 2008 (BRASIL, 2008), issued by the Offices of the Ministries of Health and Education, which established 01/2008 (ALTAMIRA, 2008), issued by the Municipal Health and Education Offices, which established the Municipal Intersectoral Working Group of the aforementioned program in Altamira, Pará. As well as the managers of School Units and coordinators of the Family Health Units, who are "source people" (CHIZZOTTI, 1991, p. 17), participants in local dynamics, co-responsible for the intermediation of planning, execution, monitoring, evaluation and replanning of program guidelines and actions.

On that occasion, due to the difficulty of carrying out the interviews due to the need for social isolation caused by the coronavirus (COVID-19) pandemic since March 2020, the application of the written questionnaire was adopted as a possibility, as it would allow respect for the measures of social distancing and for requiring less interpersonal interpellations; Thus, access to the data necessary for understanding the guidelines and actions of the Health at School Program and its implementation dynamics was guaranteed.

Data collection, registered with the Ethics Committee under number 43592821.1.000.0018, was carried out from October 1 to November 10, 2020. The following locations for data collection were: the Municipal Health Department, for through the Technical Division of Health, which is responsible for the Coordination of Primary Health Care, as well as the coordinations that are responsible for three Family Health Units; the Municipal Department of Education, through pedagogical coordination, which is responsible for the programs in the educational sector, as well as the management of three School Units, which are territorially linked to the aforementioned Family Health Units. Chart 1 presents the participants of this research, their training and time of service in the areas of activity (Health and Education).

Chart 1 – Research particpants

FICTIONAL NAMES	DEGREE	TIME/EXPERIENCE
Health Coordination.	Nurse with a postgraduate degree in Public Health.	From the permanent staff for ten years, has not worked directly in the Program.
Nurse 1.	Nurse with postgraduate degree in Primary Care Management	Permanent staff for eleven years, with four years working in the Program.
Nurse 2.	Nurse with postgraduate degree in Urgency and Emergency	Temporary contract, three years working in the Program.
Nurse 3.	No return to research.	No return to research.
Educational Coordination.	Pedagogue, post-graduated in Special Education and Inclusive Education.	Permanent staff for twenty-eight years, with five years working in the Program.
School Manager 1.	Pedagogue, Post-Graduation in School Management.	Temporary contract, three years working in the Program.
School Manager 2.	Degree in Portuguese Language - Literature with Post-Graduation in School Management.	Temporary contract, four years working in the Program
School Manager 3.	Full Degree in Biological Sciences with Post-Graduation in School Management.	Temporary contract, two years working in the Program.

Source: Prepared by the authors

The data presented in Chart 1 on the training and length of service of the participants reveal consistency in initial and continuing education, however, despite this formative framework, it was noticed that most have little time working in the program and that, of the seven, only three are permanent staff (Health Coordination, Educational Coordination and Nurse 1).

Eight written questionnaires were given to the social actors participating in this research, plus the Terms of Free and Informed Consent, distributed as follows: four professionals from the Municipal Health Secretariat, with one for the Coordination of Primary Health Care and one for the Coordinators of all the Family Health Units selected for the study. In the Educational sector, four questionnaires were collected, one for the Pedagogical Coordination and one for each of the Managers of three School Units in Altamira. It should also be pointed out that two Family Health Units and School Units are located in Community Urban Resettlements, which are situated in outlying neighborhoods, and one Family Health Unit and one School Unit are in the center of the city of Altamira.

As for the return of the eight written questionnaires sent to the participating social actors, seven completed questionnaires were returned, however, one coordinator of the Family Health Unit in the periphery did not return: even with constant insistence, no success was obtained. However, the questionnaires received were sufficient, and were essential to proceed with the analysis and treatment of the data without harming the quality of our research.

The written questionnaire was structured with twelve questions, of which seven were closed questions with four options (in the last one, with the possibility of adding other answers from the participants) and five were open questions. The questions were organized in four correlated thematic axes: I - Profile of the participating social agents; II - Conceptions of the participating social agents about the School Health Program; III - Perceptions of the participating social agents about the principle characterized by the Intersectoriality in the Program and; IV - Actions of the School Health Program in Altamira, Pará.

To ensure the validity and reliability of the data collected by applying the written questionnaires, the methodological criteria for building the typification were adopted: transcription and theoretical elaboration were performed, followed by interpretation, in which Content Analysis (BARDIN, 2011[1977]) was used for data analysis.

Conceptions of social actors about the School Health Program

In this section of data presentation and analysis, the conceptions of the participating social actors about the School Health Program were identified, as well as its social relevance, as well as the positive and negative factors in the actions planned for the implementation of the program. These, which aim to contribute to the integrative strengthening of the actions of the Health and Education sectors to address individual and collective social vulnerabilities, which expanded the health-promoting actions for children, adolescents, youth and adults in the Municipal Education System of Altamira, with support for their full development for the exercise of citizenship (BRAZIL, 2018).

In the executive practice of the Health at School Program, the Health and Education sectors take into consideration the pedagogical organization of the means woven by the sharing of knowledge, which have historically constituted supports, individually and collectively. It also considers the most varied social roles of the school community (students, teaching staff, supplementary educational support staff, the family, and others responsible for the students) for the institution of meaningful teaching and learning processes for a policy with socially referenced and ethically inclusive justice. Therefore, it focused on health promotion at the expense of social vulnerabilities, referenced in comprehensive education for full human development in its physical, psychological, social, and cultural wholeness (BRAZIL, 2007, 2011, 2017).

However, when questioning the conceptions of the participating social actors about the understanding of the actions of the Health at School Program, five subjects responded to be the:

"Health promotion of the schoolchild" (Health Coordination, Educational Coordination, Nurse 2, School Managers 1 and 3). However, for two participants, it is "articulated actions between sectors" (Nurse 1, School Manager 2), which is closer to the characteristic principle of intersectoriality. The Health Coordination understands it to be the "Connection of knowledge and experiences", which is close to the interdisciplinary principle, which is not part of this study, and the School Manager 3 added that it is the "*Congruence with transversal themes*".

The Health and Educational Coordinators, as well as Nurse 2 and School Managers 1 and 3, showed a certain conception about the Program, because "[...] it constitutes a strategy for the integration and permanent articulation between education and health policies and actions, with the participation of the school community, involving family health teams and basic education" (BRASIL, 2007, p. 1) for the Promotion of School Health.

As for the other participants, they pointed out conflicts and misconceptions about the conception of the program's actions, hypothetically due to the lack of depth, training and education to take on the Program. This is because, according to the profile of the social actors presented above, they have recently worked in the sector and did not follow the process of the Program implementation, not to mention the professional turnover characterized by the lack of public competitions, considering that for more than eight years such areas have been facing fixed-term contracts.

When questioning the participating social actors about the social relevance of the program, the Health Coordination and Nurse 1 stated that it aims to "*Provide opportunities for the comprehensive development of children, youth, and adults*". However, for the Educational Coordination it is "*The search for those who are absent for vaccination, since they don't go to the health units*". In other words, this is a reductionist statement about the amplitude of the program, since immunization is an action that is part of the framework of pacts. The Health Coordination, Nurse 2, School Managers 1, 2, and 3 converged that it is the "*articulated promotion of health with education*", being this concept the one that comes close to the characteristics of intersectoriality.

It is worth mentioning that the School Health Program has three components, which are: I - Clinical and psychosocial evaluation; II - Health promotion and prevention; and III - Permanent education. These have lines of agreed actions to be performed, and the updating of the vaccination schedule is a line of action to be performed in the verification of the schoolchildren's vaccination portfolio as an action part of component I, not less important, but part of the policies of the Program (ALTAMIRA, 2008, 2011, 2019; BRAZIL, 2007). Thus,

such policies bring contributions to the systematized constitution of social attention, focused on the promotion of citizenship and human rights (BRAZIL, 2007).

When asked about the positive factors for the operation of the School Health Program, the Health Coordination and School Managers 1 and 3 showed some understanding of the political processes involved in the program, which are the "*Shared actions in planning, implementation, and evaluation of knowledge and experiences*". Not to mention that the Health Coordination rightly added that they are "*Multi-professional interrelations of knowledge and experiences*", which is also the understanding of School Manager 2.

For Nurses 1 and 2, these are "*Articulated actions in planning and execution*", which are closer to the characteristic principles of intersectoriality. For the Educational Coordination, they are "*Partnerships directly involving the school management and the pedagogical coordination with the health team*", which considered essential the support of the management of the States and Municipalities in the Health and Education sectors, as it is a policy mediated by a principle characteristic of intersectoriality (BRASIL, 2007, 2018).

Regarding the negative factors, four participating social actors (Educational Coordination, Health Coordination, Nurse 1 and School Manager 2) mentioned that it is the "*Lack of shared agenda between sectors*". However, the Health Coordination also added that it is the "*lack of planning of education professionals in the development of actions*", as well as the "*Involvement of more education professionals*". Nurse 2 stated that it is the "*Distancing in the planning of the sectors*", and for School Manager 3 it *is the "difficulty in sharing calendars and school days*".

It is possible to observe the contradictory installation between the positive and negative aspects, since for three participating social actors (Health Coordination and School Managers 1 and 3), the positive aspects are the "*Shared actions in planning, execution, and evaluation of knowledge and experiences*". However, for four participating social actors (Health Coordination, Educational Coordination, Nurse 1, and School Manager 2), the negative aspects refer to the "*Lack of shared agenda between sectors*". It is observed that even the Health Coordination created some contradiction in its answers, since it stated that the sharing of actions is positive, but, on the other hand, it also pointed out that there is a lack of sharing in sectoral agendas.

Above all, the lack of articulation in planning would not be mentioned by the participants of this research if it did not influence the execution of the program's actions. However, disarticulation was revealed when considering that, according to the Educational Coordination, the Health Coordination, Nurse 1 and School Manager 2, *"the shared agenda*

between sectors" was not noticed, added by the Health Coordination, the distance in the "*planning of education professionals*", as well as the "i*ncipient participation of education professionals*" and also the "*Distance in sector planning*" (Nurse 2) with the "*difficulty in sharing calendars and school days*" (School Manager 3).

Other intriguing questions refer to the answers of the Health Coordination and School Manager 2, who added as positive aspects the "*Multiprofessional interrelations of knowledge and experiences*". However, the Health Coordination also affirmed as a negative aspect the "*lack of planning of education professionals in the development of actions*" and also the "*Involvement of more education professionals*". The contradictions are perceptible, once the interrelations were implied as only among Health professionals. Next, there was a lack of integrated and articulated planning by the Education professionals. For Nurses 1 and 2, the positive aspects are "*articulated actions in planning and execution*". However, the negative aspects for Nurse 2 were based on the "*Distancing in the planning of the sectors*"; how articulated actions were established, if there was distancing, are complex and questionable contradictions.

This process of lack of integrated planning interferes and impairs the actions of the Health at School Program, given the mismatch between its guideline with the principle characterized by intersectoriality, which consists of the "part that constitutes itself; connect organically; depend and condition each other reciprocally; conditions of existence and its environment; unitary or total; [...] reciprocal and antagonistic attitudes" (PEREIRA, 2014, p. 23-39).

For the Educational Coordination, the positive aspects are "*The partnerships directly involving the school management and the pedagogical coordination with the health team*". However, for School Manager 3, the negative aspects are based on the "*difficulty in sharing calendars and school days*". In this sense, the partnerships said by the Educational Coordination were unfeasible.

In this sense, it is evident the complexity to perform the attention for the integral human development if there was no articulated and integral planning, execution, monitoring, evaluation, and replanning, as seen in the conceptions of the participating actors, which are configured by the incompatibilities of agendas. However, the actions of the Health at School Program need insertion in the main instrument of educational planning, which is the School's Political Pedagogical Project, for the compatibility of agendas and actions in accordance with the local school community, not in the opposite and counterverse (BRAZIL, 2018).

Above all, "An instrument of the Education sector that evokes participation, deserves to be highlighted and should be clear to program managers: the School's Political-Pedagogical Project" (SILVA, 2019, p. 39). As well as the "Two aspects that cannot be left aside in the organization of health programs in school and that become strategic for their development are the ESF and the Political-Pedagogical Project" (SILVA, 2019, p. 39).

The actions planned by the School Health Program should consider the attention, promotion, prevention and assistance, which will take place in an articulated manner with the Education System in basic public policies, which considers the principles and guidelines of the Unified Health System (BRAZIL, 2007) as the beacon. In this sense, it was noticed in the voices of the social actors participating in this research, congruences with the program, since the Health Coordination, Educational Coordination, Nurse 1 and School Manager 3, stated that it is the "*Articulation in the multiprofessional teams*"; the Health Coordination also added that it is the "*Sharing of knowledge*": the School Manager 1 welcomed this statement. The Health Coordination also listed the "*Articulated agendas for planning, execution and evaluation among sectors*", and the Nurse 2 and the School Manager 2 shared the answer.

Thus, it was evident a certain approximation regarding the conceptions of the participating social actors about the School Health Program. However, it was also notable the distancing of some of them regarding the social relevance of the program, as well as the incongruence between the positive and negative factors, given the persistence of significant contradictions between the answers and about the actions planned and the participation of professionals in the implementation of the program. Based on these data, it was noticed that these subjects are superficially close to what the program regulates and recommends. Therefore, to reinforce the prevention of diseases in Public Health Policies, as well as the strengthening of the Municipal Education and Health Systems in Altamira - Pará, it is necessary to have strong articulations between the strategic actions of the local Unified Health System and those of the Municipal Education System of Altamira.

To formalize in practice the expansion of actions of the program in relation to students and their families, and to consider the social context, which is one of the conditions for comprehensive training with the confrontation of vulnerabilities, and so as not to compromise the full school development, communication and information between the multiprofessional teams of the School Units and the Family Health Units, for interpellations and participatory strengthening of the school community aiming at the promotion of public policies at municipal and local levels, are fundamental (BRAZIL, 2007).

Participants' perceptions of the characteristic principles of intersectoriality

This section of data analysis verifies the actions characterized by the intersectoral principle, triggered by the Municipal Education and Health Secretariats for the implementation of the program strategies. Intersectoriality is based on shared and co-responsible actions, with intersectoral articulations between basic education and health public policies, through Intersectoral Working Groups (BRAZIL, 2012).

The municipal intersectoral management is the responsibility of the Municipal Intersectoral Working Group (BRAZIL, 2015), which involves integrated planning, monitoring, and evaluation among the multiprofessional teams of the School and Family Health Units, which articulate the actions of the School Health Program with the school Pedagogical Policy Project; Thus, schools are open to health projects that include students, teachers, and the community, which are essential for the school community to analyze, together with the pedagogical council, the pedagogical strategies to be carried out by the multiprofessional teams of Health and Education (BRAZIL, 2011).

This program was established with strategic framework for articulated integrality of public policy actions of the Education and Health systems with directives on the characteristic principles of intersectoriality (BRAZIL, 2007). However, "allowing the progressive expansion of the exchange of knowledge between different professions and the intersectoral articulation of actions performed by the Health and Education systems, with a view to the comprehensive health care of children and adolescents" (BRAZIL, 2015, p. 9).

To this end, when asked about their beliefs about the actions performed in this program, if characterized by intersectorality, six of the seven participating social actors (Educational Coordination, Health Coordination, Nurses 1 and 2, and School Managers 1 and 2), referred to be the "*Shared actions in planning, implementation, and evaluation of knowledge and experiences*". However, the Health Coordination adds "*Articulation in the multi-professional planning*", together with School Manager 2 and Nurse 1, who consider them to be "*Articulated actions of knowledge and experiences*".

Notably, it can be noticed that the conceptions of the participants welcome the articulated sharing of knowledge and experiences, with a vision that shows the rupture "with the disciplinary, parcelled, hierarchical, fragmented, dichotomized and dogmatized thought that for a long time marked the Cartesian conception of the world" (THIESEN, 2008, p. 552).

The intersectoriality for the Health Coordination, for the Educational Coordination and for School Managers 1 and 2, is characterized as "*Articulated actions between the sectors*".

However, the Health Coordination also added the "*Articulation in the planning of actions*"; it also supplemented, along with Nurses 1 and 2, as *the "Sharing of knowledge and experiences between the education and health portfolios*". The Health Coordination, together with School Managers 1 and 3, added that it is about "*Closer relations between sectors*".

In the statements of these social actors, we noticed a certain confusion between the concepts, considering that at a certain moment they are confused with the interdisciplinary conceptions. It is considered natural that this confusion occurs, since the principles are not and are not dissociated, because they are almost always dependent, since intersectoriality has in its characteristics the interface of knowledge and practices in integrated planning, implementation and analysis of actions, in view of the proposed objectives in the implementation of necessary moments, seeking a collaborative result for the full development of society (JUNQUEIRA, 1997).

Also to explore in depth the characteristic principles of intersectoriality, which is central to this study, the School Health Program and its guideline, characterized by the principle of intersectoriality, in the Municipal Education and Health Systems of Altamira - Pará, in the period between 2008-2019, was analyzed. To this end, four open questions were added to deepen the analysis about the conceptions of the social actors participating in this study.

To this end, when asked about the effectiveness of technical support in planning, implementing, and evaluating the program's actions, the Health Coordination answered that it was "*Through the implementation of the intersectoral committee on education and health*", as well as "*With the legal formation of the municipal intersectoral group. With support from the education and health managers*". For Nurse 1, "*In a sectorial way*", and for Nurse 2, "*it is evaluated through the E-SUS system*". However, the Educational Coordination infers that "Our support occurs in the sensitization of school teams to enable the participatory access of health teams, considering that the actions happen in schools, mainly through the Pedagogical Political Project.

Two valuable statements are explained by the social actors participating in this research, of which: one relates to the Municipal Intersectoral Working Group, which is based "composed of managers from the Secretariats of Health and Education, representatives of the Primary Care teams and representative of the educators who will work in the School Health Program, representatives of schools, young people and people from the local community" (BRASIL, 2015, p. 17), with the responsibility to plead for the signing of the Term of Commitment between the two parties (Health and Education). The other issue refers to the inclusive articulation "of topics related to the actions of the PSE in the political-pedagogical projects of

schools" (BRASIL, 2015, p. 17), given that "In schools, the work of **health promotion** with **students**, teachers, and employees must have as a starting point 'what they know' and 'what they can do'" (BRAZIL, 2015, p. 9, emphasis added).

However, School Manager 1 said that "*We received a schedule of activities through a letter, and that there was coordination with the teaching team in the planning*". For School Manager 2, "*It is carried out together with the health and education secretariats, within an annual service planning*" and, at the same time, contradicts himself: "*There has never been a School Health Program planning together with the institution's planning*"; for School Manager 3,

> *The actions were coordinated by the Municipal Health and Education Secretariats, with the creation of a monthly activities schedule, and after this schedule, the person in charge of the Health Center closest to the school visits it so that the Management and Coordination can carry out the formation of a monthly activities calendar.*

In the answers of School Managers 1, 2 and 3, it is evident the contradiction with the statements of the Health Coordination and the Educational Coordination. It was noticed in these statements that the implementation of the School Health Program occurred and occurs in a unilateral way, from top to bottom, considering that the program's actions should be characterized in articulation and through the Political Pedagogical Project in the School Units, with synergy of the Health and Education sectors, and having the local school community context as the starting point.

When asked about the execution of the Health at School Program, if it occurs in the format characterized by the intersectoriality principle, the Health Coordination answered that: "*Yes. There was development of actions by professionals from several areas*" still complemented that: *"[...] during the trainings of the planned contents with Municipal Intersectorial Working Group*". For Nurse 1, it was done "*In an articulated manner*", for Nurse 2: "*Themes related to health education were articulated*". However, the Educational Coordination infers that "*In my opinion, both the planning and the application of the program's actions, considering that the schools work in partnerships with the health units*". For the School Manager 1, it was "*through conversations between teachers and students, debates, answering questions, written production, and others*". For School Manager 2, the answer was "*No. What we notice is a more technical/basic service*". Finally, School Manager 3 answered:

> *Yes, one of the main concerns of the teaching-learning process at school is Interdisciplinarity, another important point is to comply with the insertion of*

> *transversal themes such as environmental education (Dengue), and the importance of themes relevant to psychological and behavioral issues, and inclusion.*

Of the seven participating social actors, only School Manager 1 stated that the intersectoral relationship is negative, considering that it is "*a more technical/basic service*". However, the other participants demonstrated a certain "articulating vision that breaks with the disciplinary, fragmented, hierarchical, fragmented, dichotomized, and dogmatized thinking that has long marked the Cartesian conception of the world" (THIESEN, 2008, p. 552).

For the questioning of intersectorial effectiveness between Health and Education in the municipality, for the Health Coordination, it was "*Yes. However, it varied a lot according to the management of each year*" and also "*Through the ordinance with the formation of the municipal working group among the secretariats and approval of the municipal health council*". For Nurse 1: "*Yes, shared with the attribution of each sector*" and for Nurse 2, it was "*The partnership between the Family Health Unit and the school was fundamental in health promotion actions*". The Educational Coordination stated that "*Yes, with sharing of school agendas in partnership with health, enabling actions within the school context, considering that this is the place where educational actions occur*". However, for School Manager 1 it was: "*Yes, through a planning between the sectors, informing the School Units to receive the program*". For School Manager 2, it was "*No*", and for School Manager 3: "*Yes, the program strengthened the relationship and improved communication a lot, as well as facilitated students' faster access to health policies*".

From the participants' reports, we noticed that for the Health Coordination, the Educational Coordination, Nurses 1 and 2, and School Managers 1 and 2, there was intersectoral effectiveness. Only School Manager 2 answered negatively, but did not explain the reason for his answer. The Health Coordinator, in the justification of his statement, reveals an intriguing question: "*it varied a lot according to the management of each fiscal year*". The issue was reflected that public policy actions are not always carried out as state policies, but rather as government policies, where the continuity of actions is fragmented: in certain periods, intersectorial activities are paralyzed with the changes proposed by the administration.

It was found that in more progressive governments, the program took place in its more democratic format, such as the programs of the governments of Luiz Inácio Lula da Silva (2003-2006; 2007-2010) and Dilma Rousseff (2010-2013; 2014-2016). However, in governments with neoconservative and ultraliberal profiles (current government of Jair Messias Bolsonaro, 2018-2021), the strategic actions of the program have been determined top-down, without

considering the characteristic guideline of intersectorality; some have been paralyzed or excluded.

In this sense, one agrees with the necessary transformation in the power logic of government agencies and the interests that are in constant dispute in the arena of societal policies. Thus, it influences with paradigmatic modifications that are impregnated in the state bureaucratic instruments, as well as in the structures of its functioning (JUNQUEIRA, 2000).

When questioning these subjects about the integrated articulation of actions between the School Units and Family Health Units, the Health Coordination answered: "*At first, it was a little truncated due to the low adhesion of the educators, but later, with time, this articulation was strengthened*". Were delivered incentive kits to adhere to the proposal containing: shirt, bag, pen, block all personalized. For Nurse 1: "*Opportune to offer support to these actions*" and for Nurse 2: "*Through meetings between the Family Health Unit and the school*". For the Educational Coordination it was "*The partnerships directly involving the school management and the pedagogical coordination with the health team*". For School Manager 1 it was "*Through lectures, collective training among employees. We received assistance to students with tendency to depression*". For School Manager 2 it was "In a *technical way*" and for School Manager 3:

The Family Health Unit and the Grandma Dolores Social Assistance Reference Center were the main articulators within the school, the activities were carried out and if any situation was found, it was forwarded to the Nurse in charge and she would provide it as soon as possible, from a necessary lecture to a student's attendance. Finally, we had a good understanding of the program and were able to work very well with the actions.

The participants expressed that the integrated articulation between the School Units and the Family Health Units corroborates what the program advocates, with the joining of actions of the Municipal Education and Health Systems of Altamira. It contributes widely with the coverage and impacts the social policies of students and their families, enhances the local operationalization and its specificities (BRASIL, 2015). The characteristic principles of intersectoriality understand that its implementation is joint, and mobilizes a new strategic model in public policies as social rights. To this end, there are numerous challenges for the intersectoral comprehensive articulation in the Municipal Education and Health Systems of Altamira, when considering the complexity related to the perspective of complementarity in the promotion of public policies for the population of the country, with constant demands to be solved and supplemented through a joint strategy of these public policies, characterized by intersectorality, which aim at universal, equitable and quality care.

In the meantime, we agree with Barroso, Vieira, and Varela (2006, p. 184), who suggest that the Pedagogical Political Project proposes the professional training in health, corroborating the protection and promotion of health in an integrated way, to enable the necessary interconnection between sectors such as science, public policies of education, social assistance, security, human rights, among others that are necessary to their convocation to contribute to social justice.

For this, the reflection for effective performance among the participating social actors and their knowledge will be an auxiliary mechanism for their future professional performance in the Health sector, since it is characterized professionally as weaving the intersectoral networks of Health, with inter-institutional governmental and non-governmental partnerships, with a focus on a healthy quality of life, economically lapidating values for the promotion of fair, solidary and humanized social transformation.

Final remarks

In this study, the object of investigation was the School Health Program and its guideline characterized by the principle of intersectoriality, which is part of the Brazilian federative constitutional framework (BRAZIL, 1988), which was established by the Ministries of Education and Health by Presidential Decree n. 6.286 (BRASIL, 2007). It targeted children, adolescents, young people and adults of the Brazilian Basic Public Education, and also school communities (school managers, teaching staff, students, complementary support staff and people responsible for the students). This program aimed at the promotion, prevention, and health care for the confrontation of vulnerabilities that interfere in integral education for human development in Municipal Public Policies (BRAZIL, 2007).

The intersectoriality principle reveals actions that are not simple, however, are not impossible to be carried out, given the co-responsible institutional and non-institutional commitments, as it calls for the participation of society to pursue the real goals necessary for the consolidation of Public Policies in a perspective of social rights, due to the importance given to the local public, with articulation and integration in order to consider the peculiarities and specificities of the totality of the local reality in the co-responsibilities for the management of the Intersectorial Working Group in the territoriality in which the actions are actually present.

Thus, it was noticed that in the implementation phase of the Program, the normative legal contributions of co-responsibilities and obligations of each federative entity are established according to the collaborative regime, which discuss the commitment that each

entity must assume, in the perspective of financing, training, and permanent formation. In this sense, the official documents, which plan the path to be followed from the project to the implementation, execution, monitoring, evaluation and renegotiation of the strategic actions, specifically the annual report, were not found in any of the sectors, which is considered a serious lack.

However, the voices of the social actors participating in this research signaled that the actions were carried out, however, it was noticeable that there are no records of the collective and individual activities carried out, which may compromise the quality of the continuity of the program's strategic actions. Above all, it was seen that the Family Health Units and the School Units are nothing more than mere executors of ready-made agendas; With that, the accumulations and the clarifications made in the phases of this research, it was concluded that the School Health Program was and is important for the consolidation of the principles of the guidelines and actions of the Public Policies of the Municipal Educational and Health Systems, when considering that a link between the Family Health Units and the School Units in their local territoriality is necessary, as long as they consider the Political Pedagogical Project of the School Unit as a guide for the actions to be carried out.

Another issue to be highlighted is that the potentialization of health promotion actions in line with the Political Pedagogical Project of the School Units considers the school calendar as the 'north' for the potentialization of public educational and health policies, because the school community is a universe of social subjects of each local reality. In the case of Altamira - PA, this was not perceived, because there was no such integrated articulation; despite the finding in the instruments with the path to be followed by the Program, it did not achieve feasibility in line with the local reality, because it disregarded the knowledge of the subjects in its entirety, it was perfected in fragmented, punctual actions, without discussing with each sector its reality and specific needs.

However, from the statements of the social actors participating in this research it was possible to infer that they have some knowledge about the guidelines and actions of the program, which focuses on promoting the health of the school for the full human development. However, it was also noticed that they are not sure about what the Program actually proposes, given some confusion about the concepts, guidelines, actions, and responsibilities of each co-responsible sector, and it was also perceived the need for investment in permanent training and education, since this is a component proposed by the Program for its consolidation.

Thus, the experience of this research on the School Health Program in Altamira - PA denounces that the implementation process was verticalized, deconcentrating responsibilities,

almost always without considering the totality of the local reality, since one must consider the life of the social actors and their participation as part of the process to horizontalize the implementation of the local reality and its active needs.

Another point to be highlighted is the turnover of professionals in the Health and Education sectors due to lack of hiring, lack of public competitions, and an excess of fixed-term contracts. Thus, the training and education, as recommended in the legal documents and observed in the speeches of the participants, unfortunately, have not been consolidated in Altamira - PA due to the high turnover of professionals and the lack of bonding with each local community.

Therefore, it is considered as proposals for educational public policies characterized by intersectoriality that require a series of measures, which are not limited only to the implementation of the School Health Program itself, but that are necessary for its success, such as updating of the Plan of Positions, Careers, and Salaries to structure a public policy of the State and not only of governments; execution of municipal public exam; besides instituting and making the Territorial Working Group work, composed of Family Health Units, School Units, and local civil society, with autonomy for planning, execution, monitoring, evaluation, and shared replanning of the strategic actions of the Program.

Finally, it is noteworthy that the Public Policies for School Health Promotion are essential for educational success, considering that the emancipation of the student regarding the care of his health, his family, and the local community, may contribute to combat truancy and promote school success.

REFERENCES

ALTAMIRA. **Portaria Conjunta n. 01/2008.** Altamira, PA: Gabinete da Secretaria Municipal de Saúde e Secretaria Municipal de Educação, 2008.

ALTAMIRA. **Termo de Compromisso Municipal.** Altamira, PA: Secretaria Municipal de Saúde e Secretaria Municipal de Educação, 2011.

ALTAMIRA. **Lei n. 3.085, de 29 de junho de 2012.** Organiza e Estrutura o Sistema Municipal de Ensino de Altamira-SME e Reestrutura e Conselho Municipal de Educação. Altamira: Câmara Municipal, 2012. Available at: https://altamira.pa.leg.br/wp-content/uploads/2021/07/Lei-3.085-29-de-junho-de-2012-Organiza-e-Estrutura-o-Sistema-Municipal-de-Ensino-de-Altamira-SME-e-Reestrutura-e-Conselho-Municipal-de-Educacao.pdf. Accessed on: 07 Dec. 2020.

ALTAMIRA. **Termo de Compromisso Municipal.** Altamira, PA: Secretaria Municipal de Saúde e Secretaria Municipal de Educação, 2019.

BANDEIRA, M. Á.; FEITOSA, S. M.; SOUZA, P. B. M. de. Educação, Saúde e Social: diálogos para inclusão em Altamira – Região Xingu/Pará. *In*: ENCONTRO NACIONAL DE ESTUDANTES DE PEDAGOGIA, 37., 2017, Petrolina. **Anais** [...]. Petrolina, PE: ENEPE, 2017. Available at: https://exnepe.org/enepe/edicoes-anteriores/enepe-2017/ e https://exnepeblog.files.wordpress.com/2018/06/marconde.pdf. Accessed on: 10 Apr. 2019.

BARBIERI, A. F.; NOMA, A. K. A intersetorialidade nas políticas brasileiras de educação: a articulação setorial no Programa Saúde na Escola. **Educação Unisinos**, v. 21, n. 2, p. 137-145, maio/ago. 2017. Available at: http://revistas.unisinos.br/index.php/educacao/article/view/edu.2017.212.02/6104. Accessed on: 05 Dec. 2020.

BARDIN, L. **Análise de conteúdo**. Paris: Edições 70, 2011[1977].

BRAZIL. **Constituição da República Federativa do Brasil de 1988**. Brasília, DF: Presidência da República, 1988. Available at: http://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm. Accessed on: 05 Dec. 2020.

BRAZIL. **Decreto n. 6.286, de 5 de dezembro de 2007**. Institui o Programa Saúde na Escola - PSE, e dá outras providências. Brasília, DF: Presidência da República, 2007. Available at: https://www.planalto.gov.br/ccivil_03/_ato2007-2010/2007/decreto/d6286.htm. Accessed on: 10 Apr. 2019.

BRAZIL. **Portaria Interministerial n. 675, de 4 de junho de 2008.** Institui a Comissão Intersetorial de Educação e Saúde na Escola. Brasília, DF: Presidência da República, 2008. Available at: http://www.saude.ba.gov.br/wp-content/uploads/2017/07/DAB_PORTARIAINTERMINISTERIAL_675_4JUNHO2008.pdf. Accessed on: 07 Dec. 2020.

BRAZIL. Ministério da Saúde. Secretaria de Atenção a Saúde. **Instrutivo do Programa Saúde na Escola**. Brasília, DF: Ministério da Saúde, 2011. Available at: http://www.saude.ba.gov.br/wp-content/uploads/2017/07/DAB_INSTRUTIVO_PSE_2011.pdf. Accessed on: 07 Dec. 2020.

BRAZIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. **Política Nacional de Atenção Básica**. Brasília, DF: Ministério da Saúde, 2012. Available at: http://189.28.128.100/dab/docs/publicacoes/geral/pnab.pdf. Accessed on: 06 Dec. 2020.

BRAZIL. Ministério da Saúde. **Caderno do gestor do PSE / Ministério da Saúde, Ministério da Educação**. Brasília, DF: Ministério da Saúde, 2015. Available at: http://bvsms.saude.gov.br/bvs/publicacoes/caderno_gestor_pse.pdf. Accessed on: 27 May 2019.

BRAZIL. Ministério da Saúde. **Programa Saúde na Escola**. Brasília, DF: MS, [s.a.]. Available at: http://portalms.saude.gov.br/acoes-e-programas/programa-saude-na-escola. Accessed on: 27 May 2019.

BRAZIL. Ministério da Saúde. **Portaria interministerial n. 1.055, de 25 de abril de 2017**. Redefine regras para adesão ao Programa Saúde na Escola. Saúde Legis – Sistema de Legislação da Saúde. Brasília, DF: Ministério da Saúde, 2017. Available at: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/pri1055_26_04_2017.html. Accessed on: 27 May 2019.

BRAZIL. **Manual técnico de adesão e desenvolvimento das ações do Programa Saúde na Escola**. Brasília, DF: Ministérios da Saúde e da Educação e Cultura, 2018. Available at: http://189.28.128.100/dab/docs/portaldab/documentos/pse/manual_PSE_MS_MEC.pdf. Accessed on: 27 May 2019.

CURY, C. R. J.; REIS, M.; ZANARDI, A. C. **Base Nacional Comum Curricular**: dilemas e perspectivas. São Paulo: Cortez, 2018.

DELANDES, S. F.; GOMES, R.; MINAYO, C. S. (org.). **Pesquisa social**: teoria, método e criatividade. 28. ed. Petrópolis, RJ: Vozes, 2009.

FERREIRA, S. S. Intersetorialidade e políticas públicas. **Salto para o Futuro**, TV escola, Ano XIX, n. 13, texto 2, p. 17-21, out. 2009.

GÓIS, J. B. A (difícil) produção da intersetorialidade: comentários a partir de ações públicas para a juventude. **Textos & Contextos**, Porto Alegre, v. 12, n. 1, p. 128-141, 2013. Available at: https://revistaseletronicas.pucrs.br/ojs/index.php/fass/article/view/13212. Accessed on: 05 Dec. 2020.

INOJOSA, R. M. Intersetorialidade e a configuração de um novo paradigma organizacional. **Revista de Administração Pública**, Rio de Janeiro, v. 32, n. 2, p. 35-48, mar./abr. 1998. Available at: https://bibliotecadigital.fgv.br/ojs/index.php/rap/article/view/7698. Acessed on: 15 Dec. 2020

JUNQUEIRA, L. A. P. Novas formas de gestão na saúde: descentralização e intersetorialidade. **Saúde e soc.**, São Paulo, v. 6, n. 2, p. 31-46, dez. 1997. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12901997000200005&lng=en&nrm=iso. Acessed on: 05 Dec. 2020.

JUNQUEIRA, L. A. P. Intersetorialidade, transetorialidade e redes sócias na saúde. **Revista de Administração Pública**, v. 34, n. 6, p. 35-45, 2000. Available at: http://www.spell.org.br/documentos/ver/12786/intersetorialidade--transetorialidade-e-redes-sociais-na-saude/i/pt-br. Accessed on: 05 Dec. 2020.

JUNQUEIRA, L. A. P.; INOJOSA, R. M.; KOMATSU, S. Descentralização e Intersetorialidade na gestão pública municipal no Brasil: a experiência de Fortaleza. *In*: CONGRESSO DE ENSAYOS DEL CLAD "EL TRÁNSITO DE LA CULTURA BUROCRÁTICA AL MODELO DE LA GERENCIA PÚBLICA: PERSPECTIVAS, POSIBILIDADES Y LIMITACIONES", 6., 1997, Caracas. **Anais** [...]. Caracas, 1997. Available at: http://150.162.8.240/PNAP_2013_2/Modulo_4/Organizacao_processos_tomada_decisao/material_didatico/textos/Descentraliza%C3%A7%C3%A3o%20e%20intersetorialidade%20na%20gest%C3%A3o%20p%http://bvsms.saude.gov.br/bvs/periodicos/ccs_artigos/importancia_formacao_continuada.pdfC3%BAblica%20municipal.pdf. Accessed on: 05 Dec. 2020.

MONNERAT, G. L.; SOUSA, R. G. de. Da seguridade social à intersetorialidade: reflexões sobre a integração das políticas sociais no Brasil. *In:* MONNERAT, G. L. *et al.* (org.). **A intersetorialidade na agenda das políticas sociais**. Campinas, SP: Papel Social, 2014. p. 41-49.

NASCIMENTO, S. do. Reflexões sobre a intersetorialidade entre as políticas públicas. **Serv. Soc. Soc.**, São Paulo, n. 101, p. 95-120, mar. 2010. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0101-66282010000100006&lng=en&nrm=iso. Accessed on: 05 Dec. 2020.

PEREIRA, P. A. P. A intersetorialidade das políticas sociais na perspectiva dialética. *In:* MONNERAT, G. L.; ALMEIDA, N. L. T.; SOUZA, R. G. (org.). **A intersetorialidade na agenda das políticas sociais**. Campinas, SP: Papel Social, 2014.

SANTOS, D. A. dos; DIAS, D. S. Intersetorialidade: o desafio de uma nova arquitetura de gestão em Betim. **Perspectivas em Políticas Públicas**, Belo Horizonte, v. 5, n. 10, p. 119-129, jul./dez. 2012. Available at: https://educacaointegral.org.br/wp-content/uploads/2014/06/artigo_dalvonete.pdf. Accessed on: 05 Dec. 2020.

SILVA, C. S. **Saúde na escola**: intersetorialidade e promoção em saúde. Rio de Janeiro: Editora Fiocruz, 2019.

SILVA, C. S.; BODSTEIN, R. C. A. Referencial teórico sobre práticas intersetoriais em Promoção da Saúde na Escola. **Ciências & Saúde Coletiva**, v. 21, n. 6, p. 1777-1788, 2016. Available at: https://www.scielo.br/j/csc/a/5QXfQJVsrDVPZY9WwDhmT8z/abstract/?lang=pt. Accessed on: 23 Dec. 2020.

THIESEN, J. S. A interdisciplinaridade como um movimento articulador no processo ensino-aprendizagem. **Rev. Bras. Educ.**, Rio de Janeiro, v. 13, n. 39, p. 545-554, dez. 2008. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-24782008000300010&lng=en&nrm=iso. Accessed on: 07 dez. 2020.

TOZONI-REIS, M. F. C. **Metodologia da Pesquisa**. 2. ed. Curitiba, PR: IESDE Brasil S/A, 2009.

TUMELERO, S. M. Intersetorialidade nas políticas públicas. **Guajú**, Matinhos, v. 4, n. 2, p. 211-230, jun./dez. 2018. Available at: https://revistas.ufpr.br/guaju/article/view/62201/37266. Accessed on: 05 Dec. 2020.

How to reference this article

BANDEIRA, M. Á.; OLIVEIRA; N. C. M. The Health at School Program: Conceptions and perceptions of actions characterized by the intersectoriality principle in municipal educational public policies in Altamira - Pará. **Revista Ibero-Americana de Estudos em Educação**, Araraquara, v. 17, n. 2, p. 1487-1508, Apr./June. 2022. e-ISSN: 1982-5587. DOI: https://doi.org/10.21723/riaee.v17i2.16795

Submitted: 10/12/2021
Revisions required: 25/01/2022
Approved: 20/03/2022
Published: 01/04/2022

Management of translations and versions: Editora Ibero-Americana de Educação
Translator: Thiago Faquim Bittencourt
Translation reviewer: Alexander Vinícius Leite da Silva