

THE FEDERAL GOVERNMENT AND THE PREPARATION OF PUBLIC POLICIES TO DEVELOPMENT PREVENTIVE HEALTH IN THE BASIC EDUCATION

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ABSTRACT: The effectiveness of body practices, regular physical activity and sports is scientifically demonstrated as a health vector and should be adopted in all environments. The goal is to investigate if, in the 21st Century, the Brazilian federal government created public policies that include these practices and activities in the scope of Basic Education in favor of health. Methodologically it is an exploratory documentary study. As a result, Surveillance of Risk Factors and Protection for Chronic Diseases by Telephone Survey, National Health Survey, National Continuous Household Sample Survey and National School Health Survey are the surveys that support public policy and that, in line with The National Health Promotion Policy of 2006, 2014 and 2017, with the SUS Law, the Education Guidelines and Bases Law and the Federal Constitution / 1988, the Health at School Program is the main inter-federative and intersectoral public policy.

KEYWORDS: Health and Basic Education. Intersectoral and Interfederative Public Programs. Body Practices. Physical and Sports Activities.

O GOVERNO FEDERAL E A FORMULAÇÃO DE POLÍTICAS PÚBLICAS DE PROMOÇÃO DE SAÚDE PREVENTIVA NO ÂMBITO DA EDUCAÇÃO BÁSICA

RESUMO: A eficácia das práticas corporais, atividades físicas e esportivas regulares é cientificamente comprovada como vetor de saúde e devem ser fomentadas em todos os ambientes. O objetivo é investigar se, no Século XXI, o governo federal brasileiro formulou políticas públicas que as contemplem no âmbito da Educação Básica em prol da saúde. Metodologicamente é um estudo exploratório documental. Como resultados, a Vigilância de Fatores de Risco e Proteção para Doenças Crônicas por Inquérito Telefônico, Pesquisa Nacional de Saúde, Pesquisa Nacional por Amostra de Domicílios Contínua e Pesquisa Nacional de Saúde do Escolar são os inquéritos que subsidiam as políticas públicas. Conclui que, alinhado com a Política Nacional de Promoção de

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Saúde de 2006, 2014 e 2017, Lei do SUS, Lei de Diretrizes e Bases da Educação e a Constituição/1988, o Programa Saúde na Escola é a principal política pública interfederativa que as contemplam.

PALAVRAS-CHAVE: Saúde e Educação Básica. Políticas Públicas Intersetoriais e Interfederativa. Práticas Corporais. Atividades Físicas e Esportivas.

Introduction

The body practices in people's daily lives, especially for those who do not have this healthy practice, should be encouraged, even as a matter of public health, as the tasks of the modern world, the daily tribulation, malnutrition and general requirements and everyday, need an inexorable counterposition. (MATSUDO *et al.*, 2007).

Since health and education are issues directly linked to society and, by express legal-constitutional determination, they are fundamental social rights (Art. 6, CF/88), the State and the government are responsible for promoting articulated public policies on behalf of health through the adoption of affirmative actions in this bias, including and especially in the area of Education. (BRASIL, 1988).

While sport received special attention by the media after Brazil obtained the right to host the 2014 World Cup and the 2016 Olympics in Rio, it is unclear how federal, state and municipal governments pay attention to body practices in the educational sphere as a vector for health promotion, or even as to the practice itself as a form of body culture linked to Physical Education.

Thus, there was an interest in investigating which public policies (and, if so, which are the most important) are being formulated, developed and implemented by the federal government in the context of education on behalf of public health through body practices seen and understood as a fundamental right and as representatives of Physical Education (PAGANELLA, 2004; 2009; 2013).

Candeias (1997) teaches about the relevance of education in health and health (teaching beyond that aimed for professionals) noting that, by health education, it is understood “any combination of learning experiences designed with a view to facilitating conducive voluntary actions the health. The word combination emphasizes the importance of combining multiple determinants of human behavior with multiple learning experiences and educational interventions.”

The lesson also explains that

[...] health promotion is defined as a combination of educational and environmental support aimed at achieving actions and living conditions conducive to health. Combination refers to the need to blend multiple determinants of health (genetic factors, environment, health services and lifestyle) with multiple interventions or sources of support. Educational refers to health education as previously defined. Environmental refers to social, political, economic, organizational and regulatory circumstances related to human behavior, as well as all action policies more directly related to health (CANDEIAS, 1997).

It was not collected current concrete data on expenditures on health, hospitals, doctors, medicines, etc., in exchange for expenditures on health related to body practices, parks, physical and sports activities and other aspects related to prevention, guidance and education.

Due to the circumstances, however, peculiarities and characteristics of the areas, equipment, materials, values for medical appointments, exams, hospitalizations and treatments, compared to the amounts allocated for classes, personalized training, monitored activities, spaces for body practices, physical activities and sports, etc., it is assumed that the expenditure in the medical-hospital field is higher than in the Physical Education industry, something that would arouse interest in promoting the culture of body practices in education (PAGANELLA, 2009; 2013).

The above statement also justifies this study, considering the possibility of implementing federal (Income Tax), state (Tax on the Circulation of Goods and

Services) and municipal (Tax on Services) tax incentives, among other incentives, in favor of promotion of Health (BRASIL, 1988).

As the State and governments always consider the increase and creation of taxes and in view of the high tax burden, they must pay attention to and respect the Constitution in order to bring real contributions to society.

In this regard, it is certain that they must direct attention to health, paying more attention to prevention and guidance, which can, and should start in the context of education, without also failing to take care, obviously, of medical and hospital health, because, according to estimates by the United Nations (UN, 1948), for every dollar invested in body practices, three dollars are saved with hospitals, medicines, physicians, etc., expressive numbers that can be reinvested in essential areas.

The effectiveness of body practices, regular and continuous physical and sports activities is scientifically indicated as a vector of health, which is why they should be promoted in different contexts and environments, especially in education, also because the number of people with diabetes and related diseases (non-communicable chronicles) has grown enormously in Brazil, which is configured as a public health issue (MATSUDO *et al.*, 2007; CERRI, 2011).

Based on this, the investigation presented herein aims to research and investigate in official documents whether in the 21st century the federal government of Brazil formulated any public policy contemplating body practices, physical and sports activities in the context of education as a factor in promoting health.

As for the methodology, it is an exploratory documental study in the same sense as mentioned above, and, in order to contextualize the matter, the general concepts of the State, the fundamental legality immanent to health, the main conceptual elements characterizing the policies and the organization and structure of the Brazilian State.

Body Practices, Physical and Sports Activities as Public Health Policies in the Scope of Basic Education

According to Dallari (2011), the State is an organization aiming to maintain universal conditions of social order, that is, it is a social entity constituted by a people organized over a territory and under the command of a sovereign power to purposes of defense, order, well-being and raising the quality of life of its members.

As pointed out by Bobbio (2007), in terms of social well-being, it is always assumed that the State is the main agent in the implementation of policies, so that, as noted by Smend (1994), it is an angle of convergence of all the social forces driving, under its discipline, happiness and order, within the community that listens to trends, the influences of natural phenomena, giving them direction and rhythm directed to their purpose.

Brazil is a federated State divided into different sources of lawful power, all (Federal Government, Member States, Federal District and Municipalities) politically independent, and all with very well defined competences and main purposes, which is to work for progress and harmony social, preferably in an articulated fashion (BRASIL, 1988)

All different governments exercise the power over the same people to manage and lead society in an integrated, harmonious and simultaneous manner, respecting their respective competences and reciprocal convergences (ARAUJO, NUNES JR., 2011).

They are governmental spheres that must work for Health, taking into account parameters, models, formats and paradigms benefiting more prevention, without ceasing to be concerned with treatment and recovery, even because, if there is no time to educate for the care of the it will be necessary to have time to treat illnesses.

As for the Brazilian State inaugurated by the Constitution/1988, education, health and sport received a significant legal treatment requiring a better work in terms of health promotion through body practices, physical activities and sports, in particular, in this context, in the field of education.

Among other provisions, it appears that in Title VIII - Social Order, of the Constitution/1988, the following rules:

Art. 193. The social order is based on the primacy of work and aimed at social well-being and justice. (...)

Art. 196. Health is a right of all and a duty of the State, (...); - Art. 197: "Health actions and services are of public importance, and it is incumbent upon the Government to provide, pursuant to law, for their regulation, supervision and control, and they shall be carried out directly or by third parties and also by individuals or private legal entities; (...)

Art. 198. Health actions and public services integrate a regionalized and hierarchical network and constitute a single system, organized according to the following directives: I - decentralization, with a single management in each sphere of government; II - full service, priority being given to preventive activities, without prejudice to assistance services; III - participation of the community. (...)

Art. 205. Education, which is the right of all and duty of the State and of the family, shall be promoted and fostered with the cooperation of society, with a view to the full development of the person, his/her preparation for the exercise of citizenship and his/her qualification for work.

Art. 208. The duty of the State towards education shall be fulfilled by ensuring the following: (...)

VII - assistance to elementary school students by means of supplementary programmes providing school material, transportation, food and health assistance. (...)

Art. 217. It is the duty of the State to foster the practice of formal and informal sports, as a right of each individual (BRASIL, 1988).

The Constitution also includes articles 1st to 4th, which deal with principles, and Arts. 5 to 11, which provide for the fundamental rights and guarantees, including Art. 6, which provides that "Education, health, food, work, housing, leisure, security, social security, protection of motherhood and childhood, and assistance to the destitute are social rights, as set forth by this Constitution" (BRASIL, 1988).

As legislation hierarchically right below the Constitution, there is Law 8.080/90 (SUS - Unified Health System) and Law 9.394/96 (LDB - Law Directives and Bases of Education), which provides on its Art. 4th that "the duty of the State towards public school education shall be fulfilled by ensuring the: (...) VIII - assistance to students, in

the public elementary school, by means of supplementary programmes providing school material, transportation, food and health assistance” (BRASIL, 1990a; BRASIL, 1996).

The Law of SUS, in turn, provides for the conditions for the promotion, protection and recovery of health, organization and operation of the corresponding services and, among other measures, related to its primary scope, which is, precisely, health, provides, through of its Art. 2, that “health is a fundamental human right, and the State must provide the conditions essential for its full exercise”, as well as that:

Art. 2nd [...]

§1 The duty of the State to ensure health consists in formulating and implementing economic and social policies aimed at reducing the risk of diseases and other health problems and establishing conditions that ensure universal and equal access to actions and services for its promotion, protection and recovery.

Art. 3rd Health has as determining and conditioning factors, among others, food, housing, basic sanitation, the environment, work, income, **education**, transport, leisure and access to essential goods and services; the population’s health levels express the country’s social and economic organization.

Sole paragraph. It is also related to health the actions that, by virtue of the provisions of the previous article, are intended to guarantee people and the community conditions of **physical, mental and social well-being** (BRASIL, 1990a, emphasis added).

It so happens that Bill No. 1.266/2007 was approved by the Constitution and Justice and Citizenship Commission (CCJC) on 8/27/2013, and on 9/04/2013 it was sanctioned by the President (BRASIL, 2013), transforming it into Law 12.864/2013, which amended the wording of Art. 3 of Law 8.080/1990 (Law of SUS), so that body practices and physical activities, along with education and leisure, became part of the determining and conditioning factors of health, according to the new wording, namely:

Art. 3rd **Health levels express social and economical organization of the Country, having health as determining and conditioning factors, among others**, food, housing, basic sanitation, the environment, work, income, **education, physical education, transport, leisure** and access to essential goods and services;

Sole paragraph. It is also related to health the actions that, by virtue of the provisions of the previous article, are intended to guarantee people and the community conditions of **physical, mental and social well-being** (BRASIL, 1990a; BRASIL, 2013, emphasis added).

Therefore, it is certain that, within the scope of constitutional and infra-constitutional legislation, body practices, physical activities and sports receive special protection, which means that, by normative force, the State and governments are obliged to respect the normative determination and, by extension, work for its fulfillment and execution.

According to Bucci (2002; 2006), public policies are government action programs aimed at coordinating the means available to the State and private activities for the achievement of socially relevant and politically determined purposes, while Draibe (1998) conceptualizes public policies as a set of actions and programs organized in certain areas of implementation, continued over time and that simultaneously affect several dimensions of the basic living conditions of the population.

Moisés (2005), in turn, states that, in simplified language, trust designates procedural security, or belief in others with whom one interacts and lives, that is, public policies, in any governmental sphere, must convey institutional security and trust to society, especially with regard to health and education (GRAU, 1990b; CAMARGO, 2006).

According to Paganella (2004; 2009; 2013), body practices, physical activities and sports are fundamental rights and that, as such, means to say that the citizen has the right to exercise this right through public policies, actions and programs formulated this bias in its favor by the government, especially within the Ministry of Health and Education.

Sedentary lifestyle (latin *sedere*) means inactive and, in a worried fashion, it is present in modern daily life causing countless discomforts, as diabetes and other non-communicable chronic diseases, because eating is increasingly based on fatty foods, soft

drinks and fast snacks, scientifically contraindicated when ingested indiscriminately (MATSUDO *et al.*, 2007).

In Brazil, the number of people with chronic non-communicable diseases has grown at alarming proportions, which is why body practices, physical activities and sports must be carried out in the form of public policies by the State and governments, in particular, pursuant to terms of context researched herein (CASTRO; DÁTTILO; CUVELLO, 2010).

In this study, it was possible to verify that both the VIGITEL Survey (Surveillance of Risk Factors and Protection for Chronic Diseases by Telephone Survey), as well as the PNS (National Health Survey), in addition to the Continuous PNAD (Continuous National Survey by Household Sample) and PeNSE (National School Health Survey), provide relevant data in order to support and ground public health policies in Brazil (BRASIL, 2019a; 2019b; 2019c; 2019d).

The VIGITEL survey carried out by the Department for Health Surveillance (SVS) of the Ministry of Health, is part of the Ministry of Health's Risk Factor Surveillance system for chronic non-communicable diseases (NCDs) and, together with other surveys, such as households and those aimed at the school population, aims to know the health situation of the population, being, therefore, the first and relevant step to plan actions and programs that improve the health of the population and reduce the occurrence and severity of diseases (BRASIL, 2019a).

The VIGITEL survey, in its several periods, found that, the more years of study and the higher the level of education, there is a significant improvement in expectations regarding the full exercise of citizenship and, by extension, access to health (and body practices and physical activities) as a determining and conditioning factor to well express the country's social and economic organization (BRASIL, 2019a).

The National Health Survey (PNS) is a nationwide household-based survey, with its first edition in 2013, in nearly 82 thousand households in 1,600 municipalities, and it is the result of a partnership with the Brazilian Institute of Geography and Statistics (IBGE) and with the Ministry of Health (BRASIL, 2019b).

It is part of the Integrated System of Household Surveys (SIPD) of IBGE, published every five years, and is substantially representative for Brazil in urban and rural areas, in Large Regions, Federative Units, in Capitals and Metropolitan Regions (BRASIL, 2019b).

The Continuous PNAD – Continuous National Household Sample Survey – carries out and provides a household survey with a comprehensive territorial coverage and provides quarterly information on the national workforce (BRASIL, 2019c; 2019e).

And also on several social indicators, including health, which covers morbidities and causes of mortality, access to and use of health services, expenditure on health, lifestyle, food, smoking, alcohol consumption, nutrition, food acquisition, food and nutrition security, nutritional assessment, disability and functional capacity, infrastructure and health management, health satellite account, among others. Even though it is broader, it certainly brings important data contributing to the formulation of public policies (BRASIL, 2019c; 2019e).

And the PeNSE (National School Health Survey), carried out in 2009, 2012, 2015 and 2019, is a survey carried out with teenager students, it is worth emphasizing, since 2009 in partnership with the Brazilian Institute of Geography and Statistics (IBGE) and with the support of the Ministry of Education (MEC). The survey is carried out by sampling, using as a reference for selection the register of public and private schools of the National Institute of Educational Studies and Research Anísio Teixeira - INEP (BRASIL, 2019d).

“PeNSE” is a relevant tool for monitoring students, providing statistical support within the scope of the Health at School Program, which turned out to be the main public policy for health promotion linked to body practices, physical activities and sports (BRASIL, 2007; BRASIL, 2019d).

It was possible to observe that PSE – Health at School Program is the main public policy formulated by the Federal Government in the field of education (BRASIL, 2007).

PSE covers body practices, physical activities and sports, and is in line with the 2006 National Health Promotion Policy, updated in 2014, and consolidated by Ordinance MS – Ministry of Health No. 2/2017, as seen from their respective governing documents:

DECREE No. 6.286 OF DECEMBER 5, 2007.

It provides the School Health Program - PSE, and other measures.

Art. 4th The health actions provided for under the PSE shall consider care, promotion, prevention and assistance, and shall be developed jointly to the basic public education network and in accordance with the principles and guidelines of the SUS, and may include the following actions, among others: (...)

XIV - permanent education in health;

XV - physical activity and health;

XVI - promotion of a culture of prevention in the school environment; and

XVII - inclusion of health education themes in the political pedagogical project of schools (BRASIL, 2007).

ORDINANCE No. 2.446 OF NOVEMBER 11, 2014

It re-defines the National Health Promotion Policy (PNPS). (...)

Art. 10. These are priority matters of the PNPS, evidenced by the health promotion actions carried out and compatible with the National Health Plan, inter-federative pacts and strategic planning of the Ministry of Health, as well as international agreements signed by the Brazilian government, in permanent dialogue with other policies, with the other sectors and with the health specificities: (...)

III - body practices and physical activities encompassing promoting actions, counseling and dissemination of body practices and physical activities, encouraging the improvement of conditions in public spaces, considering the local culture and incorporating leisure, games, popular dances, among other practices (BRASIL, 2006; BRASIL, 2014; BRASIL, 2017, emphasis added).

PSE aims at the permanent integration and articulation of education with health, aiming to improve the quality of life of basic education students, and it aims to

contribute to the comprehensive training of students through health promotion, disease and health prevention actions, and attention to it, with a view to facing the vulnerabilities that compromise the full development of children and young people in the public school system (BRASIL, 2007).

The beneficiaries of SE are students of basic education, managers and professionals in education and health, the school community and, more broadly, students from the federal network of professional and technological education and youth and adult education (BRASIL, 2007).

The education and health actions of PSE shall take place in the territories agreed between the municipal education and health managers defined according to the coverage area of the Family Health Teams of the Ministry of Health, making possible the interaction between public health and education facilities (schools, health centers, leisure areas, squares and sports gyms) (BRASIL, 2007).

The actions of PSE must be agreed upon in the political-pedagogical project of the schools, and this planning must consider the school and social context and the local diagnosis of students' health (BRASIL, 2007).

The PSE has the power to integrate sectorial policies, redefine education and health policy and is made up of five elementary components, as provided below:

- a) Assessment of the Health Conditions of children, adolescents and young people attending public schools;
- b) Health Promotion and actions for the Prevention of diseases and health issues. The Health and Prevention in Schools Project (SPE) is part of this component;
- c) Continuing Education and Training of Education and Health Professionals and Youth;
- d) Monitoring and Evaluation of Student Health;
- e) Program Monitoring and Evaluation.

More than a strategy for integrating sectorial policies, PSE proposes to be a new design of the education and health policy since:

- (1) it treats comprehensive health and education as part of a broad education for citizenship and the full enjoyment of human rights;
- (2) it allows for the progressive expansion of actions carried out by the health and education systems with a view to comprehensive health care for children and adolescents; and

(3) it promotes the articulation of knowledge, the participation of students, parents, the school community and society in general in the construction and social control of public policy (BRASIL, MINISTRY OF EDUCATION, 2019f).

In this regard, it can be said that PSE is the result of a welcome partnership between the Ministries of Health and Education, aims to strengthen the health prevention of Brazilian students, building a culture of peace in schools and, as a relevant public policy in the field of education, it is aligned with the Federal Constitution, with the Law of SUS, with the 2006 PNPS, updated in 2014 and consolidated in 2017.

As a result, at least in official documents, the Federal Government, through the Ministries of Health and Education, formulated a public policy of relevance to Basic Education including physical practices and physical and sports activities as a factor in promoting health, although the program, in terms of its actions, is broader and more comprehensive, as it also works with and on topics, as ophthalmology, hearing, oral hygiene, sexuality, violence, nutrition, nutrition, prevention, alcohol and drug use, combating transmitting mosquitoes, among others.

Final Considerations

The main purpose of this research was to investigate in official documents whether in the 21st century the federal government of Brazil formulated any public policy contemplating body practices, physical and sports activities in the context of education as a factor in promoting health.

It was found that Bill No. 1.266/2007 was approved by the Committee on Constitution, Justice and Citizenship of the National Congress (CCJC) on 08/27/2013 and that, by becoming Law No. 12.864/2013, it caused to be amended the wording of Art. 3 of Law No. 8.080/1990 in order to make body practices, physical activities and

sports, along with education and leisure, part of the determining and conditioning factors of preventive health in the Law of SUS.

Based on this new legal determination, therefore, from 2013 onwards, body practices and physical activities, along with education, leisure and other related activities, became part of the list, it is worth repeating, of the determining and conditioning factors related to health that express the social and economic organization of the country.

The survey VIGITEL (Surveillance of Risk and Protective Factors for Chronic Diseases by Telephone Survey), the PNS (National Health Survey), the Continuous PNAD (Continuous National Household Sample Survey) and the PeNSE (National School Health Survey), are the main surveys carried out supporting and subsidizing public health policies in Brazil with their data.

These surveys, especially VIGITEL, clearly pointed out that the more years of study, the better the expectation regarding the full exercise of citizenship is perceived, which means that the scope of Education is one of the best environments to invest in training and information in health.

The Health at School Program is the main public policy prepared by the Federal Government within basic education covering body practices, physical activities and sports, and is in line with the 2006 National Health Promotion Policy, updated in 2014, and consolidated by Ordinance MS – Ministry of Health No. 2/2017, with the Law of SUS, with the LDB and with the Federal Constitution of 1988.

PSE aims at the integration between the Union, States, Federal District and Municipalities, and at the permanent articulation of education with health in order to improve the quality of life of basic education students.

Thus, it contributes to the full training of students through health promotion, disease and health prevention actions, care to health, thus seeking the full development of children and young people in the public school system. (BRASIL, 2007).

Therefore, it can be stated that, at least in official documents, the Federal Government, through the Ministries of Health and Education, formulated a public policy of relevance to Basic Education including physical practices and physical and sports activities as a factor in promoting health.

From this observation, it opens the perspective of continuity of studies in order to investigate the discussions that culminated in the preparation implementation, execution, results and effective participation of Physical Education in PSE, as it presents itself as the main interfederative public policy (Federal Government, States, Federal District and Municipalities) and intersectorial (Health and Education), which includes body practices, physical activities and sports among its instruments of action in the scope and context of Basic Education throughout Brazil.

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